Social Problems of the Contemporary Families

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Contents

Introduction

The objective of this monograph is to tackle contemporary issues of European families from the perspective of scholar exploration from Czech Republic, Poland and Slovakia. All the authors of the chapters are recognised experts in their fields with considerable research as well as practical experience.

Miroslav Mitlöhner puts emphasis on the fact that from the beginning of human's existence a conventional family has always comprised of parents ad children. Such family is socially and ethically accepted and legally legitimised, also in terms of alimony allowances. Nonetheless, not each couple can enjoy having offspring and, although, there are many causes of childlessness, there most prevalent concern biological capacity. Additionally, young people procrastinate the decision to become parents on account of social grounds, giving priority to improvement in the material situation. Still, lack of offspring often deprecates the parents. They can, however, decide to adopt a child, but it can be then considered as an unfamiliar child, i.e. coming from other family, and subsequently (probably) genetically determined. Social acceptance of such family is not common in all environments. The second possibility to compensate lack of offspring, and establish a functional family, is the in vitro procedure, that is becoming more and more accessible. It also involves the problem of social acceptance, however, in European countries, the assisted reproductive technology is legally regulated, thus allowed. The third possibility involves surrogacy, which, yet

functions in the grey area, as they are no explicit legal regulations concerning this procedure. The author analyses and weighs these issues, with reference to biding legal regulations.

Human experience in the early childhood and the family situation significantly shape patterns of behaviour of an individual in different circumstances. It also provides with some degree of certainty to assess whether such person can be aggressive. **Danuta Borecka-Biernat** stresses the importance of family as the main source of conditioning aggressive behaviour. Inappropriate emotional relations within the family, lack of parental and emotional interest in the child, attitude of rejection, striking emotional conflicts between parents and children, or strong, possessive love and unconditional acceptance of a child altogether greatly favour the emergence of aggression within its behavioural pattern. The author conducts analysis of family factors conditioning aggression, proving that imitation of behavioural models they encounter in family environment are of paramount importance for the occurrence of aggressive behaviour among children. Aggressive fathers and mothers unquestionably contribute to their child's aggressiveness due to imitated model of aggressive interactions. Recognition of the symptoms and etiology of aggressive behaviours constitutes, without any doubts, the essential condition of the effectiveness of preventive and educational activities undertaken with reference to aggressive children. Such support, directed at overcoming aggression, includes its punishment procedures, aggressive catharsis and techniques of anger management among children.

Postindustrial societies seemingly present the dominant model of 2+1 families, i.e. two parents and one child. Nonetheless, **Krzysztof Zajdel** points that large families still exist in our reality, both in impoverished as well as affluent communities. The author defines a large family revealing the importance of changes occurring within contemporary realm. Recalling

binding regulations, he also tackles the reality and system

improprieties, particularly in the material aspect. Although having many children (especially in the context of unfavourable demographic indicators) should be perceived as an exemplary family, in a society it is often associated with pathology. The author throws light on problems related to school education of children from large families and difficulties resulting from social work activities with them.

Taking into consideration the previously mentioned social issues and external conditions, dysfunctionality of such families is on the rise. **Małgorzata Prokosz** tackles the issue of child's functioning within such surrounding. The author explores basic improprieties typical for a contemporary family environment. She also introduces the readers to a standardised family diagnosis with emphasis on situations when a child should remain at home and when it should be placed in a caretaking institution. Moreover, the article describes contemporary institutions in charge of providing assistance for a family at risk. The diagnostic aspect is not as crucial, however, as the specific ways of providing a child and its family with support by, among others, volunteer activities in dysfunctional families, or by keeping a Book of Life. The author stresses that contemporary families struggle with many problems, still, the priority is to promote methods of rational and effective support, rather than to pinpoint abnormalities within.

The increasing necessity of labour migration affecting many families is tackled by **Małgorzata Prokosz** and **Krzysztof Zajdel** in the context of Euro-orphan families and children's solitude in such families. This chapter concerns matters of inexplicit and ambiguous definitions related to orphanhood, loneliness and solitude. The situation of longer departure of one or both parents is taken into consideration, however the authors predominantly stress emotional aspects, i.e. the feelings experienced by lonely children, for whom even the most expensive gifts from parents aboard, or the best caretaker, can-

not replace the sense of a real home. Unfortunately, the bitter conclusion of this chapter proves the problem to be practically unsolvable as the migration labour is taking place more and more recurrently, hence children will be brought up away from their own families. The only promising option is to leave the country with children, what would reduce the scale of Euro-orphan phenomenon, although the demand for family seniors caretaking services would simultaneously rise.

While analysing the family matters, parents and children are principally in the focus of attention. Nonetheless, describing multigenerational families, **Zuzana Truhlářová** undertakes the complex issue of aging society. The author concentrates on the care provided for the elderly in housing circumstances from the perspective of a standard family life. According to demographic forecasts, majority of the European countries are subject to constant increase in the number of seniors, hence more and more families will soon have to deal with the issue of providing care for their senior relatives that can no longer function without assistance. Younger family members thus become the natural caretakers, whose obligation is to provide with support for their closest ones. Notwithstanding, in the contemporary economically difficult circumstances it comes across as a challenging task. The author analyses the range of the issue, categories of support (both within family and public institutions) as well as alternative forms of caretaking services. She also explores the problems of crisis families in contemporary society and its impact on the concept of the family and its objective within seniors caretaking. The author draws a great importance to the issue of coexistence between seniors and the younger generation in the context of family care and senior caretaking services from the perspective of family carers and their activities within home caretaking services for those dependent on such support.

It is often forgotten that persons with intellectual disability are also part of the family members. For years, practically until

the political transformation in 1989, they had been excluded from the society, pushed into its margin and placed in closed facilities, almost on the periphery of the civilisation. Although they were provided with some activities, it was definitely insufficient. **Jana Levická** tackles the positive transformational changes, accomplished in all European countries, including rise in the scientific knowledge on the needs of the disabled, progress in medicine, accessibility of different facilities, and broad-based integration, including the disabled to the society at large. Authorities of the Slovak Republic publicly declared commitment to support the process of integration both of the children and adults with disabilities to fully integrate the entire Slovakian society. The emphasis was put on integration education at elementary schools while supporting family of a child with disability. As the author implies, after 20 years, these ideas are appropriate by any standards, however, some problems have also emerged in his regard. The aim of such integration was to eliminate barriers between the healthy and intellectually disabled citizens, nonetheless the first ones had not been prepared for the changes, clung to the conventional way of social perception. Other problems concern the fact that mental disturbances are often associated with different types of disability, hence their diagnosis is extremely difficult. The third issue refers to a specialist training for the therapists, whose tasks should – apart from direct assistance – focus on enhancement of the social atmosphere within inclusive education, improving the quality of life both for the disabled and their families.

This monograph reveals diversity of issues, still the common trait of all the chapters is reflected in the fact that the authors consider in their exploration different kinds of family problems. It can be therefore assumed that contemporary family is disturbed and leads to decline, but it is not. The presented issues, providing with variety of approaches represented by the authors, have several features in common. First of all – it is becoming

more and more prevailing to exhibit in theoretical research the human itself, i.e. a small, sick, disabled, orphaned, lost, aggressive or old creature. Noticing problems of such individuals is the first step to their solution. Second of all – number of different diagnoses are carried out, concerning the current family issues as well as change in its range, hence some phenomena previously superficially recognised, are becoming subject of profound scientific analyses. Third of all – knowledge on family is constantly subject to verification by the dynamic reality, hence the representatives of given fields of science undertake current issues, endeavoring to catch up with the ceaselessly overhasty pace of civilisational progress and its consequences, expressed (for example) in disturbances, seeking solutions for emerging questions and challenges. Moreover, the theoretical and empirical analyses of the authors involve application of the achievements of other scholars, hence the exchange of thoughts, mainly within the scientist from abroad and neighbouring countries, facilitate in-depth recognition of the precarious phenomena, what in turn, allows to establish scientific theories more rationally. Last but not least – apart from the theories, there are also new, various concepts for education and elimination of the existing problems, already verified and accomplished in practice. Thus, reference of the reflections to this, what is particularly valuable from the historical perspective and international experience both within theory and praxis, is essential.

We hope that this monograph will contribute to the broadening of knowledge on contemporary family and draw the attention of the reader to the preeminent phenomena, requiring theoretical reflection. We also hope it shall become the source of consideration and premise for further family research, not only on the Polish, Czech or Slovakian ground.

Authors

Małgorzata Prokosz

Changes within Functioning of Contemporary Families – Introduction to the Reflections

The family surrounding is the one that predominantly shapes human development and socialisation. It is represented by parents, sibling and older relatives. To a large degree, due to its constant provision of a personal example, family exerts influence on the personality of its offspring, its interests, habits, customs, preferences, social and moral attitudes as well as beliefs and points of view.

In the pre-industrial era, a traditional, patriarchal family, subordinate to the father, was a mainstay. Family and productive roles remained tightly linked to each other, with family interest superior to the individual needs (Kwak, 2005). Cohesion, determined by material bonds and lack of individual tendencies of its members were its main features, with its clearly implied institutional qualities. The marriage relation, reduced to the material dimension, narrowed the scope of expectations of the partners, particularly as far as women were concerned. Wife was inferior to her husband, however, his authority and power had no reference to the features of the character, but resulted from socially accepted status he had been granted (Majkowski, 1997). No attachment was assigned to the emotional bond, hence autocratic mode prevailed. Children constituted the essential goal of the marriage, hence they were perceived instrumen-

tally. Nonetheless, it was assumed that the offspring would inherit the family properties. Children's position in a family was similar to the one of mother's, and it was definitely low. Hard work, obedience and religiousness were instilled as a part of upbringing influences, accompanied with subordination to parental will (Doniec, 2001). In consequence, such individual was not autonomous and could not deal without the family independently.

Families of the industrial era were known for their systematic shift from the institutional character. A new, contemporary model of a family reduced to two generations emerged (parents and children), involving autonomous life in separate flats and running own household. Not only men, but also women, began to provide financially for the family. The importance of personal bonds also rose, as much as the significance of fulfilling individual needs, emotional exchange and value of the interactions. At the same time, families became less stable and more exposed to dissolution as the personal bonds lost their stability in comparison to the material alliances, that had previously determined the family life (Kwak, 2005).

Egalitarian and partnership principles became dominant among spouses while carrying out parental and marital tasks. There were no binding roles and specifically defined family roles with this regard, as all the activities were subject to negotiation. The distance between husband and wife as well as between parents and children significantly shortened. Relations with parents were more of friendship and partnership nature, with its emancipation from the arbitrary parental authority. Children's position also changed, as they began to be perceived autotelically. Parents drew a lot of attention to the multidimensional growth of their offspring. Moreover, it was a standard that both the mother and the father worked professionally, so women became independent from their husbands

(Doniec, 2001).

Industrial production was, without any doubt, of paramount importance in the family lives. Production activities of its members were carried out away from family environment, concurrently separating their labour institution from the family. These changes have, in turn, crucially impacted the current family lifestyle, especially that the labour market had been also participated by women. In the capitalism era, undertaking labour at factories by women and children contributed to the altered role of the father in a family, as it deprived him of supervisory power, strengthening further development of the family lives towards democracy and equal position of all its members. Progress in technology and science, accompanied by a widespread education managed to rationalise family functioning and the post-war households, extending the range of inner family freedom.

Since the post-war period until currently, there have been many approaches towards modeling the family as a social group and as upbringing environment. The first stage (initiated shortly after war) was characterised by limited caretaking functions of the family, hence it was compensated by various social welfare and educational institutions such as kindergartens, nursery schools, as well as schools, children's and youth organisations. It provided some parents with the misconception that the burden of the upbringing duties had been accepted by out-of-family institutions. Currently, the exceptionality of the family within its influences on child' growth is expressed – among others – in the fact that it is the most essential and crucial element of social bonds. Family members, establishing the nearest surrounding for their child, are predominantly the most important persons in the first years of the child' life. Children's attitudes towards people, different issues and life in general are founded on such contacts, what significantly determines the subsequent patterns of child's adaptation, teaching it to think of own self the way it is perceived by its family members. Considering the role of the

family within the upbringing impact on the child's personality, Stanisław Kawula (Kawula, Brągiel, Janke, 1999) acknowledges that emphasis should be put on its emotional bond with the family. This, in turn, is established in the course of fulfilling child's needs, and is subject to ways of its accomplishment in families. The author stresses that mothers are assigned with special tasks in this regard since they should provide a child with sensory and emotional experiences as a result of which such child is able to establish emotional relations with its father, peers or social group. Nonetheless, establishing such emotional contacts with others must rely on strong emotional bond with the closest relatives.

Family understood as a social group constitutes a community of relatives living both in a common household and out of it. Such group manifests its sense of autonomy towards non-relatives, having own tasks and life objectives, set of fixed interpersonal relations and given structure. Thus, it contains all essential sociological features of a small group with indirect social contacts, and interpersonal relations of close, emotional nature (Badora, Czeredrecka, Marzec, 2001).

While making attempt to define family in the context of sociological theories (Szlendak, 2000) it is legitimately recognised as a microstructure, i.e. a small social group, whose members are bound with marriage and kinship ties (sometimes adoption), commonly running the household and serving appropriate social functions within. Hence, from the sociological perspective, family belongs to so called primary groups, what implies its fundamental function in generating social character and social ideals of given individuals. "Its universality is confirmed in the fact that it has existed and exists in all social and economic formations as a social institution, i.e., a set of human activities, rooted in the tradition of all cultures, oriented towards fulfilling the needs of its members" (Szlendak, 2000).

In order to define contemporary family in the pedagogical context, it can be concluded that it is a basic social group comprising of parents, children and relatives. It is specified by its emotional and formal bonds defining mutual relations, parental and children's obligations, marital bond as well as material and housing community involving set of functions it provides. The most common include (Prokosz, 2009b, pp. 303–304): *procreation* (ensuring the continuity of the species); *material function* (providing with everyday needs); *social objectives* (preparing children to enter social life, nursing and upbringing them); *education* (attention to successful accomplishment of educational path); *emotional and expressive function* (fulfilling emotional needs); *culture* (transmission of cultural heritage to children); *caretaking and security* (family support); *economy* (running a household, activities within production, e.g. agriculture); *legislation and control* (education and verification of traditional behaviour) and last but not least – recreation and leisure.

Family functions, although subject to transformation, should remain proportionate, so the family system would not degrade or destabilise, and structural as well as functional disturbances could be prevented, as they could evoke dysfunction or even pathology within given family. Furthermore, a family constitutes an interpersonal system of inner-group relations or a type of social institution. Organisation of the family has impact on modes of mutual relations, ways of conduct between the family members, and its overall recognition. The role of the mother, the father and maternity, as well as child' role, are fully accomplished and can reveal their abundance only within harmonious, united and unanimous families. It is generally recognised that each family has its own internal organisation and network of family relationships. Such system can be determined both by internal and external positivities of such family, providing for its consolidation, or quite the contrary – it can rely on hostile potential threatening its unity, bringing about family dissolution.

Phenomena occurring within postindustrial societies generated number of changes within family life, most importantly including (Tyszka, 1999; Prokosz, 2005b):

– Rising unemployment rate, drop in the real value of wages.
– Lack of flats, difficulties in acquiring resources sufficient to fulfill needs.
– Significant rise in the women's employment (including spouses) not only on the economic grounds, but on account of self-accomplishment.
– Advanced egalitarisation in marriage or family.
– Differentiation of norms and values within given members of the family and mutual relations.
– Displacement of traditional family values.
– Relatively lower children value from parents' perspective.
– Parental upbringing mistakes and abnormal upbringing influences.
– Lack of emotional bond between the family members.
– Inappropriate upbringing atmosphere.
– Family conflicts.
– Large disproportion within the range of fulfilling child's needs.
– Permanent negligence of parental duties.
– Individualisation of activities.
– Atomisation of the family members.
– Decreased cohesion and disintegration of significant number of families.
– Increased number of family conflicts and divorces.
– Lowered number of marriages, rise in the number of couples living in cohabitation or out of wedlock.
– Increased number of permanently incomplete families (due to death of one of the parents) or temporarily incomplete because of long-lasting, chronic diseases of one of the spouses, departure of one of the spouses (e.g. aboard) or serving deprivation of liberty.

– New forms of motherhood and fatherhood; in vitro procedure, surrogacy.
– Large-scale social pathologisation originating from family life (criminogenic lifestyle, gambling, social parasitism, prostitution, incest, alcohol abuse, drug abuse, mental diseases).

It must be bore in mind that the above set of issues is not complete. Contemporary family is undoubtedly different in comparison to a family two decades ago. And since there are problems emerging within such communities, it should provide a premise to explore it more profoundly both within pedagogy and social psychology research. The aim of these reflections should not, however, focus on the description of the current phenomena, but concern an in-depth analysis of the problems and proposals of support, achievable and feasible in disorganised environments. ■

Miroslav Mitlöhner

Surrogate Motherhood as a Way of Overcoming Childlessness

The Issue

Since ancient times the purpose of marriage has been to conceive, give birth to and raise children. The ethical, economic, and legal implications of this process are interconnected, (for instance parent responsibility witihn §858 Civil Code, or responsibility to nurture an infant §859 Civil Code) and so far has stemmed from the principle of maternal security and paternal insecurity.

Until recently, adoption has been the sole legally regulated approach to overcome childlessness. Its principles were long ago elaborated in precise details by the legal systems of ancient civilisations.

The book of Genesis recounts a story in which Abraham and Sarah, an infertile couple, decide to let Abraham procreate with the maids who thereafter gives birth to Ishmael, Jacob and Rachel. Fertilisation of a surrogate mother, followed by the subsequent adoption of that child by a non-biological mother, is the easiest and most common way of overcoming infertility in marriage, provided that the cause for infertility stems from the woman.

As time went on, the infertility of a married couple was resolved by adoption or by similar legal action which was fully

regulated by the norms of Roman private law. Later, they were adopted by European legal systems.

In exceptional cases, the law allowed the invalidation of infertile marriages. In contrast to Christian law, Islamic law was more benevolent and straightforward in this area.

The legal standing of the mother was determined in the Roman law by a generally held principle "mater semper certa est" ("The mother is always certain"), while the legal standing of the father was understood as "pater incertus est" ("The father is always uncertain"). As far as the mother's certainty is concerned, it has prevailed for ages until now and it will prevail in the future. So will the father's uncertainty.

Nevertheless, adoption is not a risk-free undertaking. We have to consider the genetic heritage of the adoptee and the fact that we are facing a critical lack of children qualified for adoption. It seems that the resources are exhausted.

We have no choice but to look for other modern, and socially acceptable, methods for overcoming childlessness.

The purpose of this paper is to explore this issue, to assess it and to offer possibilities for applying the current legal provisions leading to a proposal de lege ferenda.

The Causes and the Direction of Future Developments

While there are several causes for childlessness of married couples, either the biological (the medical) or the social causes are usually identified as the major ones. It appears that economic causes are secondary and occur only very rarely. The emphasis on women's career prospects and the fact that women increasingly occupy lucrative positions should be included with all seriousness among the social causes.

Recent years have witnessed a steady development of artificial insemination methods, particularly the insemination of a woman by her husband's sperm or by a different male donor. This method has helped dozens of thousands of couples

to overcome infertility and to start a functional family. It has nevertheless proved to be inefficient in cases when the woman's body is incapable of reproducing the germ cell or when she cannot bring her pregnancy to term.

The following development was easily predictable and involved the germ cell donation of another woman. In vitro fertilisation of one's own or donated germ cell soon became a completely common procedure executed in specialised institutions, and it has not caused any serious legal problems so far.

Nevertheless, serious problems occur when procedures related to surrogate motherhood have to be carried out. From the biological perspective, this entails the insertion of an inseminated germ cell, which almost always belongs to the female partner from the infertile couple, into the uterus of another woman who will carry the baby and give birth to it.

Despite being quite frequent in the Czech Republic, surrogate motherhood is not legally regulated but is not in conflict with any laws either. It is a grey area in which the ostensible purpose is fulfilled at the price of legal consequences which cannot be easily resolved.

The method of donating eggs in the treatment of infertility is considered legal. The egg donors are usually women who themselves are undergoing infertility treatment using the method of artificial insemination, or they may be voluntary donors who undergo hormonal interventions in order to produce eggs and donate them to other women.

From the legal standpoint, egg donation is regulated by provision §776 of the Civil Code (Provision no. 89/2012 Coll., Civil Code) which identifies the woman who gives birth as the mother.

The oocyte (germ cell, an egg) donation program assists the following women: women who are incapable of using their own eggs after stimulation, women after chemotherapy, women who lack ovaries or suffered ovarian failure, women who can use

their egg after stimulation but are incapable of getting pregnant and women with a genetic failing.

In medical facilities that perform these operations, demands on egg donors and recipients are very strictly and accurately defined, and the husband or partner is obliged to undergo semen analysis.

Roman Catholic Church and its Attitude toward the Issue

As with all issues connected with human sexuality and reproduction, the attitude of the Roman Catholic Church to surrogate motherhood is severely conservative and has been expressed in official Vatican documents, as well as in speeches by its individual representatives, especially in Poland.

In 2008, the Congregation for the Doctrine of Faith published a document titled Dignitas Personae The Dignity of Man, which was approved by Pope Benedict XVI, and is intended to apply to all Catholic believers. It deals with the anthropological, theological and ethical aspects of human life and birth and new treatments which include embryo manipulation or manipulation of the genetic code. A considerable part of the document is devoted to the techniques used in aiding fertility.

According to Article 12, new techniques of healing infertility must respect: a) the right to life and the physical integrity of every human being from conception to natural death; b) the unity of marriage, which entails mutual respect of one another's right to become a father and mother, exclusively by means of the other person; c) the principle that specifically human values concerning sexuality require that the conception of a living person be the product of the act of the married couple, which is a an expression of mutual love between them.

By virtue of this unambiguously and categorically formulated standpoint, the Church excludes all the techniques of homologous or heterologous artificial insemination which substitute

the couple's copulation, and therefore also disapproves of the method of surrogate motherhood.

Nevertheless, in Article 13, the Church states that it does not oppose action which would overcome obstacles in pregnancy and simultaneously recommends positive encouragement of such action and facilitation of the adoption process through legal measures.

Finally, in Article 16, the church considers it ethically unacceptable to separate procreation from the integral private context of the marriage act. Human procreation is regarded as a private act between a man and a woman, which does not concede any type of substitution or delegation. Furthermore, the church warns that "calm acceptance of the high abortive rate of in-vitro fertilisations eloquently demonstrates that the substitution of a marriage act by a technical procedure is in conflict with the human dignity closely pertaining to procreation, which cannot be reduced to a mere dimension of reproduction". On top of that, it also contributes to the depreciation of respect, which is a right of every human being. The avowal of this respect is made easier through intimacy between the wife and the husband, which is replenished by love.

The Church acknowledges the legitimacy of the desire to have children and understands the couple's suffering when confronted with the problem of infertility. This desire, however, cannot be given priority to the dignity of every human life to such extent that it will seize it. "Desire for a child cannot justify its production just as desire not to have a child which has already been conceived cannot justify its abandonment or elimination".

With respect to its stance on freezing embryos, in Article 19 the Church considers it ethically unacceptable to provide frozen embryos to infertile couples in order to "treat infertility" for the same reasons for which it opposes heterologous artificial insemination, as well as any other form of surrogate motherhood. **25**

This article expliclty excludes the application of the surrogate motherhood method, at least among Roman Catholics.

It is, however, questionable whether the opinions of a church in a state, where only 1 082 463 citizens, i.e. 10.3% of the population, refer to themselves as Catholics (Wikipedia entry Roman Catholic Church in the Czech Republic), should have more serious influence than an advisory one in the legislative process of devising a legal provision in the issue of surrogate motherhood.

It is appropriate to make a passing comment on the gradually increasing number of extramarital children, who are – according to the Catholic Church – not a product of "marital love".

In order to justify the assertion of the marginality or even irrelevance of the opinion held by the Church on the issue of artificial human reproduction, surrogate motherhood and work with human embryos, the following facts are presented.

According to Article 20, the cryoconservation of oocytes for the purpose of artificial insemination is to be considered morally unacceptable. Moreover, Article 21 states that from the ethical standpoint embryonic reduction is a deliberate, selective interruption, a calculated and direct elimination of one or more innocent beings in the initial phase of their existence which should be a serious moral offence by itself.

On the other hand, Czech law contains a quite solid legal provision concerning approaches for handling excessive embryos, meaning unused embryos and those that will not be used in connection with human reproduction.

Provision no. 227/2006 allows the use of embryos for research purposes only if they are considered redundant according to the aforementioned definition and provided by a centre for assisted reproduction, as well if they are not older than seven days. This period does not include the time after cryoconservation. Research on human embryos can be carried out only with the permission of The Ministry of Education, Youth and Sports

and exclusively on embryo cell lines obtained from redundant embryos in centres for assisted reproduction, or alternatively, from imported cell lines obtained from embryos in a way that does not conflict with Czech law and the law of the country of their origin, and if their importation was permitted by the Ministry of Education, Youth and Sports. The limitations on research on embryonic stem cells are also defined in the statement of reasons attached to provision no. 227/2006 Coll. in the stipulation that "the law prohibits the creation of embryos for research purposes, embryo research, as well as the research on human embryonic stem cells, if it was not sufficiently proved that embryonic stem cells were obtained from redundant embryos".

Provision no. 296/2008 Coll., concerning human tissue and cells, tightens the protections on human tissue and cells not only in the general context of handling these tissues and cells according to the transplantation law, but also in the specific sense of handling embryonic stem cells in the context of infertility treatment and their research. This norm is an implementation of the Directive 2004/23/EC of the European Parliament and of the Council of 31 March 2004 on setting standards for quality and safety for the donation, procurement, testing, processing, preservation, storage and distribution of human tissues and cells. Furthermore, it defines the sphere of responsibilities beyond the scope of the existing provision, with which the so-called "tissue establishments" and diagnostic laboratories handling human embryos must comply, establishing regulations for the import and export of human tissue, thus also embryonic stem cells.

A decision can be found in the judicature of the European Court of Human Rights overruling a complaint against a decision made by British courts. This decision upheld the ruling that the embryo's right to life, stipulated by Article 2 of the European Convention on Human Rights, was violated ("Conven-

tion"), and upheld the complainant's right to a private family life, as stipulated in Article 8 of the Convention and Article 14 of the Convention and prohibiting any form of discrimination. Concerning the violation of Article 2 of the Convention, ECHR followed up on its decision history when it stated that in the case of "non-existence of any consensus between the European states concerning the scientific and legal definition of the beginning of life; in this instance, the individual states are granted a margin of appreciation by the ECHR".

The embryo does not have individual rights in the UK and therefore cannot claim the right to life according to Article 2 of the Convention. Not even the violation of Articles 8 and 14 of the Convention was found legitimate by the court. Due to the absence of a common regulation, the signatory countries of the Convention are granted the margin of appreciation in their decision whether to regulate the area of IVF treatment (in vitro fertilisation by embryo transfer) or not, or whether to enact detailed norms which would determine how to reach a balance between the mutually competing public and private interests on the issue of artificial insemination.

According to the divergent opinions of two judges, the interests of one party, which revokes consent and demands the destruction of embryos, should prevail if the second party either: a) does not lack the capability to conceive a biological child, b) does not have any children or **c) is not considering the assistance of a surrogate mother in the embryo implementation process**. According to the judges, this approach would secure a just balance between the public and private interests and also between the competing interests of two individuals.

Possible Solutions

In the case of the infertile couple that decides to resolve its situation via surrogate motherhood, a sui generis purchaser-provider relationship arises in which a specifically modified

genetic material is inserted into the uterus of a surrogate mother, resulting in the birth of a human being. However, at the same time a question of "who is who" arises, which is not addressed with sufficient pragmatism by the law as it refuses to respond flexibly to everyday reality and practice.

Even in the resulting legal vacuum, solid solutions exist which allows the purpose of the intervention to be met from the legal perspective.

What is pivotal for further development is whether the surrogate mother is married or not, divorced or widowed. Meaning, whether she is legally unattached at the moment.

According to the provision §778 of the Civil Code, if a child conceived in artificial insemination is born to an unmarried woman, the father of the child is deemed to be the man who gave consent to the insemination.

It is an open secret that selected medical institutions dedicated to interventions in the field of human reproduction in the Czech Republic carry out an unknown number of interventions in which surrogate mothers play the main role. Each intervention presents a legal problem, and it is therefore high time to abandon the principle "mater semper certa" and its wording in the Civil Code. It is necessary to establish solid legal grounds for surrogate motherhood and provide solutions for cases in which a woman carries and ultimately gives birth to a child in other woman's interest if this woman does not want or cannot successfully carry the foetus to term and give birth. These solutions arise due to the egg donor's incapability of reproduction or reproduction reluctance or the egg recipient's incapability of reproduction.

The solution can consist precisely in the purpose, motive or sense of the performed intervention.

Provision no. 373/2011 Coll., concerning specific medical services in §3 specifies two forms of artificial insemination of a woman: 1) the insertion of sperm into woman's sexual or-

gans, and 2) the transfer of a human embryo produced by the egg's insemination extracorporeally into the woman's sexual organs. Furthermore, prior to the artificial insemination of a woman, it must be determined which of the following is applicable: 1) eggs obtained from this woman, 2) sperm obtained from a man who is undergoing infertility treatment together with the woman, 3) germ cells of an anonymous donor, who has to meet the age specifications and cannot be stripped of legal capacity or be limited in it. He cannot be in a police cell, in custody, or sentenced to imprisonment or to security detention. It is unclear whether a man could be an anonymous sperm donor in the period between being detained for interrogation and being taken into custody.

Due to the fact that one method of artificial insemination, in vitro fertilisation, which is carried out in a laboratory when a mother's egg is removed from her body, fertilised extracorporeally and then inserted into the uterus – whereas the regulation does not state whether the fertilized egg has to be inserted in the uterus of the same woman from which it came – it cannot be excluded or deemed illegal if the "donor" is a different woman than she, whose uterus the egg is inserted into after the insemination.

If the recipient of the egg is unmarried and the sperm donor is a man who gave consent to the artificial insemination, the question of paternity is clearly resolved in full compliance with the law.

Because the egg "donor" is the woman married to the man who is the sperm donor, the following procedure of determining the parentage of the child is substantially simplified. The child will be claimed by the husband's wife (§800 of the Civil Code).

There are several obstacles in the way, which have to be overcome with due sincerity, irrespective of religious opinions

on the one hand, and of how this or that deviates from current

moral standards on the other. It is also necessary to respect European law and the accepted international treaties and pacts, especially the Convention of the Rights of the Child. However, prohibition is no the solution.

Let us deal with the situation in which the transfer of human embryo produced by in vitro fertilisation into the sexual organs of the woman poses the question of that woman's reproductive organs.

