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Family and its problems

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FAMILY AND ITS PROBLEMS

DYSFUNCTIONAL FAMILY – DEFINITION AND DIAGNOSIS

The family as a fundamental unit of society, which is a "a bridge between the individual and the society" (Minkiewicz 2003, p. 265), plays a huge role in shaping the personality and building of attitudes that indicate the mental state of readiness to listen and learn, which conditions acquisition of true knowledge and behaviors related to it, as well as prepares children and youth for their social life. Family is the object of interest of many scientific disciplines, including among others: pedagogy, sociology and psychology, all of which seek to identify and explain what mechanisms, and to what extent, affect the physical, mental and social development of family members, particularly of children.

It is a basic, natural environment for the birth and development of any human, a social microstructure, and at the same time – a fundamental social institution. Based on the basics of emotional and biological compounds, however, it is subject to change in terms of its structure, the intra-familiar model and performed functions (Balcerzak-Paradowska, 2004, p. 11). These changes occur under the influence of many factors, resulting from the processes of development and socio-economic changes, remaining in their mutual relationship and influencing the increasing role of the family in the development and social progress.

The concept of family is not defined clearly, which is primarily due to the diverse approaches of individual researchers involved in completely separate areas of science, and of whether the main focus is on the task that it fullfils or expectations placed in it. According to B. Janiszewska:

> family is a group of interrelated emotional ties, common goals and tasks arising from the fact of residential community, and generally also material one – whose natural function is – having and raising children (Janiszewska, 2008, p. 134).

S. Kawula elaborates that family is a social formation, characterized by the performance of specific roles, defining system of positions, mutual and intergenerational relationships, led by a set of norms and values defining how a member of a community or a particular group should behave (Kawula, 2008a, pp. 13–14). On the other hand, W. Okoń states that the family is:

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a small social group consisting of parents, their children and relatives; parents have the conjugal bond, parents with children – parental bond, which is the basis of family education, as well as formal bond that specifies responsibilities of parents and children in relation to each other (Okoń, 2007, p. 355).

Family is the primary social group, forming humans from their early childhood, where parents and siblings play a dominant role in determining the development of their children. The extended family – grandparents, siblings of parents and their children – also has a significant impact. At the same time, the influence of parents is crucial, as can be seen in particular in the following areas:

1. Parents with their behavior cause situations which provoke a certain type of behavior in their children.

2. Parents function as models, behavioral models, who tend to have a significant impact on children. This is usually a positive impact. If children identify with those models, they overtake them, and when the impact is negative, they reject them.

3. Through their conduct, parents selectively reward and punish certain types of behavior (Čakrt, 2006, p. 37).

The relationships between family members are based primarily on strong emotional ties, resulting in a process of interaction between them, and these relationships indicate the direction of interactions, they teach forms of cohabitation and standards of conduct, as well as determine the norms and values which underlie behavior.

> The role of each child in the family determines what is expected of them, what are their rights and obligations (Kawula, 2008a, p. 14).

Given the distribution of roles in the family, one should pay attention to their impact on the educational process, which may, as many scientists believe, most strongly affect the child in its early stages of development, when it remains mainly under the care of the family.

> At that time the strongest emotional bond between the child, and its parents is formed, which favours child's being subjected to parental influence (Janiszewska, 2008, p. 136).

Family education, based on its specific atmosphere, and on the emotional relationship prevailing between family members, involves: the transfer of knowledge about the world, stimulation and development of interests and abilities, supporting the development of the emotional sphere, socialization of the child, targeting its educational path, shaping its vocational interests and the appropriate attitude towards work (comp.: Cudak, 1995).

Janiszewska argues that family education teaches children to:

- use the material achievements of past generations;
- self-service and meet needs;

- apply standards and norms: what is allowed and what not;
- need and feel (including higher feelings towards other people);
- have various attitudes;
- take up various activities, overcome difficulties, etc. (Janiszewska, 2008, p. 136).

The family which fulfils its social function correctly is called a **functional family** i.e. such a family that:

> cares about satisfying these needs, and as the child grows – teaches them how to meet those needs themselves (Albański, 2001, p. 149).

In a well-functioning family children are not protected it in an overprotective or insufficient way, but in one where they are guarded against degrading behavior of others, while being supported in constructing their own borders against insults and learning to protect themselves.

As soon as the family does not properly fullfil their functions for the benefit of society and does not meet the needs of its members, as postulated by S. Kawula, the problem of family's dysfunctionality arises:

> Each family is struggling with everyday problems that must be overcome. There are families able to meet these obligations. Such families that successfully solve their problems, guided by a desire to consolidate their community and the execution of their functions are called functional. Families which cannot properly fullfil their duties, are called dysfunctional families (Kawula, 2008b, p. 148).

These families exhibit significant irregularities in the process of meeting the basic needs of biological and psychosocial members of this family, including children in particular.

The term **dysfunction** in reference to the family means a system characterized by such interactions of its members, which lead to frustration of their basic needs, the use of some persons in the family, major violations of personal rights, the loss of liability and responsibility. At the same time, in terms of contact

> dysfunctional system is characterized by: invasion, deprivation, absorption or fusion of boundaries of the individuals (Wills-Brandon, 1996, p. 193).

In turn, dysfunctional family, or, as often described in the literature – dysfunctioning family, are not one and the same. According to D.M. Bartnicka, **dysfunctional family** is one that does not or cannot fully fulfil some function assigned to it, while **dysfunctioning** – abnormal, difficult, miserable, defective, wrong – in this case refers to non-compliance with its function, therefore it means in fact **non--functional** (in: Sakowicz, 2006, p. 225).

Dysfunctioning family has disturbed psychosocial functioning as a system, where the family is understood as a new quality, which distinguishes between individual members of the system. Dysfunctionality applies here to the intrafamilial translation

disorders; it can be expressed as low cohesion, low adaptability, low communication skills and it is always expressed via: pathogenic functioning of roles, the existence of too rigid or too fuzzy boundaries, general difficulties related to the functioning of the system. It is coupled with learning-related stress and low coping with situational or developmental crises (Sakowicz, 2006, pp. 225–226). This definition of the concept involves an active situation, with determines the state a family is in. This means that the family is not functioning well, it is not designed or suited to relevant needs and objectives, particularly the ones of the *human socium*.

