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Family growth
supporting resources

psychoprevention
STUDIES

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Introduction

The family is the natural society in which husband and wife are called to give themselves in love and in the gift of life. The family is a community in which, from your childhood years, you can learn moral values, start worshipping God and use freedom sensibly. Family life is a prelude to social life. The quality of family life determines the social life and functioning of nations as a whole. It is not without reason that the family is believed to be the basic unit of society. A healthy family contributes values and growth potential to social capital. The family also provides a system for its members to grow and live in. Each family member has specific needs, which are satisfied within the family. These include some basic needs, such as physiological needs, need for safety, love, affiliation, and respect, and developmental needs associated with one's ambitions, professional growth and self-development. Domestic environment is a dynamic system which determines the growth of its members individually and the family as a whole. In particular, this takes place through interactions between immediate family and is based on feedback. As a result of it continuous development processes, and given its capability for maintaining a relative balance, the family community generates very important resources that protect individuals, and especially children and teenagers.

Along their way to adulthood, young people experience developmental and situational crises, stress, conflicts and other difficult situations. In such situations, they are particularly vulnerable to various difficulties manifested in such experiences as mental and physical pain, psychoactive substance use and other avoidance behaviours, and, in some cases, suicidal, aggressive or unlawful behaviour. In terms of S. Hobfoll's Conservation of Resources Theory (COR), there is a loss of personal resources, or a threat of such loss. Hobfoll argues that individual adaptation, adjustment and quality of life, all depend on the availability of resources (Hobfoll, 2006; Hobfoll, 2011).

S. Hobfoll identifies four primary groups of resources, defines them and provides examples of resources that make up each group. According to Hobfoll, these groups are not exhaustive, but can also include other resources, not specifically mentioned by him. In addition, individual resources can form various configurations. The four primary groups, as identified by Hobfoll, include: material, personal, condition and energy resources. Material resources include physical objects, such as a house, an apartment, a car, and valuables, whose value might be directly or indirectly connected with survival. Personal resources are personality traits, such as leadership skills, optimism, hope, self-efficacy, and qualifications and skills that contribute to positive adjustment. Condition resources, such as health, marriage, and permanent employment, determine and facilitate access to other resources. Finally, energy resources are things, such as knowledge, money, and creditworthiness, that can be exchanged for other resources (Hobfoll, 2006).

Individuals grow and achieve their goals by acquiring resources. Resource acquisition is a development process, while resource loss is considered as a threat to growth (Hobfoll, 2006, p. 44). Individuals with greater resources are less likely to loose them and are more capable of growth (Hobfoll, 2006; Niewiadomska, Chwaszcz, 2010). Loss of resources in individuals with poor adjustment potential induces a series of losses. This leads to the so-called spiral of loss, which is associated with the progressing exclusion of the individual from the course of life, and self-exclusion. Individuals with poor potential and low resource levels are likely to adopt defensive attitudes, which focus on the protection of the available resources, and on refraining from acquiring new resources (Hobfoll, 2006, p. 100). Such attitudes can be described as the fear of growth.

This issue presents a number of articles, which address the relationship between resources and other psychological and social variables in the context of the way family systems and family members function and grow. The authors of these articles explore the importance of individual and environmental resources in situations conducive to or threatening growth, and in the remedial process. The identification of crucial resources that support human growth facilitates effective development of preventive measures. And the verification of individual and environmental factors that support positive changes in the process of social inclusion, contributes to a better understanding of rehabilitation and readjustment programmes, and facilitates their development and revision.

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Chapter 1
Perceived parenting styles and the distribution of resources in teenagers

Łojek Magdalena, Niewiadomska Iwona, Wiechetek Michał

ABSTRACT

This study was to determine the relationship between the perceived parenting styles preferred by parents and the distribution of resources in teenagers. The study covered a group of 167 middle-school students. Parenting styles were identified on the basis of a typology defined by Ryś. The distribution of resources was based on S. Hobfoll's Conservation of Resources Theory. Study findings show that the levels of personal resources and condition resources experienced by teenagers vary depending on the perceived parenting styles used by their parents. Teenagers who perceive their parents' parenting styles to be authoritative or permissive-indulgent experience gains in their personal and condition resources. On the other hand, adolescents who perceive their parents' parenting styles as authoritarian or permissive-indifferent experience greater losses in personal and condition resources.

Keywords: parenting styles, resource distribution, resource level, resource gain, resource loss

Theoretical background

According to the *Charter of the Rights of the Family* presented by the Holy See, the family "[…] constitutes, much more than a mere juridical, social and economic unit, a community of love and solidarity, which is uniquely suited to teach and transmit cultural, ethical, social, spiritual and religious values, essential for the development and well-being of its own members and of society" (*Charter of the Rights of the Family…*). This definition emphasises the diverse impacts the family has on each of its members.

The family fulfils important functions, both in terms of the child's biological and psychosocial development. Its role is, for example, to assist and prepare its members to enter the

social life. Moreover, it supports each of its members when they are individually unable to satisfy their desires (Łobocki, 2008, p. 310).

The upbringing that young people have received or are currently receiving from their parents plays an important role in their functioning (Li, Costanzo, Putallaz, 2010).

Family backgrounds can differ in terms of the preferred parenting styles. A parenting style is understood as "the choice and the use of a set of upbringing measures or the product of the ways and methods of interacting with the child within the family". It is possible to identify three major parenting styles, i.e. authoritarian, authoritative and permissive (Ryś, 2001, p. 17). These differ qualitatively in terms of the actions taken by parents, especially in terms of parental control (Kerr, Stattin, Özdemir, 2012).

Authoritarian parents rarely establish close and positive relationships with their children and these are generally based on criticising and emphasising mistakes (Ryś, 2001, p. 17). On the other hand, authoritative parenting is very beneficial as it develops such key traits in young people as independence and socially-oriented behaviour (Steinberg, 2001, p. 13). In addition to the aforementioned two categories, there are also the permissive-indulgent and permissive-indifferent styles (Ryś, 2001, p. 18). The former is characterised by providing the child with love but refraining from imposing any attitudes or views on him/her. The latter involves indifference towards, and being uninvolved in, the child's affairs. The experienced parenting styles within the family can translate into the type and level of resources in young people.

When it comes to the concepts describing resources, psychological literature generally refers to the Conservation of Resources Theory (COR) by S. Hobfoll. It advocates the existence of two underlying principles based on the examination of stress and trauma (Hobfoll, 2011). The author of this approach perceives resources as "[...] these things that individuals value. Resources are those objects, conditions, personal characteristics, or energies that are either themselves valued for survival, directly or indirectly, or that serve as a means of achieving these resources" (Hobfoll, 2006, p. 70). The COR theory argues that individuals strive to minimise the loss of the resources they have. This applies in particular to challenging situations (Hobfoll, 1989, p. 517). Based on this theoretical concept, the following resource categories can be identified:

- Internal vs external resources (those that are, respectively, within or outside the domain of the self);
- Structural (including material, condition, personal and energy resources);
- Crucial for survival (including primary, secondary and tertiary resources) (Hobfoll, 2006, pp. 73–76).

Method

The research objective of this article is to answer the question of what the relationship between the perceived parenting styles and the distribution of resources in teenagers is. Based on the literature on the subject, this study puts forward the following four hypotheses:

H 1: The authoritative and permissive-indulgent parenting styles used by mothers and fathers are associated with the gains perceived in the condition and personal resources in adolescents.

H 2: The manifestation of the authoritarian and permissive-indifferent styles used by mothers and fathers is associated with the perceived loss of personal and condition resources in teenagers.

H 3: The perceived level of personal resources is higher in teenagers raised by parents using the authoritative and permissive-indulgent styles compared to those whose parents show authoritarian or permissive-indifferent styles.

H 4: Adolescents who perceive their parents' actions as authoritative or permissive-indulgent show higher levels of condition resources than teenagers whose parents represent authoritarian or permissive-indifferent styles.

Study group

This study covered a group of 167 middle school students, (40.12% were females) aged 16 to 19 (M = 17.18; SD = 0.679). On the basis of a method used to identify parenting styles and the established criterion (more than 20 points obtained for a style, with less than 20 points obtained for other styles), the students were divided into two groups. The study distinguished between persons experiencing (1) an authoritative or a permissive-indulgent style (N = 119 persons) and those who have experienced (2) an authoritarian or a permissive-indifferent style (N = 22 persons) in their interactions with parents. As many as 26 subjects were excluded due to their failure to satisfy the criterion required to be assigned to a specific parenting style during this step.

Tools

In addition to a form with demographic and social data, the study used two standardised methods, namely the Family of Origin Parenting Style Analysis Questionnaire and the Schoolchildren Professional Career Empowerment Resource Questionnaire.

The retrospective assessment of the dominant parenting style within the family was made using the Family of Origin Parenting Style Analysis Questionnaire developed by Ryś (2001, p. 49–52). This tool contains instructions and two groups of statements concerning parenting styles used by fathers and mothers. Each group includes 34 sentences, to which the participants are required to relate using a 5-grade scale, where: 0 means definitely not, 1 rather not, 2 rather yes, and 3 definitely yes. Each respondent could also mark X when he/she was unable to determine their parents' practices clearly. Individual statements had been assigned to four parenting styles, i.e. authoritative, authoritarian, permissive-indulgent and permissive-indifferent.

The importance of resources was examined on the basis of the Schoolchildren Professional Career Empowerment Resource Questionnaire (SPCERQ) by Niewiadomska (2014). It includes 42 statements grouped into four parts consisting of 11 subscales (Preferring anti-social and manipulative strategies in challenging situations, Preferring avoidance strategies in challenging situations, Preferring persistence and well-though-out steps in challenging situations, Establishing deep interpersonal contacts, Developing axionormative internal standards, Developing the sense of self-efficacy, Feeling loss in the sense of self-efficacy, Feeling loss in the formal [institutional] social support, Feeling loss in the informal [non-in-

stitutional] support, Feeling gains in the sense of self-efficacy, Feeling gains in the informal [non-institutional] social support). This method was designed on the basis of research carried out on teenagers at risk of social exclusion. This study did not use one of its subscales, i.e. Feeling loss in the formal social support, as it was inappropriate for a group of persons raised in educationally efficient families/non-dysfunctional families. The respondents were asked to assess each statement using the five-grade scale.

For the purposes of this study, the subscales included in the SPCERQ were grouped according to resource categorisation by S. Hobfoll. Consequently, personal resources included the scales referring to the strategies of coping by anti-social and manipulative behaviour, avoidance strategies, preferring avoidance strategies, preferring persistence and well-thought-out steps, axionormative internal standards, and developing the sense of self-efficacy. Condition resources, on the other hand, included the scale related to establishing deep interpersonal relations.

Statistical procedures

All statistical analyses were conducted using IBM SPSS Statistics v. 22. Due to the specific nature of the obtained data, the relationship between the analysed variables was determined on the basis of Pearson's r coefficient. And the differences in the resources between the groups of teenagers, distinguished by their perceived parenting style of their parents, were assessed with a non-parametric test for two independent samples (Mann-Whitney U test).

Findings

The obtained findings were analysed using two strategies. The first strategy assessed the strength of the relationship between the individual styles preferred by fathers and mothers of the studied teenagers and the losses and gains in their resources. The second strategy verified the level of resources in teenagers from the families where parents had been classified as authoritative and permissive-indulgent or authoritarian and permissive-indifferent.

Relationships between the perceived authoritative and permissive-indulgent parenting styles used by mothers and fathers, and gains in personal resources and condition resources in teenagers

The examined group showed statistically significant correlations between the upbringing given by their mothers and fathers being perceived as authoritative and permissive-indulgent and gains in personal resources and condition resources (Table 1).

There are statistically significant, yet poor, correlations between the permissive-indulgent parenting style preferred by the mother and gains in personal resources and condition resources in teenagers. There are also statistically significant, moderate correlations between the authoritative parenting style preferred by the mother and the perceived gains in personal resources and condition resources in teenagers.

Moreover, it was established that there are poor, yet statistically significant, correlations between the perceived authoritative child-rearing methods used by the father and the gains in personal resources and condition resources experienced by adolescents. Significant but poor correlations are also found between the perceived permissive-indulgent parenting style being preferred by the father and the gains in personal resources and condition resources experienced by teenagers.

Therefore, it can be concluded that both gains in personal resources and in condition resources show positive correlations with the authoritative and permissive-indulgent parenting styles used both by the mother and by the father. However, these demonstrate slightly lower correlation coefficients between the parenting styles of fathers and gains in resources, as compared to the corresponding relationships in relation to mothers.

The correlations established in the study are positive. This means that the authoritative and permissive-indulgent parenting styles used by mothers and fathers correspond to the feeling of increased gains in personal resources and condition resources in teenagers. The existence of these styles in one's family of origin can translate into the teenagers' experiencing gains in their sense of self-efficacy and the perceived informal social support. Adolescents who perceive their parents' behaviour as authoritative and permissive-indulgent (have close relationships with their family members and feel that they can rely on the support of their closest relatives) are likely to be characterised by being proud of themselves and having a successful track record. They also consider themselves as important for others and acknowledge that their future successes depend on their actions.

Relationships between the perceived authoritative and permissive-indulgent parenting styles used by mothers and fathers, and gains in personal resources and condition resources in teenagers

The findings also suggest the presence of significant relationships between the perceived authoritarian and permissive-indifferent parenting styles used by mothers and fathers, and the perceived losses in personal and condition resources.

Based on the available data, it can be inferred that there is a statistically significant, moderate relation between the loss of personal resources in adolescents and the preference of mothers for authoritarian and permissive-indifferent parenting styles. A similar relation is visible for the loss of condition resources. Their decrease is significantly, yet poorly connected with authoritarian and permissive-indifferent child-rearing methods used by mothers.

The findings also suggest the presence of significant relations between the authoritarian and permissive-indifferent parenting styles preferred by fathers, and the losses in personal and condition resources experienced by teenagers.

The obtained information suggest that there are statistically significant, moderate relations between the loss in personal resources experienced by teenagers and the authoritarian and permissive-indifferent parenting styles preferred by fathers. There are also low, yet significant, correlations between the loss of condition resources perceived by teenagers and the authoritarian and permissive-indifferent parenting styles used by fathers.

All of the obtained correlation coefficients were positive. This means that the authoritative and permissive-indifferent parenting styles preferred by fathers correspond to the feeling of increased losses in personal resources and condition resources in teenagers.

Table 1 *Descriptive statistics and Pearson's r correlation coefficients for the analysed variables (N = 167)*

No.	*Variable*	*Min.*	*Max.*	*M*	*SD*	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*
1	Loss of personal resources	2	10	5.32	1.84											
2	Loss of condition resources	2	10	4.80	1.73	.732**										
3	Gains in personal resources	1	10	5.88	2.03	−.516**	−.239**									
4	Gains in condition resources	3	10	5.78	1.90	−.421**	−.283**	.675**								
5	Authoritative mothers	4.0	30.0	21.83	5.37	−.580**	−.463**	.468**	.430**							
6	Authoritarian mothers	0.0	27.5	7.14	6.11	.512**	.402**	−.440**	−.348**	−.746**						
7	Permissive-indulgent mothers	4.5	25.0	17.32	3.66	−.448**	−.353**	.388**	.380**	.823**	−.647**					
8	Permissive-indifferent mothers	0.0	27.0	5.83	5.67	.501**	.388**	−.353**	−.324**	−.757**	.653**	−.509**				
9	Authoritative fathers	0.0	30.0	19.37	7.38	−.497**	−.300**	.357**	.309**	.479**	−.389**	.381**	−.358**			
10	Authoritarian fathers	0.0	28.5	8.51	6.85	.522**	.336**	−.411**	−.365**	−.573**	.649**	−.498**	.522**	−.541**		
11	Permissive-indulgent fathers	0.0	28.0	15.88	5.24	−.390**	−.231**	.250**	.203**	.295**	−.225**	.324**	−.190*	.878**	−.383**	
12	Permissive-indifferent fathers	0.0	27.0	8.27	6.65	.558**	.353**	−.424**	−.415**	−.572**	.505**	−.438**	.578**	−.555**	.716**	−.284**

Symbols: * $p < 0.05$; ** $p < 0.01$; Loss of personal resources – the Feeling loss in the sense of self-efficacy scale; Loss of condition resources – the Feeling loss in the informal (non-institutional) support scale; Gains in personal resources – the Feeling gains in the sense of self-efficacy scale; Gains in condition resources – the Feeling gains in the formal (non-institutional) social support scale.

The above-mentioned findings suggest that teenagers who perceive their mothers and fathers as preferring authoritarian and permissive-indifferent parenting styles are characterised by experiencing loss in terms of their sense of self-efficacy and non-institutional social support. Adolescents raised by their parents on the basis of these styles experience losses in self-efficacy and are largely incapable of achieving major goals or successes. They are also characterised by having no purpose in life and feeling worthless. Moreover, they believe that they have no support from other people, which is likely to be the effect of having no stability and intimacy within the family and failure to develop appropriate patterns of behaviour and thinking.

Differences in the level of personal resources in adolescents raised by authoritative and permissive-indulgent or authoritarian and indulgent-non loving parents

The comparisons between the identified groups point to a conclusion that, when faced with challenging situations, teenagers who perceive their parents as authoritarian and permissive-indifferent tend to resort to anti-social and manipulative strategies or avoidance behaviour considerably more often than the group raised by authoritative and permissive-indulgent parents (cf. Table 2).

Adolescents who perceive their parents as authoritative and permissive-indulgent showed a considerably greater preference for persistence and well-thought-out steps in challenging situations. Moreover, these adolescents proved to have better-developed internal standards and a stronger sense of self-efficacy.

The nature of this relationship suggests that adolescents who perceive their parents as authoritative and permissive-indulgent are less likely to consciously manipulate or exploit others to satisfy their own needs. Their objective is not likely to be the wish to dominate or have superiority over others. Furthermore, in difficult situations such teenagers will look for possible ways of solving the problem, rather than taking the passive attitude or exhibiting avoidance behaviour. In turn, teenagers who perceive their parents as authoritarian or permissive-indifferent in their parenting, are more likely to be unable to show a reasonable approach to the difficulties they face and to gradually resolve them. They do not know how to use the resources they have to deal with their problems. Moreover, they do not consider the intensification of their religious practices or acting in line with moral norms as significant. It is also important to note the fact that adolescents who perceive their parents' parenting styles as authoritative and permissive-indulgent are better at identifying and achieving ambitious goals and developing their interests than those who are raised by authoritarian and permissive-indifferent parents. Therefore, it can be concluded that young people who perceive their parents' parenting as authoritative and permissive-indulgent are characterised by higher personal resources than those who perceive it as authoritarian and permissive-indifferent.

Table 2 *Medians (Me) and average ranks and significance of differences (p) in Mann--Whitney U test, as obtained in the SPCERQ test scales for the groups of adolescents raised by authoritative and permissive-indulgent (N = 119) or authoritarian and permissive--indifferent (N = 22) parents*

	Authoritative and permissive-indulgent styles (N = 119)		*Authoritarian and permissive-indifferent styles (N = 22)*			
	Me	*Average rank*	*Me*	*Average rank*	*Z/z*	*p*
Personal resources						
Preferring antisocial and manipulative strategies in challenging situations	5.44	63.51	8.07	111.50	5.109	0.001
Preferring avoidance strategies in challenging situations	4.96	64.88	8.50	104.09	4.182	0.001
Preferring persistence and well-thought-out steps in challenging situations	710	78.60	3.70	29.89	5.197	0.001
Developing axionormative internal standards	649	78.09	3.00	32.66	4.852	0.001
Developing the sense of self-efficacy	743	77.53	4.00	35.68	4.588	0.001
Condition resources						
Establishing deep interpersonal contacts	664	80.19	2.27	21.30	6.271	0.001

Differences in the level of condition resources in adolescents raised by authoritative and permissive-indulgent or authoritarian or indulgent-non loving parents

The obtained findings also show that teenagers who perceive their parents' parenting styles to be de authoritative and permissive-indulgent are characterised by higher condition resources than those who consider it as authoritarian and permissive-indifferent.

Adolescents who perceive their parents as authoritative and permissive-indulgent are much more capable of establishing deep interpersonal relations than those who see them as authoritarian or permissive-indifferent.

This suggests that teenagers who perceive their parents' parenting as authoritative and permissive-indulgent are more skilled at establishing deep interpersonal relations than adolescents who evaluate their parents' parenting preferences as authoritarian or permissive-indifferent. This is probably due to the varying levels of intimacy experienced between family members and friends, and opportunities for practice created by providing help to others.

Summary and discussion

The obtained findings show that teenagers see an increase in personal resources and condition resources when they perceive their parents' parenting as authoritative or permissive-indulgent. When adolescents perceive their parents' parenting preferences as authoritarian or permissive-indifferent, they seem to experience a loss both in personal and condition resources. In addition, the levels of personal resources and condition resources experienced by teenagers vary depending on the perceived parenting styles used by their parents.

The findings of this study are consistent with the data found in the literature on the subject. Its exploration confirms that teenagers who perceive their parents' parenting styles as authoritative are less likely to exhibit pathological behaviour, compared to those who see their parents' approach as authoritarian or indulgent (Domenech Rodriguez, Donovick, Crowley, 2009). Moreover, adolescents who consider their parents' parenting as authoritative or permissive-indulgent are less likely to approve of the use of interpersonal aggression than those who see their parents as preferring authoritarian or permissive-indifferent behaviour (Dominiak-Kochanek, Frączek, Konopka, 2012). Furthermore, men who perceive their parents' parenting as authoritative perform better in challenging situations than those raised by authoritarian or permissive-indifferent parents. On the other hand, the daughters of mothers who use authoritative or permissive-indulgent parenting styles are able to successfully stand up for their rights. And the sons of parents who prefer authoritative parenting styles have higher self-esteem and are able to stand up for what they believe in (Zielińska, 2012). Parents characterised by authoritative parenting styles encourage their children to be independent and contribute to the development of their self-control. These skills reduce the intensity of emotional issues and problems in relationships with peers (Cheah, Leung, Tahseen, Schultz, 2009). Authoritative parenting also co-occurs with good cognitive and social functioning of children, their educational achievements, increased self-esteem (Domenech Rodriguez, Donovick, Crowley, 2009) and reduced depression symptoms and alcohol-abuse problems (Patock-Peckham, Morgan-Lopez, 2007). In turn, children, who perceive their mothers as authoritarian in their parenting, are characterised by low emotional control (Manzeske, Stright, 2009). An unfriendly approach of parents towards their children leads to the latter developing negative attitudes towards people and displaying violence (Dominiak-Kochanek, Frączek, Konopka, 2012). Authoritarian and permissive-indifferent parenting is also associated with poor self-esteem in children, their lack of confidence in affection on the part of their close relatives and disregard for their own needs (Zielińska, 2012).

This study proves that the behaviour of parents is closely connected with the way a child will function in the future, and it can constitute a protective factor that prevents the appearance of undesirable behaviour in children. Indeed, through their attitudes, parents mould a young person. Yet again, these findings suggest that for a child to be well-brought up child, his/her parents need to be well-functioning, well-rounded, and well-brought up themselves. Therefore, it seems reasonable to make parents aware not only of their behaviour in their parent-child relationship, but also of its consequences for their children's functioning in the future. In order to develop children's abilities, it is necessary to adjust the attitudes and behaviour patterns in parents.

The presented study also has a few drawbacks that should be overcome in subsequent research. One of these is the over-representation of one parenting style, which could have an adverse effect on the outcome of the comparison between groups. It is advisable to carry out the assessments made under this study on a bigger sample group and to use a different, more advanced method of grouping subjects.

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Chapter 2
Family counselling – family resources for developing positive identity in adolescents

Tetiana Yablonska

ABSTRACT

The article presents research on adolescent identity in the system of family relationships. The characteristics of adolescent identity and relationships in their families are analyzed. Correlations between the degrees of adolescent identity development and the indicators of relationships in their families (family adaptation, family cohesion) and parenting characteristics are explored and characterised. A programme is developed for psychological assistance to adolescents in the development of positive identity by means of family relationship optimisation during family counselling. The specific nature of the proposed approach is that it combines two plans – individual and systemic – and "switches" between them during counselling. The dynamics of positive changes, occurring as a result of family counselling, are described to confirm the effectiveness of the proposed approach.

Keywords: identity, development of identity, identity status, family relationships, family cohesion, family adaptation, family counselling

Introduction

The importance of the problem of identity development in adolescence is determined by the need to develop effective means of psychological help for young people in situations involving complex social changes. The formation of personal identity is associated with the processes of structural and semantic redevelopment of consciousness taking place in adolescence. Teenagers are facing a number of potential ways of self-determination, but they are often not ready to make an informed and independent choice, which is manifested in infantilism, lack of responsibility for their lives, social apathy, and lack of hope for the future. One of the significant factors behind personal identity development is the family, which, together with our society in general, has undergone significant transformations in recent years. A modern family is char-

acterised by an incrrease in the number of crises it faces, particularly in the transformation of family values and weakening of its educational function. What can really contribute to adolescent identity development, however, are harmonious family relationships.

The **aim** of this article is to study and analyse the effectiveness of the programme of psychological support for adolescents to facilitate positive identity development by means of the optimisation of family relationships during family counselling.

Method

Participants and Procedure

The study covered: at the main stage – 263 adolescents and their parents; at the initial stage – 46 teenagers and their families, who were provided with psychological help. The study was carried out on the basis of the Services for children, in secondary schools in Kyiv.

The questionnaire package presented to the study participants comprised the following instruments:

1. *for studying identity*:
- TST-Who Am I? test (Kuhn, McPartland, 1984);
- Identity Status Interview (ISI) (Marcia, 1980);
- Internal-External Locus of Control Scale (I-E) (Rotter, 1966);

2. *for studying family relations*:
- Family Adaptability and Cohesion Evaluation Scales III (FACES-3, Olson, 1993), aimed at distinguishing certain types of families on the basis of the indicators of family cohesion and adaptation;
- Child's Report of Parental Behaviour Inventory (Schaefer, 1959, modified into ADOR--test and adapted into the Russian language by Wasserman, Horkova, Romitsyna, 2004) to determine the parameters of family upbringing (positive interest, autocracy, hostility, autonomy, inconsistency).

The method of family counselling was used for the initial experiment.

For data processing, the study used such methods of mathematical statistics as φ – Fisher's ratio tests, and Wilcoxon signed-rank test.

Results

The study shows that adolescent identity development is associated with the characteristics of family relationships that are manifested particularly in family beliefs and values, family cohesion and adaptation, and the nature of child-parent relationships (Yablonska, 2013, pp. 30–40). Adolescence is a particularly difficult period in the family life cycle and, at the same time, a critical stage in personal identity development. Since it has been empirically confirmed that, during this period, the family experiences major difficulties associated with the need to change its structure and basic principles of operation. Unresolved problems with family interactions, or family dysfunctions during this period can lead to identity deformations, such as negative identity, identity diffusion, negative attitude to oneself, etc.

Adolescence is a period of personal development when emancipation from the parental family, and the asserting of teenager's own autonomy and independence, become overriding needs. Teenagers already have certain sufficiently stable ideas of themselves and their self-esteem. However, the study shows that many adolescents' ideas of themselves are incomplete and contradictory, inconsistent, and their attitude to themselves is ambivalent or negative, and a significant number of adolescents are characterised by immature identity or are in search of their personal identity (Table 1).

