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## **SYSTEMIC WORK WITH A FAMILY WITH ALCOHOL-RELATED PROBLEM AS A BASIS OF SOCIAL WORK**

Alcohol addiction, i.e. Alcohol Dependence Syndrome<sup>1</sup>, is not by accident called the ‘plague of 21<sup>st</sup> century’ as it has become a civilisation disease. Alcohol has accompanied humanity since the dawn of time and has many functions that can be divided into both constructive, widely used in pharmaceuticals, medicine, cosmetology, and destructive, leading to many human tragedies, including the tragedy of a family<sup>2</sup>. Excessive alcohol consumption has a diverse aetiology. It is believed to be a perfect means for forgetting about the difficulties in everyday life, recovering from stress and difficult situations. However, this situation is an illusion – an individual may feel a temporary relief, but it is not a solution to the problem which made them reach for alcohol in the first place. The consequences of excessive alcohol consumption are inconceivable and reach not only the consumer but also their family. Each individual functions in different systems, the most primary of which is a family. In the present situation, if individual elements of the system are subject to gradual degradation, the whole system may also undergo degradation. The moment in which the individual realises that he or she has an alcohol problem is the starting point for taking the right forms of therapy. In most of the cases, this awareness appears very late or does not appear at all. In such situation, the intervention of family members or the immediate environment is necessary. However, because of the

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<sup>1</sup> S. Pużyński, J. Wiórka, *Klasyfikacja zaburzeń psychicznych i zaburzeń zachowania w ICD-10. Opisy kliniczne i wskazówki diagnostyczne Vesalius*, 2<sup>nd</sup> edition, Kraków 2000, p. 31.

<sup>2</sup> See: A. Bilikiewicz, 2011, p. 248–250; R. J. Gerrig, P. G. Zimbardo, 2011, pp. 162–163; B. Woronowicz, 2009, pp. 81–82; B. Urban, J. M. Stanik, 2008, p. 23.

subjective perception of this problem, professional help is recommended from specialists providing assistance and support for the family.

### SYSTEMIC UNDERSTANDING OF THE FAMILY

The systemic approach to the family is the starting point for discussions on the topics of functional and dysfunctional family.

The basis of systemic thinking is Aristotle's thesis that "the whole is greater than the sum of its parts." The system can be understood as an ordered composition of elements which form a coherent whole. The system "is an aggregate of objects and relations between these objects and their features,"<sup>3</sup> "it is a set (in the mathematical sense) of elements between which there are interdependencies"<sup>4</sup>.

Basing on works and beliefs of Bertalanffy, Michael Fleischer distinguishes several important characteristics of a system. First of all, a system can have an open or a closed character, it can be centralized, i.e. given elements shape behavioural models of the system regardless of the other elements. Secondly, the system has a holistic nature, i.e. changing one element causes the change of behaviour of other elements or the change of behaviour of the whole structure. Finally, the system can have a stable character, i.e. after a defined period of time from the change, the behaviour models of elements will differ only slightly, provided that the change happens within the defined frames<sup>5</sup>.

Elements creating a given system do not remain indifferent to one another, on the contrary, they affect each other, remain in a constant dynamic balance. These elements constitute the system structure, which determines its functions, scope of operations, its possibilities and limitations. To preserve its unique identity, a system needs to maintain a certain constancy of structure; on the other hand, it need to be flexible to be able to adapt to changing social and cultural conditions<sup>6</sup>.

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<sup>3</sup> A.D. Hall, R.E. Fagen, *Definition of system*, "General Systems" 1956, no 1, p. 19.

<sup>4</sup> See: M. Fleischer, *Teoria kultury i komunikacji. Systemowe i ewolucyjne podstawy*, DSWE TWP, Wrocław 2002, p. 139.

<sup>5</sup> M. Fleischer, *Teoria kultury i komunikacji. Systemowe i ewolucyjne podstawy*, DSWE TWP, Wrocław 2002, pp. 137–138.

<sup>6</sup> B. de Barbaro, *Wprowadzenie do systemowego rozumienia rodziny*, Collegium Medicum UJ, Kraków 1997, p. 12.