The insertion of sperm into the female sexual organs or the transfer of a human embryo produced by in vitro fertilisation, as a result of which a woman gives birth, also does not pose any legal complications.

If it is possible to transfer into the sexual organs of a woman from an infertile couple a germ cell obtained from an anonymous donor, who incidentally, in the moment of this child's birth becomes his or her biological mother without any legal, moral, ethical or other consequences, demands, and relations, then the same procedure concerning a woman in the role of surrogate mother brings with it myriads of problems.

Because the purpose of human reproduction intervention is to eliminate infertility by way of medical preventative action, it is not possible to oppose such action convincingly by relying on moral principles. On the contrary, it is necessary to take this alternative into account and resolve both its medical and legal complications. The more frequently these interventions happen, the more urgently should this issue be dealt with.

As already stated, Czech law does not distinguish between a child born as a result of artificial insemination and a child born as a result of natural copulation.

By contrast, a child born as a result of a embryo transfer into the sexual organs of a woman in the role of surrogate mother finds him or herself in a very strange legal situation. The law in effect does not provide norms expressly regulating this situation.

Family law is a component of Private law, which means that what is not forbidden is allowed. It has never been mentioned in the literature that it is possible to transfer the human embryo produced by in vitro fertilisation into the sexual organs of only that woman, who wants or is capable of carrying the child to term. An analogy then?

Furthermore, it is necessary to consider the sexual intercourse of a certain person with another person always as an act of both partners' will, and therefore to devise a concept according to which it is not the actual union of the sperm with the egg but the shared will of both partners that carries decisive significance for the desired conception of a child. The logical consequence of accepting this concept is the identification of the concept of "copulation" with the will of the man who agrees to the insemination of his partner by the sperm of another man, or through the implantation of an embryo developed from an egg of his partner or another woman inseminated with another man's sperm.

In spite of provision §775 of the Civil Code expressly stating that the woman giving birth is the mother, it might be difficult to determine whether the egg donor or the woman who carries the baby and gives birth should be the mother. Meaning, if the woman in the role of the surrogate mother is the mother not only in the legal sense.

Irrespective of the provision in effect, there is no unanimous opinion on these questions. It appears, however, that opinions which support the motherhood of she who gives birth, predominate. Nevertheless, this stance cannot encompass all possible circumstances and may not always be the right in accordance with the purpose of the whole medical procedure. Dwelling on this principle has necessarily led to complications, including lengthy court proceedings, in which following consent of the woman giving birth, the child was adopted by the woman who provided the egg. At the same time, the possibility that a woman

who gave birth would ultimately refuse for any reason to agree to the adoption or that the woman who provided the egg would refuse the adoption or would not be able to agree to it for any reason, cannot be excluded.

Bearing these thoughts in mind, I omit the discussion of the legal standing of the husbands of both wives, without whose consent it would not even be possible to adopt the child or give consent to the adoption.

The difficulty of the process of denying someone the paternity and adoption is well-known and there is no need to deal with it at this point.

By abandoning the principle "mater semper certa est" (the mother is always certain) as the fundamental principle of establishing motherhood and birth as the proof of motherhood, problematic legal situations following the birth of a child via surrogacy might easily be eliminated.

Essentially, it is practically a solution of two situations in which it is improbable or impossible for a woman to conceive either in a natural way or to carry to term a foetus which will be capable of life (§3 par. 1 Act No. 373/2011 Coll., No. 373/2011 Sb.).

This dual situation, however, also demands two approaches and two legal solutions, while the solution can be concerned with nothing else than the motive or purpose of the performed intervention, which is not at all a simple or a free-risk enterprise from the medical perspective.

As mentioned in the introduction, it is a measure which aim is to overcome partners' childlessness, caused by infertility of one or both. It is purely this intention and this aim of the infertile couple which makes them undergo such a procedure. This same intention drives the woman to commit her egg to another woman to carry it to term. For the same reason, a woman decides to donate her egg to a woman whose medical status prevents her from conceiving using her own egg for

insemination, carrying to term and giving birth to it. Only in this second case it is possible to speak about a woman as an egg donor in the right sense of the word, while the first case concerns only the possibility of carrying a foetus to term and giving birth.

At the moment of birth, the woman who gave birth, i.e. the mother is endowed with rights and obligations which are specified by family law. This woman is awarded parental responsibility as specified in §858 of the Civil law. Any agreements which would stipulate anything else, would be invalid. According to the current legal provision, the only way the child can be handed over to the intended parents, the registered parents, is through adoption.

It is only through adoption that the woman – the genetic mother, who did not deliver the child, can become a mother legally. This situation should be respected with all due sincerity in mind. Especially, as far as the surrogate mother is concerned, she should not be married, lest the adoption should get complicated by the presumption of paternity, upon satisfaction of which requirements, the husband of the mother would be established as the father.

On the contrary, if the surrogate mother is not married, the biological father's paternity may already be confirmed during the surrogate mother's pregnancy. A statement of agreement regulation §16 par. 3 letter b of Act. no. 301/2000 Coll. concerning the registry also allows a subsequent entry of the father in the register. In case paternity should emerge as a result of a man's consent of the artificial insemination of a woman with another man's sperm, according to §778 of the Civil law, a statement of agreement would have to be delivered or a court decision establishing paternity would have to be made in order to make a registry entry. Following the child's birth, the biological mother issues a request for adoption from the surrogate mother. Alternatively, if the conditions of §818

of the Civil law are met, the surrogate mother's consent may not be needed.

This way of resolving surrogate motherhood entails, or rather demands, some limitations. The adopters should be a married couple despite the fact that family law does not expressly rule out the option of adoption by an unmarried couple or an individual woman. On the contrary, the registered partnership act expressly denies the registered couple the possibility of adoption. The current adoption provision also does not permit the existence of any family relationship between the surrogate mother and the biological mother, who pursues adoption (with the exception of mother-in-law – daughter-in-law relationship), which may mean for future parents a radical decrease in the number of women willing to act as surrogate mothers.

From what has been said so far, it may be inferred that surrogate motherhood does not conflict with Czech law as the law does not prohibit surrogate motherhood and it can be practised by virtue of the fact that no law dealing with surrogate motherhood exists.

The first time surrogate motherhood was debated on an international legal level was at the World Congress of medicine law in Gent in 1985, where the conclusion was reached that only the woman who gave birth to a child should be considered its mother. Nevertheless, this rule was violated by the institution of adoption.

The only mention of surrogate motherhood appears in the provision §804 of the Civil law, which does not rule out the possibility of adoption between people related by direct descent, or between siblings in the case of surrogate motherhood.

Thereby, a dilemma occurs when something is not permitted, but simultaneously is not prohibited etiher. In spite of this, certain rules exist which are obligatory and equally very difficult to comply with and difficult to enforce. Moreover, they can be completely legally bypassed.

For instance, surrogate motherhood may not entail any financial transactions. It violates the principle that the human body and its organs are non-marketable objects. Therefore, something like the rental of a uterus is ruled out. On the contrary, the mother, and therefore even the surrogate mother, has the right to compensation for the expenses related to pregnancy and birth that are paid by the child's father. The law does not address the amount of these expenses, which of course differentiate from person to person, and also does not rule out the possibility of paying this de facto agreed reimbursement in a lump sum. It is completely irrelevant whether an agreement has been made between the purchaser and the provider, be it spoken or written, as it is not legally enforceable.

If a father acknowledges his paternity in the course of a pregnancy and the surrogate mother relinquishes the child, the child is passed over to the father's care, upon which the father's partner adopts the child with his consent.

At first sight, everything seems feasible so far. Nevertheless, complications can arise for the requesting couple as well as for the female provider. Let us not investigate the motives now. A man from the requesting couple will not acknowledge his paternity, the female provider will not give her consent to the paternity, the female provider will refuse to relinquish the child, the child is born with a handicap, the requesting couple dies.

Alternatively, in case the father dies after acknowledging his paternity, the child will become the rightful heir, the surrogate mother will keep the child and the bereaved partner will lose half of her inheritance.

Several similar situations may occur and none of them are implausible.

Legal uncertainty, which affects both parties on the issue of surrogate motherhood, cannot be understood merely as a business risk.

For the sake of legal certainty, it is time to acknowledge the factual state of matters and to establish solid legal grounds for surrogate motherhood.

Surrogate motherhood operates on the principle that the surrogate mother relinquishes her parental responsibilities for the child after the birth and enables the biological parents ("the intended parents") to adopt the child. Alternatively, if the biological father is already indicated on the child's birth certificate, the child is adopted only by the biological mother. It is important to ask ourselves the following questions, namely, what will happen if the surrogate mother refuses to relinquish the child, or on the other hand, if the intended parents refuse to accept him or her? Paradoxically, if the surrogate mother refuses to relinquish the child, the biological father will have to pay child support for a child who lives away from him in a completely different family. What if a situation occurs in which a child is born disabled and is not wanted by either the biological parents or the surrogate mother? What happens to such child at that point? Based on the current legal provision in effect (§775 of the Civil law), the surrogate mother will remain the child's mother and the intended father is assumed the father based on the presumption of paternity. Therefore, both of them would have rights and obligations toward the child. If an emotional bond between the surrogate mother or the intended parents and the child is not formed, a situation may occur in which the child is placed in institutional care facility.

De Lege Ferenda

Opinions advanced by legal and medical studies on the execution of surrogate motherhood are almost always positive.

Such a consensus, however, does not exist on the issue of how to legally approach this institution, and even less concord occurs in the discussion of which legal provision to choose from. **37**

Moreover, the commercialisation of the institute of surrogate motherhood is an issue that substantially contributes to the inactivity of the provision. Due to the fact that time has written the rules for the existing practice of surrogate motherhood, fundamental legal questions concern the legality, the reimbursement amount and the guarantee of the fulfilment of the agreed result.

This question may be partly resolved by the so-called surrogacy agreement drafted analogously to a contract for work. No matter how unethical and dehumanised this approach may appear, it is pragmatic and it rules out a whole range of problems that may arise in a situation when the relationships between the parties of this unusual undertaking are defined only orally or in writing, for they are not enforceable.

The principle of the surrogacy agreement was established in Great Britain and it may serve to some extent as an inspiration for the Czech legal provision.

It should clearly define the conditions under which surrogate motherhood will be realised, including the potential financial compensation of expenses connected with pregnancy and the reimbursement of the surrogate mother.

Both women should probably be the residents of the Czech Republic and should meet certain medical conditions. The sperm donor should be designated as the father and would have to express his consent with the medical intervention itself, as with the subsequent adoption.

The enforceability of this agreement's fulfilment would have to be guaranteed by the Civil Code.

It is disputable whether the method of surrogate motherhood should be available only on the grounds of medical diagnosis (e.g. congenital uterus damage; or heart disease which may threaten the health of the expectant mother or the foetus in the course of the pregnancy; etc.) or whether surrogate motherhood should be provided even to women who have elected it

for the reason that they, for instance, suffer from fear of giving birth, unwillingness to suspend their careers or for other non-medical reasons.

The potential Czech legal provision could stem from and be inspired by, but not copy, the British surrogacy agreement, which neither states that the surrogate mother has to hand over the child to the intended parents in all cases, nor stipulates that the woman who gave birth remains the mother. The actual handing over of the child can happen at any time, while the legal handover must be validated by a court decision after the specified conditions are met. The law stipulates the following conditions for the surrogate agreement in the Great Britain:

– The application must be submitted to the court within six months of the child's birth.
– The applicants must be a married couple and older than 18 years.
– At least one of them must be the biological parent of the child.
– The treatment which led to the pregnancy of the surrogate mother must be carried out at a public clinic which has a licence to treat infertility.
– The child must live with his biological parents.
– All parties have expressed their full and unconditional consent with the procedure, whereas the surrogate mother can express her consent 6 weeks after the child's birth at the earliest.
– The surrogate mother has not been provided any financial reward, with the exception of provable expenses which have arisen in connection with the pregnancy.

If the court acknowledges that these conditions were met, it will issue the so-called parental order, on the basis of which the intended parents turn into parents even from the legal perspective, while the surrogate mother loses the legal status of mother towards the child. Surrogate motherhood has been practised in the UK since 1984.

Nevertheless, despite potential inspiration from the UK, the implementation of the surrogacy agreement would be very difficult in the Czech Republic. In the Czech legal environment, the risk that the child – the object of the agreement – would be "degraded" to a mere thing should be taken into cosideration. According to the introductory provisions of the Civil Code, only things can qualify as the objects of civil relations, or if nature allows, laws and other property values. A human being is therefore excluded from the possibility of being an object of civil relations. If we conceded to the possibility of agreement, we would have to construct the rights and obligations of the individual subjects, the object of agreement etc. We would have to concern ourselves with the origin, change and the termination of the legal relation, which is a consequence of the existence of a legal norm and also the assumption of legal reality presupposed by the legal norm. This is unfortunately impossible, as it is impossible to construct rights and obligations to a child as if it were a thing, an object of an agreement.

Despite the obvious commercialisation of the institution of surrogate motherhood, it is necessary to retain the understanding of surrogacy as a form of help, one of the methods of assisted reproduction, in which only the conditions for the intended parents and the surrogate mother will have to be defined legally and will be understood as contractual relations.

Decision regarding the legal provisions for surrogate motherhood are crucial and require thorough discussion. That is, however, difficult and complicated due to the current upsurge of the medical perception of surrogate motherhood. If doctors identify the legal ambiguities as the main obstacles, the arguments for discussion should be sought out not only in law, but also in other scientific disciplines (psychology, sociology, ethics). The potential legal provision falls under the authority of the Ministry of Health of the Czech Republic, which should

exempt surrogate motherhood from the group of other assisted

reproduction techniques and enable all parties to receive social-psychological counselling and then to receive advice from the Ministry of Justice of the Czech Republic. ■

Danuta Borecka-Biernat

Aggression among Children – Family-driven Determinants and Manners of its Prevention

Analysis of the Concept of Aggressive Behaviour

Aggressive behaviour, referred to as aggression, has been the subject of studies, observations and analyses of specialists of various scientific fields and spheres of social life. Psychologists, sociologists, educationalists together with layers, educators and organisers of social life have been interested in this phenomenon. This is the cause of difficulties in the unequivocal formulation of aggressive behaviour which would be accepted by all the interested experts and specialists.

From the perspective of psychology, aggression stands for a certain type of actions performed by people. Human actions, especially taking place during interpersonal contacts, are specific taking into consideration motivation and its character which underlie them, as well as effects which they cause together with moral and social values attributed to them. Differences in the definition of aggression by psychologists and disputes around the concept are basically brought down to that which of the listed criteria dominates in its specification (cf. Skorny, 1993).

In accordance to the motivational-emotional criterion, the essential feature of aggressive behaviour refers to specific motivation distinguishing it from other types of actions and activities. It is reflected in that aggressors demonstrating

willingness to do harm and destroy, intention to inflict damage on people, hurt, cause pain, distress in their experiencing emotions of anger, irritation, hostility, and hatred in relation to people who are the subject of aggression. It is assumed, therefore, that aggressive behaviour is activated and controlled by negative emotions and its intention is to harm, hurt, distress other people (cf. Ranschburg, 1993; Aronson, 2009).

An alternative criterion for the definition of aggressive behaviour is located within the sphere of its socially harmful consequences (objectively observed, measured, recorded). Subjective intentions to do harm or damage which stimulate feelings of anger, jealousy, hatred is not then the essential component of aggressive behaviours which accompany them or facilitate their occurrence. In this perspective, aggression is generated by such actions which cause body injuries, destruction of inanimate objects, devastation of the environment and which lead to pain, distress, humiliation of dignity, formulation of negative opinions, inhibition of activities conducted so far. Aggressive operations may cause or do cause suffering and harm (materially, morally) of people towards whom they are directed (cf. Wojciszke, 2003).

A third condition which should be taken into account in the specification, differentiation and definition of aggression as a specific class of interpersonal behaviours refers to the criterion of moral and social valuation. Aggressive behaviours as all actions taking place in interactions between people are subject to their assessment from the point of view of socially acceptable norms. Such moral and social valuation applied to define human actions requires consideration which behaviours are useful, desirable and which undesirable and harmful (socially). Kosewski (1977) is of opinion that "angry" aggression derived from emotions of anger, irritation is usually assessed negatively and treated as undesirable phenomena. Then actions which temporarily bring pain, suffering, injury to others (but they are justified by social

reasons) and in their further consequences they turn out to be useful and valuable for individuals, lead to positive effects, tend to be regarded to be acceptable and desirable although in fact they are of aggressive nature. So, taking into account social circumstances at which aggression occurs, Frączek (1975, p. 41) treats aggression in interpersonal relations as *such actions leading to suffering, damage, injury which are not justified by that they are useful, valuable for a particular individual or social group in their further consequences.*

There are also definitions which take into account three criteria of aggressive behaviour: intentionality, its consequences and social circumstances related to social norms and values. Aggression is then an action activated and controlled by anger and motivation to harm other people (the motivational-emotional criterion) which results in suffering and injury of attacked victims (the criterion of social consequences) but its recognition as aggressive operation is related to the analysis of social circumstances (within which aggression occurs) connected with social standards (the criterion of moral and social valuation) (cf. Toeplitz-Winiewska, 1980).

Generally speaking, the psychological literature provides three manners of understanding aggression.

Identification of Aggression and its Objectives among Children

Aggressive behaviours are undoubtedly often conducted for a particular objective. It is not asked why aggressive behaviour occurred but for what reason it occurred. These aims can be varied, for example fulfilment of specified needs, achievement of certain benefits, release of tensions or escape from threats. Special attention should be turned to the children-oriented objectives proposed by Poraj (2002).

Among young children with the participation of adults, **aggression appears as a fight in game.** Its aim is to try

45

out one's strength and to experience joy derived from victory. Parents encourage young children to play in which elements of fighting occur. They provide them with information that their aggression-driven behaviour is normal and accepted. Children introduce it to their repertoire of behaviours and shift it to beyond-family situations. Fighting in a game is usually a masculine play between fathers and sons. During fights fathers turn out to be weaker rivals as they surrender allowing children to win, who feel a sense of natural joy derived from victory. Children will provoke their parents to face further consequences; they will actively seek occasions to check their capabilities at fighting. Every time they win and build their confidence in their invincible physical strength. This is false knowledge on themselves and children do not know about it. In the course of time, fathers can be replaced by brothers, friends or other children. They can treat such games as factual attacks and will defend as much as they are able to. They will fight authentically with unpleasant consequences to follow (although it was supposed to be a game only).

Aggression also appears in games with military toys, mainly for boys. Children master their fighting skills and get used to aggressive behaviours and later shift them to other situations (beyond playing). The same happens in case of widespread computer games among children and adolescents where they fight with animated enemies and kill them. Characters endowed with more than one life are the paradox of such games. Such situations provide false information on the consequences of killing. If a game goes out of the world of fantasy, it can lead to a disaster. Both military toys and games teach children aggression as habitual behaviour in difficult situations.

Aggression as a reaction to frustration is to compensate harms and injuries. Aggression understood in this manner is treated as the retaliation for suffered humiliation. It occurs at the threat of one's own self-image, personal dignity or self-

esteem. Attack is a manner of raising one's respect. Pupil's aggression when experiencing school failures can be easily imagined. Teachers usually punish pupils for lack of learning effects and improper response to these punishments. Then, pupils' attack should be understood as a result of their failures caused by anger and irritation.

Aggression as an "enquiry" with the view to determine the boundaries what children are allowed to do. It appears at places where there are no clearly defined boundaries of what is permissible and what is forbidden. One of the typical manifestations of it concerns forcing parents by young children to purchase toys. Such children want to have a toy and if parents do not want to purchase it, they launch the whole arsenal of manners of enforcement: crying, screaming, stamping, pulling, kicking, throwing to the ground and descending into hysteria. Then purchasing it is the easiest way to silence them. When their behaviour brings the results they wish (the toy is purchased), children learn that their conduct is effective. In this case, adults give consent for their undesirable behaviours. If parents start making attempts to correct the behaviour of their child, the battle begins. Children are reluctant to abandon the position of dominance and power over their parents.

Aggression as a hidden desire for love is to attract interest, love, and support from their immediate surroundings. A search for interest through socially disfavoured behaviours which however bring popularity of the person (people) concerned, can be observed at home. Home is the area which often manifests itself in a lack of interest towards children. Parents who are busy with their work forget that there are children to be cared for at home. Children react diversely to this situation. In some cases when children do something wrong, parents turn their attention to it. Of course, their attention is of specific type as it concerns punishment. However, they prefer the interest of their parents which is connected with punishment to their

total indifference and ignorance (often experienced by them). As it turns out, children's aggression stands for an attempt to express their needs of more attention and interest or their disapproval of constant parents' absence.

At the end of this part of the discussion it is easy to notice that the identification and analysis of the objectives of aggression make it possible to understand their behaviour. Motivation is, as it can be seen, the important determinant of aggressive behaviour.

Family-driven Determinants of Aggression

Family-driven determinants of aggression can be divided into two groups. The first group of family-based factors generating children's aggression refers to a style of family up-bringing. Parents' aggression also contributes to children's aggression and belongs to the second group.

Children's Aggression Resulting from a Style of Family Upbringing

A number of researchers point to a family as the major source of determinants of aggressive behaviours (cf. Borecka-Biernat, 2013, Walęcka-Matyja 2013). Efforts have been made to seek its causes in upbringing impacts of family-based environments, in particular in specific forms of parental upbringing influences towards children, namely, in emotional relations of parents towards them, requirements set towards their behaviour and types of reinforcements applied. These basic and most significant forms of upbringing influences within their interactions determine style of family upbringing (cf. Przetacznikowa, 1980). A variety of definitions of the concept of a style of family upbringing are provided in the literature. Among numerous attempts to define it, the definition made by Pluta (1979) deserves attention as it lists all the relevant elements of a standard upbringing situation. A style of family upbringing, according to the author (op. cit., p. 44), is expressed in *a specific, relatively stable relation-*

ship of a educator towards a pupil, in manners of conduct and enforcement of imposed obligations.

The study results concerning the issue of aggression show that inappropriate emotional relations in a family, emotional lack of parents' interest, clear emotional conflicts between a child and parents significantly favour the formation of spontaneous aggression filled with emotions manifesting in the form of violent acts by children. Such negative parents' conduct does not satisfy child's basic needs for emotional contacts, parental love, security and acceptance. Such deprivation of children's psychological needs and excessive coldness in interpersonal relations will lead to the formation of their hostile attitude towards people and the world. The studies made by Bandura and Walters (1968) clearly show that failure to fulfil needs for dependency and no emotional relations lead to increased aggressiveness of their responders. Long-term failure to fulfil needs for emotional dependency prevents children to get identified with norms and attitudes of their parents. As a result, there is no internalisation of mechanisms of internal control (aggressive impulses) whereby child's aggression can easily be manifested directly (cf. Liberska, Matuszewska, 2001). It will be characterised by its extensive tendency to get strengthened – as some authors state (cf. Pospiszyl, 1970) – thanks to its cathartic properties. Thanks to aggressive acts people release a lot of emotional tensions, which – when experiencing outbursts of aggression – are felt as rather pleasant states what in turn leads to their strengthening. Aggressive catharsis is the existing emotional experience which is accompanied by a feeling of relief and calmness. Then an act of aggression is awarded in an immediate manner. Aggressive behaviour which temporarily reduces tension is a rewarding factor and thus strengthening an aggressive manner of reaction. Under the influence of temporary relief at each and every frustrating situation children will look for an opportunity to demonstrate aggression as they have already experienced that

in certain situations that brought them relief (cf. Ranschburg, 1993). Children have already known that aggression is a good manner to get gratification and scores a motive for aggression. In general, the cathartic effect is very short-term and allows them to run away from suppressive frustrations and conflicts just for a short time while the very causes of life difficulties are left intact.

The literature also provides evidence that parents' tolerance of aggressive behaviours of their children is an equally important cause of aggression at children. This tolerance can take a form of allowance for aggressive behaviours, not for punishment for them or their encouragement. Such parents' conduct does not contribute to the development of children's abilities to control their own aggressive impulses or reactions. The research made by Olweus (1980), Kirwil (1992) show that aggressive behaviours rewarded at home, permissive or encouraging attitude of adults in relation to children's open aggression in later periods increase chances of application of aggression by them in other interactional situations. It means that a level of aggression at children towards their peers, siblings and adults will increase as it is confronted with indulgence or acceptance on behalf of their parents. Upbringing without strengthening child's control over emotions, no postponement of gratification, yielding to demands made by children, tolerance of manifestations of tyranny on their part, all of these called "spoiling upbringing" lead to increased aggression (cf. Obuchowska, 2001). If children are over-protected, the following "spoiled child"-typed behaviours often occur: excessive self-confidence, a sense of higher value, vanity which sometimes mask uncertainty or anxiety. Such children are also generally exposed to threats, failures and difficulties, because they are not trained to overcome these types of situations. Protective parents by rewarding dependent behaviours

50 inhibit children to acquire abilities to cope independently with

different social contexts and foster the creation of child's low tolerance to frustration (cf. Plopa, 1984). Therefore, children become strongly dependant on adults, they have got no sense of their abilities and capabilities to act. They just rely on their caregivers. They are perceived as more and more helpless in life, indecisive and little mentally resistant persons.

Over-protected children face a lot of difficult situations due to their lack of independence, resourcefulness and emotional independence. As a result they tend to be obstinate, nervous, and negatively-oriented towards surrounding people (their surroundings). And thus being always privileged in family situations, they get into conflicts in beyond-family situations (at school) at which peer-to-peer relations apply; they find it hard to understand that they do not deserve special consideration from their peers (surroundings), that they are not required to comply with group standards, fulfil obligations derived from their group membership and perceive needs of others. These children – feeling disadvantaged and unfairly treated – often resort to aggression believing that their behaviour will lead to increased interest in them and allow to achieve their goals. If their behaviour brings the results they expect (gaining interest and support from their surroundings), they learn that aggression is an effective manner to overcome difficulties. Children will often try out the manner and if they find it effective, the behaviour will strengthen and enter the repertoire of their conduct. As Wojciszke (2003) declares, aggression will increase and strengthen when it leads to getting a reward. It can include external awards, referring to their social status, recognition of others or other assets. The important role is also played by internal, psychological awards. It considers children's increased self-esteem, a sense of control over particular situations and power over others.

Pospiszyl (1976), Lachowska (1986), Pawłowska (1991), Pielkowa (1997), Dutkiewicz (2003) – by examining aggres-

sive behaviours in the context of upbringing environments – proved that the application of upbringing techniques (methods) based on presenting predominance and emphasising power by parents significantly contribute to the formation of aggression among children. Parents of aggressive children primarily apply severe corporal penalties, making fun, nagging, scolding, deprivation of privileges, pleasures and objects with their severity rapidly decreasing as children grow and quite rarely apply penalties based on emotions (threat of loss of emotions, feelings, silence) the intensity of which increase in relation to older children. All these techniques, both verbal (scolding, reprimanding, rebuking) and physical (beating, tapping) are generally linked with higher levels of aggression at both boys and girls. In most cases, bad school grades, disobedience and verbal aggression were the cause of punishing children characterised by a high level of aggressive behaviours. It is worth noticing that parental upbringing discipline based on rewards is the least popular. Parents of aggressive children make use of material rewards to a minor extent, more often applying praise as a form of positive strengthening for their "exceptional" behaviour. In fact, most parents claim that the application of rewards is not an appropriate upbringing practice. They often express their opinion that good behaviour is a "child's obligation" and only child's "exceptional" upbringing should be rewarded. Thus, the application of physical punishments, bawling and shouting strengthen aggressive behaviours. Punishment as an aggression-generating factor can be considered in terms of launching two fundamental mechanisms of aggression: frustration and modelling. The mechanism of frustration operates not only in case of failure to fulfil security, emotional contact and independence needs, but also in case of inappropriate reinforcements, especially frequent use of physical punishments. The empirical material obtained by Menecka (1998) shows that

52 severe punishments inflicted by parents do harm to children

causing pain, lowering their self-assessment, arousing fear, desire for revenge and obstinacy towards punishers. The application of punishments is also considered to be a source of aggression modelling. Parents punishing children often are not perceived by them as aggressive persons; frequent punishing forms a model of aggressive behaviours at children. Severe punishments cause the pass-on of patters of aggressive behaviours in relationships with people to children, promote patterns of aggressive behaviours, teach them to defend their causes with the use of force, leading to shift aggressive reactions to other people (cf. Zimbardo, Gerrig, 2005).

At the end of this part of the discussion it is noticeable that the formation of aggression is linked with the presence of upbringing style components applied in a family. The discussed studies have shown that an aggressive behaviour is formed in case of upbringing situations at which there are inappropriate emotional relationships between children and parents, there is no emotional interest on their part or there are clear emotional conflicts between parents and children. Parents apply punitive disciplinary methods only. Rigorous upbringing conduct should be treated as a manifestation of parental aggression towards children which is a kind of pattern of behaviour which gets strengthened at them in the form of habitual reactions to other people, objects from their surroundings or task situations. Parents' tolerance of aggressive behaviours of their children is also a significant cause of the formation of aggression at children. Such tolerance can take a form of consent for aggressive behaviours, their encouragement, or lack of punishment for them. Overall, the presented research works indicate two defective family environments generating aggression: a cold, indulgent family characterised by hostility, lack of child's acceptance, lack of specified orders and expectations, punishment as the main manner of influencing child's behaviour and on the other hand, a warm, limiting family approving children

unconditionally, excluding child's independence rarely applying physical punishments and often praising.

Children's Aggression as a Result of the Modelling Impact of Parents

In numerous situations, human behaviours depend not only on the characteristics of situations to be responded, but also on the manner of other people's behaviours in these situations. A concept of modelling refers to the process of learning of behaviours through observations of other person's (model's) behaviours. This is learning through observations, learning by means of examples, so-called social learning aimed to imitate of other people's behaviours (cf. Poznaniak, 2000).

The impact of family upbringing is achieved through conscious activities but also through unconscious actions by means of family patterns of behaviour. A family is an abundant source of patterns of behaviours in different situations. Children imitate behaviours of people with whom they are emotionally connected. Parents play a crucial role in the process of modelling of child's behaviour (cf. Bronfenbrenner, 1970). Parents form the grounds for the development of basic patterns or models of behaviour at children in their social surroundings. By identifying with parents, children try to behave in the manner they image their parents would behave in particular situations.

Children learn aggression as other behaviours not only based on their own experience but also by observing behaviours of other people and perceiving consequences to which they lead (cf. Wojciszke, 2003). Presence of aggressive people in families is the cause of aggression within their facility surroundings. The research developed by Rostowska (1996), Borecka-Biernat (2006) provided evidence that there are dependencies between parents' aggression and aggressive behaviours of their children. A large number of aggressive mothers and fathers constitutes unquestionable cause of aggressiveness of their children and **54** duplication of the model of aggressive interactions by them.

