

Krzysztof Gerc

Jagiellonian University

The Institute of Applied Psychology

Marta Jurek

Jesuit University Ignatianum in Cracow

FAMILY LIFE DIMENSIONS AND SELF-ASSESSMENT OF ADOLESCENTS AND YOUNG ADULTS USING PSYCHOACTIVE SUBSTANCES – THE COMPARATIVE STUDY

Abstract

This article, the theoretic principles of which have been based on the concept of protective factors of J.D. Hawkins' and Circle Model of D.H. Olson, considers the problem of relation between family life dimensions and bonds in family systems and using psychoactive substances by adolescents and young adults. The experimental group consisted of 32 individuals between the ages of 17 to 25 who have used psychoactive substances and the control group consisted of 34 years randomly chosen group at the comparable ages. The objection of the studies have been, among other things, to verify the hypotheses suggesting the relation between negative experience of communication and bonds in family (family functioning worse in dimension of *cohesion* and *flexibility*) and using psychoactive substances.

In the studies have been used: the biographic questionnaire developed by the authors of the article, Family Relationships Questionnaire (FRQ) by Mieczysław Plopa, Family Assessment Scale (FAS) and Multiple Self-Assessment Questionnaire MSEI by O'Brein and Epstein. The results of the analysis prove conclusively that individuals from experimental group receive lower outcomes in the following dimensions of their families functioning: *cohesion*, *flexibility*, *rigidity*, while higher ones described as *lack of bonding*. No statistically significant or direct relation has been proved between the quality of communication and using the psychoactive substances.

Key words: self-assessment, context of using psychoactive substances, family life

Introduction

The characteristic of communication process in perspective of current theoretic conclusions

The notion of communication belongs to arising controversy issues. The controversy refers not only to culture differences when interpreting the process of communication itself but the controversy also results from different research approaches creating specific and of their own perspectives for interpretation of communication. Although some researchers (see Pankiewicz, 2007) consider in practice only three approaches: mechanistic, psychological and systematic as significant believes in theory and practice in the field of communication research we can distinguish as much as seven theories of communication: sociopsychological, cybernetic, retoric, semiotic, evaluative, sociocultural and phenomenological (Griffin, 2003). Yet it is observed that despite the approach represented by the individual researcher, the assumed desired effect of communication is optimal, adequate and effective.

The notion means most generally (Kubisa-Ślipko, 2004, p. 36) *getting communicated, conveying the thoughts, giving the news*. Suggested by different researchers, definitions and frames of the process of communication are determined by the paradigm represented by their authors. S. Dylak [1997] distinguishes three basic ones. The first one is the paradigm of transmission of knowledge. In that paradigm communication is understood as transmission of a specific message from the sender to recipient throughout a certain channel existing in a specific environment. In that model communication is only of contents character. The second paradigm, called interactive one, highlights appearing thanks to transmitted message and mutual understanding interactions. The third – transactional one – also highlights the interactions but understands them as a technique of getting understanding by a series of mutual negotiations.

Noticing and appreciating so called “body language” contributed to distinguishing non-verbal communication understood as “the way in which people communicate intentionally or unintentionally without words” (Aronson, Wilson, Akert, 1997, p. 173) and recognising “mimic expressions, tone of voice, gestures, body posture and movements, touch and looking as the indicators of non-verbal communication” [p. 173]. The verbal communication has been distinguished separately and as its opposition and its meaning has been limited to “getting communicated by the signs of language” (Pilch, 2003, p. 707). R.J. Sternberg (2001, p. 248) connected and tried to balance those two ways of communication assuming that “communication is an exchange of thoughts and feelings which may or may not contain language because relies also on non-verbal forms such as gestures and looks etc.”

The fact of common use of the notion of communication (see Skorupka, 1988, p. 69) makes some researchers to distinguish the concept of “interpersonal communication.” Such distinction has been made by W. Szewczuk (1979, p. 120), according to whom “interpersonal communication is transmission of a message between the sender and the recipient (...) who should be affected by it in a certain way (result in a change of his/her actions, attitude, believes).” S. Frydrychowicz also uses a term of interpersonal communication and underlies rather relation and emotion in communication. He claims it being a process in which “a sender gives his/her emotional attitude towards not only the content of the message but also to the recipient. During communication the relation between the sender and the recipient is constantly defined and redefined” (Frydrychowicz, 2003, p. 105). Similarly R. Griffin claims communication being “a bilateral constant process in which we use verbal and non-verbal messages in cooperation with the other person to create and modify images aroused in minds of the participants of the process of communication” (Griffin, 2003, p. 74). Interesting and very precise understanding of communication represents P. Winterhoff-Spurk to whom communication is

such a process in which two or more participants tuned into interaction and mutually affecting each other on the base of similar definition of situation and similar set of signs using systematically variable verbal and non-verbal means of communication transfer the message to partner/partners of communication so that what is thought would be understood and what is wanted would be done (Winterhoff-Spurk, 2007, p. 10).

Such an understanding of communication, because of its precision and adequacy towards those facets of communication which are being assessed in Olson’s Circle model described in a further part of the article, has been accepted in the study.

