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Parenting Styles in the Family of Origin in the Perception of Adolescents with Internalizing and Externalizing Disorders – Analysis of Dependencies

Abstract: The authors have made an attempt at analyzing the mechanisms of internalizing, externalizing and mixed disorders, attitudes related to parenting (parenting styles) of the parents: mother and father. The study was conducted among middle school pupils on the identified different types of disorders, and they related to the perception of the dominant parenting styles in the family of origin. The classification of parenting styles developed by Maria Ryś was adopted, who distinguished the following styles: democratic, autocratic, liberal loving and liberal unloving. The identification of the types of disorders was made based on the Teacher's Report Form (TRF) created by Thomas M. Achenbach. The analysis of dependencies between the types and dimensions (syndromes) of adaptation disorders and parenting styles in the family of origin revealed that the attitude of parenting attitudes to a small extent determine the differences in the types of adaptation disorders, but specific trends are visible, which indicate a link between certain dimensions of parenting styles preferred by the mother and father: (1) internalizing disorders are significantly associated with the father's parenting attitudes (autocratic and liberal loving attitude), causing the strengthening of problems in interpersonal functioning (social issues); (2) mixed disorders are associated significantly with the mother's parenting attitudes (democratic, autocratic, liberal loving and unloving attitude), triggering disorders of withdrawal, anxiety-depressive and maladjusted behaviour; externalizing disorders are associated with parenting attitudes of both parents (democratic and liberal loving attitude), triggering mainly somatic complaints and anxiety-depressive disorders.

Key words: parenting styles, internalizing disorders, externalizing disorders, mixed disorders, adolescents, mechanisms of disorders.

Introduction

The family, as a complex system of relationships, determines the quality of the development of the young generation, being the primary source of relationship experience, defining social functioning of individuals throughout life. Virginia Satir (2000) argues that “a person is created” in the family, which leads to the conclusion that the impact of other socialization units are usually of indirect importance, while experiences imprinted in the family of origin are difficult to overcome and this is done in a process that lasts for the whole life of an individual (Bradshaw, 1994, p. 41–46). Maria Ziemska (1986, p. 327) indicates that by using educational methods, it needs to be remembered that they are: *deliberate, conscious, planned methods of parenting, which should be developed in both the instrumental aspects of activities, as well as an appropriate attitude of charges, in accordance with the intended objectives of parenting*. However, their effectiveness is determined by the proper intrafamily relationships, which constitute the most important indicator for assessing the functioning of the family, and mainly the parenting methods used in it, which can be expressed in categories of parenting styles.

Theoretical assumptions of own research

The authors have adopted the assumption that the family, as the basic socialization unit, is crucial for the development of the individual; therefore, its characteristics and properties – understood as parenting styles – translate into the quality of the functioning of young people. Thus they can provide a mechanism for proper development *versus* adjustment disorders, which have been recognized as emotional and behavioural disorders. Literature on the subject (Achenbach 1982, 1991a, b; Urban 2000; Wolańczyk 2002) assumes that these disorders are critical for normal or faulty social adjustment, and the mechanisms of their formation are placed initially in the family¹. Although, it is also indicated that the family loses its meaning, without being – especially for adolescents – the primary educational environment. According to Anthony Giddens’ thesis (2001) on mediated experience, or the thesis formulated by Zbigniew Kwieciński (1999, p. 51–77) on socialization postponement, the young generation to a lesser extent is influenced by family

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¹ The young generation lives in a hostile world for it, which is set out by threats for its development not only structurally, but also culturally, while being a result of functioning in “a society of risk and uncertainty”, which is documented by Ulrich Beck (2004).

and schools, and his peer group and models promoted by mass media are more important to him in relation to identity. However, the characteristics of the family environment are the primary risk factor for developmental disorders. The changing system of mutual family relationships, which is a result of global changes in the family, the so-called “modern family crisis”, is the basis of dysfunctionality of its impacts. Today, the family is characterized by a deficit of the sense of security, which defines disorders in bonds, restrictive control or lack thereof, the lack of support from the parents, and insufficiently shown and experienced love.

The systemic approach to family² adopted by the authors, including understanding its dysfunctionality, assumes that any system (including family), is a system of the higher order, which consists of a set of mutually interacting elements. This causes that it cannot be properly described and understood by analyzing its components separately. An analysis of mutual interactions between elements of the system is necessary, and these components (family elements) and relationships create the entire structure of the family system (and within its framework – parenting style). Furthermore, the complex structure of family is determined by its functions and limitations, set out by an acceptable set of activities and changes within the system. The elements of this system are subject to continuous interactions of a circular nature, determined by a feedback system: positive (“the more, the more” – *morphogenesis*), which causes the intensification of changes, the excess of which can lead to a breakdown of the system; and negative (“the more, the less” – *morphostasis*), leading to limiting excessive changes and restoring the previous balance, which provides the family system control and keeping it in a state of dynamic balance (*principle of homeostasis*)³.

The systemic understanding is also linked with adopting the assumption that each person in the family is part of an entire system, but simultaneously co-creates it and is subject to its influences, which stems from the main features of the family, which are: *entirety*, *circularity* and *equifinality*⁴. Thus, a properly functioning family system is open, flexible, unique, consistent and is characterized by appropriately set limits. These characteristics determine the quality of educational and developmental effects, warranting the possibility of development and satisfying emotional needs of all family members, as well as constitute the basis for maintaining balance between autonomy and dependence; conflicting, but indispensable needs of a developing individual.

Pathology of the family is therefore defined as a disorder of the entire system, with special reference to the models of interaction between its elements (members), and it is not credited to a single person or even people; hence the disorders in the

² This approach dominates in family therapy, but it is also increasingly used in scientific studies; though, undoubtedly, this perspective is methodologically more difficult; see I. Namysłowska (1997).