Parents of aggressive children are seen by them as aggressive, preferring aggressive behaviours at their contact with children. It is worth noting that, as some authors (cf. Grochulska, 1993; Rostowska, 1996; Grochocińska, 1999; Bryłka, 2000) consider, the effectiveness of modelling intensifies in case parents apply punishments as negative reinforcements. The vast majority of parents of aggressive children include individuals preferring shouting or physical punishments in their upbringing. Fathers turned out to be more severally punishing people. They more often meted out punishments to boys than to girls. It was indicated that mothers manifested verbal violence against girls more often. Boys turned out to be more aggressive as they were punished more (and oftener). It should be emphasised that the application of punishments evokes reactions of anger, rebellion, protest, revenge at children and at the same time provides them with the model of patterns of aggressive behaviours. Physical aggression is more typical to boys, whereas verbal aggression to girls who learn it from their mothers. On the grounds of the presented empirical data it can be concluded that children can assimilate aggressive attitudes in case when their imitated models are aggressive. Psychological studies have confirmed that the majority of aggressive children come from families at which there is one aggressive parent or both of them. Parents who punish children are often perceived by them as aggressive people. Frequent application of punishments leads to the formation of the model of aggressive behaviours (cf. Wolińska, 2000). Therefore, aggressive behaviours towards children themselves (physical punishments) play relevant modelling role.

In addition to upbringing methods based on physical punishments at the generation of aggression and inappropriate relations between parents themselves are the major sources of aggressive behaviours of children. In terms of such modelling of aggressive behaviours by parents, mutual parents' relations should be taken under consideration. If they are dominated

by conflicts, quarrels, or bawling, then similar behaviours at children will be formed. If children observe aggressive relations of parents towards other people, for example neighbours, friends, or encountered people, then they will learn that this is the right way to respond to them. There is no doubt that children who watch aggressive scenes of their parents take on aggressive models of behaviour. Cywińska (2011) claims that aggressive forms of behaviours at children's conflicts are transferred from family conflicts which for children constitute negative patterns in this respect. Statements made by children at their school age indicate that parents become negative models manifesting numerous acts of aggression towards each other to a significant extent. Scenes of quarrels, fights, acts of malice in parents' relations motivate children to aggressive behaviours. It is worth highlighting that the model of aggressive family has an impact on the course of beyond-family children's relations. In quarrelsome families frequent quarrels or abrupt changes of action are taken on by children to follow. They apply these behaviours at their contacts with families or siblings and also shift them to school interactions, behave arrogantly towards teachers, are aggressive towards their peers.

When reinforced their exhibited aggressive behaviours can be positively strengthened and become their habit to attack. It is about direct reinforcements referring to learning people themselves and indirect (alternative) reinforcements – to model people. The "rewarding" of aggressive behaviours plays a significant role in their formation. If it is found that aggressive behaviours are effective, rewarded, lead to the fulfilment of needs, and it is quite a high probable that observers will imitate them hoping they will bring them gratification (Grochulska, 1993). It means that when children see their models receive specific rewards , i.e. they have got what they want and do not suffer any consequences or just little consequences, it encourages to imitate similar behaviours. As a result it causes strength-

ening of aggression as an effective manner of behaviour. At the same time, observed effective aggression, i.e. allowing to achieve any desired objective, penetrates children's personality forming a view that the world goes in this manner and either you are a winner (promoted by aggression) or a loser. The view that aggression is an effective manner to cope with difficulties and that objectives can be accomplished at all costs can be formed from one's early childhood (cf. Obuchowska, 2001). It has been found that harmful patterns of interactions called family enslaving named by Patterson commonly occur in families of aggressive children. Aggression there is used by both parents and children for the purposes of mutual control and achievement of objectives. Children take on aggressive forms of behaviours from their family surroundings and treat them as effective manners of solving problems, achieving objectives. The research conducted by Borecka-Biernat (2006) provided evidence that there are dependencies between parents and children in the range of preferred-by-them manners of coping with difficult situations. It is concluded on the grounds of the research that mothers and fathers perceived applying strategies based on aggression contributory to the modelling of strategies consisting in aggressive behaviours and used in difficult social situations by young people. Another important result refers to a high level of aggressive strategies of coping in socially difficult situations by fathers. Regardless of whether mothers cope aggressively in difficult situations or not, it results in increased levels of aggression-based strategies of coping at girls and / or boys. It is also worthy of note that gender (sex) as models' feature which facilitates identification with them plays an important role under natural situations. So fathers have an impact on the formation of aggressive strategies at boys. They identify with fathers and most often a kind of identification with aggressors and imitation of their patterns of behaviour occur. In turn, a presumption is raised that the formation of

aggression-based coping strategies in a group of girls is impacted by the personal characteristics of fathers with whom they identify and not the gender compliance of models and identifying individuals (cf. Rychlak, Legerski, 1967).

On the basis of the presented empirical data it should be noted that aggressive behaviours of children in various life situations can be explained by the model of aggressive behaviours of their fathers and mothers. Children echo their parents and thus they learn to solve conflicts with the use of force, in particular of they observe positive results of their aggressive behaviour (cf. Aronson et. al., 2012). Summing up, a family is a place at which social learning of aggressive behaviours through modelling takes place. Aggressive behaviours at children are a form of learned conduct by observations and frequent contacts with people manifesting aggressive behaviours, i.e. models, most often parents.

Prevention of Aggression among Children

In view of the obvious dangers of aggression, the question is whether aggression can be stopped and if so, how? For a long time constructive manners of coping with aggression have been sought. Reduction of aggression and violence by means of legal methods failed. Some successes were achieved through methods referring to psychological knowledge and support. The manners which are pointed most often include punishment of aggression and elimination of aggression through the release of stimulation leading to aggression.

Punishment of Aggression

A punishment can be defined as follows: this is *a negative situation avoided by an individual and accompanied by an unpleasant emotional state* (cf. Mika, 1987, p. 380). Due to the increased availability and apparent ease of application of punishments, punishment of aggression is the most popular manner of coping with inappropriate behaviours of children

conducted mainly by parents. The role of punishment applied to prevent aggression is not clear. On one hand, punishment of aggressive behaviours reduces their intensity and frequency of their occurrence. On the other hand, since punishment usually takes a form of violence, people who try to eliminate aggression can – instead of achieving the objective – become models of aggressive behaviours and create conditions which are conducive to the process of modelling.

All the researchers dealing with aggression agree that rewards for aggressive behaviours cause their intensification; their major controversies focus around the issue of punishment of aggression and its effectiveness. Understanding the effectiveness of punishment by learning psychologists should be considered. Firstly, effectiveness of punishment is understood as any effects caused by punishment such as fear, escape from punishment, its avoidance. Secondly, it can be understood in this manner that punishments cause specific effects which are considered to be desirable. For example, through punishment it is expected to eliminate certain reactions, accelerate the process of terminating or learning certain reactions. Thirdly, by applying punishments, not only effects considered to be desirable are achieved but also effects considered to be undesirable are reached. Punishments should not lead to such undesirable effects at punished people as neurosis or negative attitudes to punishing people.

On the basis of the analysis of learning theory, three research hypotheses with various degrees of empirical verification on the effectiveness of punishments for aggression are set forth.

Punishments for Aggressive Behaviours are Ineffective, Little Effective or Even Harmful

The observation and analysis of children's behaviour in real life situations brought the researchers dealing with aggression to the conclusion on the ineffectiveness of punishments as techniques to control aggression (cf. Bandura, Walters, 1968; Pospiszyl,

1973). Punishments suppress punished reactions (aggression) but do not eliminate them. It also turns out that the cessation of punishment leads to recurrence of punished reactions (aggression). Punished aggressive behaviour is not eliminated if aggression is valuable for people behaving aggressively. Then punishment of children's aggressive behaviour who for example learned it as a manner to avoid disapproval of their peers brings a rise in aggressive acts (cf. Konarzewski, 1982). It should be emphasised that if aggressive behaviour is for aggressors more valuable and meaningful than punishment, aggression will not be eliminated or suppressed.

Additionally, Bandura and Walters (1968) consider that punishments are ineffective as they do not result in the termination of undesirable reactions (aggression). Moreover, they lead to two types of socially undesirable effects: firstly passing-on patterns of aggressive behaviours in interpersonal relations, and secondly shifting aggressive reactions to other people.

Moreover, Skinner (1995/1938) draws attention to the three most important undesirable effects of punishments:

– Application of punishment evokes a feeling of fear at punished people, which is a negative and harmful reaction as it lowers a level of response.
– Application of punishment evokes a feeling of conflict at punished people as it forces them to inhibit punished reactions; this conflict is a harmful state.
– Both intensely negative emotional states to which a feeling of fear belongs and conflicts can lead to neurotic disorders.

The effectiveness of punishments was tested by Hollenberg and Speery (following: Ranschurg, 1993). Under the influence of punishment a level of open aggression is reduced, however not permanently. Punishment of open aggression leads to frustration which produces new anger and new tendencies for aggressive reactions. Children feel that they are threatened

by punishments and restrain from visible manifestations of

aggression but their inclination remains and is released in the form of symbolic aggression. Punishment can become a new source of aggression which – in the course of time – can be transformed into permanent patterns of behaviour.

Punishment for Aggressive Behaviours is Effective

The occurrence of such emotional states as anxiety, fear in the process of punishment makes the grounds to eliminate aggression or to make individuals to escape, avoid punishing stimuli (cf. Lefkowitz, Walder, Eron, 1974). Fear is the basis of learning of these activities by a person leading to its reduction, which is the reward for these activities. The application of punishments is effective as it eliminates punished actions. Punishments are important factors in the process of learning. Thanks to them people not only learn activities leading to the reduction of fear but can also internalise norms and social roles. It is doubtful that emotional states (anxiety, fear) accompanying punishment are harmful. It is believed that they are the basis thanks to which punishment is effective.

Punishment for Aggressive Behaviours is Effective in Certain Circumstances

Modifiers of the effectiveness of punishment for aggression is linked with the issue of punishments (a place of aggression in the hierarchy of reactions), punishments themselves (their character, strength, phase, consequence of application, frequency and proportion in reference to rewards), existing relations between punishing and punished people (attitudes, acceptance of standards, social status).

The effectiveness of punishment as a factor which inhibits aggressive behaviours depends on whether aggression is the only manner to achieve the intended purpose or one of several possible ones (cf. Buss, 1961; Berkowitz, 1968). If the intended purpose can be achieved by non-aggressive behaviours, then punishment **61**

can be a method which effectively prevents aggression. This is especially true when punishment of aggressive behaviours is accompanied by rewarding of other instrumental behaviours which favour achieving the objective. When the objective can be achieved only through aggressive behaviours, objectively or in the concept of a particular individual (subjectively), then punishment inhibits it temporarily only, or can give rise to the shift of aggression. The effectiveness of punishment is conditioned by an indication of alternative responses to situations which cause children's aggression. Within their repertoire of behaviours they must have the whole range of reactions which are adequate responses to situations producing negative emotions.

Regardless of the characteristics of aggression, the effectiveness of punishment as means to eliminate aggressive behaviours or to reduce stimulation for aggression depends on a type of punishment. The empirical studies provide evidence that there are possible manners to eliminate and modify aggression through – apart from elements of physical punishment – other reinforcement techniques. Lefkowitz, Walder, Eron (1974) – upon getting acquainted with the experimental research – concluded that physical punishments are little effective to suppress aggression when compared with punishments involving deprivation of approval and love on behalf of relevant people. Physical punishment stimulates aggression and psychological punishment makes punished people internalise norms and values recognised by punishing others, evoking a sense of guilt. Physical forms of punishments through aggression are highly aggressive in nature and arouse negative emotions, therefore, their application can produce opposite effects in relation to the intended ones, for example physical punishment of children provides them with further patterns of aggressive behaviours.

The effectiveness of punishment as a factor inhibiting aggressive behaviours depends on the intensity of punishing stimuli.

Buss (1961) presents hypothetical dependencies (curvilinear

in nature) between the strength of punishment (understood as attack) directed at people and its response. In accordance with the principle, the author expects that low severe attacks do not trigger aggressive reactions, medium severe attacks are responded with intensive aggression, very severe attacks reduce the likelihood of counter-aggressive behaviours. According to the author aggression is hampered by punishments with their considerable severity; in this case they give rise to fear, anxiety and tendencies to escape. There is no doubt that as the severity of punishment grows, the probability of suppression of reactions for longer time periods increases; however it triggers higher levels of anxiety. The thesis on the effectiveness of severe punishments is confirmed by the research developed by Salomon (1964) and Parke, Walters (following: Frączek, 1975). The opposite to the above is presented by Lefkowitz, Walder, Eron (1974), Mika (1987) and Aronson et. al. (2012). They claim that the effectiveness of punishment is conditioned by its insignificant severity. Children punished most severely are most often aggressive.

A phase (moment) of behaviour at which punishment occurs has also got a significant impact on the effectiveness or ineffectiveness of aggression prevention by means of punishment. The research results provided evidence that punishment taking place at the start of deviant actions which are to be eliminated leads to more effective inhibition of disfavoured behaviours than punishment occurring just upon the completion of these actions (cf. Poraj, 2002; Aronson et. al., 2012). In other words, it appears that the maximal suppression of undesirable reactions is usually achieved when punishment occurs just upon the start of aggression. The effect of suppression of undesirable behaviours is weaker when punishment appears upon the end of aggression. Punishment just upon misbehaving directs children to link imposed punishments with undesirable behaviours, while their postponement – for example taking a form of

parents' statements such as *When I come back home, I will get even with you* is not conductive to the elimination of aggressive behaviours (cf. Stach, 1989).

Punishment immediately upon the begining of aggression directs children to link imposed punishments with their undesirable behaviours. Children get to know that every time when a similar behaviour occurs, punishment will follow. This inevitability of punishment effectively prevents the occurrence of aggressive reactions, but it is not widespread applied. Adults lack consequence, time and often postpone punishment. It releases children from their compliance with norms. Parents' reaction is violent, occurs in specific circumstances and leads to punishment for the whole of issues. Then punishments are not adequate to misdoings and give rise to a feeling of grievance at children. Unsteady, sporadic punishment is a relevant "co-trigger" of aggressive behaviours (cf. Berkowitz, 1968; Bandura, Walters, 1968). While conducting the research on the genesis of hooliganism of adolescent boys Pospiszyl (1970) stated that 70% of respondents behaving rowdy had grown up at homes at which parents exhibited parental inconsistency in their upbringing.

In order to achieve the elimination of aggressive behaviours punishments should not be quite frequent and should be accompanied with regularly frequent rewarding for pro-social behaviours (cf. Mika, 1987). The research results developed by Lefkowitz, Walder, Eron (1974) show that parents of aggressive children apply punishments only, focussing at undesirable behaviours, but do not facilitate them to develop non-aggressive behaviours through their rewarding. Low levels of parents' positive reactions towards children do not cause their increased aggressiveness but reduces the possibility of efficient application of punishments inhibiting aggressive behaviours. On the other hand, when punishment of aggression is accompanied by rewarding of alternative manners of behaviour, aggression

64 is subject to decrease (cf. Bandura, 1973).

Mutual relationships between punishing and punished people significantly determine the effectiveness of punishments. It is higher when punished people have a positive attitude towards punishing people than when their relationships are of negative nature. According to Becker (1964), Aronson (2009), the effectiveness of punishments by mothers linked emotionally with children is higher than by mothers with their cold emotional attitude. Mothers applying physical punishments not only revealed severer hostility towards children but also more often insisted on them to fight for their rights in conflicts with peers, even with the use of force. The negative attitude of parents towards children co-determines the negative attitude of children towards parents, which leads to the ineffectiveness of punishments to eliminate inappropriate behaviours. In this case punishments are not a carrier of information on the inappropriateness of behaviours and the need for their correction, but acts of aggression and revenge leading consequently to the intensification of aggression at children. Sears, Macoby and Lewin (following: Mika, 1987) present the issue otherwise. These authors, analysing the research results over various manners of children's upbringing by parents, state that there are many more mothers who often applying physical punishments and considering them to be effective keep warm emotional relationships with punished children. In contrast, little effects are brought by physical punishments according to mothers who keep cold emotional relationships with their children. The authors explain that children who are beaten by their mothers that love them are doubly penalised. At first they feel physical pain; then, they perceive interruption of good emotional relationships with mothers, whereas children who keep cold emotional relationships with parents are singly penalised as they suffer physical pain only and cannot lose good emotional bond with mothers as there is none. It follows from the above that physical punishments applied by mothers keeping their positive attitude towards children are

more effective than punishments applied by mothers keeping cold relations with them. In the first case, two negative reinforcements, i.e. beating and love interruption are introduced. It turns out that 66% of mothers keeping their warm attitude towards children consider physical punishments to be effective in comparison with 43% of them keeping no positive relations with children. So the effectiveness of physical punishments is conditioned by cordial, positive attitudes of punishing people towards punished people.

In general, it can be said that punishment for aggression can result in various consequences, depending on a number of factors, often unexpected ones, as they increase aggression rather than hamper it.

Aggressive Catharsis

The hypothesis of catharsis assumes releasing of stimulation (physiological and emotional tensions) which generates aggression through performing acts of aggression. As a result of aggression stimulation and chances of further aggressive behaviour would decrease. The existing data show quite fairly that a level of physiological tension experienced by aggressors (provoked to be aggressive) drops as a result of conducted aggression. Acts of aggression partially or totally reduce diastolic blood pressure to its pre-provocation level, which in turn lead to increased pressure. However, aggression has got such consequences when directed at provocateurs only – not at other people – so no cathartic effect of transferred aggression was stated (cf. Geen, Quanty, 1977).

The research on the impact of an act of aggression on its further range at the same perpetrator yielded the opposite results. Most of the experiments in which respondents were provoked to hostile statements on victims showed that such provocation led to their more hostile attitude to victims compared to respondents who did not speak hostilely on victims

(cf. Ebbesen, Duncan, Konečni, 1975). Respondents who previously inflicted other people with pain were of worse opinion about them (they like them less and attribute more negative features to them) than respondents who did not have any opportunity to physical aggression (cf. Geen, Quanty, 1977). Numerous studies indicate that a level of aggression not only decreases but in fact increases at multiple repetitions of physical aggression directed towards the same person.

The data on auxiliary catharsis which stands for releasing stimulation through other (than aggression) tension-reductive actions correlate with these results. The following are pointed most often: physical activities (running, pounding a punching bag), participation in sports games and cheering at sports competitions, watching acts of violence, games with elements of violence or fantasies on violence. Auxiliary catharsis is covered by a relatively small number of studies, however experiments have shown that aggressive fantasies directed at provocateurs do not cause any return of physiological tensions to their pre-provocation levels and physical exercises, sports activities requiring fierce competition or watching sports competition lead to increased (rather than decreased) aggression (cf. Patterson, 1974; Geen, Quanty, 1977; Russell, 1983).

Overall, the presented studies suggest that performing any act of aggression causes a drop of physical and emotional tension and brings a pleasant relief which is the reason for faith in the effectiveness of catharsis (in accordance with the hypothesis on catharsis) but increases tendencies for further aggression against the same victim and this is a completely ineffective manner to stop further aggression which is contrary to the hypothesis catharsis.

Techniques to Cope with Anger among Children

It is hard to live a day without experiencing frustration, irritation, anger and not to become a participant in conflicts.   **67**

Feeling anger is a normal phenomenon. So children – apart from other emotions – also experience it. Fischer and his colleagues (1990) think that anger arises in situations in which unjust threats or obstacles to achieve one's intentions are perceived. People are not born endowed with knowledge about methods to release anger (emerging within them) in a constructive manner without resorting to violence. Unfortunately, all too often aggression is a behavioural manifestation of anger aimed to cause harm to somebody or something. Children find it more difficult to express anger in socially acceptable manners. They are prone to verbal and physical harassment or anti-social behaviour such as breaking regulations, school dropouts, etc.

One of the manners to prevent aggression refers to teaching/training children in the scope of constructive expression of anger, negotiations and seeking compromises when conflicts arise. The data supporting the role of trainings of social skills in preventing aggressive behaviours (Aronson et. al., 2012) were collected. It turned out that children who previously underwent training on teamwork (group interactions) skills, upon experiencing frustration, reacted much more rationally and demonstrated less aggression.

It is important to realise that there is a fundamental difference between experiencing feeling of anger and expressing it through aggression. To cope with this emotional reaction, attempts can be made to suppress it. Restraining can sometimes help to control anger better, however persistent restraint leads to outbursts of anger, which if restrained, can even be caused by a minimal incentive. Suppression of intensive negative emotions can be a source of physical diseases, somatic disorders, symptoms of mental diseases or negative emotions that climax in the form of attacks of extreme violence. There are forms of expressing anger which are not connected to applied aggression. One of them is to communicate to the person who evoked it or other person (the surroundings) that you are

angry and to give the reason(s) for your bad mood. The recognition of one's anger relieves experienced tensions and improves mood. At the same time it does not start cognitive processes aimed to devaluate (depreciate) the object of aggression as without hurting the other person we do not have to justify our behaviour. Statements concerning our experienced negative feelings strengthen mutual understanding and promote to establish close relationships between and among people. The best option is to pass information on our anger to the person who causes it. Sharing our negative feelings with someone else can also be beneficial. J. Pennebaker (following: Aronson, et. al. 2012) thinks that the expression of one's own feelings is not only related with emotional release but also facilitates to realise one's felt discomfort and take an insight into one's own mental processes.

Vlachopoulos (2013) points to interesting techniques by which adults (parents, teachers, educators) can help children in their coping with anger. According to the author's findings the following belong to a group of constructive manners of coping with anger by children: 1. Conversations of adults with children on their emotions – providing them with information that there is no one to blame and everyone accounts for dealing with it. 2. Provision of support to children who try to understand and control their anger, even if adults do not approve their behaviours. 3. Assistance given to children to express their anger in a positive manner – learning them to say for example: "when my fellow-friend say or do something, I feel anger" and not: "I hate my fellow-friend". 4. Inhibition and control of anger through non-aggressive manners of releasing it, for example by drawing or writing negative thoughts/feelings at pieces of paper and then destroying them. 5. Being a good model for children in coping with one's own anger. Behaviours demonstrated by relevant people are absorbed by observing children. It should be highlighted here that effective coping with anger by children is

69

a form of learned behaviour through observations and frequent contacts with people manifesting such behaviours (as a result of impacts of behavioural models). The research conducted by Baron (1972), Aronson et al. (2012) showed that children participating in the experiments watched their peers who are in situations which could evoke anger, could inhibit aggression and in spite of provocations they behaved reasonably, politely and kept control of their reactions. Subsequently, these children were provoked to manifest aggressive behaviours. It turned out that children who had previously been provided with patterns of non-aggressive behaviours in provocative situations reacted aggressively much less frequently than children who had not been provided with these patterns.

Concluding the deliberations on the manners of prevention of aggression among children it should be noted that the role of punishment in the generation of restraints hindering aggression is not clear. Punishment for aggression can lead to various consequences depending on a number of factors. Moreover, there are no data found to support the existing phenomenon of catharsis consisting in the reduction of aggressive tendencies through conducting acts of aggression or observations of aggression at other people. The research proved their inverse relation. Acts of aggression trigger the cognitive process aimed to justify one's actions. It increases the likelihood of subsequent acts of aggression. The effective manner to prevent aggressive reactions at children turned out to be undertaking actions directed at the elimination of feelings of anger. They include, among others, exercises of communication competences and skills of conducting negotiations or peaceful resolution of conflicts and notification on one's anger.

The considerations conducted in this chapter lead to the following conclusion: remedial solutions can be multiplied with their effectiveness in the reduction of aggression described, but

it is worth being aware that it is better to prevent aggression

than to remedy it. The key role in the life of children is played by kind and self-controlled people who pass on active patterns of behaviour being a solution for the prevention of aggression and effective coping with anger. Children need loving and security-ensuring families in which they can observe behaviours of parents who effectively cope with anger. ∎

Krzysztof Zajdel

Large Families in the Social Structure – Problems and Possibilities of Support

Family as such is of great importance for our tradition. Many scholars write about it or research it, the Constitution and other legal regulations acknowledging its due significance also stress its relevance, to recall for instance the Universal Declaration of Human Rights, International Covenant on Civil and Political Rights, International Covenant on Economic Social and Cultural Rights, European Social Charter, Convention on the Rights of the Child, Convention for the Protection of Human Rights and Fundamental Freedoms, Declaration on Social Progress and Development, and Convention on the Elimination of All Forms of Discrimination against Women.

Many politicians emphasise the magnitude of the family and the state which should provide it with appropriate support. Nonetheless, taking into consideration functioning of the family during the last few years, particularly in the context of political transformation and reforms that have taken place, it occurs that Polish family is changing, evolving, often imitating global trends, not always the most favourable ones. The number of divorces and separations is rising, the mediation efforts are becoming significant, and the increase of the family size and evolution of the Polish Family and Guardianship Code are noticeable. The term "reconstructed family" has emerged,

referring to such type of a family that is set up by those, who have children from previous relationships, altogether establishing a new, larger in size, family.

Interpersonal relations between the family members usually rely on tradition passed on throughout the process of upbringing or work, mutual feelings and the time spent together. The relations are oriented towards fulfilling individual needs through channels of direct contacts. Children identify with their own family to exceptionally intense degree, as this is the environment where they experience first emotions, learn the rules of coexistence and responsibility, acquire first experiences and adjust to their obligations and duties. Hence, family provides with the sense of emotional security and awareness that one is loved and needed at the same time. Family is assigned to number of important functions in order to sustain biological continuity and for the sake of mental as well as social development of individuals and society at large. The most important objectives of a family as a social group *include procreation, caretaking, stratification, as well as economic and upbringing (socialisational) functions* (Łobocki, 2009, p. 298).

The symptoms of threats to the family and the process of reproduction of the country emerged as early as in the mid-1960s, as already in 1964 families in Polish cities did not ensure continuity of the generation. It was the time when the change in proportion of productivity occurred between the urban and rural areas. Despite the fact that rural areas were in minority, the agricultural population determined the demographical potential of the country. Nonetheless, with the passage of time the differentiation lessened. Although in the 1990s the agricultural families maintained their status of linear reproduction, they failed to provide its compensational role for the entire country. Therefore, a *downward trend in the number of children in agricultural families came across as rather worrisome for the future outlook* (Wierzchosławski, 1997, p.101).

Hence, we may pose a question what the definition of a large family means nowadays. In social research such type of a family is referred to a family with three or more children, whereas from the demographical perspective, a large family implies extended substitution of the generation. Thus, in such context it embraces at least four children and is subject of analysis concerning demographical and social conditions of having children. With regards to economic circumstances, having many children is associated with three children, *as the moment of arrival of the third baby significantly lowers the wealth of a family, in comparison with those with smaller number of children* (Kowalska, 2006, p. 12).

Social and political transformations in Poland brought about evaluation of priorities in different aspects of family life. The attitude to marriage has also changed since young people procrastinate the decision to enter such formal relations what, in turn, has an impact on the procreative attitudes and willingness to have children. It is undoubtedly influenced by the lack of security that marriage used to provide with its long-lasting nature and inseparability rooted in tradition, as well as changes of the mentality in the society towards non-formal patterns of relationships, accompanied with the transformation of a family model. Rise in the awareness of sexuality and contraceptives have also contributed in this regard, as it allowed women to control their productivity. It must be stressed that the contemporary reality and threats it involves sometimes force women to make such decisions. Situation of large families in terms of economy, health and education is complex and challenging, despite the fact these are the families that constitute the source of demographic potential of Poland. Still, children from such families will pay the consequences of inevitable outcomes of significant rise in the number of citizens at retirement age. Drop in the birth numbers is reflected in smaller size of the family, as the model of parents with one child or two children

is becoming more and more common, concurrently accompanied by a downward trend of families with three children or more. At the moment of arrival of the third baby the affluence of the family is decreasing, what proves to be a global tendency, affecting not only Poland but also other western European countries. Sometimes, after the arrival of their second child, parents conclude that a third child would significantly burden them financially, influencing their quality of life, hence frequent decisions of surgical or pharmacological limitation of fertility. Situation and maturity of a given family to become adoptive families also require meeting many criteria, legal regulations and trainings. For instance, according to the new law, each child should have its own place and a desk, whereas the income of parents-to-be should enable the adopted children to live on appropriate level. The decision to adopt a child is not commonplace in Poland, whereas to have for instance three or four children, i.e. to become a large family, is almost unreachable condition for those willing to adopt. The state does not provide any financial support for such family, limiting the assistance to foster families and other models of parenthood.

Family Environment and Social Changes

The mode of social policy as well as accesses to commercialised services (especially the caretaking ones) determine the process of family-orientation (family as a foundation of social growth and fulfillment of their members' needs) or the opposite, so called *de-familisation*, when the law offers wide range of social benefits and public services. Hence, since the market develops network of commercial services, the significance of the family at various stages of their members' life is diminishing (Firlit-Fesnak, 2007). Moreover, it may be noticed that current trends move towards a small family, with separate flat and own household. Apart from fathers, also the mothers often work professionally, hence men try to help in duties related to taking care of the

children. Family controls its productivity by contraceptives, and although it is an intimate group, it is simultaneously subject to dissolutions of the relations what seems disadvantageous for accomplishment of the upbringing function. Despite family crisis, it is still the place of transmission of norms and patterns of social, religious and moral behaviours. Moreover, it is a go-between the individual and the society. Demographical situation of Poland, as far as the ageing population is concerned, throws light on those aspects of family policies, that concern the causes and effects of low birth rate in families. Polish society has been currently experiencing changes in the attitudes towards the marriage and becoming a parent with evolving forms of family life and economic models of a contemporary family. Perception of women's and men's role is also subject to modification. Hence, the challenge is to establish such conditions of fulfilling needs that would enable accomplishment of the plans to have children, and, if possible, to simply give birth to them and bring them up. Providing a good and valuable childhood is a key task for parents as they – bearing in mind the future of their children as citizens – must provide them with appropriate care, rear them, educate them and ensure the right conditions for multi-dimensional development.

The EU documents tackling demographical changes explicitly stress the necessity to act for the sake of the rise in birth numbers. The term "demographical reconstruction" is applied to emphasise the need for increased number of births in the circumstances of low productivity. Many European countries struggle with this currently prevailing phenomenon. The decrease in number of families with children, including the large families, results from the dominating family model and unfavourable demographic conditions, including low women's productivity factor that affects not only Poland, but entire Europe.

The research tackling women's productivity have been for long present within Polish social research, as it was first con-

ducted within the 1970 census. The research from 2002 was particularly important due to the following reasons:

– In 1990s Poland was subject to profound demographical depression, unprecedented in the history of the postwar Poland.

– Starting from 1989, the population reproduction in Poland has not been guaranteeing linear substitution of the generations; current population forecasts do not imply changes in the process of low birth rate in the perspective of the next 20 years, as since 1999 Polish population is in decline (Central Statistical Office data from 2013). Therefore, since the resources of the persons at productive age are diminishing and the number of advanced age inhabitants is rising, the already accessible work resources should be used most effectively, namely, employment should be strengthened.

