II. Help in disability

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RULES AND PRINCIPLES OF LIFE IN A DYSFUNCTIONAL FAMILY. THE INQUIRY FORM TO EXAMINE CHILDREN'S ROLES IN A FAMILY AN ALCOHOL ABUSE PROBLEM

INTRODUCTION

The experiences that one takes away from the immediate family, i.e. the family where he or she grew up in, have a significant influence on the development of means of communication, relationship building as well as building one's own family (Adler, Rosenfeld, Proctor II, 1992); in fact, relationships with others are so important that some theorists consider communication to be fundamental to human existence.

Patterns of behaviour, ways of experiencing reality and a person's ability to adapt to the environment are largely shaped by the family. A functional family contributes to the development of a well-rounded person, but a family functioning poorly - becomes a dysfunctional family.

Certainly one of the major problems leading a family system to become dysfunctional is alcohol addiction. Alcohol dependence of one of the parents is an important factor distorting the basic functions of the family, particularly its socio-educational function[1]. The size of addictions in the contemporary world has created a pressing challenge to examine the effects of this situation, not only in the life of an addict and his or her spouse, but also in the lives of the children raised in such a family[2].

[1] This problem has been researched by, among others: Berkowitz, Perkins, 1988; Cierpialkowska, 1992; Clair, Genest, 1987; DiCicco, Davis, Orenstein, 1984; Fine, Yudin, Holmes, Heinemann, 1976; Gas, 1994; Klodecki, 1990, 2000; Moos, Billings, 1982; Potter, Williams, 1991; Rogosch, Chassin, Sher, 1990; Rys, 2001, 2002; Sztajner, 1994; Sztander, 1993, 1995; Werner, Broida, 1991; Woititz, 1989.

[2] This issue has been the subject of analysis of, among others: Black, 1988; 1989, 1993; Bradshaw, 1997; Cermak, Rutzky, 1998; Iwaniec, Sneddon, Monteith, 2002; Jona, 1997; Kmiecik-Baran, 1998, 2000; Kucinska, 2002, 2003; Mellibruda, 1995, 1997, 1999; Miller, Tuchfeld, 1990; Robinson, 1998; Robinson, Rhoden, 2003; Robinson, Woodside, 1998; Rys, Wodz, 2003; Sobolewska, 1992, 1997; Sztajner, 1994; Sztander, 1993, 2003; Woydyllo, 1993; 1998.

1. Dysfunctional system of a family with an alcohol abuse problem

A family with alcohol problem is a family in which someone drinks in an excessive, destructive or uncontrolled manner. Such a family is recognized as a dysfunctional internal family system, a distorted scheme in which the drinking of one member is an integral part of this system. The alcoholism of the addicted person becomes a reference point for the experiences, attitudes, behaviours and processes occurring in this family. The drinking person in the family creates living, financial and emotional problems for other family members in a devastating manner, making the entire family suffer from a wider "alcohol problem"[3].

In a family with alcohol problems, the drinking of one family member becomes an integral part of the system. The alcoholism of one parent becomes a point of reference for the gained experiences, attitudes and behaviours of the entire family system. This type of family tries to block the problem of alcohol abuse, so that they can function with it. Hence, "family with an alcoholic" changes to "alcoholic family". Pathological drinking is included in the homeostatic[4] mechanism of family functioning.

In such a family, there are mechanisms of merging the family, i.e. integrating the family system. Very often, it is a process of pseudo-integration (discussed, among other, by Rys, 1998b, 2003).

Pseudo-integration is primarily caused by the denial of the existing problems, which prevents a search for solutions. Observations, thoughts, aspirations and fantasies, as well as feelings - particularly negative feelings, such as anxiety, loneliness, sadness, hurt and rejection, are denied here. People living in such families tend to control all interactions, feelings and behaviours of others. This control is an important defence strategy against the shame a dysfunctional family has to deal with. It provides, to some degree, of sense of security, it gives a sense of power and capacity to anticipate events. However, the effect of this type of control is the inflexibility of roles and the loss of spontaneity (Bradshaw, 1988).

Scientists analyzing the organizational functioning of a dysfunctional family with alcohol problems usually come to the following conclusions:

1) Such families are closed, its members live in isolation from the outside world, without close social contacts or friendships. Any contact with the outside world is superficial, conventional, dominated by false appearances, lacking in true feelings and dishonest. These families are unable to seek help.

2) Families with alcohol problems live in hypocrisy, lacking honesty, not speaking the truth about the problems when facing family members, falsifying and distorting the reality.

3) In such families, reciprocity is missing and no one helps anyone, there is a focus on the self, and the problems of other members are ignored. Or, conversely, relationships are based on overbearing care of one another.