According to B. Kałdon:

> dysfunctionality of the contemporary Polish families, needs to be seen in the context of many adverse events, circumstances impeding normal functions, like providing care and educational or cultural functioning (Kałdon, 2006, p. 93).

The reasons that most often lead to dysfunctional families can be described as social pathologies, among which are: alcoholism and drug addiction, unemployment and poverty, crime, violence, homelessness, separation and divorce (comp.: Krzesińska--Żach, 2003).

A. Kelm indicates the factors that could cause disfunctionality in families:

1. Deprivation of care:

    •   natural orphanhood – complete and incomplete;

    •   social orphanhood;

    •   periodic deprivation of child care because of the prolonged illness of parents, imprisonment or other misfortune.

2. Lack of material resources:

    •   family completely devoid of material means;

    •   family in a difficult financial situation;

    •   family periodically without means, due to random events.

3. Lack of sufficient care in connection with work relations of the parents.

4. Functional disorders of the family (Albański, 2001, pp. 18–19).

However, according to H. Spionek, disturbed functioning may also be affected by: invalid family structure (single motherhood, concubinage, orphanhood); pathogenic characteristics of mothers (e.g.: aggressive, anxious, overprotective, compensating); pathogenic properties of the fathers (e.g.: absent, le père absent, rigorous and severe (excessive aspirations), dangerous (hatred of a child), compensating; faulty educational impact (1st degree – generally correct, but the parents do not understand certain areas of child's development; 2nd degree – parental tie is loosened; 3rd degree – total loss of ties); parenting mistakes (liberalism, overprotection, rigor (autocracy), inconsistency) (Spionek, 1985, pp. 48–70).

As already mentioned above, the concept of a dysfunctional family links with the concept of pathology (Greek: *pathos* – suffering; *logos* – word), most commonly used

in reference to disease in biology and medicine, as well as the causes, mechanisms, forms, symptoms and consequences of physical and mental illness (Kozak, 2007, p. 11). It is also often used in the humanities.

In contrast, social pathology, is:

> the total of deaths, reduced levels of morale and mood deterioration, and of material losses caused by the violation of praxiological, moral, and legal rules as well as self--destructive behaviors (Pospiszyl, 2008, p. 17).

It is the phenomenon, which determines the destructive and self-destructive behavior of people, groups or entire societies, remaining essentially incompatible with the world-view values accepted in a given society (Podgórecki, 1976, p. 24). Finally, according to M. Jarosz, social disorganization, deviant behavior, including a broad collection of various social phenomena, whose common symptom is dysfunctionality in relation to existing norms of public life and breaking the accepted social norms – all these terms share a common denominator:

- increase of social imbalance;
- weakened relationships;
- disregard for and going beyond the norms and social values;
- deregulation of social control mechanisms (in: Borkowski, 2003, p. 277).

Dysfunctional families are often talked about as the pathological ones, which frequently are identified in the local environment. Three important types of dysfunctional families are families with: alcohol problems, juvenile delinquency and domestic violence.

Taking action in the area of a dysfunctional family, support is a very difficult task, due to the fact that such families:

1. Deny their problems, so it never occurs to them to resolve them; in such families five human potentials are denied: feelings, insights, thoughts, aspirations and fantasies.

2. They are rooted in shame (children are often ashamed of their family).

3. They have fixed, frozen, rigid roles.

4. Their members have tangled boundaries. They live the feelings of other people in the family (and not their own).

5. Their members cannot satisfy their individual needs, which are postponed to allow to meet the needs of the system first. Therefore, in such a family almost always there is some level of anger and depression.

6. The communication system is based on an open conflict or an agreement to disagreement. Rarely there is any real contact.

7. Individual differences are sacrificed for the needs of the system. The individuals exist for the family only. Such a family is difficult to abandon.

8. The rules are rigid and do not change, and generally they are based on control, perfectionism and accusing.

9. Explicit secrets are part of the lies that keep the family in a frozen state. These mysteries are, however, a secret of Polichinelle.

10. Denial of conflict and frustration creates a situation in which everyone wants to achieve their objectives by force of will, which gives the illusion of dealing with the problem.

11. Their members reject their own limits to sustain the family system, which is tantamount to rejection of their own identity (Borkowski, 2003, p. 19).

Dysfunctionality is not a marginal phenomenon, and its characteristic is the multigenerational process, as pointed out by J. Bradshaw:

> Dysfunctional family is created by a dysfunctional marriage, such marriages create dysfunctional people who find each other and they marry each other. One of the tragic facts is that dysfunctional people almost always find another person, who operates either on the same or on a higher level of dysfunction (Prajsner, 2002, p. 18).

DISTURBANCE IN FAMILY FUNCTIONING

ADDICTION

Addiction is a strong need to perform a particular action. It is the

> repeated habit that increases the risk of disease and/or related personal and social problems (Griffith, 2004, p. 8).

Addictive behaviors are often subjectively perceived as "loss of control" – they appear despite conscious efforts to prevent or restrict them. Typical here is the immediate short-term reward and the subsequent harmful long-lasting consequences (costs). Attempts to change these behaviours (as a result of treatment or on own initiative) are usually accompanied by a high rate of recurrence (Griffith, 2004). **Compulsion**, on the other hand, is an organic, psychological or psychosomatic compulsion to satisfy a specific need, which heads the hierarchy of values of the individual (comp.: Becelewska, 2000).

Addictions can take a physiological form, but also a behavioral one, that is

> the excessive human interaction with a device, which may take the form of a passive (watching TV) or an active (playing on the computer) act, and includes generally harmful substances and enhancers that contribute to the perpetuation of the addiction (Griffith, 2004, p. 10).

Category of media and modern technical equipment addictions includes typical

compulsive behavior. For example, daily playing of slot machines is undoubtedly a form of addiction, i.e. gambling.

