Ewa Wysocka*, Barbara Ostafińska-Molik**

*University of Silesia in Katowice, **Jagiellonian University in Kraków

Internalizing and externalizing disorders and type of family of origin – theoretical analysis and findings

Abstract: The authors conducted theoretical and empirical analysis of mechanisms of adjustment disorders (internalizing, externalizing and mixed) inherent in the family of origin. As the basis for the analyses, a systemic approach to the family was adopted, and within it, typological differentiation based on the concept of David Field (correct, chaotic, power, entangled and overprotective family), as well as the concept of emotional and behavioural disorders of Thomas M. Achenbach, which distinguishes internalizing, externalizing and mixed disorders. An analysis of relations between types and dimensions (syndromes) of adjustment disorders and types of the family of origin was attempted. The analysis showed that the quality of the family of origin (indicated by type) to a small extent determines differences in the types of adjustment disorders. However, certain significant tendencies were observed, which allow to conclude that specific forms of disorders are connected with particular features of the family of origin (taking into account differentiation resulting from parental roles: mother and father). Key words: family system, internalizing disorders, externalizing disorders, mixed disorders, youth, mechanisms of disorders.

Introduction

The authors adopted the premise that the family, as the primary socialization agenda is essential for the development of individuals subject to its interac-
tions\(^1\). Therefore, its characteristics translate into the quality of functioning of adolescents, which means they can constitute the mechanism of adaptation disorders (emotional and behavioural disorders\(^2\)), deciding on the correct or faulty social adaptation. Children and adolescents in the modern, post-modern world are exposed to more and more threats (not only evoked structurally, but also culturally), which are the result of living in a “society of risk” and imposing on it a new category of “a society of uncertainty”\(^3\). The primary factor in their accumulation, however, can be family, which firstly has not defied the changes resulting from global economic and political changes, and secondly, is still the primary environment, which importance for the child’s development is not cancelled by the transformations occurring in it. Only the system of mutual family relationships changes and the direction of educational impact of the family: its impact is increasingly developmentally dysfunctional. While development must occur in a world that is safe for the individual: undisturbed bonds, “unrestrictive” control, possible support, as well as prosperity shown and love experienced.

The paper adopts the assumptions of a systemic approach to family, dominant in family therapy\(^4\), which is the basis for adopting a new perspective of describing the functioning of the family, as well as understanding its pathology (dysfunctionality). The general theory of systems assumes that the system is of a higher order, which comprises a set of mutually interacting elements, which causes that it cannot be properly described, and also understood, describing only its components. Here, the analysis of mutual interactions (relations) between elements of the system is necessary, hence these components (family elements) and relationships constitute the entire structure of the family system. This structure is determined by functions and limitations – an acceptable set of activities and changes within the system. Elements of the family system remain in the process of

\(^1\) In literature on the subject, there appear theses on the loss of importance of family as an educational environment, which is exemplified by the thesis e.g. on Anthony Giddens’ mediated experience (*Nowoczesność i tożsamość. “Ja” i społeczeństwo w epoce późnej nowoczesności*, translation: A. Szulżycka, PWN, Warsaw 2001,) or the process of socialization by Zbigniew Kwiecien’s (Edukacja wobec nadziei i zagrożeń współczesności, [in:] *Humanistyka przelomu wieków*, J. Kozielecki, eds., Wydawnictwo Akademickie “Żak”, Warsaw 1999, p. 51–77). The young generation is less and less influenced by the two most important until now socialization agendas: the school and family, which are losing their importance in favour of peer groups and mass media important in its identification.


continuous interactions, which do not have a linear nature (a cause-effect chain), but circular. This circularity is determined by a feedback system (positive – “the more, the more” – the intensification of changes, the excess of which can lead to a breakdown of the system, so-called morphogenesis, and negative – “the more, the less” – limiting excessive changes and restoring the previous balance, so-called morphostasis), providing the family system control and keeping it in a state of dynamic balance (principle of homeostasis). In the systemic understanding of family, it is indicated that each person in the family is part of an entire system – he co-creates it and is subject to its effects, which stems from the features defining it: entirety, circularity and equifinality. A properly functioning family system is characterized by openness, flexibility and uniqueness, cohesion and properly placed limits, which constitute the basis for achieving positive developmental effects and at the same time conditioning the possibility of development of each family member, meeting the emotional needs and the maintenance of balance between autonomy and dependence, which constitute conflicting, but non-negotiable needs of a developing adolescent.

Generally speaking, the family is an “animated” system, open and dynamic, the structure of which is determined by its members and relations occurring between them, reflected in acts of communication. This causes that the assessment of the functioning of family is not limited to the description of intrapsychological phenomena relevant to its individual members (personality, behaviour, motives), but it is necessary to capture and identify patterns of interaction between them, along with their characteristics. 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. In theory, it is assumed that in order to understand the dysfunctionality of family, it is necessary to understand the functions the disrupted relationship currently fulfill in the family system (the history of the family and its members can only help this understanding, but does not “explain” the current disorders in the family system). The theory of family systems at the same time indicates that disorders in the functioning of one of its members are a manifestation of dysfunctionality of the entire system (pathology and psychopathology of the family), and the pathology of the family as a group, institution or educational environment is a symptom of the dysfunctionality of society as a whole.