[3] Ackerman (1983, 1987, 1989, 2000); Keltner, McIntyre, Gee (1986), Rys (2007); Sztander (1995).

[4] The concept of "family homeostasis" assumes that the family as a whole tends to maintain a sense of balance.
For this purpose it develops a variety of mechanisms to reject any change that could threaten the maintenance of stability. In the case of an alcoholic family these will be repetitive and stereotyped pathological behaviour patterns (Gas, 1993).

Areas of family life, which are particularly vulnerable to alcohol problems are the following:

- The emotional life. Alcohol destroys the emotional life of the family. Members of the family experience continuous fear and insecurity, accompanied by anger, shame, and a sense of injustice and guilt.
- Support and mutual assistance. In a family with alcohol problems, there is lack of support systems and mutual help. The family life is the major source of problems, including in the external social environment, and creating great burdens for the respective individuals.
- Contact and understanding. In an alcoholic family, a continuous simulation is observed with many lies and manipulations, which lead to the impoverishment and a lack of contact and mutual understanding between family members.
- Contact with the outside world. A family with alcohol problems closes off its tragedy and suffering, isolating it from the outside world and other people. This is due to feelings of shame, guilt, and social stereotypes concerning attitudes toward an alcoholic and his family.
- Material resources. Financial difficulties of varying dimensions often occur in alcoholic families (Mellibruda, 1999).

A dysfunctional family is characterized by a rigid division of roles and an inadequate vision of the world and of behaviour, which apply even when there is no longer a need to be guided by defensive reactions (Woydyllo, 1990, p. 77-80).

A characteristic feature of a poorly functioning family system is incorrect boundaries between its members. In contrast to a normal family, where the boundaries are flexible and each family member has the right to privacy and space, in a dysfunctional system, the boundaries between individuals are excessive, overlapping, or rigid and impermeable. In these cases, intimacy and the creation of normal ties are not possible. Family members are strangers to each other, they feel lonely and abandoned, and no one is in touch with their true feelings (Mellody, 1993, p. 27-36).

In dysfunctional families, there is no proper communication between members. People ignore problems with silence, although they are obvious. “The elephant in the room” representing the family problems, which everyone knows about but no one speaks of, prevents an open and honest exchange of ideas, isolating family members (Sztander, 1993).

According to J. Conway (1997), dysfunctional families are characterized by an inability to express emotions, a tendency toward emotional abuse, rigidity of rules and perfectionism. These families do not discuss topics related to significant problems in their lives with anyone outside their circle, and they lack the ability to work out painful interpersonal conflicts.

Dysfunctional families rather seek security than satisfaction from their own activities. Their members suppress emotions, deny them or express them in a milder form, assuming that emotional confrontation or expressing unpleasant feelings may lead to chaos in the family. Authentic feelings are never well recognized, nor are they expressed. Members of such families also cannot truly connect with their own internal experiences. Hence, there tend to be many inconsistencies between the verbal messages (spoken words) and the nonverbal expressions (gestures, facial expressions) when communicating. The rules by which disrupted families are guided are too rigid or undisclosed (Tryjarska, 1994).

The ties in a dysfunctional family are very often distorted, and the demands of parents are usually inadequate to the level of development and possibilities of the child. The lack of fulfilling the basic needs, chaos, inadequate communication and, on the other hand, the desire for some stability in the family system, force children to accept inadequate roles, most often as an attempt to rescue the stability of the family at any cost.

2. Children's roles performed in a family with an alcohol abuse problem

Children growing up in households where someone is abusing alcohol live with a constant sense of threat and acquire mechanisms to become as secure as possible in the alcoholic family. So they hide and suppress their feelings, and try at all costs to cope with the despair and helplessness that accompany them. They feel alone, both inside the family and outside of it. They try to keep the fact that a parent is drinking secret because they are ashamed of it, which creates feelings of inferiority, and in addition, they want to be loyal and protect the "good name" of the family (Mellibruda, 1996).

Children living in families with alcohol problems experience far more disruptions in their sense of security than other children. They experience more tension, anxiety, confusion and loneliness. These circumstances are conducive to the creation of a defensive attitude toward life[5].

Undertaking specific roles within a dysfunctional family happens unconsciously. Expectations regarding the designated role shape relations with other family members, which perpetuates certain patterns of behaviours, and are ultimately transferred to the way a child functions outside of the family sphere; they also influence the type of experiences and activities that a child seeks out, and thus define the personality of the individual and his or her development (Cierpialkowska, 1992, p. 61).

Taking on and performing roles[6] is the result of a defensive attitude against the risks of the daily life. The following roles are the most frequently mentioned ones: *Family Hero, Lost Child*, *Puppet and Scapegoat*[7].