Communication and D.H. Olson’s Circle Model and theory of systems

It should be highlighted that communication as a process is a part of numerous other models. One of them is a D.H. Olson’s Circle Model (Margasiński, 2006; 2010; 2011) that is founded on three family life dimensions: “cohesion, flexibility, communication. Cohesion is understood as the emotional bond which the pair and individual family members give to each other” (Olson, Gorall, 2003, p. 3). The model allows to describe cohesion at one of five levels: not bounded/disconnected, slightly bounded, bounded, strongly bounded and tangled. Only those central, except two extreme levels allow for maintaining the balance in the family system and at the same time keeping the feeling of independence and nearness by its members.

The second dimension – “flexibility means the number of changes taking place in leadership, changeability of rules and roles taken in a relationship” (the above, p. 6) That dimension is being assessed at following levels: stiff/not

flexible, slightly flexible, flexible, very flexible and chaotic. Just the same as it is for the first dimension, the extreme levels are considered as not being beneficial for functioning of the system while the others allow to keeping the homeostasis in the system.

The third dimension – communication – plays an adaptive role for the whole family system within both above defined dimensions. Playing such an important role in the system is possible thanks to such components of communication as “ability of listening and speaking, self-disclosure, clarity, following the subject, respect and mindfulness” (the above, p. 7). Such named facets of communication remarkably determine the ability of empathy, exchange of experiences, discussion on the topic, respecting and appreciating the emotional climate of the talk. It should be also highlighted that examined in the D.H. Olson’s Circle Model dimensions result from systems the theory.

Analysis of the own research

Research methodology

The study, being a part of a bigger research project, was aimed at testing whether there is a difference in perceived interpersonal family communication between using psychoactive substances research group and a control group not using them. It has been also tried to decide whether there is a relationship between self-esteem and specific communication style and specific relationships in families of the examined individuals. The research group consisted of 66 individuals aged between 17 and 25 years (the average age was 21 and three months). 32 of them (the average age 21 years and 8 months old) has used illegal psychoactive substances some time at their lifetime and belonged to the research group and 34 belonged to control group (the average age 20 years and 4 months old). The majority of the examined individuals have been the graduates of high school (8 individuals in research group and 9 in control group have been at general education lyceum, the others were the students of higher education or working). All the examined individuals originated from Lesser Poland (the majority, that is 14 in research and 16 in control group gave Kraków (Cracow) as the place of living). Anonymous in the form study was conducted from October 2011 to June 2012. The following research methods have been used: the author’s questionnaire developed for purpose of the research and aimed at gaining information on using psychoactive substances by the examined individuals, *Family Assessment Scale* (FAS) adapted by Andrzej Margasiński, Mieczysław Plopa’s *Family Relationship Questionnaire* (FRQ), O’Brein’s and Epstein’s *Multiple Self-assessment Questionnaire*.

The notion of “psychoactive substances” most often is identified as “drugs” (see Sierosławski, Zieliński, 2000; Cabalski, 2009) or “addictive substances” (see Gacek, 2000). In literature most often it is referred to “changing mental functioning substances” (Carson, Butcher, Mineka, 2006, p. 552) or rather more precisely “medicinal or non-medicinal substances all having ability of modifying moods and behavior” (Piotrowski, 1992, p. 163). The latter definition seems to be universal that way that it allows to take into account also currently being legal substances but used in order to get intoxicated as well as chemical compounds in some other products but affecting the functioning in a way similar to drugs (for instance so called “designer drugs”).

Using research questions based on the available literature, the following hypotheses have been made:

Hypothesis 1.1 The research group assesses their family communication as worse than the control group.

Hypothesis 1.2 Individuals who assess their family interpersonal communication as worse take illegal psychoactive substances more often.

Those hypotheses are grounded on the assumptions of R. Jessor’s theory that classified as psychosocial risk factors among others: modeling of the environment and availability of the support coming from the environment (Jessor, 1987; Jessor et al., 1995; Jessor, 1998; Costa, Jessor, Turbin, 2007).

The results of longitudinal research taken among adolescent boys by R. Loeber and his colleagues (1998) have shown that besides the poor communication in the family, low school achievement, attention deficit hyperactivity disorder, insufficient parental control may also have been related to using psychoactive substances and behavioral disorders, aggression, depression, shyness and withdrawal.

In literature there is belief that communication makes an inspiration for normally functioning family in terms of flexibility and cohesion that consequently condition well adapting to dynamic changes of the environmental conditions (Westermeyer, 1998; Olson, Gorall, 2003).

Hypothesis 2. The research group assesses their families as worse functioning in respect of flexibility and cohesion than the control group. That hypotheses is grounded on, among others, the J.D. Hawkins’s (1992; 2005) and in Poland K. Okulicz-Kozaryn’s and K. Bobrowski’s (2009) research according to which one of the most strongly connected with lessening risk of problematic behaviour factor are the positive bonds with one’s parents. Those bonds can be described on the level of flexibility and cohesion.