The mechanism of the development of a “healthy” and “dysfunctional” family is thus ultimately tied to its balance, that is the oscillation between permanence and volatility, which depends on the level of permeability of borders and the occurring feedback – positive and negative. The more permeable the boundaries between the family system and the outside world, as well as between individual subsystems within the family, the greater the possibility of positive feedback occurring, and thus the flexibility of the system, evoking changes (new rules of balance are introduced, the family develops). The system adapts to changes in the conditions created by the social environment (socio-cultural changes) or adapts to changes resulting from developmental changes in the individual (element of the system). This can be formulated as a process of natural changes in the family and changes in its individual members: “we change together with families, the family changes together with us”.

Important from the perspective of the analysis of family as a factor of developmental threats of the individual (here: adolescents) is adopting the assumption that “healthy”, undisturbed families created harmonious models of interaction subject to permanent changes (fluctuations), which is manifested by a high volatility of roles and diversity of behaviours (qualitative changes). On the other hand, the dysfunctional family (disturbed) is characterized by a high stiffness in terms of roles, which determines the increasing similarity of behaviours, which do not change depending on the developmental needs of its members (changes can only have a quantified nature).

**Behavioural disorders as a source of social failure and crime**

In treating the family as a complex system of mutual relations, decisive for the quality of development of the adolescent, it is worth considering the consequences of its dysfunctionality, which is widely described by John Bradshaw in terms of disorders of personal development of the individual. According to Thomas M. Achenbach, they are predictors of social maladjustment, and in the long term, which Bronislaw Urban confirms, chronic crime in adulthood. Urban presents a continuum of the development of deviations: from emotional disorders through behavioural disorders (social maladjustment) to crime.

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8 J. Bradshaw, op. cit.

9 T.M. Achenbach, Integrative guide…; idem, Manual for the Teacher’s Form…

10 B. Urban, op. cit.
Today, no one undermines the importance of family origin for the development and functioning of successive generations, which is decided by various mechanisms of influence. William R. Catton\textsuperscript{11} stresses the importance of the incomplete structure of family and divorces, other authors indicate the use of violence and excessive restrictions towards children, so-called strict parenting\textsuperscript{12}. The limited frames of this paper do not allow for even a general representation of the query of works describing the importance of family for the psychopathology of the individual and manifestations of pathology related to it in the functioning of society. Studies in systemic terms appeared already in the 1980s\textsuperscript{13}. Classifications of mental disorders (DSM, ICD) exemplify this, in which the importance of family factors for personality disorders, emotional disorders, psychoses, etc. are indicated. And although the systemic formulation of family requires a different approach to the etiology of disorders (dynamic, interactive) than the classical formulation (static, cause and effect, identifying the individual etiological factors), referring to the complicated and extremely complex system of factors and patterns of functioning in relationships, in which a specific symptom unfolding in the functioning of one or more family members, meets specific functions for the system, but it can be identified only by taking into account the relational context in which it occurs\textsuperscript{14}.

However, the transmission mechanism of intergenerational disorders has been unequivocally confirmed, because as Murray Bowen\textsuperscript{15} claims, the mechanism of family projection can last many years, including the next generations, while disturbances in behaviour resulting from family dysfunctionality are revealed usually during adolescence, when in stressful situations, connected in this period of development with the restriction of the adolescent’s level of autonomy (too strong or tangled dependencies), he reacts with disturbed behaviours\textsuperscript{16}.

Research shows clearly that the family system is a moderator of depressive disorders (one of the dimensions of internalizing disorders). James C. Coyne\textsuperscript{17}, James C. Coyne, Ronald C. Kessler, Margalit Tal, Joanne Turnbull, Camille B.

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\textsuperscript{17} J.C. Coyne, \textit{Toward an interactional description of depression}, “Psychiatry” 1976, no. 39, p. 28–40.
Wortman and John F. Greden\textsuperscript{18} associate this with the lack of support in the family of origin, providing a sense of security, but having an interactive nature, leading to the escalation of disorders in the family (lack of support is correlate of depressive symptoms, which, in turn, induce the feeling of guilt in family members for this state of affairs and escalate the seeming interest in the disturbed individual, but with a concealed feeling of its rejection, which is aptly read by it, causing an increase in depressive symptoms associated with a sense of lack of support – circularity of disorders). The quality of marital relationships, coping with conflicts, a sense of dissatisfaction in the relationship and feelings in the family are also connected with depressive symptoms revealed among family members and are reinforced by family characteristics (in interactive terms), which is confirmed by the results of studies of James C. Coyne, Richard Thompson and Steven C. Palmer\textsuperscript{19}. Susan B. Sorenson and Carolyn M. Rutter\textsuperscript{20} describe the mechanisms of inheriting family patterns of suicidal behaviours (approx. 25\% of suicide attempts are linked to the transmission of such patterns of behaviour in the family), which are involved, among others, with internalizing disorders (depression and withdrawal). Additionally, the dependency between adaptation disorders (aggressiveness of adolescents) and the quality of the family environment is indicated here\textsuperscript{21}.

