Maria Ryś
Director of Family Psychology Department,
Faculty of, Christian Philosophy,
Cardinal Stefan Wyszynski University in Warsaw

THE ADULT CHILDREN FROM DYSFUNCTIONAL FAMILIES SYNDROME'S QUESTIONNAIRE
(ACDF)

Introduction

It transpires from numerous research projects and the experience of therapists that a pattern of reactions and behaviours becomes established in the human psyche, it is dominant in the childhood, especially among those, who had difficult or traumatic experiences[1]. It is so deeply ingrained (learned), that it is used even though it does not fit a new situation. Dysfunctional environment with the biggest impact on the development of children, who are brought up in it, is a family with alcohol problems in. The influence of the environment on children from alcoholic families proves so strong, that those adults are known as Adult Children of Alcoholics (ACA).

Experiences a person takes form the family of origin – the one in which he/she grew up – significantly influences the development of: ways of communicating, making relationships, building own family (Adler, Rosenfeld, Proctor II, 2004), Relations with others are so important that some theorists consider communication a basic aim of human existence (p. 8).

Patterns of behaviour, ways of experiencing reality and persons' ability to adapt to the environment are all shaped, to a significant extent, within the family. A family functioning correctly helps a human being to develop, badly functioning – becomes a dysfunctional family.

One of the most important problems influencing the dysfunctionalities of the family system is definitely alcohol addiction[2]. Alcohol addiction of one of the parents is a substantial element, disturbing basic family functions, and especially its social – educative function[3]. The proportion of addiction in our reality, not only the Polish reality, is becoming an urgent challenge. Analysis of results of this situation should be addressed, not only in the life of the addicted person and their spouse but also in the life of the children who were brought up in such a family[4].

---

[1] S. Forward (1992, p. 10) introduced a term „toxic parents" ,describing parents who cause emotional and physical devastation of their children, who in their later adult life face various difficulties and live with traumatic marks of their past lived in the family home.

[2] Alcoholism and primitiveness in family environment is one of the most frequent, in the recent year, danger for young people form the family environment. (Ryś, 2007).

[3] This problem was tackled by : Berkowitz, Perkins, 1988; Clair, Genest, 1987; DiCicco, Davis, Orenstein, 1984; Fine, Yudin, Holmes, Heinemann, 1976; Gaś, 1994; Jarosz, 1982; Kłodecki, 1990, 2000; Ledwoch, 1993; Moos, Billings, 1982Potter, Williams, 1991; Rogosch, Chassin, Sher, 1990; Roosa, Sandler, Gehring, Beals, Cappo, 1988; Russell, Henderson, Blume, 1985; Ryś, 2001, 2002; Sztander, 1993, Werner, Broida, 1991; Woititz, 1989.

[4] This issue was a subject of analyses by: Ackerman, 2002; Black, 1988; 1989, 1993; Bradshaw, 1997; Cermak, Rutzky, 1998; Jona, 1997; Kmiecik-Baran, 1998, 2000; Kobiałka, Strzemięczny, 1988; Kucińska,

Efforts are being made to take up the issues regarding the influence of negative experiences form the childhood years on the later life, as parts of many areas of psychology.

Psychodynamic approach played an important part here, highlighting the seriousness of: childhood trauma, displacement of memories and the mechanisms of defence behaviours, in causing various types of disorders (Millon, Davis, 2000). According to representatives of this trend, early experiences with parents/guardians leave structural marks such as: memories, attitudes, emotions and perceptions. Representations of objects have a function of a primary exemplar for future interpersonal relations; they are a base of shaping the receipt of future experiences, or the perception of current events[5].

Particularly important for analyses of the impact of childhood spent in a dysfunctional family, is the interpersonal approach. According to this approach, the current personality features of an individual, affect the first interactions with significant people from the environment. According to Lorny Smith Benjamin (1996, p. V) all important occurrences in life have an interpersonal character. Only in the context of these relations the development of personality can take place and only in the context of these relations person's personality can be understood [6].

Lorna Smith Benjamin highlights that the basic meaning in the relationship between the parent and the child is the problem of control and giving autonomy to the children. Benjamin leans towards these conceptions originating in the psycho dynamic trend, which institutes treating yourself according to a permanent model shaped by the influence of significant people of and the way they treat the child in the early childhood[7].

2002; Mellibruda, 1995, 2003; Miller, Tuchfeld, 1990; Niebrzydowski, 1999; Pacewicz, 1994; Robinson, 1998; Robinson, Rhoden, 2003; Robinson, Woodside, 1998, Sobolewska, 1992, 1997; Sztander, 1993, 2003.

[5] It is important to highlight the meaning of current theory of relation with an object, having a cognitive character and therefore interpersonal. The outside world is known thanks to inner models (Bowlby, 1969, 1988), which are shaped in interpersonal relations mostly in early childhood, depending on the type of those relations. Nowadays it is highlighted that concept of relations with an object regards the influence of psychological representations of oneself and other people on current behaviour of an individual. (za: Milton, Davis, 2005, p. 40).

[6] Sulivan (1953), considered to be a author of the interactive approach, treated this problem widely supporting his work on both works about symbolic interactionalism of G. Meada, and also an anthropologist E. Sapira. According to him the image of "me" is always defined and redefined by interactive communication. Therefore other people are crucial in order to shape the identity of a given individual. Incoherent messages are particularly important, endangering self esteem and reducing the sense of security. Works of Sullivan inspired research regarding models of communication in families.

[7] Timothy Leary's (1957, p. 79n) publications are also important in the interactive trend, in which the author analyses the meaning of levels of communication for personal development of a person. The first level, public communication, includes observed and objective relations. The second level – conscious description- is expressed in a verbal content regarding own person and other people. At this level distortions can take place including subjective opinions. On the third level, being the world of private symbolisation, subconscious and unconscious attributions appear (nondirective expression of fantasies). Level four, according to Leary is the level of non expressed unconsciousness, including all content erased from other levels, with which the person avoids confrontation. Level five is the world of values, important not only for functioning of „ideal me", but also important to define standards used in evaluation of oneself and others.

[7] Lorna Smith Benjamin proposed a model so called Structural Analysis of Social Behaviour – SASB, being an attempt to combine Leary's and Schaefer's model. (In Leary's model submission occurs as an opposition to control and at Shaefer's control is opposed to autonomy). Limitation of control and eventually resignation from it for the independence and autonomy of the growing up children lets them to

Interpersonal attitudes encourage, persuade or even force others to certain reactions, especially in the event of attitudes, which have an aim to satisfy important human needs (Kiesler, 1996, p. 87n)[8].

Cognitive approach in psychology accounts for the fact of constant formation and creation of the world interpretation, of oneself and other people, but also their meaning in functioning as a person, in the mind of an individual. Internal cognitive structures mediate in perception, interpretation of reality and thay are also important in relationships with others. People with different personalities process the image of reality in different ways. Cognitive disturbances can be arranged into certain patters resulting in different cognitive schemes, working as a kind of filter imposing a way of viewing the world. These schemes often operate at the unconscious level, resulting in certain thoughts automatically, and these influence emotions and behaviours (Beck, Freeman, 1996). Protracted usage of mistakes in understanding leads to wrong interpretation of reality. Beck describes this scheme as a wrong cognitive – interpersonal circle.

In 1978 J.E. Lantz proposed a model, presenting intensification of dysfunctionalities in families. In this model, dysfunctional communication leads to a lack of satisfaction of basic psychological needs (love, closeness, intimacy). Dissatisfaction in the area of these needs becomes a reason for shaping low self esteem. And resulting form the lack of self esteem, signals of dysfunctionalities of the family become transparent (fears, depressions), which deepen the communication dysfunctionalities within the family (Lantz, 1978).

Analysing the negative interaction of dysfunctional families', particular attention was given to families with alcohol problem and their influence on development of children growing up in those families. The creation of groups of Adult Children of Alcoholics (ACA) in the seventies and eighties, of the previous century in the USA, lead to research and have attracted attention to this problem[9].

However, as Seth D. Grossman writes in her foreword to a textbook by T. Millona and R. Davisa, entitled *Personality disorders in the modern world* (2000), there is still not enough attention given to "pioneering" the susceptibility to some problems, relived as a result of some experiences. According to researchers such as R.B. Adler, L.B. Rosenfeld,

---

develop the position of responsibility. Benjamin distinguishes a dimension of control and opposes it to emancipation – separation of „me". This process can take place in two dimensions – love and hate. Experiencing and showing love creates a space for affirmation of oneself, of openness and freedom. Emancipation of „me" can also take place in the form of hostility, ignoring others, creating a barrier from others, attacking others (Benjamin, Rothweiler, Crutchfield, 2006).

[8] In a dysfunctional family, in distorted relations a person goes into a type of action called a vicious circle and therefore sees only a certain type of behaviours of other people from the environment, who, in a way opposite to intended with their behaviour, reinforce that behaviour (so called transactional escalation) I.e. pathologically rigid person definitely limits others, to an extent that other people from the environment try to free themselves from such a relationship. Fear experienced in such situations leads to stronger pressure, which in turn strengthens the need to the environment to separate themselves from this person. (Kiesler, 1996, p. 87n).