³ Traditionally, family interactions are analyzed linearly, creating a cause-effect chain.

⁴ This subject is expanded by e.g.: B. Tryjarska (2000, p. 7–11); L. von Bertalanffy (1984).

functioning of one of its members are a sign of the dysfunctionality of the entire system (pathology and psychopathology of the family). More broadly, the pathology of the family as a group, institution or educational environment is a symptom of the dysfunctionality of society as a whole (Bradshaw 1994, p. 41–46; Drożdżowicz 1999, p. 9–17; Giza-Poleszczuk 2002, p. 272–301; McWhirter et al. 2001).

In analyzing the family in the context of factors of developmental threats for the individual (here: the adolescent), we assume that “healthy”, undisturbed families create harmonious models of interaction subject to permanent fluctuations, which is manifested by a high volatility of roles and diversity of behaviours (qualitative changes). In the context of parenting styles, it can be assumed that in a healthy family, the model of mutual relations is transformed adequately into the developmental needs of a young person. A dysfunctional family is characterized by high rigidity in terms of roles and models of relationships, which determines the intensification of the similarity of behaviours and the lack of modification thereof, depending on the changing needs of its members, especially the younger generation (these changes are merely quantitative).

Adjustment disorders as a result of parenting styles in the family of origin

Studies on the role of the family system in the process of disorder development began to appear in large numbers in the 1980s (Patterson, Reid 1984, p. 237–262; Dunn, Muun 1985, p. 480–492). In the classifications of mental disorders (DSM, ICD), family factors are cited as sources of the disorders of: personality, emotions, and psychoses (Radochoński 1998, p. 94)⁵. Therefore, the influence of the family of origin on the development and functioning of successive generations is not undermined, and the mechanism of intergenerational transmission has been confirmed. Murray Bowen (1978) writes that the mechanism of family projection can take many years, embracing subsequent generations, which is confirmed by John Bradshaw (1994). Bowen claims that behavioural disorders, regarded as the result of dysfunction in the family, usually manifest themselves in adolescence, because they are the adolescent’s reactions to a stressful situation, linked at this developmental moment with limiting the level of his autonomy, which in terms of the family system means too strong or tangled dependencies (Radochoński

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⁵ In terms of the family system, the dynamic, interactive approach to etiology of disorders applies. The classical concepts have been dominated by the static, cause-effect approach, related to the identification of single etiological factors. In systemic approach, the complex system of factors and models of functioning in relationships is analyzed, and the specific symptom, manifested in the behaviour of one or more members of the family, fulfills specific functions for the entire system. Therefore, it can be identified only in the context of a relationship in which this symptom occurs.

1998, p. 98–99). Many authors emphasize the importance of disturbed family relationships, which is a determinant of the use of violence or undue restrictions, characteristic of the authoritarian style - so-called harsh parenting (Simons et al. 1991, p. 159–171). The results of studies also document forms (type) of disorders evoked by the characteristics of the family system, which constitute the moderator of e.g. depressive disorders comprising the syndrome of internalizing disorders (Coyne 1976, p. 28–40; Coyne et al. 1987, p. 347–352; Coyne et al. 2002, p. 26–37) or the factor of inheriting models of suicidal behaviour (Sorenson, Rutter 1991, p. 861–866). Empirically documented is also the relationship between the aggressiveness of youth (indicator of externalizing disorders) and the quality of the family environment (Borecka-Biernat 1992, p. 125–141; see Borecka-Biernat 2006).

The importance of family environment characteristics in a “deviant career” was documented in studies on criminals (of antisocial personality) by Mieczysław Radochoński (1999, p. 155). Assuming that the pathogenic characteristics of the nuclear family, and especially the lack of parenting skills of parents (equivalent parenting styles), child neglect, lack of discipline, communication disorders, internal breakdown and lack of adjustment abilities of the family are the primary factors of threats (risk). Studies of recidivists have shown that their families of origin differ significantly from the general population in terms of cohesion, adaptability and communication skills, demonstrating in this regard clear deficits (Radochoński 1999, p. 155–173). This is confirmed by the recent studies of Beata M. Nowak (2012, p. 226–228), who analyzed problem families (in crisis), characterizing their dysfunction associated with low adaptability and communication skills, resulting in a sense of dysfunction and disintegration of the family, which clearly feels developmental difficulties, and its members exhibit a visible tendency to assume pathogenic roles. These characteristics determine the educational impact of the family, therefore, it can be assumed that the parenting styles in the family can be important for the deviation process.

Other authors also suggest that in the adolescence period, the style of communicating and parental upbringing (correlated with one another) are important predictors of development, setting the way youth take on life roles (Cooper et al. 1973; Campbell et al. 1984, p. 509–525), while the effect of the various parenting styles can be positive or negative, but it also depends on their adequacy to the developmental needs of the child (stage of development). H. Rudolph Schaffer (2006) indicates that: models which leave complete freedom (liberal, neglecting), “modelling from clay” (autocratic) and conflicting (inconsistent) pose a threat to the development of a child’s autonomy – building it up excessively or inhibiting it. Too strong external control results in the formation of a sense of helplessness and shame, evoking problems with self-esteem, and the lack thereof sets a sense of confusion in the environment and the inability to draw lines between one’s own person and the environment. Only the interaction model (democratic) determined by balanced control, positive feelings and family ties, is a source of proper support for the development of a child (especially an