As far as changes in family behaviour are concerned, it is worth to throw light on the decision whether to, and when, the establish a family, how it should look like (should it be a marriage or cohabitation), or what is the dynamics of the process of its dissolution. On the basis of the recalled issues it may be assumed that contemporary families are currently subject to destabilisation. Establishing appropriate economic security for the members of the family (i.e. parents' presence on the job market, whether they have their jobs, to what degree they are involved in it, and how to combine such professional engagement with the family life) is also an important factor taken into consideration while the above-mentioned questions are tackled. Demographical changes and their pace result from processes such as migration, unemployment, entering marriage, procrastinating the decision to enter a marriage, giving birth to a first baby and having children in general. From the social and economic perspective, the factors affecting decrease in birth rate include intensified interest in obtaining higher

education, difficulties on the job market, combining professional

and family duties, low social benefits for the families, as well as lack of family strengthening efforts.

Moreover, changes of women's position on the job market in Poland are also palpable. Their situation within combining professional and family obligations plays important part in the process of population reproduction. It constitutes important element *of efforts directed at reduction of unfavourable demographical phenomena, affecting the level of the life of current and future generations* (2011 Regional Research Report, p. 11).

Average number of children given birth to by women aged 15 to 49 does not guarantee linear substitution of generations. *In 2004 the child birth rate was 1,22 – lowest in 55 years, whereas in 2005 it insignificantly rose to 1,24* (Kowalska, 2006, p. 7). The above-mentioned transformations in Poland resulted in family adaptation to the new economic realm involving insecurity of the working place, unemployment, commercialisation of the caretaking and educational services, as well as marketing the household maintenance, food prices and other goods related to the process of running a household. In consequence, decreased level of life of many families was noticeable, as significant number of families lost their source of income. Impoverishment began to rise with many families becoming recipients of social benefits. It intensified social inequalities as living conditions of many families threatened the developmental process of children, whereas deprivation of economic, educational and cultural needs in such families led them to marginalisation and social exclusions. The population of children and teenagers in 2002 became most significantly affected by these changes, particularly among households where expenses per capita were lower than the minimum social benefits, embracing 16,1% children aged to 14, and 15,8% teenagers aged 15 to 19 (the overall percentage below such minimum reached eventually 11,1%). As much as 21,6% of the families with children aged to 24 included one unemployed parent. Lack of the possibility to

provide income from professional activity makes such families dependent from the benefits of social welfare. In 2005, 1 573 recipients used such benefits, including 968 130 families with children, with the total number of children being brought up in families receiving social benefits reaching 2 290 000 (Firlit-Fesnak, 2007, p. 194).

Concluding, consequently lowered numbered of large family households is noticed in comparison with one-family households, that made up 69% of the total number of households in 2002 and 75% in 1988. The family structure in terms of number of children differ depending on the type of a family. Only in case of marriage families one child remains provided by less than half of the marriage population (42,5%); whereas families with one child are predominant. Urban families provide on average for smaller number of children, i.e. 1,64 comparing to the rural areas, where the factor reached 2,01 in 2012 (Central Statistical Office data from 2012). As far as rural families are concerned, each fourth family provides for three or more children. In incomplete families and families of all types in the cities three or more children constitute insignificant percentage of the total population of the families.

Sate Support for Large Families

Despite many declarations and regulations in governmental bills and acts, in fact, families are not sufficiently supported for instance financially, as official attitudes towards the family after 1989 in Poland have been rather selective, i.e. access to benefits is conditioned by low income, hence the state support has exclusively been, and remains, directed at the poorest households. Financial benefits became the main instrument of the state policy towards the family – in 1995 only basic family benefits ceased to function within benefits from social security and only those meeting income criteria are subject to such assistance. Several actions undertaken to lower the income criteria resulted

in continuous limitation of the families entitled to such benefits, whereas lack of indexation of the benefit figures brought about decrease in their real value. The working places, previously a significant subject of family support, ceased to function as such from the 1990s. Caretaking units at the working place such as nursery schools or kindergartens, along with leisure time facilities became sold or closed down. Such changes were accompanied by increased parental financial responsibility for the children. The services became so expensive that they limited access of the underprivileged families, additionally affected by the second wave of unemployment that widespread across the impoverished areas (Kłos, Szymańczyk, 2011).

Social support may be defined as *organised activity of various subjects enabling individuals and social groups to overcome difficult life situations* (Radziewicz-Winnicki, 2008, p. 91). The organisational units of social support include Regional Social Welfare Centre, District Family Support Centre, Local Social Welfare Centres, Social Support Facilities, institutions of specialised counseling (including family issues), caretaking and educational institutions, adaptation and childcare centres, as well as crisis intervention units. Providing social support in local communities belongs to the objectives of the Social Welfare Centres. The social support activity in Poland is based on the Act of 12 March 2004 on social support, *where it is declared that the reason for providing such support may include the necessity to protect maternity or large families, and the helplessness in caretaking and upbringing activities or running the households, particularly in incomplete or large families* (Dz. U. 2004, Nr 64, poz. 593).

Providing support for large families is often of great importance as the main problem within such families concerns the disability to fulfill basic needs resulting from significant expenses related to maintenance and upbringing several children. The social support benefits are divided into financial **81**

and non-financial ones. In most cases, families receive the following benefits:

– Financial support such as permanent benefit, temporary benefit, designated benefit or special designated benefit, as well as.

– Non-financial benefits such as social work, credit passes, contributions for the social security and health insurance, material help, securing the funeral, specialised counseling, crisis intervention, meals, shelter, indispensible clothes, services at the place of residence or support centers.

Designated benefits of meals for children constitute another form of support that are accessible for large families. In 2005 special programme *State support providing (extra) meals for children at school* was launched (modified in 2008, Dz. U. dated 22 December 2008). Its objective concerns prevention of malnutrition among children, promotion of healthy lifestyle, as well as improvement of the level of life among low-income families. The programme is particularly focused on children aged up to 7 and pupils until they complete senior secondary school. It must be stressed that such support is also subject to family income.

There are new regulations in force from 2004 concerning family benefits, providing foundation for the system of benefits for the family (Act on family benefits from 2003). It embraces family benefits, benefits allowance and caretaking services including caretaking benefits. The procedure for benefits concerns support for the families upbringing or educating a child, **large families**, disabled members of the family and the seniors. The main objective of the new law is to direct public assistance towards best possible accomplishment of basic family objectives, i.e. upbringing, education, care provided for the disabled members of the family and for the sick and infirm because of their age, including situations when such family is incapable

of fulfilling its own tasks. The system of family benefits has

become a part of social welfare. Nonetheless, family benefits are of demanding nature, although concurrently they do not constitute a temporary method of providing support, as by its definition they do not refer to the principle of auxiliaries and activation of the beneficiaries in order to improve their life situation. *It is rather a permanent support provided by the state because of the need to protect family, large families and the disabled* (Korcz-Maciejko, Maciejko, 2008, pp. 45–46).

It must be also stressed that the regulations protecting the family, including the large one, also have to embrace such sphere when a family is subject to dissolution, consequently facing divorce or separation. We may pose a question what happens to children rights in such circumstances. The alimony obligation provides resources for maintenance also for upbringing those, who are incapable to live independently, what is regulated by the §128-144 of Polish Family and Guardianship Code. According to §133.1., parents are obliged to provide alimony benefits for their children that are not yet able to maintain themselves independently, unless the profits from such children's inheritance are sufficient to cover the costs of maintenance and upbringing (Family and Guardianship Code).

§203 of the Civil Code states that the married couple is obliged by the very fact of entering a marriage to maintain and bring up own children. This obligation also concerns natural kinship, i.e. resulting from non-marriage relationship. The alimony obligation is limited to provision for the minimum indispensible expenses to live, nonetheless, it also includes the costs of children's education (Civil Code legal status of 2012).

The way of granting benefits from alimony funds was defined in the Act of 7 September 2007 concerning support for persons entitled to the alimony (Act on state support). It is, however, worth to mention that there are many regulations concerning family assistance within EU law, which should be obeyed by Poland as its legitimate membership country. However, inter-

nal conditions are regulated by the gross domestic product and executive regulations that are disadvantageous for Polish families, not providing with the opportunity to fulfill their members' needs. Hence, many young people, already having, or planning to have children, emigrate to other EU countries in order to obtian their social and family benefits there, as they are far more attractive than in Poland.

Large Family Objectives in the Process of Education

The period of child's school attendance, also for those from large families, is costly, regardless of the principle that public education is free. A pupil must have a school bag, textbooks and notebooks. Moreover, there are costs of transportation, if he or she lives further than three kilometers from school. Additionally, there are costs of injury insurance, class fees and other payments that parents must face. Even in a situation when not three children, but just one child goes to school, the financial status of a family deteriorates, particularly if such family struggles with financial problems or its income is minimal. Large families, i.e. with three or more children, make up 17% of all families in Poland, whereas their children constitute 33% of the total number of children in Polish population.

Average wages of large families are higher that other in families, what may prove their extraordinary resourcefulness, enterprise and hard-work. At the same time, due to large number of those to be provided for, they are less affluent than other Polish families. For example, a marriage with one child has on average 847 PLN income per capita, and with two children it is 627 PLN. Consequently, the average income for those with three children reaches 445 PLN per capita, whereas in families with four or more children it is 325 PLN per capita. Children from large families are far less affluent than those brought up by single mothers, whose average income reaches 613 PLN per capita (Central Statistical Office data from 2004). Nowadays

large families, including their children, belong to the poorest social group in Poland.

European report from June 2009 shows that Polish children are the most impoverished among European countries – as much as 26% of them is at risk of poverty (in comparison to 19% of the European average). Recently published report "Doing Better for children – OECD 2009" concludes that Polish children are among the poorest one in OECD (comparing to the average wages in given country, i.e., income 50% lower than the average is considered the poverty threshold). Hence, Polish children are eight times poorer than the German ones in relation to the average level of wealth in own country. Apart from state family policy, there is also its local governmental dimension, as the local authorities in. the city or community posses number of instruments to improve the family lives. The instrument of a family policy called *Large family cards* was first introduced in France in 1921, with its Polish debut in 2005 in Wroclaw, where such solution offered public transport discounts for large families at weekends. The same card was then introduced in Grodzisk Mazowiecki in 2008, allowing families with four children to travel free within the city, offering half price discounts for admission to sports and cultural facilities and extra-curricular activities. Tychy introduced such card at the begging of 2009 promoting private enterprises, providing concurrently discounts for large families. Subsequently Sandomierz offered large family card solution calling it "Us three and more". Łowicz introduced this card in October 2012, and at the beginning of 2014 it came into being in Gdańsk. Authorities of the Kujawy-Pomerania province are also planning to introduce such card soon. In the context of the impoverished large families and insignificant support from the state, such cards may become a key element of the local government policy improving the quality of family lives, shaping positive image of a large family and the conviction that "a large family is something to be proud of".

There are two crucial reasons for which family policy should become a priority for the state policy. First one refers to the demographical situation as Poland belongs to the countries with lowest birth factor in Europe. Linear substitution takes place when the birth rate reaches 2,1. That was accomplished in Poland for the last time in 1988. During the consequent years it dropped to 1,2 what means that the generation of the newly born children at that time is 45% smaller than their parents' generation (Puzyna-Krupska, 2011).

Many parents are unaware that the governmental programme "A set of textbooks and workbooks for the pupil" allows to claim partly refund of the costs of textbooks not only for those with extremely low income. Regardless of income, other families, such as large one or having at least three children, or in especially difficult life situation, can also apply for such assistance. In all the previous years large chunks of money dedicated to this programme returned to the budget, as according to the Highest Chamber of Control, the local governments used only 70% in 2009, and 62% of the allocated funds in 2010. It proves that in this case money for the needy, i.e. the families below income criteria, is sufficient.

The programme "A set of textbooks and workbooks for the pupil" is accomplished on the basis of the Act of 12 July 2013, which, in §3.6., tackles the circumstances of providing assistance regardless of income criteria, whereas within the cases defined in §7 of the Act of 12 March 2004 on social support, such assistance could be provided only for pupils mentioned in §7.1., i.e. coming from families where income per capita is higher than income criterion defined in §7.14. The Act on social support declares that large families are included within. §7 clarifies that social support is provided for persons and families particularly on the grounds of the necessity to protect the maternity or having many children.

Documents necessary to be granted funding include the following:

Application

Parents of a pupil must submit an application for co-funding the school books to the headmaster of a school such a pupil will attend in the school year 2013/2014.

Justification

The application must enclose justification claiming that in accordance to §7.8. of the Act of 12 March 2004, a large family is also entitled to such support.

Invoice

As Ministry of Education informs, invoice is the evidence of textbooks purchase, issued specifically for the pupil by a parent or legal caretaker, along with receipt or confirmation of a textbook purchase. In case of declaration of textbooks purchase, information on calculated costs only within the above-mentioned programme is subject to reimbursement.

Delectation or statement concerning wages

If a family applies for refund regardless of income criteria, no statements concerning income are required. The legislator also took into account a situation when children are subject to parental negligence or when it is a dysfunctional family and the meal at school or kindergarten is the only one provided for such child during the day. Sometimes, money allocated to provide children with food supplies are wasted on, for instance, alcohol or cigarettes. In such cases such support is ensured by a commission to a given shop for purchase of given food articles, or a meal is provided at school or kindergarten. In justified cases the headmaster of a school or, appropriately the supervisor of a kindergarten, provide with such meals, at the same time informing the social welfare centre. The support defined in the §1 of the Act on nutrition provisions does not require examination of a situation in a family by environmental interview or issuing an administrative decision. Both

commissioning purchase or providing a meal guarantee that at least one warm meal will be consumed by such child and it shall not remain hungry throughout the day. This project is commonly financed by the state budget – 60% and the local community funding – 40%, hence many families are beneficiary.

As in other families, there are many difficulties not only related to insufficient funds that large families also have to face. Often other functions, such as the upbringing issues, are disturbed, for instance a child can have problems or experience conflicts at school and the parent is not able to manage it. Sometimes it also concerns family domestic violence. Family members often ask for help in solving difficult situations, as they have no idea what they are entitled to, or where to ask for counseling or assistance. On the basis of §46 of the Act on social support, social support centres provide specialised counseling, including legal advice within the biding law such as Family and Guardianship Code, social security, tenancy protection, psychological support embracing diagnosis, prevention and therapy as well as family counseling tackling family functioning, taking care of children and the disabled.

There is also an allowance families are entitled to regardless of their income, i.e. a single benefit resulting from giving birth to a baby, so called "newborn allowance", at the amount of 1000 PLN. It is currently subject to a great debate as the government authorities also want to make it a subject to the income of a given family.

Similarly as in the case of social support, despite the obligation of verification, the income threshold has remained frozen since 2004. It brought about a situation when the costs of food, medication and house maintenance increased simultaneously with the pay rise, hence many people were excluded from the system of benefits, although their family situation did not improve in reality. In 2004, 5 000 000 children were entitled to the family benefit, whereas currently it embraces only 2 800 000

children. Increasing both the income criteria and the financial value of benefits is in Poland necessary, as large families are highly exposed to the threat of impoverishment. It is confirmed by the Central Statistical Office data according to which 9,8% of families with three children and 24% with four children live below the minimum level of existence, i.e. such level of income that allows to meet necessary needs (Central Statistical Office website with data from 2010).

Difficulties Faced while Working with Large Family

Definition regarding social work states that it embraces professional activity aiming at improvement of living conditions of individuals and communities, providing relief in suffering and solving social problems. Social workers, as specialists, assist people in their activities in order to enhance their access to various forms of social support and resources, establishing humanitarian social services sensitised to human needs, acting for the sake of broadening the range of impact on institutions providing with help (Wódz, 1998). Definition of social work established within Recommendation Rec (2001) of the Committee of Ministers of the Council of Europe defined social work as specific professional activity which tasks concern mutual adjustment of the individuals, families, groups and social surroundings they live in, as well as development of the sense of own individual self-esteem by activating human potential, interpersonal relations and resources accessible within local communities (Data from CMCE).

The methods of social work *include structured diagnostic and intervention procedures, strategies of planned stimulation of changes within individuals, groups, and communities in accordance with the objectives of social work* (Wódz, 1988, p. 132). There are three types of working modes, i.e.:
– Social work with an individual – single case method.
– Social with a group or family.
– Social work with the local environment.

On the basis of the working modes the social worker selects such activities for the sake of persons and families that are adjusted to the individual clients' needs, e.g. mediation or counseling, directed at various support groups or others. The most frequent forms of social work include:

– Rescue, that is of short-term nature in an emergency or situation demanding immediate reaction. It refers to activities such as support for the victims of flood, shelters for homeless people or providing meals at school for children from poor families.

– Caretaking resulting from precise diagnosis of the needs and analysis of the situation of the needy. It relies on the dependence of the charges from the caretaker, what turns out to be a frequent consequence of the helplessness of the one that receives such support. This mode is predominant in the facilities for chronically sick, home caretakers activities and orphanages for small children.

– Assistance, such as activities supporting successful development of those exposed to social pathologies and the society at large, e.g. social and professional counseling, senior clubs, family counseling or youth clubs.

– Social compensation is another form compensating environmental insufficiencies hindering successful course of individual or group lives, involving such institutions as orphanages, foster families, court guardian or facilities for single persons. *Social work with a given person, family, group or community may solely rely on one form or combine rescue, caretaking, assistance and compensation activities* (Sztur-Jaworska, 2007, p. 110).

It must be remembered that having many children is not a pathology. Nonetheless, among large families that use social assistance, apart from having many children, there are other issues defined in the §7 of the Act on social support, considering unemployment, violence and addictions (predominantly to alcohol).

Social work may be analysed from various perspectives, depending on the emphasised functions. Nonetheless, it proceeds towards the diagnosis of the charges' needs and projecting the process of becoming independent. By its definition it is a temporary action that embraces various influences stimulating to social integration, but also leading towards economic independence. Difficulties resulting from social work in large families consider mainly passive attitude and demanding approach towards social assistance and social workers. The obligation to provide social support is regulated within the Act on social support, whereas the Act itself imposes on persons and families relying on social support an obligation to cooperate with the social worker while solving their problems, i.e. they are assigned to active participation in searching for, or undertaking, professional activity and engagement in social work. In case of lack of cooperation of a given person or a family with a social worker in solving difficult life situation, refusal of concluding social contract, unwillingness to follow its stipulations, ungrounded refusal to undertake work by the unemployed or ungrounded refusal to undertake rehabilitation therapy, may all constitute a basis for declining benefit application, withdrawing the decision of granting the benefit or withholding financial benefits of social welfare (in accordance with the Act on social support).

Nonetheless, in reality, the client's engagement is not always noticeable. When an unemployed person is offered to undertake public works, it is taken unwillingly as the gained income influences the benefits received from social welfare, hence it does not *pay off* to work. Hence, such clients often prefer to undertake illicit odd jobs. They are, in a way, dependent on social support and got used to state's responsibility for maintenance of their family. It is a mistake made by the clients to identify social support with providing financial and social benefits. It is also a fact that they often come to work, when they finally decide to do so, under the influence of alcohol, what is explicitly tantamount **91**

to becoming fired. Then, they register again as unemployed with no entitlement to the unemployment benefit.

The clients also calculate profitability of the accepted work for the lowest country's average wage. On the other hand, they eagerly undertake socially useful activities, defined by the Journal of Laws (Dz. U. 2005, Nr 210, poz. 1745) precise as for number of working hours, place and time. If such type of work is declined, given person is crossed out from the Regional Job Centres and the list of the unemployed, loosing health security and the access to social welfare benefits.

Difficult economical situation of a country results in emphasis on overcoming problems related to commonplace social maladjustment and pathologies within families, especially those, where children are brought up in poverty. New legal regulations within social welfare assign more and more tasks to the local governments. *Hence, the social care workers are expected not only to be specialists in solving difficult life situations, but also almost automatically diagnose the needs, set up social contract or help the needy in overcoming difficult life situation until they cease to use the social assistance* (Urbanek, 2012, p. 20). The social worker begins to spend more and more time behind the desk, completing additional papers and working out documentation of the client's history instead of working in the field, i.e. in the local environment. Therefore, the social welfare requires some changes, shifting from caretaking approach, expressed in undertaking responsibility for the charges (concurrently deepening their helplessness and inability to use own resourcefulness) towards assistance stimulating their independence, activating own creative and resourceful approach.

Crisis intervention is also a part of social work activities that embrace set of interdisciplinary activities undertaken for the sake of persons and families in crisis. Its aim is to restore the mental balance and skills of independent life management, at the same time preventing transformation of the crisis into

mental and social insufficiency. It is provided for persons and families regardless of their income. Thanks to crisis intervention mothers with small children and pregnant women that are subject to domestic violence are located in shelters for women with small children and pregnant women. Moreover, in a justified situation of direct life or health threat, a social worker has the right to take the child away from such family and place it at other next of kin's, not living in the same house.

Large family in Poland has been currently in decline, although this is a still functioning mode. Parents from large families are perceived by the environment as peculiar, sometimes as dysfunctional. For sure, their financial and housing conditions are worse than in families with one child, nonetheless, despite governmental declarations, not much is done for such families both within fiscal area, support and social work. The only aspect they can count on is the minimal benefit, if they meet appropriate criteria, and a single allowance when purchasing textbooks for children, but only for those pupils from the lowest elementary classes. They have to deal alone with the rest of the problems, with no support provided. Other EU countries, particularly those western ones, promote large families by introduction of fiscal solutions, commonly referred to as "family quotient" that takes into account the family structure, i.e. its size and composition. Large family with no state support is often left without any faith in success, without dreams or ability to achieve anything despite the fact that children from such families will provide for the aging society, no matter what type of a family given retired person had, i.e. if he/she had children at all. I don't believe something will change in Poland soon in this regard. Poverty will duplicate poverty, life helplessness and claiming attitudes. ∎

Małgorzata Prokosz

Child in a Dysfunctional Family – Diagnosis and Support Proposal

Almost 25 years after political transformation, the social stratification is still palpable with emergence of elites, affluent and creative in accomplishing own fate. On the other hand, there are those referred to as "excluded", "rejected" or "dysfunctional" functioning on the margin of such society. Many citizens brought up within the framework of a welfare state are unable to adapt to self-dependent life, free market economy and other changes that transformation involved. It seems that over two decades are long enough for a state to establish standards of support for those who cannot cope with such realm. It is additionally complicated, however, by the changeability of the authorities and their different visions and ideas of social work or care for the needy.

Therefore, family as such became an important aspect of social interest (Mühlpachr, 2006, pp. 7–29), subject to various transformations and crises, dealing with number of difficult life situations they are unable to face without assistance. Despite significant differentiation and specificity of the problems affecting given households (unemployment, homelessness, orhpanhood, chronic somatic or mental diseases, disability, having many children, incomplete family, addictions, difficulties in adopting to life after leaving the prison, etc) poverty is often

a trait they share, constituting a wide category of impoverished communities, practically excluded from the job market. Lack of employment, permanent income, or insufficient earnings of the breadwinners push many households towards the poverty sphere or its borderlines. Subsequently, poverty – regardless of its causes – implies changes not only within economic but also psychological and social circumstances of the house community. It usually involves disturbances and abnormalities within the accomplishment of the assigned functions such as socialisation, caretaking and protection, supervision, emotions and expressiveness, recreation or culture. Restrictions within the above-mentioned areas consequently lead to rise of tensions and conflicts, disturbances in interpersonal communication, deterioration of emotional bonds, which altogether may evoke various pathologies.

In a wider social context such families are characterised by handicapped educational and cultural opportunities, unequal access to medical services and leisure opportunities, limited environmental contacts (including total social isolation), sometimes accompanied by stigmatisation. These phenomena significantly disturb permanently impoverished environments, often forced by dramatic life circumstances to undertake activities of survival, to the degree of trespassing socially accepted norms (begging, theft, child labour, prostitution, vagrancy etc). It seems particularly important to provide these communities with conditions of existence on a humane level not due to economic reasons, but also because of the threat of emergence of various pathologies, including marginalisation and inherited poverty.

Taking it into consideration, the aim of this article is not only to diagnose and conclude what is negative, but also to provide some solutions to the problems in order to essentially limit the increase of disturbances and abnormalities in Polish families.

Dysfunctional Family in the Literature on the Subject

In order to analyse disturbances within family it is predominantly worth to determine *what the terms "normal family" means, and if such exists at all. Undoubtedly, it may be assumed that a typical family makes up a social group* (Zajdel, 2010, pp. 7–10), consisting of parents, children and relatives. It is specified by emotional and formal bond defining mutual relations and children's' as well as parents' obligations, marriage bond, housing and material community and a set of functions they provide. The latter are subject to transformation due to different processes. Each family changes because of the pace of industrialisation and urbanisation, compelling its members to adapt and participate in the new circumstances of social coexistence and free market economy. Rising unemployment, reduction of real wages, lack of flats and increasing social pathologies contribute to the dysfunctionality of the family, particularly within economic and existential area, and a result, limiting family's accomplishment of caretaking and upbringing objectives. In consequence of unemployment, lack of life perspectives and material insufficiency of many families, acquiring resources sufficient to fulfill adults' and children's needs becomes extremely precarious.

Alteration within the family structure determines another key factors of its disturbance (see: Jarosz, 1980), leading to emergence of incomplete families, potentially dangerous for appropriate children's growth. This type includes: a family orphaned because of the death of one of the spouses; dissolved family due to divorce or separation; single mother family (with children out of wedlock); and temporarily incomplete family, that refers to those subject to long-lasting, chronic diseases of one of the co-spouses, emigration (for instance aboard) of one of the co-spouses, or serving the sentence of deprivation of liberty.

97

Functionality of a family may be also disturbed by (Spionek, 1985, pp. 48–70): *mothers' pathogenic features* (e.g. aggressive, anxious, or over-protective traits, compensating her own dreams through the child); *fathers' pathogenic features* (e.g. absent father, so called *le père absent*, rigorous and harsh with high expectations, hostility towards own child, compensating his own dreams thought the child); incorrect upbringing influences: 1st degree – generally appropriate, but parents do not understand certain domains of child's development; 2nd degree – loosened bond; 3rd degree – total lack of bond; *parental upbringing mistakes* such as liberalism, over-protection, strict and autocratic discipline, inconsequent approach.

Family dysfunctionality in terms of accomplishing basic objectives may also result from the following factors (Wagner, 1997, pp. 44–45): *lack of emotional bond among family members; inappropriate upbringing atmosphere; family conflicts, large disproportions of opinions concerning methods and forms of children upbringing, lack of responsibility for fulfilling child's needs, inappropriate living and material conditions, permanent negligence of parental obligations.* Apart from these factors, criminogenic lifestyle, gambling, social parasitism, prostitution, incest, alcoholism, drug addictions, mental and somatically chronic diseases including disability, make up discernible disturbances in family functioning, difficult to eliminate. In such cases children struggle with deprivation of their basic needs, what in turn implies social maladjustment, contributing to the limitation or deprivation of parental authority, and can result in placing such child in a socialisation or caretaking centre.

Taking into consideration the problems contemporary families face, it may be concluded that many do not accomplish their tasks sufficiently. Nonetheless, temporary problems should not be confused with a permanent state, hence in order to avoid mistaking, carrying out a diagnosis is desirable.

Problems with Diagnosis of Dysfunctional Family

In a wider context, a diagnosis is understood as (Prokosz, 2005a, pp. 15–35) *recognition of a state of the reality and conditioning of a complex case on the basis of its symptoms, its critical processing upon applying reasoning in accordance with the knowledge of general principles of a given discipline.* The definition "state of the reality" is only a part of the diagnostic activity, hence a diagnosis is carried out in order to detect causes for the abnormalities, defining the range and possibilities of influences and correction (lessening or elimination) of given disturbances. Therefore, a triad *diagnosis – anticipation – therapy* should be acknowledged, as the aim of the diagnosis is to rationalise social and upbringing activities, anticipating the forthcoming events, preventing the causes and reinforcing upbringing reflectiveness in action.

Contemporary children diagnostics is tightly linked to compensation and prevention. Compensational activities focus on equalising the dynamics of fulfilling needs and shaping attitudes by, among others, supporting a child, a parent or the family to reach intended level of a given model. It is often accompanied by so called *model of reference*, to which given individual or a group should be compared. The model is a semantically fluid category, determined by environmental, physical and psychological status of a child, range of family dysfunction etc. Hence, it is essential to define what in a given environmental (cultural) circle is considered a norm, and a margin (or abnormality). Notwithstanding, preventive activities are equally important as they enable to reduce behaviours diverging from a negative model. Preventing undesirable phenomena primarily refers to social, caretaking, anti-alcohol, anti-tobacco, and anti-drug campaigns. It is worth to stress that each social group may contain within both positivity, supporting the family community, and the opposite – hostile forces threatening its unity, contribut-

ing to its dissolution. Disturbances in the family functioning have always been and remain a part of the overall discourse of family life.

Multifaceted family diagnosis can provide with crucial information concerning a child's situation at home (Kelm, 2000, pp. 75–76). *One can obtain information from parents, family, or the child itself; however it is also crucial to observe existential conditions and define the overall status of a given family.* Inappropriate functioning of the family in the context of the child's growth may be defined as the *risk stages (*see: Marynowicz-Hetka, 1987), referred to as *alarming, advanced and critical.* Given features with reference to which the stages of risk were classified within overall syndromes concern biological, social and cultural areas of development. Such diagnostic approach reveals developmental domains that are at risk, and the domains and features of a family functioning that are particularly disadvantageous. It is therefore crucial to analyse the biggest possible number of the components applying many methods and measurement techniques. Family diagnosis applies among others, observation, community interview, caretaking interviews, individual conversations, sociometric research, including the analysis of a picture and different documents.

The diagnosis is carried out in most cases by staff of different welfare institutions, predominantly including social welfare centres, family support centres, and if a child is temporarily isolated from the family – adoption, caretaking, educational and intervention facilities. The main objective of the diagnosis refers to the real assessment of both the child's as well as family's situation, working out the best forms of assistance. Most frequently, pedagogues (with social workers or representatives of other institutions) process the family diagnosis, which aim is to (Król, 2002, pp. 201–203):

– *Determine the causes of problem or emergence of the crisis.*

100   – *Determine the family needs.*

- *Determine positive potential of the family.*
- *Initiate project of real actions undertaken in precisely defined time in order to eliminate the source of the problem and reinforce the family.*

The diagnosis is carried out at home, where a family feels safe, is more open and there is possibility to establish informal, friendly relation. The involved social or pedagogical staff support children and their relatives in believing in own strong, positive aspects of family life, even if due to some temporary or permanent crisis it is difficult for the family members to spot any positive features or mutually reciprocated relations. It is a way of strengthening the image of own family, self-esteem and faith in own strengths. As a long-lasting activity, it requires patience, responsibility and often a determination manifested by the professional staff. Permanent, professional pedagogical, psychological, legal and social assistance constitute altogether another condition of effective work with the family. Such support is provided for the families within individual counseling at homes, specialist consultancy (with a pedagogue or a psychologist) and if required – a family therapy. School pedagogues and court guardians also play important part in family support.