A number of different types of families with adolescents and young people was determined empirically (Table 2). As the table shows, families having younger adolescents are mostly balanced or have an average balance. They are characterised mostly by a moderate level of cohesion and have quite flexible and transparent rules of interaction. Among families with older adolescents, a number of balanced families decreases significantly and the number of unbalanced ones grows, which can be associated with the peak of the teenage crisis to which families react differently – some randomly, others make family rules more rigid. Families with young adults are characterised by a decrease in crisis manifestations.

The degree of systemic symptoms, as found in the surveyed families, that characterise family relationships (Table 3) shows that there is no bounded family type among respondents and the rigid type is rare (these types are extreme ones). Instead, chaotic and divided types, at the other end of the continuum, are quite common, especially for older adolescents and young adults. The evolution of family cohesion and adaptation indicates that the chaotic functioning and fragmentation of families tends to increase with the age of their children.

Families with younger adolescents are united enough and have an optimum level of emotional intimacy (mainly separated and connected types). Most families react to stressors adequately (flexible and structured types), but even families with children at this age belong quite often to the chaotic type, i.e. with unstable leadership, unclear and frequently changing roles; and are characterised by a large number of changes, and, therefore, by the unpredictability of family life.

Families with older teenagers are characterised by weaker emotional ties. This is especially true for families with girls, since more than half such families have extremely low levels of cohesion, manifested in a significant emotional distance, lack of mutual friends and interests, and uncoordinated behaviour. Families adapt to complex changes in their life in different ways – some parents make their demands stricter, increase control over their children, and/or limit their contacts (rigid type), but the vast majority respond erratically, trying to adapt to changing rules and roles. During the early adulthood of their children, families are able to achieve some stabilisation and to develop mechanisms for overcoming crises.

The studies of child-parent relationships using the Child's Report of Parental Behaviour Inventory (Schaefer, 1959, modified into ADOR-test and adapted into the Russian language by Wasserman, Horkova, Romitsyna, 2004) show that parents lose their positive interest in their older teenagers, which causes hostility and resentment to grow. In the course of further upbringing, parents try to change their approaches and to become less overbearing and more "inclusive".

The performed correlation analysis determines the links between the characteristics of adolescent identity and the indicators characterising relationships in their families and parenting characteristics. The adolescents' sample shows that the level of subjective control correlates with family adaptation ($r = 0.356$, $p \leq 0.000$) and family cohesion ($r = 0.420$, $p \leq 0.000$); "consistency and cognitive complexity of Self" correlates with family balance ($r = 0.225$, $p \leq 0.016$) and family cohesion ($r = 0.571$, $p \leq 0.000$). Consequently, balanced

Table 1 *Representation of adolescents' identity statuses (%)*

	Younger adolescents, n = 79													
	Professional		*Religious*		*Political*		*Love*		*Friendship*		*Family*		*Gender*	
Identity status	*girls*	*boys*	*girls*	*boys*	*girls*	*boys*	*girls*	*boys*	*girls*	*boys*	*girls*	*boys*	*girls*	*boys*
diffuse	36.4	72.2	45.4	55.6	100	94.4	36.4	88.9	18.2	55.5	27.3	49.9	45.4	5.6
premature	18.2	11.1	54.6	44.4	0	0	0	0	0	0	54.5	33.4	36.4	33.3
moratorium	45.4	16.7	0	0	0	5.6	63.6	11.1	54.5	27.8	9.1	16.7	9.1	61.1
established	0	0	0	0	0	0	0	0	27.3	16.7	9.1	0	9.1	0
	Older adolescents, n = 184													
diffuse	22.4	34.9	40.8	58.2	91.8	79.1	20.4	46.5	4.1	16.3	32.6	51.2	32.6	53.5
premature	18.4	23.3	38.8	34.9	4.1	4.6	22.4	14.0	2.1	2.3	40.8	39.5	40.8	46.5
moratorium	34.7	34.9	20.4	6.9	4.1	16.3	49	39.5	67.3	72.1	24.5	9.3	24.5	0
established	24.5	6.9	0	0	0	0	8.2	0	26.5	9.3	2.1	0	2.1	0

Table 2 *Number of adolescents and teenagers living in balanced, unbalanced and averagely balanced families (%)*

	Younger adolescents, n = 79		*Older adolescents, n = 184*		*Younger adults, n = 128*	
Family type	*girls, n = 33*	*boys, n = 46*	*girls, n = 98*	*boys, n = 86*	*girls, n = 66*	*boys, n = 62*
balanced	45.5	52.2	20.4	16.3	21.2	16.1
averagely balanced	54.5	39.1	46.9	51.2	66.7	58.1
unbalanced	-	8.7	32.7	32.5	12.1	25.8

Table 3 *Intensity of the system characteristics of the surveyed families with adolescents and teenagers (%)*

	Younger adolescents, n = 79		*Older adolescents, n = 184*		*Younger adults, n = 128*	
Family type	*girls, n = 33*	*boys, n = 46*	*girls, n = 98*	*boys, n = 86*	*girls, n = 66*	*boys, n = 62*
Adaptation level						
rigid	-	4.3	6.1	7.0	-	-
structured	18.1	13.1	14.3	-	9.1	6.5
flexible	36.4	47.8	26.5	27.9	33.3	30.6
chaotic	45.5	34.8	53.1	65.1	57.6	62.9
Cohesion level						
divided	9.1	13.1	53.1	41.7	28.8	43.5
separated	54.5	56.5	34.7	39.7	55.0	37.1
connected	36.4	30.4	12.2	18.6	16.2	19.4
bounded	-	-	-	-	-	-

family relationships contribute to the formation of a complete, coherent self-image within the personality of an adolescent.

Indicators of adolescent identity differ significantly depending on the degree of balance in the family (φ – Fisher's ration tests). Teenagers from balanced families have mainly the moratorium status or an established identity in various spheres of life, higher values, more coherent and cognitively complex self-image, positive self-esteem, and mainly internal locus of control. Adolescents who are brought up in unbalanced families are characterised mostly by diffuse or immature identity, medium or low levels of value orientations, incoherent self-image, ambivalent or negative self-esteem, and external locus of control. Therefore, this supports the hypothesis about the impact of family relationships on adolescent identity development, including the importance of moderate levels of family adaptation and cohesion, as well as the correlation of dysfunctional

family relationships described in extreme parameters with negative trends in adolescent identity development.

There is a hypothesis that family relationship optimisation, that is reflected in the dynamics of semantic, structural and procedural characteristics (family boundaries, structure, proximity-distance, awareness of family values, optimisation of interaction rules, acceptance by parents of the individual age and psychological characteristics of their children), is an important resource for adolescent identity development.

During a consultation, a psychologist-consultant pays attention to family relationships, primarily in the context of their impact on an adolescent's personality, and the formation and development of his/her personal identity as a personality core. The consultant examines various components of family relationships and personal identity. Based on the developed model of adolescent identity in the family, we have identified key objectives for counselling (Table 4).

Table 4 *Objectives of family counselling as a means of adolescents' positive identity development*

Component of identity/family relationships	*Objective of family counselling*		*Working methods*
	For the family	*For the adolescent's personality*	
cognitive	Understanding and developing or correction of family rules, regulations, notions about family; characteristics of family interaction, especially by children.	Understanding and developing of ideas about themselves and their family, comparison with notions of family members about themselves.	Family discussions, special exercises, tasks ("Family Council", "Metaphor", "Complete the sentence", "Who am I?", etc.).
emotional	Development and correction of emotional attitudes, family unity, cohesion; increase in family motivation to change.	Development of emotional identification with their own family, a sense of belonging to their own family, self-identity; correction of attitude to themselves, self-esteem.	Family discussion, exercises, family sculpture, psychological pictures.
conative	Understanding by family of members' roles, behaviours, characteristics of child rearing, simulation and testing of new ways of interaction.	Understanding by teenagers of the determinants of their own behaviour, modelling and testing of new behaviour with their families and social environment.	Family discussions, exercises, role play, role exchange, family contract.
value-related	Understanding and developing of family values as family relationship regulators.	Understanding by adolescents of their values, their relationship with family values, family history.	Family discussion, family sculpture, "Complete the sentence", "Comparison of values" exercises.

The general objectives of consultations are: (1) to develop adolescent identity as a personality core; and (2) to optimise family relationships by both structural and functional means, and procedural and content changes (optimal family boundaries, internal communications, the optimal level of family adaptation and cohesion, adoption of new principles of cooperation, dialogue in child-parent relationships).

The specific nature of the proposed approach to psychological counselling is that it combines two plans – individual and systemic. The individual plan includes the examination of adolescent's psychological characteristics, various aspects of his/her identity – ideas, attitudes and self-esteem, values and behavioural patterns. At the family level, consultants track cognitive (representations, guiding), emotional (family cohesion, child's acceptance), and conative aspects of family interactions (behavioural patterns, functions, adolescent's symptomatic behaviour in their families), as well as values (family values reflected in the representations of family members in real interactions) and the structural and procedural characteristics of the family (borders between family and its environment and within the family, flexibility – rigidity, authority, communication).

During family counselling, the peculiarities of Ukrainian families were taken into account. In particular, we identified gender-related stereotypes about family roles, which are reflected in family structure characteristics. In a typical Ukrainian family, a woman has a leading role in children upbringing; and mothers teach children to pursue family life, rather than self-realisation in the society; and protect them against traumatic interactions with the world, which inhibits the development of their autonomy, independence and desire for self-affirmation in society (Kisarchuk, Lazos, 2013, pp. 5–32). In our view, this largely determines the difficulty associated with the separation of a child from his/her family and the insufficient development of his/her identity, manifested in low levels of subjectivity, self-awareness and willingness to make their own choices in different spheres of life.

Upon the completion of counselling, the performed control examination revealed significant dynamics of the identity indicators of the adolescents from the experimental groups as well as parameters of their families. Consequently, the cognitive complexity of adolescents' self-image increased, and their self-description became more consistent, successive, and positive.

A significant positive trend is shown by the indicators (levels) of identity development in the adolescents from the experimental groups. The number of adolescents with diffuse and premature identity decreased, and the number of adolescents with the moratorium status and the established identity grew. This result is the most noticeable in the following areas: professional identity (the changes are significant for girls at $p = 0.014$ for the Wilcoxon signed-rank test, and at $p = 0.001$ for boys), love ($p = 0.011$ for girls, $p = 0.038$ for boys), friendship ($p = 0.046$ for girls, $p = 0.01$ for boys), family ($p = 0.009$ for girls, $p = 0.0$ for boys), and gender identity ($p = 0.005$ for girls, $p = 0.000$ for boys). The smallest changes were recorded for philosophical and religious views and political identity (did not reach the level of significance).

The results of the second examination show that family relationships of the experimental group adolescents also changed, i.e. indicators of family cohesion and adaptation of a large part of the families with adolescents achieved moderate levels, while the number of families with extreme levels of these parameters dropped. The most significant changes were recorded for the reduction in the number of divided (cohesion indicator) and chaotic families (adaptation indicator), since previously most of the surveyed families belonged to these types. The number of families that were characterised by optimum relationships grew, which allows us to assert

the effectiveness of the proposed modifying influence. Major dysfunctions that had been characteristic for the studied families, i.e. weakened emotional ties and chaotic functioning, were corrected to a large extent with psychological help – the indicators of family cohesion and adaptation under modifying influence changed to more optimal (the changes with significant levels of $p = 0.001$ and $p = 0.055$ for the different parameters of the Wilcoxon signed-rank test). In addition, positive dynamics of child-parent relationships were recorded, i.e. indicators of hostility and parents' inconsistencies in upbringing decreased significantly, and positive interest in their children increased (significant changes at $p \leq 0.05$). This means that parents generally re-evaluated the basis of their relationships with their children.

Discussion

The presented study shows that adolescent identity development is associated with the characteristics of family relationships, and in particular with family beliefs and values, family cohesion and adaptation, and the nature of child-parent relationships. Adolescence is a particularly difficult period in the family life cycle and, at the same time, a critical stage in personal identity development. Since it has been empirically confirmed that, during this period, the family experiences major difficulties associated with the need to change its structure and basic principles of operation. Unresolved problems with family interactions, or family dysfunctions during this period can lead to identity deformations, such as negative identity, identity diffusion, negative attitude to oneself, etc.

According to various studies, the families that cannot change parents' relationships with their teenage children and satisfy their needs can seriously hinder the process of adolescent identity forming. Campbell (2004) emphasises that due to this trend, teenagers can become either passive or disobedient. Hauser (1984) notes that adolescent identity formation and development are positively correlated with the understanding of the autonomy in attitudes and behaviour that parents give their children (Hauser, 1984, pp. 195–213). So, without changing parents' attitudes towards adolescents, without their acceptance of the adolescents' need for greater autonomy and self-assertion, and without the revision of family interaction rules that become ineffective at this stage, an optimum further development of adolescent personality is hardly possible. Therefore, one of the tasks of family counselling is to promote parents' acceptance of the nature of adolescence, to encourage them to realise the rigidity of their family rules and regulations, and to help them develop new and more adequate family norms.

Family counselling resulted in changes in various components of family relationships: cognitive, as reflected in the development of family concepts, increasing their adequacy and consistency (Eydemiller, Yustitskis, 2000); emotional, i.e. changes due to the reactions to blocked feelings, training of family members to express their feelings to loved ones in an environmental form, family cohesion increase; behavioural, i.e. improved communication within the family, expansion of the behavioural repertoire of its members, more conscious use of family rules, regulations, sanctions, and, in many cases, their review, and testing of new rules for family functioning (Eydemiller, Yustitskis, 2000). Because values and family ideology permeate virtually all family life "fabric", the counselling helped family members improve their understanding of individual and family values as principles that make a particular family a whole, underlay relationships, and determine upbringing strategies and tactics.

These systemic changes within the family and work with teenagers intended to develop their identities, both lead to significant changes at a personal level, and result in positive dynamics in adolescents' attitudes to, and perceptions of, themselves. This results in a new role of the teenager, and greater confidence and freedom of choice on the parents' side.

To sum up, we can conclude that adolescent identity development should take into account such a factor as family influence. By combining the individual and systemic approaches during counselling, a psychologist can contribute to the development of the adolescent personality and the family system as a whole.

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Chapter 3
The shaping of children's personal experiences in their families – its nature, factors and means of study

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ABSTRACT

This article discusses the problem of forming child's personal experience and the importance of parents' participation in it. The person's experience is understood as a formation developed through the interaction of two spaces – personal and social, which occurs throughout the whole life of that person. Event is proposed to serve as a unit of personal experience. Types of events are presented.

The article emphasises the importance of obtaining positive social experiences during socialisation, which enables children to adequately overcome life's difficulties. It is shown that the child's family is important for shaping the child's own world view. Enumerated are some causes of social maladjustment of a personality that can lead to profound changes in psychological resistance, and affective and cognitive aspects of child's personality.

The article presents the theoretical analysis of the term "narrative", broadly used by the humanities and psychological sciences. Personal experiences can be represented in the form of a personal story (narrative). Such narrative provides an opportunity to approach personality and various aspects of personal experience and to identify the moments that constitute events and will become structural components of one's personal experience in the future. A narrative can act as an important means of the psychological understanding of such an integral component of consciousness as experience.

Keywords: personal experience, event, maladjustment, socialisation, narrative, structure of a narrative

The formation of individual experience in the modern environment is an important issue of modern psychology. This applies particularly to the problem of forming child's experience and the possibility of determining the characteristics of its content. One way to study child's personal experience and its formation in his/her family is the method of a narrative.

The **goal of this article** is to demonstrate the importance of child's immediate surrounding – parents or those who substitute them – in shaping his/her experience based on socially valuable matters (that affect self-perception and the perception of other people, manifestations in the external environment – socially acceptable or anti-social activities, etc.).

The concept of experience in philosophical and psychological studies

The concept of *experience* has a long history of use in science, going back to ancient philosophy, in which the concept was understood as a tool for human cognition; over several historical stages of science development it has become a psychological category that refers to the structure of a personality. Within the scientific and philosophical framework, experience was considered in introspective terms as a process of person's self-understanding through meditation (Heraclitus); it meant understanding by a person of psychic phenomena and was called "internal" (Augustine); it acted as a primary means of knowledge about the environment, and in particular natural phenomena (Heraclitus, Parmenides, Democritus); it was considered as interactions between nature (reality) and a person who can change this reality (Telesio; Campanella) or a step in the learning process (Leonardo, Galileo); is was used as a synonym for experimentation, not just accumulation of sensory impressions. Being a tool and a result of a real transformation of the nature by a person, experience changed the ways of thinking about it (Yaroshevsky, Antsyferova, 1974). For centuries, research methodology has been developed to study the human nature but it was not until the 17th century that "experience" began to acquire the status of a fundamental concept of cognition in philosophy and psychology.

In contemporary psychological science, the "experience" concept is often used by scientists as part of various psychological concepts of the structure of personality (Dodonov, Platonov, Maximenko), but only recently has it become the subject of research where its various aspects are addressed (Chepeleva; Titarenko, Laktionov; Zaretskaya, Andriyevska et al.).

Let us analyze the main premises of psychological research concerning individual experience and its formation in childhood. Vorobieva and Snegireva (1990) propose the concept of "psychological experience" responsible for the emotional (negative or positive) portrayal of the states of one's existential character (feelings of inferiority or dignity, deep fear or sense of being protected) that can appear in early childhood and are largely dependent on one's family environment. These authors believe that the psychological experience "is rooted in the cultural universe. Personal experience and culture are linked and share relations of equivalence, i.e. a part is equivalent to a whole" (Vorobieva, Snegireva, 1990, p. 10). Laktionov (1998) considers experience as a human being that serves as means, and the abilities of a person to adapt to changing conditions of life and work and includes knowledge, skills, attitude to oneself, peculiarities of relationships with others and one's own social status (Laktionov, 1998). The social nature of this concept is also emphasised in the theory of personal constructs, where experience is understood as a limited part of reality that falls within the scope of person's actions (Kelly, 2000). Therefore, in our view, *experience of a person* is a connection developed through the interaction between two spaces – personal and social, meaningful renewal of which occurs throughout the whole life and activities at all age stages of person's psychic development in a specific social and cultural space.

The socio-cultural context is an important indicator in studies of personality. According to Koul and Scribner (1977), to believe that a mental process has not the sociocultural nature is as unwise as to consider a person outside the society. Perception, memory and thinking are all developed through the general socialisation of a child and are inextricably linked to those activities, and the communication and relations in which he/she participates. Even the physical environment of a child is transformed by people. All his/her experience is the reflection of the culture to which he/she belongs and is influenced by socially defined values and emotions (Koul, Scribner, 1977, p. 19). Therefore, there is no "isolated individual" whose development as well as experience are free from cultural influence.

Based on the philosophical statement: "The world exists, and people continue to discover it", and from the point of view of the discovering individual, the world can be regarded as a dynamic system, or as a course of events. According to Kelly, the world is in constant motion, it always "happens" and our "[...] experience is its part that happens to us" (Kelly, 2000, p. 219). Therefore, person's experience is an essential part of his/her being, a source of knowledge, personal treasury – all that provides him/her with his/her own created subjective meaning every day or in the important moments of life, and enables him/her to coexist with the objective reality. However, not all contact with the society and self is included in personal experience, but only those interactions that become events.

Event as the basic unit of experience

In national psychology, the "event" concept is developed in the studies on individual life path. Titarenko and other researchers consider life journey as a biographical and historical unity, and divide events into historical events as facts of person's biography (Nurkova, 2000); biographical events (Ananyev, 1977); biographical events as "challenges" (Doniy, Nesen, Sokhan et al., 1996); and life (crisis) situations (Antsyferova, 2000; Titarenko, 1998; Chepeleva, 1999). The scale of an event is determined by its impact on the key areas of person's self-expression: activities – "activity events" (Abulkhanova-Slavskaya, 1989) and life in general – "life events" (Kartseva, 1990; Rubinstein, 1946).

In her attempt to clearly distinguish events by categories, Loginova (1978) identified "biographical events", "events in the environment", "behavioural events", "inner life events", "impression-events" (Loginova, 1978). Nurkova (2000) proposes the concept of "autobiographical events" that can be bright, important, characteristic, and life-changing. Nurkova also describes two ways for the representation of life events in memory: as a happening event (moments in life) and an event-stage of life (Nurkova, 2000). Rubinstein, on the other hand, argues that a life event is a landmark in person's life, associated with the making by the person of an important decision that will affect their life in the long term.

Epstein proposes a typology of events (Epstein, 2000) where individual types are distinguished in terms of the presence and/or absence of choice in decision-making, or, in other words, activities that are clearly expressed by a person himself/herself or by others:

- events that are brought about by a person himself/herself as a result of his/her decision; the author refers to these events as "deeds" since they are determined by the subject of the actions;

- events with opposite meaning in comparison with the first category, when a person is not a subject, but acts as an object of another persons's will, a hostage, if you will, to certain circumstances; the author refers to these events as "occurrences";
- events that occur as a result of certain objective laws, according to which person's acts lead him/her to certain events in his/her life; the author refers to these as "accomplishments". They are like the outcome of an act initiated by a person on their own, which then got out of control. In accomplishments, acts perfrormed by a person then happen to him/her: the person becomes the object of the impact that directly or indirectly stems from the acts committed by the person as a subject.

Therefore, personal experience is determined by various life situations, one's behaviour in these situations, and peculiarities of interaction with other people; all facts that become important are events. Most psychologists (Abulkhanova-Slavskaya, 1981; Antsyferova, 1981; Holovakha, Kronik, 1984, 1994; Ananyev, 1977; Lahutyna, 1991; Rubinstein, 1973) use event as the basic unit of experience. Events can take the form of any change to the inner or outside worlds, such as "natural disasters and political changes, personal ups and downs, love and disappointments, meetings and separations, illness, sports achievements, travels, successes and failures of friends or children, loved ones ... and much more. Any change in a person's life is an event" (Kronik, 1993, p.16). Titarenko (2001) defines events as happenings that are important for a person, remembered for a long time and leading to significant changes in life (Titarenko, 2001). According to some scientists (Kalmykova, Merhentayler, 1998), each new life event is retrospectively given a certain interpretation based on previous developments. Consequently, a chain is created that consists of more or less similar elements. If such interpretations are generally positive, the person sees life as a series of successful outcomes and accomplishments, despite any obstacles and setbacks. If an initial interpretation is negative, then the perception of life is pessimistic, regardless of any actual personal accomplishments. According to Rudnev (2000), event occurs in the presence of two conditions: its direct participant changes his/her life completely or partially as a result of this event; and secondly, the event must always be fixed, confirmed and described by its witnesses, who, at the same time, may or may not be major participants in the event (Rudnev, 2000).

According to some researchers (Kronik, 1987), adults' memories of their lives include 15 to 21 events, and they are significant only for several years. Experience is changed with the shifting of certain events, and a person regards as significant only those events that are necessary at the moment to orient himself/herself in the space of his/her life and to support his/her own aspirations. This does not mean that there is a replacement of one experiences with others; rather we should speak of replenishment with new experiences of the world perception that has formed already. This world perception is part of environmental cognition. Therefore, the event itself is not as important as its experience by a person.

An event becomes the most important when a significant experience influences a person and leads to some changes in his/her life and becomes an integral part of his/her autobiographical story, starting from childhood. Rresearch by Antonovsky revealed that "[...] the subjective perception of the significance of an event, not its objective nature, has important consequences" (as cited in: Kartseva, 1990). A similar statement can be found in the works of Loginova: "Not all important changes to circumstances create strong impressions, the majority of them do not affect one's mental states and are not perceived as life events"

(Loginova, 2000, p. 245). Vygotsky (2000) wrote about it, he believed that children realise (understand) the same event differently, it can have totally different meanings for them, and therefore they experience it differently (Vygotsky, 2000).

Therefore, the experience of the events that happen in the life of an adult or a child is a necessary moment in personal life, and it is a prerequisite and, at the same time, a condition for personal development – from simple self-perception to higher and more significant levels of reflection on the world. The characteristics of the internal analysis of events that are happening around children, and to them, are shaped directly by their parents or other people who surround and raise them.

The importance of socialisation for children's experience formation

The communication of experience, norms, rules, values, and life orientation by adults affects the acquisition of personal experience by children and the formation of their inner worlds. Namely in his/her immediate social environment, a child learns moral values, cultural norms that meet the requirements of society and he/she constantly sees adults' emotional and behavioural responses to their own actions and the actions of others that are unique to a particular family. Such an environment is also important for the child's cultural development; it sets an example for him/her and it is involved in the process of his/her socialisation. Vygotsky (1983) paid special attention to children because a child is not a small adult, as adults sometimes think. A child is a qualitatively different world. "But psychological practice will still have to recognise this complex process of development in all its fullness and to capture all qualitative changes and transformations" (Vygotsksy, 1983, p. 135) that transform children's behaviour.

Yurovsky, Czech social psychologist (1966), proposed a three-stage process of socialisation, with each of the stages having its own characteristics. The first stage is related to the assimilation by a person of social relations and norms, and takes place through the entering of a person into primary social groups – family, group, school team. The second stage is characterised by interpersonal relations, status within the group, and group roles. The third stage is related to the process of psychic enrichment of personality, development of abilities and individual experience based on social experiences, and an entire system of social conditions and relations. However, all these processes of person's entry into the social structure, into interpersonal relations and inner spiritual enrichment, development and affirmation, are all different aspects of the socialisation process.

During socialisation, a child acquires his/her personal experience, so this process is quite important in everyone's life. However, personal environment is constantly changing and the problem is in our effective adaptation to it. Therefore, Thostov and Surkov (2005) by analyzing, through the "violence" – "effort" ratio, the influence of new social and cultural conditions, types of communication, and new technologies for need satisfaction, showed unfavourable effects of modern socialisation and introduced the "cultural pathology" concept. According to them, the fact that life is easier with the help of technology has diminished the importance of personal achievements in any useful activity and has become a trap for person's adequate self-development. These authors emphasise that a lot of entertainment programmes with large prizes, form, especially in the minds of inexperienced or young people, life strategies where diligent work and, in general, any effort, are presented as negative

values associated with compulsion, slavery, failure, and disgrace. The need to work honestly is perceived by such people as an abject life failure (Thostov, Surkov, 2005). In fact, the current "positive" replacement of values could ultimately have a "negative" effect on the whole process of socialisation of modern personality, and on all aspects of individual experience.

Scientists propose that socialisation be understood not as a complete, harmonious, certain and agreed activities of a person and society, but rather as a tough fight, which leaves scars in different forms of "cultural pathology". This is the cost of achieving normal identity and adequate self-regulation (Thostov, Surkov, 2005).

Person's life can be spent either as a process that occurs spontaneously or as a consciously and creatively directed way of life (Dony, 1996), but adults have to teach children socialisation and be part of their life creation processes, and the choosing of their position in life. "Socialisation cannot be reduced to situations when the individual is only a passive object of external influence. Socialisation is impossible without individual's active participation in the process of social experience and culture acquisition, where the individual acts not as the object but as the subject of social relations" (Paryhyn, 1971, p. 164).

Recent research confirms the importance of adults in children's lives and the former's role in the latter's personal development, especially in experience shaping. The leading role both at the preschool and early school age is played by the child's communication with adults, and parents in particular. Constant redevelopment of the child's views about the world is made through communication, which is specific to each age period, and leads to the further formation of child's experience. A study by Lagutina (1991) on the preschoolers' awareness of personal experience identifies the phenomenon of "alienation of one's own experience", which can be overcome through "an emotionally rich, individually addressed communication between a child and adults within a specific context" (Lagutina, 1991, p. 2).