adolescent). According to Laurence Steinberg, Susie D. Lamborn, Nancy Darling, Nina S. Mounts and Stanford M. Dornbusch (1994, p. 754–770), the biggest problems of youth adaptation is caused by the least educationally favourable style of neglect. In contrast, Mandeep Sharma, Novrattan Sharma and Amrita Yadawa (2011, p. 60–68) have shown that the relationship between parenting styles and depressive disorders: permissive style ($r = 0.3$) and authoritarian ($r = 0.27$) are clearly more strongly associated with depression in adolescents than the democratic style ($r = 0.16$), and represent an important predictor of disorders of an internalizing nature. Anna Zielińska (2012, p. 102–134), in analyzing the complex relationships between parenting styles of parents and self-esteem, as well as coping in difficult situations in young adults (emerging adulthood), confirmed the importance of parents' attitudes to the formation of self-esteem and how to deal with difficult situations; while the direction of these relationships indicates the complex relations between the type of disorders found in young adults and parenting models in the family. The positive importance of parenting consistency (compliance) of parents for social adaptation and maturity, behaviour control, independence in coping in various difficult situations (non-compliance is a negative predictor of development), has been confirmed by Jeanne H. Block, Jack Block and Andrea Morrison (1981, p. 965–974).

These selective empirical exemplifications confirm the complexity of risk factors for the formation of disorders in the functioning of an individual being in the family of origin. This enables to propose the thesis about their determination by the family system (parenting styles in the family as a derivative of its structure), while confirmed variations in the scope of parenting effects of specific styles of parental upbringing, suggest the possibility of the occurrence of specific mechanisms determining the typological difference of adaptation problems of the young generation, conditioned by the model of parenting in the family. Attempts to identify these mechanisms have been made in this paper.

Methodological assumptions of own research

Two concepts were adopted as a basis of research: parenting styles in the family by Maria Ryś (2001), deriving from the assumptions of David Field's (1996) theory, and Thomas M. Achenbach's (1982, 1991a, b) concept of behavioural disorders, according to which emotional and behavioural disorders, resulting from the risks factors, among others, in the family, are the predictors of social maladjustment, and in the long term, which is also indicated by Bronisław Urban (2000), chronic criminality in adulthood⁶.

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⁶ The author presents a continuum of the development of deviation: from emotional disorders, through behavioural disorders, to crime.

Maria Ryś formulates the family as a system with a clear structure, in which the borders of information exchange and flow of emotions can be specified, which is a condition for the quality of the parent's educational impact (parenting styles). The author distinguishes the following parenting styles: **(a) democratic style** (partnership) is a method of educational impact of the parents, which is characterized by the respect for the rights and feelings of each family member, supported by mutual trust, friendship and kindness. It is characterized by a mutual concern for family members in the development of all people in the family, joint planning of various activities and joint reflection on ways to solve problems that arise in the family. Control methods exist, but they are "casual", which involves not imposing duties, not using harsh repression, which is replaced by using persuasion and presentation of arguments to justify the adopted solutions; **(b) autocratic style** (parental power) is a method of educational impact of the parents in which the child knows his duties and rights, which is consistently enforced, but it is devoid of displaying affection, because parents deem them inappropriate (they "spoil" the child). Excessive importance is attached here to well-fulfilled responsibilities, but care for satisfying the needs and quality of family relationships is neglected. Successes and progress of the child are an obvious matter, while praise and highlighting his achievements are considered harmful in upbringing. Parents are inclined to detect and criticize the child's errors, they do not reward, claiming that punishment is the most important means of education. Parents also strictly control relationships outside the family of the child; **(c) liberal style** (based on freedom) is a method of educational impact of the parents, in which parents generally leave the child complete freedom, they do not inhibit his activities and spontaneous development, and intervene in his education in exceptional circumstances. They do not impose demands on the child and do not refer to their authority, but also show interest in the child only when he himself expects and demands it. *The loving form* is associated with the fact that parents provide the child with tenderness and love, being strongly tied to him, and giving him freedom of action and choosing attitudes stems from the conviction that the child will grow up on his own and make the right choices. *The unloving form* sets child showing indifference, emotional coldness towards the child and the lack of interest in his life (indifference to the affairs of the child).

Achenbach's concept refers to two types of behavioural disorders: internalizing and externalizing, which consists of eight dimensions – syndromes, describing their different manifestations: **(1)** withdrawn – the pathological avoidance of social contacts in childhood and adolescence (social anxiety); difficulties in social exposure; **(2)** somatic complaints – a set of somatic symptoms occurring for no apparent organic reason; **(3)** anxious-depressed, – the so-called "negative affect", interlinked conditions of anxiety and depression, suicidal tendencies, excessive sensitivity to rejection and criticism; **(4)** social problems – inefficient functioning in the peer group, the lack of respect for group standards and lack of skills of

peaceful problem-solving; (5) thought problems – a set of behaviours that can be treated as symptoms of mental disorders, e.g. psychoses, obsessive-compulsive disorders and anxiety disorders; (6) attention problems – a set of symptoms, which is revealed in a variety of situations regardless of the general syndromes (externalizing and internalizing); (7) delinquent behaviour – behaviours which are subject to legal assessment and unadjusted behaviours (e.g. truancy, belonging to informal groups); (8) aggressive behaviour – various forms of aggression addressed at people and/or objects.

Internalizing disorders (scales: “withdrawal”, “somatic symptoms”, “anxiety and depression”) and externalizing disorders (“unsuitable behaviour – criminal”, “aggressive behaviour”) constitute a typological diversity of mental disorders in children and adolescents. Internalizing disorders are associated with personality problems, hampering or maintaining overly controlled anxiety behaviour. An excessive sense of control can lead to too deep, neurotic internalization of social norms, which is the basis for exaggerated caution in new and difficult situations, and shyness in interpersonal contacts. Despite average or outstanding and special intellectual abilities, these people do not achieve results adequate to their level (e.g. inadequate school achievement syndrome), feeling undervalued. Anxiety also causes excessive compliance with rules – they do not cause other people problems and are usually not identified as disturbed. **Externalizing disorders** include problems with behaviour, aggression or poorly controlled conduct of an anti-social nature, oppositional-rebellious, beyond the accepted rules of social coexistence, which is connected to reflecting internal problems experienced by the individual on the outside (Wolańczyk 2002, p. 23–24, 47–48). The basic symptoms of these types of disorders are different manifestations of aggression, opposing and resistance to the environment, impulsiveness, destruction and anti-social. Their manifestation during childhood and adolescence is an important predictor of chronic crime in adulthood.