[9] First research in the USA, regarding children growing up in families with alcohol problem, was published in 1969. Research of M. Cork (1969) drew attention to the possibility of occurrence of posttraumatic disturbances among adults brought up in families with alcohol problem. More and more publications were being published, especially popular science publications and handbooks for ACA. Published publications used information from operating ACA groups and experience of therapists working with people brought up in families with alcohol problem i.e. Black (1981, 1989, 1993); Bradshaw (1988, 1990, 1998); Farmer (1989); Groening (1988); Katz and Liu (1991), Killinger (1991); Klaas (1982); Kritsberg (1985), Mellody, Wells (1989); Mellody, Wells, Miller (1989); Middleton-Moz (1986); Simon, Simon (1990); Whitfield (1987); Woititz (1986, 1989).

R.F. Proctor II, (2004) some dysfunctional family characteristics are passed from generation to generation.

A term, known in subject literature as Adult Children of Alcoholics presumes a double identity of those people: being chronologically an adult person and a child at the same time, often because the unsolved problems from childhood years have a significant influence on the current functioning of these people (por. np. Jona, 1997, p. 66).

More often than not people who grow up in a family with alcohol problems become Adult Children of Alcoholics (ACA). Signs of post traumatic stress (PTSD) can be confirmed among many of them, many feel the effects of roles played in their childhood in a dysfunctional family. In scientific literature there are attempts to specify the characteristics of the ACA.

The questionnaire to test for the syndrome of adult children from dysfunctional families (SACDF) helps to specify the consequences of life in a dysfunctional family.

Results of many research projects indicate both the permanence, and the depth of this influence on future life of children brought up in a family with alcohol problem. People, who feel the negative effects of influence from a family with alcohol problem, in order to free themselves from a painful past, should make a decision to start a therapy.

I. THE MOST IMPORTANT PROBLEMS OF ADULT CHILDREN FROM DYSFUNCTIONAL FAMILIES (SACDF)

It is highlighted in many publications that the problems of adults brought up in a dysfunctional family are: low self esteem, certain attitudes towards other people (taking on a role of a victim or a hero), reliving a sense of danger or emotional problems.

1. Low self esteem

One of the main problems, according to therapists who work with people brought up in families with alcohol problem, is low self esteem, it is worth to analyse the process of shaping the low self esteem and try to gasp the essence of this process.

1.1. The concept and meaning of self esteem

The concept of *feeling of self esteem* is often treated interchangeably with self assessment[10]. Both these terms regard a way of thinking about a person, valuating oneself, the consequence of which is an arousal of positive emotions (with high self esteem) or negative (with low self esteem) (por. ie. Porębiak, 2005, p. 93).

---

[10] The term - self esteem is defined in different ways. In American literature words like: *self–picture, self–image,* or for highlighting the evaluative – assessing aspect of properties attached by a person: *self–esteem, self–appraisal, self–evaluation, self–rating*. Diversity of terms suggests that the concept of estimation of oneself is not easy to interchangeably define, especially that among psychologists there are different approaches regarding placing it in the human personality structure. Some include it to one of the elements of oneself (i.e. Niebrzydowski, 1976). J. Kozielecki (1981) talk of self estimation („real me"), next to self description and personal standards („me ideal"), as one of the elements of our own knowledge. According to him valuation is a kind of evaluative judgement and it concerns specific personal attributes such as physical features, personality features and relationships with other people.

According to Wojciszke (2002) self esteem is an affective response of a person to him/herself. Similarly to other affective response it can take a form of an intensive emotion, as well as a form of considered judgement. Self esteem can be treated as a relatively constant characteristic, as a current condition or motive of the subject.

M. Kofta and D. Doliński (2001, p 579) see self esteem as an evaluation of oneself, this can have several stages of generalisation: from estimations regarding particular aspects of oneself (i.e. intelligence, physical attractiveness, sense of humour, interpersonal competence) to the so called „general self esteem" or „global" which is a entire estimation of oneself.

R.Ł. Drwal (1995, p. 94) identifies the concept of self acceptance with general self esteem, adding that at the operational level the two concepts can be distinguished as a difference between "me real" and "me ideal" [11]. przez samoocenę rozumie ogólny osąd swoich możliwości, system poglądów i ocen, które człowiek odnosi do siebie

However J. Reykowski (1987) by self esteem understands the general judgement of ones abilities, the system of views and values, which the person identifies with him/her self[12].

According to L. Niebrzydowski (1976, p. 44n) the image of own individual self is expressed in self esteem. It is a system of judgements and opinions, referring to various characteristics of the person. It is an important ingredient of self awareness, allowing us to describe our own being and to isolate ourselves from the environment. Adequate self esteem enables for a constructive confrontation of one's abilities with the expectations of the environment, planning realistic goals, and it plays an important role in getting to know oneself and guiding one's own behaviour.

In the subject literature claims appear, about indications of self esteem that not only disclose in the sphere of individual's consciousness, but also in the area of unconscious processes[13].

---

[11] Self esteem can be regarded as a discrepancy that a person sees between "me real" and "me ideal" this explanation is supported by Farnham, Greenwald, Rogers (fol: Porębiak, 2005, p. 95). This discrepancy in other theories is called self acceptance and is connected with not fulfilling private wishes and aspirations, which then results in disappointment and frustration ((Kofta, Doliński, 2001, p. 575). :"me ideal" relates to qualities that the person would like to posses, and "me real" relates to data taken from experiences throughout the person's life and current information about him/herself. Some researchers also distinguish additional components in the "me" structure, among others : "me dutiful" in Higgins theory (fol: Pervin, John, 2002, p. 201)) and "me possible" desired and undesired (Oleś, 1989).

[12] The level of self esteem according to J. Reykowskiego (1970, p. 52)depends on the comparison of one's person with the system of individual standards, created by „ me ideal" and also through comparison of one's own achievements with successes of other people. The level of self esteem is determined not only through the comparison of the absolute level of individual's aspiration but through the correlation between the acquired position and position to which the individual aspires. General assessment can be high or low. It is high among those people who think that the results achieved by them, in the area that is important for them, are good. And low self esteem among those who build it on the grounds of those areas in which according to their own standards their results are low.

[13] Presence of self esteem signs on two cognitive dimensions – open and hidden – was interesting for Greenwald and his co-workers. Their expression: implicate self – esteem is, an impossible to indentify, introspective influence of attitude towards oneself on to the estimation of objects related to „me" and objects not related to „me" (Porębiak, 2005, p. 97). In the trend of interest of existence of self esteem on two levels – open and hidden – author presents an analysis of occurrences described earlier by a social psychology, as an autonomic influence of hidden self esteem onto the individual's behaviour. In this way we can explain: minimum group effect, post decision resonance, preference of letters present in own name, overvaluing the importance of arguments expressed by oneself. Additionally the thesis regarding the two ingredient character of self esteem is supported by data from research done by other authors. Results obtained in the measurements of self esteem on the open level showed high, positive correlation

Self esteem, understood as an evaluation of oneself, can have several degrees of generalisation: starting form valuation of particular aspects of oneself, i.e. physical attractiveness, intelligence, interpersonal competence, to the so called general self esteem (global), which is based on holistic self valuation[14] (Kofta, Doliński, 2001).

L. Niebrzydowski (1976, p. 46) distinguished global and partial self esteem. Partial self esteem can have different levels, depending on the area of life and its importance in the individual's value system. Global evaluation is a sum of partial self esteems. It is quite often established based on a particular element, which is perceived by the person as the most relevant, it can also be neutralised or disturbed by competing self esteems. An individual does not asses him/herself equally over all aspects[15]. The same person can asses themselves very highly in some areas (i.e. musical talents, beauty) and in other regards – very low (i.e. physical condition, social competence). Moreover, depending on circumstances, each one of those elements can be assessed differently. That is the reason why it is difficult to judge the global self esteem, which in this perspective cannot be either a sum or an average of particular assessments.

Global self esteem is created by generalising partial self esteems. It is not yet determined what rules oblige in integrating the valuating information. Person's self esteem has a regulatory function[16].

Self esteem has a key role in everyday functioning of individuals. It takes part in undertaking and realising the intended aims, as well as in achieving social acceptation or reducing existential fear (Porębiak, 2005).

1.2   Development dynamics of self esteem in a dysfunctional family

The main source of information for a child about him/herself is the family, and especially the parents. From the moment of birth the parents determine who he/ she is, define his/ her behaviour, shape the sense of self esteem and build a certain emotional

---

with results regarding self cheating and creating a good impression, as opposed to results of measuring the hidden self esteem (p. 98).

According to Kozielecki (1986) latent self esteem is inaccessible to the individual on the level of conscious self esteem, represented in the cognitive structure regarding all possible aspects of "me" of a person, which automatically influences valuation of the objects related to "me" and not related to "me" by the person. Open self esteem is described as accessible for consciousness and the feeling of self esteem is passed directly to the environment, by a person. Both these levels form the global self-esteem of an individual.

[14] Self esteem includes such characteristics as physical properties, character characteristics and character of relations with other people. It depends on: situation within the family (including the financial status) opinions and assessments of environment and others, and also the comparisons of results of one person's actions against other people's achievements. With "me ideal" such factors as parents value system (especially unanimous) relations present within the family, parental attitudes and parents education have an influence (Kozielecki, 1986, p. 77-96).