In the systemic formulation the specificity of family characteristics is assumed, as well as its dysfunctionality, which is transmitted into the future. The most important family characteristics from this point of view include: consistency (family ties), adaptation (the ability to change) and family communication, as reflected in the concept of David H. Olson, Candyce Russell and Douglas Sprenkel and others\textsuperscript{22}. Mieczysław Radochoński’s\textsuperscript{23} studies have confirmed the importance of disorders in adjusting low family cohesion (weak emotional bond), rigid systems and overly flexible (family adaptation), as well as chaotic and disorders related to communication skills. Recent studies, e.g. of Beata M. Nowak\textsuperscript{24}, concerning

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families in crisis, indicate low adaptation and low level of mutual understanding, as well as the significant sense of dysfunctionality and disintegration of the family, together with the perception of developmental difficulties in the family and a clear tendency to enter pathogenic roles of its members.

Selectively presented results of studies documenting the complex system of family variables, causing various disturbances in the functioning of the individual, which allows to put forward the thesis on the family system (types of family structures – normal and dysfunctional) determining different types of disorders (internalizing, externalizing, mixed), at which attempts have been made in this paper.25

**Theoretical-methodological assumptions of own research**

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. The role of the various social systems is different at different levels of development: in the case of a small child it is mainly the family; in the case of an adolescent the importance of other social relations grows, mainly of the peer group, but also of mass media. However, this does not mean that the adolescent is not subject to family influences, but the specificity of the mechanisms of impact and dysfunctionality is different here in relation to earlier stages of development. One can assume that this influence is moderated also by previous experiences in the family of origin, which determine the quality of family relationships during adolescence.

Thomas M. Achenbach’s concept of behavioural disorders refers to two types of behavioural disorders: internalizing and externalizing, which are the source of social maladjustment. These disorders consist of eight dimensions – syndromes that describe different manifestations: 1) withdrawn, involving the pathological avoidance of social contacts in childhood and adolescence (social anxiety); difficulties in social exposure; 2) somatic complaints, forming a set of somatic symptoms occurring for no apparent organic reason; 3) anxious-depressed, refers to the so-called “negative affect”, which consists of interlinked conditions of anxiety and depression, suicidal tendencies, excessive sensitivity to rejection and criticism; 4) social problems, related to inefficient functioning in the peer group, the lack of respect for group standards and lack of skills of peaceful problem-solving; 5) thought problems, determine a set of behaviours that can be treated as symptoms of mental disorders, e.g. psychoses, obsessive-compulsive disorders and anxiety

25 The authors of the following collective paper write about the factors of developmental risks in the context of adaptation disorders: J.M. Stanik (eds.) *Psychospołeczne uwarunkowania i mechanizmy kryminogenezy a zachowania paraprzestępcze i przestępcze*, Wydawnictwo WSP TWP, Warsaw 2007.
disorders (similar to the schizotypal personality disorder; obsessive-compulsive and psychotic disorders); 6) attention problems include a set of symptoms, which is revealed in a variety of situations regardless of the general syndromes (externalizing and internalizing); 7) delinquent behaviour relate to behaviours which are subject to legal assessment and unadjusted behaviours (truancy, belonging to informal groups); 8) aggressive behaviour are associated with 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 and aggressive) 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 excessively high sense of control can lead to deep, neurotic internalized 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, hence they do not cause other people problems and are usually not identified by the environment as disturbed. Therefore, most of the symptoms indicate a passive attitude, but in specific situations (e.g. too much mental load based on frustration) these people are prone to uncontrolled “explosions”, which arouses surprise of the environment, responding with exaggerated punitiveness, causing people manifesting these kinds of disorders to close up more. 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. 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 adulthood26.

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 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)27.

The family is treated as a system, or a team of people connected to one another and being in continuous and multiple interactions, functioning in a wider environmental context, that is entering broader biological, social and cultural systems. The family, as an irreplaceable educational environment, despite those depreciating its importance in the modern world (thesis on mediated experience and socializing shift), creates its own world and defines its boundaries, it is characterized by its structure, system roles, control, power, as well as atmosphere, constituting the overall educational atmosphere in the family home, which is the basis for shaping the personality of the individual, as well as building its relations with the surrounding world. A properly functioning family, open, flexible, with features adequate for the developmental needs of the younger generation, develops the feelings and potential of all its members, shapes and modifies their individual aspirations and perceptions of themselves and others.

The subject of studies is the perception of family structure by middle school adolescents in the context of its assigned features, taking into account its importance for evoking different types of disturbances in the functioning of society.

The study problem adopted the form of the question: What is the quality of the family environment (correct vs. dysfunctional environment), determined by the types of structure of the family of origin (correct, power, entangled, chaotic, overprotective) seen as dominating in the life experiences of young people with typologically different disorders of behaviour (internalizing, externalizing, mixed)? Therefore, attempts have been made to determine how the structure of the family or origin distinguishes psychosocial functioning of middle school adolescents (types and dimensions of disorders).