The development of addiction is significantly affected by the family environment, because due to the negative and lasting impact of the immediate surroundings, it often comes to shaping the so-called pre-addiction personality. In a dysfunctional family, the needs of the child are neglected. All behaviors, assessment and words directed towards the small child come through and are uncritically internalized. Thereby forming the image of a young person without a sense of security, low self-esteem and poor insight into their feelings, becomes dominated by a sense of injustice, grief and anger. There are also no appropriate methods of coping with stress (Kościan, 2012). All this adds up to a model of personality conducive to reaching for alcohol.

The most frequently identified addictions include alcohol and drug abuse, but also addiction to electronic media and gambling. Alcoholism, which since 1980 is known as **alcohol dependence** is defined as:

> the defective pattern of behavior that causes obvious harm of physical, mental and social nature, whose axial symptoms are: impaired control over drinking and the inclusion of alcohol in the structure needs of the individual (Pospiszyl, 2008, p. 128).

However, according to the American Psychiatric Association the definition of alcoholism includes only those people whose alcohol consumption is so high that it damages their physical condition or interferes with their personal or social functioning, or when drinking is the necessary prerequisite for their normal functioning (in: Kinney & Leaton, 1996, p. 64).

Until recently, the phenomenon of alcoholism treated as a kind of sociopathy, resulted from the fact that

> a person addicted to alcohol acts anti-socially, i.e. contrary to accepted and recognized norms of social relations (Żurek, 2004, p. 161).

Currently, it is considered a disease:

> Alcoholism is regarded medical science as one of the types of substance dependence, i.e. the set of complex pathologies caused by alcohol poisoning of the body, causing serious disturbance to mental and physical health. It is therefore treated as a disease and nosological unit in the strict sense (Żurek, 2004, p. 162).

Thus, in the medical literature one can meet identifying alcoholism as technical term defining the health problems caused to a person by periodic or chronic alcohol intoxication. Symptoms of this disease are classified as detailed set of mental physiological and social disorders.

The phenomenon of alcoholism is a problem on a global level. Global statistics on alcoholism show that industrialized countries are experiencing serious growth of alcohol abuse. According to statistics of the World Health Organiza-

tion, about 140 million people worldwide suffer from disorders related to alcohol. Overall, worldwide problem of alcohol affects about 15 percent of the population, while 4 percent of the population are alcoholics (both male and female) (WHO, 2014, pp. 3–5).

Alcohol consumption in Poland is shown in table 1. The scale of alcohol dependence among adults is quite difficult to estimate, because addiction treatment is used only by a small number of people – up to 15% of addicts. Most of the data shows that in Poland there are 3–5 million people abusing alcohol and approximately 800 thousand – up to a million addicts. To this one must add the number of people living with an addict or directly under their influence, which gives at least three times as many (families of alcoholics).

A worrying phenomenon is the decreasing age of alcohol initiation – 50.3% for boys and 38% for girls for the first time drank wine or spirits before the age of 12. At a meeting of health ministers from across Europe in 2001, an alarming report was announced showing that one in four deaths of the Europeans aged between 15 and 29 years of age takes place in connection with alcohol (Table 2). From extensive research conducted by Janusz Sierosławski we concur that out of 4,500 persons aged 14–18, more than 92% is already after alcohol initiation. In this group, approximately 17.4% of respondents from second class of secondary schools and 23.7% of young people from the third grade of the middle school consumed at least 5 drinks every ten days (Pospiszyl, 2008, p. 136).

Table 1. The size and structure of consumption

Years	The consumption in litres per capita				
	spirits (100% alcohol)	wines and meads	wines and meads expressed as spirits	beer	beer expressed as spirits
1992	3.5	7.6	0.91	38.6	2.12
1993	3.8	7.5	0.90	33.0	1.82
1994	3.8	6.9	0.83	36.4	2.00
1995	3.5	6.8	0.82	39.0	2.15
1996	2.9	10.3	1.24	42.8	2.35
1997	2.8	12.8	1.54	49.8	2.74
1998	2.4	13.7	1.64	54.1	2.98
1999	2.1	13.6	1.63	60.1	3.31
2000	2.0	12.0	1.44	66.9	3.68
2001	1.7	10.6	1.27	66.5	3.66
2002	1.7	11.2	1.34	70.7	3.89
2003	2.4	11.3	1.36	74.8	4.10
2004	2.5	10.6	1.27	82.0	4.51
2005	2.5	8.6	1.03	80.7	4.44

Years	The consumption in litres per capita				
	spirits (100% alcohol)	wines and meads	wines and meads expressed as spirits	beer	beer expressed as spirits
2006	2.7	9.1	1.09	90.8	5.00
2007	3.0	8.9	1.07	93.4	5.14
2008	3.4	8.2	0.98	94.4	5.19

* PARPA calculations based on the CSO data. It is assumed that one litre of beer contains 5.5% of alcohol, while wine (mead) contains 12% of alcohol.
Source: www.parpa.pl/index.php?option=com_content&task=view&id=156&Itemid=16.

Prophylaxis and prevention of the effects of alcoholism in Poland is regulated by the *Act of 26.10.1982 about Raising in Sobriety and Counteracting Alcoholism*. National Prevention and Alcohol Problems Programs are also adopted at the national and regional scale under the Provincial Program for Prevention. Despite that the numbers are still high.

Table 2. Minors under the influence of alcohol

Year	The number of intoxicated persons below 18 years of age disclosed by the Police	The number of intoxicated persons below 18 years of age taken by the Police to sobering	Boys	Girls
2000	10 763	7 533	6 994	539
2001	9 871	4 382	4 023	359
2002	8 796	3 778	3 475	303
2003	10 880	3 413	3 126	287
2004	14 507	2 658	2 115	243
2005	16 331	2 777	2 511	266
2006	20 758	3 372	3 004	368
2007	23 747	2 682	2 381	301
2008	24 099	2 396	2 135	261

Source: http://statystyka.policja.pl/portal/st/940/50853/Maloletni_pod_wplywem_alkoholu.html.

According to A. Grzybowski, the seriousness of problems resulting from excessive and improper use of alcohol in Poland is significant, both in terms of health effects and social ones. Local government units have an important role to play both in eliminating the damage, and perhaps most of all in their prevention. It seems, however, that despite the relevant legal regulations, still both the importance of responsibility and choice of the most effective action is not fully conscious (Grzybowski, 2005, p. 244).