Hypothesis 3. The individuals of research group show lower self-esteem than the control group’s individuals. Similarly, that hypotheses is grounded on Richard Jessor’s (1998) and W.B. Hansen’s (1992; 1993; 2004) theory which defines individual or social vulnerability to display such behaviour and low self-esteem may turn out being the predetermining factor (see. Costa, Jessor, Turbin, 2007).

Hypothesis 4. The low self-esteem correlates with the outcomes received on scales of communication. While grounding that hypotheses, the observation that inadequate level of self-esteem favours non-partner style of communication (Harwas-Napierała, 2008) has been recalled.

The research outcomes – verifying the hypothesis

While verifying hypothesis 1.1 and 1.2, the following operationalisation has been made: the research and control group differ significantly in respect of outcomes received at *Communication* sub-scales of the FAS and FRQ questionnaires.

Student's t-test for independent groups has been used in order to test the significance of the difference between two groups, while assuming the variance being equal. The results are shown in Table 1.

Table 1. The results of the test of significance of differences between the research and control group in respect of assessment of family communication

	Statistics for groups				Test of means' equality				
	Group	N	Mean	Standard deviation	t	df	Significance (one-sided)	Means' difference	Standard error
Communication FAS	Control	32	35,24	9,11	1,32	63	0,097	3,11	2,372
	Research	31	32,13	9,77					
Communication FRQ	Control	32	28,78	6,24	1,41	63	0,072	1,90	1,694
	Research	31	26,88	6,72					

Source: own

Hypothesis 1.1 has not been proved – statistic analysis has not shown any statistically significant difference between the research and control groups' outcomes on *Communication* sub-scales of FAS and FRQ questionnaires. The research group has shown lower outcomes on both sub-scales but the difference has turned out not to be statistically significant. Negative verification of hypotheses 1.1 might be caused by a small sample.

While verifying the hypothesis 1.2, it has been decided to distinguish frequency of using the psychoactive substances at present and the amount of substances taken in individual's lifetime. In order to verify that hypotheses, the analyses of correlation has been used, because all the variables are measured on interval scales following nearly normal distribution.

Tables 2 and 3 show the outcomes of that analyses.

Table 2. Correlation coefficient between the declared by the examined individuals frequency of using substances and the outcomes received on *Communication* sub-scales of FAS and FRQ questionnaires, (N = 32)

Correlations			
		Communication FAS	Communication FRQ
How often do you take drugs?	Pearson's correlation	0,181	0,052
	significance (one-sided)	0,161	0,379
	N	31	31

Source: own

Table 3. Correlation coefficients between the declared by the examined individuals quantity of substances used at specific life periods and the outcomes received on *Communication* sub-scales of FAS and FRQ questionnaires (N = 32)

		Correlations	
		Communication FAS	Communication FRQ
Quantity of substances used at individual's lifetime	Pearson' coefficient	-0,373	-0,286
	Significane (one-sided)	0,042	0,127
Quantity of substances used during one year	Pearson' coefficient	-0,170	-0,171
	Significane (one-sided)	0,354	0,341
Quantity of substances used during last three months	Pearson' coefficient	-0,480	-0,053
	Significane (one-sided)	0,788	0,752

Source: own

Hypothesis 1.2 has been proved partially. No relation between the frequency of using psychoactive substances and perceived by the examined group quality of their family communication has been found (Table 2), but analyses has shown a small negative correlation between the quantity of substances used at one's lifetime and the outcomes on scale of communication of FAS questionnaire. The result means that the more substances individuals have experimented with at their lifetime the worse they assess their family communication abilities defined as ability of listening and following the subject, mutual respect and empathy. Should be however noticed that described dependance is rather weak and demands verification in further research.

While verifying hypothesis 2, the following operationalisation has been suggested: the research and control group differ statistically in respect of outcomes received on scales of communication of FAS questionnaire referring to such dimensions as *flexibility* (*Well-balanced flexibility, Stiffness, Incoherence*) and coherence (*Well-balanced coherence, Lack of bonds, Entanglement*). In order to

verify hypothesis 2. Student's t-test for independent groups has been used while assuming variance being equal, with one-sided level of significance. That assumption has not been taken only for *Well-balanced coherence* variable.

A part of the differences has turned out to be statistically significant. Table 4 shows the results.

Table 4. Test of significance of difference between the research and control group in respect of outcomes on FAS questionnaire's scales measuring well-balance or lack of equality and coherence

	Statistics for groups				T-test for equality of means					
	Group	N	Mean	Standard deviation	Standard error of the mean	t	df	significance (one-sided)	Difference of means	Standard error of the difference
FAS lack of bonds	Control	32	16,33	5,42	0,94	-2,19	62	0,016	-3,29	1,46
	Research	31	19,62	6,24	1,16					
FAS stiffness	Control	32	18,42	3,98	0,69	2,70	62	0,003	2,91	1,065
	Research	31	15,44	4,43	0,82					
FAS incoherence	Control	32	16,45	5,75	1,001	-2,47	62	0,007	-3,59	1,43
	Research	31	20,03	5,60	1,04					
FAS well-balanced coherence	Control	32	27,03	4,58	0,80	2,07	45	0,02	3,36	1,62
	Research	31	23,65	7,56	1,40					
FAS well-balanced flexibility	Control	32	21,94	5,74	0,99	1,69	62	0,05	2,48	1,41
	Research	31	19,41	5,42	1,01					