[15] Self esteems, which people formulate about themselves are varied. They can be positive or negative, high, low or average. We can also consider them as a stable and unstable self esteems; adequate or inadequate (Niebrzydowski, 1976).

[16] The influence of self esteem onto an individual's behaviour is a key factor, because of its regulatory properties it has an important meaning for correct and effective functioning of the subject, which is why so much effort is invested in maintaining positive self esteem. Many research projects from the field of Psychology have proven that people are defensive against a decrease in self esteem in many ways. Those mechanisms are called auto valorisation , and most often are about underestimation of information regarding one's lacks and failures and overestimation the importance of one's advantages and successes (fol: Porębiak, 2005).

attitude towards him/ herself[17]. His/hers future way of understanding him/herself is conditioned in a large proportion by the emotional climate of his/hers first years of life (Kon, 1987).

Incorrect attitude towards a child in a dysfunctional family, constant reliving of negative feelings, such as: shame, helplessness, fear, anxiety, feeling of guilt, anger, rage, aggression, lead to noticeable, in the adult age, difficulties in experiencing and expressing him/herself. These people when they are growing up are afraid of losing their own "me" in close emotional relationships, they are afraid to reveal the painful lack of own unattractiveness, they are afraid of rejection. These people are very susceptible to being emotionally hurt, they have low self esteem, negative attitude towards themselves, they are afraid to show their feelings, needs, expectations, they are afraid to show anger, they show extreme oppositions either being over responsible or they avoid responsibility completely, they have excessive feeling of loyalty. These people live with a sense of being different and isolate themselves from other people. Experiences originating from living in a dysfunctional family are permanent and cause building constructive relationships' in adult life more difficult. In adult life these people have a feeling of guilt, when they do something for themselves. These children being adults show many defensive attitudes related to emotional wounds, which they lived through in their family, they have fears of sharing feelings. The entirety of emotional reactions, schemes of behaviour, difficulties in relations with others causes such strong analysis of the hurtful past, that the actual reality is inadequately lived and assessed.

Unloved child, not accepted, can shape an image of him/ herself as somebody unsuccessful, worthless, (por. i.e.. Agryle, 1991; Niebrzydowski, 1976)[18].

From many research projects, performed on the factors influencing the shaping of own image, it seems that the biggest influence onto the image of a child are the interpersonal reactions in the family, especially in the area of accepting the child, respecting its rights and clearly defined boundaries (Januszewska, 1994).

According to A. Combs and D. Snygg image of oneself is shaped in the process of perception or self perception of one's own organism, under the influence of different factors operating. It is therefore a creation of what the child has learned about him/herself and how other people react to him/her and his /her behaviour, especially the parents (Bielecki, 1986, p. 57).

Also L. Niebrzydowski (1976, p. 151) mentions the importance of opinion of close people for shaping the persons self esteem. He highlights the fact that a child who experiences negative treatment from other people, who are important to him/her,

---

[17] L. Niebrzydowski (1976, p. 163-165) thinks that comparing oneself with other people, who are personal examples, is an important factor of forming the self esteem. Personal example is a group of concepts and ideas relating to: characteristics and behaviours of members of a given society, fulfilment of certain roles in the society, ideal images of personality which the individual is trying to copy. The example can be taken through direct observation and contacts or by mass media. An individual can create its own personal example by the way of synthesis of characteristics of various people, especially if they impress them. Because of comparing oneself with personal examples a person learns about positive and negative aspects, there is a possibility of judging both others and oneself. Thanks to the comparing process in a young person, there is an attitude expressing in questions such as "Am I worth anything?' 'What can I do", "Can I be as good as others?". These questions are the foundation of self knowledge and self upbringing, which in effect leads to more mature and deeper self esteem.

[18] From the research of A. Jakubik and E. Zegarowicz (1998) it arises that growing up daughters of men who are addicted to alcohol are characterised by lower self esteem in comparison with daughters of men who are not addicted, they more often show a feeling of external placement of control and differ significantly from daughters of non addicted men within the general level of emotional control.

acquires a negative attitude to him/herself. Those types of attitudes of important people are the foundation of development of low self esteem.

According to J. Bradshaw (1994) dysfunctional parents, not having the contact with the real „me" and not accepting themselves in the relationship with their children, do not create an opportunity for the child to learn love for him/herself and correct contacts with other people. Instead the child is taught various forms of false love, resulting from weak and incompetent "ego".

Self esteem is a part of the "me" structure, which over the years has become more and more complex and reflects in more detail the image of oneself. That is why grasping the shaping dynamics of it seems to be particularly important when analysing further changes, happening in interactions of Adult Children of Alcoholics[19].

Trying to explain the mechanism causing the development of low self esteem among children growing up in a family with alcohol problem, it is worth to mention the concept of H. Gasiul (1998) who is analysing the problem of the so called suspension of promotion of personal development, within the attachment and aspiration to happiness.

Relations of children brought up by an addicted person are not fulfilled – what H. Gasiul calls – „personality charge". However, quoting the concept of Rosenberg, H. Gasiul verifies, that awareness of meaning is for a person a foundation of dignity and identity of him/herself. The awareness of the lack of „acting meaning" releases negative affective states (increased anxiety or tension). Lack of feeling of importance is also related to increased tendency to express feelings of hate, bitterness, and disappointment or feeling lack of connection with others.

In a family with alcohol problem there is often a feeling of lack of autonomy. Lack of autonomy often coexists with low sense of self dignity. A person with low level of autonomy has little ability to direct him/herself. Lack of autonomy leads to seeking

---

[19] Initially child does not identify itself as a separate being in the environment. Only the appearance of the word "me" in his/hers expressions between ages 2 and 3 is a significant moment from which the more conscious learning about him/herself takes place. The main factor, for shaping self esteem are: parent's appraisals, or appraisals of people from the close environment, especially those people who are emotionally close to the children, who are an authority for the children (Januszewska, 1994, p. 31n).

Starting school, a child has more criteria for self esteem, peers, teachers, received grades (Saarni, 1999, p. 82). An important factor shaping self esteem is the relationships of the child with other children. During play time or doing activities the child compares their appearance and abilities with others, those comparisons are a material to formulate judgements about themselves. Around the age of 13 those judgements become more critical and differentiated, (Kozielecki, 1986). In the early phase of adolescence (12-15) remarks regarding the body become important, especially that a sudden biological acceleration in development occurs, related with sexual pubescence. They decide about the level of self acceptation, the sense of self esteem, identifying with own sex. Girls have a tendency to connect these physical tendencies with attractiveness, and they do not attach importance to own achievements or abilities, boys however assessing themselves chose criteria such as popularity, physical attractiveness or interpersonal relations. In shaping the image of one the peers become significantly more important. In the later phase of adolescence (16-18) the criteria important for assessing oneself change. Instead of the ones regarding looks, characteristics regarding personality features, attitude and values appear. Comparing oneself with others takes place in those areas and is more precise then at the earlier stages. The tendency to search not open motives of one's behaviour increases, which means building more complex concept of oneself (Kon, 1987, p. 195). Fields regarding social and moral functioning become more important, the self esteem however does not have such an emotional character, like at the beginning of adolescence period (Kulas, 1986, p. 56). Expectations from one begin to be placed by the maturing people themselves (Porębska, 1991, p. 188n), who try to asses, weather it is really worth to try gain opinions, which other people might have (Saarni, 1999, p. 85).

objects, that would give a sense self dignity. In exchange for approval a loss of individualism occurs and adopting characteristics of other people.

Many scientists highlight, that in the childhood period a matrix of behaviours and treating oneself in a certain way is shaped. Entry in this period of life into an objective way of treating oneself and agreeing to being treated in this way by others, gives a chance to be rewarded by addicted or co addicted people from the environment, who expect certain behaviours. This process causes a loss of independence, a certain type of freedom. Liberation of disposition to objective treatment in a person, depends mostly on the meaningful people and ways of thinking and acting preferred by them.

W. Sztander (1993) draws attention to the fact that in a dysfunctional family it is impossible for a positive identity, based on self acceptance, to develop. Emotional atmosphere of a dysfunctional family focuses around shame, regret, anger, fear, feeling of guild and harm. Everybody resents everyone else and each other, it is difficult to find acceptance, positive identity and realistic perception of own problems.

In an atmosphere of lack of affection and threat, every object of interest, also negative, is precious for a child. On this – according to D. Reilly (1978) – is based the mechanism of creating, in very emotionally disturbed families, strong enforcements for incorrect behaviour. In dysfunctional families, family members have a feeling of alienation and rejection. That is why they control the expression of emotions, whether they are positive or negative. Expressing negative emotions (i.e. anger or hostility) creates fear and feeling of guilt. But expressing positive emotions bears fear of rejection as well.

According to P. Mellody (1993, p. 80) a dysfunctional family is not capable of instilling a feeling of self worth in a child. Parents unconsciously put pressure on children, to renounce their natural needs and desires, they do not help children to behave according to their age, and they persuade them to behave according to pathological standards, present in their dysfunctional family. That is why an adolescent can feel worse form others; develop externally steered feeling of self esteem, dependant on the opinion of others.

J. Conway (1997, p. 91n) draws attention to the fact that children from dysfunctional families do not go through all the staged characteristics of correct personal development[20]. Due to incorrect solution of children's development crisis's these do not to gain the basic abilities necessary to function correctly in life, these are: trusting others, autonomy regarding own boundaries, initiative, identity, closeness, predictability, integrity.