Within both types, the respondent must obtain high results in the scope of each scale, and the respondents did not always clearly qualify to one group of disorders (internalizing vs. externalizing), since a considerable part of them manifests disorders relevant to both types (so-called mixed disorders or inconsistency). The typological distinction of disorders (Wolańczyk 2002, p. 26) is useful in projecting diagnosis (targeting intervention interactions), in genetic diagnosis (checking hypotheses regarding the etiology of disorders); in verification diagnosis (evaluation of the effectiveness of interactions) and predictive diagnosis (prognosis of further development).

The subject of studies is the perception of parenting styles in the family of origin by middle school adolescents, taking into account its importance for evoking a variety of disorders in the social functioning

The study problem adopted the form of the question: What is the quality of the family environment, determined by the parenting style (democratic, autocratic,

liberal, loving and unloving), perceived as dominating in the life experiences of young people with typologically different behavioural disorders (internalizing, externalizing, mixed)? Therefore, attempts were made to determine how the quality of the family of origin determined by the prevailing parenting styles and their developmental relevance, differentiate psychosocial functioning of middle-school adolescents (emotional and behavioural disorders, typological differentiation and dimensions of disorders).

Research questions arising from the problem question are as follows:

1. What parenting styles in the family of origin (democratic, autocratic, liberal, loving and unloving) dominate in the experiences of youth diverse in terms of types of behavioural disorders?
2. How are parents' preferred parenting styles linked to the dimensions of adjustment disorders, which are components of types of disorders?
3. How do parental roles (mother and father) differentiate parenting styles in the family of origin (democratic, autocratic, liberal, loving and unloving) in the perception of youth of typologically different behavioural disorders?

Variables. The dependent variable here is the type of disturbances in social functioning (internalizing, externalizing, mixed disorders), while the independent variable: the dominating parenting style in the family of origin (democratic, autocratic, liberal, loving and unloving), taking into account parental roles (mother and father).

Hypotheses. General hypotheses have been put forward: (H_1) adolescents with typologically different disorders are distinguished by the method of perceiving the parenting styles preferred in the family of origin; (H_2) parenting styles are linked with specific syndromes of disorders, constituting components of their specific types; (H_3) parental roles of the mother and father differentiate the parents' preferred parenting styles, perceived by adolescents of typologically different disorders (internalizing, externalizing, mixed) and dominating dimensions of disorders.

Method. The research procedure adopted is located in the presented studies in the diagnostic-verification model, taking into account the strategy of quantitative research (Nowak S. 2007; Creswell 2013). Surveys were carried out using an expanded questionnaire, which included, among others, a standardized research tool for measuring family structure. The tool used to measure behavioural disorders (also standardized) was filled in by teachers, in order to select adolescents with adaptation problems, thus to distinguish groups of typologically different disorders (in the selection of the sample it was necessary to apply the appropriate diagnostic procedure for the classification of individual cases to distinguished typologically different groups - distinguishing contrasting groups, i.e. selective diagnosis).

Research tools. In order to determine how adolescents perceive typologically different behavioural disorders, a questionnaire was used to study parenting styles in the family developed by Maria Ryś (2001), while the evaluation of adaptation

disorders was carried out using T.M. Achenbach's (1991 a, b) Observation Sheet in TRF version (for teachers). Furthermore, the purpose of the studies was not to determine the actual parenting style preferred by parents, characteristic for specific forms of disorders, but to determine the type imprinted in the awareness of adolescents manifesting internalizing (I), externalizing (E) and mixed (M) disorders. It was established how the surveyed adolescents of different adaptation problems perceive educational attitudes dominating in the family of origin.

(1) In order to determine the parenting styles in the family of origin, a Questionnaire for Studying Parenting Style in the Family was used, designed by Maria Ryś (2001) based on the typology of family systems proposed by David Field (1996), along with a conceptualization of parenting styles as determinants of quality of the typologically different family environment. The distinguished parenting styles: democratic (partnership), autocratic (parental power) and liberal (based on freedom), including two subtypes (the loving and unloving style) are identified by the same number of *items*, enabling to obtain a raw result in the range from 0 to 30 points (1–9 – very low intensity, 10–19 – low intensity, 20–23 – medium intensity, 24–26 – high intensity, 27–30 – very high intensity). The analysis of compatibility of parenting styles applied by both parents is also important, which in diagnosing a case is identified by the number of points differentiating the parenting style of the mother and father (Ryś 2001, p. 20), but in a collective analysis, they are determined by the average of the results assigned by youth to both parents and their internal differences (standard deviation).

(2) In order to determine the type of disorders T.M. Achenbach's Observation Sheet was used, which enables to identify two basic types of behavioural disorders: internalizing and externalizing. The tool consists of 8 subscales, describing various syndromes: "withdrawn"; "somatic complaints"; "anxious – depressed"; "social problems"; "thought problems"; "attention problems"; "delinquent behaviour"; "aggressive behaviour". In the teacher's version (*Teacher's Report Form* – TRF) the source of information are teachers, and the data obtained enable to assess the school skills of children, the level of their adaptation and method of functioning at school, as well as to describe the potential emotional, educational and behavioural problems in children and adolescents aged from 4 to 18 years old. This version is a very important part of the diagnosis of disorders, because the functioning of the pupil at school is a site where his problems, which originate in the family, are revealed and deepened. The diagnostic tool used allows to differentiate and assign the subjects to the zone of "normality" (unqualified as disturbed individuals), subclinical zone (at risk of disturbances), and the clinical zone (with diagnosed behavioural disorders).