For the purpose of this article I acknowledge according to Piekarski (1987), that nowadays there are four dominant *family communities*:

- *Exemplary ones (embracing only exemplary features).*
- *Average.*
- *Unfavoruable for upbringing (involving a set of many negative features).*
- *Disharmonious (with predominance of negative patterns).*

The first two types are dysfunction-free, the third one concerns such disturbances that may be corrected by activity within local communities, whereas the fourth type demands a professional intervention and a long-lasting action of specialised institutions providing support.

Principle of Diagnosis and Work with Dysfunctional Family

The issue of disturbances in family responsibilities may come across as relatively new, however, practically, in Poland there have always existing units supporting the family and children. It is worth to recall, for instance, the activities of Maria Łopatkowa (1976), who, in the 1970s, recognised the significance of the family (also the dysfunctional one) in the course of children's life. The author assumed that the phenomenon of maladjustment, social orphanhood and family disintegration can be significantly decreased or even eliminated by providing on time appropriate support for the child and the family. She promoted *resistance method*, that does not isolate the child mechanically from negative influences by taking it away from the family home. The basic principle concerns the bond between the child and its surrounding. Remaining child in own environment orientates the professional efforts at strengthening the child against destructive influences in its surrounding. By all means, in a situation of a life of health threat to a child, it has to be taken away from the family, at least temporarily. Unfortunately, in the past it was notorious to move children to orphanages, thus parents were excluded from participation in the process of bringing up their own children. Next form is referred to as an *isolation method* (Łopatkowa, 1976, p. 73), which means a temporary or permanent child's separation from the family environment and moving it to the areas of favourable upbringing influences, from where such child is placed in a caretaking centre. It is simultaneously essential to sustain child's bond with the family (parents and other relatives), as well as to compensate deficiencies resulting from inappropriate influences in the natural surroundings.

There are certain guidelines for professional activities with dysfunctional family, including (see: Krzyżanowska, 2002; Stelmaszczuk, 1999):

– Subjective attitude towards parents. The fact that their child is in an institution does not justify patronising. It is recommended to call them by names or notice and stress slightest evidence of improvements in the status. Parents should be treated as partners, co-responsible for bringing up "our children".

– Transparency of all activities concerning children. Even if parents are deprived of the parental rights, they still remain their children's parents. They have the right to be informed about all decisions and issues concerning their son or daughter. They should be informed about their child's successes and failures, be consulted with the plans that a tutor (a pedagogue or a social worker) intends to accomplish (e.g. choice of school, medical treatment or placing a child in a foster family).

– A house should be the place of meetings with parents, as this is where they feel safe and comfortable, they are the hosts and the tutors are their guests. For a pedagogue or a social worker such situation is also more constructive as they have the opportunity to observe real relations within a family and spot many other details that cannot be noticed during parents' visit to an institution.

– Visits to their house should be subject to prior notice as in such circumstances the hosts will have the opportunity to prepare for the visit; it may be expected that they will perform "better". In such situation it is not essential to examine the case of child abuse or problems with domestic violence or drinking, as such information is usually previously reported. The aim of the visit regards the contacts schedule and premises of further cooperation. Parents should be presented with the objective of such visit and evaluation of the previous tasks, so the family can be aware of the meeting purpose. Subsequent date for the meeting should be also arranged.

– Parents should not be talked down to, but provided with assistance in matters they are incapable of dealing with. The

principle of grading difficulties is applied, i.e. small matters are dealt by the parents individually, whereas in more complicated ones (e.g. writing an application or visit to public offices) staff assistance is recommended. It must be also remembered that effective cooperation with the family can concern only the issues and matters they are ready to solve and cope with.

– Cooperation with children's parents is a long-lasting process and it must be systematic if positive results are expected. Activity of the "from crisis to crisis" pattern is a common mistake, as it provides solely short-term results. It is far more advisable to adopt the principle of "grading difficulties" and cherish even a small success. Each family that strikes up cooperation forms a potential point of reference for adolescent, who when turning 18, has to leave given facility.

– The activity should not embrace only the most motivated members of the family, as even those that seem completely indifferent to the cooperation should feel they are important and needed for their child in the first place.

– All family members should actively participate in establishing the objectives of intervention.

– Activities should be conducted applying methods given family is capable of comprehension and recognition.

– It is crucial to refer to assets, not only drawbacks of a given family environment.

– Cultural, racial, ethnic and religious diversity of the housing community must be recognised and respected.

Dysfunctional parents usually posses insufficient pedagogical skills, hence it is essential to provide them with skilful pedagogical training highlighting apparent mistakes, but also stimulating positive conduct.

Concluding, biological family should be supported from the first moments of crisis emergence (or even before it happens, foreseeing its potential occurrence in a given environment). If disturbances occur (i.e. the diagnosis is delayed) a child should

remain in a family and its problems should be "cured". Even if a child will be taken to appropriate institution, bonds with families should be taken care of (sustained or renewed), as well as long-term working agenda should be adopted in order to improve the overall situation of the family and the child.

Possibilities of Child and Family Support in Crisis

In practice, *professional activities within dysfunctional family embrace various ways of counseling, clinical social work, group, social and tutorial work, taking care of the family and its therapy* (Kazubowska, 2004, p. 63). On the other hand, it also sets its objective oriented at security and assistance in access to various individual, group or local community resources. There are few ranges of activities depending on the subjects responsible. For the purpose of this article I acknowledge that it considers institutional support, environmental support, and prevention of families at risk of dysfunction.

Family as a group of the social system is subject to *institutional support* of widely perceived social work that is within the main scope of activity for *social welfare centres* with their field teams and other institutions and services, executing forms adjusted to the problem given communities face. The key objective of the social work oriented at housing environment is two-directional. Initiating its forms in the existential and socially as well as upbringing areas shall result not only in economic independence of the families, but also in a positive *context of social functioning* (Frysztacki, Piątek, 2002, pp. 83–85). Intervention and support favour accomplishment of these goals. The first one assumes *introduction of social support in situation and areas the family is incapable of coping* (Dyczewski, 1995, pp. 32–33), whereas the second implies that a state should not do the tasks for the family that is able to fulfill it appropriately, bout rather limit its range of assistance to stimulation (activation) and support.

Unfortunately, the system of social assistance has been for years subject to *instrumental support*, primarily provided within permanent, periodical and *special benefits*. They are implemented for housing communities in particularly difficult financial situation, for whom such type of support is sometimes the only chance to fulfill basic existential needs of their members. The assistance is very often symbolic, reflected in money allocated within social support for caretaking services, medical treatment, counseling and therapy.

In many families so called *non-financial forms* are becoming more and more vital, embracing activities such as:

– *Providing children with meals at school.*
– *Material support – e.g. clothes and food supplies.*
– *Supporting children's education by providing set of textbooks and workbooks.*
– *Co-funding children's and teenagers' leisure time activities.*
– *Supporting adult members of the family in employment seeking* (Brągiel, 2004, p. 15).

Apart from material, food and measurable effects of support, *other ways of non-material help are equally important*, including informative, emotional or even spiritual assistance (Kazubowska, 2004, p. 65). Families should receive as much *information* and practical tips as possible, due to the reason that indicating appropriate institutions, units or support groups can become a point of departure for family activities in order to overcome crisis. Moreover, families should be provided with *emotional* support, that may contribute to the reconstruction of social bonds, increase in self-acceptance and sense of accomplishment, providing with opportunity to cut off from marginalisation processes by recognition of own self-esteem. Stimulating *family value* may result in improvement of its internal condition, strengthening attitudes of parental responsibility, developing or improving caretaking and upbringing skills, and last but not east – arising the need to use formal

and non-formal mechanisms of support. *Spiritual support* must be also taken into consideration, as it is the reference to higher power, for which it is worth to fight with the life difficulties, on the grounds that such Absolute gives love regardless of origin, material status or gender.

As far as professional activities with dysfunctional family are concerned, some new institutions and activities they involve have come into being. A national research conducted in 1998 (Karnafel, 1998), proved, for example, that the is no homogenous caretaking system for children at risk in the family environment, nor any specialised institutions dealing with family activities. Moreover, many abnormalities in terms of placing a child in an institution were reported. For instance, while locating a child in a facility no prior family diagnosis or support for the family in fulfilling caretaking and upbringing tasks had been provided. As a result of the research, several programmes of work with children had been established in some cities in Poland (for example in Chorzów, Grudziądz, or Wrocław), subsequently widespread all over the country. Their goal was to broaden the range of tasks assigned to given institutions in supporting children at risk in their local environment and family. It included establishment of Centres for Children and Family Support. Activities involve individual care for a child at risk, shortening its stay in a given institution and improving the caretaking system, with particular emphasis on work with the family. The project comprises of three stages. The first one embraces caretaking activities over a child, accomplished in its natural environment, proceeded by family diagnosis, defining problems within and working out Individual Programme of Work with the Family. The second stage refers to taking care of the children temporary placed in institutions, providing social and existential support within rehabilitation, caretaking, nutrition, and pedagogical as well as psychological assistance. The third stage concerns total caretaking for a child in an institution **107**

with preventive and upbringing activities in after-school clubs, crisis hostels adjusted to child and family needs, as well as family counseling and readaptation centres.

Family foster care constitutes another aspect of social influences with Regional Centres for Family Support, predominant within this sphere after administrative and territorial reform in 1999. They overtook most of the tasks of closed down teams of social welfare, but also launched brand new projects, such as arranging care in foster families, assistance in integration with the environment of those subject to total care in some educational and upbringing units, as well as granting financial allowance to those leaving such units and foster families. It should be mentioned that in 2000 – i.e. year of the exclusion of child care from the system of education at the Ministry of National Education and handing it down to the Ministry of Labour and Social Policy – new regulations were introduced regarding foster families. It was, for instance, acknowledged, that in a situation of the necessity to separate a child from the family, all efforts should be made to place it in a foster family, not in an orphanage or other facility. The duration of a child's stay in with a foster family is managed by the social worker to introduce resocialisation activities with the family of origin. It is essential to pay attention to the maintenance of child's bond with the family and, eventually, to reintegrate the family and provide it with support in order to avoid subsequent separation.

Crisis intervention centres accessible around the clock constitute another important institution supporting dysfunctional families. In order to provide immediate assistance in crisis situations both personal and family helplines (also dedicated to teenagers) are available, securing not only mental and social, but also socio-therapeutic assistance. Such tools prove their efficiency as they provide with instant support, preserving anonymity and discretion at the same time. They provide real

help for those in difficult, often critical situation, supporting in easing family or friendship tensions, creating opportunities to prevent against making hasty, often irreversible choices.

System modification within *caretaking and upbringing units* must be also mentioned while analysing the activities of the social support institutions. One of the methods of supporting child in return to the biological family is keeping the Book of Life (Jezierska, Kamińska, 2004), which provides documentation of positive information about the past, the presence and the future of a child. Each Book is different, reflecting child's age, gender, personality or interest. Nonetheless, it consists of some fixed elements constructing its structure subject to the accomplishment of the main objective. i.e. fulfillment basic mental needs and reinforcement of child's positive potential. *Genogram* is the first element, requiring to draw the network of family connections resembling genealogical tree with three generations marked. It presents a child with the image that it has a family and composes an inherent part of its heritage; it also makes the child aware of the continuity of family bonds and allows to derive satisfaction from such connection. Making such genogram often helps to determine positive potential of the family, which comes in handy for a child in improving its situation. Lifeline is another part of the Book of Life. Reconstructing the past is often problematic for children and they rarely remember previous events, which are sometimes confused with their imagination. Such graphical layout of the most important facts from life enables the child to order the story of own life chronically (small children represent such image with colorful houses with some writings whereas the teenagers draw a line with marked dates). The Book of Life also contains *EcoMap* defining environmental and community relations of the child. It is in most cases depicted as a tree, where each branch represents given environment and leaves that reflect given persons. It is not a fixed figure, as children often add

new figures or cross out the other. Such graph helps in better understanding of the relations between the child and environment, distinguishing important figures and defining degree of fulfilling the sense of belonging. It also assist in defining positive potential of the surrounding (advantageous in individual growth of a child), better understanding of the relation with the environment, and additionally serves a source of knowledge on degree of fulfilling child's needs and its social skills. The Book also contains so called *Assets*, i.e. a list of positive features of character, interests and skills that a child possesses, crucial in the reconstruction of own sense of self-esteem. Initially, the child is usually unable to spot own advantages, nonetheless easily pinpointing all the drawbacks. In such case a child must be told what is good and unique about it. *Good opinion* is particularly empowering as it forms a list emphasising all the achievements and successes of a given child, crucial for the sense of stabilisation in defining life goals and way of their accomplishment, as it constitutes a positive description. The child needs to know what will happen to it in the future and to have the possibility to foresee some events. Therefore, the Book of Life reports activities with the child and its family in this regard. At the beginning, after analysis of the crisis causes is done and the family needs are recognised, a long-term goal is established, e.g. return to home, preparation for independent life or improving contact with some of the family member. In order to achieve given objective, precise actions and steps are determined in specific domains of child's life, such as education, family, health, empowering self-esteem, independence, or developing own interests. Personal development plan is set up on a monthly basis, taking into account partial objectives. Planning personal development provides a very useful and practical tool of individual work with a child. Defining a goal delivers a clear vision of actions, whereas its allocation within given tasks provides the sense of matter-of-factness work. This

method also teaches a child to set up own goals and plan own actions, which is a very useful skill in adult life. Hence, the Book of Life constitutes essential mechanism to strengthen child's positive potential in many areas of its life.

Keeping the Book of Life also enables to fulfill *the sense of belonging*. A child, collecting various mementoes or getting to know the structure of own family, has the opportunity to become aware of own identity and origin. Each picture or certificate makes a child conscious of own history, stimulating the feeling of being a part of the past, having own heritage and identity. When a child looks through the Book, it can realise own improvement or observe its progress, what may be inspiring for the reflection on the purposefulness of introducing changes to own life. The Book makes children also aware of their *uniqueness and exceptionality*. It helps to rebuild the sense of self-respect, and a source of positive reinforcement provides the energy and strength to pursue in life. Moreover, it facilitates *positive presentation*. Even if speaking about it may be difficult for such children, showing own diplomas and commendations to others is much easier. While presenting their Books, children often feel proud and satisfied when others express recognition for their achievements. Thanks to it, each time children are reinforced in their sense of worth, importance, being liked and accepted by others. Having such Book provides them also with *the sense of accomplishment and opportunities to cooperate*, as nothing can appear in the Book without their consent or acceptance, and it is the child who makes the final decision how this Book should look like. It reinforces their sense of control and power, important for establishment of positive self-image. Besides, the Book serves as a symbol of their property. At orphanage many things are treated as common and belonging to the entire community, so they must be shared. The Book of Life is, on the contrary, something that belongs exclusively to the child and is only for its usage. Activities within the Book

of Life are also important for *the sense of child's stabilisation*, as they establish opportunities to predict the events and plan the future. It is also a documentation of precise child's work dedicated to own individual growth. Setting goals and defining given projects help to succeed, which is the most effective way of empowering positive self-assessment.

Keeping the Book of Life as a tool of enabling positive potential of children, delivers exceptionally positive results while working with children not only within total care institutions, but also when the tutor only supports the activities with a given child, for instance in the daycare centres. Most of the children change their image into more positive one, with risen awareness of own possibilities and consciousness of their successes within individual development. Apart from it, such document functions for children as a source of own self-esteem and faith in own strengths. It is also a recollection from the child's past, evidence of the presence and plans for the future.

Broad-based support and work for the sake of families with problems are carried out by several institutions, for instance Association of the Friends of Children, Association of Family Development, Polish Social Support Committee or Commission for Protection of Child Rights. Association of the Friends of Children focuses its efforts and resources on housing environments with the minimal income, affected by different diseases, unemployment or pathologies. Such families may receive financial, material, educational or health assistance (for special needs children), as well as psychological support. For young people, at risk of orphanhood or social maladjustment some environmental and educational units of the Association operate in the local communities (Krzesińska-Żach, 2001). Similar task, i.e. to ensure successful growth, family continuity and happiness, is assigned to the Association of Family Development. The wide-ranged actions of the Polish Social Support

Committee providing the families with financial and material

help must be also stressed. Moreover, they secure caretaking and educational activities directed towards the elderly, lonely ones and disabled, providing them with legal counseling, too. As far as such activities for the sake of the needy are concerned, the objectives of Commission for Protection of Child Rights are also productive.

Support for the Local Environment

School as such sets up an example of undeniably crucial local institution supporting children from dysfunctional families. The essential objectives of the school pedagogue concern, among others (Prokosz, 2006, pp. 62–63): 1. *Arranging pedagogical workshop of examination and diagnosis*, including examination of the existential conditions of children and teenagers; community interviews (gathering data in the place of living); conversations with the family and neighbours, caretaking interviews when upon gathering data an elementary support is provided (for instance while creating an application for public offices, family counseling or discussing the child's situation); recognition of child's individual needs, diagnosis of the causes of school and upbringing failures, determining negative factors in the local environment affecting the children or potentially risky (e.g. family structure, economic standards or upbringing atmosphere); keeping register of children and teenagers from disturbed environments, which are educationally insufficient or require special care (poverty, developmental deficits etc); determining social threats such as alcoholism, tobacco abuse, AIDS, etc. 2. *Assistance in arranging school didactic, upbringing and caretaking activities*, including arranging conditions to spend free time after lessons (setting up and supervising interest clubs regarding, for instance, entertainment, scientific activity or sport, providing material support for the poorest pupils and those from inefficient families (scholarships, allowances, providing meals), arranging summer and winter

leisure time activities; care for the special needs pupils, arranging correctional and compensational as well as therapeutic activities, undertaking tasks oriented at prevention of pupils' maladjustment, cooperation with teachers, headmasters, school committees, school councils, institutions supporting the process of upbringing and education, doctors of various specialisations, police officials, psychological and pedagogical centres, juvenile courts, as well as cooperation with local institutions like local social welfare centres, Polish Red Cross, Association of the Friends of Children, local parish, church associations and others; cooperation with parents (other relatives, caretakers and guardians); acquiring resources from the local environment crucial for optimal functioning of the school; improving parental pedagogical skills, expanding knowledge on the causes of maladjustment and addictions. 3. *Pedagogical individual counseling*, concerning educational failures, family conflicts, peers and social conflicts.

If a given school is attended by children from dysfunctional families and they can be examined though screening diagnosis, one of *the resistance methods* can be applied, including (Łopatkowa, 1976, pp. 65–75):

– *Mediation method*, which implies amiable and just pedagogical mediation in settling disagreements and counselling in a conflict situation. It embraces many forms, most often of conversational character, such as conveying, forecasting, confronting, providing with comfort, reconciling the feuding parties directly and indirectly, proposing specialised literature.

– *Methods consolidating family bonds*, which refer to maintenance of a contact with the family, accepting invitations to school or other institutional events, mail correspondence or phone conversations. It is unfortunately a commonplace situation when the biological parents avoid contact with the institution, hence they must be encouraged and convinced

that they are welcomed guests, not somebody worse than the rest.

– *Methods reinforcing against negative parental influence*, which should provide a child with role model opposite to the negative parental pattern. Nonetheless, the biological parents should be never depreciated. Thus, if they cannot be imitated, a child should be provided with another role model. It can concern some other relative, a teacher, a coach or a priest. By contacts with such person children do not reject own "worse" parents, but can realise that the world of adults comprises of various personal patterns, different from the one that a dysfunctional parent presents.

The resistance methods are essential when problems in a family occur, however, they are worth of application also within prevention, i.e. before a problem shall emerge. A friendly relation between school and home are indispensible in this regard. Therefore, schools should become an open area for the parents, i.e. not only the place of meetings with teachers. Moreover, teachers should visit their pupils' parents when cooperation with the new tutoring class is launched, not when problems with a child occur.

The *facilities of a day care centres* are among institutions that also support a child in the local environment. They include educational daycentres, youth clubs or after-school clubs, which objectives are to provide opportunities to prevent the degradation of the young generation, protect them against inheritance of negative patterns of behaviour and transmitted values, observed at family home. The main goal of the youth community centres (Kelm, 2000, p. 119) *should be oriented towards supporting the family by providing caretaking and educational activities for a child in such facility*. These are run by the above-mentioned youth clubs, youth community clubs, daycare centres, but also non-governmental organisations working for the sake of the youngest members of a given

115

local community. Nonetheless, differentiating child's needs at given age is a challenging task for the institutions and organisations acting in a local environments, as they constantly call for modification of the range, contents and methods of work. Thus, developing and improving community care requires to arrange conditions for schools to undertake local community actions, relying the community objectives on: own activities of small groups gathering children, parents and community workers; cooperation and understanding between all social forces regardless of the viewpoints; preventing against threats and examples of pathologies in the local community; significant increase in physical abilities and exercising sport both through development of sports facilities and prevention against commercialisation and deprivation in sport; enriching the after-school educational facilities; establishing conditions favouring adaptation of the activities to the dynamics of the needs and interests of children and teenagers; grading differentiation of the leisure time activities, including organisation of specialist camps, focused on therapy, developing hobbies and talents.

In response to social needs, as well as in the context of the above recalled circumstances, the Decree of the Ministry of Labour and Social Policy dated 1 September 2000 on special purpose schools and education centres (Dz. U. dated 26 September 2000), regulated the issue of community care, referred to as daycare facilities. According to the legislator, the most significant tasks (§4) of a daycare support operating in the closest community of a child include: supporting families in accomplishing their main functions; providing assistance for the family and children with upbringing difficulties or at risk of deprivation, juvenile delinquency and addictions; cooperation with the school, social welfare centres and other institutions in solving upbringing problems.

Apart from the recalled objectives of such facilities, they
should also: specialise in a special needs children care, establish

appropriate forms of community care, accept disabled children if there are no justified contraindications, prepare children, to most possible degree, to independent life; cooperate with the district family support centre and other institutions of that type; combine various ranges of the processes and procedures of providing care.

As far as the essential organisational tasks are concerned (§14), a daycare centre is obliged to provide various forms of community works such as: assistance in school, family, peer, and personal crises; socio-therapeutic workshops; correctional, compensational and speech therapy classes; individual correctional projects; assistance in learning; social welfare; providing free meals; arranging free time; developing hobbies and interests; arranging entertainment and sports classes; sustaining permanent cooperation with the child's family, social welfare and the juvenile court if applicable. Moreover, such facility should work all year long, all working days, at least four hours daily, with the opening hours adjusted to the children's and parents' needs. The presented tasks and modes of community work constitute a *multidimensional model of fulfilling children's needs* (Prokosz, 2002, pp. 73–80). The reality proves that not each facility is capable of accomplishing all the tasks within wide range of influences. It results from a set of two reasons. First of all, most of the community institutions are non-public, hence the financial flow is hindered, and in consequence problems with employing highly specialised experts (therapists) may occur. Secondly, facilities of such type should respond to the needs of the charges from given local community, i.e. not all kinds of activities may be in demand. Generally, most of the units of that type operate on the basis of actual demands of the local community, hence they accomplish only these forms that are most adequate and suitable for the charges.

The after-school clubs provide for the local communities assistance in learning and cultural as well as entertainment

activities, which are most desirable in given case. If more serious material problems occur, delivering free meals at school or other form of material support is arranged, for example providing clothes, school accessories, etc. When some family or upbringing problems emerge, children can seek assistance in local facilities such as daycare centres or therapeutic clubs, where – apart from volunteers – thy have access to specialists such as pedagogues, psychologists or therapists. For those requiring other guidance, for instance in developing extraordinary interest, there are facilties in the city or county, or places where they can go for a trip to the mountains, sailing camp or develop own self in other forms of activities demanding considerable financial outlays. Such division of different institutions is reflected in the working hours. The most local ones operate few days a week, 3–4 hours daily, as they provide care for small number of children, mainly in the autumn and winter season. The district facilities are usually accessible 6 days a week offering compensational, specialist assistance, and last but not least – there are units which ensure development of hobbies and special interests, that cannot be carried out in a family, due to – for instance – insufficient funds to purchase a bicycle or a camera. In places like that the activity is basically carried out all days of the week, including summer break, when temporary or permanent specialists are contracted to support given group of children or teenagers.

Nowadays within the social reality the facilities of a day support (run in the local community) constitute the most appropriate and suitable place of compensating children's deficits, resulting from disturbances in their family's functioning. Such institutions offer escape from dysfunctional reality of many families, teaching another lifestyle and promoting favourable patterns. By these means it is possible to accomplish the complimentary principle of family influences, also concerning various places and institutions within the upbringing, caretak-

ing, socialisational and cultural priorities. Apart from public institutions established in order to support families, there are also *charity organisations* operating in many communities. Most frequently, they deal with provision of financial and material support (clothes, meals in canteens etc), medical counseling, assistance in treatment, rehabilitation, resocialisation, as well as overcoming addictions. They also run some local community centres providing with complimentary assistance in community clubs or after-school centres.

Churches of different faiths also offer support for individuals and families in need. They include, as far as the most widespread charitable activities of Catholic Church are concerned, support for the impoverished, lonely, elderly, homeless, disabled; family counseling (the family counselors provide counseling related to planning and functioning of the families, overcoming upbringing difficulties, and preventing juvenile delinquency); assistance for lonely mothers in difficult life position (e.g. shelters for single mothers); fighting alcoholism (promoting sobriety on the basis of the activity of parish sobriety campaigns). The Sobriety Movement embraces with its range different communities, organising lectures or other events, cooperating with health care centres dealing with alcoholism; arranging summer camps and daily summer care for children from the poorest families. In some dioceses family holidays are provided. Moreover, there are several Charity Circles working at parishes, providing with short-term material and food supplies. There are also Catholic Families Associations operating at many dioceses, providing both material and spiritual assistance. There are also other associations undertaking activities for the sake of family protection in material, educational and upbringing regards, additionally involving promotion of the family matters in the mass media, to recall, for instance, Caritas Polska or Civitas Christiana. Measurable results in supporting families are accomplished within activities of various foundations, such

as Z Pomocą Rodzinie, Pomoc Społeczna SOS, Fundacja im. Ks. A. Paszkiewicza and many others.

Volunteer Activities for Dysfunctional Families

Volunteer activities provide contemporarily with enormous support both for the welfare institutions and the local communities, where such grass-root activities emerge. *Volunteers accomplish the same objectives (although to a smaller degree) as the employees of given institutions, including those working with dysfunctional families* (Bednarek, 2002, p.205). The main operational premises are based on few principles. First of all, non-institutional support is accented, although a child can be selected by a given institution. Moreover, those providing support should present engagement and openness towards the child's problems and manifest certain set of positive personal features, principles and skills they wish to present to the charges. Besides, elementary pedagogical knowledge and competences are desirable, as much as the willingness to broaden such knowledge. In such cases, experts in given disciplines can provide consultancy and supervision. *Individual work and care* is the basic mode of approach towards a child. The best solution in such regard is the "one-to-one" relation, i.e. assigning one volunteer to one child. Cooperation between the volunteer and the child should take place in the *natural surroundings, i.e. the family*, and if possible, it should also embrace each member of such family. A volunteer does not operate alone, but *cooperates with a wider circle of specialists*. Children's development, particularly concerning those from dysfunctional families, is subject of interest for many specialists and institutions (e.g. schools, churches, psychologists, pedagogues, doctors etc). Effective assistance demands integration within all of these agents. There are also situations when due to parental negligence or unawareness a child is deprived of specialist support in given field. Such institution requires to empower the mechanisms of the analysis

of conditions and developmental needs of children, rising the family awareness with this regard, as well as gathering and introducing such family to the proposals of appropriate organisations and institutions. Children from dysfunctional families manifest many *developmental deficits*, frequently accompanied by educational, moral, emotional and social insufficiencies, often combined with medical problems and addictions. Therefore, possibly widest range of influences of the caretakers and adjusting their skills, knowledge and working methodology to the child's needs are of key importance. A volunteer is often not much older that the charge, hence they frequently enter the "elderly/younger brother or sister" relation. The peer environment has the most effective influence on the teenagers, subsequently their bond within are strong, what proves that the most effective help is provided by those, who can be treated as equals in terms of age (i.e. the same generation). Therefore, students and secondary school pupils are most suitable in this regard. *Volunteers should broaden their knowledge*, as work with dysfunctional family is related to the circumstances of encountering complex and difficult educational and upbringing situations (e.g. dyslexia, hyperactivity, alcoholism, cigarettes abuse, etc). Providing support in such circumstances demands appropriate scope of knowledge, hence it is necessary to create permanent opportunities for counseling and constant broadening of the volunteers' competences within the range of issues occurring among their charges.

Volunteers' activities often concerns (Bednarek, 2002, pp. 210–211) work at a *child's family home*. Individual work with a child in its family surroundings constitute a foundation of the volunteers' activities. Such cooperation takes place in the mode of a permanent "one-to-one" assignment. In particular cases a child can be supported by two volunteers or one volunteer can take care of two children. When personal conflicts occur, it is possible to modify the assignment. Time frameworks are fixed **121**

individually by the volunteer in cooperation with the family taking into consideration own time availability and child's needs. At their works, volunteers put emphasis on the consistency of their efforts and loyalty towards own charge and his/her family. *Conducting developmental classes with groups.* Volunteers willing to cooperate with a group of people can arrange regular group classes within the range corresponding to their skills, such as sport, art, music, dance etc. Such classes are participated by those children that wish to attend them on a regular basis. *Arranging individual and group trips, cultural or sports events*, etc. Within their accessible resources and possibilities, volunteers can organise individual or group events, parties, trips or etc. Each case of voluntarily organised form of caretaking lasting longer than one day, or requiring taking care of a child not in its place of residence, demands a written consent of their parents and caretakers. *Cooperation with service institutions.* In order to expand and make the leisure time activities more attractive, volunteers should cooperate with other service institutions. If it is possible, children should be encouraged to participate in classes run by other groups or institutions such as scouts, cultural facilities, sport clubs or others. *Specialist consultancy.* Caretaking institution registering a child is obliged to support the cooperating volunteer with expertise counseling in accordance with their range of competences. A volunteer should cooperate with the circle of experts dealing with child development such as teachers, pedagogues, psychologists or physiotherapists in order to recognise the problems of a child accurately and integrate the influences. When complex problems occur, out of the range of caretaking institutions such as medical problems, addictions, dyslexia, etc, a coordinating unit should contact such volunteer with appropriate specialist that will provide training and expertise support for persons concerned.

