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PSYCHOSOCIAL CONSEQUENCES OF GROWING UP IN A DYSFUNCTIONAL FAMILY WITH ALCOHOL PROBLEMS – AN ANALYSIS OF THE FUNCTIONING OF ADULT CHILDREN OF ALCOHOLICS (ACA): A CASE STUDY FROM POLISH SOCIETY

**PSYCHOSPOŁECZNE KONSEKWENCJE
DORASTANIA W RODZINIE DYSFUNKCYJNEJ
Z PROBLEMEM ALKOHOLOWYM – ANALIZA
FUNKCJONOWANIA DOROSŁYCH DZIECI
ALKOHOLIKÓW (DDA) NA PRZYKŁADZIE
SPOŁECZEŃSTWA POLSKIEGO**

ABSTRACT

The article addresses the issue of the functioning of adult children raised in dysfunctional families affected by alcohol addiction. The aim of the study is to highlight the influence of the family environment on the psychosocial development of the individual, with particular emphasis on the consequences of growing up in a family with alcohol-related problems. The theoretical part discusses the role of the family as the primary educational and emotional environment, as well as the causes and effects of its dysfunction. Special attention is given to the phenomenon of the ACoA (Adult Children of Alcoholics) syndrome, understood as a set of persistent emotional, relational, and identity-related traits shaped by childhood experiences in a family with addiction issues. The empirical research, conducted among 130 adults raised in such families, confirmed a high prevalence of difficulties in interpersonal relationships, low self-esteem, social anxiety, excessive guilt, and reluctance to start a family. These findings support the research hypotheses and correspond with existing literature on the psychosocial consequences of growing up in a dysfunctional family. The article concludes with practical recommendations regarding psychological support, prevention, and education, emphasizing the need for an interdisciplinary and systemic approach in working with individuals affected by the ACoA experience.

KEYWORDS: *dysfunctional family, adult children of alcoholics (ACoA), psychosocial development, self-esteem, interpersonal relationships*

STRESZCZENIE

Artykuł podejmuje problematykę funkcjonowania dorosłych dzieci wychowanych w rodzinach dysfunkcyjnych, w których występował problem uzależnienia alkoholowego. Celem opracowania jest ukazanie wpływu środowiska rodzinnego na rozwój psychospołeczny jednostki, ze szczególnym uwzględnieniem konsekwencji wychowania w rodzinie z problemem alkoholowym. W części teoretycznej omówiono znaczenie rodziny jako podstawowego środowiska wychowawczego oraz przyczyny i skutki jej dysfunkcyjności. Szczególną uwagę poświęcono zjawisku syndromu DDA – Dorosłego Dziecka Alkoholika – rozumianemu jako zespół trwałych cech emocjonalnych, relacyjnych i tożsamościowych, ukształtowanych w wyniku dorastania w rodzinie z problemem uzależnienia. Badania własne, przeprowadzone wśród 130 osób dorosłych wychowanych w takich rodzinach, potwierdziły wysoką częstotliwość występowania trudności w relacjach interpersonalnych, obniżonej samooceny,

lęku społecznego, nadmiernego poczucia winy oraz niechęci do zakładania własnej rodziny. Wyniki te stanowią potwierdzenie hipotez badawczych oraz literaturowych ustaleń na temat psychospołecznych skutków wychowania w rodzinie dysfunkcyjnej. W zakończeniu artykułu sformułowano rekomendacje praktyczne w zakresie wsparcia psychologicznego, profilaktyki i edukacji, podkreślając konieczność zastosowania podejścia interdyscyplinarnego i systemowego w pracy z osobami z doświadczeniem DDA.