A child from a dysfunctional family lives believing that he/she is worse than others, less loved, less valuable. Such a child has less coherent and elevating experiences, parental models needed to shape positive attitudes towards him/herself and others, the world. A way in which the child is treated delivers negative assessment of him/herself. He/she does not feel important in his/hers family, because he/she receives information that the most important is the issue (alcohol), around which the life of the family is focused. Child's issues, his/hers problems and child itself do not matter. Because of that it is so typical for those children to be looking for conformation, that they are important, that they do have a right to live, to exist (Ryś, 1998).

Research results show that people, whose parents were not loving in the childhood period, did not show correct educational posture and were not supporting, kind, contribute to creation in the later period, deep changes in their children's own self

[20] J. Conway (1997) refers to stages specified by Erikson.

image. These children can be described by low feeling of self worth, the awareness of lack of satisfaction of basic needs; they have problems in making and keeping close relations with others (Ryś, 1992). Growing up, they carry the burden of guilt and inadequacy, which means that it is exceptionally difficult for them to build a positive image of themselves. As a result lack of feeling of self worth can have an influence on all aspects of life (Forward, 1992).

Low self esteem hinders achieving, necessary for normal feelings of recognition and respect for oneself. Such a state leads to lack of satisfaction from oneself and disbelief in own abilities. As a consequence it leads not only to fear, anxiety or feeling of worthlessness, but also in extreme conditions to self judgement in which a person can be, not only intolerant or ruthless, but ever cruel (Niebrzydowski, 1976).

With low self esteem a person assesses himself worse that it would be reasonable, he does not recognise his advantages and the value of his actions (Reykowski, 1982, p 792), rejects information regarding his importance to other people, which he receives from the environment, as contrary with set by himself point of view of himself, but information regarding his inadequacies he quickly integrates, additionally deepening its inadequacy. (Jakubik, 1999, p 177). Such a person is more sensitive to criticism and opinions expressed by others bout himself, he does not actively strive to be actively involved in the group actions, and also has a tendency to isolate himself from society, which deepens his loneliness[21] (Niebrzydowski, 1976, s. 50n).

Consequences of low self esteem have very serious consequences in later life.

With low self esteem a person takes a defensive position, has a constant feeling that he cannot do anything well enough, that he is worse that other people and therefore tries not to undertake activities (Kulas, 196, p. 37), in his behaviour he will try to avoid the expected shame, connected with potential failure, which in effect stops spontaneity in all types of actions (Franken, 2005, p. 481).

A person with low self esteem can have difficulties in undertaking actions directed onto achieving an aim. The reason for this is the lack of involvement in the activity caused by disbelief in project's success (Porębiak, 2005, p. 94).

It quite often happens that people function professionally at a level lower than their abilities. It happens to people with high intelligence[22].

---

[21] According to S. Rosenberg individuals with low self esteem show a tendency to isolate from society and show themselves in a better light, that they are in reality. They do it because they try to hide their inadequacies and therefore they constantly stay in a condition of internal anxiety and fear of being found out about their true face. Moreover they react more strongly to criticism, reprimands, jokes even to reward, and most worrying for them is the bad opinion of the environment that is why they show limited abilities of making social contacts. Therefore the lower the self esteem the higher the probability that an individual goes through states of dissatisfaction from him, even contempt, which as a consequence leads to loneliness and social isolation. Among tested people, with low self esteem 65% felt loneliness, whilst among people with higher self esteem this was the case for only 14%. (Niebrzydowski, 1976, p. 50n).

[22] Rresearch performed over the last few years showed that children who at the age of 12 presented critical attitude towards themselves, 19 years later had worse education, which meant that they had lower professional status and did not gain satisfaction from interpersonal relationships to the same extent as their peers, who accepted themselves at a younger age (Persuad, 1998, p. 198).

Quite often in happens that people function professionally on significantly lower level than their objective abilities. It happens to people who are very intelligent and posses certain talents. Based on various calculations we can assume that this problem concerns 15 to 50% of people (Gallagher, Łukaszewski, Doliński, 2001, p 465). Carr, Borkowski, Maxwell presenting profiles of such people claim that they can be characterized by low self-esteem and a tendency to explain results achieved by themselves in categories of external factors (za: tamże, s. 465).

According to B. Wojciszke (2002) self esteem works on the grounds of a vicious circle. In comparison with people with high self esteem people with low self esteem see the social world and their chances in it as less optimistic. It discourages them from making an effort, and this decreases the achieved results, leading to weakening an already low feeling of self worth. People with low self esteem, who feel unsure and fearful, more often avoid confrontation with themselves, than people who have a positive image of themselves (Kozielecki, 1981, p. 239).

Satir (2000, p. 25) thinks that people with low self esteem put high hopes into what they can expect from others, at the same time feeling strong fear, expecting disappointment in advance and they are not willing to trust other people. Low self esteem hinders entering of an individual into satisfying relationships with a partner, because such person is afraid of openness[23] (Collins, 2001).

Low self esteem results in attributing lower abilities than those which a person actually possesses. One does not appreciate one's abilities, talents, own social attractiveness. He/She assesses the moral value of own actions lower and expects less form other people, which is justified (Reykowski, 1982). Low self esteem results in limitation of activeness and therefore as a result archived results are lower (Bielecki, 1986, p. 57).

In terms of people with unstable self esteem the swings of opinions from the environment have its repercussions in the general mood of the individual and are a cause of constant „swing" when thinking about themselves (Reykowski, 1970, p. 57)

Adult children from dysfunctional families are often characterizes by low self esteem, no matter how high their competence is. Such postures, towards themselves, could have been influenced by parents who were too critical, parents who did not express love for their children, but also by those who could not show their love or did not want to show it. Often these people are very critical of themselves (ie. Cermak, Rutzky, 1998). In extreme cases of low self esteem these people think that life would be better, if they did not exist at all (Woititz, 1994).

According to Bradshaw (1994, p. 112-115) many ACA ruthlessly assess themselves. They are convinced that they are worse than others. Kucińska (1997, p 18) highlights that a felling of inferiority and incompetence is stronger among these people, not when they face something but in contacts with other people. Few factors come together here: negative image of themselves resulting from early childhood, lack of good experiences in close relationships with people and deficit of basic interpersonal skills, such as conversation, establishing close contacts, solving conflicts or disagreements.

Frequently, own achievements and successes were supposed to balance the deficit of positive experiences from the family life, however they did not make any difference, did not bring expected results, and therefore were not a foundation for self satisfaction (Sobolewska, 1992).

Adult children from dysfunctional families cope badly with criticism, are afraid of authority and anger, expressed by other people. Often they prefer to recede in a situation where an assertive position is necessary to protect own rights.

It happens that people brought up in a dysfunctional environment fight with low self esteem through such behaviours, which are seen by the environment as demonstrating own superiority, aggressive behaviour, humiliating others. The reaction

---

[23] Level of self esteem also determines the readiness of people to reveal information about themselves and its type. People with high self esteem are more prone to present their abilities and competence, however people with low self esteem are more likely to present altruism and socialisation (Szmajke, 2001).It is not without an influence on contacts and interpersonal relations.

of the environment is often rejection, which deepens the feeling of loneliness and low self esteem (i.e. Forward, 1992).

In the awareness of ACA positive expectations seem to be strictly connected with anticipation of disappointment. Tough in childhood they defend themselves in this way from feelings of disappointment, bitterness, sadness. In the past, promises were not kept, their basic needs were not met, their hopes and expectations not fulfilled. A tendency to be afraid of positive expectations in some ACA becomes generalised and concerns all types of expectations (i.e. Beattie, 1987, 1994). Adult children from dysfunctional families have a feeling that others should guess their expectations and see their thoughts (i.e. Sobolewska, 1992; Bradshaw, 1994).

Among many Adult children's from dysfunctional families the deep conviction about the lack of own attractiveness is present, and it is independent from real virtues of beauty or richness of personality. The foundation for these feeling is most likely the low level of self esteem. Children from dysfunctional families were frequently informed in their childhoods, either directly or not directly, that they are a cause of problems in the family, that they are not worth much and are not worthy of attention, on top of that there is the lack of appraisals and approval. Such conditions were suitable for development of conviction about lack of advantages, positive features and an awareness of being unattractive. (Sobolewska, 1992, p. 11n). Woititz (2003, p. 33) points out the fears of denouncing the lack of attractiveness, which in relations with others, adult children from dysfunctional families go through. Those fears are connected with a belief that if the partners found out what they are really like they would not want to have anything to do with them.

Low self esteem can be demotivating and cause an individual to struggle with problems regarding actions directed onto achieving an aim and act below own (Porębiak, 2005, s. 94).

2. The tendency to assume a pose of "an always brave person" taking on a role of "a hero"

Life in a dysfunctional family often included a lot of suffering and humiliation, which had to be suffered. Often, even the closest environment, did not know about this suffering (friends at school, even family). That is why people who grew up in those kinds of families had to be brave, not giving up in the face of difficulties or obstacles (Woititz, 1994). Sacrificing for others is for ACA often a source of conformation for their own self worth. If the environment does not want to accept the sacrifice, or rejects it, as to uncomfortable, imprudent, onerous or captivating, people brought up in dysfunctional families feel it as a rejection of themselves (i.e. Field, 1997).