Source: own

Hypothesis 2.0 has been proved. Difference between research and control group has turned out to be statistically significant. It has been found also that those examined individuals who use psychoactive substances receive lower outcomes on *Family Assessment Scale* than control group. It means that research group significantly more often perceive their families as using too usual and schematic solutions in new situations. The examined individuals assess also rules established in their families as less legible and changes in leadership as more unpredictable. Significance of difference within variable: *perceived stiffness* has also been found. The research group receive lower outcomes on sub-scale *stiffness* than the control group. It means that individuals perceive their families as less controlling or such ones in which leader's decisions are imposed to the other members of the family more rarely. Thus it is possible to assume with some caution that lack of clearly defined rules concerning leadership and sharing out duties as well as too much flexibility in responding to challenges might foster using psychoactive substances by adolescents and young adults.

It should also be noticed that using psychoactive substances individuals define their family relationships as less well-balanced in dimensions of intimacy and independence. It is also remarkable that individuals who use psychoactive substances statistically do not differ significantly from not using the substances individuals on outcomes on scale of *entanglement*. However, they receive lower outcomes on scale of *lack of bonding*. Thus they perceive their families as more engaging the members of the system into mutual relations and showing smaller level of independence among family members. Statistic analyses has not shown any intergroup differences for general indexes for *flexibility* and *cohesion*. The research group has received lower outcomes, but that dependance has turned out to be statistically insignificant. Because previous hypothesis have been partially confirmed, it may be assumed that the reason for that is too small number of examined individuals.

While verifying hypothesis 3, the following operationalisation has been suggested: research group receives lower results on *MSEI* questionnaire sub-scales. The hypothesis was verified by Student's t-test for independent groups while assuming variances being equal for majority of scales. Equality of variance has not been assumed for *Identity Integration*.

Table 5 shows statistically significant differences for research and control group in outcomes received on scales of MSEI.

Table 5. Statistically significant differences for research and control group in outcomes received on scales of MSEI

	Statistics for groups				T-test for equality of means					
	Group	N	Mean	Standard deviation	Standard error of the mean	t	df	significance (one-sided)	Difference of means	Standard error of the difference
Identity integration	Control	33	32,91	8,0248	1,396	2,91	57	0,002	5,12	1,75
	Research	29	27,79	5,6969	1,058					
Moral self-esteem	Control	33	39,30	6,1516	1,071	1,80	64	0,031	3,31	1,78
	Research	29	35,97	7,7941	1,447					
Being loved	Control	33	36,18	7,4559	1,298	2,30	64	0,014	4,30	1,86
	Research	29	31,86	7,2492	1,346					
Defensive enhancement of self-esteem	Control	33	48,73	6,6298	1,154	3,08	64	0,002	6,09	2,03
	Research	29	42,62	9,1159	1,692					

Source: own

As Table 5 shows, research group individuals get lower outcomes on scales of *being loved*, *moral self-esteem*, *defensive enhancement of self-esteem*, *identity*

integration. It means that in comparison to control group, the research group individuals may feel less acceptance and more often experience rejection from their nears. They may show slightly bigger difficulties in establishing relationships with other people and more often act against their personal believes.

While verifying hypothesis 4, the following operationalisation has been suggested: outcomes received on scales of FAS and FRQ correlate positively with the outcomes for individual scales of MSEI questionnaire.

In order to verify hypothesis 4, correlation analyses has been used.

Table 6 shows significant correlation coefficients for all self-esteem scales of MSEI and communication scales of FAS and FRQ.

Table 6. Significant correlation coefficients for individual self-esteem scales of MSEI and communication scales of FAS and FRQ

MSEI scales	Communication FRQ		Communication FAS	
	Pearson's correlation	Significance (one-sided)	Pearson's correlation	Significance (one-sided)
Vitality	0,215	0,043	0,291	0,01
Competences	0,333	0,003	0,313	0,008
Leadership capabilities	0,317	0,009	0,211	0,045
Identity integration	0,329	0,004	0,315	0,001
Physical attraction	0,268	0,017	0,360	0,001
General self-esteem	0,495	0,009	0,521	0,0003
Being loved	0,631	0,0001	0,622	0,0001
Defensive enhancement of self-esteem	0,250	0,023	0,271	0,013
Popularity	0,431	0,009	0,411	0,0005

Source: own

The research founding have provided the evidence for hypothesis 4. Its verification has shown the strong positive correlation between *communication* measured on both sub-scales and *Being loved*. It means that the higher the examined individuals assess their family communication, that is ability of listening, being empathic, respect for different opinion, the more they feel accepted and loved and maintaining close relations with other people is easier for them.