Studies concerning the evaluation of parenting styles in the context of typologically different adaptation disorders have been conducted among middle school adolescents, selected by teachers for research based on T.M. Achenbach's

Observation Sheet (N = 105) from the area of Małopolska (Lesser Poland) and Górny Śląsk (Upper Silesia). Middle school adolescents were surveyed aged 14–16 years old – in the years 2009–2011, who filled in an extensive questionnaire on how they experience different problems and perceive the quality of their own lives. The presented study results are an element of a wider research project, involving many variables concerning the functioning of the younger generation and its determinant, implemented within the last few years in two centres – Lesser Poland (UŚ) and Silesia (UJ), and they have the nature of an initial pilot. For the purposes of this study, the authors chose only data concerning the method of perceiving the family of origin by young people with identified behavioural disorders (taking into account their diversity).

Behavioural disorders and the parenting style in the family of origin – study results

The results indicate that parenting styles have specific relevance for educational outcomes achieved, but this depends on the severity of the characteristics appropriate for them. In fact, the educational results of the mild autocratic style differ from a situation in which the parent manifests strong autocratic characteristics. The age of the child is important, differentiating his developmental needs: a child needs kinder control (autocratic style, kind), an adolescent expects more freedom (liberal and democratic style). The general quality of the family environment is also important⁷. The following tables compile the results of the analysis using Kruskal-Wallis' test, χ^2 , and the results of Pearson's correlation metric analysis.

Initially, an analysis was conducted of the data concerning the disturbed behaviour type (externalizing – E, internalizing – I, mixed – M) in the context of perceiving parenting style in the family (democratic – D, autocratic – A, liberal loving – L_k and liberal unloving – L_n). The analysis conducted is a result of compiling raw data recoded to the sten scale (Tab. 1–4). It should be noted that the results obtained in terms of developmentally dysfunctional parenting styles proved to be weakly differentiating (low power discrimination of theories), hence

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⁷ The results of the comparison of disturbed and undisturbed youth indicate that parenting styles are significant for the deviation process: the democratic and liberal loving style suppress the process of defective adaptation (protective factor), while the autocratic and liberal unloving style strengthen this process (risk factor of disorders): here the liberal unloving style is of most significance, then the autocratic style; the liberal loving and democratic style play a minor role. In the context of parental roles, the deficit of the mother's democratic style is the most important for the deviation process (see E. Wysocka, B. Ostafińska-Molik, Adaptation disorders and parenting styles in the family of origin as perceived by middle school adolescents – attempt at empirical exemplification, "Pedagogika Społeczna", in press.

the methodological difficulty of detecting differences (low and very low results dominate)⁸. Furthermore, in the context of developmental stages, the democratic and liberal loving style are recognized as proper methods of education impact, as they constitute forms of family relations that are adequate for developmental needs (the need for independence, coupled with the need of support that does not interfere excessively) of the adolescent. Dysfunctional styles include the other two, because restrictiveness (autocratic style) and lack of love and support (liberal unloving style), are deficits of parental relationships that limit a positive educational impact.

Democratic style⁹ (Tab. 1) – the first positive category of educational impact differentiates the perception of respondents most (in relation to others, dysfunctional).

Table 1. Type of behavioural disorder and perception of the democratic style (mother/father)

Democratic style	Mother						Father					
	externalizing disorders		internalizing disorders		mixed disorders		externalizing disorders		internalizing disorders		mixed disorders	
	n	%	n	%	n	%	n	%	n	%	n	%
VL	4	7.8	1	4.3	2	9.5	3	7.0	1	5.3	2	11.1
L	22	43.1	13	56.5	7	33.3	23	53.5	12	63.2	9	50.0
A	7	13.7	1	4.3	5	23.8	6	14.0	0	0.0	3	16.7
H	11	21.6	2	8.7	6	28.6	5	11.6	2	10.5	3	16.7
VH	7	13.7	6	26.1	1	4.8	6	14.0	4	21.1	1	5.6
Total	51	100.0	23	100.0	21	100.0	43	100.0	19	100.0	18	100.0
chi ² test	chi ² = 10.603 n.i.						chi ² = 5.624, n.i.					

Results: VL – very low, L – low, A – average, H – high, VH – very high.

Source: own development.

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⁸ The cognitive value of data can be debatable in the context of the questions and hypotheses posed, but the so-called added value is the verification the tool for assessing parenting styles, which indicates its faultiness, and thus the necessity of careful use of it - especially in case diagnosis (e.g. the author does not differentiate between standards for fathers and mothers, she gives similar standards for all parenting styles, which raises a number of methodological concerns). The author herself states that the tool does not differentiate dysfunctional parenting styles, although she gives conflicting information as to which scales have differentiating power and which do not (Ryś 2001, p. 19).

⁹ This style is characterized by: respect for rights and feelings, mutual trust, friendliness and kindness; concern for the development of all people in the family, joint planning of activities and ways of solving problems; “casual” control: unimposed duties, not using severe repression, the use of persuasion and presentation of arguments to justify the solutions adopted.