Research questions arising from the problem question are as follows:
1. What types of family systems (correct, entangled, chaotic, overprotective, power), taking into account their constitutive characteristics (primary and defining the characteristics of a marital relationship, parenting style, the role of the child, the dynamics of family life and type of separation of the child from the family home) dominate in the experiences of youth distinguished in terms of the types of behavioural disorders and syndromes constituting their components?
2. How to parental roles (mother and father) differentiate the quality of the family system (dysfunctionality, family structure) in the perception of adolescents of typologically distinguished disorders in behaviour (types and syndromes of disorders)?

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29 A. Giddens, op. cit.
Variables. The dependent variable here is the type of disturbances in social functioning (internalizing, externalizing, mixed disorders) and their dimensions, while the independent variable: the level and type of dysfunctional family (family structure – correct, chaotic, power, overprotective, entangled), taking into account parental roles (mother and father).

Hypotheses. Two general hypotheses have been put forward: (H1) adolescents with typologically different disorders (internalizing, externalizing and mixed, as well as their components) are distinguished by the method of perceiving the quality and type of structure of the family of origin; (H2) parental roles of the mother and father differentiate the level and type of dysfunctionality of the family perceived by adolescents of typologically different disorders (internalizing, externalizing, mixed) and dominating dimensions of disorders.

Method. The adopted procedure locates the presented studies in the diagnostic-verification model and in the strategy of quantitative research. Surveys were carried out using an expanded questionnaire, which included a standardised tool for measuring family structure. The tool used to measure behavioural disorders (standardized) was filled in by teachers, in order to select adolescents with adaptation problems (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 the adolescents perceive the model of their own family, a questionnaire was used developed by Maria Ryś, while the evaluation of adaptation disorders was carried out using assessment using T.M. Achenbach’s Observation Sheet (version for teachers). The purpose of the research was not to determine the actual type of the given family, 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 their own family, i.e. to what types it includes them.

(1) In order to determine the quality of the family of origin the Questionnaire for Studying Family Structure was used, designed by Maria Ryś based on the typology of family systems proposed by David Field. The family is treated here as a system with a clear structure, in which the borders of information

33 T.M. Achenbach, Developmental psychopathology...; idem, Integrative guide...; idem, Manual for the Teacher’s...
exchange and flow of emotions can be specified. These borders can be correct – flexible, or incorrect – too open or too closed. The questions of the questionnaire concern 5 types of family structure, the characteristics of which is as follows: (a) chaotic family – no ties between family members, permanent tension and conflicts in the family, causing insecurity; (b) power family – requirements of obedience to the parents, with overly restrictive control of behaviour; (c) overprotective family – relieving the child of responsibilities and exercising excessive care; (d) entangled family – with improper and tangled relationships, resulting in taking advantage of the child to satisfy the needs of the parent; (d) correct family – the existence of a strong, proper bond of love between the parents and children, properly balanced boundaries (not too stiff or too flexible). Family structure is the result of classification, that is, organizing and formulating in the structure of its characteristics, which carries the risk of simplifications (the more complex the material of classification, the higher the risk of simplifications). Family systems do not constitute a “clean” type, but they are a system of characteristic features for various types (the existence of appropriate characteristics for one type does not exclude the presence of features appropriate for others).

(2) in order to determine the type of disorders T.M. Achenbach’s Observation Sheet (TRF) was used, which allows to identify the two basic types of behavioural disorders: internalizing and externalizing\(^\text{35}\), constituting the typological difference of mental disorders in children and adolescents, as well as the potential source of social failure. The tool consists of 8 subscales, describing various syndromes: withdrawn; somatic complaints; anxious-depressed; social problems; thought problems; attention problems; delinquent behaviour; aggressive behaviour. For the teachers version (Teacher’s Report Form-TRF) the source of information is 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 describe the potential emotional, educational and behavioural problems in children and adolescents aged from 4 to 18 years old. The questionnaire consists of an introductory section (general information), competence section, containing 10 questions enabling to assess the current educational functioning of the pupil, his abilities, skills and competences, school performances, against the background of similar characteristics of the pupil environment, the degree of the teacher knowing the pupil, as well as the problem section, containing questions relating to disorder syndromes. The problem scale is created by 89 items identical to the questionnaires for parents and adolescents, and the remaining questions relate to the functioning and behaviour of the pupil at school (in school situations, in the classroom, during any activities, in relations with other pupils)\(^\text{36}\). This

\(^{35}\) T.M. Achenbach, Developmental psychopathology…, idem, Integrative guide…, idem, Manual for the Teacher’s…

\(^{36}\) T. Wolańczyk, op. cit., p. 87–89.
version is an important part of the diagnosis of disorders, because the functioning of the pupil at school is a site where his problems, originating 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 the quality (correct-dysfunctional) and type of family (specific categories) in the context of typologically distinguished adaptation disorders (and their dimensions), 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 Górný 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 structure of the family of origin – survey results**

The following analysis compiles data on the type of disturbed behaviour (externalizing, internalizing, mixed) manifested by adolescents, in the context of the perception of the type of family of origin. Initially, raw data was compiled recoded for the standard ten, relating to the various types of families: correct (Tab. 1) and dysfunctional (Tab. 2–5). Because potentially dysfunctional families were surveyed from the perspective of adaptation disorders being revealed (analysis concerns adolescents manifesting these disorders)\(^37\), the differences found in the types of family of origin were small (the adolescents in fact come from families