Statistic analyses has proved also moderate positive correlation between communication measured on both scales and scales *General self-esteem*, *Popularity*. Low positive dependence has been shown for scales: *Competences*, *Leadership capabilities*, *Identity integration*, *Defensive enhancement of self-esteem*, *Physical attraction*, *Vitality*. It may be expected that individuals who better assess interpersonal communication in their families, considered themselves being more competent and qualified and learn new things without any difficulties. They may show satisfaction when leading other people; they consider themselves being

stronger and decisive people. Their general self-esteem is higher, so they have shown tendency of thinking about themselves in a more positive way and they depreciate their own value rarely.

Discussion of results

Although the carried out study has not proved directly clear relationship between the quality of communication in family system and using psychoactive substances, it is hard to neglect indirect relations which should be scrutinised in the future research by using multiple variable correlation – regression analyses broadened with path analyses. The outcomes received in two following areas: *cohesion* and *flexibility* show indirect relation between dependable variable (*quality of communication*) and other variables distinguished in the examination that, as it has been mentioned earlier, may be regulated and are adjustable to the family needs in the process of communication of their members.

Indirect, however without doubt of high importance, affect of quality of communication in the family system has been proved by founded in the study dependence between positive assessment of the course of process of communication in the family and sense of being loved, what consequently increases family life satisfaction, helps entering and maintaining satisfying emotional bonds with other people and affects perception of one's own physical and sexual attractiveness. This observation is highly important because as the latest researches show *the need of being loved* and at the same time *readiness to love* are ones of the most important values declared by adolescents (Gerc, 2010). Besides low sense of individual's attractiveness and social competences favors using psychoactive substances. It is easily observed that using alcohol is aimed at overcoming one's shyness and initiating spontaneity in relations with the opposite sex people (Rogowska, 2009). L.S. Ham's and D.A. Hope's (2005) have shown that using psychoactive substances grows nearly proportionally with the experienced level of *social anxiety*. As early as in nineties the relation between using psychoactive substances and expectation of getting a specific social benefit, for instance lowering the tension, increase of sexual desire or enhancement of life's joy has been discovered (Aktan et al., 1997; Seto, Barbaree, 1995; Yamada et al., 1996). Later studies more and more often find connection between using psychoactive substances and higher level of aggression, using violence and even social maladjustment (Rostampour, 2000; Schubart, 2000), what was manifested with habitual choosing escape strategy when coping with stress (Borecka-Biernat, 2011).

Using psychoactive substances adolescents and young adults in comparison to individuals not taking them assessed their families as acting in a more schematic way in different problematic situations and showing specific behaviour, no matter what would be its anticipated effectiveness. It seems that some schematic way of behaviour may favour its low effectiveness, what affects not only

persistence of the specific problem occurred in the family system, but often even deepens it and decreases internal locus of one's control and self-appraisal as well as decrease in general life satisfaction in individuals affected with the problem. Inaccuracy of decisions taken independently by young people is particularly painful and increases the probability of taking psychoactive substances. It is confirmed also by M. Cabalski (2009, p. 13), according to whom taking psychoactive substances "distracts from (...) hopeless struggle against everyday difficulties (...) Often taking drugs is a form of escape from troubles and one's weaknesses. In a wide spectrum of escape behaviour different ways of acting out of stress, inhibiting of anxiety or enhancing one's self-esteem occur (...) Often initiation covers failures in family or/and school life." Meanwhile K. Gerc's, B. Piasecka's and I. Sikorska's carried out among students of generally available gymnasium studies (2011) have shown that as much as 61% youth people declares the need of success. Other studies prove also that higher tendency towards taking care for one's health and avoidance of psychoactive substances are shown by those adolescents who consider themselves as their own success creators and so show statistically significantly higher level of resourcefulness ($t = 3,14$, $p = 0,03$) and self-acceptance ($t = 3,11$, $p = 0,025$) and more rarely they attribute it to favourable external factors (Gerc, Ziółkowska, Jurek, 2009).

Also interestingly, individuals using psychoactive substances more rarely have assessed their family relations as based on *nearness* and *individuality*. Instead they experienced being engaged in affairs and problems of the other and thus showed higher level of dependency more often. Those observations seem to that extend important that so far too often addicted or endangered with addiction people have been identified with social alienation or lack of strong emotional bonds within their families (Aguilar, 1992; Hansen, 1992; Hawkins, 2005). Nevertheless J. Szymańska's research conducted on a group of 365 high school students, aimed at defining the range of loneliness in youth people phenomenon, have shown that although as much as 70% adolescents admit experiencing loneliness yet almost nearly half of them (43,6%) declares that they feel it at a low level and only 4,9% at high level (Szymańska, 2009).

Research reveals also that the examined expect "sincerity, openness, being true" in a relationship with other people and creating conditions for fulfilling one's needs as well in family as in peer environment" as well in family as in peer environment [the above, p. 220]. Leading to ineffectiveness, *schematic way of acting* impedes and sometimes even quite prevents realisation of the last expectation. I should be added that theory of constructivism uses a concept of "invisible loyalties" regarding cases of some individuals and their families (Wasilewska, 2009). Those loyalties often impede young person's self-actualisation and satisfying one's needs. At the same time family obedience connected with being entangled with family relations and so-called family rituals [the above] constitutes, as K. Gerc's research (2010) has revealed – least appreciated value by

endangered by addiction adolescents with high preference for independence understood in the context of taking one's own decisions.