It is therefore important for the child, as argued by Maximova (2000), to gain positive social experience that promotes rapid adaptation to the environment. Otherwise, without such adaptation capability, for some reason socialisation is disrupted. The quality of the socialisation process not only affects the formation of subjectivity, thanks to which a person feels able to learn, act and transform the world, but also reflects the nature of activities: socially acceptable or antisocial, that make up personal experience.

Socialisation is a critical factor in the development of the individual and, consequently, also personal qualities, consciousness, and self-consciousness. Any disruption to normal socialisation, or loss or deformation of social functions, cause de-socialisation, leading to personal maladjustment. Socially maladjusted children are unformed, educationally or socially neglected children with deviations and difficult behaviour, who are prone to delinquency, etc. (Con, Sokolov, Yuzefovych). Causes for socially maladjusted or "difficult" children are to be found in the family (improper upbringing, pedagogical incompetence of parents, unfavourable conditions for development) (Sokolov, Yuzefovych, 1991); the natural process of development (internal difficulties associated with adolescence, from hormonal processes to "self-concept" restructuring) (Con, 1989); professional formation (uncertain social status during adolescence, restructuring of social control mechanisms when children's control rules can no longer be applied but adult rules are not yet formed) (Con); and insufficient positive social experience (Maximova, Milutina, 2000).

Therefore, a child enters a social environment under adult's supervision. This entering is characterised by the child's unique and individual world view, emotional content of the space of child's existence, and a certain attitude to the environment. This directly affects

their personality, and in particular the selection of their position in life, the verification of which can take place only in a wider social environment through the testing of new behaviour, new emotional reactions, and new attitudes that must lead to the acquisition of new social aspects of personal experience. In fact, Vygotsky noted that the general sequence of the cultural development of children is as follows: first, other people act in relation to the child; then the child interacts with his/her surrounding; finally, he/she begins to exert impact on others, and at the end he/she starts to act make impact on him/herself (Vygotsky, 2000). The individual will have to assess his/her own achievements, acquisitions or failures, and omissions at any age, to create his/her life story. Among all living beings, only humans have a history (Rubinstein, 1999), but a life-story depends on the individual himself/herself.

Narrative as a source of understanding child's personal experience

According to Adler, autobiography starts from the earliest memories about childhood events. It is a subjective starting point of human life and the recalling of significant events can be referred to as the history of life. The existence of such a history occasionally performs a psychotherapeutic function. The history is repeated by the person mostly to warn or console themselves, maintain focus on the selected objective, or prepare themselves through past experiences to meet future challenges (Sidorenko, 2000). This self-story is an important psychological tool that provides support for personal identity, or personal "I".

Psychologists studying narratives believe that culture as a whole is linked to cultural transmission. The next retelling reactivates a previous experience that is later retrieved and re-lived as the story is re-told in a new situation. The story can have an end, but the story never ends (Freedman, Combs, 2001, p. 58). Slobin and Green (1976), well-known psycholinguists, wrote that neither thinking nor social behaviour, or, in fact no human culture as such, can exist outside of language (Slobin, Green, 1976, p. 176). The act of speaking creates a reality that defines person's experience and way of being. People understand themselves through language, through conversation and writing, and through these processes individuals continuously develop themselves. The meaning of person's life and his/her personal experiences are expressed in his/her inner story. A narrative structure of personal experience, using a specific storyline, whether literary, historical, archetypal, mythological, or recorded in culture, makes it possible to understand, organise, and describe life events (Chepeleva, 2002).

Personal experience can be recorded as a text-narrative that reflects not only life events, but also personal characteristics, such as self-concept, values, life plans and prospects that are especially important in childhood. A *narrative* is a personal story (written or oral) about the main events of the individual's life at a certain point in time, reflecting that person's perception of the world and their attitudes to reality. The conversion of consciousness into a narrative enables a person or a child to describe themselves and their life experience as a single story. The understanding of oneself and one's own experience is a central point in the development of one's personality and identity.

Child's life is intense and full of different feelings. Important moments in child's life should not remain only on the perceptual level, but they should acquire meaning, and for this purpose they need to be actualised through a written or oral self-story in the form of

a narrative. It helps to promote the child's understanding of reality. And the more positive the achievements the child has, the easier it will be for them to overcome difficulties in life.

Conscious selectivity of active experiences and deeds indicates a degree of person's experience integration, and, consequently, their understanding of their personal experience. Scientific literature shows that the understanding of one's personal experience depends on one's age and personal characteristics. This means that child's development and his/her ability to integrate experience is determined not only by age factors, but also by his/her cognitive and emotional development as well as peculiarities of socialisation. If the understanding of reality is directed by the influence of inefficient psychological defence mechanisms, it can cause emotional disturbances and maladjusted behaviour. Therefore, the narrative approach provides an opportunity to identify what moments become events to a person and will constitute integral components of their experience in the future.

Child's narrative of the events in his/her life and his/her attitude towards them can provide a lot of diagnostic data about the child. The value of narrative application lies in the fact that in this case the child himself/herself discovers what part of his/her experience is meaningful to him/her. The subjective perception of events affects the formation of person's life position in the social space. A narrative contains information about the child's understanding of his/her personal experience, and therefore makes it possible to learn about the peculiarities of child's socialisation.

Conclusions

Society always affects personality and, therefore, immediate environment is important for its development. In his/her family circle, or one that serves as its replacement, a child receives the primary elements of his/her personal experience, accounting for significant events in his/her life. The subjective perception of events influences person's life position in society. It is important to distinguish between the situations where an individual is an active participant in events (an agent), and those where he/she is a passive participant (an observer). The combination of these important reactions to various circumstances, including significant events, can reveal certain patterns of behaviour, or, in other words, person's usual attitudes to society and other people, to himself/herself and their own life. A situation that for one person becomes a personally significant event that affects the underlying aspects of their consciousness, for others can serve as a life fact and have no impact on their mental life.

Child's narrative is the reflection of his/her experiences in his/her family: characteristics of symbolic actions (behaviour patterns) and semantics of interpersonal relationships. Therefore, parents create the framework of the child's conscious attitude to life and its understanding. Child's emotional life is intense and filled with a variety of experiences, and it is the role of adults to ensure that these life moments do not remain on the perceptual level, but are provided with meaning. Adults can act as a link between events in the child's life and their interpretation, and thus affect the formation of their personal experience. It is known that children have a low level of introspection, but mutual communication between children and adults helps them go beyond passively observing what is happening and taking other people's opinions as their own, and discover the world through their experience of

specific situations and relationships, and draw their own conclusions. Therefore, the role of parents in the shaping of children's personal experience is very important.

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Chapter 4
Origins of motivation for adoption, as one of the factors behind providing the family with custody of a child

Tetiana Melnychuk

ABSTRACT

The article investigates the origin of motivation behind the desire for adopting a child. It was based on theoretical and practical analyses, as well as social experience. It was confirmed that adoption is a two-way process: on the part of adults oriented to the satisfaction of the needs associated with having child and being a parent; and on the part of the child focused on their need for care and protection. The study established that the motivation for adoption is one of the main factors to ensure the effectiveness of the adoption process as a whole, starting from the entry of the child into the family, to their adolescence and the subsequent establishment of their own family.

Keywords: adoption, origin of motivation for adoption, methods for ensuring the observance of the rights of children, orphaned children, preservation of the family, right of children to having a family

Adoption is seen as a socio-psychological process that serves four purposes. The first is to meet the needs of adults in the father-mother roles, the second – to protect, care for, and educate the adopted child, the third – to form the family system with the adopted child, and the fourth – to support the cyclical process of public development according to socially approved values that are transmitted from generation to generation through interactions within the family environment. Adoption is a phenomenon that develops on the basis of family relationships, analogously to birth family, and creates specific conditions that do not contradict public morals. The motivation of the family to adopt a child further determines the success of the adoption process. Its implementation in national and international practices is carried out in line with the established regulatory procedures of general orientation to protect and facilitate the development of the adopted child with significant differences in their socio-psychological components, the study of which may serve as a promising di-

rection for national practices and will promote the assistance to children who need new families.

Presentation of material

The family is the principal socialisation agent for the child and the centre for their physical, spiritual, intellectual and social development. Because of the international and Ukrainian practices in the field of helping orphaned children, adoption should be the main task of any society and government – the realisation of children's rights to upbringing in the family. However, the attitude to adoption is ambiguous. Unfortunately, a prevailing view in post-Soviet societies is that adoption is something second-class compared to blood ties. Therefore, compared with being a biological child, to be adopted is inadequate and worse (Aleshina, Gozman, Dubovskaya, 1987, p. 120).

The fear of such a public stereotype about the consequences of adoption is aggravated by the possible rejection of the adopted child or birth children, or the reactions of peers in the local community or at school, as well as the lack of psychological support from social workers. It is impossible to quickly change the attitude of society to the families who adopt children, and to form an appropriate opinion about orphan children deprived of parental care. Adoptive family, which begins as a form of model replacement of parenting and functions as a self-organising system, experiences numerous transformations, which are regulated via the activation of normative rules, cognitive attitudes and psychological protection mechanisms (G. M. Bevz, 2001, p. 281).

At the same time, the existing legal conflict, sometimes shifts the focus to the needs and interests of adults, affecting the future adaptation processes within the family, reinforcing myths and destructive tendencies, in particular as to the appropriateness of the secrecy of adoption, "the phantom nature of" the negative impact of the child on inheriting diseases, etc.

In view of the legal norms operating in Ukraine, i.e., the confidentiality of adoption, research into this area of scientific knowledge has been significantly limited (insufficient data available on the territory of Ukraine) (Melnichuk, 2014, pp. 255–267).

Purpose

The purpose of this article is to study the origins of family motivation for the adoption of children and its further impact on the efficiency of the adoption process.

Research object

Future parents wishing to adopt a child.

Method and organisation of research

The research uses the experience gained in adoption supervision, methods of expert estimations and content analysis of the offered reasons of adoption. The research was conducted at the G. S. Kostyuk Institute of Psychology, APS, Ukraine in the process of consultative work with families including future adoptive parents.

Practical value of the research

The practical value of this research lies in the possibility of drawing on its findings by the public authorities and specialised services in relation to the issues associated with adoption and parental rights, as well as on in-service training courses for specialists, and in the preparation of prospective adoptive families. Such families pursue their personal aims – to make their domestic life richer in meaning and to have an offspring. Aspirations of adults to have a valuable family, i.e., a family with children "born in a natural way", are the primary motivation for adoption. This, in turn, encourages married couples to make efforts (sometimes excessive) to pretend pregnancy, in order to avoid direct questions from their family, and causes them to experience permanent tension in relation to contacts with people around them, which results in constant house moves, changing of job, etc. At the same time, it was found, that the childlessness of a family is not the only factor for adoption or the guarantor of its success. The identified motivational processes show that the adoption of a child is accompanied by a reflection on all aspects of the family and social lives of the married couple and the desirability of the possible changes. Moreover, it has been proven that the understanding of the concept of "adoption" is associated with adults, who understand parenting as the formation of a new family. However, it has been found that women are three times more likely to take the initiative in adoption than men (78.0% and 22.0%, respectively). Nevertheless, the final decision about adoption is, in most cases, made by married couples together (75.0%) or in consultation with all family members, including both birth and previously adopted children, grandmothers and grandfathers, and even aunts, uncles and brothers-in-law (25.0%). This situation is observed in almost all regions of Ukraine, both in relation to national and international adoption.

Interview results show that 75.0% of families previously discussed their decision about adoption: 54.0% of the subjects adopted a child, whom they saw first, and 34.0% only after three to five attempts. Some families needed three to ten years to make this decision (including 82.0% of families who had no children of their own). As many as 25% of families made the decision to adopt a child spontaneously, under the influence of sympathy, which in one case was the result of situational meeting with "a good, yet disadvantaged, child" and the other – the consequence of traumatic events related to the history of the lives of adoptive parents. An example of this solution may be the adoption of the orphaned child of an acquaintance from the neighboring village, whose mother died unexpectedly. This spontaneous inclusion of the child in their life was reported mainly by those families who had already had children (bith or adopted), who had had their own parental experience, and a positive experience of adoption and displayed the ability to provide effective emotional support. One woman commented on her experience: "this is the child of my friend and I can't let her be orphaned. I have to become her mother. She was born here, this is her home and here

shall she live". The results of our study confirmed the findings of other studies in the field of model childcare on the role of motivation in becoming a successful adoptive parent, i.e., the motivation of adoptive parents essentially depends on the further development of the newly formed family (G. M. Bevz, 2001, p. 281; Yaparova, 2009, p. 180).

Considering the directions of adopting families' development, their ability to provide long-term care of the child up to their maturity, with the maintenance of family relations in the future, we conducted an analysis of different aspects of motivation adoptive families had, and found out both external and internal aspects. At the same time, in accordance with the criteria of maintenance of psychical and physical health, we estimated the results for both positive and negative reasons for adoption. Figure 1. shows the proportional distribution of positive/constructive reasons for adoption.

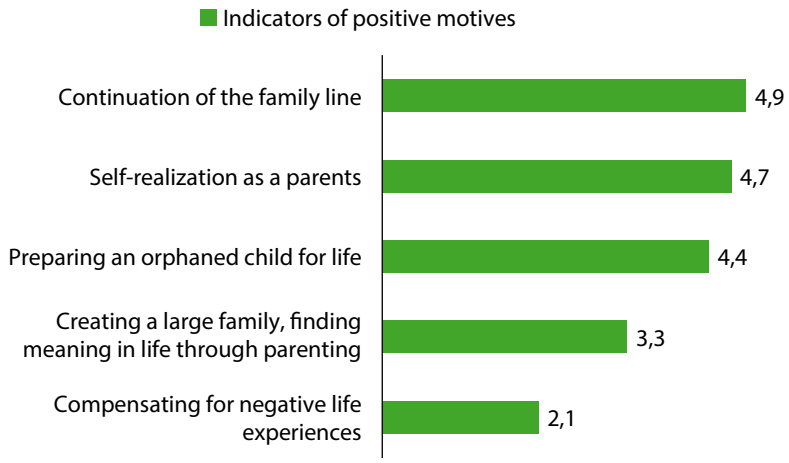

Figure 1. A rating of positive/constructive motives for adoption (%).

For *constructive motives*, we included the following: the continuation of the species; self-actualisation as parents; the desire to prepare the child for adult life; the desire to have a big close-knit family and to give the child a sense of well-being by means of creating an appropriate atmosphere within the family; providing the child with opportunities for development and social stability; willingness to share one's own life skills and to be able to transfer them to children in a way acceptable to them; and the motive of the extension of the family, namely: to have a full family with brothers and sisters.

From the analysis of successful adoption families (families who have raised children to adulthood and those that have successfully adapted to this new role and in which it had already been more than five years since the adoption), we found out that it were the above-mentioned motives that led them to adoption (86.0%). At the same time, 14.0% of families reported that they had adopted children for religious reasons, but eventually they started to recognise the importance of personal and family values associated with adoption. The latter fact indicates that public support (in our case, religious) is of great importance for the formation of integrative processes in the family of adoptive parents. These studies also show that the most favourable prognosis of the positive functioning of adoptive families has been observed in cases when people adopt the child because they want them to be loved, to care for them, to afford them the experience of the benefits of family life, and to prepare them for adult life in society.

Therefore, the positive motivational factors we considered, were as follows:

- the willingness of the family to devote itself to raising an adopted child, changing its habits and the structure of the family;
- acting in the interests of the adopted child, their personality;
- not making adoption a secret and showing the ability to be open about matters connected with adoption;
- ensuring that the interests of the adopted child, the family, the birth children, and parents, as well as family relations, are aligned.

Among destructive motives, which might be dangerous for the adopted child, we identified the following: the fear of being lonely in one's old age, the need of the household for self-assertion at the expense of the child (the rise in self-esteem, doing something commendable to receive praise), impairement of emotional relationships with one's own children and the desire to compensate by means of adoption; reason of finding a new "meaning in life", reducing one's sense of inferiority, desire to get material benefits, desire to find a companion for a disabled birth child, desire to "atone for" one's misspent youth, etc. The motive associated with avoiding loneliness in one's old age is especially true in childless families as well as among the well-off adoptive parents, who seek to share their financial, intellectual, practical, etc. achievements with children. In these situations, adoptive parents also indicate emotional problems, such as the fear of constant ageing and their own illness, which is commonly manifested in the saying "there will be nobody to bring you a glass of water when you are old" (Figure 2).

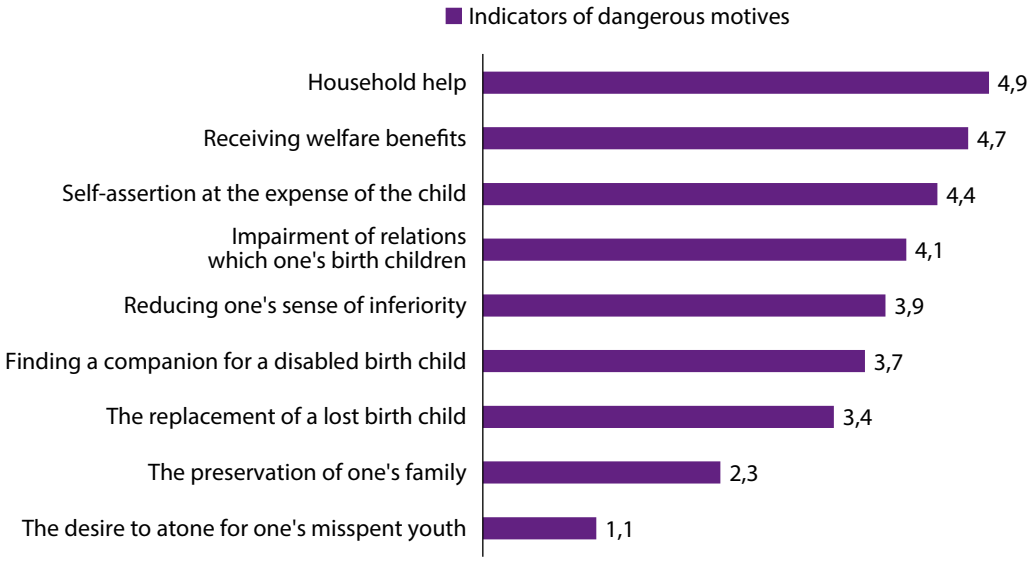

Figure 2. Rating of destructive/negative reasons for adoption (%).

All these reasons are negative in nature, as they do not serve to support the development of the family.

Practice shows that adoption of children by a family is a very important step that opens up new horizons for both the adoptive parents and the adopted child, and shapes the direction of their future development. The experience in working with potential adoptive parents

reveals that almost 85.0% of them have noted the above-mentioned structurally oriented motives.

Therefore, we have identified negative motivational factors and grouped them into the following categories of negative reasons, which can be destructive and harmful:

- the desire to replace a "lost" birth child: while trying to reduce emotional pain through the search of a replacement for them. Our study confirms previously obtained data – with such a motivation, it is important for adoptive parents to wait until "their wounds heal" and their emotional balance is restored, so that they are able to accept the adopted child as they are, without comparing them to the lost one (G. Bevz, 2011, pp. 15–22). **Only** at that point can their decision be conscious;
- the desire to prevent the destruction of the marital relationship: scientists have proven that the appearance of a child in the family is always accompanied by an increase in the difficulties in life and relationships between the spouses, increased physical activity and financial costs, changes and redistribution of educational roles of men and women in the family, etc. It has been scientifically established that in such circumstances in the family, it is also important to wait and first figure out and solve personal problems, as the addition of a new family member would only add to the problems and deepen the existing disharmony in the relationship (Raykus, 2009, p. 416);
- the pressure exerted by the closest relatives to have another child in the family: when family is constantly bringing up the issue of children in the family and at every family meeting there following question is raised: "When will you have children?". It was confirmed by us, that the decision about the adoption of a child must necessarily be personal, that is one which is not dictated by grandparents (grandfathers and grandmothers) or other relatives, however, it must be consulted with them as family members;
- the inability to have a second child: this situation is a common motivation for adoption when the birth child needs "someone to play with" and when an adopted child is considered a potential brother or sister. As a rule, the adopted child requires more attention and preferential treatment in games, separate toys, etc. This can complicate the relations with the birth child, who, during this period, would be better off becoming a participant of a program of preschool education in kindergarten, which contributes to the expansion of the range of their communication with peers at school and among neighbour peers in their environment (G. Bevz, 2006, p. 112).

This underlying motivational desire to use a child to solve one's own problems, is usually difficult and not properly understood by respondents, thus creating the risk of the formation of attachment relationships between adults and children. Usually, parents who decide to adopt in such circumstances are disappointed or give up the child. Researchers, who study the problems of replacement parents note that, when deciding to adopt, the family must realise the motivation behind its actions, i.e. to answer the question "Why do we want to adopt a child, and what do we expect in future?" (G. M. Bevz, 2001, p. 281).

Our research showed that the process of interaction can influence the perception of the adoptive parents and reveal the real reasons behind their desire for adoption. This helps to answer the following questions: "Are you ready for changes in your life?; for the additional responsibilities; for the fact that you will have little time for yourself; and to welcome in your house a person whose habits and behaviour are different from yours; Are you ready to

respect their habits?; Are you prepared to have the rules instituted in your house broken?" (Melnichuk, 2012, pp. 207–216).

The answers provided by our respondents after reflection on the concerns raised above indicate changes in their understanding of the adoption process. As many as 25% of respondents reconsidered their desire to adopt a child and expressed their intention to postpone the adoption for a while, 45% expressed their willingness to change these reasons only after completing specific training, and 30% did not change their reasons for adoption and were ready for any difficulties.

Practice has shown that during the procedure of adoption it is crucial to ask the family to make a choice which should have a positive interpretation: "If your heart is suffused with a desire to love and your family will be able to honestly and firmly agree to adoption", only then can you go for an interview to the appropriate specialist and to begin preparations for adoption. We have observed that when a family is faced with the vision of such responsibility before making the choice, it reinforces the importance of this choice, and again forces the family to reconsider its decision and to mobilise themselves to stick to it "throughout their life". It has been established that those families, who carefully and compassionately take their decision about the adoption of a child and are ready not to make the adoption process a secret, while also remaining open to communication after the adoption of the child and being willing to share their experience with prospective adoptive parents, are successful (Piyukova, 2002, p. 202; *Usvidomlene batkivstvo yak umova...*, 2004, p. 86).

Therefore, we can see once again that it is particularly important for adoptive parents to be able to check whether their motives are compatible with their ability to love the child and willingness to support the welfare of the child in that family, without feeling like a victim of circumstances. A distinguishing feature of adoption is the ability to love the child and strive to create a relationship of affection. This indicates the value of motivation to make a special relation with children, while accepting their own history, perception and understanding of life. However, its presence in the situation of adoption may indicate the depth of the desire of adults to be included in the personal lives of their adopted children. Psychological studies show that a sense of unity and compatibility increases together with the similarity of characteristics and emotional acceptance (Moskalenko, 2005, p. 624).

Other most popular motives include the desire to have an heir and the desire to receive respect in society. A smaller number of adoptive parents wish to provide the family with new siblings, or have a desire to create a family for a disadvantaged child. This is compounded by the fact that the maintenance of the adopted child rests solely with the parents, and welfare benefits are difficult to obtain because the "secret of adoption" still applies in the country. In addition, it should be noted that in national adoption there is no psychological preparation of married couples for adoption or mechanisms for the estimation of their social and psychological readiness, which can also make a change in the motivational process related to adoption, especially when it comes to its quality characteristics.

In international adoption, it should be noted that its openness and social promotion may serve as motivating factors, but this has not been observed by relevant experts. This may be due to the absence of such practices in domestic adoption and the application of existing rules. During the research process, we confirmed once again that the decision about adoption is not possible without the understanding and support of one's loved ones, friends, and society in general (including religious support). This is evidenced by the fact that 90.0% of

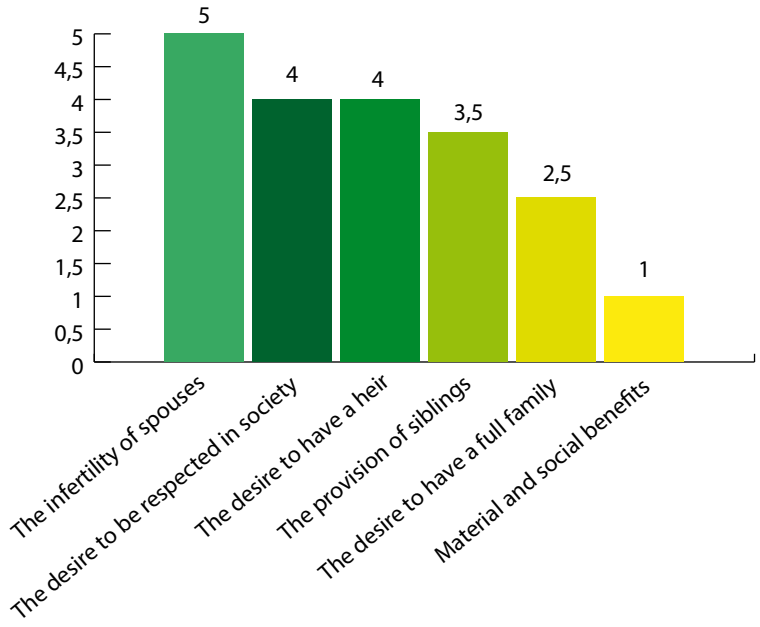

Figure 3. The rating of motives for adoption, based on research data (average values).

adoptive parents openly discussed their intentions with the family and friends, and only 10.0% of them made this decision only after having a discussion between themselves.

The application of the case study method showed some variability in the combination of constructive and negative reasons for adoption, which quite often included childish and immature needs of adults, which were the result of desired orientation, childhood memories, unfulfilled own needs, and "blindly" following various stereotypes.

Conclusions

The results of the study indicate that it is in the best interest of the adopted child to ensure the stable and harmonious conditions of life and their psychological development. Therefore, for their full development, children need a family that is psychologically ready to accept the child and has internal and external resources, which are positive indicators of the psychological readiness of parents to adoption. Consequently, by exploring the features of adoptive parents and their motivation to adoption, our research confirmed that motivation for the adoption of a child is one of the factors for ensuring its effectiveness and can serve as a predictor of their successful development. At the same time, motivation indicators cannot be studied in isolation but rather in the context of social and kinship relations of the family of adoptive parents and of the child they adopt.

The growth of the adopted child in a family with inadequate motivation in situations associated with potential difficulties, the most serious of which is "the stress associated with the new lifestyle", might lead to adaptation problems and deterioration in family relations, and, in a worst-case scenario, to the abandonment of the adopted child.

That is why in the process of selecting potential adoptive parents, it is important to establish both constructive and destructive motives of the spouses for adoption. This, in turn, requires, on the one hand, a well-thought-out system of measures for the preparation of future parents to realising their parenting roles; and, on the other hand, an increase in the transparency of the adoption process as a prerequisite for improving the culture of adoption.

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Chapter 5
The image of ideal grandparents as perceived by adult women

Justyna Iskra

ABSTRACT

Changes in the functioning of families and relationships between people of different generations, as observed in recent years, inspired me to research the issue of what ideal grandparents should be like in the perception of women in early and mid-adulthood. These women are already professionally working mothers. What kind of grandparents do they expect their children to have? The study used a version of the Adjective Check List (ACL) by H. B. Gough and A. B. Heilbrun: "What do you think perfect grandparents (grandmother and grandfather) should be like?". The study involved 54 women aged 32–49, who had their own children and worked professionally in big cities.