Family Hero

The Family Hero is usually the oldest among siblings in a family with alcohol problems. This person takes on the task of compensating for the deficits occurring as a result of the behaviour of their parents. So this child takes actions requiring sacrifice for the family, providing the family a sense of value. This child is overly mature and overly responsible. The actions are taken at the expense of his or her own needs (Woydyllo, 1993, p. 111-113, see also: Woronowicz, 2001, p. 122).

The Family Hero tries to prove to the world that his family is ok. At school, this child stands out either in good marks or in sports. This child gives the impression of an independent person not needing any help, therefore he or she often does

[5] A person with a defensive attitude – this is someone living in a constant emotional readiness, professing a philosophy of living "to survive", focused on not losing what he or she has, finding it more difficult to take the risk of change and of development (Sztander, 1993).

[6] The four main roles performed by children in a family with alcohol problems were described for the first time by an American researcher Sharon Wegscheider in 1981. Her observations were also confirmed by other researchers (Deutsch, 1992).

[7] The roles adopted by children in a family with alcohol problems are described by, among other: Cierpialkowska, 1992; Kucinska, 2003; Woydyllo, 1993; Sztander, 1993; Woronowicz, 1993, Deutsch, 1994; Pacewicz, 1994; Sztajner, 1994; Connel, 1996; Robinson, 1998; Rys, Wodz, 2003.

not receive adequate support from adults. *Family Heroes* do not know how to rest or relax, they are becoming serious "young adults". Their childhoods are dominated by difficult "adult" problems (Robinson, Rhoden, 2003, p. 55-57).

The Family Hero often undertakes important personal sacrifices and takes on many responsibilities to ease the responsibilities of others for their own good. This child serves, sacrificing his or her own needs and ignoring signals of fatigue, disease, the "inner voice of protest", and opposition to this situation. The lack of care, inability to rest and the attitude of giving and sacrificing for others, often result in a lack of a private life in adulthood (Sztajner, 1994, p. 6).

Persons acting as a *Hero* often choose professions where they can help others. They often become perfectionists, workaholics and control others. Most often, they avoid alcohol completely (Woydyllo, 1993, p. 111-113, see also: Woronowicz, 2001, p. 122).

Thus, grown-up *Family Heroes* often become workaholics. As they are used to perform a responsible role, they often have a successful career of their choice. However, since in the childhood in a family with alcohol problems the unwritten rule "do not say" was in force, these people have difficulties in establishing close interpersonal relationships or expressing their feelings toward another person. Often they also have problems with trusting other people. The *Family Heroes* may sometimes feel used by their family, especially by their younger siblings, toward whom they acted as overprotective "parents". In such a situation they may become embittered, begin to blame fate and get angry at the thought that they had missed their childhood (see e.g. Robinson, 1998, p. 33-50). In adulthood the *Family Heroes* usually avoid alcohol, they do not know how to relax, play or be content with their achievements (Mellibruda, 1997, p. 7).

Lost Child

The Lost Child (also known as *Angel, Child in the Dark, Unseen Child*) is a child that copes with the alcohol problem by withdrawing into the world of fantasy, reading, daydreaming, internet, into their own world, in essence becoming "invisible".

Lost Children hide their feelings very deeply - so deeply that it is difficult to reach them. Sometimes they turn their anger against themselves. The price they pay for withdrawal includes the atrophy of contact and coexistence skills with other human beings, the impulse to flee from difficult situations, and the willingness to negate existing problems.

The difficulties in keeping in touch with reality and the pain that accompanies it may, in consequence, trigger different forms of detachment from reality and numbness to the unpleasantness of life (Sztander, 2003, p. 18). These children live unnoticed, ignored, as if "non-existent." Teachers have trouble with remembering them as students, because they do not draw attention to themselves, neither by good or bad behaviour. They have few friends and are mostly outsiders (Robinson, Rhoden, 2003, p. 60). In adult life, they will most likely not be able to maintain satisfactory emotional relationships.

Lost Children are people who often live in isolation from others in their adulthood. Many of them, on account of their childhood experiences, developed a lack of openness, excessive distance and taciturnity. They don't usually fight for their rights, so in their professional life they are often overlooked when it comes to promotion and pay rise. Also in their private lives, *Lost Children* have difficulty in establishing close relationships. As they are timid and often feel lonely, they cannot open up, being often

unable to cope with problems (Robinson, Rhoden, 2003, p. 61). According to Mellibruda (1997, p. 7), these people somehow live outside all relationships. *Lost Children* still remain "lost people", not adapted to living with others, or to the professional and social life. The tendency to isolate themselves from the world, which they learned in childhood, makes them reclusive adults who prefer their own company (Robinson, 1998, p. 33-50).