SŁOWA KLUCZOWE: *rodzina dysfunkcyjna, dorosłe dzieci alkoholików (DDA), rozwój psychospołeczny, samoocena, relacje interpersonalne*

INTRODUCTION

The family, as the fundamental environment for upbringing and the socio-emotional development of an individual, plays a key role in shaping a child's identity, value system, and relational patterns (Mosiołek, 2018). It is within this structure that a young person acquires their first emotional experiences, learns trust, love, and ways of coping with difficulties, as well as builds a sense of self-worth and agency. The proper fulfillment by the family of its care-giving, educational, emotional, identificational, and socializing functions creates the conditions for the child's harmonious psychological and social development. However, not all family environments provide such opportunities – some children grow up in conditions of chronic tension, unpredictability, violence, addiction, or emotional indifference. Such families are referred to as dysfunctional because they fail to fulfill their basic functions adequately, which leads to lasting deficits in the young person's development.

This article attempts to analyze the problem of growing up in a dysfunctional family in the context of its long-term consequences in adult life. The aim of the study is to present the theoretical foundations of the phenomenon of family dysfunction and to present the results of the author's own research concerning adults who were raised in such conditions. The article seeks to answer the following questions: What are the most frequently reported consequences of being raised in a dysfunctional family, according to the respondents? Which aspects of adult life do they consider to be most strongly shaped by childhood experiences? Are there recurring patterns or adaptive mechanisms?

FAMILY, HOME, AND CHILDHOOD – THE TRIAD OF AN INDIVIDUAL’S SOCIAL ROOTEDNESS

The family home constitutes the foundation of an individual’s development and functioning in the social, emotional, and axiological space. The concepts of *family*, *home*, and *childhood* form a conceptual triad whose significance is deeply embedded in the social sciences – pedagogy, psychology, sociology, as well as cultural anthropology. Their interpretation evolves depending on the socio-historical, cultural, and systemic context, yet consistently points to the crucial role of the family environment as the first and most important place of a child’s socialization.

In classical terms, the family is defined as a primary social group based on strong emotional and biological bonds, whose purpose is to fulfill caregiving, educational, emotional, economic, and cultural functions (Adamski, 2021; Wilk, 2016; Chrost, 2022). M. Ziemska emphasizes the dynamic character of the family as a social group subject to constant transformation, rooted in tradition while simultaneously generating its own functional patterns (Ziemska, 1986). According to E. Hurlock’s perspective, the family is the most important environment of social reference for a child, shaping their attitudes, emotions, and identity in the early years of life (Wilk, 2016).

Family functions are classified in various ways, but most commonly include: biological-caregiving, economic, socializing, cultural-social, educational, and emotional functions (Kowalski, 1986; Chrost, 2022). F. Adamski (2021) divides family functions into institutional (procreative, economic, caregiving, socializing, stratifying) and personal (marital, parental, sibling). The family introduces the child into the world of culture and moral and social values, and is responsible for shaping basic interpersonal skills, norms of coexistence, and identity structures. Its task is not only protection and care, but also education that leads to responsibility, independence, and social integration of the individual (Wilk, 2016).

The home – understood both as a physical and symbolic space – is the place where the internalization of norms, emotions, and behavior patterns occurs. It is a space of security, relationships, and emotions, where the child experiences acceptance, closeness, and a sense of belonging. As J. Augustyn notes (2015), the family home leaves a mark that one carries throughout life.

It fulfills protective, relational, emotional, communicative, and integrative functions (Pawliszyn, 2015). The atmosphere prevailing in the family home – the communication style, the quality of relationships, the models of reacting to difficulties – becomes the child's first and most enduring model of social functioning (Denek & Dymara, 2010; Muszyński, 2010).

Childhood, in turn, as the period of personality and cognitive structure formation, is considered a key phase of individual development. According to K. Segiet's (2010) concept, childhood is both a biographical time and a socio-cultural construct – a space of experiences, emotions, and relationships. The family and family home during this time serve as a reference point for emotional, axiological, and social development. In the family, the child learns what love, trust, and responsibility are, but also how to cope with emotions, conflicts, and frustration (Kadłubiec, Kasperek & Ogrodzka-Mazur, 2016). The process of upbringing, as a human relationship based on empathy and dialogue, is interactional in nature – the child is not merely a passive recipient but also an active participant in this process (Chrost, 2022).