Overall, a certain deficit of this style is visible (low results prevail) and it is significantly greater in relationships with the father than with the mother. In the context of differentiating types of disorders, it can be demonstrated that *internalizing disorders* to the greatest extent determine the deficit of parents' democratic attitudes (mother – VL + L = 60.8%; father – VL + L = 68.5%), which indicates that the dysfunctionality of a family, measured by the lack of positive bonds and non-partner control, may cause feelings of low self-esteem (as an unloved, non-autonomous individual, not deserving respect, dignified and equal treatment), which evokes passive and withdrawn attitudes, fear, anxiety and a sense of helplessness (inability to exercise control over oneself and co-deciding in matters of the family).

Liberal loving style (Tab. 2) as the next positive style of educational relationships, due to its adequacy to the developmental needs of the adolescent (independence, support, love)¹⁰, also differentiates his perception relatively more than the styles clearly identified as negative (but only in the scope of low and average results). It can be seen that the mother more often refers to this type of interaction than the father, and the same behaviour of the two parents are the mechanisms of different disorders. The deficit of liberalism and love from the mother more often causes mixed disorders (L = 81%; compared to E – L = 70.6% I – L = 69.6%), which may result from frustration and a sense of victimization of the adolescent (response to are more expected show of love and positive control, which may be perceived as a lack of emotional support in difficult situations). The deficit of the liberal loving attitude from the father is more often the basis of aggressive and unadjustable disorders (E – L = 83.7%, compared to I – L = 78.9%, M – L = 72.2%), which suggests a mechanism for seeking the attention of the father, as a figure of authority who is especially important in the process of self-creation. The observed trends are very weak, but indicate the importance of different mechanisms of disorders depending on the expectations towards parental roles – the mechanism of frustration of the need for love and support from the mother causes inconsistent behaviours more often, the mechanism of frustration of kind interest from the father more often evokes externalizing disorders, constituting a more explicit and “visible” form of paying attention to one’s own needs. However, confirmation of this hypothesis requires in-depth exploration.

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¹⁰ This style is characterized by: leaving the adolescent complete freedom, not inhibiting his active-ness and spontaneous development; the lack of imposing demands and resorting to formal authority; showing interest in his affairs only when he expects it; but to surrounding him with love and affection, as well as strong emotional family ties - the lack of control stems from the belief in the adolescent's autonomous ability.

Table 2. Type of behavioural disorder and perception of the liberal loving style (mother/father)

Liberal loving style	Mother						Father					
	externalizing disorders		internalizing disorders		mixed disorders		externalizing disorders		internalizing disorders		mixed disorders	
	n	%	n	%	n	%	n	%	n	%	n	%
VL	3	5.9	0	0.0	1	4.8	2	4.7	0	0.0	2	11.1
L	36	70.6	16	69.6	17	81.0	36	83.7	15	78.9	13	72.2
A	6	11.8	7	30.4	2	9.5	3	7.0	4	21.1	2	11.1
H	6	11.8	0	0.0	1	4.8	1	2.3	0	0.0	1	5.6
VH	0	0.0	0	0.0	0	0.0	1	2.3	0	0.0	0	0.0
Total	51	100.0	23	100.0	21	100.0	43	100.0	19	100.0	18	100.0
chi ² test	chi ² = 8.977, n.i.						chi ² = 6.852, n.i.					

Results: VL – very low, L – low, A – average, H – high, VH – very high

Source: own development.

Autocratic style¹¹ (Tab. 3) as a category of negative behaviours of parents towards the adolescent poorly differentiates the perception of young people (dominance of low results), hence only certain differences in the scope of low and very low results are visible, as well as small, but consistent, differentiation depending on the role of the father and mother (fathers are slightly more perceived as autocratic). In the context of differentiating types of disorders, a weak, but common for both parents link of autocratism with externalizing disorders (mother – VL = 56.9%; father – VL = 46.5%) and mixed disorders (mother – VL = 66.7%; father – VL = 50%), than internalizing disorders (mother – VL = 52.2%; father – VL = 42.1%) is visible. The weak, but consistent, outline of the differences indicate that the autocratic style is associated with more advanced disorders (inadequate and aggressive behaviours associated with the lack of control, or reacting with negative emotions, inconsistent behaviour in a stressful situation, when the threshold of frustration is exceeded). In Czapów's definition (1978, p. 20), not satisfying the needs of an adolescent (independence and uninterfering support) may evoke his hostile reactions towards socially significant people,

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¹¹ This style is characterized by: awareness and the need to respect duties and rights, consistently enforced; the lack of showing affection and concern for satisfying needs and the quality of family relationships; excessive criticism, the lack of praise and rewards, upbringing by punishment; strict control of the child's relationships outside the family – restrictiveness of control combined with a lack of showing affection.

leading to the autonomization of antisocial activity, which causes identification with deviant identity (externalizing and mixed disorders define this)¹².

Table 3. Type of behavioural disorder and perception of the autocratic style (mother/father)

Autocratic style	Mother						Father					
	externalizing disorders		internalizing disorders		mixed disorders		externalizing disorders		internalizing disorders		mixed disorders	
	n	%	n	%	n	%	n	%	n	%	N	%
VL	29	56.9	12	52.2	14	66.7	20	46.5	8	42.1	9	50.0
L	21	41.2	11	47.8	6	28.6	21	48.8	11	57.9	8	44.4
A	1	2.0	0	0.0	0	0.0	1	2.3	0	0.0	1	5.6
H	0	0.0	0	0.0	1	4.8	1	2.3	0	0.0	0	0.0
Total	51	100.0	23	100.0	21	100.0	43	100.0	19	100.0	18	100.0
chi ² test	chi ² = 5.861, n.i.						chi ² = 2.498, n.i.					

Results: VL – very low, L – low, A – average, H – high, VH – very high.

Source: own development.