Keywords: family, grandmother, grandfather, grandchildren

Introduction

Our lives are determined by different periods of development and we are closely attached to people who are usually our family members, those who take the trouble to bring us up from the moment of our birth. Rembowski (1984) notes that, throughout their lifetime, people have families of their childhood, youth, adulthood and the twilight years. Different aspects of our existence are subject to the rapid pace of these developmental changes, characteristic of contemporary times. The result is that in recent years we have seen a significant increase in the involvement of people in their early and middle adulthood, as they find different ways to achieve fulfilment in their work and professional roles. These situations are especially characteristic of the residents of large and medium-sized cities. Adults tend to postpone their plans associated with having family life and becoming a parent to sometime in the future, e.g., when they finally achieve professional success. The prospect of having a child is closely connected with the necessity to temporarily withdraw from professional life, which for many women is a matter of concern regarding the possibility of returning

to work and reconciling work and family life. Changes in life priorities also tend to cause family values to lose to a career and professional success.

An alternative to withdrawing from professional work in order to care for one's child is to ask grandparents to look after the children. When grandchildren are born, grandparents enter into new roles, becoming grandmothers and grandfathers. However, according to Brzezińska (2001), the acceptance of the role of grandmother or grandfather brings both positive and negative experiences. It is nice to be needed by grandchildren and to provide them with a source of love, understanding, knowledge, experience and wisdom. For many people, being a grandmother or grandfather has become a landmark event that gives meaning to their adult life. Nevertheless, for many people, the negative side of being a grandparent is that they become aware of the transience of human life, and especially of their aging, which, for many people, can be a difficult thing to accept and deal with. In addition, different views on ways of raising children and methods of disciplining them can lead to tension and family conflicts between grandparents and their adult children, who themselves are parents now. Another cause of intergenerational misunderstandings can be the differences in expectations associated with helping with raising and dealing with children and the need to reconcile professional and family roles by both grandparents and their adult children. Appelt (2007) draws attention to fact that the majority of people become grandparents when they are 40–60 years old, i.e., when they themselves are fully active professionally, engage in various spheres of social life, and have their personal plans, interests and expectations.

According to Erikson (1997), the time dedicated to becoming grandparents is associated with the experience known as the generative-stagnation crisis. According to Straś-Romanowska (2005), this is a period in human life associated with engaging in various life roles, such as taking care of others, community service, charity work, and religious and political involvement. In the process of becoming grandparents (a grandmother or grandfather), the most important behaviour observed is associated with taking care of their grandchildren and providing assistance and support to their children. This does not mean, however, that grandparents should forget about themselves and their own needs. "One of the greatest difficulties of adulthood is to find a balance between 'my personal objectives' and 'helping others'. Lewicki (1969) describes these as the personal and social behavioural functions. The path to full development goes through achieving a dynamic balance between serving others and taking care of yourself. This is because we can only give to others if we invest in ourselves and take care of our own development" (Applet, 2007, p. 86).

The help provided by grandparents is often very necessary, if not essential, but the most important matter is that this help be benevolent and not result in grandparents' imposing on others their own advice, beliefs or ideas. The love of grandparents towards grandchildren and the help they offer to their own children in raising the new generation must be based on wisdom, which serves to shape relevant rules, values and attitudes. However, the role of grandparents in the upbringing of their grandchildren should only be secondary, since it is parents who are responsible for the proper upbringing of children. It happens that during difficult situations, such as illness or the need to travel and undertake unexpected additional responsibilities at work, grandparents provide the most important assistance (Braun-Gałkowska, 1990; Wisniewska-Roszkowska, 1990). "Grandparents usually love their grandchildren. It is a very deep love, giving a lot of joy, and free of responsibilities and burdens. Grandchildren give them a new life, new hope and happiness, a kind of reward for the hardships of raising children" (Wisniewska-Roszkowska, 1989, p. 102). "Grandparents

expand the world of the past and all the things from the times before parents were born, that parents do not remember. They knew the grandchildren's parents when they were still little, and stories about them can be fascinating; they lived in a different world from the one we have now. They experienced many changes, so they can have good attitudes towards many issues, and their view of the present is different" (Braun-Gałkowska, 1990, p. 132).

Bengtson (1985, cf. Applet, 2007) points out four symbolic roles that grandparents can fulfil in their families:

1. Grandmothers and grandfathers can be family "anchors" (sources of stability), who provide a constant point of reference, particularly important during the times when the family is experiencing problems or is subject to changes.
2. They can be family "bodyguards" (family preservers), or those who safeguard the continuity of the family line, offering protection and care in the situations of imminent danger, providing support when younger family members experience financial crises or problems related with professional work.
3. They are often arbiters in disputes between the second and third generations. They try to defuse tensions in disputes between parents and children, acting as negotiators during conflicts. An important task carried out by grandparents is to help grandchildren understand their parents' behaviour.
4. Grandparents are family historians, ensuring family line continuation and acting as a link between the past and the present.

Grandmothers and grandfathers face various demands that are well defined, often prohibitive and not always possible to implement, especially when dealing with grandparents who are still professionally active people. Appelt (2007) writes that the demographic, economic, social and cultural changes which we have observed in recent decades "have changed the roles of grandmother and grandfather. The adoption of these roles remains one of the few normative developmental events in middle adulthood, but today's grandparents are very diverse in terms of age. The increasingly widespread model of an extended family provides an opportunity to develop close and more positive intergenerational relationships. The images of grandmother and grandfather are also changing, and a wider range of roles undertaken by grandparents is associated with this, among other things" (Appelt, 2007, p. 79). Changing requirements associated with the role of "being a grandmother or a grandfather" are particularly evident in medium and large cities. In the past, grandparents were the people primarily concerned with helping to raise their grandchildren. Today, they are very often professionally active and have their own passions and interests.

A recent shift from concentrating on family life to engaging in professional work brings with it changes in expectations that adult children have towards their parents, especially when their parents become grandparents. Future and present mothers often declare that they count on the help and support of their parents and in-laws in raising their children. In fact, grandparents are expected not only to play an important role in the lives of their grandchildren, but also to make it possible for their children to pursue their professional careers. The latter applies especially to daughters when they become mothers. For many young women, living in big cities, professional work, the pursuit of their career, taking care of their children and house-keeping, are all possible only with a considerable help and support from their parents. The question arises: *What should perfect grandparents be like in*

order to meet the expectations of their adult daughters? This has become the inspiration for our research, whose results are presented below.

Research Methodology

The investigated research problem concerns the image of the ideal grandparents (both grandmother and grandfather) in the perception of adult women who themselves are mothers. The research group included 54 women in their adulthood (aged 32–49, $M = 39$ years) who have completed higher education, are living in a big city, work professionally and have from 1 to 4 children. The study used a version of the Adjective Check List (ACL) by H. B. Gough and A. B. Heilbrun "What do you think perfect grandparents should be like (grandmother and grandfather)?".

The Adjective Check List (ACL) by H. B. Gough and A. B. Heilbrun (1983) in the "Real Self" version is one of the most popular and widely used multiscale personality tests. It is used to study one's self-image in the real and ideal dimensions. It consists of 300 adjectives and their choice determines one's description. This method is based on natural language and refers to the commonly used methods for characterizing ourselves and others. The purpose of the test is to select the adjectives that are the most suitable to describe a person, their "real self", meaning the real self-image; and/or the adjectives defining the characteristics that one would like to have, to arrive at a description of the "ideal self", meaning the ideal self-image. It can also be used to describe historical, literary heroes, groups or objects. Its scope is wide, and new applications of this method are only limited by the ingenuity of future researchers. Therefore, the present research project applied it to obtain the image of a desired family, as perceived by psychology students. The author of the Polish translation of the list of adjectives is Płużek. The version used in this clinical study has 37 scales, which are arranged into the following 5 groups:

I. MODUS OPERANDI SCALES – part of this section consists of 4 scales acting as control keys.
   1. No – Total number of adjectives checked
   2. Fav – Number of favourable adjectives checked
   3. Unfav – Number of unfavourable adjectives checked
   4. Com – Communality

II. NEEDS SCALES – comprising 15 scales investigating the personality correlates of specific mental health needs having links with observable behaviours responsible for person's behaviour.
   5. Ach – Achievement
   6. Dom – Dominance
   7. End – Endurance
   8. Ord – Order
   9. Int – Intraception
   10. Nur – Nurturance
   11. Aff – Affiliation
   12. Het – Heterosexuality

13. Exh – Exhibition
14. Aut – Autonomy
15. Agg – Aggression
16. Cha – Change
17. Suc – Succorance
18. Aba – Abasement
19. Def – Deference

III. THEMATIC SCALES – comprising nine scales that capture different aspects or components of interpersonal behaviour important for describing human personality.
20. Crs – Counseling Readiness Scale
21. S-Cn – Self-Control
22. S-Cfd – Self-Confidence
23. P-Adj – Personal Adjustment
24. Iss – Ideal Self Scale
25. Cps – Creative Personality Scale
26. Mls – Military Leadership Scale
27. Mas – Masculine Attributes Scale
28. Fem – Feminine Attributes Scale

IV. TRANSACTIONAL ANALYSIS SCALES – this part of the method consists of 5 scales constructed according to Berne's theory in which human behaviour is recognized as an expression of the three basic ego states: parent, adult and child.
29. CP – Critical Parent Scale
30. NP – Nurturing Parent Scale
31. A – Adult Scale
32. FC – Free Child Scale
33. AC – Adapted Child Scale

V. ORIGINALITY-INTELLIGENCE SCALES – this part of the ACL test is composed of four scales that recognize creativity and intelligence as structural dimensions of personality, according to Welsh's concept. Intelligence is considered to be the ability to think abstractly, to detect logical relationships and the application of general rules to solve specific problems. It is about creativity and the ability to think imaginatively, involving the practical application of new ideas, changing one's environment according to aesthetic criteria, expressing the worlds of the past and the future, and perceiving elements of order in what is disordered, seeing harmony in chaos, and even making sense of that which is senseless.
34. A-1 – High Origence, Low Intelligence
35. A-2 – High Origence, High Intelligence
36. A-3 – Low Origence, Low Intelligence
37. A-4 – Low Origence, High Intelligence

Standards for this version of the test were developed for large groups of men and women and are given on the standard ten scale (mean 50, SD 10). The accuracy and reliability of the ACL was proven in many ways. The coefficients of the reliability of the scale were determined

by internal compliance for men (N = 591) from 0.56 (Cha, Suc) to 0.95 (Fav), M = 0.76. For women it was respectively (N = 588) from 0.53 (Crs) to 0.94 (Fav), and M = 0.75. Stability scales were tested at an interval of 6 months and equalled 0.34 (A-1), 0.77 (Agg, M = 0.65) for men (N = 199) and 0.45 (Fem, A-1, A-2) 0.86 (Exh), M = 0.71 for women (N = 49) (Gough Heilbrun 1983, p. 30). The ACL test has been repeatedly tested in Polish studies and described in detail (Płużek 1978; Prężyna 1981; Uchnast 1983).

Results

The obtained results of the ACL test taken by individual women characterizing ideal grandparents allowed us to obtain an average profile shown in Figure 1.

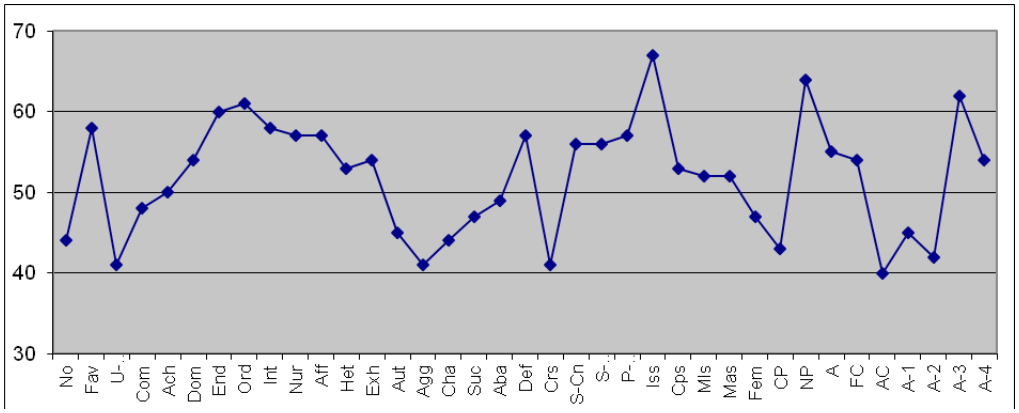

Figure 1. The image of ideal grandparents in the perception of adult women based on the results of the ACL.

The preliminary analysis of the obtained data, which was the basis for the presented profile, lets us notice that many of the results are found in the high and average ranges, and only a few are in the low performance range. A thorough analysis of the data obtained from the division into five groups of the ACL scales is given below.

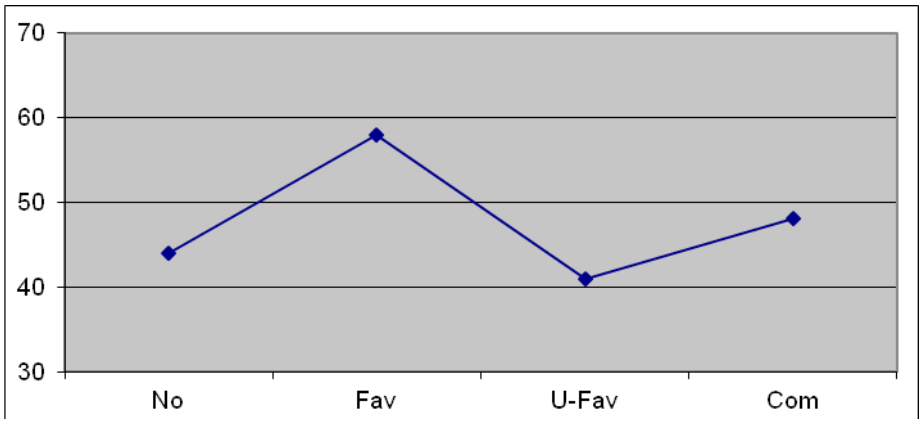

Figure 2. Average results of the ideal image of grandparents on the Modus Operandi scale.

The total number of selected adjectives (No) falls within the area of average results. The distribution of selected adjectives is interesting when we take into account their value (positive, negative). On the Fav scale (the number of selected positive adjectives), the Unfav scale (the selected number of negative adjectives) has high and low results, and is average on the Com scale. Data analysis allows us to note that perfect grandparents are those who adapt easily, are conventional and balanced. They are characterized by their caregiving and coping skills when faced with the difficulties and frustrations of everyday life. In relationships with others, grandparents do not tend to offend or judge anyone. They inspire confidence and are efficient in their activities.

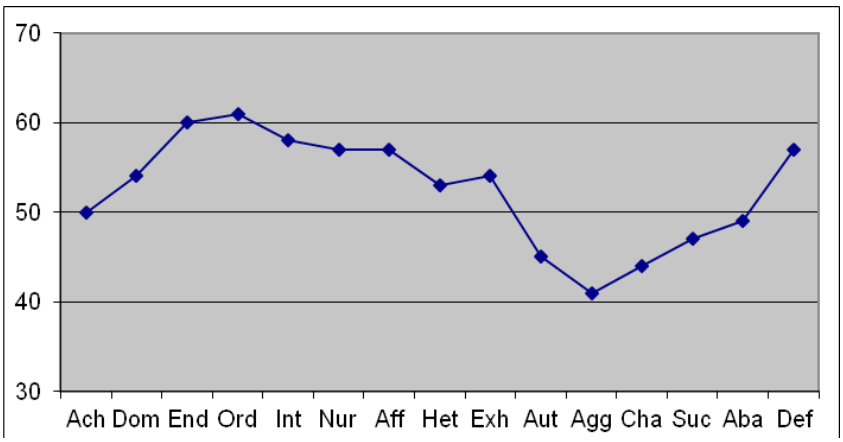

Figure 3. The mean results of the image of ideal grandparents on the needs scale.

In analyzing the results on the scale of 15 needs, as obtained by the group, it can be said that perfect grandparents should be hardworking, conscientious in their actions oriented towards reaching objectives and striving to fulfil them despite any emerging obstacles. They are determined, persistent and have a strong sense of duty. Perfect grandparents are those who, like other people, are open to cooperation with others and emotionally stable. A high score in order (Ord) on the needs scale indicates that their conduct should be logical, rational and objective. Adult women also expect that grandparents be supportive, compassionate, willing to care for others, understanding and patient. It is also important that their activities be focused on what is proven and that they easily follow other people's instructions.

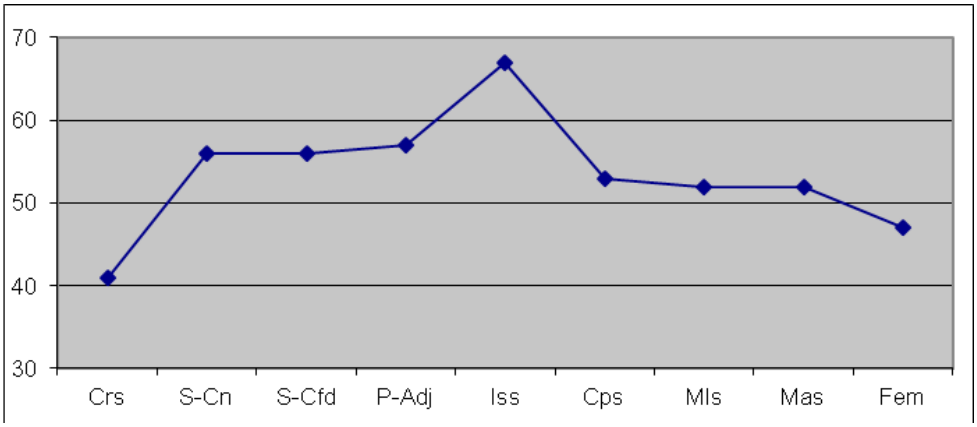

Figure 4. Mean results of the image of ideal grandparents on thematic scales.

An analysis of the results obtained in the thematic scales confirms the expectations of adult women that ideal grandparents should be industrious and enterprising people, focused on fulfilling responsibilities and having confidence in their ability to implement plans and achieve goals. It is also important that they have a positive attitude towards people and show the ability to love others. They should also appreciate cognitive and intellectual values and display aesthetic sensitivity. When it comes to undertaken activities, it is good if they know how to react quickly and be decisive.

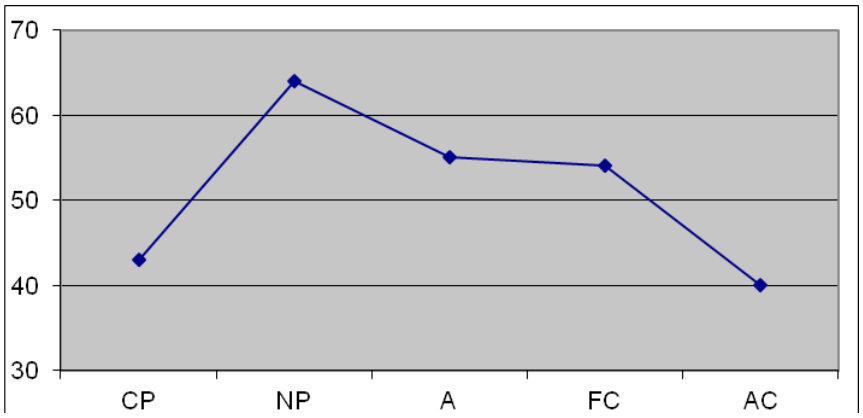

Figure 5. Average results of the image of ideal grandparents on the transactional analysis scales.

The results obtained from the transactional analysis scales suggest that ideal grandparents should be dependable, tolerant towards the weaknesses of others and able to effectively defuse emerging conflicts. It is important that they be aware of the relationships between other people and that they show respect for others. Adult women also expect perfect grandparents to cultivate values and pass them on to others.

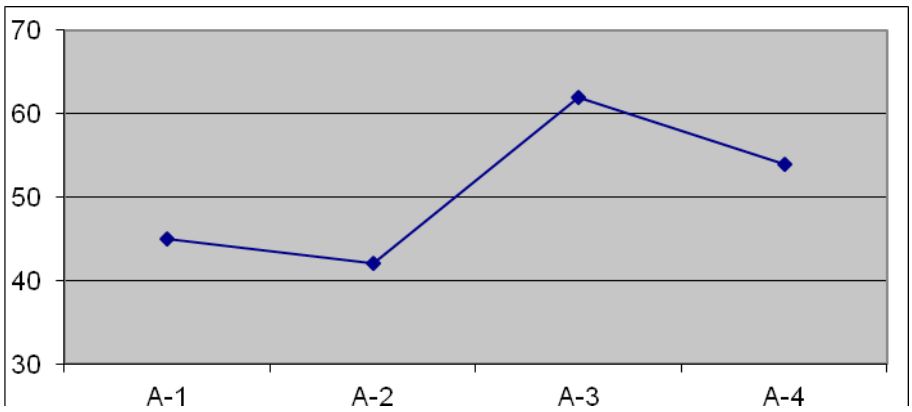

Figure 6. Results of the average ideal image of grandparents on the originality-intelligence scales.

The last group of analyzed scales were those measuring originality-intelligence. The obtained results indicate that ideal grandparents should be vigilant, prudent, practical and logical in their activities. It is also important that they be patient, well organized and disciplined. Adult women expect perfect grandparents to respect their life roles. They also expect them to possess average cognitive and intellectual skills.

Conclusions

The results of the research reveal that the expectations of adult women towards grandparents, whom they would consider ideal, are precisely defined and specified. These expectations are based on the tasks that grandparents are supposed to undertake, i.e., taking care of their grandchildren and helping their own adult children. The answer to the question of what perfect grandparents should be like had a declarative character. Keeping in mind that people participating in the study were economically active women who themselves are mothers, we can assume that in their replies they expressed expectations which were the result of their own desires, needs and experiences. For them, ideal grandparents are people who:

- Are conventional, balanced, and easily adaptable.
- Provide care to their loved ones, are trustworthy and refrain from judging others.
- Are efficient in respect of their work and undertaken tasks, and remain calm when faced with adversity.
- Are hard-working, enterprising, diligent, quick to respond, determined, persistent, and goal-oriented, and have a strong sense of duty.
- Are focused on what is reliable and proven, reluctant to accept any changes, avoid risks, follow other people's instructions, and are willing to meet the expectations their loved ones have of them.
- Like people, are cooperative, supportive, respectful, compassionate, indulgent, patient, and avoid conflicts.
- Are balanced and positively disposed towards others, while also possessing the ability "to love and work".
- Possess average intellectual abilities but appreciate cognitive values are are aesthetically sensitive.
- Are firm and quick in their actions and reactions.
- Are tolerant towards other people's weaknesses, and mitigate conflicts.
- Preserve values, are reliable and responsible.
- Are prudent, vigilant, and logical, plan their tasks and are well organized.
- Are disciplined, respect their personal roles, and are satisfied with it and their place in life.

Professionally active women, who themselves are mothers, expect grandparents to "make their life easier" by demonstrating diligence and satisfaction with their life, to never complain, to be average people who appreciate intellectual and cognitive values, love others, understand and accept them and not only think about themselves. As shown by Applet (2007), grandparents very often provide a great deal of support in the process of raising grandchildren. They provide assistance in life's everyday struggles. They also look after their

grandchildren, and, as close relatives, they can be fully rellied on and entrusted by parents with the custody of their children without them being afraid for their safety.

The ideal image of grandparents, as perceived by adult women, is, thus, the result of the needs arising from the experiences present in everyday life situations. Women expect grandparents to be important people for them and their children, involved in their upbringing and passing down values. It is particularly important for adult women to know that they themselves may rely on grandparents in different situations, receive their help but at the same time remain independent in terms of making decisions concerning their family. Grandparents should therefore be tactful, avoid conflicts and be willing to fulfill the expectations their loved ones have of them. They should be available when needed but not interfere with their children's family life and children. In conclusion, it should be noted that adult women clearly specified their expectations towards grandmothers and grandfathers, both in relation to their own needs and those relating to their families.

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Chapter 6
The role of family resources at the early stage of recovering from alcohol dependency

Agnieszka Kędziora-Stryjek

ABSTRACT

In addition to searching for the most effective means of treatment, special attention was given to things that might contribute to maintaining abstinence and getting sober. The author was also interested in the experiences in the lives of abstainers that cause them to break their abstinence and relapse into their addiction. Studies into this clearly show the multifaceted nature of maintaining abstinence. References to family life appear further on during the therapy to make the patient realise the loss they have suffered as a result of their addiction. References to family and family bonds are becoming an important source of motivation for continuing the therapy.

The study was a longitudinal one. During the rehab programme, patients were examined twice, i.e. for the first time on their admission to the programme, and for the second time during their discharge (completing or dropping out of the primary rehab). The study covered patients addicted to alcohol, who had just started their rehab programme. Study findings show that married individuals feel better prepared for a sober life virtually across all aspects of relapse prevention, and single persons outperform married subjects in nearly all aspects of their perceived quality of life. This trend became more pronounced following the completion of the seven weeks' primary rehab.

Keywords: family, getting sober, quality of life, alcoholism, relapse

Introduction

The family nearly always has a hard time when any of its members starts to abuse alcohol or becomes alcohol-dependent. Immediate family usually supports the process of recovery. During the therapy, the family relations of the addicted person not always improve as much as other social, e.g., professional or friendly, relations. This is because the individual process

of getting sober, connected with rehab and maintaining abstinence, does not directly treat any harm or emotional trauma suffered by family members. Changes within the family take more time and sometimes require separate treatment interventions. Destructive changes within the family system, that take place throughout the course of addiction, can go as far as to practically destroying the system. Positive outcomes of this recovery process include conflict alleviation and the possibility of establishing relatively healthy relationships with an ex-spouse or children. Despite such difficulties, the family is often an important point of reference for sobering individuals. People who help addicts can also find family relations helpful in assessing the progress of recovery or in providing motivation for treatment.

Changes that take place in the behaviour and mindset of addicts when they overcome their addiction are generally referred to as the process of recovery. The word "process" emphasises the fact that such changes are not one-off but rather extended in time, take place in stages and occur across different areas of life (cf. Brown, 1992; Cierpiałkowska, 1997, 2001). Therefore, treatment is not just about making the patient become abstinent, but also encouraging their personal development. Since alcohol dependence is multifaceted in nature and affects all domains of life, recovery must also take place across all these domains. The process of recovery can be analysed from at least several angles, such as somatic, mental, social and noetic/spiritual (cf. Szczukiewicz, 2002). It is useful to identify different areas in the process of recovery, as it helps recognise the relations between the individual areas of life, and assess progress rates across these areas during the treatment. All treatment interventions for the alcohol-dependent have one, major goal. This goal is, without question, abstinence. Abstinence is a precondition necessary to achieve the state that is usually referred to as sobriety, and to adopt more and more constructive attitudes and behaviour patterns.