In the light of the above assumptions, it can be reasonable to consider the basic social unit, which is the family, to be a kind of system. Each family member is a part of this system, has its place in the so-called family hierarchy, which is determined by given norms, values and rules adopted by the family. The members of the group, in this case the elements of the system, interact with each other; as a consequence, it can be assumed that a change in the functioning of one element can fundamentally affect other parts, thus also the entire organism. If the goal of the researcher was to get to know a given structure, it will be possible only if they look at a given family globally, holistically, and not only try to get to know its individual members.

The basic element of a given system, similarly as in the case of cybernetics, are feedback loops, constituting a circularity model called “circular” causality – based on the model of a cause and effect thinking<sup>7</sup>. Thus, all types of behavioural responses occurring between individuals can be treated as so-called feedback loops. “The behaviour of each interacting person affects the behaviour of the interaction partner, and at the same time is modified by the reactions of that partner”<sup>8</sup>. According to Gregory Bateson, there can be an intensification of self-reinforcing cycles of behaviour between the interacting individuals. On the basis of his research, Bateson distinguished two types of such behaviours:

- Symmetrical behaviours – individual B responds to the behaviour of individual A, thereby enhancing A’s behaviour. This is a kind of positive feedback, which can lead to a change in the functioning of a system.
- Complementary behaviours – treated as negative feedback, the main task of which is to maintain homeostasis of the system which prevents any attempts of disorganization of the homeostasis<sup>9</sup>.

On the other hand, in the system, which is the family, there may be processes associated with morphogenesis. They will be all kinds of operations aimed at introducing changes in the family structure on the basis of

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<sup>7</sup> Ibid., p. 14.

<sup>8</sup> Cz. Czabała, *Rodzina z zaburzenia psychiczne*, Kraków 1998, p. 18.

<sup>9</sup> B. de Barbaro, *Wprowadzenie do systemowego rozumienia rodziny*, Kraków 1997, p. 14–15, see: G. Bateson, *Steps to an Ecology of Mind*. Ballantine Books, New York 1972, p. 96.

positive feedback. It is a process that is in contradiction to homeostasis, the aim of which is to change, adapt to new conditions. It is inseparable from the so-called family life cycle, for example the birth of a child, the process of gaining independence by children, starting education. Events of this type can significantly affect the stability of the system and two types of reactions to such situation are possible – the system can be completely changed or can return to its original state.

Speaking of the family as a system, it is impossible not to mention its structure. The construction of the family is a certain arrangement of all elements and principles of their mutual subordination enabling the functioning of a group, “it is a permanent, not always formalized framework, within which the family life is going on”<sup>10</sup>. The structure should distinguish institutional forms that create marriage, cultural patterns that define the principles of family life, interrelated roles, and the specificity of relations between the members of a given family.

Such functioning results in creation of subsystems within the given group. They are a kind of family subgroups generated according to their functions and social roles. Each family member can belong to different subsystems, can have a different degree of power and responsibility in each of the subsystems. The family has a subsystem of parents, a subsystem of children, a subsystem of women, a subsystem of men, a subsystem of siblings, a subsystem of grandparents. What is happening within the given subsystem is important for the functioning of the whole family system.

### FUNCTIONAL VS. DYSFUNCTIONAL FAMILY

The literature defines a functional family as the one carrying out its duties properly, founding on relationship between two people who love each other. In this structure, all needs of individual family members are adequately met, all rights, obligations and privileges are respected. A democratic style is considered to be the most appropriate style of upbringing. First of all, it is based on friendly relations between parents and their children. Parents respect their biological and psychosocial needs; they enable them to make

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<sup>10</sup> F. Adamski, *Rodzina – wymiar społeczno-kulturowy*, Kraków 2002, p. 29.

decisions in family matters; they refer to their initiative and independent activity; they involve them in planning, performing and controlling tasks undertaken in the family. The division of duties, which is voluntary and consistent with the possibilities of children, is also important<sup>11</sup>.

Parental attitudes are dominated by a loving approach characterized by a warm, tender but reasonable attitude of parents towards the child and providing help in child's plans and intentions.<sup>12</sup> Parents choose an authoritative style, i.e. they are caring and sensitive to the child, at the same time drawing a set of clear limitations and requirements, creating a safe and predictable environment<sup>13</sup>.