Liberal unloving style¹³ (Tab. 4) is the second form of negative impact of parents on the adolescent, as it does not satisfy the need of support and love, causing that the independence given to an individual is defined as indifference. The results show that in general – regardless of the type of disorder – this parenting style is more often attributed to the father than the mother, which confirms the specificity of parental roles, which attributes bestowing feelings to the mother. However, it is also evident that only manifesting this parenting attitude from the mother can have significance for the form (type) of manifested disorders, in favour of internalizing disorders (VL = 56.5%) than externalizing (VL = 64.7%) and mixed disorders (VL = 61.9%). The same attitude of the father does not differentiate disorders experienced by adolescents, although undoubtedly it is more strongly associated with adaptation disorders¹⁴. Therefore, emotional

¹² The author indicated three stages for the development of pathologization, the basic mechanism of which is frustration invoked by not satisfying the needs of the individual. (1) uncontrollable emotional reactions and other functioning disorders, as a consequence of unmet needs; (2) strengthening hostile reactions to unmet needs towards socially significant people and figures of authority; (3) autonomization of antisocial activities, which is the process of identification and accepting a negative identity.

¹³ This style is characterized by, in addition to the lack of control and the general characteristics of liberalism: showing the child indifference, emotional coldness towards the child and lack of interest in his life (indifference towards the affairs of the child).

¹⁴ The liberal unloving style is a significant predictor of adaptation disorders, as such a parenting attitude of the father (chi² = 35.98, df = 4, p <0.001; Vc = 0.45; compared to the mother:

indifference and lack of interest in the affairs of an adolescent from the mother leads to withdrawal and passivity, and so a low self-esteem resulting from the feeling of being unloved (undeserving of love).

Table 4. Type of behavioural disorder and perception of the liberal unloving style (mother/father)

Liberal unloving style	Mother						Father					
	externalizing disorders		internalizing disorders		internalizing disorders		externalizing disorders		internalizing disorders		internalizing disorders	
	n	%	n	%	n	%	n	%	n	%	n	%
VL	33	64.7	13	56.5	13	61.9	18	41.9	8	42.1	8	44.4
L	17	33.3	10	43.5	8	38.1	22	51.2	10	52.6	9	50.0
A	1	2.0	0	0.0	0	0.0	2	4.7	1	5.3	1	5.6
VH	0	0.0	0	0.0	0	0.0	1	2.3	0	0.0	0	0.0
Total	51	100.0	23	100.0	21	100.0	43	100.0	19	100.0	18	100.0
chi ² test	chi ² = 1.488 n.i.						chi ² = 0.918, n.i.					

Results: VL – very low, L – low, A – average, H – high, VH – very high.

Source: own development.

The testing results using the Kruskal-Wallis test show that in the compared groups, the differences between the type of disturbed behaviour and perception of the parent's parenting style are statistically insignificant, and therefore, the parenting attitudes of parents (mother and father) did not significantly differentiate the groups of young people with different types of behavioural disorders. This is probably the result of the previously indicated poor quality of the used tool to study parenting styles in the family (weak psychometric parameters), which does not differentiate a family's dysfunctionality. It may also be the result of the commonly found tendency for conscious or unconscious falsification of one's family's image towards the positive. Even youth coming from dysfunctional families, with clear behavioural disorders, assess their family as normal, due to the perceptive defence, reshaping the image of the family according to own needs or according to images defined by socio-cultural standards (family myths).

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chi² = 15.78; df = 2; p < 0.001; Vc = 0.28) is a stronger risk factor for its occurrence among adolescents, which suggests greater importance of identifying with the father in the process of overcoming an identity crisis (see Wysocka, Ostafińska, in press).

Table 5. Type of behavioural disorder and perception of the parent’s parenting style (mother/ father)

Style	Parent	Grouping variable	n	M	SD	Kruskal-Wallis test	
						chi-square df = 2	<i>P</i>
Democratic	mother	externalizing disorder	51	20.22	6.01	0.2	0.905
		internalizing disorder	23	20.13	6.90		
		mixed disorder	21	20.88	5.13		
	father	externalizing disorder	43	18.76	6.80	0.097	0.953
		internalizing disorder	19	18.90	6.99		
		mixed disorder	18	18.56	6.76		
Autocratic	mother	externalizing disorder	51	9.25	5.05	0.085	0.958
		internalizing disorder	23	9.26	5.58		
		mixed disorder	21	9.21	5.86		
	father	externalizing disorder	43	10.28	6.33	0.077	0.962
		internalizing disorder	19	9.61	5.59		
		mixed disorder	18	10.00	6.16		
Liberal loving	mother	externalizing disorder	51	18.04	4.09	0.558	0.757
		internalizing disorder	23	17.48	3.64		
		mixed disorder	21	17.74	3.64		
	father	externalizing disorder	43	16.73	3.69	0.419	0.811
		internalizing disorder	19	16.68	3.62		
		mixed disorder	18	16.25	5.75		
Liberal unloving	mother	externalizing disorder	51	8.14	5.88	0.6	0.741
		internalizing disorder	23	9.09	5.61		
		mixed disorder	21	8.38	4.90		
	father	externalizing disorder	43	10.29	6.66	0.412	0.814
		internalizing disorder	19	10.47	6.03		
		mixed disorder	18	9.28	5.73		

Source: own development.

In exploring the data, a correlation analysis has been conducted between the scales building behavioural disorder types, i.e. syndromes of disorders and the parenting styles in the family (Tab. 6). Data has been presented divided into the type of behavioural disorder (overall score).