Another addiction, which is a significant social problem, especially among young people, is drug addiction. The term **drug addiction** is rooted in antiquity. In ancient Greece and Rome, the concept of *Narke*, *narcosis*, *narcoticus* – indicating

intoxication and dizziness referred to the conditions, circumstances or agents inducing such state (Świerczewska-Wesołowska, 2007, p. 81). Drug abuse is

> taking psychotropic drugs, all: narcotics, stimulants and hallucinogens, changing the psyche, harmful to individuals and society (Cekiera, 2003, p. 33).

According to the *Law on Preventing Drug Abuse of 29.07.2005*, addiction is a permanent or temporary use for the purposes other than medical narcotic drugs or psychotropic substances or substitutes, with the result that may rise the dependence on them (No. 179, Item 1485, Art. 4, Par. 11).

The causes of drug abuse are not unequivocal, as they are composed of a number of different factors that, to a greater or lesser extent, affect the likelihood of addiction. Among them, the most frequently cited are personality and environmental factors. The factors dependent on an individual's personality include (Sroczyński, 2007, p. 171):

- lack of emotional stability;
- neurotic symptoms occurring in childhood already;
- anxiety, feeling of injustice and threat;
- lack of strong patterns of father and mother in the family;
- lack of ability to make effort and of problem solving skills;
- low tolerance to frustration;
- subjectivity in judging others;
- low self-esteem;
- low level of socialization and responsibility;
- unmet need of being in a group;
- behaviour guided by the principle of pleasure in life only;
- reduced values and sense of life.

In contrast, environmental factors include: incomplete, threatened with disintegration or broken family, conflict in the family, incompatibility in the parenting methods, lack of family bonds, overprotective family system, both parents working outside the home, often in delegation, high familial tolerance of smoking cigarettes, drinking alcohol and taking drugs (Sroczyński, 2007, p. 172).

Effects of drugs can be considered in terms of short-term and long-term implications and consequences for physical, psychological and social sphere. With regard to long-term measures, there are three types of addiction, namely:

1. **Physical**, consisting in taking psychoactive agents, causing an artificial biological need for them, demanding absolute satisfaction. This means that the drug is incorporated into the cellular metabolism and becomes indispens-

able to balance the body, and its absence or insufficient quantity in the body causes disruption of metabolic processes and the presence of symptoms of *narcotic hunger*.

2. **Mental**, caused by mental needs of the individual. Frequently after use of psychoactive agents, addicts feel as they got rid of the accompanying constant fear, a sense of unworthiness, or rejection, which causes the desire to repeat the experience.

3. **Social**, drug use is the result of emotional or personality problems of the individual. Social addiction, in a large percentage, is the addiction of the social group primarily, only secondary from the psychoactive agent. Social addiction occurred especially in the 60s and 70s. Of the XXth c. in adolescents remaining in the circle of the so-called subcultures of drug abuse (Juczyński, 2005, p. 59–61).

Poland, as compared to other countries, has a relatively low level of typical drugs consumption by the youth, but high in the case of other narcotic measures. This does not mean, however, that the problem of drug addiction in Poland is marginal and its social effects are not acute:

> The most serious and also the first appearing social signal, telling about falling into the trap of addiction, is the isolation of the individual from the surrounding environment, increase in conflicts, the breakdown of relationships with significant others and finally, the inevitable disintegration of the relationships. But no less important are the damages in an individual's personal life. First of all, limiting of development opportunities, disruption of school or a job loss, a decrease of competence, dereliction of duty resulting in a wide variety of threats, the rise of guilt, low self-esteem, loss of practical skills, giving up goals and aspirations, loss of values, a tendency to cross moral lines, increase in crime, risky behaviours, self-destructive attitudes, social exclusion (Pospiszyl, 2008, p. 185).

FAMILY VIOLENCE

Violence is:

> all non-accidental acts of using the advantage of the perpetrators, when they attack the personal freedom of the individual, contribute to their physical or mental harm and fall outside the social norms of mutual contacts, but also any acts of torment and cruelty (Pospiszyl, 2008, p. 57).

More specifically, it's:

> the physical stress (physical force) or the use of chemical or electrical incentives, etc., which makes the subject of the action thrown into an undesirable situation where they become the object of perpetrator's actions (Pszczołowski, 1995, p. 421).

Violence manifests itself in the form of physical assault, which ends up inflicting pain, injury or death of the victim or in the form of psychological violence, violating human dignity (Libiszowska-Żółkowska & Ostrowska, 2008, p. 7).

Violence is linked to **aggression**, but as some authors believe, one can talk about aggression, when both sides have similar physical and mental strength that allow them to defend themselves. However, in the case of violence, we deal with the victim, who is mostly younger, weaker physically and mentally, while the perpetrator is older and stronger. According to R.M. Kalina, the distinguishing feature for both phenomena is the fact that an act of aggression usually involves two sides, while the act of violence is committed only by one party, the aggressor (Kalina, 1991, p. 53–66).

Family violence is defined in the *Law on Domestic Violence of 29.07.2005* in the following way:

> Domestic violence should be understood as one-time or recurring deliberate action or behavior violating the persons or their personal rights, in particular exposing these people to the danger of loss of life, health, affecting their dignity, physical integrity, freedom, including sexual one, causing injury to their physical or mental well-being (No. 180, Item 1493, Art. 2, Par. 2).

Importantly, causing suffering and moral damage to people affected by violence, can take a variety of forms and shapes. Most often we distinguish **active violence**, one in which anger of the aggressor is aimed directly at the victim and when they take actions harmful mentally, physically or sexually; and **passive violence**, including various types of neglect: psychological, physical, sexual or economic (anger of the aggressor is manifested by lack of interest in the victim or/and avoidance of interaction, or/and provocative outbursts of anger) (Nowakowska, Kępka & Chańska, 2005, p. 6).