Over developed sense of responsibility – over sensitiveness to the needs of others, developed in order to react as fast as possible to the families needs, results in their feeling of self esteem that is based on the satisfaction of being able to cope in difficult situations, and thus leads to a creation of internal compulsion to be perfect and constant "making others happy" (Cermak, Rutzky, 1998, p. 21-28).

Growing up, these people are: oversensitive, everything concerns them (often too much). It happens that these people choose professions requiring sacrifice, but also these people have low psychological resistance, therefore more often than others have the problem of burning out professionally.

Having low self esteem, inability to solve conflicts, setting out own boundaries; people brought up in dysfunctional families create relationships in which they allow for being mistreated or used. Even if such a relationship lasts for a longer period of time, these people do not make a decision to leave. If they undertake any action in their own self defence, it is often because of pressure from their own children or friends and not from their internal feeling. It frequently happens that leaving a destructive relationship, in which it is impossible to live any longer, such relationship is often is ended by a new pathological arrangement with a person with incorrect personality (alcoholic, or drug addict).

3.   Living life from the "victim's perspective"

People, who were brought up in dysfunctional families, can see their life as a life of a victim in their later life, a victim who is not successful, who has to suffer, who does not deserve a better life. Repeatedly, submissive behaviours and lack of assertiveness provoke people from the environment to such behaviours, and these can be seen as exploiting or as negligence. A mechanism of vicious circle appears which works predominantly as a so called self assessed prophecy.

Often these people set themselves for constant failures and they present themselves as a person who is mistreated by life. It also results, to a certain extent, from a tendency to feel inadequately guilty and to take on too much responsibility (Woititz, 1994). Adult children from dysfunctional families can take a role of a victim and stay in it, regardless of current circumstances (Cermak, Rutzky, 1998, p. 21-28; Bradshaw, 1994, p. 112-115).

Many ACA people have no awareness of their own needs. They can predominantly specify the needs and wishes of people from their environment, their spouse, children, and parents; in laws and friends buy they cannot recognise their own needs and wishes. ACA expect that the environment will take care of them more, approve of them more, they do not have a specified image, regarding what behaviours they wish for or what they expect. Because they are not in touch with their own desires and expectations they feel less approved than others, they wait for the situation to change without specifying how they would like it to change.

Among many adult children's from dysfunctional families there is a lack of belief in the love of the closest people and therefore constant quest for process of this love. Frequently small incidents, unimportant for others are interpreted by them as lack of feelings or rejection. Such attitudes are characteristic of ACA irrespective of age, length of marriage, and irrespective of quality of the relationship. Because ACA are most frequently submissive people, delicate and kind, they often experience a great kindness from their environment, which however does not influence the strength of their conviction that they are people who are loved by others (por. i.e. Ryś, 1992, 1998).

Among people who grew up in a dysfunctional family (especially women) a feeling of guilt is frequently present, when doing something for themselves. Those types of feelings are conditioned by a particular position in a family home in the childhood years. A child, with its needs, was at the far end of family's interests. The child itself and his/hers needs were not significant (Woititz, 1994). This feeling of guilt, when seeing to own needs, develops further into a lifelong habit of sacrificing own needs in the name of responsibility (Cermak, Rutzky, 1998, p. 21-28).

Many people from dysfunctional families have problems with assertive attitudes. Especially when they concern an ability to defend own rights and assertive refusals

(Bradshaw, 1994, p. 112-115). The foundation for such behaviours is low self esteem, which influences an incorrect way of setting out boundaries, both internally and externally, as a result ACA have a tendency to take on excessive responsibilities. When they are overloaded they "burn out", and then feel guilty for letting somebody down. They are easily manipulated by people with strong personality. Often they do not know how to honour other people's boundaries (Conway, 1997, p. 71-79).

Lack of ability to refuse among ACA occurs not only in contact with people from their environment, but also with superiors at work, and even subordinates, or even accidentally met people (i.e. beggars, or scroungers, people expecting support). The basis for such a stance is not only low self esteem but also a great desire for acceptance, "approval hunger". For many ACA refusal is linked with lack of love, which is why they cope badly with all refusals from the environment, as well as a necessity for own refusal. This characteristic is a reason why they are taken advantage off, given too many responsibilities both at home and at work. Adult children from dysfunctional families react with sorrow, sadness, increased sense of being taken advantage off. However this feeling is deeply hidden. Regardless of many resolutions regarding refusal for future overloading, many ACA not only do not refuse the requests, but suggests, unfavourable for themselves, solution proposals.

Adult children from dysfunctional families living in a long-term stress, more frequently notice behaviours and attitudes of other people that their own (Cermak, Rutzky, 1998, p. 21-28). As a result they often have a feeling that their life is a „satellite", a reflection of the life of others rather that a realisation of own life scenario.

Concentration on problems of others, spending time worrying, remembering other peoples' behaviour and their words, interpretation of gestures (often incorrect), causes that ACA do not have enough time or energy to analyse their own behaviours (Bradhsaw, 1994, p 112-115).

Clinical observations indicate that many people among ACA are afraid to experience the pain of being abandoned by a close person. The fear of rejection, if such an eventuality becomes probable, almost paralyses the ACA, concealing problems, which should be dealt with at the time. This anxiety seems to result from the fear of experiencing pain, connected with the loss of a loved person or being abandoned by a close person. As a result the ACA show a tendency to take up behaviours aiming at keeping the relationship – often destructive for themselves, no matter what; to idealise their partner and relationship, or not getting involved themselves in relationships at all (Sobolewska, 1992, p. 5-10) in a fear of being rejected (Cermak, Rutzky, 1998, p. 21-28).

Among many ACA there is a way of seeing reality thorough a prism of hurtful experiences from their childhood. Conway (1997, p. 55n) describing adult children of dysfunctional parents ,writes that many of them have a strong feeling of „being robbed of their own life". They feel that they were deprived of something, because they did not have a normal home or models to follow. Their image of themselves, their school study, their professional carrier, marriage and parenthood was marked with a mark of a dysfunctional family, having the feeling of alienation, being different. These people often show anger, sometimes directed to specific people. They also show lack of trust towards the outside world and other people. They are afraid of the future; they often lead a double life trying to renounce the unsolved problems of their incorrectly functioning families from their memory

4. The lack of sense of security and feeling a sense of threat

According to J. Woititz (1994, p. 60-62) many ACA people live with a feeling of being different. This feeling is close to the feeling of alienation. The feeling of isolation, that these people experienced as children, immensely hinders establishing contacts with other people. They have not developed the social skills necessary to feel comfortable and feel a part of a group. They make an assumption that everyone from a group feels at ease whilst only they feel uncomfortable. The feeling of being different and in isolation is a part of their nature (Bradshaw, 1994, p. 112-115).

The feeling of loneliness and isolation is a consequence of distrust and distance, which ACA have towards their environment. They try to deal with it in one of two ways. Either they deliberately avoid others, or enter into relationships with accidental people, with who they do not have an emotional connection. The motion for such behaviour is the desire to avoid loneliness, no matter what (Sobolewska, 1992, p 12). Isolating themselves from other people can be a way of realising the rigid rules present in a dysfunctional family: „Don't tell...", „Don't feel..." and „Don't trust...

The lack of sense of security is a consequence of being rejected by parents in the childhood period. Unsatisfied need of security also causes strong fears, mainly fear from being rejected by other people (Sobolewska, 1992)[24]. The external image of ACA does not match the internal image. Externally these people are seen as people who cope well at work, with their personal problems but internally they are full of anxiety, tension and sadness, they are going through feeling insecure. The world seems to be chaotic for them and full of dangerous incidents and challenges, that life puts on their path, which are seen as a painful weight. They are convinced that even when they are trying they are not able to cope with the difficulties brought by life. Those beliefs are not changed even by real experiences, when they cope better than others. (Kucińska, 1997, p 17).

Adult children from dysfunctional families often are overwhelmed by an unexplained sadness. They have a tendency to fall into depressive moods. It is a sign of an unexpressed pain, which they had experienced in childhood, when they experienced many losses both physical and psychological. Symptoms, which are present with ACA, indicate lingering sorrow (Cermak and Rutzky, 1998, p. 21-28). Apart from suppressed and not entirely realized feeling of anger and mutinity, due to experienced pain, adult children from alcoholic families' almost constantly experience the feeling of lingering sadness, irritation, loneliness (Kucińska, 2002c, p. 47). Adult children from dysfunctional families, growing up have a feeling of losing something. They have lost their childhood. This feeling of loss is a very painful and difficult feeling (Woititz, 1994, p. 46-68). The feeling of danger is present even when nothing particular happens (Sobolewska, 1992).

The determinants of an atmosphere in an ACA family home can be acknowledged as: tension and mutual aggression, lack of consequence, unpredictability of events and reactions of other people and uncertainty.

ACA adapt to life in such conditions as they know (Woititz, 1994). In situations of stable, quiet life ACA often cannot find themselves. To normal everyday reality they can

---

[24] Multidimensional wounds form, especially for people who as children were a witness or a victim of parents' aggression, regarding lack of security, sense of life, disbelief in oneself and own success, loneliness, lack of self acceptance, lack of ability to love, inability to be emphatic. Such people have no plans or perspectives for life, they are not interested in the future, they are stuck in events and wounds form childhood. They can show a tendency to attitude of dependence and staying a child, escaping from reality to the world of fiction (Lulek, 2000, p. 44).

react with a feeling of danger (thinking that this situation is just "peace before a storm") or with a feeling of tiredness, pointlessness, or even boredom.