This model of intervention is no longer questioned. There is no strong empirical evidence to support the theory or propagation of the treatment involving the regaining of quantitative control over one's drinking. As a result, the effectiveness of the treatment of alcohol addicts is demonstrated by the period of abstinence and the level of changes in their psycho-social functioning and psychological and physical integrity. In addition to searching for the most effective means of treatment, special attention was given to things that might contribute to maintaining abstinence and getting sober. The author was also interested in the experiences in the lives of abstainers that cause them to break their abstinence and relapse into their addiction. Studies into this clearly show the multifaceted nature of maintaining abstinence. Firstly, it involves changes in personality, secondly, the ability to deal with everyday life in a constructive way, especially during critical experiences in life, and thirdly, the social support system, which is one of the most important, and perhaps the most effective, factors involved in abstinence and sobering. In addition to abstinence, sobering is indicated i.a. by having and being able to use the system of social support. However, the mere fact of having social support does not guarantee any positive therapeutic effects. There are times when the system of social support causes one's state of health to deteriorate and therapeutic effects to be delayed.

Social support, when provided to the addicted prematurely by persons from outside the therapeutic team, e.g., by the family, can hamper or disrupt the progress of the expected changes. Addicts with learned selfishness (the use of delusion and denial mechanisms) are quick to take advantage of this and can change their perception of themselves and their problem, and, consequently, change their mind about the treatment. In fact, at a certain

stage, social support should be potential, i.e. available for addicts to use, if they comply with certain conditions.

H. Sękowa (1991) argues that social support is a peculiar interaction that takes place as a result of a problem. Such an interaction is designed to deepen one's relations with the environment and provide emotional support. In the course of this type of interaction, people share emotional and informational support, instruments of action and material comforts. This sharing can be unidirectional (towards the one in need), bidirectional or multi-directional, from the one in need and *vice versa*. The effectiveness of social support depends on the correspondence between the expected and received support.

Sękowa claims that social support is a form of coping with critical experiences in life. However, in order for social support to be mobilised, an objective resource is necessary. It goes without saying that the system of social support has a considerable impact on the development and course of, as well as recovery from, alcohol dependence. Studies conducted by Jakubik and Kowaluk show that the period of abstinence has a positive correlation with social support when it is provided by a large number of people, it is diverse, the addicted individual appreciates it, a large number of people serve individual support functions, and it is provided by persons from different areas of the support system. Compared to alcoholics who do not participate in AA meetings, AA meeting participants have, on average, 4 persons more within their support structures (other fellowship members), and their support covers the following functions: providing advice, a shoulder to cry on, and comfort.

Social support includes psychological assistance, of which there are two forms. The first form is professional assistance, as provided by psychologists, educators and doctors, who have specialist qualifications, skills, knowledge and practical training. The second group is non-professional assistance, as provided by various self-help groups, such as Alcoholics Anonymous.

Without prejudice to the role of the Alcoholics Anonymous fellowship in providing support, it is important to note some equally significant sources of social support, such as the family and professional environment. The role of the family in providing social support has already been mentioned earlier in the article. However, due to its importance, it merits another mention to discuss it in more detail. An analysis of previous publications on Polish studies allows the following conclusions:

- The fact of having a family is one of the strongest predictors of successful treatment outcomes,
- Divorced individuals who report for treatment tend to be more likely to stop the treatment than others,
- The sense of social support positively contributes to the maintenance of long-term abstinence,
- Women who are mothers feel considerable hope and tend to have bright prospects, trust in themselves and sense of personal autonomy, as well as enjoying better mental health than women without children; mothers tend to be more motivated and have more energy and a higher sense of their own competence, while childless women are more likely to stop their treatment.

On the other hand, as a result of various destructive interactions on the part of the addict and their overwhelming impact on the functioning of the family, the social support on the part of the family is minimal, at least at the beginning of treatment. In order to change this,

the family of the addict needs to be excluded from therapeutic interventions. Lehmann and Pawłowska argue that the primary objectives of families that support the treatment of addicts include: to obtain knowledge on alcohol dependence; to review the views on alcoholism prevalent within the family (shift from the position of moral evil to that of a disease); to learn about the psychological mechanisms of addiction; to appreciate the effort put into maintaining abstinence and any measures taken to return to abstinence in the event of a relapse; to show an attitude of understanding, patience, and self-control; to have realistic requirements and expectations; and to refuse to take responsibility for the treatment or the consequences of alcohol abuse by the addict (other family members are not responsible for the drinking problem). Despite the vivid memories of the consequences of drinking, it is also advised that the addict be provided with acceptance and communication based on partnership, and have their spirits kept up. Recovering alcohol addicts must face the fact that family relations are often scarred by difficult experiences associated with the time when the addiction developed.

The process of recovery in this area usually does not involve the reconstruction of the initial relations and family system, but the establishment of a new, more functional, balance within the family. Frequently, it requires the spouse and children to be involved. The progress in the social aspect of recovery can be demonstrated by the involvement of the sobering individual in the life of their family, AA group or local community. The sobering individual can fulfil objectives associated with their social roles and perceive themselves as part of a bigger, social whole.

Changes in the social domain would not be possible without changes in the mental and spiritual ones. The latter include the individual's overcoming of existential vacuum, seeing of meaning in their actions and existence as a whole, religious devotion, increased self-awareness in terms of values they follow in their life, closer correspondence between the declared and actual hierarchies of values, and involvement in serving higher purposes (e.g., honesty, truth, good, love, holiness).

As a matter of fact, the spiritual aspect of sobering is present from the time professional treatment of addictions was introduced, i.e. since the popularisation of the so-called Minnesota model, which emphasises cooperation with Alcoholics Anonymous. AA's Twelve Step Programme stresses and facilitates spiritual transformation. Noetic changes can be manifested in an increase in seeing meaning in life, or in ethical and religious awareness. Family, too, is perceived as an important value in life and has profound impact on defining and achieving goals in life. Therefore, the spiritual growth of sobering alcoholics is the more profound the more existentially significant experiences the family provides. The process of overcoming the addiction usually starts with the decisions and attitudes of other family members. It is the family that frequently is the first to start looking for some information on how to provide the addict with help and it is the family, not the alcoholic, that seeks such support. Therefore, family relations are often used by counsellors to carry out interventions in relation to addicts. It is the family and significant others that help the patient acknowledge that they have a problem with alcohol. In addition, some addiction counsellors argue that close family and friendly relations are the first prerequisite for a good intervention (Jay, Jay 2008).

References to family life appear further on during the therapy to make the patient realise the loss they have suffered as a result of their addiction. Patients are provided with tasks that help them understand what changes have occurred within their families as a result of

their drinking and what is their responsibility for what changes their disease has produced within their families.

References to family and family bonds are becoming an important source of motivation for continuing the therapy. This applies in particular to the families whose emotional bonds have been severed and where the "centripetal forces" in the relationship dominate over the destructive forces that cause the relationship to break off. In practice, this usually means that married couples who have been able to provide support to each other, talk honestly and show respect to one another, can, under favourable circumstances, rebuild this relation. The mere fact that the addict misses this bond and intimacy can be a motivating factor. Couples whose past and personal relations have already been difficult before and who have not shared many positive experiences will find themselves in a much more difficult situation. Although the commencement of treatment by the alcoholic brings the family a relief and respite, there is no experience and skills necessary to create a good relationship. Consequently, the alcoholic feels disappointed to see that even though he/she stopped drinking, household conflicts continue to occur. As a rule, such situations are covered by the individual treatment programme created for the patient in a rehab facility.

There is a fair number of publications that focus on the dysfunctional aspects of families struggling with addictions and on the adverse consequences of addictions suffered by family members. However, there continues to be a gap in the studies on the functioning of the family itself in the course of recovery.

In Poland, research into this area was conducted e.g., by Lidia Cierpiałkowska (1997), and more recently this gap was bridged by the work of Andrzej Margasiński (2010), as mentioned earlier in the article, who described the mechanisms of and changes in family functioning that follow the commencement of treatment by the addict.

Margasiński proved that positive changes in the family system occur even when only one member of the system, i.e. an addicted father or mother, undergoes addiction therapy. Longitudinal studies conducted by Margasiński show a wide range of damage that is suffered by families with alcohol problems, i.e. weaker bonds, relaxed rules and standards, instrumental treatment of children, dissatisfaction with one's family life, etc. Nevertheless, the findings of these studies clearly show some positive changes in such families.

The final results of the therapy indicate that the gap between the outcomes achieved by alcoholic families and control groups is significantly narrower. This applies i.a. to the coherence of such families, quality of their communication, and satisfaction with family life. This means that by undertaking rehab, the addicted individual unlocks the developmental potential of their family. Although a therapy that focuses on the addict can be effective for the family system as a whole, interventions in the system also seem crucial for the recovery process. This is corroborated by the findings made by Margasiński in relation to the functioning of alcoholics in their relationships with children. Indeed, the studies cited above show that such relationships actually tend to get worse after rehab.

Margasiński claims that this could be associated e.g., with family roles and attempts to go back to the role of "the head of the family". This worsening of relations between the alcoholic and their children "confirms the systemic nature of interrelations within the family, which, unfortunately, are not covered by treatment interventions" (Margasiński, 2010, p. 237).

Therefore, there is a significant weakness in the system of treatment, namely, support for the addicted still lacks proper assistance for the family as a whole. Sometimes this applies to the commencement of treatment or, to an even greater extent, to the assistance provided

after the completion of primary treatment. In the majority of Polish support facilities, an alcoholic's spouse, who seeks support to have the dependent person undertake treatment, will only be provided with a short-term psychical counselling and administrative/legal aid at the Communal Commission for Solving Alcohol Problems (GKRPA). Specialist help will generally involve encouragement to the spouse to focus on themselves and a referral for codependency treatment. Assistance for children is similarly individual in nature. This "atomistic" attitude to treatment, or helping everyone individually, if you will, is often due to the extent of damage done to the family system. However, when systemic assistance is completely neglected, many families continue to struggle with their relations, communication, and definition of boundaries or recognition of each other's needs.

An alcoholic, who learns during their therapy that they need to "get sober for themselves" and can already recognise their emotions and needs, will not necessarily be able to utilise these skills in their intimate relationships. Their spouse, who participates in a codependency therapy or an AA group, also learns how to "live their own life" and focus on the changes they need. This allows the spouse to protect themselves from mental suffering and emotional involvement in an abusive relationship. However, it does not provide enough support to build a healthy relationship.

This requires marriage counselling or family therapy. It is somehow optimistic to see that the inclusion of family counselling in therapies for addicts has recently become postulated more and more often (cf. e.g., Dodziuk, 1999 and 2000; Cierpiałkowska, 2001; Namysłowska et al., 2004; Margasiński, 2010). The importance of the family in interventions against alcohol abusing and alcohol-dependent persons is now commonly acknowledged (Fudała, 2008). Some Polish addiction treatment centres have already made some attempts to include the systemic approach, or marriage counselling based on different paradigms, into their programmes.

This is usually associated with the in-service training of addiction counsellors, who are more and more likely to reach for different treatment methods. In view of the above, one can hope that the outcomes of these measures will be satisfactory enough for family counselling to no longer be just an addition to the primary treatment services of rehab facilities, and will become an essential element of their services and a fundamental objective as part of after care.

It is worthwhile to draw in this respect on the experiences of the centres which do not separate the assistance for alcoholics from that for other members of the system. American studies show that family counselling can be very effectively used at each stage of the recovery process, and different treatment paradigms, from providing motivation for treatment to preventing relapses (O'Farrell, 1993; Lipps, 1999; O'Farrell, Fals-Stewart, 2000).

There are even family therapy programmes that provide for an effective support for just one, non-dependent, spouse, in order to encourage the dependent one to cooperate and undergo treatment (cf. Thomas, Ager, 1993; Jay, Jay, 2008). For clarity, it needs to be noted that the effectiveness of systemic interventions in addiction treatment is also questioned but mainly in relation to primary treatment (cf. Edward, Steinglass, 1995). Therefore, it is not the question of whether to include family and spouse interventions in the therapy, but of what interventions and at which stage will be the best to use.

Those responsible for the organisation of the treatment process can, and should, recognise the excessive individualisation of treatment and provide some patients and their families with opportunities for systemic interventions. With the current diagnostic methods,

and especially the clinical interview that covers all areas of patients' functioning, as used in treatment facilities, it is possible to determine very early on whether, and to what degree, the systemic approach is to be used in therapy. My conversations with addiction counsellors show that, given the contemporary education of counsellors it does not go beyond their therapeutic competence to include the whole family in the treatment process. Usually, the problem lies in the facility administrator and persons responsible for the contracting of therapeutic services. It can also be due to the facility's staffing or organisational limitations.

So far, family-oriented assistance interventions have been fairly effectively complemented by the organised communities of sobering alcoholics. Both Alcoholics Anonymous and other abstinence-oriented fellowships have undertaken measures to support beneficial changes in the marriage and family domains.

To sum up, family and family life play important roles across different stages of recovery. Family is a major source of existentially significant experiences for the sobering alcoholics. Life goals, ambitions and desires of persons on their way to sobriety are frequently associated with their family, and references to family life constitute an important factor that gives meaning to, and hierarchises, patients' life goals and aspirations. This allows a conclusion that support for addicts should draw more heavily on the forms of work involving the family system.

In the first place, this applies to working with the family for intervention and therapy-motivation purposes. In addition, proper assistance for addicts should cover an even wider range of family-oriented measures following the primary treatment. It should be postulated that measures for addicts and their families extend the current forms of assistance, i.e. informational and educational programmes for family members or codependency therapies, and self-help measures offered by sobriety-oriented fellowships.

It is advisable for the process of providing assistance to dependent and codependent persons to include family system assessment and consultation methods, family counselling, and family and couple therapies, whether within the systemic or other frameworks. Until recently, the most popular motivational method used in Polish addiction therapies was to make references to the damage inflicted by alcohol. It was intended to shake the patient so that they feel the need for making a change in the face of the damage they have suffered. Unfortunately, this excessively single-minded approach often caused patients to resist and avoid another negative (in their opinion) judgement, as such judgements have been present in different areas of their life for some time.

Motivational Interviewing, as proposed by Miller and Rollnick, and the Solution Focused Brief Therapy (SFBT), advocate that it is the mobilisation of broadly defined patient's resources that generates much more motivation. By making references to patients' needs, their values and goals in life, a therapy has a chance of becoming adequate, authentically viable and worth their actual involvement. Alcohol damage is an unquestionable fact, but often one that weighs people down and shatters their hopes for positive changes. That is why it is so important in providing therapy motivation to balance this image, discover patients' resources and empower them to put in the work that is required in relation to recovering from the damage.

Study Methodology

Description of the research procedure and characteristic of the subjects

Research procedure

The study was a longitudinal one. During the rehab programme, patients were examined twice, i.e. for the first time on their admission to the programme, and for the second time during their discharge (completing or dropping out of the primary rehab).

Information on patients was collected using structured interviews. Interview data, complemented with data from two questionnaires, completed individually by patients, and from medical examinations and clinical observations of patients early in the programme, were all entered into Treatment Records, a special form.

Subject population

The study covered alcohol-dependent patients, who had just started their rehab. Data (on one hundred and seventy four patients) was collected early on in, and seven weeks through, the programme. Inclusion criteria: the study excluded psychotic patients, patients referred only for detoxification, and patients reporting for one-off counselling. The study included alcohol-dependent persons, with the alcohol addiction diagnosis based on ICD-10 criteria. It also included subjects dependent on both alcohol and other substances.

The primary condition for inclusion in the study was patient's initial consent to participate in the study during and after the therapy.

Research question, hypotheses and variables

What is the significance of the available family resources at the early stage of recovering from alcohol dependency?

There is a correlation between the available family resources and the successful achievement of treatment objectives and the perceived quality of life at the early stage of treatment for the alcohol-dependent.

1. The more family resources the patient has, the more successful they are at achieving the objectives of the primary treatment and the higher their perceived quality of life.
2. The less family resources the patient has, the less successful they are at achieving the objectives of the primary treatment and the lower their perceived quality of life.

Independent variable:

- available family resources (marital status, patient's household members, patient's children, currently experienced family problems)

Dependent variables:

- perceived quality of life
- length of the abstinence period, coping with situations related to relapse

Description of methods used in the study

"Treatment Records" form

It serves as the primary form for entering all data on the subjects. In total, it includes 117 items (questions and scales), completed throughout and after the treatment.

Mental Health Measurement Questionnaire (MHMQ)

It has been developed by A. Gajewska and J. Mellibruda. Its authors define mental health as "one's inner mental instruments for coping with various problems and difficulties in life, and emotional states that are difficult to handle, as well as instruments for facilitating one's development and achievements". Subject's mental health is reflected in their perceived capabilities, referred to by the authors of the questionnaire as "one's self-images".

The MHMQ comprises the following scales:

1. Motivation and energy – developmental aspect
2. Motivation and energy – defensive aspect
3. Hope and prospects
4. Competence – developmental aspect
5. Competence – defensive aspect
6. Orientation
7. Self-confidence and trust in oneself
8. Personal autonomy
9. Self-acceptance
10. Control and power over one's life
11. Overall mental health

Presentation of study findings

Non-parametric tests were used to correlate the marital status and data on whether patients lived alone or with their families, with their readiness for preventing relapse. For the findings, please see the tables below.

Table 1 *The correlation between the marital status of patients and their readiness for preventing relapse (as measured seven weeks through the treatment). The average ranks in the Kruskal-Wallis test*

Marital status		*Average rank*
zapnawr1	single	74.57
	married	79.40
	divorced/separated	73.71
zapnawr2	single	80.52
	married	77.70
	divorced/separated	73.27

Marital status		*Average rank*
zapnawr3	single	78.53
	married	79.02
	divorced/separated	70.58
zapnawr4	single	84.93
	married	77.32
	divorced/separated	69.60
zapnawr5	single	79.58
	married	80.67
	divorced/separated	63.15
zapnawr6	single	67.70
	married	79.66
	divorced/separated	80.67
zapnawr7	single	68.32
	married	79.80
	divorced/separated	79.42
zapnawr8	single	68.80
	married	81.57
	divorced/separated	72.19

Key:
Zap nawr 1 – situations that generate negative emotions, such as frustration, anger, depression
Zap nawr 2 – situations that generate negative physiological and physical states, e.g., sleep disorders
Zap nawr 3 – situations that generate positive emotional states
Zap nawr 4 – situations associated with testing one's self-control, e.g., convincing oneself that there is no harm in having a single drink
Zap nawr 5 – situations that make one yield to one's temptations, e.g., feeling a sudden compulsion to drink
Zap nawr 6 – conflict situations with other people, e.g. conflict situations within the family
Zap nawr 7 – situations associated with social pressure
Zap nawr 8 – positive social drinking situations

Table 2 *The correlation between the household members of patients and their readiness for preventing relapse (as measured seven weeks through the treatment). The average ranks in the Mann-Whitney test*

Patient's household members		*Average rank*
zapnawr1	patient alone	70.70
	patient and their family	73.94
zapnawr2	patient alone	61.03
	patient and their family	75.48
zapnawr3	patient alone	53.78
	patient and their family	76.63

Patient's household members		*Average rank*
zapnawr4	patient alone	66.70
	patient and their family	74.58
zapnawr5	patient alone	55.80
	patient and their family	76.31
zapnawr6	patient alone	63.85
	patient and their family	75.03
zapnawr7	patient alone	63.48
	patient and their family	75.09
zapnawr8	patient alone	54.80
	patient and their family	76.47

As seen above, married patients feel better prepared for a sober life nearly across all the aspects of preventing relapse. Their results are also more uniform, with the only exceptions, in favour of single patients, found in negative physiological states, such as sleep disorders, and situations associated with testing one's self-control, such as the test of one's strong will or the conviction that a single drink can do one no harm. In turn, patients who have never been married performed better than divorced or separated patients, except for conflict situations with other people, where the latter outperformed the rest.

Subjects living with their families felt better prepared for coping with relapses than those living alone. This applies to all aspects of preventing relapse.

In view of the above, it seems that household members are more important for the sobering alcoholic than their official marital status.

In addition, the following results were obtained for the other dependent variable, i.e. the quality of life perceived by sobering patients.

Table 3 *The correlation between the marital status of patients and their performance across the individual scales within the MHMQ (initial measurement). The average ranks in the Kruskal-Wallis test*

Marital status		*Average rank*
kkp 1	single	73.32
	married	79.35
	divorced/separated	75.37
kkp2	single	67.78
	married	80.27
	divorced/separated	78.29
kk3	single	82.13
	married	77.20
	divorced/separated	73.27

Marital status		*Average rank*
kkp4	single	84.73
	married	77.84
	divorced/separated	67.87
kkp5	single	67.52
	married	79.90
	divorced/separated	79.98
kkp6	single	82.02
	married	77.50
	divorced/separated	72.29
kkp7	single	75.37
	married	78.62
	divorced/separated	75.75
kkp8	single	77.23
	married	77.70
	divorced/separated	77.04
kkp9	single	83.03
	married	75.76
	divorced/separated	77.69
kkp10	single	87.20
	married	75.86
	divorced/separated	72.48
kkp11	single	81.80
	married	76.87
	divorced/separated	74.92

Table 4 *The correlation between the marital status of patients and their performance across the individual scales within the MHMQ (measured seven weeks through the treatment). The average ranks in the Kruskal-Wallis test*

Marital status		*Average rank*
kkp 1a	single	79.22
	married	68.61
	divorced/separated	70.62
kkp2a	single	68.78
	married	70.11
	divorced/separated	76.56

Marital status		*Average rank*
kkp3a	single	79.57
	married	64.19
	divorced/separated	85.98
kkp4a	single	81.70
	married	68.40
	divorced/separated	68.70
kkp5a	single	80.39
	married	70.15
	divorced/separated	63.88
kkp6a	single	76.46
	married	68.60
	divorced/separated	73.66
kkp7a	single	82.00
	married	68.12
	divorced/separated	69.36
kkp8a	single	67.41
	married	73.76
	divorced/separated	65.04
kkp9a	single	87.24
	married	65.63
	divorced/separated	72.56
kkp10a	single	79.06
	married	69.08
	divorced/separated	69.12
kkp11a	single	77.35
	married	68.28
	divorced/separated	73.82

Table 5 *The correlation between the household members of patients and their performance across the individual scales within the MHMQ (initial measurement). The average ranks in the Mann-Whitney test*

Patient's household members		*Average rank*
kkp 1	patient alone	65.95
	patient and their family	74.70
kkp2	patient alone	66.95
	patient and their family	74.54

Patient's household members		*Average rank*
kk3	patient alone	57.93
	patient and their family	75.97
kkp4	patient alone	50.98
	patient and their family	77.08
kkp5	patient alone	74.03
	patient and their family	73.42
kkp6	patient alone	76.03
	patient and their family	73.10
kkp7	patient alone	73.28
	patient and their family	73.54
kkp8	patient alone	66.80
	patient and their family	74.56
kkp9	patient alone	62.45
	patient and their family	75.25
kkp10	patient alone	65.43
	patient and their family	74.78
kkp11	patient alone	65.00
	patient and their family	74.85

Table 6 *The correlation between the household members of patients and their performance across the individual scales within the MHMQ (measured seven weeks through the treatment). The average ranks in the Mann-Whitney test*

Patient's household members		*Average rank*
kkp 1a	patient alone	73.03
	patient and their family	66.18
kkp2a	patient alone	67.03
	patient and their family	67.00
kkp3a	patient alone	78.25
	patient and their family	65.46
kkp4a	patient alone	68.38
	patient and their family	66.81
kkp5a	patient alone	71.66
	patient and their family	66.36
kkp6a	patient alone	68.53
	patient and their family	66.79
kkp7a	patient alone	72.13
	patient and their family	66.30

Patient's household members		*Average rank*
kkp8a	patient alone	61.16
	patient and their family	67.80
kkp9a	patient alone	76.16
	patient and their family	65.75
kkp10a	patient alone	66.97
	patient and their family	67.00
kkp11a	patient alone	72.41
	patient and their family	66.26

The analysis of the obtained findings shows that singles performed better in nearly all scales of the perceived quality of life, as compared to married subjects. This trend grows even more after seven weeks following the primary treatment.

Exceptions include the following scales: motivation and energy – developmental aspect, motivation and energy – defensive aspect, competence – defensive aspect, self-confidence and trust in oneself, and, interestingly, personal autonomy. Following the therapy, this trend is found only in two scales, i.e. motivation and energy, and personal autonomy. Divorced subjects obtained the lowest scores in the initial measurement. This changed after the treatment, when they outperformed married subjects across the majority of scales.

A similar trend could be observed in the analysis of the correlation between the perceived quality of life and patient's household members. Although it would seem obvious for patients living with their families to perform higher, this trend turned out to be true only in relation to the initial stage of treatment, whereas seven weeks through it, patients living alone proved to perform better.

This can be due to the great number of family problems that married patients need to face. On the other hand, patients who undergo therapy receive positive reinforcement from the community of sobering alcoholics and counsellors when it comes to building a network of support, which can improve their perceived quality of life, especially in individuals who have lost touch with their family.

Living with the family and being in a marriage builds confidence about preventing relapse situations, but it does not increase the perceived quality of life in patients at the initial stage of recovery.

Other conclusions from the correlations between other measured scales are as follows. Having children shows positive correlation with some MHMQ scales (motivation and energy – developmental aspect, competence – developmental aspect, self-acceptance and overall mental health), but, interestingly, only in respect of the measurement conducted seven weeks through the treatment.

The initial measurement did not show such correlations. The obvious conclusion would be that during this intensive seven weeks' long treatment patients only re-establish themselves in the roles of fathers and mothers, as it is facilitated by the treatment programme.

On the other hand, in each measurement, the acknowledgement of family problems shows negative correlations with such MHMQ scales as self-confidence and trust in oneself, orientation and overall mental health.

Having family problems also correlates with poorer preparation for preventing relapse, and, consequently, poorer prognosis for the patient across all the measured scales (the study considered situations that produce negative emotions, negative physiological states, positive emotional states, situations associated with testing one's will, situations that make one yield to one's temptations, conflict situations, situations associated with social pressure, and social situations).

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Chapter 7
Family support in the process of building resources in people with disabilities

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ABSTRACT

Regardless of how extensive their social network and how numerous the important people in their lives, it is their immediate family that plays the central role in the social and professional support network of the disabled. When accepted by their next of kin, people with disabilities accept themselves, affirm their life and the world they live in, and are able to integrate with society. Aid for the disabled essentially involves the facilitation of their building of various mental, emotional, social, educational and other resources, which will allow them to live independently and fulfil social roles, empower them to take up professional work, and encourage their personal growth. The support of their families should, therefore, be based not on tapping into the resources of other family members, but on unlocking such capabilities in the disabled family member that correspond to their current situation in life and constitute a challenge for them.

This article is an attempt to analyse synthetically the role of family in supporting its disabled member, while accounting for various forms and models of social support for the disabled.

Keywords: disability, family support, disabled person, building resources in people with disabilities

Introduction

The sense of the quality of life in people with disabilities is the product of multiple factors. In addition to their dysfunction and physical and mental health, an important role is played by such factors as the position and role of the person within their family and local community, as well as the economic situation of that community and country as a whole. However, the most important factor seems to be the support and functioning within the

family. Indeed, it is within the family that each person, regardless of their fitness or ability, experiences the first and the most important process of socialisation, as well as acceptance, intimacy and assistance. It needs to be noted, as argued by Agata Chudzicka (1998), that human behaviour is governed by so-called dependence motivation, which is based on the need for being the subject of somebody's care to obtain support through affiliation. This motivation involves the need for being in the company of others and for establishing contact with them (Chudzicka, 1998). Disability is undoubtedly a situation, or an experience, that requires appropriate help from others to build one's own resources rather than drawing on the need for dependence on others.