Family values such as love, acceptance, a sense of community, empathy, respect, freedom, and tenderness form the foundation of high-quality family life and condition the effectiveness of upbringing (Adamczyk, 2021). It is at home that the child acquires the first role models for social functioning and learns to understand the world through emotional contact with their closest ones. Thus, the proper functioning of the family determines the individual's ability to adapt effectively in adult life, both in relational and social contexts.

CAUSES, CHARACTERISTICS, AND CONSEQUENCES OF FAMILY ENVIRONMENT DYSFUNCTION

When analyzing the impact of the family environment on individual development, it is impossible to overlook the phenomenon of dysfunctionality – a concept that introduces a significant shift in meaning from the classical understanding of the family as a space of safety and stability. In this context, the conceptual triad of family, home, and childhood takes on a particular dimension, gaining a negative connotation referred to as dysfunction. This

term, grounded in reference to social norms, pertains to situations in which the proper functioning of family structures is disturbed – both at the relational and educational levels (Jakubowska & Markiewicz, 2002).

A dysfunctional family is a system that does not properly fulfill its basic functions: emotional, caregiving, educational, communicative, or socializing. In such an environment, a child's psychological needs – the need for love, acceptance, and security – remain unmet, and daily experiences are marked by a lack of stability and relational chaos. Lewicka-Zelent (2017) points out that a dysfunctional home is characterized by the absence of established roles, difficulties in communication, the inability to express emotions, and an atmosphere that demands emotional suppression of problems and the pretense of normalcy.

There are many possible sources of family dysfunction – ranging from parents' emotional problems to improper parenting attitudes, and including the presence of violence, addictions, infidelity, or mental illness. Dysfunction may be overt, as in the case of violence or alcoholism, but it can also take hidden forms, such as emotional coldness, overprotectiveness, or a lack of genuine dialogue (Pierzchała & Cekiera, 2021). Not every dysfunctional family is pathological, but every pathological family displays characteristics of dysfunctionality (Jakubowska & Markiewicz, 2002).

Among the typical symptoms of family disintegration are weakened emotional bonds, inadequate parenting methods, a prevailing atmosphere of tension and mistrust, and a lack of consistency in social roles within the family system. Particularly dangerous are situations involving chronic conflicts, neglect, abuse, or the systemic violation of a child's psychological boundaries. This results in the child losing a basic sense of security and the ability to self-regulate emotionally.

A key element generating dysfunction is also the parenting style and the attitudes adopted by parents. As Grzegorzewska et. al (2020) notes, positive parental attitudes – based on acceptance, cooperation, and support for autonomy – foster the harmonious development of the child, strengthen their self-esteem, and enable the development of emotional competence. In contrast, negative attitudes – rejecting, avoidant, overly demanding, or overprotective – lead to disturbances in self-image, lowered sense of agency, relational problems, and adaptive difficulties (Grzegorzewska, et. al., 2020; Shaffer & Kipp, 2015).

In the model of a dysfunctional family, inadequate responses often dominate, frequently marked by violence – both physical and emotional. This violence may be overt or covert but is always based on intentionality and power asymmetry. According to the WHO definition (2002), violence is the intentional use of force or power that results in actual or potential harm to the health, dignity, or integrity of a person. From a psychological perspective, violence is understood as a deliberate action or omission intended to control the victim, inflict pain, suffering, and subjugate another person (Lewicka-Zelent, 2017; Instytut Psychologii Zdrowia & Państwowa Agencja Rozwiązywania Problemów Alkoholowych, 2020).

Forms of violence – physical, psychological, economic, and sexual – are the most common violations of dignity in dysfunctional families. Emotional violence, often downplayed, has an extremely destructive impact on a child's psyche – resulting in identity disturbances, inability to form relationships, and lasting weakening of defense mechanisms (Comito, 2021; Zimbardo & Gerrig, 2024). Economic and sexual violence, on the other hand, signify the complete loss of balance and boundaries within the family system – leading not only to the individual's crisis but also to social exclusion and relational trauma.

The literature emphasizes that counteracting family dysfunction must be based on early identification of risks, pro-family education, and psychological and social support. As stated in the Act on Counteracting Domestic Violence (Journal of Laws of 2020, item 218, 956), institutional actions are aimed not only at isolating perpetrators but also at supporting corrective and educational processes in families in need of assistance.