To sum up, according to John Bradshaw, "a functional, healthy family is the one in which all members are fully efficient and the relationships between them are fully functional. As human beings, all family members are able to use their human possibilities for cooperation, individualization and fulfilment of both individual and mutual needs. A functional family is a healthy soil on which its members can grow into mature human beings"<sup>14</sup>.

Analyzing a given problem, Wanda Sztander names four features of a functional family. First of all, it is a positive identity and autonomy of individual family members. This is a full self-acceptance expressed in the "I'm ok" attitude, even if not all actions are positive and are criticized. Autonomy, on the other hand, means the right of an individual to shape their own person in the unique way, and to create a personal version of their own life. The second feature, is an open and effective communication, in which all family members are able to talk in an open, clear way about bothering matters, they can both speak and listen to one another. The third feature refers to reciprocity, family members are able to provide support, attention and energy according to the principle: "today I will comfort you, tomorrow you will comfort me". The last feature is the connection with the outside world. It means that the family is not closed, that it consciously allows for the flow

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<sup>11</sup> M. Łobocki, *Teoria wychowania w zarysie*, Oficyna Wydawnicza "Impuls", Kraków 2004, p. 312.

<sup>12</sup> J. Rembowski, *Więzi uczuciowe w rodzinie. Studium psychologiczne*, PWN, Warszawa 1972, p. 60.

<sup>13</sup> *Ibid.*, p. 66.

<sup>14</sup> J. Bradshaw, *Zrozumieć rodzinę*, [Bradshaw on the Family: A New Way of Creating Solid Self-Esteem], Warszawa 1994, p. 59.

of information and impulses from the outside world. Under their influence, the family can modify its activities, change in time and improve itself<sup>15</sup>.

The picture presented above seems to be perfect, sometimes even impossible to achieve especially in modern world, when the image of the family has been subjected to a number of transformations. However, it is not about living perfectly, but about consciously striving for this image and concentrating the activities around it.

The dysfunctional family is in a complete opposition to the presented family image. According to John Bradshaw, "a dysfunctional family is created by a dysfunctional marriage, and such a marriage is created by dysfunctional people who find and marry each other. One of the tragic facts is that dysfunctional persons almost always find another person, who operates either on the same or on a greater level of dysfunction"<sup>16</sup>. According to Wanda Sztander, egomania dominates in such a family, i.e. the aim of individuals, on one hand, is to develop their own personality in a way, that they should be perceived and treated differently from everyone else. On the other hand, there is uncertainty and a lack of self-acceptance. Negative identity is created, fear and anxiety appear, as well as feeling and acting superior while humiliating other people is used as a weapon. There is often a reluctance towards oneself and other individuals, which as a consequence leads to aggression and a series of destructive behaviours. Responsibility is completely rejected, or on the contrary, it appears in great excess. Paradoxically, such person begins to live someone else's life, experiencing one's problems, all boundaries are completely blurred<sup>17</sup>.

The family is usually a closed, even isolated system, which does not allow the so-called strangers. Dysfunctional family members do not talk about problems, feelings, and emotions do not exist. Such a family is not able to provide even the most primitive, basic functions, not to mention more complex roles.

An excellent example of a dysfunctional unit is the family, in which the alcohol problem has appeared, and the addict is already in the critical phase of the disease<sup>18</sup>.

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<sup>15</sup> W. Sztander, *Poza kontrolą*, Warszawa 1993, pp. 6–14.

<sup>16</sup> J. Bradshaw, *Zrozumieć rodzinę*, [Bradshaw on the Family: A New Way of Creating Solid Self-Esteem], Warszawa 1998, p. 29,

<sup>17</sup> W. Sztander, *Poza kontrolą*, Warszawa 1993, pp. 7–13.

<sup>18</sup> I. Pospiszyl, *Przemoc w rodzinie*, Warszawa 2010, pp. 133–134.

In an alcoholic family, problems increase gradually, and as a result the situation of individual members also changes, the family goes through the subsequent stages of adaptation.