Table 6. Correlations between syndromes of behavioural disorders and the parent's parenting style depending on the diagnosed type of disturbed behaviour

Type of disorder	Parent/style	Withdrawal	Somatic complaints	Fears and depression	Social problems	Thought problems	Attention problems	Delinquent behaviours	Aggressive behaviours
Externalizing	M – democratic (n = 51)		.358**	.377**					
	O – democratic (n = 43)		.317*	.314*					
	M – liberal loving (n = 51)		-.518**	-.308*					
Internalizing	O – autocratic (n = 19)				.560*				
	O – liberal loving (n = 19)				-.524*				
Mixed	M – democratic (n = 21)							-.494*	
	M – autocratic (n = 21)							.564**	
	M – liberal loving (n = 21)	-.603**		-.446*					
	M – liberal unloving (n = 21)							.502*	

M – mother, O – father, ** correlation is significant at the 0.01 level, * correlation is significant at the 0.05 level.

Source: own development.

Results of the analysis indicate that the parenting style of the mother or the father may be important for revealing specific problems in the functioning of adolescents, but only in the scope of certain syndromes of disorders. Correlations between parenting styles of the mother and father and withdrawal, somatic complaints, depression, and anxiety (components of internalizing disorders), as well as unsuitable behaviours (components of externalizing disorders) and social problems, which are distinct syndrome not building both types of disorders, have been confirmed statistically. It can be noted that mixed disorders are determined by the mother's parenting attitudes, internalizing disorders - the father's attitudes, and externalizing disorders - by various attitudes of both parents. Therefore, it can be concluded that the mechanisms of these disorders are highly complex and diverse.

In the case of identifying **internalizing disorders**, associated with the autocratic and liberal loving attitude of the father, one of the highest levels of

correlation was found: it turns out that the bigger the social problems arise in an individual, the more strongly the autocratic style of the father is manifested ($r = 0.56$), and simultaneously, the less he shows a liberal loving attitude ($r = -0.524$). With regard to **mixed disorders**, a significant level of correlation was also found with the three syndromes of disorders: unsuitable behaviour, withdrawal, and anxiety and depression, evoked here by the faulty attitude of the mother: the more the mother manifests autocratic characteristics ($r = 0.564$), or corresponding to the liberal unloving style ($r = 0.502$), and the less democratic she is ($r = -0.494$), the greater the severity of unsuitable behaviour. Furthermore, the liberal loving style of the mother correlates negatively with the syndrome of withdrawal, as well as anxiety and depression, which means that the lower the level of loving liberalism, the higher is the level of withdrawal ($r = -0.603$), and anxiety-depressive disorders ($r = -0.446$). This suggests that the scarcity of love and excess restrictions produce either abnormal behaviours, which are a form of opposition towards limiting the possibility of satisfying the need for love and self-determination, the mother's behaviours or cause the formation of passive and withdrawing attitudes, the mechanism of which is based on anxiety (love and unrestrictive, kind-hearted support is expected from the mother). Among people with **externalizing disorders** another configuration of dependencies (mechanisms of disorders) was observed, and for evoking disorders, the attitudes of both parents are important. The risk of externalizing disorders are paradoxically determined by somatic complaints, as well as anxieties and depression (components of internalizing disorders), positively correlated with the democratic style and negatively with the liberal loving style. The negative effect of the deficit of liberal loving attitudes of the mother with somatic complaints ($r = -0.518$), as well as anxiety and depression ($r = -0.308$) is quite obvious, because the lack of love and indifference towards the affairs of the adolescent can turn on vegetative symptoms (as a potential consequence of experienced stress and frustration), as well as anxiety-depressive states (as a possible result of a sense of worthlessness associated with the feeling of being undeserving of love). In return, this can cause externalizing disorders as a mechanism of attracting attention (depreciating vital needs of the adolescent for life and development). However, the positive correlation of democratic attitudes of the father (somatic complaints – $r = 0.317$, anxieties and depression – $r = 0.314$) and the mother (somatic complaints – $r = 0.358$, anxieties and depression – $r = 0.377$) with the indicated syndromes of disorders is controversial and difficult to explain. Due to the fact that a group of younger adolescents were studied, with a strong need for self-determination and the lack of sufficient competences for coping self-constructively, paradoxically, the democratic attitudes of parents can provide for them the psychological burden of having to co-decide on various issues, for which they feel unprepared. It is possible that somatic and anxiety-depression symptoms is a result of experienced frustration associated with not being able to

cope in a situation of deciding on matters of importance (mechanism of projecting problems to the outside in the form of unsuitable and aggressive behaviours). This suggests a deficit of appropriate forms of supporting the independence and autonomy of the adolescent by the parents. However, this is a hypothesis that requires further empirical exploration of the mechanisms of adaptation disorders with different manifestations.

Final reflection and discussion of results

The development of patterns of disturbed behaviours is a developmental process, which is the result of many pathogenic factors, occurring in various social systems, including also in a family treated as a system, where family relationships exemplified by parenting styles are important. This is especially important during adolescence, when the system of mutual dependencies in the family clearly changes in the direction of “turning off” the importance of parents as “legislators” and seeking their own solutions to various auto-creation problems. Furthermore, the family functions in a broader environmental context, which is part of the broader system of biological, social and cultural systems (Herzberger 2002, p. 72), which triggers the appearance of other socialization units, at this time gaining in importance (mass media and peer group). Therefore, a young person depreciates the educational significance of the family of origin, but also very strongly – albeit unconsciously – seeks appeal authorities to justify and support making autonomous auto-creation choices (precisely in the family). The test results clearly show (although they ambiguously determine the direction of dependencies) the need to explore family systems (parenting attitudes), supporting (protective factors) or disorganizing (risk factors) the autonomous development of an adolescent, as well as explore the factors specific to the various forms of disorders. The presented studies document the complexity and multidimensionality of the potential dependencies between the systems of parenting attitudes and the specific forms of behavioural disorders, and although they do not explicitly verify their significance, they suggest directions for further, deeper and broader explorations in this area.

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