\(^{37}\) By comparing the family of adolescents properly adapted and dysfunctional, significant differences in the perception of family quality have been found: the greatest importance for the deviation process are the features of the chaotic family, then the entangled family and power family, the least in the overprotective family. In the context of parental roles, the greatest importance for the deviation process is the chaotic mother and entangled father; the features of the power family are of minor importance. The greatest importance for positive adaptation are the features of a proper mother for a correct family (see E. Wysocka, B. Ostafińska-Molik, Rodzina w percepcji i doświadczeniach młodzieży prawidłowo i wadliwie przystosowanej – analiza porównawcza, in press).
with clear deficits). In addition, the characteristics deciding for the dysfunctionality of a family (chaotic, power, entangled and overprotective family) are revealed by adolescents with adaptation disorders to a small degree.38

The correct family (strong, proper bond of love, properly balanced boundaries – not too rigid and not too flexible; Tab. 1) – there is quite a clear tendency here for low results (family dysfunctionality), visible especially strongly among adolescents with internalizing disorders (very low and low – BN + N = 56.5% – mother; BN + N = 68.5% – father), and least revealed are features of the correct family with mixed disorders, exemplifying inconsistent behaviours (very high and high – BW + W = 28.6% – mother; BW + W = 22.3% – father). Therefore, one can believe that the deficit of features assigned to a correct family (coherent, with strong bonds, capable for adaptation and proper communication), more strongly determines internalizing and mixed disorders than externalizing ones. Deficits in emotional bonds, the ability to change adequate to the development of the adolescent and communication disorders inside the family are associated with disorders of a passive withdrawal (inner frustration needs) or also inconsistent behaviours, which – according to Th.M. Achenbach – may constitute the effect of uncontrolled reactions determined by crossing the threshold of frustration (uncontrolled reactions, circular), which is associated with the lack of control of emotions induced by experiencing difficult situations in the family home. With regard to the developmental process of adaptation disorders, one can believe that the features of the family constitute the source of reactive disorders (less advanced manifestations), which are ineffective attempts to deal with the problem. Czesław Czapów indicates three stages for the development of pathologization, the mechanism of which is frustration invoked by not satisfying the needs of the individual. This type of situation is characteristic for the first stage, which are characterized by uncontrollable emotional responses and other dysfunctions, as a result of unsatisfied needs (here in the family of origin).

The chaotic family (lack of bonds between family members, permanent tension and conflicts in the family, causing a sense of insecurity) is very rarely identified by adolescents with adaptation disorders, hence it is difficult to point out important differences related to the type of disorders, but it is notable that the chaotic mother slightly more frequently causes internalizing (BN = 65.2%) and mixed disorders (inconsistent; BN = 66.7%), and less commonly externalizing (BN = 76%), while the chaotic father is more frequently the source of internalizing (BN = 50%) or externalizing disorders (BN = 57.1%), less mixed (BN =

38 M. Ryś’s tool poorly differentiates its dysfunctionality, which on the one hand involves the incorporation of mechanisms protecting loved ones (the tendency to present them in a better light), and also perceptive defense causing the distorted image of one’s own family, which originally stems from the needs of the child (dependency and support); also from informal “myths” protecting “the good name of the family”; see J. Bradshaw, op. cit.

66.7%). The differentiations weakly revealed, resulting from parental roles, indicate the possibility of the occurrence of different reactions to similar behaviours of the mother and father. In the case of the mother – like before – a reactive and frustration foundation of disadaptation behaviours is possible (withdrawn and inconsistent), in the case of the father they may be associated with a sense of greater threat, which causes either strong withdrawal, or strong resistance and rebellion.

Table 1. Type of behavioural disorder and the perception of a correct family (mother/father)

<table>
<thead>
<tr>
<th>Correct family</th>
<th>Mother</th>
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<th>Father</th>
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chi² test | chi² = 4.839, n.i |

Source: own development.

Table 2. Type of behavioural disorder and the perception of a chaotic family (mother/father)

<table>
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<tr>
<th>Chaotic family</th>
<th>Mother</th>
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<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>VL</td>
<td>38</td>
<td>76.0</td>
<td>15</td>
<td>65.2</td>
<td>14</td>
<td>66.7</td>
</tr>
<tr>
<td>L</td>
<td>12</td>
<td>24.0</td>
<td>8</td>
<td>34.8</td>
<td>7</td>
<td>33.3</td>
</tr>
<tr>
<td>VH</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100.0</td>
<td>23</td>
<td>100.0</td>
<td>21</td>
<td>100.0</td>
</tr>
</tbody>
</table>

chi² test | chi² = 1.175, n.i | chi² = 2.01, n.i |

Source: own development.
The power family (requirement of obedience towards the parents, overly restrictive control of behaviour) also poorly differentiates persons with typologically distinguished disorders (Tab. 3). However, it can be noticed that the domineering mother if somewhat more often the source of internalizing (BN = 47.8%) and mixed disorders (BN = 52.4%) than externalizing (BN = 64%), like the father (I – BN = 36.8%; M – BN = 44.4%; E – BN = 52.4%) The mechanism of disorders here is probably the same, although the restrictive nature unifies educational results regardless of the parent’s sex (it inhibits oppositional-rebellious behaviour due to anxiety caused by the strong control of parents).