The first stage is the phase of denial and disorientation. A characteristic element in this stage is searching for excuses for a drinker, the first intervention attempts appear. The next stage is the isolation phase, where the number of alcohol incidents increases dramatically, the situation is very tense, the first emotional disorders, numerous problems, the breakdown of a relationship occurs. As a result, the family begins to isolate itself from the society, but also from each other, the first attempts to control the addicted person can be observed. Subsequently, the family goes into a stage of chaos and disorganization, where excessive consumption of alcohol is an already well-established behaviour; individual members of family are becoming aware of the lack of control and suffer from numerous psychological and somatic disorders. The next stage is the phase of reorganization. Unlike the other stages, this one does not always have to occur. At the moment of losing faith in improvement of the situation of a drinking person, the family makes efforts to reorganize the current situation, in particular, mutual relations and the division of roles and responsibilities are made. As a consequence, there is a transition to the stage of separation, in which an attempt is made to rebuild psychical strength and own potential, the drinker is separated from other members of the family, for example by divorce or changing the place of residence. The last stage is the phase of the new organisation – the addict undergoes treatment aiming at re-entering the family structure<sup>19</sup>.

Nevertheless, it is important to remember that the Alcohol Dependence Syndrome is a specific disease in which the returns to alcohol consumption are very common because of the erroneous thinking of patients regarding controlled drinking, which in their case no longer exists. The violation of abstinence very often causes a recurrence of alcohol abuse, which in turn forces the family to adapt to living with an addict and go through the described above adaptation stages again.

Only maintaining full and continuous abstinence guarantees improvement of family relations and reconstruction of the family system.

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<sup>19</sup> J. Mikuła, *Rodzina z problemem alkoholowym*, Warszawa 2006, p. 13.



### FORMS OF HELP – THE ROLE OF A SOCIAL WORKER

Regardless of the stage of alcohol addiction, each member of the family with an alcohol problem is entitled to free, multiform and complex help (without the obligation to have health insurance). This results from legislative acts in Poland, which specify in detail the scope of alcohol prevention and the treatment process of addicted persons, as well as oblige government authorities to provide assistance to families experiencing alcohol abuse<sup>20</sup>. All these activities are aimed at one thing: providing beneficiaries with social assistance, an equal and dignified life and social integration.

In the structures of local authorities that are providing assistance in the subject matter, there are Communal or Municipal Social Welfare Centres operating at the Municipal or City Councils. In the structure of each of these institutions, The Agency for the Prevention of Alcohol-Related Problems have been established, in the aim of developing and coordinating assistance activities for people affected by the problem. This is described in the Article 17 (1)(1) of the Act on Social Assistance: these tasks include “preparation and implementation of a communal strategy for solving social problems, with particular emphasis on social assistance programs, prevention and solving alcohol and other problems aimed at integration of individuals and families from special risk group”<sup>21</sup>. The subject provision has been specified in the second, equivalent legislative act, that is the Act on Upbringing in Sobriety and Counteracting Alcoholism, where the provision of Article 4 is: “Running activities related to prevention and solving alcohol-related problems and social integration of people addicted to alcohol is one of the commune’s own tasks. In particular, these tasks include:

- 1) increasing the availability of therapeutic and rehabilitation assistance for people addicted to alcohol;
- 2) providing psycho-social and legal assistance to families with alcohol problems, in particular protection against domestic violence;

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<sup>20</sup> See: Act of 12 March 2004 on Social Assistance, Journal of Laws of 2004 No 64, item 593, as amended, Act of 26 October 1982 on Upbringing in Sobriety and Counteracting Alcoholism, Journal of Laws of 1982 No 36, item 230, as amended.

<sup>21</sup> Articles 17 & 1 of the Act of 12 March 2004 on Social Assistance, Journal of Laws of 2004 No 64, item 593.



- 3) conducting preventive information and educational activities in the area of solving alcohol-related problems and preventing drug addiction, in particular for children and adolescents, including extra-curricular sports activities, as well as activities for feeding children participating in extracurricular educational and pedagogical as well as in sociotherapeutic programs;
- 4) supporting the activities of institutions, associations and individuals aiming at solving alcohol-related problems;
- 5) intervention due to the violation of regulations related to the sale of alcoholic beverages
- 6) supporting social employment by organizing and financing social integration centres"<sup>22</sup>.