Noticing the significance of the multidimensional support of family environment implies the necessity to modify and

broaden the range and types of activities for the sake of the families, initiating concurrently pedagogical and psychological assistance that would be complimentary to social welfare efforts. Social work perceived from such perspective undertakes both rescue, compensational as well as preventive activities, operating within the existential sphere and upbringing processes occurring simultaneously in disadvantageous communities, as well as family circles considered dysfunctional. In this regard, it is particularly important to assist in, and secure, the access to various resources – individual and those within groups or local communities. Emphasising various subjects dealing with family work, as well as signalling areas of such activity, it must be highlighted that *the need to initiate such forms that do not make one depended from social welfare, but favour independent searching for ways to overcome difficult life situation is currently the most desirable paradigm* (Wódz, 1998, p. 30). The term "empowerment" reflects the specificity of such actions that come down to assistance of a family or person in need in order to restore the sense of own worth, so they could independently accomplish own established goals. In general, prior to the problems and dysfunctions emergence, activation of local community should come first, as it constitutes the local circle where various institutions operate, encouraging to act for the sake of the community members. It must be reminded to the representatives of various community institutions that „our pupil" is also "their charge", "their patient", or "their parishioner". Moreover, locally operating pedagogues or social workers should be in charge of coordination of these activities.

Concluding, it is worth to stress that on one hand – unfortunately – the number of dysfunctional families is rising, but on the other, there are more and more mechanisms and solutions compensating deficits and problems with which some citizens cannot face on their own. Nonetheless, it must be bore in mind that the current status of the dysfunctions and support is not

a constant. Taking into consideration that the world in changing, supporting efforts should be directed at openness and flexibility rather than at learning given methods and forms of support. Hence, those in charge of the social welfare system and working for such institutions are expected to expand their knowledge, improving their workshop and creativity in planning and undertaking new activities. ∎

Małgorzata Prokosz, Krzysztof Zajdel

Child in a Family temporarily Being Apart

Emotional bonds in family have a great meaning for proper development and children upbringing. One cannot provide a child with a different emotional development than the normal family relationships where tenderness and interest from the earliest years of living should costitue an established principle both caretakers follow.

First years of children's life are crucial for their psychical development. If the period of early childhood is not accompanied by feelings that are necessary and significant for the offspring, it can unfortunately result in some disorders in psychosomatic development, especially within the socio-emotional spehre.

Emotional bond is irreplaceable. It is noticeable in the case of children who have been deprived of their parental care to different degree (Prokosz, 2010). They often suffer from depression, neurosis, and are subject to the separation anxiety disorder. Other visible symptoms such as low self-esteem, apathy and a broad sense of loneliness are also reported. Hence, for instance, a young man who has been active, suddenly loses aspirations and the life activity seems to decrease.

One of the consequences of disorders within emotional bond is a spiritual orphanhood, which refers not only to childhood, but also to the period of adolescence.

Loneliness

Loneliness involves a human condition and existence referring to lack of contact with other people and with own self. Hence, a lonely person is deprived of any contact with others (sometimes voluntarily), however it also concerns someone who has no close relative.

Each of us sometimes felt lonely or even rejected in our life and it tackles both adults and children. *Loneliness is a frame of mind characterised by a painful ailment of lack of bonds and permenent contact with a person important for a given child* (Łopatkowa, 1989, p. 45).

Loneliness is a term defined in many different ways. Jan Szczepański (1988, pp. 20–21) claims that *loneliness is a lack of contact with other people and with oneself. It may also constitute an effect of inability to shelter in loneliness of one's inner world, if one has not learnt how to live and act in such world. There are people who can only live in the world of external things or other people's worlds.*

Contemporary men very often live in an unwanted or uncommitted loneliness. Individualism has led to the situation when we are able to see only ourselves, whereas other selves are treated as a potential threat or things to be utilised. *That is why we edge away into the world which seems to be safe. One of the main reasons of loneliness plague is individualism with its all extremes, abilities of self-devotion, temporary love or friendship* (Romanowska-Łakomy, 2003, p. 206).

A man of today is hiding from others because it is a shame to behave like a human. The society stratifies not only into groups of the impoverished or men of wealth, but also into young and old ones. The problem of old age is particuraly becoming subject to discrimination. Nowadays, a cult of youth is being widespread and, unfortunately, the elderly are very often unable to meet the demands of the today's modern world. They are treated as

no longer necessary, unable to achieve anthing anymore. It does not happen only in relation to older people. Many parents frequently treat in a similar manner their own children that cannot rise to challenges put ahead of them nowadays.

Persons who feel lonely have their abilities for acceptance and effective actions decreased or limited. *Such individuals also experience considerable difficulties in personal, social and occupational functioning* (Gawęcka, 2005, p. 270). It seems that the interpersonal relationships within the family, marriage or friendly terms are the most important. The degree in which interpersonal interactions, taking place in family, protect its members against loneliness depends on factors like the nature of such relations and family interactions in which their members participate, standards of mutual emotional bonds, and the dynamic stages of life cycle of a particular individual. Elements connected with personal feeling of loneliness also include properties of an individual diminishing his/her social value and attractiveness or reducing his/her motivation to initiate various social contacts. An improper process of socialisation, especially during childhood and adolescence, leads to lack of collectivisation and implies loneliness. It may be of more permanent character and it must be stressed that in most of the cases parents are to be blamed for such circumstances.

Without any doubt, loneliness affects the manner, style and quality of life. The heart of the matter and reasons of loneliness are complex and not easily nor expliclty estimated. In general, they involve sociological, psychological and philosophical aspects, i.e. *loneliness of an individual in sociological terms is often defined as physical or social loneliness. It is understood as a situation that is characterised by weakening or lack of natural bonds with other human, living in a very loose relation with the society or even beyond it. Social loneliness may occur within the three following dimensions* (Szczepański, 1988, pp. 20–22):

- *An individual has not raised a new family.*
- *An individual has raised a new family, but with time family relations (family bonds) weakened or faded away and the family breakdown took place.*
- *An individual lives in isolation or is being isolated from the rest of the society.*

In each of those groups a number of categories of lonely individuals can be separated as social loneliness may be of total or partial character. Partial loneliness concerns the group of people who have no natural bonds within (or they are somehow disordered), but still some personal and permement contacts with other people occur.

On the other hand, the term *total social loneliness* concerns people who experience neither natural relation nor ongoing personal contacts. It is synonymous with *social isolation*, i.e. an absence of other people lack of physical contact (Szczepański, 1988). A prisoner or a hermit can set such example. It seems that also nowadays many people could define their situation as a state of total social loneliness.

The feeling of loneliness have been recently appearing within families which seemingly are full of happiness, care and stress-free life. Well-off families or those aspiring to such a social position, or families that belong to the middle class being overfocused on providing material needs lose mutual relations. Since parents are concentrated on work and professional careers and have no time for their children, they are often forced to employ nannies, babysitters or make their offspring stay at school till late and attend extra-curricural classes. It allows them to feel no remorse creating an illusion of providing children with a proper care. Thus, children spend much more time with some strangers rather than with their own parents that are usually seen early in the morning or late in the evening. In such situation it is hard to create proper and genuine bonds. Moreover, lack of such bonds can-

not be compensated by any relations with nannies, babysitters or teachers. Even the best relationships with peers are not able to compensate such lack because each child strives for parental affection.

Children whose parents consider such unfavorable situation as a passing phase are in a slightly better position, as a compromise for the sake of the family material wealth is reached. Unfortunately, situations when children are perceived as an obstacle on the way to career or just an element unnecessarily absorbing one's valuable time are not scarce. Such children cannot experience their indispensible positive emotions, often functioning as an object of parent's frustration or anger. Hence, parental role is often limited to unpleasant duty.

Solitude

Not much is still known about children's solitude as unfortunately adults attach insufficient importance to children's feeling of loneliness. Quite often they just have no time or willingness to do it, pretending the problem does not exist. *The problem is that adults live in a permanent rush and always urge their children to hurry. We are so much busy that "to have" is more important for us than "to be". In our rat race we lose time mainly for our children. In so much timesaving culture we are feeling more and more devoid of what is precious for us. No matter how much we appreciate the time, we do not spend enough of it together with our families. During the last twenty-five years contacts between parents and their children have unfortunately diminished. We are more effective and better organised what enables to increase a pace of life. If parents "loosen" their schedule a bit, then children will be able to express their feelings such as curiosity, enthusiasm, or delight* (Fields, 1994, pp. 14–15).

Children who should play and have fun are often forced to cope with problems of the adult world. Sometimes those **129**

are the problems even adults cannot manage themselves, so how can we demand from children to be up to the demands instead of playing or enjoying their time? Grandparents very often say that children are not being raised the way they used to be, and they are undoubtedly right. Times have changed and our children are the best sign of that. In the 1920s, parents raised children laying stress on patriotism, obedience, respect for the Church and good manners, whereas nowadays parents reward their children for independence, determination and common sense. Change in the mentality of the society results in different attitude to children and the way they are treated.

Polish 2+1 family model is another symptom of adverse transformations. Due to economic factors Polish couples decide to have smaller number of offspring comparing to several years ago. In radical cases that means possessing just one child. From macro perspective it undoubtedly affects the country's demography and generates anxieties about its economic future. In micro interpretation being brought up without siblings is connected with a greater risk of disorders in educational process and with manifestation of loneliness, especially in a situation when even one child seems to be too absorbing for busy parents, and they are not able to spend enough time on upbringing, or just being with their child.

Additional adverse condition of such family model (Olearczyk, 2007) concerns grandparents who work until advanced age (with regards to the latest legal regulations extending the retirement age). Those are the grandparents who usually help overworked parents in childcare and appease the parents' absence. Unfortunately, extended grandparetns' professional activities unable them to look after their grandchildren, thus children have time arranged by practically strange people or institutions such as school clubs or private language **130** schools.

Orphanhood

The phenomenon of orphanhood have been present since the beginning of the formation of families and communities. There are different types of orphanhood, such as (Olearczyk, 2007, pp. 108–112) *natural, full and half orphanhood, emotional (spiritual), social, migrational (euroorphanhood), decisive (court decisions), state-of-mind orphanhood, street children and the one resulting from lack of same-sex identification.* The distinction reveals the type of loneliness children are affected by. Still, they do their best to overcome it. However, if they do it without the support of others this state can even worsen and lead to escape from a world that does not allow for a decent existence,or to satisfy their own needs (in terms of both mental and physical health).

Nowadays social and spiritual orphanhood is more and more noticeable. The social orphanhood takes place in situation when a child has become abandoned irrespective of reasons. It invloves improper care provided by one or both of parents and mainly origins from some disorders within the family. Due to the lack of appropriate childcare conditions some children are from the very beginning deprived of any chance to be brought up in their own family.

A social orphan refers to a child without a proper care staying at a caretaking facility such as an orphanage (a socialising institution of total care), or a child being under the custody of other foster care form (Andrzejewski, 2007).

Spiritual orphanhood depicts children's loneliness in their own families due to lack of proper care, emotional bonds or spiritual support from biological parents. Children who stay at orphanages feel lonely, abandoned and forgotten by their parents. They often exexprience a deep sorrow and consider their stay at such places as a punishment. They eager for love and interest. They often wish their caretakers provided them **131**

with even a poor substitute of love, interest and understanding. Children that are raised in a family, but practically experience no of such emotions, are in a similar situation.

Euro-orphanhood

Present-day times are unfortunately marked with social processes that are disadvantageous for functioning of Polish families. Standard and common model of a complete family is more and more often being replaced with permanently or temporarily incomplete models. Labour migration, particularly intensified after Poland's accession to the European Union led to the syndrome of absent-father, i.e. a father who is practically absent from a child's life, for example due to a long-lasting or frequent seasonal work abroad.

Absent-mother syndrome related to progressive feminisation of emigration is even more disadvantageous for a child, and, unfortunately, more frequent. In the face of many social transformations systematically altering traditional division of family roles the opportunities created by the accession served as a serious encouragement for throng of Polish women to seek a chance for an improvement in the family situation, and for more interesting life or self-accomplishment. Thus, a large group of Polish children have lost the contact with a fundamental person crucial for the process of education.

When these two syndromes combined, the most disadvantageous phenomenon occurs as a child is de facto condemned to often long-lasting orphanhood. Such situation is subsequently intensified especially by the result of post-accession emigration. Society at large have become aware of the Euro-orphanhood problem, as the orphanhood results from a long-lasting or temporary emigration of both parents to the countries of European Union. Euro-orphanhood comes across as a serious problem in many regions of Poland. Most of the parents who decide to migrate abroad are men. As national studies (Walczak, 2008)

implemented in cooperation with the Office of the Ombudsman for Children prove, parental migration lasting more than two weeks, was made up in 2004 by 73% of fathers. National surveys conducted in cooperation with the Office of the Ombudsman for Children, embraced pupils aged 9 to18. The gender propotion of migration lasting more than 2 months is similar and dominance of fathers is also visible in this regard as their percentage reaches 73%. The migration of parental relationship between parent gender and length of stay abroad is also noticeable, as fathers leave more often and for longer than the mothers. Research shows (Walczak, 2008), that the number of migrating mothers is higher only as far as seasonal work abroad in concerned (48,1%). In other cases (over 2 to 6 months, over 6 to 12 months, or over 12 months) fathers make up the majority in the group of parents of pupils between 9 and 18 years of age, declaring the duration of the absence of one parent in the course of the past three years. Overall, nearly 70% of respondents whose mothers were leaving to work abroad in the past three years found that the total time of separation does not exceed 6 months. Taking into account longlasting migration, it refers more frequently to fathers (14,3%) than mothers (9%). Women rarely decide to work abroad, and if they decide so, the majority concerns short periods of absence from home, i.e. up to 2 months.

Parental absence may occur more unbearable when it concerns a parent having greater importance for the current development of a child's individuality. In this regard, the absence of a father being a male model of individuality, pattern of behaviour and role in family, will definitely occur more severe for boys' development. Similarly, the mother's absence will have a greater influence on girls. Children as persons with insufficient life experiences imitate their parents' behaviour. At the same time, they acquire behaviour of the same sex person much more easier.

Lonely Children Feelings

Experiences connected with loneliness often differ, ranging from fear and nightmares, through reconciling oneself to one's fate, and affirmation. Negative feelings (especially the moral ones) concerning loneliness result from human nature and may lead to personality disorders. Participation in culture, and culture itself, seem to provide effective protection. Abilities to present socially accepted values, patterns of behaviour and developing creativity enable to reconcile individual optimal inner growth with appropriate interpersonal contacts, as well as with active participation in a group life.

One of the tragic consequences of accumulated feelings of loneliness among children is self-aggression, manifested in many different ways, with the most radical ones leading to their mental or physical self-mutilation. Alike the aggression which is directed outward, it is very often a tool of drawing others' attention, a desperate attempt to mark one's presence, calling for love. In other cases it is a drastic symptom of disorders within educational process, or a trait of very intense mental disorders.

On the other hand, in terms of physical dimension of feeling of loneliness, lack of necessary and direct contacts with parents can sometimes bring about manifestations of syndrome of various disorders in child's psychophysical development. It is referred to as separation anxiety disorder which often reveals apathy, or difficulty in establishing contact with a child. The most characteristic symptoms include tottering, rocking, head shaking or fiddling with some objects such as toys. As far as the origins of the disease are concerned, the period of early years of a child's life is of paramount importance. As it was mentioned, *insuficiency of necessary experiences of sensory nature and emotions in that period lead to various disorders in psychosomatic development* (Kawula, 2005, p. 108).

Parents tend to palce their children in the nursery earlier than before, sometimes even after a few months after their child's birth. As a result, unfamiliar people accomplish parental obligations. It is taking place at a faster pace and in wider range. Therefore, a lot of disturbances occur within the emotional bonds between children and their parents since the earliest years of the child's life. Moreover, the disturbance and its effect are intensified after the nursery period, as other institutions and other strange people provide care for the children, including kindergartens, community centres, nannies, etc. Nontheless, time spent with the peers is also beneficial for the child's development, but it should not constitute the only socialising group. It is disadvantegous for the child's growth when the kindergarten or other institution becomes the most important place where the most crucial relations are built and emotional development takes place. In such circumstances the educational process is hindered. People working in such institutions are different and their engagement and abilities differ, not always setting a perfect example. Therefore, such staff may provide a real support and befriend children, but on the other hand they may turn out totally indifferent and insensible to children's needs making them feel even more lonely and abandoned. A child's reaction to the separation with one or both parents can vary, depending on different factors. Mental condition of such a child is apparently different than being orphaned.

We can observe that there is a new term "euro-orphan" that has been used quite often recently. It might be appropriate for headlines in a newspaper but comes across as rather unacceptable in the pedagogical environment. It is inprecise and inappropriate in use towards children and their families, conveying condemning meaning. It cannot be said whether a child, whose mother or father left abroad, is an orphan or not. Some claim explicitly that such a child is not an orphan (Tyszka, 2003). Open European borders and the possibility of unlimited travelling

across the continent have significantly changed our lives. Young people particularly feel as legitimate citizens of Europe. They want to travel around the world, learn about other cultures, search for job and place to live. Poles migrate not only from villages to big cities, but also from Poland to other countries. Hence, family life has been changing recently, for example the number of international marriages has increased, as well as the number of divorces. Today's emigration is the proof of freedom and independence, and not only economic compulsion (Tyszka, 2003).

Apart from young people who have not established families yet, parents of small children leave the country as well. Their life abroad brings about separation from the closest members of the family, especially from their children. The departure of at least one parent implies serious consequences within the family functioning and structure. There are cases when people cannot find a job in a foreign country, they feel lonely and lost in a new and strange place, as their language skills are often not good enough to communicate with the local inhabitants. Sometimes they fall into debts or feel ashamed as they cannot earn enough money, so they do not want to go back home more impoverished than before the departure. Their absence is prolonged month by month, hence the contact with their families is dim. There are more and more conflict situations occuring. At times the bond is totally broken. All psychological functions of the child are developed within social context and the first relationship between a child and their parents have an enormous impact on the child's later life (Plopa, 2011).

Through relations with other members of a family a child meets the outer world, learns what is important, what is worth attention, how to communicate, etc. Through relations with parents, children build the picture of their own personality and establish basic trust to other people. The whole process of creating relationships in childhood is the key to emotional and

social development in future. Happy and joyful relations are the source of feeling of security and comfort. Failures in this field provide a source of tragedy. In order to gain trust within a family, parents have to be present in the earliest years of the child's life. Lack of presence in child;s early life may disturb the sense of belonging to the family (Fojcik, 2007).

Older children, whose parents are away, experience constant loneliness and lack of understanding. They cannot accept the situation of living without their parents, hence they feel irritation and pain. The absence of a mother or father in the most important moments in a child's life is a solemn loss for a child and a serious disturbance of parenthood. At times, older children fulfill their parents' obligations. They help to run the house, they settle different matters, and they look after their siblings. Such premature responsibility deprives them of light-heartedness and happiness which is strictly connected with the period of childhood. On the other hand, however, it may constitute a positive phenomenon in the way of adapting to the separation. There are cases when young children are rebellious, angry and disobedient to their parents, they often leave home and seek support among peers. The lack of parents' authority results in searching for the authority beyond home. Nontheless, children very often fear when their parents leave home.

In some cases suicide attempts take place. Some children think they are useless, and as a result, they do not care about school obligations or they stop doing homework, because there is no one who would appreciate their effort. When parents come back home, it is not easy for them to adapt to a new situation again.

Children may feel the distance and alienation towards the father that had left for so long, or feel jealous of the mother. The father who had been absent, may feel as an intruder after coming back. Even wonderful gifts will not replace his long absence and will not establish new, positive relation. Such father will have to be very patient and work intensely to catch up on the

missing time. He has to rebuild his child's trust and overcome the atmosphere of unfamiliarity as soon as possible (Fojcik, 2007). Facing such challenge is not an easy task. A parent usually focuses on fulfilling child's financial needs, neglecting the emotional, crucial ones. Therefore, there is a difference of perspectives, which unfortunately causes child's feeling of suffering and harm.

A sense of isolation and loneliness which sometimes affects children and their parents, often accompanied by external symptoms and signs of orphanhood, is the sing of our times. It seems that one can be alone with their parents and family. The loneliness of a child resulting from longer parental departure to work abroad is particularly difficult. Sometimes one parent leaves, but sometimes both of them depart, so children deal with unfamiliar persons around. They suffer from feeling of loneliness, and even the best caregiver and expensive gifts from parents cannot replace a real home. Society is also subject to the effects of migration. In the case of immigration, particular attention is drawn to falling birth rates and the creation of a smaller number of families as more and more people live alone, strengthened by the opportunity to travel in search for work. Mass exodus of the population can also result in phenomena of multiculturalism or disappearance of traditional cultures leading to the creation of a uniforming mass of European culture. It seems, however, that the influx of migrants will increase the boundaries between different cultures, which is reflected in the fact that migrants deny their culture.

Unfortunately and sadly the problem of Euro-orphanhood is practically unsolvable as migratory departures are becoming more and more frequent, so the children will be brought up away from their parents. Polish accession to the European Union and opening the labour market entails a number of negative phenomena in relation to the family life and family itself. Given the scale of this phenomenon and the fact that it

relates to the most fragile and most susceptible to change participants of social life, it is necessary to pay more attention to this issue, analysing the causes and dynamics of this process, providing with a support system. So far, the only option is the departure with children, what would reduce the phenomenon of Euro-orphanhood, but concurrently increase the demand for caretaking services for family seniors. ∎

Zuzana Truhlářová

Intergenerational Relations in the Context of Family Care

This chapter draws on academic works of the following authors: Haškovcová (1997), Pacovský (1990), Klevetová (2008), Jankovská (2003), Sobotková (2001), Zikmundová (2012), Simmel (2006), Keller (1992), Beck (2004), Mühlpachr (2009), Mlýnková (2011), Jirásková (2005), Jeřábek (2005), Tošnerová (2001), Zgola (2003), Matoušek (2003, 2005), Tomeš (2011), Michalík (2011), Venglářová (2007), Levická (2009). The separate subchapters draw on surveys carried out at the University of Hradec Králové as part of the research on intergenerational solidarity in families with a dependent senior. Further, results from research polls conducted by Smith et al. (2013), Tošnerová (2001) and Zikmundová (2012) are taken into consideration.

According to Haškovcová (1997), the family traditionally fulfilled its reproductive role in the past. This seriously affected older members of the family as the termination of common living also terminated financial support. The so-called reciprocal service was also utilised in those days. Roles within the family could be taken over from one generation to another if they shared the place of residence and the workplace. The aging of the oldest members of the family would go unnoticed; they would gradually adapt to their new physical and mental abilities and gradually assume a less demanding role in the

family, proceeding from more laborious activities to less laborious ones. *This manner of aging based on changes in one's duties was acceptable because it followed a certain pattern or a ritual* (Haškovcová, 1997, p. 77). This model had positive effects on other members of the family as old age was mainly associated with wisdom and experience. The scientific and industrial revolution invloved centralisation of economic production potential, the severance of the workplace from the place of residence, and the loss of the tradition of intergenerational exchange, thereby rounding off the era of "wise old age". Children, the young and the elderly are dependent on the middle, productive generation, and due to the changes in economic production, the family's unity – in the sense of multiple generations living in the same household – was disrupted (Haškovcová, 1997). According to Pacovský, we stand witness to the increasing disintegration of multigenerational families into smaller nuclear families, which are characterised by their strong yearning for independence. *The life of the elderly person in the family is very important from the perspective of preserving their self-sufficiency in a habitual environment* (Pacovský, 1990, p. 53). The formation of small families, which tend to move away from the original family, has caused "elderly parents to become spatially and socially isolated from their children". (Pacovský, 1990, p. 53). Pacovský further states that the elderly strive to be self-sufficient as long as possible and to live close to their children without being dependent on them. Moreover, elderly people often suffer from loneliness, which can even have pathological impacts. *Even generational conflicts inside the family can complicate an elderly person's living situation* (Pacovský, 1990, p. 54). However, the equilibrium between positive and negative emotions can positively contribute to a satisfactory relationship with an elderly parent (Picheaud, Thareauová, 1998). *A difficult situation arises in the family if there is a sick elderly person incapable of taking care of himself and dependent on others* (Pacovský, 1990, p. 54).

A multigenerational family therefore comprises parents, their children and grandparents. Cohabitation in such a family implies a lot of difficulties as each generation has different interests and needs and cherishes different values. One's view on the world, society and life also usually differs. Therefore, in order for a multigenerational family to function properly, it is absolutely necessary to support and respect other members of the family (Klevetová, 2008).

The term "family" usually describes the primary group, which is shaped by the relationships between its members. It is not only our society but also family which continually undergoes development, and it may therefore seem that the family has strongly diverged from its original purpose. Nevertheless, it still remains an irreplaceable and important institution in our society. It is in family surroundings that socialisation of a child is commenced, which is necessary for his or her future development. A child also learns social norms and to respect the values of a given society in a family. The child is thereby given the possibility to learn what is good and what is not. For majority of us, family is a source of safety, security and trust and is therefore closely tied to the term "home", a place to which a person gladly returns throughout his or her life (Jankovský, 2003).

Sobotková alludes to Kramer's definition stating that *a family is a group of people with a shared history, reality and future expectations of mutually connected transactional relationships* (Kramer, in: Sobotková, 2001, p. 22). A family may also be defined as a structured unit, *whose meaning, purpose and aim is to construct a relatively safe, stable space and environment for the sharing, reproduction and production of people's lives* (Plaňava, 1994, in: Kraus, 2008, p. 80). It is possible to say that a family is a group of people which is connected through mutual ties and has its own mission which it should struggle to accomplish through a fulfilment of its functions and duties.

143

Looking back at the past, it is seen that intergenerational co-habitation was almost an unwritten rule. Many families used to build multigenerational houses bearing the idea of shared living so that the family would stay together. Nowadays, on the other hand, cohabitation of more generations is becoming scarcer, and according to the Raiffeisen Bank survey (Zikmundová, 2012) more than 80% of children born in the 1960s and 1970s live on their own.

Keller points out that the family or household was entirely self-sufficient and well-integrated before the birth of the modern society, a result of the existential conditions of the time in which living alone was dangerous and socially degrading. Before the arrival of the modern age, it was common that the society was dependent on the households that were dependent on each other and had an important social function in supporting its members in old age and in periods of illness. The decisive moment took place with the triumph of the monetary economy and the arrival of taxing systems through which state power is financed.

According to Simmel (2006), the introduction of monetary economy led to an increase in people's self-sufficiency and independence, be it from family relations or from local communities, and paved the way for the creation of the labour market, yet also led to a formerly unknown distancing of all economic activity. Today, we call this *self-sufficiency and individualisation.* As Beck points out, this term was originally associated with the rising bourgeoisie, but in the context of the workforce it is symptomatic for "free indentured labourers". Therefore, according to Simmel (2006) money on one hand provides grounds for increasing one's private ownership through participation in various associations focused on making profit in the market economy without imposing any limitations on the relationships involved, yet on the other hand it relegates man to a sum of money. One's status, formerly

determined by one's family and place of residence, is today determined by One's position on the labour market. Industrialisation and the development of cities led to the disruption of traditional family, the arrival of social inequality and mass unemployment. The rise of the nation therefore happened at the expense of households and led to their **1) Economic expropriation** – The taxes were often unbearable and with the rising power of the state, described as progress, the support of the individual as a production unit on the labour market rises (family is not a unit of production), *what the family was left with was only consumption, joy and security* (Možný, 2002, p. 20). **2) Expropriation of power** – Civil servants decide on matters (families have been disarmed since the 18th century). **3) Social expropriation** – Families ceased to be able to provide care for their dependent members (children, the elderly or the infirm) from their own resources. The development of education and healthcare caused that the competences were taken over by formal organizations and the modern nation was created, which is not, however, according to Keller (1992) composed of households but of individuals. Formal organizations assumed the role of dealing with problems concerning one's survival formerly held by the households. *The society needs its members to live in a family environment but in its effort to compete with other power structures it has to impose measures on the family which weaken it. In its effort to concentrate and project its power outwards the state weakens itself internally and deprives itself of an institution which heavily contributed to its stability* (Keller, 2005, p. 64).

The Crisis of Family in the Postmodern Society

Money, nevertheless, is responsible for more losses of traditional values. As Simmel (2006) notes, values have been replaced by money and therefore lost some of its qualities. Buying up of peasant's land brought with it a temporary feel-

ing of personal freedom; however, land was a stable entity around which a peasant's life revolved and its loss brought a loss of everyday life rhythm. Money degraded the value of human existence into a mere commodity on the labour market. According to Keller (2006), the social state was developing in many countries for more than hundred years in order to provide all the citizens the same level of security and safety as the rich are guaranteed by their fortunes. People strive to attain material property also for the reason that it can easily provide for one in critical situations. Nevertheless, even poor people have desire for security, therefore it is not a coincidence that the social state developed most intensively during the times of greatest insecurity, during war, political or economic crises. The social state could exist only due to its 2 partners – a working labour market and the cohesive family. The state has, however, severely disrupted its functionality through its interventions into the labour market and this activity was later identified as one cause of its decline. And as far as family is concerned, Beck (2004) for example mentions that the state modernisation has caused a social shift to individualisation after the war which took on an unprecedented scope. *With the relatively high life standard and advanced social security system as a support, people were destined to rely on themselves and on their individual fate on the labour market with all its requisite risks, chances and discrepancies* (p. 116).

Currently, the postmodern society is looking for solutions of the global crisis to which it contributed in many ways. The state appeals to the personal responsibility of individuals and families expecting the return of the supportive function of the traditional family, which is today *the place where different ambitions are juggled along with the demands for employment, the pressure for education, responsibilities for children and tedious housework* (Beck, 2004, p. 118). Family is limited to parents and children; grown up children live often far from

their parents' residence. Moreover, unmarried mothers or couples and divorced parents are the typical family arrangements today. Nevertheless, as Keller points out, it is the political apparatus of a social state which is responsible for the erosion of traditional family ties, neighbouring communities and the decline in solidarity. The so-called "self-responsibility", which is disguised as the freedom to be one's own boss, is in reality manipulative and much rather resembles oppression caused by the labour market, which, contrary to what it advertises, does not always provide a job for everyone. On one hand, the postmodern state stresses the effort of strengthening family ties and solving problems in the family circle, yet on the other hand it is constantly undermining this effort by raising taxes, raising the prices of services and by creating inequality in its approach to employment, education and so on.

Multigenerational coexistence has its advantages and disadvantages. The first advantage of such a living situation is that it offers immediate assistance to elderly people whenever needed and, moreover, ameliorates the loneliness from which this group of people often suffers. The elderly can then be in a constant contact with their grandchildren and at the same time assist the parents in bringing up children, for they have to work and provide for the family. Such assistance usually consists in babysitting, accompanying children to school and fulfilling other tasks. Such coexistence is also beneficial for children as it enables them to learn both from their parents and grandparents and to observe their grandparents' ways of perceiving the world, their problems, needs and differences. For this reason, children often learn to respect the elderly and know how to take care of an elderly person. The same applies when the relationship is reversed, for such coexistence is beneficial for the elderly person as he or she is given the opportunity to learn from the children, e.g. how to use a mobile phone (Mlýnková, 2011).