Puppet

The Family Puppet is a child who is able to discharge family tensions. This child diffuses tensions by being in the spotlight and focusing the attention of all household members. *The Puppet* is a child that is not taken seriously because of this role. With time, the child also loses a clear sense of the border between jokes and serious situations, laughter and tears. A disconnection from feelings of sorrow and suffering occurs, and the mechanism of "putting on a game face" is all the child has left. Children acting as *Puppets* are vulnerable to exploitation, including sexual abuse. Often, the mother's attitude fosters this ("go lie down with your father, only you can calm him down") (Sztajner, 1994, p. 6)

Later on in life, in order not to get hurt, those performing this role try to be liked in their environment and they try to get the approval of the environment through submissive attitudes. Usually, they cope poorly with stressful situations and situations that require taking responsible decisions (Woydyllo, 1993, p. 111-113, see also: Woronowicz, 2001, p. 122). People who adopt the role of the *Puppet* are often perceived as cheerful people who amuse others. However, deep inside they suffer from permanent sadness, anxiety and uncertainty. Although they seem to be happy and bring joy to others, in fact they feel frustrated and lonely. Performing the role of the *Jester* makes it difficult for many of them to establish closer and deeper relations (Robinson, Rhoden, 2003, p. 62n). Although they are likeable, they are not taken seriously. Also employers are often suspicious of jesters and not sure whether they can count on them. Generally speaking, these people find it difficult to cope with stress. *Puppets* are not treated seriously as life partners (Robinson, 1998, p. 33-50).

Scapegoat

The Outcast (Deviant, Scapegoat) is a child that tries to divert the attention from the problems of the family by focusing attention on him or herself, especially through educational problems (truancy, theft, drinking alcohol, seeking the company of people from the margins of society). Diverting attention from the problems of the family and embodying family frustrations often gets the child into trouble (Pacewicz, 1994, p. 58n). The strategy of adopting this role is based on pulling the attention away from the real problem (alcoholism) of the parents, unifying the family through their own "ineptness". A child performing the role of an *Outcast* has a sense of loneliness, alienation, and thus looks for support outside the family home (Woydyllo, 1993, p. 111-113, see also: Woronowicz, 2001, p. 122). Typically, they soon find themselves in conflict with the law and they often become addicted to alcohol or drugs.

Often, children performing the roles of an *Outcast* are the first family members to seek help. The *Family Outcast* - as C. Deutsch claims - refocuses all of the frustrations, anger and disappointment in the family away from the alcohol problems, and the difficult and awkward behaviour unites family members by attracting strong criticism and disapproval of all - parents and siblings, as well as other authorities (after: Pacewicz, 1994, p. 74).

The Outcast is a frequent recipient of aggression and humiliation, is known as a bad student, truant or runaway, and seeks approval from anti-socially oriented groups

(Sztander, 2003, p. 16N). According to Bradshaw (1997, p. 47) a *Scapegoat* usually becomes a very sensitive person, acting under the influence of feelings of fear, pain and loneliness. The initial attempts to draw the attention of the household members are a cry for love and care, and when they go unanswered, with time they can turn into an unconscious satisfaction and revenge on adults. A. Sztajner writes (1994, p. 6): *"In the end, the best way to punish your parents is to destroy something that is dearest to them - their own child, i.e. yourself."*

People who performed the role of *Scapegoat* experience permanent failures due to their self-destructive tendencies. Not knowing how to live agreeably with others they are often not adapted to living in a community. Often they also encounter disapproval, because they behave in a manner that is difficult to accept. As they are unable to keep ties with people, they usually become outsiders (Robinson, Rhoden, 2003, p. 58n). *Scapegoats* somehow remain in their former role – they evoke and provoke conflicts, become social outcasts suffering from loneliness and isolation from others. These people feel deeply bruised, frightened and full of anger (Robinson, 1998, p. 33-50). Research shows that these people - if not given the right aid –tend to break the law, disobey social rules and often become alcoholics (Mellibruda, 1997, p. 7).

Caretaker

A. Sztajner (1994, p. 6) also describes the role of the *Caretaker.* This role concerns a co-addicted child. The *Caretaker,* by worrying about the alcoholic prevents the addicted person from taking a decision to stop drinking because he does not have an opportunity to realize the effects of his addiction. The *Caretaker* is convinced that the parent's drinking is his responsibility. At the time of failure, this child blames himself. This role is often called the "*Child-parent*", because of the fact that the child takes upon a caring attitude toward the drinker. This child's main goal is to protect the alcoholic against the effects of addiction, which in an unconscious way fosters the development of the disease (Sztander, 2003, p. 16). The *Caretaker* accompanies a person addicted to drinking (e.g. during family events) and looks after the safety of this person (e.g. hiding the car keys), buys beer so that the addict won't drink vodka, listens to the alcoholic's complaints about life. This person may also begin to drink alcohol for the addict, so that he does not get drunk, or drinks with him in order to protect him against leaving home or bad company.