ACA have a tendency to react and behave in an impulsive manner. Most often it leads to undesired results. Impulsive making decisions, getting involved in an activity under the influence of momentary mood, impulsive reactions and behaviours often do not match what a person would do thinking it over carefully. ACA by being impulsive do not consider alternative solutions and do not think of consequences of the actions. The result is feeling guilty for recklessly, or hastily made decisions or actions (Woititz, 1994, p.65-70).

Adult children from dysfunctional families often react in an inadequate way, excessive for changes, which are not controlled by them, and therefore for unexpected, sudden events and situations that are a surprise for them (Bradshaw, 1994, p. 112-115). Z Sobolewska (1992) explains the genesis of such fear with experiences form childhood, in which usually significant changes brought deterioration in a situation.

5. Susceptibility to emotional vulnerability or (and) emotional numbness

Living life in a dysfunctional family, especially in one, where violence, or abuse or sexual exploitation was present, can lead to a creation of high susceptibility to being emotionally vulnerable, or to have states of emotional numbness. Jona (1997, p. 32) claims that a consequence of psychological numbness, which is an experience of children of alcoholics are difficulties in experiencing closeness in relations with people. Instead feelings of loneliness, emptiness, emotional exhaustion appear.

Susceptibility to being emotionally hurt regards many people, who experience harm in childhood. It is present in a particular deformation of emotional states and takes a character of "painful oversensitivity". It is very easy to hurt such person's feelings. He/she is often emotionally roused, because relatively weak stimuli are enough to rouse emotional reactions. The constant background of various experiences is hurtful irritation, which causes deformation of quality of experienced emotional states. Such person has problems with experiencing feelings and sometimes it can lead to blocking feelings.

A characteristic of ACA is also a very patient and long enduring of incorrect behaviours of other people and as a result building up unexpressed sorrow and bitterness, exploding in the most unexpected for the environment moment.

Adult children from dysfunctional families lived through their childhood feeling rejected by their parents, in an atmosphere of chaos , danger and tension. They were often witnesses or victims of the violence in the family. They did not receive support from the people close to them and often they did not have the basic guidelines as to the order of the world, because all their authorities were either twisted or ridiculed (Sobolewska, 1997, p. 15n). Situations experienced in childhood can lead to – as Bradshaw describes (1994, p. 112-115) – psychological paralysis and negating feelings (por. also: Woronowicz, 2001, p 123n). A freezing of feelings can happen among those people, both in the positive and negative sphere, which strengthens the feeling of loneliness.

Suppressing and blocking feelings is a quite frequently used, by ACA, method of coping with strong, intensive feelings, especially the negative ones. This method seems to have a character of a habit learned in childhood, where there were no conditions or possibility to express experienced feelings. The child, unable to cope with the feelings

by himself- especially if they were strong, unpleasant feelings – learned to act in this way in order to minimise the pain connected with it. Obeying the rule"don't feel" was an optimal solution for those conditions (Woititz, 1994).

Therefore, the fear of feelings is connected with deeply developed system of negations, present in dysfunctional families. These people in their childhood deeply hid their feelings and as a result every real emotional reaction, even positive, causes fear and is seen as losing control over feelings (Cermak, Rutzky, 1998, p. 21-28).

Adult children from dysfunctional families were forced in their childhoods to hide feelings, especially the feelings of fear and sadness. They did not have the conditions to express them freely. Some of them lost the ability to show their feelings. Not restricted expression of feelings causes fear, feeling of insecurity. The fear of expressing feelings can also be interpreted as a form realising the obligatory rule "don't say".

Impulsive behaviour of ACA in various situations can be stronger that deciding on an action following consideration of alternative solutions and possible consequences. (por. Miller, Tuchfeld, 1990, p.144).

II. SCALE FOR ADULT CHILDREN FROM DYSFUNCTIONAL FAMILIES (ACDF)

1. The scale structure

The questionare is designed to test people, brought up in dysfunctional familes.

Works on the Questionnaire's method took a few years. The first stage was to establish the accuracy of statements, characterising adult children from dysfunctional families. Literature regarding this issue was used here. In the second stage tests of 140 people were performed. 70 people came for normal families and 70 from dysfunctional families. Following this all statements that did not differentiate the two groups were removed. The accuracy was established using a method of competent judges.

The questionnaire comprises of 30 statements. The task of the tested person is to mark each one on 5 mark scale. The results are calculated according to the point system explained below: (*definitely yes* – 4 points, *yes* – 3 points, *rather yes* -2 points, *rather no* – 1 point, *definitely no* -0 points). In this test between 0 and 24 points can be scored. Points are then converted into a sten scale. The higher the score received in the questionnaire the lower the self esteem, larger emotional problems and the need to use defence mechanisms ("being a hero", "being a victim").

<div align="center">

ACDF
Maria Ryś

</div>

In the following statements, please indicate how you would react, in particular situations:

Statements	definitely yes	*yes*	rather yes	rather not	definitely not
1. It is very easy to hurt or offend me					
2. Most of the time, I poorly tolerate criticism towards me					

3. I hate radical changes, even if they are changes for the better					
4. I accept more responsibilities than I can bear					
5. I do not wait for anything positive to take in my life in order not to be disappointed					
6. I feel it would be better if I never lived					
7. Sometimes I sense an overwhelming sadness, even though there is no reason for it at that moment					
8. If others manifest their anger or rage, I feel helpless and unloved					
9. If someone asks me to do something, most of the time I say „Yes", even if it means carrying on too many commitments					
10. I work a lot, much more than anyone else in my family					
11. If my life goes on too peacefully, I fear that „peace" precedes a storm in my life					
12. It is easy to induce a sense of guilt in me					
13. I often think of myself as worthless					
14. Often, I fear of losing love of those dear to me					
15. Mental anguish and a superficial calmness are my responses to painful experiences					
16. Even if I do not meet any obstacles, I feel threatened					
17. Despite of my achievements, I am not happy with myself					
18. Even on my time off, I cannot stop worrying about something					
19. I cannot be happy, even if others think that I have reasons to be happy					
20. I believe I am unattractive to others					
21. I feel guilt, if I put my needs in front of the needs of my loved ones					
22. I sacrifice myself for others much more often than others do so for me					
23. Continuously, I worry and I am fearful about my future					
24. In difficult situations, I assume responsibility for other adults					

25. I am terrified when I think of my situation and life					
26. Often, I react impulsively					
27. I am in a sad mood, often					
28. In difficult situations, I continue to go on even if others have already stepped back					
29. I cannot say „No" to a person who asks me for a favor, even if the request is too difficult for me to meet					
30. When I think about my life in the past, I experience those past hurts again					

2. ACDF - ADULT CHILDREN FROM DYSFUNCTIONAL FAMILIES
Key for the scale

Point system:
4 – definitely yes
3 – yes
2 – rather yes
1 – rather no
0 – definitely no

SCALES	Question numbers
I. Feeling of low self esteem	2, 5, 6, 13, 17, 20
Relations with others	
II. „being a hero"	4, 9, 10, 22, 24, 28
III „being a victim"	8, 12, 14, 21, 29, 30
IV. feeling of danger	3, 11, 16, 18, 23, 25,
V. Emotional problems – oversensitivity or feeling of numbness	1, 7, 15, 19, 26, 27

Norms were defined by theoretical criteria derived from assumed conception of particular dimensions of the Scale:

STENS	POINTS
10	23-24
9	21-22
8	18-20
7	15-17
6	12-14
5	9-11
4	6-8
3	4-5
2	2-3
1	0-1

3. Interpretation of results

9-10 - very high results,
7-8 - high,
5-7 - medium,
3-4 - low results,
1-2 - very low results

Low self-esteem

The higher the results achieved by the person in this scale, the more self-esteem is reduced. Maximum score can mean that the person's belief is that the world would be a better place if they it were not there. The higher the results, the more a person seems him/herself in a negative way, and is not satisfied with him/herself, there is a profound conviction that he/she is not someone attractive and does not tolerate criticism from the environment.

„Being a hero"

High scores in this scale indicate a tendency to enter into the role of the always brave person, a hero who takes a lot more responsibilities than he/she can bear, taking on too many commitments. The high results show sacrificing for others, prioritizing the actions for others at their own expense, being in situations that are too difficult no matter what, taking responsibility for other adults from the environment.

„Being a victim"

The higher score in this scale, the more the person enters into the role of a victim, someone wronged, on the other hand unreasonably solicitous of others and experiencing feelings of guilt when doing something for him/herself. People with high results feel helpless, or feel that others do not love them, in situations where someone from their environment shows malice or anger. Among these people it is very easy to arouse the feelings of guilt. Often, they fear of losing the love of people around them, they cannot refuse complying with overly high expectations, demands or requests beyond the capabilities of their implementation.

Insecurity

The higher the results reached by the person doing the questionnaire the greater the concern and fears for the future. Very high scores mean even states of terror. People that achieve high results have a sense of danger even in situations where nothing difficult is happening, they ill tolerate radical changes, even if they are changes for the better. They are accompanied by a sense of danger even and in times of stability and peace. Even in their free time they cannot stop worrying about something.