Therefore, in order to function effectively, it is not only the family with its support capacity, but also the way this capacity is used, that matter for people with disabilities. It is important to note that family relations and family support model, as used towards the disabled person, are important for both parties, i.e. for the disabled individual, and for their family, as a resource provider.

Appropriate social bonds provide protection against alienation and have positive impact on satisfying the need for social integration, while also producing the sense of belonging, facilitating pro-social behaviour and developing self-esteem. Bearing in mind the significance of family in the process of human growth and upbringing for independence, this article aims to present its impact and consequences on the process of the social adjustment of people with disabilities. The article is an attempt at a synthetic analysis of the role of the family and the way it provides its resources in the process of supporting its disabled member, and it includes different forms and models of social support for the disabled, both in positive and negative contexts.

Social support and its functions

Scientific literature strongly emphasises the impact of illness and disability of one family member on the whole family, and equal emphasis is put on the role of the family in the complex process of that member's functioning and rehabilitation. Nevertheless, regardless of the importance of the family in the process of support, it needs to be noted that the help and support the disabled individual receives comes from several, often interconnected sources. Stanisław Kowalik (1999) has identified three circles of social security. The first is created by immediate family members (spouse, parents, children) and friends. Kowalik argues that this circle is the source of the greatest support, since relations between these individuals are exceptionally close and lasting, and not dependent on any shifts in social roles or changes in the environment. The second support circle comprises extended family and acquaintances. And the third one includes distant relatives, employees of institutions, colleagues, and schoolmates (Kowalik, 1999). However, as noted before, despite various problems and difficulties, it is the family that is the most important and effective source of mutual support. Indeed, it has been found that people who seek and expect help from others usually look forward to receiving emotional support, even though its average effectiveness is much poorer than that of the expected instrumental or in-kind support. Joseph P. Stokes argues that the greatest satisfaction with their social support is declared by the individuals who maintain contact with a small number of people, mainly relatives, and those with the most

extensive social networks but small number of family relations (Jaworska-Obłój, Skuza, 1986; Goodwin, Cost, Adonu, 2004).

Mirosław Kalinowski (2005) emphasises that "the functioning principles observed in family systems should provide their members with effective motivation to take action in different situations in life, including any difficult ones. The supporting power of the family is due to the fact that its members are close to each other, seek cooperation and solve problems as they appear" (Kalinowski, 2005, p. 8). This does not mean, however, that this support is sufficient. The examination of the issue of family support in the context of building social resources in the disabled without reference to wider social relations can lead to simplification or limitation of the individual's living space.

Social support is defined as "significant others" who provide specific help and advice to individual people and groups, and declare readiness for cooperation to empower them, mobilise their potential and resources, and satisfy their basic needs (for approval, safety and belonging) (Kirenko, 2002). Some scholars, such as G. R. Pierce, J. G. Sarason, and B. R. Sarason, approach support as an umbrella term which includes many aspects of this phenomenon. Even though the topic of support is broadly discussed in scientific literature, no unambiguous definition has been adopted yet. This is because the issue became of interest to sociology, psychology and pedagogy (cf. Szluz, 2007).

The concept of social support first emerged in the 1970s as a result of psychological studies, and now forms part of many scientific disciplines, including social work, pedagogy, sociology and psychiatry. Given the multifaceted nature of this term, an unambiguous definition is difficult to produce. In order to be able to evaluate the impact of family support on the disabled family member, the authors of this article propose that a definition by Sidney Cobb (1976) be used. Cobb defined social support as those behaviours of others who make us feel cared for, confident that other people love and respect us, and aware of a group of people around us, with whom we share a mutual relationship (Cobb, 1976). Therefore, it can be assumed that this concept means the assistance available for the individual in difficult situations, as well as the system of social relations that can have, either directly or indirectly, a positive impact on the individual. This is also an important factor that positively contributes to one's mental and physical well-being and the ability to cope with one's moods (cf. Pommersbach, 1988). Social support is the type of activity that has more than one source. In the context of support providers, Andrzej Axer (1983) offers three definitions of social support. The first refers to the activities of an institution or a network of institutions, and the provision of medical, social and psychological assistance. The second encompasses self-help organisations emerging at the grass roots level or established by professionals. The third includes the people from one's immediate environment, who assist the individual in their physical and mental recovery through their emotions, attitudes and behaviour (cf. Axer, 1983).

Janusz Kirenko and Ewa Sarzyńska (2010), emphasise several features characteristic of the process of social support. These features show social support as an interaction characterised by:

- people involved in the support becoming close and overcoming difficulties together through the constructive reorganisation of their relations with the environment;
- emotional support;

- interactions and emotional, informational, instrumental, operational and material exchange, thus supporting all areas of human resources necessary for effective functioning;
- effective support through adequacy and adjustment to the needs of those in need, resulting from clear interpersonal communication;
- having a two-way nature, i.e. existing on a unilateral or bilateral level, and operating between support provider and support recipient (fixed or variable);
- interaction and exchange taking place especially in difficult and problematic situations.

When considered in terms of its function, social support can be divided in line with the following typology, as proposed by House (Ya-Chuan, 2009):

- Emotional – intended to show affection, love, respect, empathy and care, to make the individual feel loved, needed, accepted and important for others.
- Instrumental – involves direct help e.g. in everyday activities and obligations. It also includes joint problem solving and the development of effective remedial behaviour patterns.
- Informational – focused on providing information or advice that allow the individual to solve their current problems or to take advantage of appropriate support institutions.
- Appraisal – provides the individual with feedback regarding their assessment and perception by their significant others, and includes the impact other people have on boosting the individual's self-esteem and the related emotions.

It needs to be noted that the literature on the subject also identifies:

- spiritual support, i.e. improving the individual's mental resilience, well-being, and confidence in themselves;
- material support, involving in-kind and financial aid;
- integrating support, which provides the sense of belonging and usefulness;
- developmental support – including the spiritual and mental/developmental components of support, it focuses mainly on the development of the individual towards providing them with equal opportunities across different areas of their life, in line with their individual needs;
- emotional and valuation support – involves appreciation for and building of self-esteem in the individual through verbal and non-verbal messages (Mirczak, 2014).

Support received by the disabled member from their family can also be divided into direct and indirect. Direct support is provided when the family includes the disabled member into its structure and engages them into its functioning. This inclusion provides the disabled member with positive stimuli in the form of the sense of safety, belonging, stabilisation and control that increase their mental well-being. Indirect support, on the other hand, is associated with drawing on family resources in difficult situations (unexpected deterioration in one's health, loss of job, etc.) (cf. Sęk, Cieślak, 2005).

Social support can have different extent, intensity and character. The literature on the subject further identifies one-off, temporary (more or less regular) and constant support. It can also be spontaneous or constant in character. Family support is generally regular and constant in nature. The character of the provided and expected support is, of course, de-

pendent on a number of individual factors. Each disabled person individually determines the extent of support they expect and defines how far they allow other people to step in into the world of their disability. It is important to bear in mind that the latter is not always defined on the basis of their objective needs. Indeed, there are situations that make it more difficult to ask for or seek support, even when it is one's immediate family that is to be the support provider. Another important characteristic of social support is its variability. This means that the provided and received support depends on the current situation of the individual and on their previous life, and changes as a result of various events and the level of changes in their functional adjustment. Kenneth Heller and Ralph W. Swindle (1983) have identified two categories of variables that are vital for social support as a whole. The first variable refers to the so-called individual social network, i.e. one's relations to other people, resulting from the characteristics of the environment one lives in. The second group of variables refers to individual personality traits, such as methods of coping with difficult situations, ease of communication and contact maintenance, level of anxiety, and effectiveness of serving different social roles (Heller, Swindle, 1983).

However, it is important for the intensity and character of support to meet the needs and expectations of the disabled individual, so that the process involves mainly their empowerment and mobilisation of their resources and capacities for overcoming their limitations and difficulties in their existence. Otherwise, the recipient of support could become even more helpless and increasingly dependent on the help from their social environment.

The effectiveness of support depends on a number of factors. These factors can be cited after Sally A. Shaumaker and Arlene Browner (1984), who identified individual adjustment to the environment, attitude to change, sources and nature of change, and its short- and long-term effects (considering that some effects might seem negative but produce positive outcomes in the long run) (Shumaker, Browner, 1984).

It has been found that social support is conducive to coping with stress and crisis situations. However, it needs to be noted that social environment can also play a negative role in the process of building individual resources, especially when seen as a pressure or when it requires the chronic suppression of emotions. In addition, social bonds can contribute to deepened and/or extended depression. An overprotective family produces low self-esteem, sense of helplessness and loss of control over one's life. Constant support and help in solving problems carries the risk of the disabled member's loosing their independence in coping with any situation and becoming more and more dependent on the assistance from their environment. If continuously provided, intensive support can have a negative impact on the individual's adjustment abilities and well-being. It can also produce the sense of excessive control on the part of their immediate family and the feeling that their freedom to decide about themselves is reduced (Kirenko, 2004).

The role of the family and its support capacity

The role of the family in shaping the appropriate assessment of their situation in life by people with disabilities is the most important factor in developing a holistic model of support and rehabilitation (cf. Zielińska-Król, 2014). However, family relations are subject to the same rules as any human interaction in relation to social support, and, consequently, take place on four primary levels (Kawula, 1996):

- individual–individual – in family, peer, neighbourly, professional, social and other such relations;
- individual–group – in family, environmental, political, religious, organisational and other such relations;
- individual–institutions – when the individual realises, on coming into contact with these institutions, their largeness and mass character, and sometimes also impersonality;
- individual–more complex systems – in relations with the local environment, such as town/city, village, cultural region, etc.

The analysis of relations between individual family members and the disabled individual can be carried out on multiple levels. Antonina Ostrowska and Joanna Sikorska (1996) propose to focus on the impact of relations on the functioning of the disabled individual across different areas of life, including family, professional, social, sports and many other domains outside family relations. As noted by Ostrowska and Sikorska, the starting point in such analyses is the functioning of the disabled individual (cf. Ostrowska, Sikorska, 1996). The possible family member behaviour ranges from being overprotective to providing no help at all. In between these two extremes there are rational behaviour patterns, i.e. ones that provide help but allow the disabled individual to retain maximum independence.

The literature on social sciences and family sciences provides sufficient information on the role of the family and its members in the life and growth of humans, both those able-bodied and disabled. The specific character and the exclusive type of bonds in the family, its distinct separateness and personal relations within it, all impact on the way individual family members function in other social groups, outside the family. One could venture a claim that the attitudes of the individual and their ways of serving social roles are influenced by the quality of their functioning within their family. The functional and emotional bonds between family members determine the importance of the family in the lives of both children and adults. The family can also be considered as playing a special role in shaping one's participation in social life. Family identifications are to be considered as significant due to the social roots of the individual, as well as its opportunities for becoming part of and socialising with other groups. The strength and character of these identifications can be determined on the basis of the level of subjects' identification with their family roles. The strength of bonds within the family and its ontogenetic precedence decide the considerable importance and durability of the patterns transmitted into the conscience of young generations. This becomes particularly significant in relation to the disabled, whose social interactions tend to be impaired due to their disability (Błeszyńska, 2001).

However, it needs to be noted that the importance of the family and its influence can be twofold. On the one hand it stimulates and initiates the processes of individualisation. On the other, however, weak or excessively strong family bonds can produce lowered self-esteem, sense of alienation, rejection and deracination. This triggers defence mechanisms that make it difficult for normal relationships with other people to develop. Identity that is excessively dominated by family identifications also leads to negative consequences. This can limit ties with other groups and make the individual focused on the roles they play in their family life. This phenomenon constitutes a serious barrier for social adjustment and growth. Various studies involving the analysis of the attitudes of disabled children's parents have proven that such parents are more likely than those of able-bodied children to show

incorrect attitudes, either being overprotective or rejecting towards their children. They are less likely to encourage their children to become more independent and more often tend to keep them in the state of "learned dependence". They are also less supportive of their children's becoming independent and interacting with other individuals and social groups (Błeszyńska, 2001).

As noted by Joanna Belzyt (2012), the most popular mistake that such parents make is their being overprotective and thus reducing their children's independence. By keeping their children at home, they feel that they have everything under control and can protect them against sickness, peer judgement, humiliation, danger or strangers that could harm them. Belzyt further argues that families with disabled children tend to isolate themselves from the environment. This is due to a number of factors, including special treatment such families receive from their social environment, excessive compassion, tiresome scrutiny, and ridicule.

In consequence, parents naturally want to protect their children against such an environment that can potentially be a threat to them. However, it needs to be emphasised that an increasing number of families take the opposite attitude and acknowledge the disability of their members as a fact that does not impinge on their rights in any way, so they pursue an integration-based model of living within a community and overcoming any difficulties, stereotypes and prejudice. Other groups that matter for the life and functioning of the disabled person, as listed by Krystyna Błeszyńska (2001), include their circle of friends, circle of acquaintances, school circle, professional environment circle, local community circle, background circle, circle of the current place of residence, and neighbour circle (Błeszyńska, 2001).

The significant role of the family and the environment, both in the positive and negative terms, in the process of social and professional adjustment of people with disabilities, is emphasised by Jerzy Bartkowski (2007). He argues that, particularly at the stage of early education, disabled children need, or even require, significant support, since, to a large extent, parents encourage and guide them in their educational and, later on, professional development (Bartkowski, 2007). Very often, the support from the people from the first circle involves some decision-making that influences the educational, and, by extension, also professional, future of the disabled person. In addition to its purely encouragement- and advice-oriented roles, Bartkowski identifies the interventional role of the family. Often enough, measures taken by the authorities or institutions are the consequence of determined effort on the part of parents (Bartkowski, 2007).

In the case of physically or mentally challenged people, their family and friends can discourage or even demotivate them from taking various social roles, especially when it comes to family or professional roles. There are many reasons for such attitudes. One of the most popular is the attempt, or rather intention, to protect a close person from failure, stress, or potential defeat. Such efforts can also be motivated by the fear of such person's being hurt, having their inability exposed, or being ridiculed as a result of their interaction with others. A similar argument is put forward by Bartkowski, who claims that family support shows strong environmental variation. He argues that, in addition to the purely individual component, family attitudes are strongly determined by the environment. Two factors are at play here. The first is the overall, negative attitude to disability, found particularly in some circles, such as the less well-off and rural communities. The second negative environmental factor is poor role models, or even emphasis on expecting constant public assistance throughout

one's life (Bartkowski, 2007). It needs to be noted that there is a strong trend for the attitude of the environment to affect that of the disabled. Repercussions of negative attitudes of immediate family have also been suggested by Bernadeta Szczupał (2006). She argues that immediate family can go as far as to demotivate its disabled members by encouraging them to be socially and professionally passive, or to take the path of least resistance in life and limit the number of worthwhile goals (Szczupał, 2006).

This constant protection, or helping the disabled member out in everyday functioning, can lead to infantilisation. Amadeusz Krause (2009) provides a detailed description of this process and identifies its three types:

- customary infantilisation;
- institutional infantilisation;
- conceptual infantilisation;

The first type is directly associated with parental attitudes, and particularly the paternalistic attitude, usually adopted by mothers of disabled persons. Customary infantilisation can also be found in the image of disability created by the media. It applies particularly to social relations, and involves treating and addressing the disabled person in an infantile manner. The second type of infantilisation refers to the incorrect structure of institutions that support people with disabilities. This applies in particular to educational establishments. Finally, the third type, as identified by Krause (2009), concerns theoretical methods of addressing disability at the academic and school levels, etc. Paternalistic attitudes are particularly characteristic of mothers of minor and adult persons with disabilities.

Another consequence of excessive or defective forms of support from one's immediate family is known as "excessive rehabilitation". As argued by Remigiusz J. Kijak (2012), contemporary ideas behind including the disabled into the social life assume that rehabilitation is introduced as early as possible and is as comprehensive as possible. However, it becomes disturbing when this attitude involves excessive rehabilitation. Usually, it stems from excessive and irrational concern of parents and carers over the rehabilitation of the disabled person, as a result of which the person becomes the object, not the subject, of rehabilitation (cf. Kijak, 2012).

A dangerous, but still occurring, consequence of negative support from the family is the attitude involving self-marginalisation. A. Krause (2009) rightly claims that, currently, the weight of contemporary marginalisation is shifting towards responsibility for oneself. Factors outside the control of the individual, including disability, are now less and less subject to social stigmatisation. Society is gradually losing to individual competences (resourcefulness, ability to cope with difficult situations), when it comes to determining the factors that affect exclusion. Therefore, nowadays, it is not the environment that is believed to marginalise the individual, but the individual himself/herself is believed to contribute to it (Krause, 2009). What leads to self-exclusion are addictions, professional passivity, choosing to be different, as well as individual attitudes towards one's capabilities, abilities and situation in life. It needs to be emphasised that such attitudes are usually the outcome of subtle feedback that is provided as a result of various external barriers. What is particularly important here is the attitude and the level of acceptance, understanding and positive support on the part of the family.

To conclude, as noted by J. Kirenko (2004), there is no ready and simple model for positive social support. The only role of one's significant others is to eliminate the negative

consequences of their behaviour, e.g. so as not to arouse any delusional hopes, as this makes it difficult for the disabled individual to accept their situation and might cause maladjustment or social non-adjustment. All support circles, and family in particular, should seek to encourage independence, personal development and self-improvement in the support recipient. Indeed, support is essentially about helping another person grow. Therefore, as noted by Kirenko, successful support should follow the motto: "I am helping you, so that you can manage on your own" (Kirenko, 2004, p. 15).

Conclusion

Aid for the disabled essentially involves the facilitation of their building of various mental, emotional, social, educational and other resources, which will allow them to live independently and fulfil social roles, empower them to take up professional work, and encourage their personal growth. The support of their families should, therefore, be based not on tapping into the resources of other family members, but on unlocking such capabilities in the disabled family member that correspond to their current situation in life and constitute a challenge for them.

Regardless of how extensive their social network and how numerous the important people in their lives, it is their immediate family that plays the central role in the social and professional support network of the disabled. When accepted by their next of kin, people with disabilities accept themselves, affirm their life and the world they live in, and are able to integrate with society. It is essential for people with disabilities to be provided with a circle of people who are friendly and kind towards them, and who will help and support them, in a joint effort with other people, to make the former's personal plans and aspirations come true.

Therefore, it is crucial for the support programmes for families with disabled members to put emphasis on making them aware of and sensitive to the fact that people with disabilities are autonomous individuals, capable of managing their own lives, creating their personal plans, and pursuing their goals.

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Chapter 8
The role of Rehabilitation through Drama in restoring lost and creating new family resources

Beata Maria Nowak

ABSTRACT

The author presents the Rehabilitation through Drama method, which provides a real chance for dealing with uncertainty, incapability in one's actions, and feeling lost in a tangle of situations and social relations. While enacting difficult situations in an emotionally safe and controlled context, actors participating in Rehabilitation through Drama build their self-esteem and learn how to act and think in a constructive and creative way.

Keywords: resources, family resources, sense of competence, family therapy, rehabilitation through drama, resource creation and reconstruction

In contemporary socio-economic reality, a number of people are struggling with various problems in their lives. From the aetiologic point of view, these are the result of some interconnected circumstances, both dependent and independent of one's actions, including biological, environmental and cultural factors. Usually, however, unfavourable situations in life and the problems that follow are generated by family dysfunctions and/or pathological factors, incompetent management of internal and external resources, poor mental disposition and poor life (including social) skills among family members, i.e. insufficiency in the traits and competences that should be developed through upbringing and socialisation (Nowak, 2011). It goes without saying that it is crucial to take effective measures to bridge these competence gaps in people who are unable to cope with the rapid advancements of contemporary times and the associated problems and challenges. Why are they unable to do so? The answer to this question is very difficult and multifaceted, but it seems that one of the reasons behind this state of affairs was accurately identified by H. Kwiatkowska (1994), who wrote: "modern times are characterised by extreme 'unsteadiness' in everything that is important for people […]. Contemporary people live ensnared in various uncertainties, from the uncertainty regarding the choice of their roles in life, to affiliations and values" (Kwiatkowska, 1994, p. 9). In this post-modern reality, characterised by constant social changes, of both

ordinary (spontaneous) and structural nature (Radziewicz-Winnicki, 2007), a uniform and stable system of values, the ability to play the assigned social roles and a good life skills largely determine personal and family well-being. Nowadays, out of the whole spectrum of skills that might be useful in life, it has become critical to, i.a. deal with problems constructively, communicate efficiently, take problem-oriented approach to managing stress, and identify personal (individual) and family (group) resources accurately.

The sense of competence as an adaptive disposition and an important element of one's individual resources

The individual ability, whether actual or perceived, to successfully meet environmental requirements determines the sense of competence. People with a high sense of competence are better at adapting to changes in their environment and in their status. As part of the deliberations made in this article, it is important to consider the position of A. Bandura (1989), who, in his concepts of the sense of self-efficacy and the system of "I", refers to the specifically human ability to build goal representations and anticipate outcomes. His model of "emergent interactive agency" is based on a claim that people make causal contributions to their own motivation and action within a system of triadic reciprocal causation, which comprises three interacting determinants, i.e. action, cognitive, affective and other personal factors, and environmental events (Bandura, 1989, p. 1175). This means that the sense of competence is conditional on the individual/group's having certain internal and external resources.

In general terms, resources can be defined as items, circumstances, personality traits, and energy, that are valued by people for their usefulness for the fight for survival or because they allow them to obtain other resources that are vital for survival (Hobfoll, 2006). Internal resources include those in the domain of "I" and are readily accessible to people, while external resources are located outside the inner "I" and generally comprise social support, economic status and employment. The sum of the resources an individual has proven to be one of the strongest determinants of satisfaction in life and subjective well-being (Diener, Fujita, 1995), which is the result of both subjectively experienced quality of life and its objective understanding, i.e. having certain living conditions and opportunities for action (Sęk, 2005). Resources play a significant role in human efforts to achieve the sense of competence (control) and to satisfy one's physical and mental needs. Individual's internal resources are a peculiar centre for the management of external resources that are more difficult to acquire and maintain. The sense of competence, as an internal resource, is key to making decisions regarding the use of social support in various difficult situations and, to a large extent, determines the effectiveness of overcoming crises, and in particular the complex crisis. As shown in a study by I. Niewiadomska (2007, 2010), measures for socially disadvantaged people should be aimed at carefully bringing about changes in adjustable, fairly fixed, cognitive aspects of personality responsible for reinforcing intentional motivation (crisis of values, sense of coherence), social distance (sense of social evaluation), stress (perception of difficult situations), and resilience resources for overcoming problems (sense of coherence, social support).

In the domain of self-regulation of behaviour, the sense of coherence is particularly important, as it reflects the overall cognitive and evolutionary attitude of the individual to-

wards the world. It comprises *comprehensibility* (a trait that allows the individual to discover the environment they function in); *manageability* (the sense of competence in managing the environment and consciously using the resources, both internal and external, at one's disposal) and *reasonableness*, i.e. believing that investing in oneself and one's life is justified, as it helps perceive difficult situations as challenges and, as a result, mobilises the individual to take action to overcome them (Antonowski, 1995; cf. Plopa, 2005). A strong sense of coherence is a good predictor of constructive measures taken by individuals in the event of the loss of stability in life.

It is important to note at this point that the process of improving the individual's situation in life should be supported by family, which usually is the individual's primary community. Therefore, irrespective of crisis aetiology, type and scope, it is imperative for overcoming the crisis to identify the individual's resources (internal and external, including family) accurately, and to manage them reasonably.

Family resources in the process of overcoming a crisis

The notion of family resources is synonymous, but not identical, to *social capital* and *social forces*. It is sometimes also understood as *resilience* (Henszen-Niejodek, Sęk, 2007) or *empowerment* and means a process of acquiring knowledge on one's potential and capacities, and their application, to cope with difficult situations (Buchholz-Graf, 2001). Generally speaking, the term family resources means all assets (whether external, social or environmental) available to or owned by a family, that support its development in personal and systemic terms (internal resources). What is particularly important for overcoming a crisis are relation and communication resources (the adaptability of the family system, the reciprocity of relations between its members, communication patterns, standards within the family), as they are evident and adjustable. Studies on communication methods within the family have revealed mechanisms that provoke conflicts between the tendency for intimacy and the tendency for autonomy, and between freedom and love. This area was investigated by psychologists and psychotherapists (such as S. Minuchin, H. Strierlin, G. Baetson, and recently G. Barnes, F. Walsh, and G. Cecchin) and educationalists within different subdisciplines (including M. Konopczyński, A. Jaworska, B. M. Nowak, E. Jarosz, and E. Wysocka). The role of resources in the systemic family therapy, and trust considered as their primary constituent, was examined by B. Krasner, and E. Imber-Black and J. Bradt (as cited in: Kulesza 2009).

Families coping with various problems were also studied by F. Walsh (2003), who focused on exploring resilience, defined as the ability to maintain supporting relations with others despite strong psychological stress in different crisis situations. Walsh established that this ability is affected by three groups of factors connected with the systems pertaining to communication and problem-solving, beliefs, and organisational patterns, whilst factors that protect the family against becoming dysfunctional and experiencing a crisis include the approach to crisis as a challenge, the ability to show flexible response to extreme changeability conditions, the abilities to negotiate, solve problems, build family bonds and reconstruct broken relations, the sense of affiliation with a support group, the ability to tolerate differences, the emphatic understanding of the needs of other family members and respecting their boundaries, and spiritual factors, such as inner optimism and a stout heart.

Other scholars, on the other hand, explored the role of family resources in the development of children with dysfunctional backgrounds (Wolf, Reimer, 2008; Opp, Fingerle, 2007; Masten, Reed, 2002). Dysfunctions, or pathologies, found in the studied families (including violence, poverty, and alcohol abuse) proved to leave no mark on the development of their children in the form of behavioural or emotional disorders. These studies showed that protective factors include i.a. strong emotional ties with at least one family member, mother's education level, her upbringing skills, mutual trust, values cherished within the family, family atmosphere, strong ties with the social environment and personal resources, such as temperament, inner locus of control, good communication skills and high level of intelligence, and task-oriented problem-solving attitude. Similar is true for the destructive use of intoxicants by family members (Rogala-Obłękowska, 1999; cf. Gaś 1994). In such situations, too, family resources, such as the ability to manage family life reasonably and efficiently, and to build family ties based on love and trust, prove to have a powerful protective effect against addiction.

All in all, each family, regardless of its social status, condition and form, has at its disposal a unique inventory of personal capacities of its members and their corresponding developmental potential. Effective crisis management is, however, dependent on the life skills of family members and their ability to mobilise and use family resources. These are, without doubt, some of the most important factors that protect the family against the consequences of a crisis, post-crisis breakdown or a complex crisis.

At the core of deliberations on helping individuals and families overcome a breakdown caused by a crisis situation, there is creative and developmental support to achieve the conditions that facilitate independent functioning in, and effective coping with, difficult situations. In individual terms, this support is intended to create internal resources, support personal growth, encourage the individual to take action and make changes within themselves and their reality. Similar is true for families which experience the loss of systemic homeostasis, i.e. dysfunctional, often deviant, pathological, whose functioning is impaired and which have no protective systemic or individual resources, and, as a result, are helpless in the face of the accumulating problems. Moreover, negative social attitudes to these families significantly reduce the sense of functionality and agency in all its members, which, in turn, results in a slow disappearance of the resources the family had had before the crisis.