Family violence is often called by the name of **domestic violence** which includes any act or omission done within the family by one of its members against others, using existing superiority or the one created by the circumstances of force or authority, which might negatively affect rights or personal goods, in particular live or health (physical or mental) and harm or suffering resulting in it (Mellibruda,2005).

The most commonly identified kinds of domestic violence include (www.niebieskalinia.pl, 2015):

- physical abuse – pushing, overpowering, gripping, slapping, pinching, kicking, choking, beating with an open hand and fists, beating objects, throwing objects, pouring corrosive substances, use of weapons, abandoning in dangerous area, not granting of the necessary assistance, etc.;

- psychological violence – mocking of views, religion, national origin, imposing views, punishing by the denial of feelings, interests, respect, constant criticism, persuasion of mental illness, social isolation (controlling and limiting contact with others), demanding obedience, reducing sleep and food,

verbal degradation (name-calling, belittling, humiliating, embarrassing), the use of threats, etc.;

- sexual violence – forcing of having a sex life, forcing of unacceptable fondling and sexual practices, forced sex with third parties, sadistic forms of sexual intercourse, demonstrating envy, criticism of female sexual behaviors, etc.;

- economic violence – overtaking the money earned, preventing to take up paid work, not satisfying the basic material needs of the family, etc.

As is clear from numerous studies conducted among people experiencing domestic violence, it is rarely a one-time act. Usually it is a continuous process that can take as long as several decades. The cycle of violence is usually comprised of three consecutive phases (ROPS 2004):

1. **The phase of growing tension** – this is the beginning of the cycle, which is characterized by an increase in tension and intensity of conflict situations. At this stage, there is a variety of events such as the manifestations of jealousy, anger, controlling of the family members, using insulting words, humiliating loved ones. The perpetrator is constantly irritated and provokes quarrels. The person against whom anger is directed – the victim, tries by all means to calm the situation, satisfying the demands of the perpetrator and doing everything to improve their mood. Often the victim places the blame on their own behavior and seek to redress the perpetrator. The causes of growing tension may lay outside the family, sometimes being a trifle, a minor misunderstanding which piles up tension. The situation becomes unbearable and aggression appears.

2. **The phase of acute violence** – an explosion of anger and aggression discharge. Sometimes the scene is caused by the victim of the violent behavior because they can no longer withstand the increased tension and want it all to be over. In other cases, the perpetrator of a violent attack causes it putting his victim in from of claims that they are not able to meet, to which he responds with aggression. Irritated perpetrator goes berserk, loses all control over their behavior and can beat, injure, maim the victim, make terrible things without considering the consequences of their aggressive actions. This phase lasts for a relatively short time, but may end dramatically in bodily injury, or even death, of the victim. During the attack the victim is doing everything possible to protect themselves and calm the perpetrator. These treatments, however, rarely produce the desired effect. With the cessation of acts of violence, the victim is in a state of shock and does not want to believe what just happened. They feel terror, helplessness, a sense of shame, but also anger, which causes the decision to call for help and file a complaint, and thus initiates intervention in situations of domestic violence. If the person threatened with violence does not report to the relevant institutions for help, it is the last moment to break the cycle of violence before it starts again.

3. **Honeymoon phase** – this is a phase of repentance on the part of the perpetrator and showing love. The aggressor justifies their behavior, turns grief because of what happened and swears that it will not happen again. He newly gains the trust of the person wronged, becomes pleasant, helpful. The victim believes that the perpetrator has changed, because they truly wish that it was so, and even if not so long ago she was ready to run away or make a complaint, now she stays and withdraws from taking action against the perpetrator. At this stage there are chances that if the perpetrator wants to maintain the relationship they submit to treatment and their aggressive behavior will be stopped. Without professional help, the perpetrator cannot long endure in calm. Again, the tension increases and everything starts all over.

Victims of domestic violence are primarily women and children. The statistics indicate that 85–90% of these crimes are against wives or concubines of the perpetrators. While children are victims of crimes carried out by the mothers. Divorce, leaving a tyrant husband is not always the solution. In Poland, an additional issue are the housing problems. It happens that the spouse has nowhere to go or does not want to go elsewhere, he intrudes woman's life, invents more or less sophisticated ways to destroy her life.

Domestic violence often affects children. According to the definition of the American National Center on Child Abuse and Neglect, violence consists in physical or mental detriment, sexual abuse, neglect or maltreatment of a child under 18 years of age and activities that pose a threat to their development – by the person who should be responsible for child's successful development (Auleytner & Głąbicka, 2011, pp. 198–199).

For the first time the phenomenon of violence was described in 1946, in an article of an American radiologist – I. Caffey titled *Many fractures of the* long bones *in infants with chronic hematoma*, which demonstrated that many long limb fractures in babies are the result of cruel treatment of children by their parents (after: Brągiel, 2008, p. 283). Since 1961, violence against a child who suffered severe physical damage and is causing permanent damage, injury or death, came to be called *battered child syndrome*. Today, the term has been replaced by *child maltreatment*, which in addition to the effects described as battered child syndrome also includes conduct of a sexual nature involving children and the emotional abuse.

Based on the statistical sources of the Police Headquarters in Poland, we can conclude that the phenomenon of domestic violence is increasing (details are given in tables 3–5).

Table 3. The number of victims of domestic violence according to the "Blue Card" procedure

Year	2006	2007	2008	2009	2010	2011	2012
The total number of victims of domestic violence	127.515	137.299	150.266	156.788	157.854	130.682	139.747
Including women	74.366	80.185	88.388	91.374	91.032	76.162	81.985
Including men	7.121	7.527	9.214	10.387	10.313	8.556	10.664

Year	2006	2007	2008	2009	2010	2011	2012
Children under 13 years	30.073	32.525	35.137	37.227	38.233	31.001	31.699
Minors from 13 to 18 years	15.955	17.062	17.527	17.800	18.276	14.963	15.399

Source: http://statystyka.policja.pl/portal/st/944/50863/Przemoc_w_rodzinie.html.