In the above described system of preventive measures, as well as the forms of assistance and intervention in families with alcohol problem, social workers, who are public officials executing statutory assistance tasks, participate actively.

A social worker is a person who has substantial and specialist knowledge in the field of providing broadly understood assistance to people, therefore, the statutory tasks of social workers include:

- 1) social work;
- 2) analysis and assessment of the phenomena that is the cause of the need for social assistance benefits and qualifying for these benefits;
- 3) providing information, tips and help in solving life issues to people who, thanks to this help, will be able to overcome problems that cause a difficult life situation; effective use of legal provisions in the execution of these tasks;
- 4) helping people in a difficult life situation to obtain counselling on the possibility of solving problems and providing assistance by competent state institutions, local government and non-governmental organizations, as well as support in obtaining assistance;
- 5) providing assistance in accordance with the principles of professional ethics;
- 6) stimulating social activity and inspire self-help activities aiming at satisfying essential life needs of people, families, groups and social environments;

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<sup>22</sup> Articles 4 & 2 of the Act of 26 October 1982 on Upbringing in Sobriety and Counteracting Alcoholism, Journal of Laws of 1982 No 36, item 230, as amended.

- 7) cooperation with other specialists to prevent and reduce the pathology and consequences of negative social phenomena, mitigating the effects of poverty;
- 8) to initiate new forms of assistance for people and families who have a difficult life situation and inspiring the establishment of institutions providing services aiming at improving the situation of such persons and families;
- 9) participation in inspiring, preparing, implementing and developing regional and local social assistance programs aiming at increasing the quality of life<sup>23</sup>.

All their statutory tasks of social workers are executed in a home environment, where they have a full image of the quality of family life.

In the field of systemic work with a dysfunctional family, due to alcohol dependence, social workers use various methods the selection of which, depends on making an effective diagnosis.

It is important that the diagnosis is made according to specific rules. First of all, family resources should be evaluated, which can be used in the undertaken process of assistance. Secondly the family should be helped to discover its strengths as a system with paying attention to the affiliation with the local environment, and from the perspective of individual members, with particular attention to children. It is important to take into account the current stage of the family life cycle. Appropriate evaluation of the situation means that the diagnosed individual or a family, as a result of the analysis, realises and sees the possibilities of getting out or improving the unfavourable situation. On the basis of social pedagogy and social work, there is a number of existing methods and tools for making this diagnosis. The most common of them include: The Schematic Sheet by Józef Pieter, The Concept of Determining Thresholds of Biological-sociocultural Risk of Child's Development in the Family by Ewa Marynowicz-Hetka, a method of studying the structure of family systems and parenting styles, Family System Diagnosis based on the "Circumplex Model, Parent Questionnaire" by M. Ziemska to diagnose parental attitudes, Parent-Child Relations Questionnaire, Scale of family attitudes, Identification of Education Styles, Parent-Child Task Communication Test, Parental Attitude Scale by M. Plopy for parents and children, Family

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<sup>23</sup> Articles 7 & 2 of the Act of 12 March 2004 on Social Assistance, Journal of Laws of 2004 No 64, item 593.

Drawing Test, Test of incomplete sentences, Questionnaire to study Adult Children of Dysfunctional Families, Genogram<sup>24</sup>.

In addition to the diagnostic process and educational activities, social workers conduct environmental inquiries. Detailed information about this method can be found in the Ordinance of the Minister of Labour and Social Policy of 8 June 2012 on family environmental inquiry (Journal of Laws 2012 No 712), in which the provision of paragraph 2, item 5 clearly states that "On the basis of the inquiry, a social worker analyzes and evaluates the situation of an individual or a family and draws conclusions constituting the basis for planning the assistance"<sup>25</sup>.

Social workers take an active part in meetings of the previously mentioned The State Agency for the Prevention of Alcohol-Related Problems. They carry out, if requested, the already described environmental inquiries, which constitute the basic knowledge about the degree of demoralization of the addicted person and the impact of this addiction on the family system.