In literature, using psychoactive substances often has been connected with unfavourable influence of the destructive peer groups in which a young person searches for authority and specific style of living (see Łapińska, Żebrowska, 1976; Vasta, Haith, Miller, 1995). Some researchers connect the phenomenon of intoxication with excessively demanding parents or high family aspirations (see Cabalski, 2009). What is more, it should be noticed that, as the results of own research, individuals taking psychoactive substances more often assessed their families to a bigger extend in comparison to control group, unpredictable in respect for leadership and less imposing on other members the rules, established by the current leader, what may result in unclear division of duties. It seems that leadership in families using psychoactive substances is not very strong and excessively controlling but in fact disturbed and expectations communicating not clear enough. Such situation does not seem to favour realisation of need of life's stabilisation declared by above half of adolescents (Gerc, Piasecka, Sikorska, 2011), neither satisfying strong need of family safety (Gerc, 2010).

Ending

The research presented in this article has been undertaken within systemic paradigm whose the main ground is a belief in circular causality and mutual feedback in family system functioning.

These results are also a part of a wider context of empirical studies conducted in recent years in Poland, which use the concept of *resilience* to the analysis and interpretation of the research results on determinants of health behavior of children and adolescents (Mazur, Tabak, 2008; Ostaszewski, 2008; Gerc, Ziółkowska, Jurek, 2009; Gerc, 2010; Borucka, Ostaszewski, 2010).

The primary objection of the study was to verify possible relationship between family functioning and particularly the quality of communication among family members and using psychoactive substances by adolescents and young adults. Making such assumption suggests, among others, David Olson's Circular Model conclusions that point at quality of communication is a vital moderator of other dimensions of family functioning.

In the summary of presented analyses of research results some conclusions can be drawn and summarised as follows:

1. No statistically significant relation has been found between quality of family communication and using psychoactive substances in examined group of adolescents and young adults. The reason for the received outcomes can be found in relatively small sample group (difficult access group) and adopted research procedure itself that is getting information about family functioning only from

one member of the system. Formulated implications refer rather to description of rather subjective perception of one's own family by particular individuals than objective verification of the reality. Yet it has been proved that using more psychoactive substances at their lifetime individuals assess their family communication as worse.

2. Needing further scrutiny as a tendency among using psychoactive substances individuals for describing their families as worse functioning (mainly for two dimensions classified by D. Olson as flexibility and cohesion) than in the control group has been found. Using psychoactive substances individuals perceive their family functioning in terms of unpredictability of behaviour, lack of clarity of rules, organisational chaos, less intense bonds. Those findings correspond with assumptions of R. Jessor's problematic behaviour.

3. It has been proved that using psychoactive substances individuals from research group show bigger difficulties in defining their own identity; they more often missed acceptance for themselves in their families and act against their own beliefs, striving for presenting themselves as independent and non-conformists.

4. The conducted research indicates indirectly a large number of variables which might affect young people's decisions about taking psychoactive substances and which have not been analysed in this article, neither considered in the research on which it has been based. It can be believed that relation between communication and using psychoactive substances occurs rather by their mediation. The character of that mediation should be scrutinised in further empiric research in order to establish possible direction of the relations between the variables, both causative and not causative.

References

- Aguilar, T.E., Munson, W.W. (1992). Leisure education and counseling as intervention components in drug and alcohol treatment for adolescents. *Journal of Alcohol and Drug Education*, 37 (3), 23–34.
- Aktan, G., Kumpfer, K.L., Turner, C. (1997). The Safe Haven program: Effectiveness of a family skills training program for substance abuse prevention with inner city African American families. *International Journal of the Addictions*, 31, 158–175.
- Aronson, E., Wilson, T.D., Akert, R.M. (1997). *Psychologia społeczna. Serce i umysł*, Poznań: Zysk i S-ka Wydawnictwo.
- Borecka-Biernat, D. (2011). *Temperamentalne i rodzinne determinanty obornego sposobu radzenia sobie młodzieży gimnazjalnej w trudnych sytuacjach społecznych*. [W:] Golińska, L., Bielawska-Batorowicz, E. (red.). *Rodzina i praca w warunkach kryzysu*, (49–65). Łódź: Wydawnictwo Uniwersytetu Łódzkiego.
- Borucka, A., Ostaszewski, K. (2008). Koncepcja resilience. Kluczowe pojęcia i wybrane zagadnienia. [Cz. 1]. *Medycyna Wieku Rozwojowego*, 12, 2, 587–597.
- Cabalski, M. (2009). *Szkoła – Uczeń – Narkotyki. Algorytmy postępowania w przypadku stwierdzenia zażycia narkotyku przez ucznia*. Warszawa: Fundacja PEDAGOGIUM.