Table 4. The number of perpetrators of domestic violence

Year	2006	2007	2008	2009	2010	2011	2012
The total number of perpetrators of domestic violence	76.991	83.330	91.920	97.142	96.775	81.743	86.568
Including women	2.903	2.861	3.501	4.153	4.074	3.632	3.942
Including men	73.759	80.233	88.180	92.776	92.526	77.937	82.425
Including minors	329	236	239	213	175	170	201

Source: http://statystyka.policja.pl/portal/st/944/50863/Przemoc_w_rodzinie.html.

Table 5. The number of police interventions

Year	2006	2007	2008	2009	2010	2011	2012
Home interventions in total	559.387	593.727	610.941	608.751	620.662	718.819	658.651
Including those relating to family violence	96.449	85.512	92.495	96.773	96.099	81.403	86.455

Source: http://statystyka.policja.pl/portal/st/944/50863/Przemoc_w_rodzinie.html.

The effects of domestic violence cause psychological disorders in children, as well as mental and physical underdevelopment associated with abnormal developmental environment. Difficulties which arise as a result of violence affect the socialization of the child and may cause trouble at school. The most serious consequences are physical injuries, in the most tragic cases: even death.

POVERTY

The process of society impoverishment, marginalization and social exclusion after the socio-economic transformation of the 90s, now has become very widespread, which requires taking a number of actions by social services, whose mission is to facilitate the mutual adaptation of individuals, families, groups and social environment in which they live, and to develop a sense of self-worth of individuals, by exploiting the opportunities inherent in them, in interpersonal relations and the resources made available by communities (in: Trafiałek, 2000). It is also the subject of many social programs aimed at minimizing poverty effects.

The concept of poverty can be defined as: "the state below a variable threshold of income that meets the basic needs of the individual, the family, a social group" (Boczoń, Toczyski & Zielińska, 1995, p. 341). It specifies scarcity in the material sense, but also affects all the activities related to making decisions in the future, espe-

cially for the development. According to T. Kamiński:

> poverty is not only the lack of material goods, but also unmet psychological needs, spiritual and intellectual oppression, restriction or even deprivation of realization of their own capabilities, the inability to independently determine their own way of life or change their low social status (in: Zabielska, 2007, p. 275).

Poverty is a situation in which the material means in the possession of a person or the household are lower than the minimum allowed in the community, or if these means are not sufficient to meet basic needs (Panek, 2006, p. 146) and there is no possibility of making different kind of choices, which are crucial to the development of the individual, allowing for carrying a long, healthy and active life, the use of a decent standard of living, freedom, self-esteem, enjoy the respect of other members of society (Panek, 2006, p. 147).

Poverty is inextricably linked with the process of satisfying the needs that are, as reported by A. Kamiński, the concept derived from economics and later transferred to psychology, sociology and pedagogy, which is most often understood as:

> the absence or deficiency of something, putting an individual in a state of desire of this thing and stimulating to achieve a specific object or state that in the opinion of the individual removes this lack or insufficiency (Kamiński, 1975, p. 47).

For the phenomenon of poverty to be established it is necessary to declare the state's failure to satisfy specific needs, which is implied by the certain way of perceiving reality by an individual – thus it clearly has a subjective dimension:

> Without the onset of the lack of satisfaction of these needs we cannot talk about the poverty of the man, but at most about the insufficiency appearing in others, who as a result of a critical overview of the reality see such condition. A situation is possible, therefore, in which the individual, despite qualification despite by others among the poor, do not feel so (and vice versa). Human needs arise and are satisfied by the society, with the result determined by existing social relations, giving to them, and thus to poverty, a social character (Fic & Wyrwa, 2003, pp. 489–490).

Linking the process of meeting needs with measurement of poverty, together with the new approach to the category of poverty, became the basis for taking action in the fight against poverty. At a meeting in March 2001, in Stockholm, the European Commission presented an initial set of the basic indicators to measure poverty and social exclusion, common to all Member States. After intensive consultations at the summit in Laeken in December 2001, it has adopted a set of 18 indicators aimed at monitoring of poverty and social exclusion in the areas of financial poverty (income), employment, health and education in the member states of the European Union (in: Panek, 2008).

The level of satisfaction of needs can form the basis for the distribution of poverty: absolute and relative. **Absolute poverty** is the

> state of living conditions which prevents or significantly hinders the realization of basic life functions (Auleytner & Głąbicka, 2011, p. 51).

Proponents of this approach, as a criterion of poverty, accept a level of existence that puts into question the very existence of a human or a social group. This:

> state of living prevents or significantly hinders the fulfilment of basic functions inherent to all persons (Markowski & Toczyski, 1988, p. 59).

Such treatment applies to existing conceptions in any society with a minimum level of life and aspirations, taken as benchmarks of assessment. The limit of absolute poverty is a base level of income or consumption and is not directly related to the average standard of living.

In contrast, **relative poverty** is understood as an excessive span in the standard of living. In determining the poverty line, the average standard of living, characterized by society is taken into account. When there are large inequalities in a society, the worst-off of its members, even when they have the means to satisfy more than just basic needs, should be called poor.

A child in a family with material poverty, just as it is in families with alcohol problems, is exposed to contact with a number of different factors occurring in a family environment, contributing to its social maladjustment, and thus to the occurrence of behaviors characteristic of social derailment. Improper atmosphere of care and upbringing by the parents or guardians, improper relations and emotional needs, the non-satisfaction of biological, psychological and social need of the child, all usually lead to:

- the deformation of its development;
- negative emotional effects;
- slow educational attainment;
- small aspirations;
- lack of career and personal life;
- affect negatively all relationships with the environment (Kawula 2008b, p. 152).

The difficult economic situation also leads to impaired children's cultural and educational opportunities (thus determining the level and quality of knowledge acquired and future employment) and diminishing the role of social contacts, access to medical services and even travelling offers. Children from poor families are ashamed of being poor, which enhances their belief that they are worse than others, and brings about their distancing from peers and closing on the environment, which inhibits their development and may cause a deterioration in the state of health, both physical and mental. Economic deprivation leads to disorganization of educational functions of the family, and thus to negative impact on the child, often leading to the problem of stigmatization.