147

On the other hand, the disadvantage is that members of such a family may experience conflicts and clashes. The question, however remains, where do these incongruities come from? An overwhelming proportion of intergenerational conflicts come from stereotypical notions and prejudices about other generations which do not tend to be true. Then statements circulate in the society which malign the young or the elderly. A lesser amount of conflicts arise from individuals' different character features. Psychologists agree that if two people with different character traits meet, they will not be able to get along even if they are of the same age (Jirásková, 2005).

On the other hand, Cibulec (1980) states that potential conflicts are a result of the shared household due to the fact that each of us has different expectations and ideas about bringing up children and looking after the household. Resolving these conflicts is not simple, however finding the right solutions is absolutely pivotal for a smooth running of a family.

Family and its Functions from the Elderly Care Perspective

Family as our native environment affects us from birth because it is within its bounds that we learn and accept behaviour patterns and norms and develop our own personal values. The type of family in which one is brought up is therefore very important for the future development of one's life. It is a place, which shows us a direction and how to live in the society. At the same time it affects our ideals and character features. As a consequence, family affects one's personality development. Each smoothly running family should therefore fulfil several functions. Due to the development that the family has undergone, some functions have disappeared because they lost their importance. Jiří Výrost (in: Klevetová, 2008) presents four basic functions, two out of which may be applied to family functions

in the context of elderly care:

- The material (economic) function is important for maintaining the vitality of the family and the fulfilment of its material needs.
- The reproductive function (biological, sexual) is important for creating progeny and for satisfying needs.
- The socio-educational function conditions the socialisation of individuals, good relations within the family, which is dependent on upbringing.
- The emotional, protective function is directed at satisfying the need for love, safety and security for all members of the family, from the care of a baby to the care of old and helpless members of the family. The protection of the family members is a question of family honour and an expression of humaneness and ethics. The influence of family upbringing manifests itself strongly in this issue. Generally, responsible treatment of children is expected from parents in order to promote reciprocal behaviour in the future, sometimes described as "repaying the debt".

The **material function** is often called economic function as it represents the material security of family. Was it not for this function, family would not be able to exist as it would not have enough means for its own preservation. At the same time, this function affects the lifestyle in the family. In the past, property used to be the only thing that kept the family together. Today, however, the attitudes towards shared living and financial support of the family are different (Cibulec, 1980). From the elderly care perspective family often becomes the safety net in the context of elderly person's economic and social security. The **emotional function** is an irreplaceable and invaluable function of family, whose task is to create a pleasant family environment so that its member may feel protected, able to rely on others and, especially, loved. Each member needs to feel as much a part of this group as any other. The protection and security of the family members is an expression of humane, ethical and family honour (Cibulec, 1980).

Cohabitation with a Senior in the Family Care Context

Modern family often faces communication problems which can easily damage the family relations. Simultaneously, the family relations are often interrupted or suspended and as a result the older generation is sentenced to isolation and to living on their own. Cohabitation is then replaced by mere visits, family reunions or by entrusting a child into grandparents' care during holidays. In case the caring parent wants to decide to share the residence with a senior, he has to consider various rigours that are connected with it. The coexistence of more generations can take several forms and according to Klevetová, can be divided into the following:

Equal or Realistic Coexistence

Equal coexistence resembles the most desired form of coexistence. It is characterised by peaceful and harmonious relations between the generations, which are contributed to by individual family members tolerating each other's interests and needs (Klevetová, 2008). The foundation of this type of coexistence is ingrained in the family. Parents usually affect their children most by the way they raise them and by their relationship. A requirement has to be met which states that both parents have the same rights and responsibilities (Cibulec, 1980).

Liberal or Free Coexistence

Liberal coexistence can be described as a noncommittal or free coexistence. Everyone behaves according to one's own principles in such a family and therefore no one cares if any rules or moral standards are followed. As a consequence of this, the emotional ties between the members of the family are diminished and the young ones do not even admit that their older generations might be in need of assistance. This need usually occurs in a situation when the senior is no longer

self-sufficient and its surroundings do not realise their obligations towards the older generation, who expect not only physical assistance but also mental and emotional support (Klevetová, 2008).

Ingratiating Coexistence

Ingratiating coexistence at first sight resembles harmonious coexistence; however, the reverse is true. It often occurs within the older generation, which strives to retain good relations inside the family despite the fact that the family shows no reciprocal interest. A typical example occurs when parents bribe their children in order to attain their love and affection (Klevetová, 2008). It is the helplessness of the elderly, striving for harmony in spite of the relationship with their children being totally empty (Cibulec, 1980).

Irreconcilable Coexistence

Irreconcilable coexistence may be included in the category of negative coexistence patterns. Its followers could never live in the same house with another generation. Such individuals indulge in egoism and therefore deem any contact with another generation totally unacceptable (Klevetová, 2008). This attitude is often held by younger individuals but it can also be a result of conflicts in the family in which he or she was brought up.

Coerced Coexistence

Coerced coexistence is a result of an involuntary family decision to live together with another generation. This coexistence is not accompanied only by negative effects as it may initially seem. If a family takes care of a senior during his sickness it can be characterised by positive relation towards him or her. By demanding such care the senior directs the family's attention to him and involuntarily binds it to him.

Cunning Coexistence

The last, cunning coexistence, is occurring more and more often in today's society. At first sight, it resembles kind and self-sacrificing attitude towards one's parents and grandparents, however it is only an illusion based on one's pretence. The real reason for such behaviour is the utilisation of the older generation in order to ensure that the household is run properly, the children are being taken care of or for the reason of acquiring financial support.

Elderly Care in the Family

The term homecare usually describes informal care which is, as the term implies, provided by a non-professional caregiver. This person is usually a family member, partner or a friend. The family therefore plays an irreplaceable role in the care for the elderly person because it is within the scope of the family that he looks first for assistance and understanding. In order for the care to be successful good mutual relations in the family and good communication between family members are necessary. In order to adequately delimit homecare it is necessary to allude to a definition which relates to its most important aspects. Homecare is defined as *nurse or support care or a service carried out for well-being and happiness of elderly people, who are not capable of performing these activities on their own due to a chronic or mental illness* (Waerness, in: Jeřábek, 2005, p. 10).

Homecare is a type of care which is provided in a natural environment of the elderly person, usually in one's home. It therefore follows the traditional model of care for a dependent elderly person, one of whose aims is to make the elderly person stay as long as possible in his or her home environment. Despite the fact that it is very demanding for the caregiver in many respects, it is suitable for the elderly mainly because it

contains exactly those components of care which the elderly person specifically requires: the social, partially the medical, the supportive and the emotional components. Bathing, using the toilet, help with eating and moving belong among the most common daily activities that caregivers assist their elderly parents with. Furthermore, they assist them when dealing with financial and medical issues and also with shopping or housekeeping. The aforementioned tasks among many other are performed repeatedly because the seniors are sentenced to the help of others due to their reduced mental, physical and intellectual abilities and would not be able to perform these tasks on their own. Sometimes we refer to them as dependents (Jeřábek, 2005).

The extent of such work depends on the level of individual's level of dependence and on his medical diagnosis. There is, therefore a difference between care for an elderly person who requires assistance only with some tasks and care for an elderly person who is totally dependent on another person's help. In both cases the family takes on a difficult task and a serious commitment. Each family considering taking care of its elderly family member in his or her home should therefore consider several issues. Michalík (2010) mentions the three most important ones:

– Expected duration of care.
– Expected difficulty of care.
– Conditions for such care.

There is an enormous difference between care which is provided only for a couple of years and care which lasts ten or more years. Time is therefore an important agent, which not only accompanies the care, but also affects it (Michalík, 2010).

The difficulty of care for a dependent person is aptly defined by the National Family Care Association (NFCA), which in its effort to properly define care and caregivers searched for a common trait of all the groups involved in the care including the **153**

people with reduced self-support. As Tošnerová (2001) points out, on the basis of a research done in 1994 this fundamental trait can be found in the following **emotional consequences of care**:

– Severe sadness, evoked by the notion of a loss of normal life.
– Shock in the family as a consequence of the life change.
– Feelings of isolation caused by a abnormal life conditions.
– Frustration caused by the encountered difficulties or other's misunderstanding and/or indifference.
– Stress from the lack of time and often severe depression.
– Internal strength which one was not conscious of having.

In order to emphasise the impacts of care on the caregivers' situation we employed the terms *expenses and profit – negative and positive sides of the caregiver's experience*, which were utilised in her work by Přidalová (2007, on-line). *Physical investments* depend on the state of the health of the caregiver, which declines as a consequence of continuous manipulation with a frequently immobile body of the dependent person, exhausting housework but also due to the demands on the caregiver's body caused by lack of sleep. The body is similarly affected by the continual stress and concerns about future. *Mental investments* are often perceived as even more exhausting. They are usually caused not only by the loss of privacy and by the shortage of time and rest, but they are also result from problems in communication, insufficient information, declining relationships and intensely experienced dilemmas such as the so-called *anticipated sorrow – the conflict between being conscious that sooner or later the parent will die and the feeling that coping with this loss will be an extremely difficult task* (Walker, in: Přidalová, 2007, p. 66, on-line). Tošnerová (2002) also distinguishes emotional investments connected to anger, helplessness, resistance and isolation which often lead to the burnout syndrome, anxiety and depression.

154

Social investments narrows the caregiver's contact not only with other members of the family but also with his surroundings, they cause the loss of interests and hobbies and very often also self-fulfilment in work. The caring person is stripped of freedom and the care for a different person than himself becomes of primary importance. Finally, *financial investments*, in which the most strongly felt aspect is the loss of income and the decreased amount of pre-retirement pension, then investments into medical devices, medications, medical examinations, and professional social services.

Some of the aforementioned investments are nevertheless in different situations perceived as *profit*. As far as the improvement of the relationship between partners or the caregiver and the dependent person is concerned, leaving a job which was not fulfilling an solely as a means of sustenance may be beneficial. Caregiver's needs reflect the demands being placed on them and therefore only the most important ones will be adduced here. Zgola (2003) presents *privacy and time spent alone* as the most important need of an informal caregiver who takes care of a patient with dementia. Furthermore, Pichaeud and Thoreau (1998, p. 71) emphasise good access to information, possibility of meeting likeminded people and material help.

Advantages and Disadvantages of Homecare

Homecare is considered the most fitting form of care for an elderly person and all other forms are perceived as alternative solutions (Jeřábek, 2005). In spite of that, situations may occur when placing the elderly person into a nursing home appears as the most suitable option. However, these situation are not so common due to the fact that family is endowed with higher potential of meeting the needs of the elderly person. Moreover, it is obvious that this form of care also has a positive effect on mental well-being of the elderly person. It is mainly a result of staying at home and of the presence of close people. In this

way, the immune system receives benefits as well as the whole recovery process. Homecare is also favourable for the state and its budget. In cases when the senior is placed into a nursing home, state has to spend much more money than in the case when the elderly person is taken care of by its family. On the contrary, the main disadvantage of homecare is the lack of high-quality material and technical facilities which are often available in the nursing homes. Medical items which help one perform everyday activities are usually missing. Among these we include compensatory, rehabilitative and technical products (Michalík, 2011).

Family care is divided into three levels based on the perspective of urgency of meeting the needs of the elderly person (Jeřábek, 2005):

– Subsidiary care – less demanding type of care, does not require shared living, places demands on the emotional state of the caregiver

– Impersonal care – time-consuming, regular, everyday household care, contains both material and emotional aspects, can also be provided by home care service

– Personal care – the most demanding type of care, non-stop presence of the caregiver, both physically and mentally demanding, very time-consuming.

Homecare is purposeless if the elderly person does not desire it. That is caused by several reasons, for example by fear, shame or annoyance (Jeřábek, 2005).

The elderly person also has to feel well if it lives in his or her family's flat, where he or she is confronted by the loss of privacy (caused by potentially small size of the flat). Another disadvantage are the time demands placed on the caregiver for he or she has to take care of the children, the household, but also has to have a job as it is only very rarely that a caregiver can afford to give up his or her job and stay home with his or her parent. At the same time, the caregiver loses touch with

his or her surroundings. The type of work he or she performs is not only time-consuming but also physically and mentally demanding. It can even lead to complete exhaustion, which can, however be prevented by respite care, carried out by the state (Mlýnková, 2011).

Role of the Family Caregiver

Homecare, as already mentioned, takes place in elderly homes and is therefore often provided by the family. The care for an elderly person is provided by a partner, a child or his or her partner. It is usually pursued through the principle of solidarity and therefore it requires social cohesion of the caring family, which is not only the condition, but also the result of the family care for the elderly person (Jeřábek, 2005).

By accepting the role of a caregiver the family member takes on an uneasy task. First of all, it is a responsibility but it also contains demands on the care itself. Most of us cannot even imagine what such work entails and what problems the caregiver has to confront every day. In order to get a better idea of the problematic of the family caregiver's role it will be necessary to get acquainted with the basic information about family caregivers. A family caregiver is a *person who cares about a relative, friend or neighbour, without expecting a reward and without a formal contract* (Matoušek, 2003, p. 143). According to Matoušek, a person decides to become a family caregiver due to being closely related to the person requiring the care (family, close friend). Deinstitutionalisation brings good changes in the support of family care. Tomeš states that *deinstitutionalisation brings about a change from institutional to communal care.*

Care for a dependent elderly person in one's natural home environment can be provided in several ways: by a family member in case when a close person is providing the support, by a social care assistant, when the care is not provided by a family member, **157**

but it can also be provided by a neighbour or by a registered social service – personal assistant or caretaking service. The above-mentioned options can be freely combined. Currently, informal care, meaning family care, is being supported in combination with formal care, provided by an organised social service.

Roles played by the family caregiver and the demands placed on him or her are influenced by many factors. First, it is the type of disease, which decides the extent of the provided care. The role of the caregiver is also different if his trip to the elderly person takes him more than one hour. Due to fact that they do not live together under one roof, the family caregiver is not available all the time when the elderly person might need him or her and therefore it is necessary to form a team from the family members, friends or employ paid care assistant. Caregivers who live in the country also have different living conditions and means at their disposal than caregivers living in cities. Such environment is characterised by lower accessibility of medical services, public traffic services and by the bare remoteness. Culture, mainly due to its history and tradition of providing healthcare, also has a certain influence on the role of the caregiver. In the majority of cultures the traditional anticipation of a role prevails, saying that grown-up children have to take over the main role of caring for their aging parents (Caregiving, 2009).

Elderly care is often divided into medical care and social care. The needs of the elderly are often so complex that it is necessary not only to provide medical and social services, but also to strive for their cooperation and engagement. In reality, situations often occur in which elderly people are too ill to be catered for only by social services. The issue of their health state and self-sufficiency is so long-lasting that health care system has not yet even devised a solution for it (Holmerová, Jurášková, Zikmondová, 2007).

Family is, nevertheless, irreplaceable in the care for its dependent member and has to meet a lot of needs in order to provide the best possible care (Klevetová, Dlabalová, 2008).

– The possibility to provide care – to have the physical, social, mental, living and time conditions.

– The will to provide care – to have good will, all the members of the family contribute to find solutions.

– Knowing how to provide care; knowing how to help and knowing the necessary approaches.

The most valuable assistance for an elderly person will be provided from his or her children in the family surroundings in a shared household. However, an elderly person would prefer to live alone if it was close to his or her relatives. Separate living, nevertheless, complicates the care of the wider family for its elderly members (Baštecký, Kümpel, Vojtěchovský, 1994).

If we look at the historical development of homecare we may observe that women predominate in the role of caregivers. Women outnumber the male population be it in the informal or formal sector. Therefore, women may also be called the "traditional caregivers". Nevertheless, it must be stated that both genders are important for providing care because each can offer a different type of help. Men excel in moving and manipulating with the elderly person, as they are more physically fit for these activities, whereas women perform tasks which require feelings and empathy. If we look more into family structure, we can observe that wives are the ones who usually provide personal care. It is also a result of longer life expectancy of women and literature on the subject estimates the percentage of caring wives to approximately 64% (Jeřábek, 2005). Vágnerová pointed out that care for a husband is very difficult for the caring wife but also noted that it can positively affect self-esteem and strengthen the couple's relationship. This situation, nevertheless, will not last forever, as the caring wife will sooner or later stop being capable of taking care for her husband and will need assistance from an another family member or from a state institution (Haškovcová, 2010).

Another group of people taking care of their dependent parents are their daughters or daughter's in law. They usually

decide for homecare is because they already share the same household. That way, any member of the family can assist with the care (Jeřábek, 2005).

American surveys show that family caregivers can be composed of individuals of various age groups. The average age of the caregiver was stipulated to be 49, while more than half of the caregivers ranging from 18 to 49 years old. The last years also witnessed an increase in caregivers aged from 50 to 64 (Care for family caregiver: A place to start, 2010, on-line). It may be inferred from the above mentioned facts that any person of any age can act as a caregiver.

Issue of the Demands on Family Caregivers

The caring person who has been taking care of an elderly person for a long time may encounter a range of problems which will manifest themselves in the relationship with the elderly person, with his or her surroundings and will affect the quality of provided care. These problems are caused by excessive psychological strain to which the caring person is exposed.

Care for a disabled man can create pressure which will affect the caregiver's ability to provide care on the required level (Tošnerová, 2002, p. 11). Such pressure can stem from physical, financial, social, emotional problems but also from the environment. According to Matoušek, this burden can be measured and should be paid attention to as much as the care for the elderly person itself.

Based on the urgency of the elderly person's needs, Jeřábek (2005) adduces three types of care:

– Subsidiary care – a less demanding type of care, does not require shared living, places demands on the emotional state of the caregiver.
– Impersonal care – time-consuming, regular, everyday household care, contains both material and emotional aspects, can also be provided by home care service.

– Personal care – the most demanding type of care, non-stop presence of the caregiver, both physically and mentally demanding, very time-consuming.

Gilbert Leclerc observed various methods of working with elderly people and based on that devised four character types of assistants (Pichaud, Thareauová, 1998):

– Authoritative type – characterised by the tendency to force one's opinions and decisions upon the elderly.
– Manipulative type – does not force his decisions upon the elderly person from his position and through his power over him but manipulates the elderly person in order to achieve one's own goals, does not respect his or her autonomy, overlooks the true needs of the elderly person.
– Protective type – prevents the elderly person from performing various activities under the false pretext of danger, prevents the elderly person from fulfilling one's autonomy.
– Cooperative type – is attentive to the person's abilities, does not focus only on the elderly person's dependence and tries to give him or her the highest possible degree of autonomy.

Assisting a person should mean striving to retain or helping to develop his or her autonomy.

Care does not consist only of professional and technical activities,...care also entails a relationship, a relationship as a necessary component to the care, (...) has to contain all the dimensions of the individual: physical, mental, socio-cultural and spiritual. In a caretaking relationship, man has to perceived as a unique, free and responsible being (Pichaud, Thareauová, 1998, p. 65).

However, obstacles standing in the way of the provision of care may occur, including (Mlýnková, 2011):

– Inadequate housing – today families often live independently, in separate flats, family usually owns only a small flat which leads to the loss of privacy.
– Employed middle generation – cannot afford to stay home and provide all-day care in the productive age.

161

– Responsibilities for one's own family – care for family and household.
– The distance between families.
– Exhaustion of the family members caused by from providing care to the elderly person.

Care for an old and often also ill elderly person can put an enormous burden not only on the caring person, but also on his or her surroundings. The strain associated with care can be physical, financial, social and emotional (Tošnerová, 2002). *If the stress is too severe, the caring person experiences the persistent feeling that the receiver of the care demands more than is necessary and that the caregiver does not have enough time to devote to oneself, or one's duties and so on. The caring person then experiences strong emotional reactions which have a negative effect on the receiver of the care* (Matoušek, 2008). According to research, the strain on the caregiver is described as *a burden.... feelings of social isolation and exhaustion... feelings of being entrapped... or the experience of loss* which impact one's relationships with others. Also the impacts of financial dissatisfaction have been observed (Tošnerová, 2001).

A long-term caring family member is prone to burnout syndrome as much as a professional caregiver. The caregiver's burden is a phenomenon which can be measured today and it should be studied and analysed by experts and paid attention to as much as the care for the elderly person itself. Self-supporting groups of family caregivers provide effective support in the personal care network (Topinková, in: Matoušek, 2005).

It is necessary to consider whether it is in one person's power to manage such difficult activity or whether one should try to look for other means of providing care within the scope of the family or by using the reachable social services. The relationship with the family member and satisfaction from the ability to assist him is often counterbalanced by the loss of privacy, exhaustion and isolation.

Each caregiver has rights which are enumerated by the American Caregiver Association (Tošnerová, 2002):

– Right for adequate training and for accurate and understandable information about conditions and needs of the care receiver.
– Right for positive evaluation and emotional support for the decision to provide care.
– Right for the protection of one's income and for financial security without threatening the mutual relations with the care receiver.
– Right for assistance with the care depending on one's health, psyche and relationships with other people.
– Right for anticipation of other family members' involvement in the care.
– Right for providing the homecare if it is physically, financially and emotionally possible. When it ceases to be possible, it is one's duty to try other alternatives of providing care.
– Right for a temporary change in one's lifestyle in the context of relationships with other family members.
– Right for accessible and culturally-valuable services, which can benefit the care.
– Right to expect that professionals will recognise the importance of the care, recognise one's concerns and fears resulting from the mutual relationship between the caregiver and the care receiver.
– Right for an empathic and supportive action of the employer in case of unsuspected or complicated needs of the care.

Each caregiver has the right to consider his or her situation and the state of the patient and request help from his or her surrounding or stop providing the care.

If a family caregiver provides care to an infirm elderly person, it represents a serious **physical burden** for him, which is comparable to any other physical labour. Demands are placed on the caregiver which include both caring for a relative and

housekeeping. In reality this means that the caregiver has to perform tasks connected with housekeeping but simultaneously assist the infirm person in a range of situations, including maintaining personal hygiene, lifting cumbersome items and assisting in mobility (Tošnerová, 2002).

For these reasons it is necessary to find a suitable surroundings for the provision of care before the actual commencement of care in order to prevent possible injuries. On this level we speak about the burden of one's surroundings. If the elderly person is capable of staying in his or her home, it is necessary to make several arrangements, especially to install some assistive devices in the house such as a handrail or a ramp. Alternatively, a more suitable location for providing care has to be found, such as institutional care home or the elderly relatives' home. Nevertheless, sometimes it is impossible for a family caregiver to provide all services and one must turn to the state and utilise its medical, pharmaceutical, and rehabilitation services. This of course represents a **financial burden** for the family due to the fact that these services have to be paid for. What is meant by **social burden** is a situation when the caregiver is isolated from the rest of his or her family, friends and altogether from social life. Situations occur in all-day care for an elderly person, when the caregiver feels *too tired and therefore incapable of spending a 'night on his own' at least once in a week* (Tošnerová, 2002, p. 12). Simultaneously, the family caregiver stops being in control of his or her free time. This, along with the other aforementioned strains leads to the **emotional burden** (Tošnerová, 2002). Jeřábek (2010) calls this burden psychological, as it is caused by long-term stress and mental effort. At the same time, he adds that it is more common in cases when a woman takes care of an elderly person for several months or years without being relieved, taking time-off or going on a vacation. According to Tošnerová

(2002), burden of any type can provoke a range of uncomfortable

feelings, which are manifested by anger, aversion, annoyance and by an overall loss of mental balance.

Smith et al. (2013, on-line) defined four types of feelings, which a family caregiver experiences. These are mainly **anxiety and other concerns** which a family caregiver experiences especially in states evoked by fears about future – e.g. how the elderly person's dependence will develop or how the care will proceed if anything beset the family caregiver. The caregiver may also experience other unpleasant emotions such as anger and resentment which will manifest themselves by feelings of rage or irritation towards the dependent person or other members of the family, friends or even the whole world on that specific level. **Feelings of guilt** may engulf the family caregiver which stem from the idea that he or she is not doing all in his power to be a better caregiver. These emotional states result from changes in the personality of the caregiver who should always strive to be more patient and even-tempered. Another important change which occurs in the family caregiver's private life is putting aside one's aims, dreams and thoughts about life with his or her partners or children. Providing care then results in a range of losses, which can evoke feelings of sorrow the family caregiver has to cope with, as much as with the loss of the elderly person himself or herself if he is seriously ill and incurable.

The Burnout Syndrome of the Caregiver

As already mentioned, the caregiver has to face a lot of difficult situations in the course of the provision of care. The accumulation of such pressure can lead to the emergence of the burn-out syndrome.

It is a *state of mental, physical and emotional exhaustion* (Venglářová, 2007, p. 80). Such exhaustion usually arises as a result of long-term stress. This syndrome is often attributed to people who work in the assisting positions. Such positions

are held by social workers, psychologists and medical staff. This syndrome, nevertheless, also engulfs people who take care of an ill member of the family, especially an elderly person (Peterková, on-line). Elderly care may be enriching for some but may also provoke stress factors such as, for example, accepting changes in the family and household or coping with financial and professional strain. A family caregiver may experience stress as a result of various physical and emotional problems, which affect one's ability to provide care and can lead to burn-out syndrome (Smith et al., 2013, on-line).

The symptoms of burn-out syndrome manifest themselves particularly in the behaviour of the family caregiver and can be observed on three levels. The first level is **physical**, which contains sleep disorders, change in appetite, increased risk of illness, muscle tonus and exhaustion. **Psychological symptoms** may contain depression, attention disorder, feelings of helplessness and dissatisfaction and also distaste for work. The last category of symptoms has to do with **changes in human relationships** which manifest themselves in unwillingness to work with people and overall unwillingness of getting involved. Also, the number of conflicts on the personal level usually increases (Peterková, on-line).

Coping with Home Care

Each of us has surely asked himself or herself the question: How am I supposed to deal with this? The family caregivers ask this question more often than other people. Unfortunately, no efficient guidelines exist which would how to manage the care of an elderly person. This topic has not yet been adequately elaborated on in our society and it is therefore very appropriate to devote the proper attention to it, as will be attempted here.

In order to manage the role of the caregiver it is first of all necessary to care for one's health. Good nourishment, a reasonable amount of sports activities and amount of sleep can avert

exhaustion, stress or other problems. A good medical status also affects the way we perceive the world and how we cope with our life situations. Many caregivers reach a state when they are incapable of proceeding in the care and prefer to escape this vicious circle. Tošnerová (2002) offers focusing on one's free time activities, for example sports and relaxation as one of the possible solutions. If people spend their free time on hobbies, they are better disposed to deal with difficult situations and usually feel better altogether. Taking walks, reading books or watching TV for instance grants people the needed break and also diminishes the stress caused by providing care.

The best way to relieve oneself of stress and to recharge one's energy is by doing exercise. Nevertheless, it has to be done regularly, at least three times a week for at least 30 minutes. It also has to be complemented by good nourishment, which helps one to overcome difficult days (Smith et al., 2013, on-line). On the contrary, an entirely inappropriate way of averting a stress situation is by drinking alcohol, smoking and by overeating. However, some caregivers decide to embark on this track. Not only will it not solve their problems, but it may even damage their health (Tošnerová, 2002). It is much more appropriate to make time for a break, meditation or for one's favourite activities every day.

It is therefore important for caregivers' health to maintain **contact with their surroundings**, be it with their friends of family. They may shake off the feeling of loneliness and experience relief caused by other people spending time with the elderly person. It is appropriate to ask others for help be it in the family circle or beyond it. Great demands in terms of time are placed on the people providing the care. They have to manage taking care of the elderly person, maintaining the household, looking after the children and therefore it is important for one to set realistic goals for oneself. That will help the caregiver to organise his or her time and to define the activities or tasks

which he will not be able to attend to due to his or her lack of time. These tasks may be performed by another member of the family but also by a neighbour. These tasks may include heating one's meal, looking after children and other (Tošnerová, 2002). A family caregiver is sometimes afraid of asking others for help due to the for fear that he or she will be denied. Such behaviour may, however, lead to burn-out syndrome as the caregiver may not be granted any support and will not be able to satisfy his or her own needs. Precisely the act of defining the activities that he needs assistance with will make it easier for other people to participate in it. It is a common occurrence that *friends and family want to help but do not know how to* (Smith et al., 2013, on-line).

Sometimes the person providing the care lacks the **information about the disease** or about how to provide the care. Then, there is no other choice but to look up the required information in books and articles or to contact a citizen's association, which can offer brochures or seminars (Tošnerová, 2002). Counselling is a significant form of help which provides support by giving advice and information in difficult life situations when the individual is at a loss as to what to do (Matoušek, 2008).

In order for the care to be physically manageable, it is necessary to **learn special skills** in the field of working with elderly people. These skills can be mastered in the courses of basic skills of the caregiver. These courses are usually paid but they can help decrease the caregiver's dependence on professional help. Therefore, moving the elderly person from bed to a wheelchair will represent a lesser physical strain of the caregiver and will make his work more effective. Moreover, various support groups exists (sometimes called **self-help** groups) which offer practical information and emotional support. These groups are often sought-after as they enable people to meet and talk about their emotions, problems, experience and also about how they manage to provide the care. These are therefore places,

where family caregivers can find understanding and support (Jeřábek, 2010).

Providing care to a dependent elderly person may evoke a range of difficult emotions, including anger, fear or sorrow. In order to properly cope with these emotions, the family caregiver as to **speak to other people** or at least to a person who he trusts and can confide in. Keeping a diary where the family caregiver may record his or her emotions and thoughts can also be an option. It is very important to recognise and accept one's emotions, be they good or bad. As Smith says, *experiencing these emotions does not mean that you do not love your family member – it only means that you are human* (Smith et al., 2013, on-line).

Caring people hold an indispensible position in the society and the need for them will gradually increase in the future. Demographic prognoses indicate that the number of elderly people will generally increase, meaning that more elderly people will be dependent on others' help. If we focus our attention on the elderly person from the perspective of his or her physical fitness and need for care, or from the perspective of his or her ability to satisfying their own vital needs, family is a social institution which is closest to the elderly person and also the most suitable unit for providing care and assistance. Good functioning of family relationships is the basis for providing care in the family environment. Family is based on the principles of solidarity; the moral and ethical principles of traditional society presuppose the so-called "payback service". If family relationships are damaged, the above principle may not be utilised because the provision of care will not accompanied by a sense of obligation. The assistance of the state and the society held in higher regard in the past is no longer sufficient due to the increasing number of elderly people. Some demands are placed on the person taking care of his or her family member stemming from the difficulty of providing care and from obstacles **169**

which complicate or stand in the way of caring for an elderly person in a home environment.

It is necessary to co-operate with the family in from the perspective of working within a complex ecosystem, maintaining a connection with its internal resources, situation and its social environment, and to focus on support mechanisms in order to secure the best possible conditions to provide care to the elderly person in one's home environment or through the support of other family members. ∎

Jana Levická

Integration of Mentally Disabled Individuals in the Slovak Republic: Vision and Reality

The so-called Velvet Revolution brought about decisive changes in all areas of society, including its approach to individuals with disabilities. However, indications of changes in the treatment of disabled people can be found even before November 1989, as some experts had launched a more intensive professional debate with their foreign colleagues from outside of the so-called Eastern zone. After 1990, the integration of disabled individuals into society become one of the main goals not only for professionals and NGOs, but more importantly, for the disabled people themselves.