Children brought up in dysfunctional families are often subject to the influence of stress and pathogenic factors, which are a source of severe psychological trauma, resulting in changes in the structure of personality, emotional problems and disturbances in behaviour[8].

The more closed off the family system is in which the child grows up, the more severe the trauma experienced by the child and the lower the likelihood to overcome tensions and emotions related to it. This increases the probability of maintaining long-term effects of trauma and posttraumatic reactions in adulthood. The child looks at the

[8] Abrahams (1994); Ackerman, Pickering (2001); Ackerman, Pickering (1989); Bardi, Borgogni-Tarli (2001); Barnett, LaViolette (1993); Buchanan (1996); Carrol, (1994); Dobash, Dobash (1992); English, Marshall, Stewart (2003); Hearn (1996); Lieberman, Van Horn, Ozer (2005); MacMillan, Fleming, Trocme, Boyle, Wong, Racine, Beardslee, Offord (1997); McKie (2005); Mezey, Bewley (1997); Onyskiw (2003); Pacewicz (1994); Radford, Kelly, Hester (1996); Ross (1996); Taylor-Browne (2001); Tonmyr (1998); Trocme, Wolfe (2001); Warrior (1999).

surrounding reality as if through a filter, suppressing the intensity of external events and its own experiences. As a result, the child loses self-confidence, perception and intellect, as well as faith in other people. This child will have a tendency to perceive events and information as unrealistic. Constant injury contributes to a child experiencing insecurity and chaos. A child escapes from reality, because he or she believes not having any influence on it. (Jona, 1997, p. 65).

A dysfunctional family represents a typical traumatic environment. A family with alcohol problems is a place of chronic minor injuries, as well as of incidental, acute violence. Children in such families are victims and witnesses of violence. They experience fear, concern for their lives or their loved ones, as well as rebellion and hatred. Often, emotions and feelings, which exceed the child's capability to assimilate, are repressed. Living in an "artificial" reality and denial becomes an important means of defence.

Children in alcoholic families can experience two types of injuries: acute and fuzzy. An acute trauma may be a single or repeated experience of pain, humiliation, violence (as victim or witness) or sexual exploitation. The child then feels fear, concern about his/her health and life, or other family members. Because children in such situations are often not able to assimilate these feelings, they use means of defence, such as isolation and repression of feelings, separating the situation from reality. A fuzzy trauma is characterized by the lack of a specific threatening situation. However, there is constant anxiety, confusion and a lack of support (Klodecki, 2000, p. 182).

Mostly people from alcoholic families suffer from fuzzy trauma, which is associated with that lack of order, insecurity, and defence readiness in view of what can happen. Children experiencing a fuzzy trauma are experiencing total chaos and confusion in their lives, they lose their sense of their impact on reality, and they escape from reality into magical thinking. Often, they believe that they can affect reality through images, words and symbolic acts (Jona, 1997, p. 65).

However, in many alcoholic families there are also acts of physical and verbal aggression on the part of alcoholics, or acts of abandonment, rape or incest, which lead to acute injuries. These severe injuries lead to the distortion of information and events, so that their own, painful experiences are suppressed (ibid.)[9].

Some children from families with alcohol problems cope with tough and strong emotions through an emotional "freeze", meaning that on the outside their emotional state is not visible, while others react with over-sensitivity to stimuli indicating any, even the smallest risk. Many people have pushed feelings to the subconscious, trivializing them or denying their existence (Kucinska, 2002c, p. 46).

The devastating effects of trauma, in addition to direct physical damage, involve the destruction of ideas about the self and the world. The world ceases to be a safe place to live, events are unpredictable, uncontrollable, and there is no way to influence them. Traumatic experiences imprint emotional and physical stigma. Thus, they exert a profound impact on the lives of victims with post-traumatic stress disorder symptoms, which, in the case of victims of domestic violence - because of the length and repetition of the injuries - has all the characteristics of chronic trauma, and thus leads to profound personality changes. Post-traumatic stress here is the result of experiencing the risk of losing their own life and health, or the life and health of other relatives (mother, siblings), combined with a strong fear and helplessness (Badura-Madej, Dobrzynska-Mestsrhazy, 2000).

[9] This is the so-called "defensive exclusion" mechanism, first described by John Bowlby (after: Jona, 1997, p. 65).

The way in which dysfunctional families function and what adaptation behaviours these families force on its members, contribute to the development of anxiety disorders in children. These disorders result from the roles adopted by the child and burdening the child with responsibility disproportionate to the child's age (Radochonska, Radochonski, 2001, p. 238n).