In line with the social learning theory (Bandura, 1982), the improvement in one's image is possible only when, based on the actual experience of the desired behaviour, the individual becomes convinced of their own potential, when they are able to independently create environmental factors that spur them into action, and when they are able to channel these actions to meet the norms of self-reinforcement developed through social modelling.

When it comes to family problems and the possibility of rebuilding its lost family resources and creating new ones, the everyday-life theatre concept by E. Goffman provides an important source of methodical inspirations. On its basis, and using some specific interaction methods that are similar in nature, one can design and run successful family therapy and preventive interventions in stress coping for family members (in the form of training, workshops, performances and other performative measures). Methods building on Goffman's concept, such as situational games by V. Satir (2000) and the Rehabilitation Through Drama Method (Konopczyński, 2006), provide useful tools in this respect. In essence, they involve the practising of quasi-natural interactions, whose course can be repeated, modified and aligned with the desired standard in uninhibited and spontaneous, but methodically

controlled, activities of the intervention subjects. This therapeutic approach seems attractive and useful, especially in family therapy. Therefore, the following part of this article will address the origins and usefulness of theatrical metaphor in modifying individual and group resources.

The theoretical foundations of the family therapy based on Rehabilitation through Drama

Social assistance in satisfying material and physical needs of families struggling with complex crises is sanctioned by law. In addition to social assistance and guardian interventions, such families can be provided with standard psychological and pedagogical aid, both for individuals and groups (family therapy, mental education, psychological therapy for married couples). Nevertheless, these social interventions face some serious impediments. The subjects of assistance and support interventions are sensitive to any interference from outside and difficult to motivate. They are reluctant to participate in family therapy and do so very rarely and irregularly due to financial constraints and fear of being stigmatised by society. This state of affairs provides a strong incentive for seeking other, alternative assistance and support solutions. However, this area of social interventions has seen the emergence of a new methodical framework associated with the concept of creative rehabilitation. Creative rehabilitation methods and techniques guide the individual, or a group, towards the self-creation of their social identities. Importantly, when these methods and techniques are used, they activate the process of de-stigmatisation, or "forging" a new, functional identity to replace the old, dysfunctional, or deviant one (Nowak, 2011; Konopczyński, 2006). As a result, creative rehabilitation methods, and Rehabilitation through Drama in particular, help remove environmental barriers and gradually overcome mistrust of the target subjects of such interventions, and provide a perfect training ground for developing life skills in individuals, and disposition and functioning efficiency in family systems. This creative approach to working with a family as a whole and with its individual members has its roots in symbolic interactionism. Let us, therefore, trace back the history of the dramatic metaphor of the world and consider its usefulness in analysing and modifying human attitudes and behaviour.

The dramatic metaphor of the world emerged in the Baroque period and recurred throughout the ages in speeches and pieces of writing, as a result of which it became a topos, a common motif in European literature, known as *theatrum mundi*. Dramatic metaphors can be found already in the works of Plato, who wrote about the tragedies and comedies of life, in the works of the Church Fathers, who referred to the theatre of the world as a whole (Clement of Alexandria), or life as a comedy of mankind (Augustine of Hippo), in the works of Erasmus of Rotterdam, and Pierre de Ronsard, who argued that the world was a stage and people were actors. Michel de Montaigne, on the other hand, used a dictum by Petronius for moralistic purposes (*totus* [*universus*] *mundus iuxta Petronium exerceat histrionem*) to claim that the majority of human activities should always be performed in an appropriate manner, while bearing in mind that these are only imposed or assumed roles, played in masks, which, in a way, render a separate, alien person that does not come close to showing one's real nature. This dramatic metaphor of the world is also found in Shakespeare, who employed a reference to life as a poor actor in *Macbeth*. But the most famous and probably

the most explicit expression of the dramatic metaphor appeared in 1635 in The Great Theatre of the World, a philosophical and theological drama by Pedro Calderón de la Barca. He wrote that life is but a play, and the world is the stage of illusion (as cited in: Kolankiewicz, 2005). However, the credit for elevating the dramatic metaphor to the status of a topos is due to the Spanish literature of the Golden Age[1]. Recurring throughout the centuries, it was recognised in late 1960s by Ralf Dahrendorf, a German sociologist, as the principal theory for explaining social facts.

However, the dramatic metaphor became well-established in sociology no later than in the 1930s, along with the introduction and widespread application of the notion of social roles. Other branches of knowledge also contributed to this. Then, psychology questioned the intrinsic nature of the mind. It was W. James, who formulated the concept of the social self, and argued that individual identity was its product created through interactions. At the same time, Ch. C. Cooley discovered that within the groups united by direct relations and intra-group bonds, people obtain what is described as the *looking-glass-self*. This theory suggests that people build their own image by referring to their images held by other people, who are within their immediate environment.

Scholars from different fields of science found themselves heading, independently of each other, towards the discovery of the social role. This term was coined by Robert E. Park (1926). He noticed that, as a result of various interactions, a community transforms into a society. Adaptation processes, that lead to the formation of a social system, and assimilative processes, which create a culture and its corresponding social personality. And it is this social personality that is associated with different roles played by the individual in different groups, situations and social contexts. Indeed, human behaviour is determined by the prestige and status assigned by society to each of these roles. This, in turn, makes social role a significant adaptation resource.

Elaborate concepts of social roles were developed in the 1930s and 1940s by G. H. Mead, an American social psychologist and philosopher, F. Znaniecki, a sociologist, R. Linton, an American cultural anthropologist and a follower of the culture and personality approach, and T. Parsons, an American sociologist. They defined social role differently – as a system of normative relations between the individual and a specific social circle, a dynamic aspect of status, and as a link between the individual and a social structure. Mead, for instance, argued that individuals experience themselves by internalising the perspectives of others, and the complex process of assuming roles is a game, where individuals submit themselves to the rules accepted by the group as a whole. Znaniecki, on the other hand, developed the analogy to theatre in his theory of social roles. He argued that social roles constituted a system of normative relations between individuals and specific social circles, solidify their social functions and determine their social selves. Linton, in turn, saw social role as a dynamic aspect of status, a cultural standard of attitudes, values and behaviour associated with it and confirming one's eligibility for it. Finally, T. Parsons defined social role as a link between the individual (considered as a psychological entity) and a social structure. This approach was further developed by R. Merton, his student, who advocated the existence of many different roles associated with a single status (*role-set*), which constitute the responses of that status holder to various expectations of their interaction partners.

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1 For example, *Don Quixote*, a novel by Cervantes, Mateo Alemán's picaresque comedy, or Lopego de Vega's comedies.

The above overview of theories shows that the dramatic metaphor was successfully assimilated and gradually recycled by the social sciences in the first half of the 20th Century. This is when an important qualitative and quantitative breakthrough was made as a result of E. Goffman's book entitled *The Presentation of Self In Everyday Life* (1959). By introducing a broad dramatic perspective into the social sciences, Goffman established the anthropology of theatre and spectacle. Goffman's view of everyday life was referred to as Heraclitusean sociology as he was particularly interested in the developments within the social world and its unguided liquidity resulting from more or less intentional and spontaneous interactions. Goffman noted that in relations established face to face, human behaviour, through exchanged glances, becomes a performance[2], "an activity that is designed, presented, displayed and performed" (Szchechner, 2007, p. 16). In view of the above, performance studies focus on those activities whose meaning and distinctive nature is clearly emphasised, including theatre, rituals, social ceremonies, games, play, and carnival, as well as commonplace phenomena, such as sexual behaviour, political games and meal preparation. With this broad understanding of, and approach to, performance, virtually any manifestation of human activity can be investigated with performance methodology.

For Goffman, the notion of performance meant, above all, one's interactive activity intended to make a specific impression on other participants in the interaction, the (stage) effect of which is the "I" attributed to the individual by those with whom the individual is willing to identify. Moreover, Goffman was confident that the stakes in the fight for benefits in everyday life, ritualised and conventionalised with overwhelming behaviour patterns, were always the same, i.e. to create and sustain a trustworthy image of "I" as someone who has confidence in themselves and their behaviour. In this respect, Goffman's vision of man in interactions becomes similar to the portrayal of man thrown into a situation, as advocated by existentialists (as cited in: Kolankiewicz, 2005).

This sociological theory of Goffman's proved nearly consistent with the psychological concept by Eric Berne (2012), for Berne advocated that the individual follows a certain script in their life, one that has roots in childish illusions and is stored in the unconscious. Berne argued that nearly all interactions were, in fact, transactions aimed at obtaining substantial benefits, whether social, psychological or existential. When managing their time, people devote some of it to rituals, entertainment and games, which provide them with benefits and satisfaction. This way, without even realising, people develop the plot behind their script and add new parts to the stories of their lives.

But let us go back to Goffman – as shown earlier on in this article, he established the anthropology of theatre and spectacle in sociology. Victor W. Turner can be credited for a similar achievement in the field of cultural anthropology. He was the author of the processual approach and pioneered the anthropology of theatre and spectacle as a new research approach. He elevated the concept of ritual not only to a subject and method of study, but also to a style of practising science. Rituals have also been of interest to sociologists (E. Goffman), psychologists and psychiatrists (such as E. Erickson and B. Berenstein), theatrologists (R. Schechner, E. Barba), and, last but not least, philosophers (G. Agamben), who considered rituals a lenses that concentrated human cultural worlds, and who believed that studying them provided an opportunity to explore the mechanism behind their creation and

2 The term performance is the core concept for performance studies, a new field of study that emerged in the USA over the last couple of decades of the 20th century.

transformation (Bell, 1992). Turner also deserves credit for extending the notion of *social drama* to include ritual conflict resolution on the basis of values held by the group (Turner, 1957). He investigated cases of antagonisms present in the Ndembu tribe and the methods it developed for addressing these. He noted that when a conflict escalated and, as a result, the whole community was in danger of a conflict, it encouraged the performance of some proven spectacle that engaged the feuding parties as actors. The effectiveness of this strategy is based on taking collective action and on reconstructing and experiencing anew the same ritual practices. Turner was particularly interested in the mechanisms of social action and their potential for inducing transformations. He argued that since life is made up of conflicts and is a conflict itself, dramas reconstructed through cultural shows can serve as a meta-social commentary, i.e. a story told by the community about itself (Turner, 2010). Shows (including theatre performances) are the most effective tool for society 'regeneration', as they create and accumulate collective experiences, and their significant function is to alleviate and relieve conflicts, and manage social energy. Other cultural products, such as myths, symbols, rituals, philosophical systems and works of art, provide a set of patterns (models) that provoke thought, inspire action and move people emotionally[3].

In this peculiar *teatrum mundi* people are actors, who have to portray different characters each. Moreover, people manifest characters recorded in their biological code, or, from Freud's point of view, characters created by a demonic force, a phobia or destiny. However, as a member of society, each individual is forced to become the person assigned to them as their social role. Various roles assumed throughout one's life are the unavoidable effect of social interactions, and it is in those roles that the techniques for putting the values held by society into practice are manifested (Turner, 2010). This is why people often perceive their roles as a constraint or self-imposed discipline or a duty that has not been fully accepted. However, it is particularly relevant for the deliberations made in this article to consider a claim stipulating that, as a result of long-term co-existence, the person that stems from the biological code and the one created by following a social model, grow into one and exist as patterns within the individual (as cited in: Kolankiewicz, 2005). This is possible because of the multi-stage and long-term process of creating the individual as such, who ultimately becomes an intrinsic value.

In the light of the above, it needs to be concluded that human life is a path with certain regularities that manifest themselves in crisis situations that appear to constitute a real tragedy.

Rehabilitation through Drama in reconstructing and creating individual and family resources

Rehabilitation through Drama provides extraordinary stimulating, modifying and training opportunities, and can constitute an effective tool for individual and family therapies to develop and reconstruct internal as well as external resources. With this method, it is possible to establish a functional family profile across all its dimensions (coherence, adaptability, disintegration, developmental problems, family roles, and mutual understanding), and, in individual terms, internal resources (mainly related to competence) among all its members.

3 Turner's approach to the dramatic metaphor, similarly to Goffman's, applies to social life as a whole.

It can also be used to redefine some unfavourable attachment styles in children (Bolwby, 2007) that show positive correlation with poor social competences and avoidance attitudes to stress (Aronson, Wilson, Akert, 1997). Dramatic performances can provide training in such areas as:

- conciliatory behaviour (developing attention to creating a friendly atmosphere within the family, ensuring reciprocity, and showing one's affection);
- care and nursing behaviour towards children, the elderly and the disabled that are conducive to building the sense of security;
- creative problem-solving and team-work skills – overcoming mental and organisational obstacles to creative action and providing motivation for making attempts to deal with difficult situations in a creative way, making and accepting changes, and being fully engaged in one's actions;
- conflict-solving ability[4] – identifying the source of problem that leads to conflict, symptoms that foreshadow conflict and ways of its identification, and controlling one's emotions;
- competence in team communication to master skills in effective methods for providing motivation and support to family members, methods for overcoming resistance and transforming passive behaviour, overcoming communication obstacles, formulating questions, convincing and managing conversations, expressing and accepting constructive criticism, and assertive behaviour;
- so-called "fighting partnership" behaviour, i.e. providing support to family members, acting for its well-being, ensuring its positive social image to modify any attachment styles that hamper the establishment of successful social bonds (Kuczyńska, 1998; cf. Wojciszke, 2002).

Rehabilitation through Drama is likely to be highly effective due to the fact that the stimulated activity, together with its strong, emotionally charged experience, provides family members with a detailed insight into their own, difficult family life, that they themselves often fail to understand. Theatrical scripts can be adjusted to meet diagnostic objectives. This way, families are provided with an opportunity to recreate situations from their real life.

When the theatrical performance is prepared, examples of situations, behaviours, and activities from everyday life are practised. These prepare training participants for taking remedial action and for using strategies that facilitate constructive resolution of similar and novel problem situations in the future. Family members who take turns to play the family roles assigned in reality to them and to other members can recognise and jointly analyse the mechanisms behind crisis situations and the phenomena and processes that take place within the family. They can respond and see the responses of other family members to the roles played by them. As a result, family members, as actors, can elaborate on the functional, dysfunctional and pathological family roles, identify their own and other family member's potential and deficits in adaptability, communication obstacles and many other aspects of their individual and family functioning.

A well-designed acting training, based on an accurate diagnosis of deficits and needs, and focused on the key elements of the creative process, such as emotions, motivation, per-

4 Inefficient communication among family members is one of the most prevalent causes of misunderstandings and conflicts within the family.

ception, memory, thinking and imagination, produces a series of changes that transform identity to support individuals and family systems in their efficient social functioning. It improves various social skills, removes any disruptions to the natural fulfilment and experience of social roles and effective self-presentation (social exposure), with emphasis on developing control over one's behaviour in socially difficult situations.

Rehabilitation through Drama and other interactive and participation-focussed methods[5] can facilitate improvement in one's self-esteem and cognitive abilities, and bridge any gaps in social communication. Moreover, this creative competence training helps break any toxic relationships between the shortage of social experience (with different aetiology), social competence deficits, social maladjustment and problems in serving social roles (Matczak, 2007; cf. Smółka, 2008).

The factors that significantly hamper effective self-presentation in individuals undergoing a crisis, are social anxiety and shyness. These not only impair the quality of professional activities, but also make it difficult for such individuals to function in interactions with officials, people in authority and strangers in general. They hold such individuals back from seeking help and using the assistance of the institutions that provide it. This can be overcome through training interventions, which increase the individual's demand for environmental stimulation and reduce their fear of being subject to social evaluation. This activates the self-modification of other, equally important, parameters associated with the transformation of individual and systemic (family) identities, e.g. related to communication and interpersonal relations (also between partners), and community bonds, as well as identifying partner's feelings, understanding their situation and providing relevant feedback (Seligman, Steen, Park, Peterson, 2005; cf. Aronson, 1997; Fromm, 2001; Myss, 2000; Persaud, 2006).

To conclude, Rehabilitation through Drama provides a real chance of dealing with uncertainty, incapability in one's actions, and feeling lost in a tangle of situations and social relations. While enacting difficult situations in an emotionally safe and controlled context, actors participating in Rehabilitation through Drama build their self-esteem and learn how to act and think in a different, non-destructive, way. This allows them to experience "[…] creativity as something routine" (Giddens, 2010, p. 65). They become bolder, more independent, instrumental, and creative, and this newly released creativity opens up a whole range of opportunities for self-creation of their identity, understood as "I" considered in biographical terms, as well as the identity-related narration of their own families, i.e. creating their story in the course of everyday, often arduous, existential struggle.

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Chapter 9
Selected correlates of intergenerational helplessness transmission risk

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ABSTRACT

The article presents a pilot study on the transmission of learned helplessness. It addresses current research questions and key social issues arising in developing countries, where people are generally growing richer and increasing the quality of their life, but there is also a number of individuals and whole families with very low income, who live in poverty. The article explores only one aspect of this complex social problem. It raises the question "What are the psychological and social correlates of the transmission of learned helplessness between generations?". Based on the literature on the subject, the article assumes that there is a negative relation between one's sense of coherence and learned helplessness; that learned helplessness shows positive correlation with other-direction/outer containment; and that there is a relation between learned helplessness and poor financial standing. An empirical study was designed to answer the above-mentioned question and to test these theoretical assumptions. The study uses the following questionnaires: the Helplessness Scale by R. Pomianowski, the "Delta" Questionnaire by R. Drwal, the Orientation to Life –Sense of Coherence Questionnaire (SOC-29) by A. Antonovsky, and a questionnaire about socio-demographic data. The study examines individuals who use social welfare services and experience the sense of helplessness. Study findings show the existence of correlations between the sense of helplessness and the sense of coherence, the locus of control and the financial standing of subjects. The overall level of helplessness shows negative correlation with the sense of coherence, comprehensibility and resourcefulness. External locus of control proved to coexist with general helplessness. The study also identified a relationship between the level of helplessness and the subjects' subjective perception of their financial standing. Study findings prove that individuals with high levels of learned helplessness tend to experience poor coherence. It was further confirmed that helpless individuals are characterised by other-direction/outer containment and negative perception of their financial standing. These findings provide a basis for further research into the determinants, and the factors in supporting or minimising the transmission of learned helplessness.

Keywords: learned helplessness, sense of coherence, locus of control

Theoretical background

The concept of *learned helplessness* has been introduced by Martin Seligman, an American psychologist, who studied the dogs' ability to avoid electric shocks. His experiment showed that animals, that had been previously taught that such shocks could not be avoided, were totally helpless (Seligmann, Maier, 1967, pp. 1–9).

The learned helplessness theory, advocated also by Selignman, defines learned helplessness as an attitude adopted as a result of being exposed to harmful, unpleasant situations without the possibility of escaping or avoiding them (Reber, 1985, p. 319). Moreover, this theory considers learned helplessness as a cognitive, emotional and motivational disorder syndrome, resulting from experiencing an uncontrollable situation (Kwiecińska-Zdreneke, 2004). Seligman argues that learned helplessness stems from the external locus of control over stimuli, i.e. a belief, that no matter what you do, or whether you do anything at all, your life will generally remain the same (Seligman, 1997).

Based on the available literature on the subject, it can be assumed that the risk factors for integenerational transmission of helplessness include the externalised locus of control, poor sense of coherence and perceived low economic status.

The locus of control means the extent to which individuals believe the outcomes of their behaviour to be determined by themselves or independent of them and outside their control (Wosińska, 2004). Individuals who believe their behaviour depends on their personality traits are considered to have an internal locus of control. And those who attribute their successes or failures to external forces, such as coincidence, behaviour of other people or accident, are believed to have an external locus of control (Rotter, 1966, p. 609).

The locus of control over stimuli is a factor that has a considerable impact on the individual's activity in life. Individuals who are observed to have an internal locus of control are more successful and independent in their thinking and in making decisions. In problem situations they look for information necessary to handle them and learn through their own experiences, while also being better at coping with the negative consequences of their failures (Gliszczyńska, 1990). *Externals,* on the other hand, are convinced that none of their actions or decisions can influence their situation in life, and they tend to be dependent on the activities and assistance of external institutions. People with the learned helplessness syndrome are very likely to blame others for their poor financial standing, unemployment or failure in life. They are characterised by seeing their experiences in pessimistic light (Seligman, 2000). Very often, they rely on other people and take no constructive actions. Such individuals can be described as "being usually socially passive and mediocre in terms of intellectual performance, but compliant, loyal and faithful towards the third parties who control them" (Sęk, 1991, p. 85). Creativity and originality can hardly be noticed in the behaviour of externals. Such individuals perceive social reality as one-sided. They focus on a small fraction of life, e.g. on how to obtain help from social institutions (Kozielecki, 2000).

Poor sense of coherence also constitutes a risk factor in developing learned helplessness. The available study findings show that individuals with a high sense of coherence tend to be more active, and, consequently, draw on their skills and resources to reduce the stressors or to perceive them as challenges. Highly coherent individuals are more successful at dealing with life's demands (Sęk, 2001). Conversely, it can be assumed that persons with poor sense of coherence will not be able to pull themselves together in conflict situations, which, in turn, will ultimately lead to learned helplessness.

As demonstrated by the data provided in the literature, risk factors for the intergenerational transmission of helplessness generally include difficulties in running one's house, poverty, unemployment and poor living and housing conditions. Other frequently cited social sources of learned helplessness include destitution and homelessness. Helpless individuals tend to quickly lose their jobs and are unlikely to engage in activities aimed at finding a new one. Joblessness and the lack of income lead to destitution, which, in turn, is likely to result in homelessness (Majgier, Nowicka, 2010). These factors are mutually connected. Unemployment can lead to learned helplessness, but helplessness itself can contribute to problems in finding one's place in the labour market.

Other sources of learned helplessness include the inclination to become addicted from social assistance and the failure to undertake independent actions to improve one's situation in life. Social assistance addiction is one of the challenges for the social policy both in Poland and worldwide (Majgier, Nowicka, 2010). Passive individuals who have received social assistance for a long time use up what is left of their energy and activity in life to receive their benefits and allowances, and give up any actions towards the actual improvement of their situation. (Majgier, Nowicka, 2010).

Methodology

Based on the reference literature on the subject and a theoretical analysis of risk factors behind the intergenerational transmission of hopelessness, the following research questions were formulated: "What are the psychological correlates of the intergenerational transmission of learned helplessness?" and "What are the social correlates of the intergenerational transmission of learned helplessness?":

The following three hypotheses were put forward:

H1: There is a negative correlation between the sense of coherence and learned helplessness.

H2: Individuals with external locus of control are characterised by increased levels of learned helplessness.

H3: Low economic status coexists with the perceived intergenerational transmission of learned helplessness syndrome.

This study employed the following methods: The "Delta" questionnaire, as developed by R. Drwal to assess the sense of control; the Sense of Coherence Questionnaire (SOC-29) by A. Antonovsky, to evaluate the sense of coherence; the Helplessness Scale by Roman Pomianowski; and personal data sheet (with basic socio-demographic information).

The "Delta" questionnaire (Drwal, 1977) is based on Julian B. Rotter's social learning theory. It comprises 24 items, that are to be assessed by the subjects either as true (T) or false (F). High scores in this scale indicate external locus of control.

The Sense of Coherence Questionnaire (SOC-29) is used, as the name suggests, to examine one's level of coherence. This questionnaire includes 29 questions; the subject ranks each question on a seven-point scale, with 1 and 7 as extremes. The SOC provides an overall score for the level of coherence and its three components, i.e. meaningfulness, comprehensibility, manageability. The higher the score for each component, the more dominant the

variable. Reliability and accuracy: Cronbach's alpha ranges from 0.84 to 0.93, which demonstrates good internal consistency and reliability of this tool (Antonovsky, 1995, p. 84).

The Helplessness Scale was constructed by R. Pomianowski on the basis of interviews he had carried out with a number of individuals who exhibited learned helplessness symptoms, and the analysis of publications and statements produced by recovering alcoholics (Pomianowski, 2011). This questionnaire includes 24 items; the subject ranks each question on a five-point scale, with 0 and 4 as extremes. Its score can be interpreted in several ways; first, it is important to prepare the individual profile to identify cognitive, emotional and motivational deficiencies, and to calculate the total score for the subject to determine the overall level of helplessness. High scores in this scale indicate high levels of learned helplessness.

This research model specified a number of requirements that needed to be met for the intergenerational transmission of learned helplessness to occur. In line with these requirements, the subjects had to experience high levels of helplessness. Therefore, out of 59 assessed subjects, the author selected those who obtained scores of 48 or higher on R. Pomianowski's Helplessness Scale, assuming that this confirmed their considerable levels of learned helplessness. Secondly, these individuals had to experience intergenerational transmission. The selected sample group with high levels of helplessness was divided into two groups, i.e. males and females. To confirm intergenerational transmission, the study analysed the helplessness scale scores based on how the subjects perceived their parents. Following the application of this criterion, the study covered 34 subjects who satisfied both of the above-mentioned conditions. This group included 19 (56%) men and 15 (44%) women between the ages of 23 and 56. The majority of respondents, i.e. 14 persons (41.2%), had completed basic vocational education, or secondary education, i.e. 10 persons (29.4%). Subjects with primary education or Master's Degree constituted 8.8% of the group each. Finally, post-secondary education was reported by 4 persons (11.8%). Nearly half of the subjects, i.e. 44.1%, evaluated their financial situation as bad, and 29.4% as average (neither good nor bad). Only one person described it as very bad. As many as 11.8% of the subjects reported good financial standing, with the same figure for very good. The highest proportion of subjects, i.e. 47.1%, did some odd jobs, worked on a seasonal basis or under a contract employment. As many as 7 persons (20.6%) declared to be unemployed. The other subjects (32.4%) worked on a full-time basis.

Findings

Correlation analyses, conducted using Pearson's r, showed specific relations between the sense of coherence and the sense of helplessness (cf. Table 1).

The overall level of helplessness proved to show negative correlation with the sense of coherence, comprehensibility and manageability. The sense of helplessness in the cognitive sphere demonstrated negative correlation with the sense of coherence, comprehensibility and manageability. There were, however, no significant correlations between the sense of helplessness in the emotional sphere and coherence and its components. The sense of helplessness in the motivational sphere showed negative correlation with the overall sense of coherence and sense of meaningfulness.

Table 1 *Descriptive data and Pearson's r coefficients for the analysed variables (N = 34)*

No.	*Variable*	*Min.*	*Max.*	*M*	*SD*	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*
1	Total perceived helplessness level	48	88	62.29	8.006									
2	Cognitive helplessness level	11	29	20.97	4.393	.664**								
3	Emotional helplessness level	14	31	21.15	3.448	.488**	.033							
4	Motivational helplessness level	9	28	20.18	4.093	.721**	.245	.140						
5	Sense of coherence	54	113	90.15	12.096	−.444**	−.350*	−.117	−.332*					
6	Sense of comprehensibility	11	43	32.00	6.204	−.425**	−.453**	−.050	−.251	.638**				
7	Sense of manageability	13	41	30.18	5.729	−.336*	−.321*	.017	−.274	.779**	.309			
8	Sense of meaningfulness	17	43	27.97	6.103	−.203	.059	−.133	−.294*	.604**	−.001	.324		
9	Locus of control	3	14	8.94	2.256	.362*	.275	.413**	.146	−.294	−.290	−.091	−.272	
10	Financial situation	1	5	2.85	1.077	−.510**	−.352*	−.276	−.265	.286	.051	.199	.391*	−.210

Key: * $p < 0.05$; ** $p < 0.01$; Sense of helplessness – Helplessness Scale; Sense of coherence – SOC; Locus of control – Delta Questionnaire; Financial situation – personal data sheet.