Table 3. Type of behavioural disorder (E, I, M) and the perception of a power family (mother/father)

<table>
<thead>
<tr>
<th>Power family</th>
<th>Mother</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(E) externalizing disorders</td>
<td>(I) internalizing disorders</td>
</tr>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>VL</td>
<td>32</td>
<td>64.0</td>
</tr>
<tr>
<td>L</td>
<td>16</td>
<td>32.0</td>
</tr>
<tr>
<td>A</td>
<td>2</td>
<td>4.0</td>
</tr>
<tr>
<td>H</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100.0</td>
</tr>
</tbody>
</table>

\[ \chi^2 = 3.550, \text{n.i.} \]

Source: own development.

The overprotective family (relieving the child of responsibilities and exercising excessive care), poorly differentiates adolescents with typologically distinguished disorders (Tab. 4), however, it can be noticed that the overprotectiveness of a mother is slightly more often correlated with externalizing disorders (N = 70%) than with other types (I – N = 87%; M – N = 95.2%) and the overprotectiveness of a father a little more strongly correlates with mixed disorders, though the differences here are incidental.

The overprotectiveness of a mother and her submissiveness, connected to the lack of setting boundaries and requirements, may evoke aggressive and egocentric attitudes, related to not taking into account the feelings of other people (empathy deficit), constituting the mechanism of not observing social standards (lack of restraints). Mixed disorders – very poorly linked to the overprotectiveness of the father – are more difficult to explain, however, this inconsistency of behaviours may result from the conflicting perception of the role of the father, evoking on
the one hand guilt and subordination to the possessive, though protective control, and, on the other hand, the tendency to exploit and not take him into account related to the excessive submissiveness of the father in relations. This may also be a response to the feeling of helplessness as a consequence of overprotective attitudes.

Table 4. Type of behavioural disorder and the perception of an overprotective family (mother/father)

<table>
<thead>
<tr>
<th>Over-protective family</th>
<th>Mother</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(E) externalizing disorders</td>
<td>(I) internalizing disorders</td>
</tr>
<tr>
<td>VL</td>
<td>5 10.0</td>
<td>1 4.3</td>
</tr>
<tr>
<td>L</td>
<td>35 70.0</td>
<td>20 87.0</td>
</tr>
<tr>
<td>A</td>
<td>8 16.0</td>
<td>1 4.3</td>
</tr>
<tr>
<td>H</td>
<td>1 2.0</td>
<td>1 4.3</td>
</tr>
<tr>
<td>VH</td>
<td>1 2.0</td>
<td>0 0.0</td>
</tr>
<tr>
<td>Total</td>
<td>50 100.0</td>
<td>23 100.0</td>
</tr>
</tbody>
</table>

chi² test: \( \chi^2 = 9.001, \text{n.i} \)  \( \chi^2 = 5.088, \text{n.i} \)

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

The entangled family (improper and entangled relations, taking advantage of the child to satisfy the needs of the parent) to a slightly greater extent differentiates the surveyed adolescents, though only in the scope of low and very low results (Tab. 5). The entangled: mother (BN = 52%) and father (BN = 47.6%) to a greater degree determine the appearance of externalizing disorders than other types of disorders. The mechanism of disorders is homogeneous here regardless of the sex of the parent, while it can be connected with the sense of hurt, related to taking advantage of the child for parents’ conflicts. Externalizing disorders constitute more advanced demonstrations of adaptation disorders, therefore, one can claim that they are the result of consolidation and at the same time rationalization of own behaviours (hostile response to unsatisfied needs) to socially significant people and role models, not satisfying the indispensable needs of the child, because the parents are guided – as more important – by their own pathological needs (taking advantage). It can also be hypothetically assumed that this is a mechanism of the adolescent drawing attention to his own needs.
Table 5. Type of behavioural disorder and the perception of an entangled family (mother/father)

<table>
<thead>
<tr>
<th>Entangled family</th>
<th>Mother</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(E) externalizing disorders</td>
<td>(I) internalizing disorders</td>
</tr>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>VL</td>
<td>26</td>
<td>52.0</td>
</tr>
<tr>
<td>L</td>
<td>23</td>
<td>46.0</td>
</tr>
<tr>
<td>A</td>
<td>1</td>
<td>2.0</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100.0</td>
</tr>
<tr>
<td>chi² test</td>
<td>chi² = 2.157, n.i</td>
<td>chi² = 1.322 n.i</td>
</tr>
</tbody>
</table>

Source: own development.