The SR issued a public directive supporting the integration process in such a way as to enable disabled children and adults to take full part in the everyday life of the society. It is natural that the integration process focused primarily on elementary schools, which should have been the first institutions to admit children with special assistance needs into "normal" classes. After more than 20 years, it is possible to review the advantages and drawbacks connected with the integration process and furthermore, to find other areas for the development of disabled individuals and to remove barriers that divide people in the society into the non-disabled and the disabled.

My attention is drawn to mentally disabled individuals not only due to personal experience with such, but also due to the fact that this group of individuals in the SR faces the greatest obstacles in the integration process. The probable cause of this state may be the fact that mental disability often occurs in combination with other forms of disability, which increases not only the demands for their assistance, but also multiplies the distrust of the non-disabled portion of the society, caused by the shortage of information.

Indicated Problems with Integration of Mentally Disabled Individuals in the SR

Handicapped people have always been a coherent component of each human society. The concern of te majority within this specific minority varies depending on the specific time and location. Despite many differences, it is essentially possible to outline two major groups: the first which accepts these people's need for care and provides such care, and the second favouring the segregational approach. It is an established fact that people often oppose what they do not understand and are not familiar with. It is precisely the lack of knowledge which was responsible for the rejection, or, sometimes even hostile attitude of the majority towards disabled people in the past. The history of this peculiar relationship amounts to thousands of years. A more significant change occurred as late as in the second half of the 20th century, when not only the disabled themselves, but also the relatives and professionals who shared their troubles, started to fight against the oppressive treatment of disabled people.

The era of the 1990s, which in the SR was associated with immense socio-political changes, marked in our society the **integration process** which goal was to fully integrate disabled individuals into the everyday life of the society. During this period, the majority of the mentally disabled lived in social

care institutions, which were operating year-round and existed in two types, i.e. as institutions for children and youth, and institutions for adults. While the institutions for children and youth had a co-educational character, the institutions for adults were strictly segregated. As a natural consequence of this situation a **proposal** originated from the Ministry of Labour, Social Affairs and Family to replace the high-capacity institutions with sheltered flats and small-capacity institutions. It was also assumed that the newly established family-support services would persuade some families to take care of their disabled family members at home. The "return" to their natural environment was planned for all, even for those who suffered from a medium or high degree of disability.

The integration process ultimately took more than 10 years, and despite its mostly positive impact, it was also accompanied by some negative effects.

1. A nationwide organisation, which comprised the separate organisations focusing on individual disabilities, was disintegrated, and replaced by organisations that were, however, much weaker in advancing their interests.

2. The primary position was taken over by an association for disabled individuals.

3. The mentally disabled individuals who had not been publicly active by that time were often referred to as individuals without any handicaps.

4. Division between the handicapped and the mentally disabled often occurred in the rhetoric of most organisations.

These occurrences hindered the integration process of disabled people. It should be mentioned that among other causes influencing the integration process was the public opinion often mistaking mental disability for various psychic diagnoses. This opinion was to some extent also affected by the fact that most institutions were located on the outskirts of towns or out of city limits and had the character of enclosed, total institu-

tions. The intact (non-disabled) part of the population was in very scarce contact with mentally disabled individuals. The fact that employees who worked in the institutions were most often not experts in the field of mental disability also affected the integration process.

Specialists were employed in the institutions in Bratislava, Levoča, Lučenec and in several other towns. Apart from these towns, the employees forming the pedagogical (or educational) staff were educated on the secondary school level. University education in the fields of psychopedy and etopedy was a rarity in the institutions of social care for mentally disabled children and individuals. Such staff were virtually nonexistent in the institutions for adults at the beginning of the 1990s (Levická, 2000).

University training of future experts before the 1990s had been provided only by the departments of special pedagogy, or by the department of psychopedy. Contentwise, such education was focused on the preparation of teachers- and educators-to-be, i.e. mainly staff of pedagogical activities. This trend was also reinforced by the perception of mentally disabled as "eternal children", which led to the infantilisation of mentally disabled adults, who, however, corresponded with other definitions of mental disability. Mental retardation was deemed a form of disruption in the ontogenetic development of the individual, characterised by negative deviations from the standards in the levels of intellectual and learning capabilities and in social development. Mental retardation is a state of interrupted, delayed or incomplete development of the intellect, which is characterised by below-average intelligence.

Causes and Symptoms of Mental Disability

In connection with the effort to define mental disability in literature we are often confronted with the opinion that mental disability can be considered as such only in those cases

diagnosed in early infancy, most commonly before the age of 6. This age is connected with the child's mandatory entrance into school, and thus signifies the child's first involvement in a group environment, hence the child is expected to be able to fulfil tasks related to his or her education. However, some authors are of the opinion that mental retardation can be diagnosed among some individuals all the way up to the 18th year of age, or sometimes even later, due to a gradual decline of one's abilities.

Bajo and Vašek (1994) claim that at younger age it is more appropriate to speak of some form of juvenile dementia or of retardation caused by the child's surroundings (*social retardation*). The understanding of mental retardation as a disease was definitively rejected in the second half of the 20th century, simultaneously rejecting any attempts at treating mentally disabled individuals. Since then, attention has been focused on the possibilities of personality development through adequate pedagogical activity.

The causes of mental disability include:
– Defects in the structure or function of genetic apparatus.
– The impacts of teratogenic influences damaging the evolution of the foetus during pregnancy, i.e. physical, chemical and biological causes of damage during the prenatal period including damage caused to the foetus as a result of complicated birth due to insufficient oxygen intake and other similar causes.
– Postnatal brain damage, which consequently results in impairment in the development of cognitive abilities (CNS damage, meningitis).
– Socially caused mental retardation.

Based on the causes of damage, it is possible to diagnose more types, forms and degrees of mental disability. The need to identify the cause of damage is important mainly in order

to provide assistance to parents immediately after the child's birth, to provide them with an appropriate form of intervention, and in the earliest phase to correctly set up the individual's development process (Šándorová, 2010; Smith, 1993). Proper diagnosis is possible only in an interdisciplinary team, which is capable of assessing all details. As far as the quality of the mentally disabled individual's life is concerned, an early intervention is of extraordinary importance as early practice and exercise prepare the individual for the development of practical and social skills, which turn out to be pivotal in later life.

While other forms of disability welcome immediate intervention right after birth, in the case of mental disability, intervention is usually postponed to a later period due to the fact that in some cases mental disability cannot be properly diagnosed until the age of 2 or 3, or later. In the past, the infants' situation was hindered by the fact that the diagnostic itself was superficial, which did not enable the experts to focus in their work on the areas, which can be developed well or on the areas, which require immediate development and cannot be developed after certain age.

It is therefore advantegous that the diagnostics of mental disability underwent important changes, which engendered more direct forms and means of intervention. Currently, we are confronted with multiple syndromes in this form of disability, which are considered consequences of specific genetic defects, caused either by a change in the number of chromosomes, by the disruption of the chromosome structure, or by a gene mutation. Specialists working with mentally disabled individuals should be well informed about the most frequently occurring syndromes connected with mental retardation.

The following table provides the basic information on causes and symptoms of the damage associated with selected syndromes (see: table No. 1).

Table No. 1. Syndromes connected with Mental Retardation (source: Author)

Title	Cause of damage	Symptoms
Down syndrome	Trisomy of chromosome 21	Stocky build, Asian facial features, wide hands with short fingers, smaller head, flat back of head, common occurrence of cardiovascular diseases, epilepsy, speech impediments, mental retardation occurring to various degrees
Angelman syndrome (also known as *happy puppet syndrome)*	Chromosome 15 defect	Stiff, ponderous walk, speech absence – minimal verbal expression – excessive laughter, epileptic seizures, concentration disorders, mental retardation
Cri du Chat syndrome (*Lejeune's syndrome*)	Chromosome 5 defect	Severe to profound mental retardation, microcephaly, poor growth, poor motor skills, congenital heart disease, frequently occurring self-injury
De Lange syndrome	Gene mutation	Moderate to severe mental retardation, diffuse muscular hypertrophy, microcephaly, frequent occurrence of compulsive behaviour, self-injury, destructive behaviour, non-verbal communication
DiGeorge syndrome	Deletion of a small piece of chromosome on the long arm of one of the pair of chromosomes 22	Mental retardation, heart defects, large vein defects, face abnormalities, e.g. cleft lip or palate
Edwards syndrome	Trisomy of chromosome 18	Small, abnormally shaped head, small mouth and nose, low set ears, malformations of internal organs, respiratory problems, mental retardation, Majority die in early age
Lesh-Nyhan syndrome	Deficiency or non-functionality of HGPRT enzyme caused by mutation of X chromosome	Hereditary disease, passed on most frequently from the mother to the son, Moderate mental retardation, uncontrolled movements, spasticity, self-injury, encephalopathy
Patau syndrome	Chromosomal abnormality – superfluous chromosome 13	Microcephaly, holoprosencephaly, small eyes, sometimes even missing, cleft lip or palate, spine defects, severe anomaly of internal organs, hearing defects, these individuals tend to live about 2 months
Klinefelter syndrome	Chromosomal aneuploidy	Mental retardation, fertility disorders, mental disability may not occur in female type (known as Turner syndrome)
Prader-Willi syndrome	Chromosome 15 defect	Short stature, hypotonia, CNS defects, mental retardation, often severe, problems with emotionality and sociability, insatiable appetite and resulting obesity, insufficient development of sexual organs, psychiatric defects, sleep apnea

177

Sotos syndrome	Gene mutation	Growth defects – gigantism, body asymmetry – symptoms reduced with aging, mild mental retardation, behavioural, learning and attention problems, hyperactivity, epilepsy, congenital heart disease or kidney disease may also occur
Williams syndrome	Chromosome 7 deletion	Wide forehead, protuberant cheekbones, large mouth, shallow eye sockets, delayed psychomotoric development, mental retardation of all degrees, attention disorders, hyperactivity, good hearing and positive attitude to music
Trisomy of chormosome X	Chromosome variation	Light mental retardation, manifested almost as psychosocial disturbances, decreased fertility
Bourneville-Prigle syndrome (*tuberous sclerosis*)	Chromosome 9 or 16 anomaly	Benign tumours and lesions of brain, small red tumours in the face, bright spots on the skin, hyperactivity, frequent occurrence of epilepsy
Syndrome of fragile chromosome X	Fragility of X chromosome	All degrees of mental retardation, big head, elongated face, large ears, defects manifesting in the autistic spectrum but without problems in social interaction
Smit-Magenis syndrome	Deletion of chromosome 17	Mild mental retardation, behavioural problems, hyperactivity bordering on aggression, self-injury, delayed speech development, sleep disturbances

The most frequent symptoms of mental retardation are:

– Impaired ability of abstraction, difficulty understanding and conceiving of abstract terms.
– Impaired logical thinking, judgement ability, the basis of which is forming relations between objects.
– Impaired ability of assessing level of importance, understanding arguments and counter-arguments.
– Difficulty dealing with new situations.
– Impossibility of understanding more complicated phrases.
– Impaired logical memory, which can be replaced by good mechanical memory.

Mental retardation does not occur only within the area of intellectual ability but affects the whole of personality development. Some authors (Bajo, Vašek, 1994; Požár, 2007; Valenta et al., 2012) state that mentally disabled individuals are un-

able to understand higher ethical terms and therefore do not experience emotions connected with gratefulness, responsibility or shame. Based on my personal experience with these individuals, I dare to oppose the aforementioned claim. Mentally disabled people can experience gratefulness or shame and can take their responsibility very seriously. It must be admitted that problems identifying these emotional states may occur in people with low to moderate degrees of mental retardation and in individuals with a severe degree of mental retardation. I also need to emphasise that we have difficulties identifying the emotions of these clients because we find it difficult to understand them correctly. With respect to the development in this area, it is possible to envision that we will overcome this difficulty in the future or at least diminish it.

Despite the spectrum of its expressions, it is always possible to identify two basic characteristics of mental disability:

– Considerably under-average intelligence.
– Decreased ability to adapt (Ward, 1993).

It is necessary to realise while working with mentally disabled individuals that the consequences of below-average intellect are manifested in reality as *weakened ability to concentrate, impaired short-term memory, learning difficulties and difficulties understanding abstract thoughts or more complex mental processes.* The decreased ability to adapt is generally manifested as the impossibility of adapting to some or all social norms (Ward, 1993). The impairment of the following abilities and skills were identified in clients with mental disability: *communication skills, self-sufficiency, sociability, manual skills, reading and counting skills, ability to work and the general ability and initiative of making use of opportunities and living an independent life* (Ward, 1993; Bajo, Vašek, 1994; Valenta et al., 2012). The area affected by mental disability is quite wide. It is, nevertheless, important to remember that not all problems will occur and that a mentally disabled individual

may also possess some highly developed skills (Górnicka, 2004; Ainsworth, Baker, 2004).

A correct and early diagnosis is of paramount importance for the full integration of mentally disabled individuals as it enables planning and utilising effective ways and forms of social intervention by means of which the disabled can be assisted in the best possible way. The integration itself is, however, a result of co-operation between disabled individuals and the intact part of the society. The first experience with integrating disabled individuals has facilitated to comprehend this complicated social process, and therefore, unlike other countries in the EU, Slovakia had emphasised an inclusive approach in the field of working with disabled people even before the end of the millennium. In this respect, integration is understood as part of an inclusive effort, which in practice means that experts' attention is focused on all three elements affecting this process: *the people with disabilities, specialists in various fields, and the public.*

Ways of Preventing Exclusion of Mentally Disabled Individuals

The emphasis in the 1970s on having good results in primary school did not generate positive effects exclusively. One of the less publicly discussed consequences of this phenomenon was the relegation of handicapped children into special pre-schools and primary schools. As a result, the degree of disability required for such relegation decreased and legislation was implemented for more severely disabled children to be completely exempted from mandatory school attendance, hence the education of these individuals was discontinued. Disabled children and young people were placed in special schools despite the fact that the level of their disability did not prevent them from being educated along with other children. In the 1980s special schools for the disabled were attended

by children whose intelligence only slightly diverged from the norm. These children could have been incorporated into normal schools without much trouble. Furthermore, at that time, parents of mentally disabled children were advised to place their children in year-round assistance facilities. Despite the fact that a portion of mentally disabled children lived at home and were educated in special schools, the gap between the intact part of the population and the mentally disabled was widening. Stigmatisation of mentally disabled individuals in the society was on the rise. Mentally disabled people were perceived as useless, incapable of living independent lives and as a burden on society. Experts working with children and young people pointed out that these people are endowed with talents and should not be judged merely by their IQ performance (Górnicka, 2004), which should only serve the purpose of making a basic diagnosis and can never capture the true aspects of the disabled person's personality. The focus on determining the IQ of mentally disabled people hinder finding the hidden potential of their personalities and also contributes to the social exclusion of these people.

The same opinion is held by AAIDD (American Association on Intellectual and Developmental Disabilities), who came to the conclusion at their conference in 2002 that mental disability should be understood as an insufficiency characterised by significant limitations in intellectual abilities and adaptive behaviour. The AAIDD stresses that the limitations concern mainly the adaptive skills in conceptual, practical and social intelligence and may occur separately (e.g. inability of conceptual thinking), or in combination. Mental disability is referred to as a unique state of existence, which begins in childhood, is multidimensional and can be ameliorated through individual approach or support (http://aaidd.org/).

AAIDD distinguishes between three types of intelligence, **conceptual, practical and social**, a distinction which is

tremendously important for diagnostic purposes and for subsequent work with mentally disabled individuals. Conceptual intelligence is assessed by IQ tests. Practical intelligence is defined as the ability to take care of and support oneself as an independent person capable of performing everyday activities in one's everyday life. Social intelligence is related to the ability to understand other people's expectations of one's own behaviour in given surroundings and the knowledge required to maintain the expected behaviour in given social situations and social interactions.

The AAIDD recommendation that specialists should focus on determining the **level of required support** in connection with mental disability appears interesting from the perspective of social work (http://aaidd.org/). The following groups reflect the level of engagement with the client:

– **Occasional** – support of episodic frequency, the individual demands short-term support, such as in dramatic life situations (e.g. loss of job, acute health problem and other).
– **Limited** – this forms exceeds the extent of "occasional" support, yet it is limited by time; it may be, for example, assistance in the search for a job or in arranging independent living.
– **Extensive** – a form of continuous support which can be provided on a daily basis and may concern certain actions, or surroundings, in which the individual finds himself; not limited by time.
– **Total** – lifelong support characterised by high intensity of involvement; the individual demands assistance and support in all kinds of surroundings and in various activities; this type of assistance is demanding both materially and from the perspective of staff involvement.

I have been continually engaged in the issue of quality of life of the mentally disabled in Slovakia since 1993 and based

on the results acquired in various research projects I have to

state that society's attitude towards people with mental disability cannot be considered satisfactory. This is the status quo in spite of increasing pressure since the 1990s concerning the mentally disabled as competent members of society who should be supported and assisted (Mišová, 2008; Švarcová, 2006). Nevertheless, this opinion is not accepted in its entirety even by experts. Research carried out in 2011 confirmed that some of the staff members assisting mentally disabled people hold negative opinions about them. Shockingly, some social workers employed in institutions providing social services commented on their clients in the following ways: *aberrant people who should be deprived of legal capacity, such blockheads – why, they do not even know what they would like to eat, and they should have all the rights? This only complicates our lives...* (SP-C/13), and *it would be easier to deprive them of all their rights, so that they could be easily made to sign whatever is necessary...* (SP-D/12).

The social workers, above all, should be the ones expected to defend the rights of clients in these institutions. Their opinions cannot be justified even by the fact that they were voiced by female social workers, who are granted an exception in the level of obtained education. The directors of institutions in which these social workers were employed argued that it was impossible to recruit qualified staff due to the fact that the salaries were too low within social services. Nevertheless, it must be stressed that such institutions are rather scarce and that most of the facilitites providing social services have been manifesting impressive improvement in the quality of care. The employees in institutions providing social services have influence on the local politics of autonomous areas. On this level, their opinions are considered common. Yet, how can we expect understanding and acceptance from the non-disabled part of the society if a part of the involved experts hold such opinions?

An effort to change the segregational behaviour of society towards mentally disabled people was also much more inefficient compared with other forms of disability due to the fact that these clients had not been prepared to protect or defend their rights at that time. The mentally disabled were not even aware of them. Some parents who should have defended their children's interests did not even consider the status of mentally disabled people as problematic. Compared to other countries' experience, in the 1990s only a small percentage of parents and relatives of mentally disabled individuals in Slovakia got involved in the effort to improve their standing. Furthermore, those who attempted to further the cause lacked the necessary arguments.

Social workers, hand-in-hand with teachers, psychologists and other specialists attempted (and still attempt) to obtain the most relevant facts to improve the quality of life of disabled individuals. The researched facts include a listed public opinions on some circumstances of the life of mentally disabled people due to the fact that the intact portion of the population creates the conditions (mainly the legislative ones) which enable or prevent mentally disabled people from fulfilling their subjective aims. Paradoxically then, the false opinions, or disapproving attitudes of the intact population, seriously influence the accomplishment of the *vision of the most universal inclusion of mentally disabled individuals in society*. Unlike the healthy population, three main spheres determine the quality of life of disabled people, namely: **work, accommodation and family or stable romantic relationship**.

Contrary to that of the intact society, the decisive role in fulfilling the aims in this field is played by individuals who are not directly affected by the issue of mental disability. The following graphs trace the development of opinions on the studied issue within the Slovakian public in the years 2003, 2008 and 2013.

Graph No. 1: Employment of mentally disabled people (source: Author)
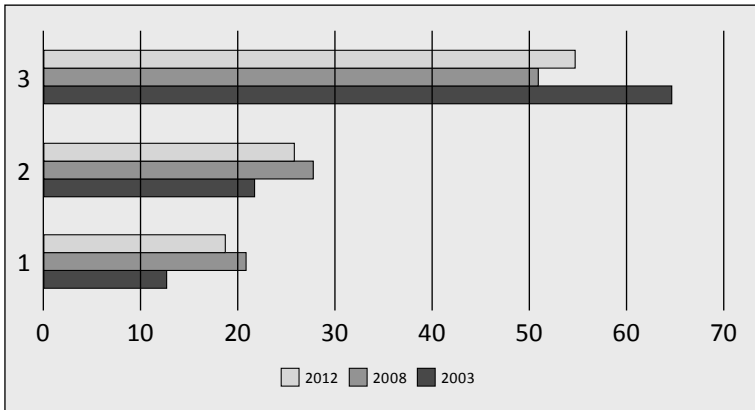
The 1990s witnessed various campaigns which were aimed at providing information about the lives of mentally disabled people to the public. Despite the fact that disabled people, including the mentally disabled, started to appear more often in public, in 2003 **only 13%** of respondents agreed with the statement that mentally disabled people should have equal rights to work as healthy people and should therefore be given the chance to hold a job appropriate to their skills and abilities. **Almost 65% of people rejected it.** We can witness a decrease in such disapproving attitudes in the following years all the way to 2008 followed by an increase in 2012. It must be remembered that potential employers of mentally disabled are precsiely these "healthy" members of the society. However, due to the fact that almost 65% of the interviewed people do not agree with employing disabled people, our clients have to face far more serious difficulties than their healthy peers.

We can observe a similar trend in the development of opinions on the construction of sheltered housing, which would help the mentally disabled adults to become independent. The construction of such projects depends on the financial support from state budgets. Accommodation of this type for visually **185**

and hearing impaired people and physically disabled people had been developed in Slovakia even before 1990. Nevertheless, the public attitudes in Slovakia towards sheltered housing for disabled are unequivocally negative. As may be observed in the following graph, almost 79% of the interviewed denied this option in 2003 and after a steady improvement in 2008 (64%) an increase in negative opinions in 2012 was marked when more **than 67% of the interviewed disapproved** of the construction of sheltered housing.

Graph No. 2: Sheltered Housing (source: Author)
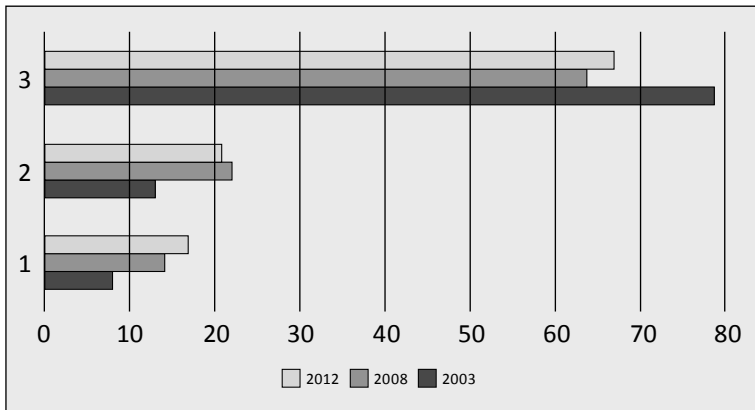
The most touchy issue concerns the question of whether mentally disabled people should have the opportunity to live in stable partner relationships and form families. **Almost 88% of interviewed disapproved of this possibility**. In spite of a notable increase in positive attitudes in the recent years (77% in 2008 and 79% in 2012), those who disagree with mentally disabled people entering into marriage or living in stable partner relationships represent almost 80% of respondents. The most common argument against such possibility was that mentally disabled people are not capable of leading an independent life and therefore require long-term assistance

and support. The second most common argument put forth the concern that mentally disabled partners would have children with similar disability and their lower intelligence might lead to an inability to control their reproduction behaviour which would encumber the state's social system even more due to the fact that these parents would not be capable of raising their children on their own.

Graph No. 3: Entering a romantic relationship (source: Author)
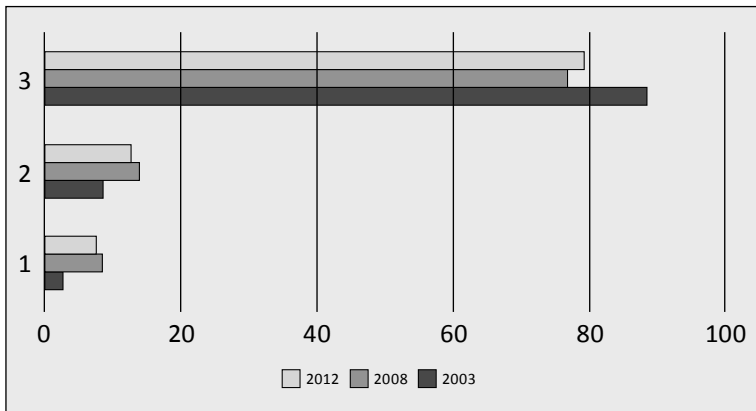
The abovementioned facts prove that despite a broad-based inclusive political effort of all the disabled people, including the mentally disabled, the social climate is not very favourable. The vision of inclusion of mentally disabled into social life collides with the public misconception about who *mentally disabled people in fact are, what they can do and what they require in their life.*

The integration process in the 1990s focused mainly on the change in the approaches of experts working with such part of the society. In the context of defence and fulfilment of these people's human rights, we endeavoured to reach a change in perception of mentally disabled people so that doctors, psychologists and other specialists would not perceive **187**

them as people with insufficient IQ, but rather as individuals with various skills, who can sing, draw, dance, create various objects and so on.

People with mental disability, mainly children and youth have been participating in various social activities, in which they endeavoured to draw attention to their existence and persuade the intact part of the society of the need to take interest in them. Today, we can state that the Slovakian society has become accustomed to people with mental disability. It has, nevertheless, also become accustomed to the fact that the majority of disabled people is sentenced to live their lives in institutions which are designed exclusively for them. In spite of the possibility to attend regular schools, mentally disabled students still attend special schools. Special education in Slovakia is a self-enclosed system, disconnected from regular vocational education and therefore does not offer preparation for less intellectually demanding jobs. Despite the current employment situation in Slovakia with the unemployment rate ca 13%, the graduates of special schools are automatically dismissed as undesirable in the workforce. Their employment options are narrowed down to sheltered workshops, which are, however, a rarity in Slovakia. Therefore, socialisation of mentally disabled adult population takes place in specialised institutions, or, better, in day care centres or long-term institutions for the mentally disabled, of segregatory character. Men are separated from women and their lives can be hardly compared to the lives of the common population.

Paradoxically, despite the fact that majority of disabled adult population is comprised of individuals with a slight degree of disability, public opinions on autonomy and sovereignty of mentally disabled at large are based on information about individuals with moderate to severe degree of mental disability. As already mentioned, this information may not always be reliable nor reflecting the reality. Hundreds of slightly mentally retarded

individuals, who have gone through the education process, are well-prepared to enter the open job market as manual labourers. A continuing decrease in the number of these positions is, however problematic.

Based on the surveys carried out repeatedly since 1993 I assert that the overall perception on the life of mentally disabled people which predominates in the Slovakian society might be summarised in the following way: *mentally disabled people fall behind in cognitive, speech, motoric and social skills, moreover they have adaptability problems and are not capable of logical or creative thinking. Disability also brings behavioural, social and emotional problems which are manifested by an inability to behave adequately in public and by frequent displays of aggression. Even those, who were brought up outside of institutional care, require life-long assistance and support. These individuals are not capable of leading an independent life. They are not capable of finding and keeping a job on the open job market, of managing their life and therefore need other people to decide on matters concerning their personal lives.*

This opinion is in stark contrast to the reality which has witnessed a total participation of slightly disabled graduates of special schools in the society. Many of them have a stable job and even more have families. I shall refer again to the AAIDD division of mental disability into *conceptual, practical, social and mental retardation*. If restrictions apply only to conceptual retardation, it should not prevent absolute integration of these individuals. It is a fact that well-integrated individuals with slight mental disability who do not display the practical and social aspects of their disability, **are not perceived by their surroundings as disabled at all**. Regarding the inclusive efforts abroad we can encounter the **good practice** method, which focuses on the summary of positive experience with integrating mentally disabled people in the social life. Such examples serve the purpose of demonstrating the life possibilities of disabled

189

individuals. This method is seldom applied in Slovakian society and only as a complementary tool to influence the public or for fundraising purposes. The **case management** method, which is according to Ballew and Mink (1996, in: Levická et al., 2012) a process, which helps people in situations in which solution requires the cooperation of several assisting professions is applied equally rarely. The above understanding of case management suggests that it is a method which is based on the mutual trust of different experts and simultaneously requires good coordination and communication skills from the case manager. It is precisely through coordination of professional activities of various experts that one can reach much better results than in the case of separately provided services. Case management is also a method which demands discussions with various people and mutual planning of a suitable intervention in the presence of the client. The mentally disabled individual becomes, in the fullest sense of the word, a partner with those who offer and provide the services for him. The experience confirms that slightly retarded individuals are successfully capable of accepting this partner role. In the context of institutional care in Slovakia, emphasis has been placed on **social rehabilitation** in the last ten years, which was defined by WHO as *a complex and coordinated utilisation of medical, social, educational and employment means to train the individual in the most effective way in order to enable one to integrate or re-integrate oneself in the society. By social integration we mean one's active participation in the work process, education or other activities associated with social and public life, but also the development of contacts and activities in one's private life* (Levická, 2005, p. 3). The basic principles comprise the rule of *orientation on preserving client's sovereignty and supporting his competences* and also the principle of *orientation on the client's social image.* With an increasing influence of ecosocial theories, which

emphasise search for inspiration for work with these clients

within natural manner of human conduct (Levická et al., 2012), these principles create conditions for overcoming problematic areas in the work with mentally disabled individuals with an integrated and interdisciplinary approach.

Integration of mentally disabled people in various areas of social life depends not only on the work with the public opinion but also on work with the mentally disabled themselves. In this respect the most daring challenge is to change the approach of employees of social care institutions, most of whom still work with adult clients utilising the methods devised for elementary schools. Although these activities enable the preservation of various skills, they do not compel the clients to activities, which we may define as work. The fact that a lot of people are sentenced to life in isolated societies (usually male or female), does not imply that we respect these people as adults, but rather implies our fears from their adulthood. Preserving the current protective sheltered approach to mentally disabled individuals paradoxically becomes one of the barriers to the integration process itself.

The aims to integrate mentally disabled in the social life which were set at the beginning of 1990s cannot be considered accomplished. In spite of this it is important to stress that many positive changes in this area would not have happened was it not for this endeavour. Due to the effort to improve mentally disabled people's lives which started 20 years ago serious qualitative changes took place also in permanent institutions providing social services. Currently, I find it necessary for the Slovakian Republic to re-evaluate its aims within the issue of mentally disabled people's inclusion in the society and to set more specific objectives regarding the relation beween the public and individuals with different degrees of mental disability. ■

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Citation Index

203

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