Poverty is a phenomenon that most commonly affects all family members, and its result may be: listlessness, depression, reduced motivation and activity, devaluation of moral norms or pathological behavior (Marzec, 2001, p. 10). Bad economic situation of families often forms in children a distorted picture of the conditions prevailing in the family home, including in particular the behavior of their parents, what has a huge impact on their psyche and personality development. The danger for a child of having contact with this reality lies in the intensification of negative feelings, and thus the attempt to rebound them, often in destructive ways.

Raising children in families with very low financial status, which often are classified as living in extreme poverty, is a very negative phenomenon, which constitutes a serious social problem that requires a lot of effort on the part of the authorities, social workers and educators. It is therefore necessary to take systematic measures to protect children against the phenomenon of social maladjustment and its consequences, the danger of the development of social pathologies and the process of inheriting poverty and marginalization of social life.

SOCIAL EXCLUSION

Economic studies on poverty also show a tendency to treat the poor as excluded from social and economic life and as the ones deprived of the possibility to decide their fate. **Social exclusion** refers to:

> a situation in which individuals are deprived of the opportunity to fully participate in society (Giddens, 2005, p. 346).

The phenomenon of social exclusion involves several overlapping dimensions of marginalization and in the simplest terms, it consists in a not taking the usual and socially acceptable way of life. It applies to individuals, families or groups of the given population (Hausner et.al., 2003, p. 21).

Among the researchers, there is a general agreement that social exclusion is not a one-dimensional scale on which we may assess one's position in the local community. Simply put, inclusion, exclusion and social constructs are multidimensional. In theory and practice of social work, exclusion refers to the overall evaluation of one's position in society in four different dimensions, loosely interrelated. These dimensions are (Wydział Humanistyczny AGH, 2015):

- impoverishment and exclusion from having sufficient income and resources;
- economic exclusion from the labour market;
- exclusion from access to services; it is usually a hidden network of different kinds of exclusions including health care, social assistance and other public offices;
- cultural/moral exclusion from the common cultural practices, traditionally

associated with religion, language and the status of ethnic/national minority.

Social exclusion "refers to a situation in which individuals are deprived of the opportunity to participate fully in society" (Giddens, 2005, p. 346) The approach to the phenomenon of social exclusion has been changed significantly in recent years. In the past, it was regarded as an effect of poverty, while today it is assumed that it is

> the process of limiting social integration, which may be accompanied by poverty. This means that exclusion threatens democracy, and not only social equality (Golinowska, Tarkowska & Topińska, 2005, p. 12).

Social exclusion is associated with withdrawal of individuals from participation in social life, depreciation and rejection of democratic institutions, the general apathy and passivity, lack of ability to use the of cultural, sport and educational services available on the market. Exclusion also means loneliness, the atomization of the individual, their social isolation and the search for alternative, cheaper sources of entertainment. It arises when a poor person continues to fight for a better tomorrow. Although, most commonly this phenomenon is linked to poverty, such generalization is completely unjustified – not all economically marginalised persons are socially excluded (though actually all socially excluded persons are poor) – not only economic marginalization is a source of exclusion, more so are its permanence, lack of hope and lack of prospects for change for the better (Janasik, 2015).

Mostly, however, the term – social exclusion is used in relation to describe the broad structural poverty, which is not due to random reasons, nor is it dependent on subjective factors, but is a result of economic processes and their negative manifestations such as unemployment, low wages, income polarization, high prices, etc. It can also refer to individual disability (disadvantage) and is expressed in both the low level of prosperity (impaired economics), and the inability to effectively participate in social life through work, access to allowances (rights), the legal instruments of protection claims (legal claims), etc. (comp.: Gore & Figueiredo, 2003).

Describing the phenomenon of social exclusion, we cannot overlook the fact that it may take the external form, on which the individual has no impact, or in the form of self-exclusion of the poor from the process of cognition of reality, e.g. the abandonment of further education:

> Unfortunately, more and more is the multitude of those who, unable to keep up with the development of science, consciously or not, reject interest in knowledge, declaring intended ignorance. Finally, there are those who do not have a chance to participate, even passively, in the process of cognition due to low intellectual development, lack of access to information, particularly in underdeveloped societies, errors in education or conscious deformation of the education process (Dietrich, 2000, p. 109).

Classification of exclusion can be made by a variety of criteria. I. Pospiszyl, based on data found in the literature on the subject, proposed a classification with respect to their areas. In this systematization the following may be distinguished:

1. Economic exclusion – associated with poverty, unemployment and home-lessness.

2. Exclusion from the sphere of education and culture – usually it relates to people who do not have the resources or do not have access to education, professional preparation, or even movement in the labor market.

3. Spatial exclusion – applies to communities living in slum neighborhoods, blocs housing in big cities, ghettos, or other gatherings of isolated groups.

4. Structural exclusion – causing the rejection of people with disabilities, ethnic minorities, people with different sexual orientation or different skin color.

5. Religion-based exclusion – for persons who, because of religious beliefs, cannot adapt to the new environment and meet the demands of life in a different culture.

6. Ethnic exclusion – manifested by significant difficulties with access to certain privileges, professions or functions, resulting because of belonging to a national or racial minority.

7. Mental exclusion – associated with feelings of alienation, for example in the case of immigrants (Pospiszyl, 2008, p. 277–278).

Contrastingly, according to T. Boris, classification of social exclusion can also be made with regard to risk factors for its occurrence (Table 5).

Table 6. Two classifications according to the nature of the risk factor of social exclusion

First classification	Second classification
1) Biological factors	1) Physical factors:
• congenital disability	• age – 45/50 years and above
• genetically determined disease	• age – 60/65 years and above
• innate predisposition to poorly developed social life	• disability
• propensity to addiction	
2) Social factors	2) Structural factors
• family conflicts	• homelessness
• lack of family	• poverty
• living in peripheral areas	• residing in peripheral areas (rural/post-industrial/ housing estates)
• belonging to the subclass, living in a culture of poverty	• education – below secondary school
• minority and related risk of discrimination	• parents' education – primary or lower
• loneliness	

First classification	Second classification
3) Random event factors • individual (accidents/diseases/tragedies) • collective (natural disasters/shocks concerning closing of local labour market/poisoning of the environment)	3) Normative factors • addiction (alcohol, drugs) • conflict with the law • being discriminated against
4) Health factors • acquired disability or chronic illness • age-related infirmity • substance dependence (alcoholism/drug addiction)	4) Institutional factors • systemic solutions adopted in policies • ways and forms of institutions functioning • social exclusion is the result (effect) of carried policies and the shape of institutions
5) Competence factors • skills low or outdated on the open labor market • low or outdated skills useful in the specific profession	
6) Economic factors • inability to achieve income sufficient to participate in social life (cultural, professional, etc.) and the use of public services, especially education and health services • inability to achieve revenue from legitimate sources (→ crime) • the almost complete lack of assets (→ homelessness)	

Source: Borys, 2006, p. 79.