- Carson, R.C., Butcher, J.N., Mineka, S. (2006). *Psychologia zaburzeń*, t. 1., Gdańsk: Gdańskie Wydawnictwo Psychologiczne.
- Costa, F., Jessor, R., Turbin, M. (2007). College student involvement in cigarette smoking: The role of psychosocial and behavioral protection and risk, *Nicotine, Tobacco Research*, 9, 2, 213–224.
- Dylak, S. (1997). *Komunikowanie się między nauczycielem a uczniem. Dwa światy – jeden język?* [W:] H. Kwiatkowska, M. Szybisz (red.). *Komunikacyjne kompetencje zawodowe nauczycieli*. „Studia Pedagogiczne”, T. LXII. Warszawa: PAN.
- Frydrychowicz, S. (2003). *Komunikacja interpersonalna w rodzinie a rozwój dorosłych*. [W:] Harwas-Napierała, B. (red.). *Rodzina a rozwój człowieka dorosłego*, 101–122. Poznań: Wydawnictwo Naukowe UAM.
- Gacek, M. (2000). *Rozpowszechnienie substancji psychoaktywnych wśród młodzieży gimnazjalnej w Krakowie-Nowej Hucie*. [W:] *Problemy higieny*, Warszawa: Wyd. Polskie Towarzystwo Higieniczne, 69, 129–133.
- Gerc, K., Ziółkowska, A., Jurek, M. (2009). *Style funkcjonowania interpersonalnego jako modyfikator wzorców zachowań prozdrowotnych młodzieży*. [W:] K. Janowski, K. Grzesiuk (red.). *Człowiek chory. Aspekty biopsychospołeczne*, t. III (20–38). Lublin: Wydawnictwo POLIHYMNIA.
- Gerc, K. (2010). *Hierarchia wartości młodzieży zagrożonej uzależnieniem od środków psychoaktywnych w kontekście funkcjonowania rodziny*. [W:] G. Makiełło-Jarża (red.). *Państwo i społeczeństwo. Rodzina w przestrzeni współczesności – wybrane zagadnienia*, (88–108). Kraków: Wyd. AFM.
- Gerc, K., Piasecka, B., Sikorska, I. (2011). *Uwarunkowania zachowań antyspołecznych młodzieży gimnazjalnej w kontekście funkcjonowania rodziny*. [W:] L. Golińska, E. Bielawska-Batorowicz (red.). *Rodzina i praca w warunkach kryzysu*, (31–47). Łódź: Wydawnictwo Uniwersytetu Łódzkiego.
- Griffin, E. (2003). *Podstawy komunikacji społecznej*, Gdańsk: Gdańskie Wydawnictwo Psychologiczne.
- Ham, L.S., Hope, D.A. (2005). Incorporating social anxiety into a model of college student problematic drinking. *Addictive Behaviors*, 30, 127–150.
- Hansen, W.B. (1992). School – Based substance abuse prevention; a review of the state of the art in curriculum 1980–1990. *Health Education Research*, 7/3, 403–430.
- Hansen, W., Rose, L., Dryfoos, J. (1993). Casual factors, Interventions and policy considerations in school-based substance abuse prevention. *Report submitted to Office of Technology Assessment United States Congress*, Washington: D.C.
- Hansen, D.T. (2004). O rozumieniu uczniów, *Kwartalnik Pedagogiczny*, 1–2 (191–192), 43–60.
- Harwas-Napierała, B. (2008). *Komunikacja interpersonalna w rodzinie*, Poznań: Wydawnictwo Naukowe UAM.
- Hawkins, J., Catalano, R., Miller, J. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychol. Bull.*, 112, 64–105.
- Hawkins, J.D. (2005). Science, social work, prevention: Finding the intersection. Aaron Rosen Lecture presented at 2005 Annual Meeting of Society for Social Work Research, *Social Work Research*, Miami: FL.
- Jessor, R. (1987). Problem-behavior theory, psychosocial development, and adolescent problem drinking. *Brit. J. Addiction*, 82, 331–342.