Children growing up in families that abuse alcoholic beverages must maintain their experiences, concerns and fears in secret, they "absorb" the destruction and chaos, because they try to adapt to the unusual environment of their family life (Mellibruda, 1999).

These children, B. Lulek writes (2000, p. 38), tend to adopt one of two types of attitudes. This may be over-maturity, responsibility for home and family, especially siblings, or the attitude of negation of everything and everyone, reflected in aggression, hooliganism and general asocial behaviour, as well as repeating the behavioural patterns of their parents.

The consequences of child abuse continue well into adulthood[10]. Adults who were abused in childhood tend to have negative expectations of others, they are suspicious, they run from past memories into addictions and even crime[11]. The most drastic effect of the syndrome of an abused child is the subsequent use of violence against his or her own children or other persons (Kmiecik-Baran, 1998, p. 28n).

A particularly difficult problem in the families of addicts is the issue of sexual exploitation of children. The experience of incest is an act of betrayal of the basic trust in the parent, imprinting a lasting trace in the child's psychosocial functioning, leading to severe emotional devastation. Regardless of the nature of the sexual abuse, the child has a sense of cooperation and the belief that he or she has done something wrong[12].

The roles performed by ACA result from the adoption of certain attitudes toward the risks that they experience in their life with an addicted and co-addicted parent. The latter focuses mainly on the obsessive and unsuccessful attempts to control drinking and the behaviour of the alcoholic (Klodecki, 2000, p. 181).

Feelings and emotions of a childhood in a home with alcohol problems do not allow ACA to free oneself from an emotional connection with it, even if in their adulthood they leave their family home and are trying to live their own lives (Woititz, 1994, p. 43).

The roles that let them survive as a child hinder their functioning in adulthood. However, it is not easy for them to get rid of them, because they were built in and became an integral part of the personality of the ACA (Robinson, 1998, p. 33-50).

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[10] This has been discussed by, among others: Ammerman, Hersen, 1990; Berkowitz, 2001; Black, 1981; Crilly, Curran, 2001; Hester, Radford, 1996; Humphreys, 1997; McGee, 2000; McKie, 2005; Roosa, Sandler and others 1998; Ross, 1996.

[11] K. Kmiecik-Baran (2000, p. 31n) lists long-term consequences of physical and emotional violence experienced in childhood. In the somatic sphere these are: permanent organ damage, coronary artery disease, myocardial infarction, gastric and duodenal ulcers, asthma, dermatological diseases, organic brain damage, physical disability, permanent body muscle tension resulting in trembling hands, and tics. Cognitive, emotional and behavioural consequences may include: generalized feelings of guilt, low self-evaluation, low self-esteem, a tendency to addiction, neurosis, depressions, sense of alienation and isolation, perfectionism, a strong need to control and use violence against others.

[12] Fontanella, Harrington, Zuravin (2000); Haj-Yahia, Tamish (2001); Halperin, Bouvier, Jaffe, Mounoud, Pawlak, Laederach, Wicky, Astie, (1996); MacMillan, Fleming, Trocme, Boyle, Wong, Racine, Beardslee, Offord (1997); McMillen, Zuravin, Rideout (1995); Pilkington, Kremer (1995); Spiegel (2003); Sztander (2003); Tang (2002); Wright, Loiselle (1997).

Although the primary stressor disappears, they do not leave the role of *Family Hero, Jester, Puppet* or *Scapegoat*. This is because these roles represent the core of their identity, which had no chance to be formed naturally, but was formed for the purposes of a pathologically functioning family system[13] (Robinson, Rhoden, 2003, p. 53).

According to C. Deutsch (1992), a child of an alcoholic adopting given roles helps the child survive in the alcoholic family and keep a kind of balance, but it does not result in any positive changes, neither in the life of the family with the alcohol problem, nor in the life of the child. In adulthood, people raised in dysfunctional families are still embroiled in stereotypes and patterns of behaviour, and in the roles from their childhood, which have been assimilated in their daily routine and often become a way of functioning of the ACA.

3. Scale - Alcoholic Family Roles

3.1. Basic assumptions

The basis for creating a method for determining a children's roles in the alcoholic's family has a rich literature concerning both- the functioning of families with an alcohol abuse problem and problems of adult children of alcoholics.

A dysfunction of a family system in alcoholics' families affect the distortions of a child development[14]. Children living in an alcoholic family are victims of an alcoholism of their relatives. They suffer many physical and emotional damages, that often become apparent in their adult life[15]. Children of alcoholic families are influenced by stressors and pathogenic factors, which are a source of a deep psychical trauma, causing changes in a structure of a personality, emotional problems and distraction of a behaviour.[16]

The need to create this type of method was mainly due to a fact of researching causes of far-reaching changes in the image of themselves as adults, that are often characterized by a low self-esteem and lack of supplying basic needs[17].