Emotional problems - a sense of numbness or hypersensitivity

The high results obtained on this scale show emotional over sensitivity, the tendency to impulsive reactions. The higher results the higher is the susceptibility to being hurt, and being more prone to being unstable or have mood swings, no joy from the positive events. High results may also mean that a person reacts to the painful experiences with psychological numbness or apparent calm.

BIBIOGRAPHY

Ackerman R. J. (2002). *Perfect Daughters: Adult Daughters of Alcoholics*. Health Communications, Inc.

Adler, R. B., Rosenfeld, L. B. Proctor, R. F. (2004). *Interplay: The process of interpersonal communication (9th ed.)*. New York: Oxford University Press.

Agnew E. (1998). *My Mamas Waltz: A Book for Daughters of Alcoholic Mothers*. Diane Pub Co.

Agryle, M. (1991). Psychologia stosunków międzyludzkich. Warszawa: PWN.

Agryle, M. (2004). Przyczyny i korelaty szczęścia. w: J. Czapiński, (red.). Psychologia pozytywna. 165-203. Warszawa: PWN.

Alford, K. M. (1998). Family roles, alcoholism, and family dysfunction. Journal of Mental Health Counseling, 20(3), 250-261.

Beattie, M. (1987). Codependent No More: How to Stop Controlling Others and Start Caring for Yourself. San Francisco: Harper.

Beattie, M. (1994). Koniec współuzależnienia. Jak przestać kontrolować życie innych i zacząć troszczyć się o siebie. Poznań: Wyd. Media Rodzina of Poznań.

Beattie, M. (1996). Beyond Codependency: And Getting Better All the Time. New York: Hazelden Information Education.

Beck, A.T. Freeman, A. (1996). Cognitive Therapy of Personality Disorder. New York: The Guilford Press.

Benjamin, L. (1996). Interpersonal diagnosis and treatment of personality disorder. New York: Guilford Pres.

Benjamin. L. , Rothweiler, J.R. & Critchfield, K.L. (2006). Use of Structural Analysis of Social Behavior as an Assessment Tool. Annual Review of Clinical Psychology, 2, 83-109.

Berk, L. (2002). Child Development (6th ed.). Boston: Pearson Allyn and Bacon.

Bielecki, J. (1986). Wybrane zagadnienia psychologii. Warszawa: ATK.

Bijur, P. E., Kurzon, M, Overpeck, M. D., & Scheidt, R C. (1992). Parental alcohol use, problem drinking and children's injuries. The Journal of the American Medical Association. , 267, 3166-3171.

Bilikiewicz, A. (2001). Psychiatria. Warszawa: PZWL.

Black C. (1982). *It Will Never Happen to Me*. Denver, Colorado: Medical Administration Press.

Black, C. (1981). It Will Never Happen to Me. New York: Ballantyne Book.

Black, C. (1989). It's Never Too Late to Have a Happy Childhood: Inspirations for Adult Children. New York: Ballantyne Book.

Black, C. (1993). Changing Course: Turning Points to Recovery. San Francisco: MAC Publishing.

Black, C. (1998). Być odpowiedzialnym, dopasowywać się, łagodzić sytuację albo odgrywać się. w: B. E. Robinson (red.). Pomoc psychologiczna dla dzieci alkoholików. 34–35. Warszawa: PARPA.

Bowlby, J. (1969). Attachment and loss. New York: Basic Book.

Bowlby, J. (1988). A secure base. Parent-child attachment and healthy human development. New York: Basic Book.

Bradshaw, J. (1988). The Family: A revolutionary Way of Self-Discovery. New York: Health Communications, Inc.

Bradshaw, J. (1990). Homecoming: Reclaiming and Championing Your Inner Child. New York: Bantam Book.

Bradshaw, J. (1994). Zrozumieć rodzinę. Rewolucyjna droga odnalezienia samego siebie. Warszawa: Instytut Psychologii Zdrowia i Trzeźwości.

Bradshaw, J. (1996). Family Secrets: The Path to Self-Acceptance and Reunion. New York: Bantam Book.

Bradshaw, J. (1997). Toksyczny wstyd. Warszawa: Wydawnictwo Akuracik.

Bradshaw, J. (1998). Healing the Shame That Binds You. New York: Health Communication.

Brown S. (1992). *Safe Passage: Recovery for Adult Children of Alcoholics*. John Wiley & Sons, Inc.

Brown, L. (1990). Leczenie alkoholików. Rozwojowy model powrotu do zdrowia. Warszawa: PZWL.

Browne, K. Herbert, M. (1999). Zapobieganie przemocy w rodzinie. Warszawa: WSiP.

Browne, K.D.: (1993). Violence in the family and its links to child abuse. Beliers Clinical Pediatrics, 1(1), 149-164.

Cermak, T. (1986). Diagnosing and treating co-dependence. Minneapolis: Johnston Institute Book.

Cermak, T.L. Rutzky, J. (1998). Czas uzdrowić swoje życie. Warszawa: PARPA.

Collins B.C. (2001). Emocjonalna niedostępność. Jak rozpoznać chłód emocjonalny, zrozumieć go i unikać w związku. Gdańsk: GWP.

Conway, J. (1997). Dorosłe dzieci rozwiedzionych rodziców. Logos, Warszawa.

Deutsch, C. (1992). Rozbite szkło, rozbite marzenia. w: A. Pacewicz (red.). O świecie przeżyć dzieci alkoholików: Dzieci alkoholików. Jak je rozumieć, jak im pomagać. 31-96. Warszawa: Ministerstwo Edukacji Narodowej.

Drwal R.Ł., (1995), Adaptacja kwestionariuszy osobowości, Warszawa: Wydawnictwo Naukowe PWN.

Field, D. (1996). Osobowości rodzinne (Family Personalities). Warszawa: Oficyna Wydawnicza „Logos”.

Field, D. (1997). Osobowości małżeńskie (Marriage Personalities), Warszawa: Oficyna Wydawnicza „Logos”.

Forward, S. (1992). Toksyczni rodzice. Warszawa: Jacek Santorski & CO Agencja Wydawnicza.

Franken, R.E. (2005). Psychologia motywacji. Gdańsk: GWP.

Friends in Recovery (1996). *12 Steps for Adult Children*. R P I Publishing, Inc.

Gaś, Z.B. (1993). Rodzina a uzależnienia. Lublin: Wydawnictwo UMCS.

Gasiul, H. (1998). Perspektywa osoby jako istoty emocjonalnie uwikłanej. Studia nad Rodziną. 2, 47-64.

Gravitz H. and Bowden J. (1985). *Guide to Recovery, A Book for Adult Children of Alcoholics*. Pompano Beach, Florida: Health Communications, Inc.

Greenburg, R. (1999). Substance abuse in families: Educational issues. Childhood Education, 76, 66-69.

Hellsten, T. (2006). Wsparcie dla dorosłych dzieci alkoholików. Łódź: Ravi.

Jakubik, A. (1999). Zaburzenia osobowości. Warszawa: Wydawnictwo Lekarskie PZWL.

Jakubik, A. Zegarowicz, E. (1998). Samoocena, poczucie kontroli i kontrola emocjonalna u dorastających córek mężczyzn uzależnionych od alkoholu. Alkoholizm i Narkomania. 1 (30), 73-83.

Januszewska, E. (1994). Czynniki warunkujące kształtowanie obrazu siebie. w: A. Januszewski, P. Oleś, T. Witkowski, (red.). Wykłady z psychologii KUL, tom 7. 27–46. Lublin: Redakcja Wydawnictw KUL.

Jona, I. (1997). Zespół stresu pourazowego u DDA. w: D. Kubacka-Jasiecka, A. Lipowska-Teutsch (red.). Oblicza kryzysu psychologicznego i pracy interwencyjnej. 63–71. Kraków; Wydawnictwo Uniwersytetu Jagiellońskiego.

Katz, J. and Liu, A.E. (1991). The Codependency Conspiracy: How to Break The Recovery Habit and Take Charge of Your Life. New York: Warner Book.

Kiesler, D.J. (1996). Contemporary interpersonal theory and research: Personality, psychopathology and Psychotherapy. New York: Wiley.

Kinney, J. Leaton, G. (1996). Zrozumieć alkohol. Warszawa: PARPA.

Knight, S. M. (1994). Elementary-age children of substance abusers: Issues associated with identification and labeling. Elementary School Guidance & Counseling, 28(4), 274-285.

Kofta M., Doliński D., (2001), Poznawcze podejście do osobowości. w: J. Strelau (red.). Psychologia. Podręcznik akademicki, tom 2. 561–600. Gdańsk: Gdańskie Wydawnictwo Psychologiczne.

Kon I., (1987), Odkrycie „ja”. Warszawa: Państwowy Instytut Wydawniczy.

Kozielecki J., (1981), Psychologiczna teoria samowiedzy. Warszawa: Wydawnictwo Naukowe PWN.

Kritsberg W. (1988). *The Adult Children of Alcoholics Syndrome*. Bantam Books.

Kucińska, M. (1997). Podwójny obraz. Świat Problemów, 10, 17-20.

Kucińska, M. (2002). Zamrożeni ludzie. Charaktery, 12, 46-45.