Table 6. Type of behavioural disorder and the perception of the type of family (mother/father)

<table>
<thead>
<tr>
<th>Type of family</th>
<th>Parent</th>
<th>Grouping variable</th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>chi-square df = 2</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chaotic</td>
<td>mother</td>
<td>externalizing disorder</td>
<td>50</td>
<td>14.26</td>
<td>10.96</td>
<td>0.964</td>
<td>0.618</td>
</tr>
<tr>
<td></td>
<td></td>
<td>internalizing disorder</td>
<td>23</td>
<td>16.20</td>
<td>11.39</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>mixed disorder</td>
<td>21</td>
<td>15.38</td>
<td>9.45</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>father</td>
<td>externalizing disorder</td>
<td>42</td>
<td>18.54</td>
<td>12.82</td>
<td>0.088</td>
<td>0.957</td>
</tr>
<tr>
<td></td>
<td></td>
<td>internalizing disorder</td>
<td>20</td>
<td>17.08</td>
<td>11.98</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>mixed disorder</td>
<td>18</td>
<td>17.53</td>
<td>10.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Power</td>
<td>mother</td>
<td>externalizing disorder</td>
<td>50</td>
<td>19.66</td>
<td>9.63</td>
<td>0.053</td>
<td>0.974</td>
</tr>
<tr>
<td></td>
<td></td>
<td>internalizing disorder</td>
<td>23</td>
<td>19.20</td>
<td>10.43</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>mixed disorder</td>
<td>21</td>
<td>19.64</td>
<td>9.99</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>father</td>
<td>externalizing disorder</td>
<td>42</td>
<td>21.10</td>
<td>12.03</td>
<td>0.087</td>
<td>0.956</td>
</tr>
<tr>
<td></td>
<td></td>
<td>internalizing disorder</td>
<td>19</td>
<td>20.42</td>
<td>11.03</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>mixed disorder</td>
<td>18</td>
<td>21.58</td>
<td>10.55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correct</td>
<td>mother</td>
<td>externalizing disorder</td>
<td>50</td>
<td>40.28</td>
<td>12.21</td>
<td>0.228</td>
<td>0.892</td>
</tr>
<tr>
<td></td>
<td></td>
<td>internalizing disorder</td>
<td>23</td>
<td>39.57</td>
<td>12.43</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>mixed disorder</td>
<td>21</td>
<td>40.60</td>
<td>9.66</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>father</td>
<td>externalizing disorder</td>
<td>42</td>
<td>38.02</td>
<td>13.66</td>
<td>0.329</td>
<td>0.848</td>
</tr>
<tr>
<td></td>
<td></td>
<td>internalizing disorder</td>
<td>19</td>
<td>37.16</td>
<td>12.98</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>mixed disorder</td>
<td>18</td>
<td>36.28</td>
<td>13.03</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The indicated differentiations are small, which was explained by both the developmental variables (needs of the child, defence mechanisms), as well as the socio-cultural differences that make the family a kind of “taboo”. The imperfection of the tool was also indicated in the context of its discriminatory power in terms of scales used to assess dysfunctional types of families. Furthermore, the small sample size is also important, which could have not revealed significant differentiations. In the next table (Tab. 6) the results of analysis using the Kruskal-Wallis test have been anyway demonstrated. This is a non-parametric test, identifying dependencies (differentiations) between more than two independent variables, used when the assumptions of parametric tests were broken. The results of the test indicate that in the compared contrasting groups the differences between the type of disturbed behaviour and perception of the type of family of origin are statistically insignificant. In other words, it can be concluded that the type of family (attributed to the role of mother and father) not differentiating the subgroups compiled here of adolescents with typologically distinguished disorders, though earlier analysis suggests the possibility of revealing certain correlations in a larger study sample (and probably using tools with better psychometric parameters). The result is the effect of a weak differentiation of assessments of one’s own family in terms of its negative features.

Disorder syndromes and the type of family of origin. An interesting step in the exploration of the obtained data can be the result of correlation between scales building behavioural disorders (TRF), i.e. syndromes (dimensions) of dis-
orders and the type of family of origin (Tab. 7). The data presented has been broken down by type of disturbed behaviour (internalizing, externalizing, mixed). The results obtained (correlation matrix) indicate that family type (manifested in the characteristics and behaviour of the mother or father) may have implications for the disclosure of specific problems in the functioning of adolescents, however, confirmed statistically are only correlations between family type and somatic complaints (component of internalizing disorders), unsuitable behaviour (component of externalizing disorders) and social problems and thought problems (not constituting components of both types of disorders). At the same time this indicates specific mechanisms of developmental deficits, which do not reveal themselves in types of disorders, but in their specific syndromes. In the case of persons with externalizing disorders, indicated mainly by the mother’s features, a statistically significant negative correlation has been confirmed between somatic complaints occurring for no apparent organic reason (component of internalizing disorders) and properly functioning mother in relation with the adolescent (r = -0.293) and a positive correlation with her overprotective attitude (r = 0.423), revealed also in the form of thought problems (r = 0.316). Overprotectiveness of the mother, lack of love and incorrect boundaries trigger excessive concentration on oneself, vegetative reactions and thought problems associated with perceiving oneself and the world by the adolescent, which can in effect be a predictor of externalizing disorders, which is an important indicator for the pedagogization of the family (mainly the attitudes of the mother). Among those manifesting internalizing disorders, mainly determined by the attitudes of the father, stronger correlations have been observed: positive between social problems (related to inefficient functioning in a peer group, the lack of respect for group standards and lack of skill to peacefully solve problems) and the chaotic father (r = 0.523) and the entangled father (r = 0.457) and negative with the father manifesting features of the power family (r = -0.564). Characteristics of the chaotic and entangled father are, therefore, an important predictor of disorders in interpersonal functioning, which stems from the sense of danger and exploitation in relations with the father, moved to other social relations. Excessive and restrictive control of the father ironically levels the problems in social functioning, which does not mean correct relations with others, and only dealing with them on the model behaviour of the father (control and restriction in other social relationships). The strongest correlations have been reported among people of mixed disorders, evoked by faulty attitudes of both parents: positive behaviours between unsuitable behaviours (criminal, related to behaviours that are subject to legal evaluation and so-called unadjusted behaviours, e.g. truancy, membership to informal groups) and the chaotic mother (r = 0.578) and power father (r = 0.547), as well as negative with characteristics of a correctly functioning mother in relations with the child (r = -0.496). The domineering attitude of the father is correlated negatively with thought problems (r = -0.506), presenting symptoms of
mental disorders: psychoses, obsessive-compulsive disorders and anxiety (schizotypical, obsessive-compulsive symptoms or psychotic personality disorders). Unadjusted behaviours are therefore related to the lack of emotional bond with the mother, conflict relations with her and a feeling of threat from her (characteristics of a chaotic and incorrect family) and excessive rigidity and control from the father (characteristics of the power family). Paradoxically, control and restriction of the father limits thought problems, that is psychotic and anxiety symptoms, which can be explained only by taking over the models of behaviour controlling the environment (psychopathization of personality with deficit of anxiety and empathy).