3.2. Scale structure

The basis for establishing a method to determine the roles performed by children in alcoholic families was rich literature on the functioning of families with alcohol problems and on the problems of Adult Children of Alcoholics.

It took several years to develop the Questionnaire. Based on an analysis of the literature in the field, a set of items was created, which characterised various areas of behaviours seen in people raised in alcoholic families. Upon an evaluation by competent

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[13] Gas (1994, p. 38) and Sztajner (1994, p. 7) have distinguished three roles of ACA. These include: The Dreamer, The Conformist, and The Cute Scamp. The Dreamer is a person with enormous aspirations, desires for success and needs for achievements. At the same time he is full of fears and visions of failure, anxiety and a sense of low value. He does not believe in the possibility of the success of his plans or in his own strength. Ultimately, he does not pursue his desires and hopes, all that remains in the realm of dreams. The Conformist properly assesses the situation, opportunities, and expectations of others in relation to him. Since he attempts to adapt to them, he is preventing confrontation and displaying his needs. He resigns from himself and his own intentions. The Cute Scamp ignores his own needs and choices in order to obtain the approval, acceptance, understanding and sympathy of others. He lives for others, and thus he loses his own identity.

[14] M. Ryś, Rodzina z problemem alkoholowym jako rodzina dysfunkcyjna. Studia nad Rodziną, 1998 nr 2.

[15] J.G. Woititz, Małżeństwo na lodzie, Warsaw 1984, p.35.

[16] A. Pacewicz, Dzieci... there, p.10.

[17] M. Ryś, Wpływ dzieciństwa na późniejsze życie w małżeństwie i rodzinie, Warsaw 1992, part 2, p. 219.

judges (psychologists, therapists) only the highest-rated questions were included for further research. A factor analysis conducted enabled to define items ascribed to specific roles. For each role, items of the highest discriminative power were used. The final version was developed when differential research was taken into account (50 ACA, 50 respondents from normal families). Also, consistency coefficients were calculated, such as Cronbach's alpha, where the following values were obtained: *A Lost Child* – 0.866; *Puppet* – 0.858, *Family Hero* – 0.877; *Scapegoat* – 0.866 and *Caretaker* – 0.803 as well as reliability using a two-way analysis of variance, which was Alpha – 0.84 for all the scales.

AFR

Maria Ryś

For each statement, tick a box to define how often in your childhood (up to 18 years of age), you behaved in this manner:

Statement	Very often	*Often*	Some-times	Rarely	Very rarely	Never
1. In order to redirect others' attention from my parent's alcohol abuse, I behaved in a way unacceptable to adults (particularly to teachers)						
2. I cared for my siblings more than anybody else in my family						
3. I wanted to reduce tensions in my family caused by my parent's alcohol abuse, even at my own expense						
4. In order to compensate for unpleasant experiences in my family, I looked for intense stimulation from my peers and friends						
5. When I felt overwhelmed by my situation, I wanted to get drunk						
6. If I was yelled at, I knew it was a transfer of a reaction to my parent's alcohol abuse						
7. In order to reduce high tensions in my family, I joked around and faked being in a good mood, fully aware of the fact that my family did not know how much I suffered						
8. I had the impression that my bad behaviours, though leading my parents to argue, cleared the air in our family						
9. I sensed that I sacrificed a lot for my family while getting little in return						
10. I believed that the only solution in difficult situations was to pretend that there was no problem and to make a joke about them						
11. I sensed that I was in charge of the way our family functioned						

12. I sensed that I was safe only if I was away from others						
13. My impression was that my siblings preferred to turn to me for help and advice, rather than to my parents						
14. I most enjoyed being alone						
15. In my family, I sensed a deep loneliness and a lack of understanding						
16. The abuse of alcohol by my parent made me angry and ready for revenge						
17. At times, when my alcohol abusing parent quarrelled with us, I felt guilty for my inability to prevent it						
18. With my sense of humour, I could sooth the bad mood of my drunk parent						
19. I attempted to protect my siblings from the drunk parent's actions						
20. To make my family function, I carried more responsibilities than other family members						
21. I wished my family had an easier life, at least a little bit easier, even at my own expense						
22. I wanted to bring some relief to my family with my jokes and pretended to be in a good mood						
23. I had to remind my alcohol abusing parent about his/her obligations to the family						
24. I was used to telling my parent that he/she drank too much						
25. My family expected me to sooth the bad moods of the alcohol abusing parent						
26. I controlled the money spending of the alcohol abusing parent						
27. As much as I could, I stayed out of family conflicts						
28. I tried to hide my sadness and despair, but I cried in solitude						
29. I attempted to keep my problems out of my family						
30. I attempted to compensate the parent's alcohol abuse to my siblings						
31. I tried to persuade the drunk parent to leave a party as soon as he/she started a dispute with someone						
32. I tried to live in a way that would exclude me from my family						
33. I tried to remove evidence of the parent's alcohol abuse episodes						
34. I tried to keep my parent busy in his/her time off so he/she had no time to drink alcohol						