Lambie, G. W., & Rokutani, L. J. (2002). A systems approach to substance abuse identification and intervention for school counselors. Professional School Counseling, 5(5), 353-359.

Lantz, J.E. (1978). Family and marital therapy: a transactional approach. New York: Appleton-Century-Croft.

Lerner R. (1986). *Daily Affirmations; For Adult Children of Alcoholics*. Health Communications, Inc.

Lowe, G. Foxcroft, D. Sibley, D. (2000). Picie młodzieży a style życia w rodzinie. Warszawa: PARPA.

McAdams, D.P. (2001). The Person: An Integrated Introduction to Personality Psychology. Forth Worth: Harcourt Brace College Publisher.

McConnel P. (1996). Po deszczu jest słońce. Poradnik terapeutyczny dla dorosłych dzieci alkoholików. Gdańsk. GWP.

Mellibruda, J. (1995). Pułapka nie przebaczonej krzywdy. Warszawa: Instytut Psychologii Zdrowia PTP.

Mellibruda, J. (2003). Tajemnice ETOH, Fundacja Rozwoju Profilaktyki. Warszawa: Edukacji i Terapii Problemów Alkoholowych.

Mellody, P. (1993). Toksyczne związki. Anatomia i terapia współuzależnienia. Warszawa: Jacek Santorski & Co Agencja Wydawnicza.

Mellody, P. (2005). Toksyczna miłość. Warszawa: Wyd. J. Santorski & CO.

Mellody, P. Wells M-Miller A. (1989). Breaking Free: A Recovery Workbook for Facing Codependence. New York: Harper Collins Publisher.

Mellody, P. Wells-Miller, A. Miller, K.J. (1989). Facing Codependence: What it is, Where it Comes From, How it Sabotages our Live. New York: Harper Collin Publisher.

Mellody, P., Wells M. Miller, J. K. (1989). Facing Codependence: What It Is, Where It Comes From, How It Sabotages Our Live. New York: Harper & Row.

Miller, I., Tuchfeld B. (1990). Dorosłe Dzieci Alkoholików. Nowiny Psychologiczne. 5-6, 142-145.

Millon T, Davis R. (2000) Personality disorders in modern life. New York: John Wiley.

National Association for Children of Alcoholics. (1995). When the teacher is knowledgeable and caring. Retrieved December 12, 2003, from http://www.nacoa.net/ teacher.htm

National Association for Children of Alcoholics. (1998). Children of alcoholics: Important facts. Retrieved December 12, 2003, from http://www.nacoa.net/impfacts.htm

Nichols, M. P., & Schwartz, R. C. (2003). Family therapy: Concepts and methods (6th ed.). Boston: Pearson Allyn and Bacon.

Niebrzydowski L., (1976), O poznawaniu i ocenie samego siebie, Warszawa: Nasza Księgarnia.

Norwood, R. (2004). Kobiety, które kochają za bardzo i ciągle liczą, że on się zmieni. Poznań: Wyd. Rebis.

O'Rourke, K. (1992).Young children of alcoholics: Little people with big needs. Journal of Alcohol and Drug Education, 37(2), 43-51.

Pacewicz, A. (1994). Dzieci alkoholików. Jak je rozumieć, jak im pomagać? Warszawa: PARPA.

Persuad, R. (1998). Pozostać przy zdrowych zmysłach. Jak nie stracić głowy w stresie współczesnego życia. Warszawa: Wydawnictwo Jacek Santorski & CO.

Pervin L.P., John, O.P. (2002). Osobowość - teoria i badania. Kraków: Wydawnictwo Uniwersytetu Jagiellońskiego.

Pitman, R. (1990). Children of alcoholics in schools: A call to compassion. Washington, DC: Council for Religion in Independent Schools. (ERIC Document Reproduction Service No. ED344180)

Porębiak, M.I. (2005). Samoocena jawna i utajona: model dwuskładnikowy, Nowiny Psychologiczne, 2, 93-104.

Reilly, D.M. (1978). Family factors in etiology and treatment of youthful drug abuse. Family Therapy. 2, 149-171.

Reykowski J., (1987), Motywacja, postawy prospołeczne a osobowość. Warszawa: Wydawnictwo Naukowe PWN.

Robinson, B.E. (1998). Pomoc psychologiczna dla dzieci alkoholików. Warszawa: PARPA.

Robinson, B.E., Rhoden, J.L. (2003). Pomoc psychologiczna dla dzieci alkoholików. Warszawa: PARPA.

Robinson, B.E., Woodside, M. (1998). Pomoc psychologiczna dla dzieci alkoholików. Warszawa: PARPA.

Romano, E., De Luca, R.V. (2005). An individual treatment programmer for sexually abused adult males: description and preliminary finding. Child Abuse Review. 14(1), 40-56.

Ross, M. (1996). Risk of physical abuse to children of spouse abusing parents. Child Abuse and Neglect. 20 (7). 589-598.

Ryś, M. (1992). Wpływ dzieciństwa na późniejsze życie w małżeństwie i w rodzinie.

Ryś, M. (1998). Rodzina z problemem alkoholowym jako rodzina dysfuncyjna. Studia nad Rodziną. 2, 65-74.

Ryś, M. (2001). Systemy rodzinne. Metody badań struktury rodziny pochodzenia i rodziny własnej. Warszawa: Centrum Metodyczne Pomocy Psychologiczno-Pedagogicznej.

Ryś, M. (2002). Rodzinne uwarunkowania uzależnień. w: W. Bołoz, M. Ryś (red.). Między życiem a śmiercią. Uzależnienia, eutanazja, sytuacje graniczne. 41-65. Warszawa: Wydawnictwo Uniwersytetu Kardynała Stefana Wyszyńskiego.

Ryś, M. (2007). Rodzinne uwarunkowania psychospołecznego funkcjonowania Dorosłych Dzieci Alkoholików. Warszawa: Państwowe Wydawnictwo Naukowe.

Satir, V. (2000). Terapia rodziny. Gdańsk: GWP.

Schaef, A.W. (1986). Codependence: Misunderstood. Mistreated. San Francisco: Harper.

Sciarra, D. T. (2004). School counseling: Foundations and contemporary issues. Pacific

Sher, K. J. (1997). Psychological characteristics of children of alcoholics. Alcohol Health & Research World, 21 (3), 247-254.

Sheridan, M. J., & Green, R. G. (1993). Family dynamics and individual characteristics of adult children of alcoholics: An empirical analysis. Journal of Social Service Research, 17(1-2),73-97.

Sigvardsson, , Bohman, M. Cloninger, C.R. (1996). Replication of the Stockholm Adoption Study of Alcoholism: Confirmatory cross-fostering analysis. Arch. Gen. Psychiatry. 53, 681-687.

Sobolewska, Z. (1992). Odebrane dzieciństwo. Warszawa: Instytut Psychologii Zdrowia i Trzeźwości.

Sobolewska, Z. (1997). Czy potrzebują terapii i jakiej? Świat Problemów. 10, 13–16.

Sztander, W. (1993). Rodzina z problemem alkoholowym, Warszawa: PARPA.

Sztander, W. (2003). Dzieci w rodzinie z problemem alkoholowym. Warszawa: PARPA.

Taylor-Browne, J. (2001). What works in reducing domestic violence?: A comprehensive guide for professional. London: Whiting and Birch.

Teesson, M. Degenhardt L. Hall W. (2005). Uzależnienia, Gdańsk: GWP.

Tonmyr, L. (1998). International studies on the incidence and prevalence of child maltreatment: Selected bibliography. Child Maltreatment Division, Health Protection Board, Health Canada. Ottawa: Minister of Public Works and Government Services.

Twerski, A.J. (2001). Uzależnione myślenie. Analiza samooszukiwania. Warszawa: Sanotorski &CO Wydawnictwo oraz Instytut Psychologii Zdrowia PTP.

Wilson-Schaef, A. (1986). Co-dependence. Misunderstood. San Francisco: Harper & Row, Pub.

Wobiz, A. (2001). Współuzależnienie w rodzinie alkoholowej, Warszawa: Wyd. „Akuracik".

Woititz J. (1985). *The Struggle for Intimacy*. Pompano Beach, Florida: Health Communications, Inc.

Woititz J., Garner A. (1990). *Lifeskills for Adult Children*. Health Communications.

Woititz, J. (1994b). Dorosłe dzieci alkoholików. Warszawa: Instytut Psychologii, Zdrowia i Trzeźwości PTP.

Woititz, J. (2003). Lęk przed bliskością, Gdańsk: GWP.

Woititz, J.G. (1986). Struggle for Intimacy. New York: Health Communication.

Woititz, J.G. (1989). Self-Sabotage Syndrome: Adult Children in the Workplace. New York: Health Communication.

Woititz, J.G. (1992). Wymarzone dzieciństwo. Gdańsk: GWP.

Woititz, J.G. (1994a). Małżeństwo na lodzie. Warszawa: Instytut Psychologii Zdrowia i Trzeźwości, Polskie Towarzystwo Psychologiczne.

Wojciszke B., (2002), Człowiek wśród ludzi. Zarys psychologii społecznej, Warszawa: Wydawnictwo Naukowe „Scholar".

Woronowicz, B.T. (2001). Bez tajemnic. O uzależnieniach i ich leczeniu. Warszawa: Instytut Psychiatrii i Neurologii.