Table 7. Correlations between dimensions (syndromes) of behavioural disorders and family type depending on the diagnosed type of disturbed behaviour

<table>
<thead>
<tr>
<th>Type of Disorders</th>
<th>Parent/type of family</th>
<th>Withdrawal</th>
<th>Somatic complaints</th>
<th>Fears and depression</th>
<th>Social problems</th>
<th>Thought problems</th>
<th>Attention problems</th>
<th>Delinquent behaviours</th>
<th>Aggressive behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Externali-zing</td>
<td>mother/correct (n = 50)</td>
<td></td>
<td>-.293*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>mother/overprotective (n = 50)</td>
<td></td>
<td>.423**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>father/chaotic (n = 20)</td>
<td></td>
<td>.523*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>father/power (n = 19)</td>
<td></td>
<td>-.564*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>father/entangled (n = 19)</td>
<td></td>
<td>.457*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mixed</td>
<td>mother/chaotic (n = 21)</td>
<td></td>
<td></td>
<td>.578**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>mother/power (n = 21)</td>
<td></td>
<td></td>
<td>.547*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>father/power (n = 18)</td>
<td></td>
<td></td>
<td>-.506*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>mother/correct (n = 21)</td>
<td></td>
<td></td>
<td>-.496*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Correlation is significant at the 0.05 level; ** Correlation is significant at the 0.01 level.

Source: own development.

Discussing the results. The results obtained are ambiguous, which mainly indicate problems with the identification of types of dysfunctional families, explained earlier. However, they confirm the complexity and multi-dimensional nature, as well as the always unique family systems leading to personal dysfunctionality of family members. Only the stronger relationship of externalizing disorders with the attitudes of the mother (overprotective and incorrect family), internalizing disorders with attitudes of the father (chaotic, entangled and power family) and mixed disorders with incorrect attitudes of both parents (chaotic and domineering mother and domineering father) were confirmed statistically, which manifests itself in specific dimensions and systems of disorders (somatic complaints, social
problems, thought problems and unsuitable behaviour). One must also bear in mind that this – assumed in the systemic definition of families – uniqueness of processes leading to pathology and psychopathology of the individual, also co-indicate personality variables – and so individual potentials and deficits of the individual and social variables, associated with the effects of other educational environments (e.g. peer group and the invisible environment)\(^{40}\). The tendency occurring in the assessment of families to defend the image of important persons was also confirmed, which is broadly described by John Bradshaw, conditioned socially and culturally, but also codetermined by developmental characteristics (need for dependency, community, support, love), which restrict the ability of realistic assessment of the family environment. The characteristics of the family are so-called sensitive variables, and so difficult to grasp, especially when they relate to the dysfunction of the family environment, as reflected in the descriptions of families, which, as a result of parallel interviews, represent environments of clear dysfunctions. All of this causes, that in analyzing “dynamic conditions” (resulting from interactions) of developmental disorders of adolescents, one cannot obtain “static and clearly directed dependencies”. Undoubtedly, however, partial answers have been obtained to the posed research questions, because although dependencies between the family type and type of behavioural disorders have not been confirmed, it can be concluded that relations exist between characteristics of the family, parental attitudes and roles, and specific developmental problems and disorders in behaviour. Every family is different, however, in addition, it changes dynamically and is subject to “a kind of protection”, hence the scope of statistically verified dependencies is small, which does not mean that they do not exist.

**Final reflection**

The application value of the studies conducted is related mainly to the confirmation of the diversity of impact on the family environment on the development of

the individual, as well as the necessity of always individual analysis of each case. The data indicate that it is necessary to verify and cautiously use the existing diagnostic workshop in the family area in diagnosis for practical purposes. Bearing in mind the developmental and social mechanisms protecting the family status, it is required to build tools with compliance to all the standards of their creation, and above all always thoughtful use of the results obtained from the studies.

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