- Jessor, R., Van Den Bos, J., Vanderryn, J., Costa, F., Turbin, M. (1995). Protective factors in adolescent problem behavior: moderator effects and developmental change. *Develop. Psychology*, 31, 923–933.
- Jessor, R. (1998). *New perspectives on adolescent risk behaviour*. [W:] R. Jessor (red.). *New perspectives on adolescent risk behavior*, (1–10). Cambridge: University Press.
- Kubisa-Ślipko, A. (2004). *Słownik wyrazów obcych*, Wałbrzych: Wydawnictwo ANEKS.
- Loeber, R., Farrington, D.P., Stouthamer-Loeber, M., Van Kammen, W.B. (1998). *Multiple risk factors for multiproblem boys: Co-occurrence of delinquency, substance use, attention deficit, conduct problems, physical aggression, covert behavior, depressed mood, and shy/withdrawn behavior*. [In:] R. Jessor (Ed.). *New Perspective on Adolescents Risk Behavior*. (90–149). Cambridge: Cambridge University Press.
- Łapińska, R., Żebrowska, M. (1976). *Wiek dorastania*. [W:] M. Żebrowska (red.). *Psychologia rozwojowa dzieci i młodzieży*, (664–796). Warszawa: Wydawnictwo Naukowe PWN.
- Margasiński, A. (2006). Rodzina w Modelu Kołowym i FACES IV D.H. Olsona. *Nowiny Psychologiczne*, 4, 69–89.
- Margasiński, A. (2010). *Rodzina alkoholowa w terapii z uzależnionym w leczeniu*. Kraków: Impuls.
- Margasiński, A. (2011). *Model Kołowy i FACES jako narzędzie badania rodziny. Historia, rozwój i zastosowanie*. Częstochowa: Wyd. AJD.
- Mazur, J., Tabak, I. (2008). *Koncepcja resilience. Od teorii do badań empirycznych*. [W:] J. Mazur (red.). *Czynniki chroniące młodzież 15-letnią przed podejmowaniem zachowań ryzykownych*. Warszawa: Raport z badań HBSC.
- Okulicz-Kozaryn, K., Bobrowski, K. (2009). *Czynniki ryzyka, czynniki chroniące i indeksy tych czynników w badaniach nad zachowaniami problemowymi nastolatków*, online: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2671849>.
- Olson, D., Gorall, D. (2003). *Circumplex of marital and family systems*. [In:] F. Walsh (Ed.). *Norlam Family Processes*. New York: Guilford Press.
- Ostaszewski, K. (2008). *Czynniki ryzyka i czynniki chroniące w zachowaniach ryzykownych dzieci i młodzieży*. [W:] J. Mazur (red.). *Czynniki chroniące młodzież 15-letnią przed podejmowaniem zachowań ryzykownych*. Warszawa: Raport z badań HBSC 2006.
- Pankiewicz, M. (2007). *Style komunikacji a preferencje wartości uczniów zdolnych*. [W:] P. Francuz, W. Otrębski (red.). *Studia z psychologii w KUL*, t. XIV, 39–56. Lublin: Wydawnictwo Katolickiego Uniwersytetu Lubelskiego.
- Pilch, T. (2003). *Encyklopedia pedagogiczna XXI wieku*, t. II. Warszawa: Wydawnictwo Akademickie ŻAK.
- Piotrowski, A. (1992). *Uzależnienie od alkoholu i innych związków psychoaktywnych*. [W:] Bilikiewicz, A., Strzyżewski, W. (red.). *Psychiatria*, 163–178. Warszawa: Państwowy Zakład Wydawnictw Lekarskich.
- Rogowska, A. (2009). *Studencki wzór picia alkoholu*. [W:] K. Janowski, M. Artymiak (red.). *Człowiek chory. Aspekty biopsychospoleczne*, t. IV (555–567). Lublin: Wydawnictwo POLIHYMNIA.
- Rostampour, P. (2000). Schüler als Täter, Opfer Und Unbeteiligte-Veränderung der Rollen im sozialen Und biographischen Kontext, *Psychosozial*, 23 (79), 17–27.
- Schubart, W. (2000). *Gewaltprävention in Schule und Jugendhilfe: Theoretische Grundlagen, Empirische Ergebnisse, Praxismodelle*. Neuwied: Luchterhand Verlag.

- Seto, M.C., Barbaree, H.E. (1995). The role of alcohol in sexual aggression. *Psychol. Rev.*, 15(6), 545–566.
- Sierosławski, J., Zieliński, A. (2000). *Używanie narkotyków przez młodzież. Rozmiary i trendy zjawiska*. [W:] E. Kolarzyk (red.). *Problemy higieny*. Warszawa: Polskie Towarzystwo Higieniczne, 69, 124–128.
- Skorupka, S. (1988). *Słownik wyrazów bliskoznacznych*, Warszawa: Wiedza Powszechna.
- Sternberg, R.J. (2001). *Psychologia poznawcza*, Warszawa: Wydawnictwa Szkolne i Pedagogiczne.
- Szewczuk, W. (1979). *Słownik psychologiczny*, Warszawa: Wiedza Powszechna.
- Szymańska, J. (2009). *Kultura szkoły – jej znaczenie dla doświadczania poczucia osamotnienia przez dorastającą młodzież*. [W:] E. Augustyniak (red.). *Kultura organizacyjna szkoły* (217–225). Kraków: Uczelniane Wydawnictwa Naukowo-Dydaktyczne AGH.
- Vasta, R., Haith, M., M., Miller, S.A. (1995). *Psychologia dziecka*, Warszawa: Wydawnictwa Szkolne i Pedagogiczne.
- Wasilewska, M. (2009). *Siła rodzinnej tradycji*. [W:] B. Gulla, M. Duda (red.). *Silna rodzina* (48–59). Kraków: Wydawnictwo św. Stanisława.
- Westermeyer, J. (1998). *Historical – social context od psychoactive substance disorders*. [W:] R.J. Frances, S.I. Miller (Eds.). *Clinial Textbook Clinical Textbook of Addictive Disorders*, 2nd ed., (14–32). New York: Guilford Press.
- Winterhoff-Spurk, P. (2007). *Psychologia mediów*, Kraków: Wydawnictwo WAM.
- Yamada, T., Kendix, M., Yamada, T. (1996). The impact of alcohol consumption and marijuana use on high school graduation. *Health Econ*, 5, 77–92.