35. Most of the time, I had to provide alcohol for my parent in order to avoid his additional arguments						
36. I had to care for my parent, when he/she returned home drunk						
37. I often escaped into the world of books and films - since that world was better than reality						
38. I thought that I had to solve my problems myself						
39. I thought one ought not to blame his/her own parent						
40. I preferred my parents yelling at me because of my misconduct than all pretending that there is nothing wrong in the family						

Different roles specified by the following questions numbers:

A Hero – 2; 9; 11; 13; 19; 20; 21; 30.

A Puppet – 7; 10; 17; 18; 22; 25; 28; 36.

A Lost Child– 12; 14; 15; 27; 29; 32; 37; 38.

A Scapegoat – 23; 24; 26; 31; 33; 34; 35; 39.

A Caretaker – 1; 3; 4; 5; 6; 8, 16; 40.

Each person can earn from 0 to 40 points in total. The research carried out on a group of 246 people brought up in families with an alcohol abuse problem, specified levels.

levels	points
10	37-40
9	33-36
8	29-32
7	25-28
6	21-24
5	17-20
4	13-16
3	9-12
2	5-8
1	0-4

There are five possible answers to these questions with corresponding scores:
very often – 5 points
often – 4 points
sometimes – 3 points
rarely – 2 points
very rarely – 1 point
never – 0 points

Each person can earn from 0 to 40 points in total.

Family Hero

The higher the results that a person obtains, the more he/she played the *Hero* in childhood. People with high results were convinced that they were responsible for the functioning of the family.

High results showed that the person was taking actions to protect siblings from the parent's drunkenness, and that the person was taking on the parents' tasks to make the family more proper and normal. It also shows actions taken to compensate the parent's drunkenness to the siblings. These people wanted to make the life of their loved ones easier. These desires were often pursued at their own expense.

Siblings preferred to ask the *Family Hero* for help or advice rather than the parents. However, these persons had a feeling that they gave a lot to the family, getting little in return.

Puppet

The higher the results that a person obtains, the more the person tried to alleviate tensions caused by the parent's drunkenness at home, by taking upon themselves the obligation to care about the drunk person, or by jokes and pretending that the family was not bad. Families often expected this type of behaviour from this person - softening the drunken parent's bad moods and involving a lot of sacrifice.

High results indicate a desire of bringing relief to the family by faking a good mood, by jokes, or by talking about irrelevant matters. The higher the results, the more a person was hiding from the family that he/she was suffering. This person tried not to show sadness or despair. People with high results usually felt guilty when they were unable to prevent domestic quarrels caused by the drunken parent.

Lost Child

High results on this scale indicate efforts to become a transparent, invisible person in the family. This person tried to live as if not being part of the family. This type of attitude has a large influence on the sense of loneliness and lack of understanding. This person felt that he/she must deal with problems all alone and could not be troublesome for the family, but also distancing himself from the conflicts in the family.

A Lost Child felt best in isolation, with a feeling that only distance from others could provide a relative sense of security. In these people's opinions, escaping to a world of books, films and dreams was much better than experiencing reality.

Scapegoat

A Scapegoat played the role of a person who developed negative behaviours in order to divert the attention away from family issues, and eliminate tensions and misunderstandings. High results in this scale show such trends.

A Scapegoat, in order to divert attention from the drinking parent, behaved in socially non-acceptable ways. A parent's drunkenness caused anger and the desire to revolt in the *Scapegoat*. This person preferred parents to yell at him/her for his/her behaviour rather than pretending that nothing was wrong in the family.

Parents' quarrels focusing on the bad behaviour of the *Scapegoat* cleared the atmosphere in the family. The higher the level of this behaviour, the more the person looked for intense experiences with peers and friends, including drinking alcohol, in order to make up for unpleasant family experiences.

Caretaker

A person with high results on this scale took over responsibility for the drinking person. All possible actions were taken to remove traces of the parent's drunkenness and to divert the alcoholic parent's attention from alcohol.

This person would tell the alcoholic parent that he or she drank too much, reminded the parent of his or her obligations to the family, took charge of the drinking parent's money spending, tried to persuade the drinking parent to leave a party as soon as he/she started to lose control of his/her drinking, tried to manage the parent's free time, etc. These people were usually very close with the addicted parent.

A *Caretaker's* behaviour could also be based on compassion, for example, trying to provide alcohol when the addicted parent was craving it, or also in order to avoid any major conflicts at home.

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