Apart from the diagnostic process and conducting environmental inquiries, a social worker should also, within the scope of preventive activities, provide proper education in terms of knowledge about addiction or co-dependency and its consequences, increase the motivation of persons with an alcohol problem to use psychological assistance and make treatment attempts, as well as to provide support to people after the completed therapy. Therefore, it is important to develop a suitable re-adaptation program, which will be available to use by the addicted persons and their families at various stages of solving the alcohol-related problem as well as other personal and social difficulties.

## BIBLIOGRAPHY

Act of 12 March 2004 on Social Assistance, Journal of Laws of 2004 No 64, item 593, as amended, Act of 26 October 1982 on Upbringing in Sobriety and Counteracting Alcoholism, Journal of Laws of 1982 No 36, item 230, as amended.

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<sup>24</sup> E. Dybowska, *Teoria systemowej pracy z rodziną*, Regionalny Ośrodek Polityki Społecznej w Krakowie, Kraków 2012, pp. 23–24.

<sup>25</sup> Articles 2 & 5 of Ordinance of the Minister of Labour and Social Policy of 8 June 2012 on family environmental inquiry, Journal of Laws of 2012, No 712.

- Adamski F., *Rodzina – wymiar społeczno-kulturowy*, Kraków 2002.
- Articles 17 & 1 of the Act of 12 March 2004 on Social Assistance, Journal of Laws of 2004 No 64, item 593.
- Articles 2 & 5 of Ordinance of the Minister of Labour and Social Policy of 8 June 2012 on Family Environmental Inquiry, Journal of Laws of 2012, No 712.
- Articles 4 & 2 of the Act of 26 October 1982 on Upbringing in Sobriety and Counteracting Alcoholism, Journal of Laws of 1982 No 36, item 230, as amended.
- Articles 7 & 2 of the Act of 12 March 2004 on Social Assistance, Journal of Laws of 2004 No 64, item 593.
- Barbaro de B., *Wprowadzenie do systemowego rozumienia rodziny*, Collegium Medicum UJ, Kraków 1997.
- Bateson G., *Steps to an Ecology of Mind*. Ballantine Books, New York 1972.
- Bradshaw J., *Zrozumieć rodzinę*, [Bradshaw on the Family: A New Way of Creating Solid Self-Esteem], Warszawa 1994.
- Czabała Cz., *Rodzina z zaburzenia psychiczne*, Kraków 1998.
- Dybowska E., *Teoria systemowej pracy z rodziną*, Regionalny Ośrodek Polityki Społecznej w Krakowie, Kraków 2012.
- Fleischer M., *Teoria kultury i komunikacji. Systemowe i ewolucyjne podstawy*, DSWE TWP, Wrocław 2002.
- Hall A.D., Fagen R. E., *Definition of system*, "General Systems" 1956, no 1.
- Łobocki M., *Teoria wychowania w zarysie*, Oficyna Wydawnicza "Impuls", Kraków 2004.
- Mikuła J., *Rodzina z problemem alkoholowym*, Warszawa 2006.
- Pospiszył I., *Przemoc w rodzinie*, Warszawa 2010.
- Pużyński S., Wiórka J., *Klasyfikacja zaburzeń psychicznych i zaburzeń zachowania w ICD-10. Opisy kliniczne i wskazówki diagnostyczne Vesalius*, 2<sup>nd</sup> edition, Kraków 2000.
- Rembowski J., *Więzi uczuciowe w rodzinie. Studium psychologiczne*, PWN, Warszawa 1970.
- Sztander W., *Poza kontrolą*, Warszawa 1993.

## SUMMARY

The position and role of the social worker in systemic work with the family affected by alcohol problem is very specific and difficult, as their work takes place where all the scenarios related to the dysfunctional functioning of family members are occurring. Social workers are a professional group operat-

ing in extremely difficult conditions. Their work requires proper substantive preparation and special interpersonal skills. Working with the family system, not only with an addicted person, allows for a comprehensive and holistic diagnosis of a given family unit and the development of the most effective assistance program. Moreover, preventive measures may protect children in families with alcohol-related problems from making their parents' mistakes and further repetition of pathological patterns in life.

**Key words:** family with alcohol-related problem, systemic work, social work.