The analysis of the collected empirical data further indicated the existence of statistically significant relations between the locus of control and the sense of helplessness (cf. Table 1).

External locus of control proved to coexist with the overall level of helplessness and, in particular, the sense of emotional helplessness. No significant correlations were recorded for the locus of control and the cognitive and motivational aspects of helplessness.

In addition, the study identified a relation between the intensity of the sense of helplessness and the subjective perception of the subjects' financial situation ($rho = -.510$, $p = 0.01$). This relation is negative in nature and demonstrates that helplessness can occur together with financial problems. A detailed examination of data showed that poor financial standing is most closely connected with the sense of cognitive helplessness. ($rho = -.352$, $p = 0.05$). On the other hand, no relation was found between the sense of helplessness in the emotional and motivational spheres, and the subjective perception of one's financial status.

The results of this study confirm that the individuals characterised by high levels of learned helplessness also experience a low sense of coherence. This might suggest that they do not recognise the resources available to them, and, consequently, struggle with facing various adversities in life. They are also likely to have a tendency to perceive life as unfair and unjust. On the other hand, detailed findings obtained for the analysed variables that form coherence and helplessness can indicate that the individuals who experience high levels of helplessness tend to perceive internal and external stimuli as incomprehensible, disorderly, incoherent and unclear. They are also likely to be afraid that the stimuli they might come across in the future, whether desirable or not, will turn out to be unpredictable.

It was further confirmed that helpless individuals tend to have external locus of control. Therefore, helplessness is associated with the conviction that the world is independent of one's actions. This makes helpless individuals likely to blame others for all their failures, poor financial standing, or unemployment, while also failing to acknowledge their own negligence and idleness. The established relations demonstrate that external locus of control shows the strongest correlation with emotional helplessness. This suggests that it is typical for helpless individuals to feel threatened, helpless, hopeless, and anxious, which can, in extreme cases, lead to depression manifested by excessive pessimism and passivity.

As shown in the analyses, the individuals who experience the sense of helplessness, will also evaluate their financial situation as poor. This can lead to a certain feedback mechanism, with the perceived poor financial standing triggering the sense of helplessness, and this, in turn, leading to passivity and no involvement in actions to improve one's financial situation.

Discussion

The outcomes of this study are in line with the findings presented in the literature on the subject. Research by Nesbitt, Heidrich (2000) show that the sense of coherence is negatively correlated with the experienced stress and depression (Bothmer, Fridlund, 2003; Farruggia, 2004). The low sense of coherence shows negative correlation with professional burnout (Kalimo, 2003), hopelessness and post-traumatic stress symptoms (Eriksson, Lindström, 2006). The variables identified above are associated with the sense of helplessness, or rather reflect it. The study described in this article demonstrates that the high sense of helpless-

ness, so a certain form of stress and hopelessness, negatively correlates with the sense of coherence.

The data available in the literature on the subject, on the other hand, indicate that having an internal locus of control has a beneficial effect on one's functioning. By believing in their ability to make choices, individuals are encouraged to act (Gerstman, 1982). Conversely, having no control over one's actions, or having an external locus of control, leads to anomie, helplessness and meaninglessness. This is supported by the data presented in this study. External locus of control shows significant correlation with the high sense of helplessness, particularly in its emotional aspect.

The final issue that was subject to analysis was the relation between the sense of helplessness and one's financial status. The obtained findings are similar to those arrived at in studies by Kmiecik-Baran (1995), who demonstrated that the individuals with low financial and professional statuses and low income, who are uneducated and come from discriminated backgrounds are characterised by a high level of alienation. Consequently, low financial status leads to individuals' being marginalised by society. It also seems to reinforce financial hardships, since in the modern world more socially integrated individuals with a well-developed social support network, tend to obtain information on employment opportunities quicker.

Summary

The purpose of this article was to show the correlates for the risk of the intergenerational transmission of learned helplessness. This study, and literature on the subject, demonstrated that the sense of helplessness is associated with the low level of coherence, external locus of control and perceived low financial standing.

These findings can be applied to develop strategies designed to reduce the sense of helplessness (activity training). This seems to be particularly relevant for individuals who are particularly likely to suffer from it due to their social background.

However, this study has its shortcomings, with the major one being the relatively small number of subjects who have experienced the transmission of learned helplessness. Subsequent studies could benefit from an increased number of such subjects and a more restrictive criterion for identifying persons suffering from the sense of helplessness.

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Chapter 10
Factors that prevent people with alcohol use disorders from relapsing – a literature review

Dorota Reczek

ABSTRACT

This article outlines the issue of the prevention of relapses in persons with alcohol use disorders. The research findings presented in the article show that this issue is very complex and constitutes a challenge for academics and practitioners alike. In the following review, I have focused on factors that prevent relapses into drinking. I have considered motivation for changing one's behaviour, and psycho-social resources, including family resources, and their role in preventing relapses in alcohol-dependent persons.

Keywords: relapse in alcohol addiction, preventing relapses into drinking, factors that prevent relapses into drinking, resources

In the course of the addiction syndrome caused by alcohol use, as well as its therapy, the main and most difficult problem (in terms of operationalising the term itself, and the related therapy) is the failure in the attempts to remain sober that leads to relapse. The problem of relapsing is, in fact, at the core of the majority of patients' therapeutic and non-therapeutic efforts (Chodkiewicz, 2012). Mellibruda (1999) argues that the specific nature of relapse determines the primary outcomes of therapy. Gossop (1997) claims that relapses are a major problem in addiction treatment.

Definition of a relapse

In scientific literature, the terminology used to describe a relapse, and its definition, is ambiguous, which is due to different approaches to alcohol addiction itself. Often, a relapse is defined as:

- A gradual process that leads to substance use, where alcohol drinking is the result of a number of consecutive actions.

- An isolated occasion that involves a return to substance use (a lapse).
- Return to the same level of substance use as before the period of abstinence (a relapse).
- Everyday use of alcohol by a specific number of consecutive days (hazardous drinking).
- The consequences of substance use that lead to the discontinuation of therapy or the need to restart treatment (Wojnar, Ślusarska, Jakubczyk, 2006).

Although defined in a number of ways, relapse is commonly understood as a crisis in the functioning of the dependent person. It carries the risk of the reinstatement of dependence symptoms in the cognitive, emotional and behavioural spheres, which, in turn, might lead to a lapse or even relapse into the drinking style from before the period of treatment. The consequences that follow provoke a discussion on the factors that could prevent relapse.

Based on different approaches to relapse, Chodkiewicz (2006) identifies three directions for discovering these factors. The first approach is associated with relapse understood as abstinence failure, and focuses on exploring the related psychological and sociodemographic variables. The second approach concentrates on addressing the crucial role of the experiences of the addicted individual in causing relapses. Finally, the third approach, associated with relapse defined as the worsened well-being of the patient, which can, but does not have to, lead to their reaching for alcohol, focuses on the symptoms of this worsening and on the remedial actions taken to prevent such a relapse from resulting in abstinence failure.

Personal and social consequences of relapse raise questions about the factors that influence recovery. These consequences have provided a stimulus for research into factors associated with the course and outcomes of therapy. The majority of studies set out to identify the variables that reduce the likelihood of relapse. Currently, these efforts focus not so much on addressing the effectiveness of specific therapeutic approaches, as on the individual factors connected with the patient and the therapist, and their therapeutic relationship (Chodkiewicz, 2012; Modrzyński, 2012).

Rehab treatment in Poland

Despite the multitude of available therapeutic approaches, alcohol dependency treatment in Poland is usually provided using the strategic-structural approach by Mellibruda and Sobolewska-Mellibruda (2006). This approach is based largely on the behavioural-cognitive model and has been used in Poland for more than 20 years. However, the approach fails to identify patient resources and motivation for change, and to use them already in the early stages of therapy. Based on this stream of psychotherapy, therapy is largely focused on deficiencies and addiction symptoms (alcohol craving, alcohol identity, addiction mechanism defusing), as a result of which less attention is given to aspects such as patient's health or resources. This approach puts main emphasis on the treatment of the addiction itself and on resolving the related problems, but it fails to consider the addicted individual as a bio-psycho-social whole.

The literature emphasizes the superiority of the behavioural-cognitive approach in addiction therapy over other therapeutic frameworks, yet study findings are not conclusive in this respect (Finney, 2000; Schwarz, Strauss, 2002).

In practical terms, despite positive changes in rehab treatment (more and more therapeutic services, staff with better qualifications), a high proportion of persons who start their treatment, fail to complete it, and many of those who do, are unable to maintain abstinence. Catamnetic studies carried out in Poland show that 2 years after they had left their treatment facility, 33.4% of patients maintained full abstinence (Kucińska, Mellibruda, 1997; Nikodemska, 2000; Fronczyk, 2000; Kurza, 2005). Klaus Grawe, a renowned therapy researcher and a prominent representative and precursor of the integrative therapy, emphasises that one of the underlying treatment factors in psychotherapy is the activation of patients' resources, and it is those therapeutic approaches that focus on identifying patients' resources and their activation in the process of psychotherapy, that are successful (cf. Głowik, 2014).

Psycho-social resources and relapse

Regardless of the adopted understanding of relapse and the specific nature of relapse prevention, it is an undeniable fact that for many addicted persons relapse usually has its roots in chronic stress or emergency situations (Miturska, 2011). In addiction therapy, a special role in the occurrence of, and dealing with, relapses is attributed to psycho-social resources.

In the group of factors that influence treatment outcomes in alcohol-dependent persons, Moos et al. (1993) include demographic, social and personal variables, as well as individual coping skills, treatment itself and precipitating factors. They believe that all these variables impact one another and produce specific behaviour in dependent persons. In these variables, patients' personal resources seem to play a major role.

Poprawa (1996) argues that the term *personal resources* is to be used in relation to all the variables that help the individual cope with stress. Similarly, Moos and Schaefer (1993) define personal resources as relatively fixed personal and social factors that determine the way the individual copes with difficult situations in life and manages stress transactions. Personal resources that play a significant role in the process of coping with stress (relapse being one) include, e.g., social support, stress coping methods, self-esteem and self-efficacy, sense of coherence, optimism level, assertive skills, and locus of control (Antonowski, 1995; Poprawa, 1996; Sheridan and Radmacher, 1998). However, having resources is not the same as using them in critical situations, but their use is an important intervening variable between stressful events and coping with stress (Sęk, 1991).

As indicated by research findings, the importance of personal resources in maintaining alcohol abstinence might be profound for identifying individuals at an increased risk of relapsing into drinking, and taking specific therapeutic efforts in relation to them.

In line with the behavioural-cognitive approach to relapse, the decision about becoming abstinent allows the individual to experience a subjective increase in self-control and self-efficacy. This feeling continues until the individual finds himself/herself in a situation that puts their sobering at risk. If the individual handles the situation at hand in a constructive way, the likelihood of a relapse decreases and self-efficacy increases. Over time, the number of such situations grows but the individual is able to to deal with them without resorting to alcohol, thus reinforcing their perception of self-efficacy and their ability to cope. This approach stipulates that if abstinence is broken once, in 90% of cases this leads to a complete relapse (understood as a total return to previous dependency-associated behaviour). Having drank alcohol, the individual experiences an immediate drop in their self-efficacy,

which, in many cases, has been low anyway due to previous failed attempts to remain abstinent (Seligman, 1994).

For the purposes of his studies, Chodkiewicz (2001) divided personal resources into external resources (marital status, employment, age, education and profession) and internal resources, i.e., methods of coping with stress, personal beliefs and expectations (self-efficacy, self-esteem, perception of one's health and satisfaction in life, dispositional optimism, and acknowledgement of one's addiction as a disorder). The purpose of that study was to capture the relationship between internal and external resources in alcohol-dependent male subjects, and their maintaining of abstinence. It was also important to address the question of how personal resources influence the progress in recovery. A number of significant variables were identified in the analysed variables. Dependent persons who maintained their abstinence differed from those who returned to drinking in terms of their external resources (being married, having a job) and internal resources (preferring active stress coping strategies, having higher self-esteem and self-efficacy, being more optimistic, and acknowledging their addiction).

Studies on the role of personal resources in the process of relapsing into drinking focus mainly on self-efficacy and social support. Sheridan and Radmacher (1998) claim that relapse into drinking is the most likely when the anticipation of positive outcomes of alcohol consumption (e.g., alleviating unpleasant emotional states) is combined with the perceived lack of ability to cope with a situation (e.g., "I can't make it sober", "I can't handle it without alcohol").

Empirical study findings show that self-efficacy is a predictor of abstinence maintenance (Chodkiewicz, 2004; Velicer, DiClemente, Rossi, Prochaska, 1990; Demmel, Beck, Richter, Reker, 2004). It is not a permanent and static ontogenetic trait but it can be gradually increased through treatment. Sandahl, Lindberg and Ronnenberg (1990) argue that self-efficacy is a better predictor of patient abstinence maintenance 6 months after treatment completion than the severity of alcohol dependency, amount of alcohol drank before the treatment, or memory efficiency. Self-efficacy is closely related to coping methods. Saunders and Allsop (1997) argue that successful therapies should be two-pronged and should develop both skills simultaneously. High self-efficacy can protect patients from serious stressors by reducing stress and facilitating the activation of the available coping skills.

A positive correlation between support and individual health and coping with stress is shown in studies by Sheridan and Radmacher (1998). Research by Mellibruda and Pommersbach (1999) confirms the impact of social support on the effectiveness of abstinence management, with support from immediate family and friends as the most important. However, it is crucial that support not only be received but also provided to other alcoholics. Similarly, Jakubik and Kowaluk (1997) show that social support is significantly greater in the group of persons maintaining abstinence.

An attempt to explain failure in abstinence efforts is also made by Hobfoll's Conservation of Resources Theory (Hobfoll, 2006). In this theory, the key factor in changing one's destructive behaviour patterns are resources, i.e., items, conditions, and personality traits, which are valued and appreciated by people (e.g., house, health, marriage, employment, money, qualifications, etc.). In his COR theory, Hobfoll assumes that in their activities people generally try to obtain, maintain and protect what they consider as valuable, i.e., their resources. The loss of resources causes considerable stress and deterioration in one's well-being, and, conversely, the availability of specific resources increases resilience to stress. Action

towards changing one's situation will only be taken when the individual has the necessary level of such resources. Hobfoll compiled a list of 74 key resources, which determine one's satisfaction in life. These are divided as follows:

- Material resources – physical objects (a house, a car) that are directly related to survival, but also contribute to increased self-esteem (e.g., diamonds).
- Personal resources – skills and personality traits.
- Condition resources – health, employment, social status, seniority, and marriage. These resources provide access to the pool of other resources.
- Energy resources – money, creditworthiness and knowledge.

From the COR perspective, when the level of resources is low, the preferred coping strategy in stressful situations (situations that put the sobering process at risk) might result in inaction and unwillingness to change, which can cause dependent persons to end up relapsing into drinking. This theory further assumes that a low level of resources can make it impossible for dependent persons to stick to their therapeutic programmes. Indeed, resources are what leads to a change in destructive behaviour.

Therapeutic interventions based on the COR theory are aimed specifically at patients' resources, instead of targeting their inadequacies and deficiencies. This resource-oriented approach advocates the need for rendering specific help to ensure that the patient is provided with the living conditions (accommodation, education, employment, support from others, professional assistance) required for them to facilitate their readjustment and to allow them to regain any lost resources.

Walt, Stevens, Jason and Ferrari (2012) conducted research to determine the relationship between resource loss and regaining, and relapses in individuals who were at the maintenance stage. Variables were operationalised on the basis of the Transtheoretical Model of Change by Prochaska and DiClemente and the Conservation of Resources (COR) Theory by Hobfoll. The study involved 579 abstaining addicts, members of self-help groups. The survey was conducted twice over a 9-month period to determine the gains and losses in resources, and their impact on the risk of relapse. The average length of the abstinence period was 1.72 years, and such persons were classified as being at the maintenance stage. Data analysis showed that the individuals whose resource levels at the study onset had been lower, and who experienced lower increases and greater losses over time, were more prone to relapse. These findings confirmed the COR assumptions that resources constitute an important predictor of relapse in abstaining addicts.

Recent research has proven that socio-demographic variables, such as social status, and marital and professional relations (included in Hobfoll's model under condition resources) play an essential role in preventing relapses into drinking (Hobfoll, 2006). Saunders and Allsop (1997) argue that successful behaviour change in problem drinkers is the most likely when their interpersonal relations, job and family relations are good. This claim is further confirmed by other researchers investigating this area (Jessor, 2003). In its 8th Special Report for the US Congress (1995), the State Agency for the Prevention of Alcohol-Related Problems noted that the socio-economic, marital and professional statuses determine treatment outcomes. A study by Moose (1992) shows that factors such as stable family and professional situations, and good marital relationships, contribute to maintaining abstinence over 6-month, 2-year and 10-year periods. In an earlier study, Billing and Moos (1983) compared subjects who had experienced relapses with those who had persevered, and dis-

covered that the respondents who had been more satisfied with their family and professional lives usually showed more progress, while persons without such support reported twice as many problems, which translated into their more frequent relapses into drinking. Glatt (1993) proved that married men are much more likely to complete their therapy, and require less therapeutic support in their recovery. A study by Juczyński et. al. (1992), designed to identify factors that affect the effectiveness of rehab treatment, showed that professional and marital stabilisation play important roles. Kulka, Świątkiewicz and Zieliński (1999) concluded that conflicts between spouses/partners were likely to portend a relapse. In the light of these considerations, conflicts with other household members could also contribute to a relapse. On the other hand, conflicts with children were not a sign that a relapse was about to be triggered.

Study findings that confirm the role of the family system as a factor that protects the individual against relapse, and one that supports abstinence, are also presented in the recent literature on the subject. Many scholars (Krupa et al., 2005; Bruhn, 2011; Niewiadomska, Chwaszcz, Nesterenko, 2013) accentuate the positive influence of family on the recovery process and the application of constructive methods of coping with relapse symptoms.

In addition to the issues related to stress and personal resources, the literature emphasises the role of motivation (readiness for change) for relapse prevention.

Motivation (readiness for change) and relapse

All addiction treatment approaches emphasise the significant role of motivation in therapy course and outcomes. Simpson (2010) and Laudet, Stanick (2010) see it as a key for involvement in therapy, abstinence maintenance and treatment success. Groshkova (2010) considers inner motivation to be the main resource that supports the process of change, and argues that an important objective in relation to dependent persons is to assess their motivation for change and to identify the resources that facilitate the implementation and maintenance of beneficial transformations. Groshkova goes on to emphasize that the attention motivation receives in theoretical considerations and studies connected with addiction is far from sufficient. This view is corroborated by the fact that no coherent model comprising internal and external factors that affect motivation and its changes in alcoholics has been developed yet.

In the Polish context, Chodkiewicz (2013) conducted a study on the relationship between motivation for treatment and therapy completion. The study focused on addicted men. On the basis of two surveys conducted in rehab treatment centres on a group of male subjects ($N = 120$, $N = 250$), Chodkiewicz concluded that those who completed their outpatient therapy had been, at the onset of their treatment, characterised by an increased eagerness to act and a greater sense of imminent threat, they saw more downsides to drinking, had more beneficial decisional balance, were keener on maintaining full abstinence, and had more trust in themselves regarding the possibility of achieving their goals, compared to men who dropped out of therapy. Initial motivation levels showed significant correlation with AA membership, patients' age, problem drinking initiation age, employment, living with close relatives, and accompanying somatic and mental disorders. The study concluded that motivation for treatment is important for successful therapy completion. Research

findings show the need for assessing the motivation of patients reporting to rehab facilities, and for personalising their therapy.

The literature on the subject most frequently cites the findings of studies on motivation associated with the Transtheoretical Model of Change by Prochaska and DiClemente (Prochaska, DiClemente, Norcross, 1992), and Motivational Interviewing by Miller and Rolnick (Miller, Rollnick, 2010), which draws on the psychology of motivation. The Transtheoretical Model of Change assumes that changes in behaviour (e.g., quitting drinking, becoming an abstainer, or reducing other problem behaviour) are brought about in stages. Its authors argue that the individual undergoing a change, goes through five stages, i.e., precontemplation, contemplation, preparation, action and maintenance. The sixth stage is not available for addicted persons due to the nature of the disorder itself and the associated relapses. The first three stages are characterised by a low motivation for change. This model defines the stages in the process of change as a certain set of attitudes, intentions and behaviour, connected with the specific position of the individual in the cycle of change, which takes place progressively. Each stage reflects not only a specific period, but also corresponds to a set of tasks that need to be completed before one can move to the next stage. Admittedly, the time needed to move from one stage to another might vary, but it is assumed that the tasks are identical (Prochaska, Norcross, 2006).

The authors of this model identify the following stages in the recovery process:

1. Precontemplation stage – there is no intention to change one's behaviour (become an abstainer) in the foreseeable future. At this stage, the addicted person is not aware of their problems. Usually they feel compelled to change by various circumstances in life.
2. Contemplation stage – the individual is aware of the problem and thinks seriously about overcoming it, but has not yet committed to take any action. Serious considerations of the problem are at the core of this stage. One knows where one wants to go, but is not yet ready to do so.
3. Preparation stage – where intention and action meet. At this stage, dependent persons intend to take action immediately and even report some minor changes in their lives (e.g., reduced alcohol consumption).
4. Action stage – action is followed by radical changes in one's behaviour and requires a lot of time and effort. Changes in one's behaviour are usually the most evident and receive the most recognition from the environment. Individuals also become aware of the threats that might thwart them in their efforts, regardless of whether these threats are cognitive (expectations concerning abstinence failure), behavioural (seemingly unimportant decisions), emotional (more severe stress or depression) or environmental (lack of support from one's family). As a result, they are able to recognise these threats and successfully master strategies for preventing relapses and setbacks.
5. Maintenance stage – during this last stage in the process of change, the individual tries to prevent relapses and reinforce the benefits from their efforts towards change.

The transtheoretical approach is a spiral model, in which one can move from contemplation to preparation, action and maintenance, but many dependent persons have relapses and go back to earlier stages. When it comes to addiction, relapse is a rule rather than an exception. Problems are solved when the individual does not feel the urge to drink any more and does not take risky actions that lead to problem behaviour, and does not have to put in so much effort to avoid a relapse. Research shows that in the process of change there are situations

when someone successfully goes through all the stages, but the majority of persons experience relapses into their former problem behaviour and go back to previous stages of change. Despite their relapse experience, these persons do not go all the way back to their starting point. Only approx. 15% of individuals suffering a relapse go back from the action or maintenance stages to precontemplation, and the majority goes back to the contemplation stage (Prochaska, DiClemente, 1984).

Research conducted by the authors of this approach focused mainly on tobacco smokers (cf. Prochaska, Norcross, 2006). These authors report that there is a relationship between the stage such individuals had been at when they started therapy, and the effectiveness of their treatment. The assessment of the stage patients had been at when they started their treatment made it possible to anticipate its outcome: a year after therapy completion non-smokers included 22% of subjects who had started therapy at precontemplation stage, 43% of those at the contemplation stage and 76% at the preparation and action stages. Other research findings (Medieros, Prochaska, 1993) show that the stages and processes of change, as defined in the Transtheoretical Model (TTM), make it possible to identify as many as 93% of persons who withdraw from therapy. The majority of them (40%) were patients at the precontemplation stage. As many as 20% of patients at the action stage stopped their therapy rapidly, but their reasons for doing so were considered valid. Therapy was continued by individuals at the contemplation stage.

For example, Blume, Schmaling and Marlatt (2006) argued that the awareness of the intrapersonal consequences of drinking, as an important motivator for making a change in one's life, is greater in dependent persons at the contemplation stage compared to the precontemplation stage. On this basis, they concluded that the knowledge of the stage the patient is at makes it possible to anticipate changes in their drinking behaviour, at least in the short term. A study by Hernandez-Avila, Burleson and Kranzler (1998) assessed the relation between the stage in the process of change the patients were at, and the outcomes of pharmacological treatment of alcohol dependency. It concluded that persons at the action stage are more likely to maintain their abstinence six months after the treatment than patients at other stages. However, in the cited study, the stage in the process of change was not a predictive factor for the completion of, or withdrawal from, therapy. Similar findings were reported by Edens and Willoughby (2000) – patients, who are at the precontemplation stage when they start their therapy, are less likely to complete it, compared to patients who are at the contemplation or action stages.

Allsop and Saunders (1997) emphasize a different aspect as they refer to a study which argues that, for a relapse to occur, the individual must, i.a., realise that the costs associated with alcohol drinking exceed its benefits, and decide to change their behaviour, or, in other words, to bring about positive changes in their decisional balance, which provides motivation for effecting these changes.

Prochaska and Norcross (2006) prove definitively that the adjustment of treatment programmes to the stage the patients are at makes it possible to determine their effectiveness. Treatment programmes based on the cognitive-behavioural model proved highly effective for persons who started their therapy at the action or maintenance stages, but ineffective for those who started it at the precontemplation or contemplation stages. As many as 90% of treatment programmes are focused on action, whereas less than 20% of patients who exhibit problem behaviour are ready for a change, which means that such programmes respond to the needs of every fifth patient that reports for professional help (Prochaska, Norcross, Di-

Clemente, 2008). According to the TTM (Prochaska, Norcross, DiClemente, 1994; Miller, Rollnick, 2010), the majority of strategies used in the cognitive-behavioural therapy corresponds to the action stage, while motivational interviewing is effective also at the precontemplation stage.

Studies on the effectiveness of adjusting the processes of change and the corresponding techniques to the needs of patients, based on the stages they are at, show that the success rate of therapeutic interventions (Prochaska, Norcross, DiClemente, 2008) is increased by:

1. assessing the patient against the stage in the process of change they are at
2. adjusting the treatment processes to the identified stage
3. adjusting process techniques to meet the needs of the patient and the stage they are at.

The research findings cited above show that the assessment of the stage in the process of change the dependent person who reports to a rehab facility is at, and the adjustment of the corresponding processes of change to that stage, provides an opportunity to significantly increase the effectiveness of therapeutic interventions.

Summary and conclusions

Since in alcohol addiction relapses are very commonplace, this issue is relevant from the practical, as well as scientific, points of view. The review of theories and research findings presented above, provides an overview of issues connected with relapses in addictions and focuses only on the current areas of investigation into the factors that prevent relapses into drinking. On the one hand, the presented studies demonstrate the important role of motivation and psycho-social resources (including family resources), with which patients start their treatment, for its course and outcomes, and on the other, due to the inconclusive findings, they show that the role of these variables in relapses among alcohol-dependent persons has yet to be examined in more detail.

From the practical point of view, the attempts to understand and prevent relapses, as described above, fail to bring satisfactory outcomes, which is confirmed by the high proportion of patients who go back to drinking after their therapy. This is, i.a., due to inconclusive and often contradictory findings, and the heterogeneousness of the alcohol-dependent subjects. Another problem in developing a common approach to relapses seems to be the lack of cooperation between the theoreticians and practitioners dealing with addictions. This creates a situation where therapeutic programmes are not adjusted to reflect empirical study findings, and, conversely, there are many interventions in use whose effectiveness has not been confirmed in scientific literature.

The importance of relapses leads to numerous studies and considerations on the factors that can prove helpful in preventing relapses. A more detailed analysis of this phenomenon will make it possible to identify the determinants of relapse in the course of alcohol addiction and emphasise the needs and areas that are not directly connected with addiction but are important for understanding and planning treatment.

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