Social exclusion carries a direct threat to the social order, since it is associated with polarization and social diversity, and hence the unequal distribution of wealth between different groups, inequalities in the possibility to seize opportunities or discriminatory nature of social institutions (Muras, 2006, p. 16).

The reasons for exclusion are conditioned both by micro-processes taking place in social, economic and political sphere, but also the nature of biological factors or resulting from individual predispositions, e.g. health, independent of the individual. Among the most frequently mentioned sources of social exclusion are aforementioned unemployment, alcohol addiction, drug addiction, poverty, social pathologies, low professional qualifications and old age.

HELPLESSNESS IN MATTERS OF CARE AND EDUCATION

Modern family is unusually often faced with difficult problems and numerous threats. On the one hand, there is the progress of civilization, based on the rapid development of technology, urbanization, computerization, but on the other, there is the decrease in culture and increased aggression. Of great importance for the proper

functioning of the family, are internal and external factors which cause pressure and stop the family from functioning properly (Goriszowski, Kowolik & Pindera, 1999, p. 303–314). In the recent years, the main causes of family dysfunctions, include the life blunder of parents, improper exercise of parental authority, domestic violence, poverty, and pathological behaviours, social maladjustment of youth, crime, addiction, prostitution, suicides and homelessness, which lie on the socio-economic or political side of changes that took place in Poland after 1989 (Bieleń, 2006, p. 85). The period of transition, to a large extent caused the changes in the family environment, causing disappointment, fear of the future, no prospects, inability, passivity and loss of family ties.

Helplessness in matters of care is a phenomenon that can be understood as:

> a sense of lack of efficacy in educational situations. Such a feeling can lead to a state of passivity in relation to children, or inadequate, often aggressive behaviour in given situations, education and care (Jęczkowski, 2015).

Such situation is caused by abnormalities in the family system (familial disorganization), characterized by disturbances in its structure and difficulties in fulfilling of social roles by family members. Emotional ties of children with their parents are most often characterized by indifference or sharply manifested coldness (Kawula, 2008b, p. 177). In such families, serious financial difficulties are often found interfering in their functioning. We can speak about a failure of upbringing in the family, consisting in the absence of any life plans. This usually leads to numerous mental disorders in individual family members, especially in children (2008, p. 181).

The concept of helplessness can be considered in the objective and subjective terms. Objective recognition involves the actual helplessness of the individual, manifested in the inability to meet the needs of the next of keen. Subjective approach assumes inner conviction of the person about their helplessness (Nitecki, 2008, p. 171).

Lack of satisfying the basic needs of the child by its family in the material, mental and social area, can cause a range of emotional disorders, which can lead to hyper-reductions or hyper-increases of mood, neurosis, fears and phobias, aggression or dependence on psychotropic substances, drugs or alcohol. Among the causes of helplessness in care and education we find:

- lack of behavioral patterns in situations of education and care acquired through socialization in the family home;
- health or intellectual limitations that prevent exercise of childcare;
- extreme poverty, a condition in which it is difficult to meet basic and biological needs of children;
- overprotective environment or rejecting (in both cases, destroys individual's activity);
- addiction in parents, causing their focusing on themselves and on the addiction, at the expense of meeting the emotional and material needs of children;

- physical or mental preponderance (e.g. domestic violence), economic dominance (e.g. a complete financial dependence on family or state), or the inevitability of the problem (e.g. death).

While its social effects include family conflicts and growing disorganization of the family, domestic violence, including violence against a child, aggression, increased crime among children and young people, learning problems, addictions.

Solving the problem of helplessness in matters of care and running a household requires complex approaches, which should take into account both the adult family members and children. Measures aimed at parents should include counselling and material assistance and in-kind assistance, while for children they should consist in therapeutic activities, e.g. in day-care centres or educational centres run by psychologists and educators.

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FAMILY AND ITS PROBLEMS

Keywords: dysfunctional family, domestic violence, social exclusion, addiction, poverty

Abstract: Family is a basic, natural environment for the birth and development of any human, a social microstructure, and at the same time – a fundamental social institution. However, it is subject to change in terms of its structure, the intra-familiar model and performed functions. These changes occur under the influence of many factors, resulting from the processes of development and socio-economic changes, remaining in their mutual relationship and influencing the increasing role of the family in the development and social progress. Unfortunately they may lead to dysfunctions, especially if accompanied by domestic violence, social exclusion, addiction or poverty. The article provides an overview of these phenomena, from the theoretical and empirical perspectives.

RODZINA I JEJ PROBLEMY

Słowa kluczowe: rodzina dysfunkcyjna, przemoc w rodzinie, wykluczenie społeczne, uzależnienie, ubóstwo

Streszczenie: Rodzina jest podstawowym, naturalnym środowiskiem narodzin i rozwoju każdego człowieka, o mikrostrukturze społecznej, a jednocześnie – podstawową instytucją społeczną. Podlega jednak przemianom w zakresie swojej struktury, modelu wewnętrznego i realizowanych funkcji. Zmiany te pojawiają się pod wpływem wielu czynników wynikających z procesów zmian rozwojowych i społeczno-ekonomicznych, pozostając w ich wzajemnej relacji. Niestety, mogą one prowadzić do dysfunkcji, zwłaszcza jeśli towarzyszy im przemoc, wykluczenie społeczne, uzależnienie czy ubóstwo. W artykule przedstawiono przegląd tych zjawisk z perspektywy teoretycznej i empirycznej.