THE ALCOHOLIC FAMILY AS AN ENVIRONMENT OF DISTURBED DEVELOPMENT – CONSEQUENCES OF UPBRINGING IN THE CONTEXT OF THE ACoA SYNDROME

The phenomenon of alcoholism, recognized as one of the most destructive social addictions, affects not only the individual but also deeply destabilizes the family system in which the addicted person functions. Alcoholism, narrowly

understood as addiction to ethyl alcohol, and more broadly as a set of biological, psychological, and social consequences resulting from chronic alcohol consumption, becomes the cause of severe disturbances in the functioning of the family as a fundamental social unit (Silecka-Marek, 2022; Encyklopedia PWN, 1985).

The literature points to various factors responsible for the etiology of addiction – social, biological, and psychological. Cz. Cekiera emphasizes the importance of the emotional immaturity of the addicted individual, who, unable to deal constructively with tension, resorts to alcohol as a form of emotional regulation (Dzierżon, et al. 2018). This addiction, which develops in stages, leads to a loss of control over substance use, the gradual neglect of responsibilities, and both psychological and physical degradation (Silecka-Marek, 2022; Biernat, 1999).

As a result, a family structure with an alcohol problem emerges, in which interpersonal relationships, communication mechanisms, and the psychological integrity of its members become disrupted. Such a family ceases to fulfill its primary caregiving and educational functions and becomes a space of chronic emotional tension and a lack of security (Zalas, 2011; Sztander, 2006).

Children are particularly vulnerable to the pathological mechanisms operating within such a family. Raised in an atmosphere of chaos, tension, and violence, they experience a range of developmental deficits. Their processes of socialization, emotional regulation, and identity formation are disrupted. In response to the difficult situation, the child often assumes a specific role: the family hero, the scapegoat, the mascot, the lost child, or the rescuer, which constitutes an adaptive attempt to regulate the emotional dynamics of the family (Müller-Siekierska, 2020; Gmitrowicz & Janas-Kozik, 2018; Augustyn, 2015).

These roles, although assumed in childhood, tend to continue into adulthood. As adults, these individuals often experience fear of intimacy, difficulties in forming stable interpersonal relationships, chronic guilt, low self-esteem, and a tendency toward self-destructive behaviors (Biernat, 1999; Dzierżon, et. al., 2018). The ACoA syndrome (Adult Children of Alcoholics) describes a complex set of enduring cognitive-emotional patterns that determine the thinking, emotional experience, and behavioral responses of adults raised in families affected by addiction (Dzierżon, et. al., 2018).

These individuals often display characteristics such as an excessive sense of duty, difficulty expressing emotions, tendencies toward isolation, and a fear

of rejection. A significant consequence is also the increased vulnerability to repeating patterns of addiction in adulthood and experiencing difficulties in fulfilling parental roles (Mosiołek, 2018; Lewicka-Zelent, 2017).

It is worth noting that although childhood experiences in a family with an alcohol problem are the source of numerous deficits, they may also lead to the development of certain adaptive mechanisms. Some individuals demonstrate greater stress resilience, well-developed caregiving skills, independence, and heightened sensitivity to the needs of others. These types of adaptations, although emotionally costly, can, under certain conditions, become valuable resources in adult life.

AIM, SUBJECT, AND METHODOLOGICAL ASSUMPTIONS OF THE AUTHOR'S RESEARCH ON THE FUNCTIONING OF ADULT CHILDREN OF ALCOHOLICS

The main aim of this study was to show the consequences of growing up in a dysfunctional family from the perspective of an individual's later functioning in adulthood. This analysis made it possible to construct a psychological profile of a person referred to as an ACoA – Adult Child of an Alcoholic – based on both the subject literature and the author's own research findings.

The subject of the study was the functioning of the child in a dysfunctional family and the psychosocial consequences of this experience, which become evident in adult life. The subject of research may be any social reality, encompassing both individuals and phenomena or processes – in this case, the life situation of individuals raised in families with an alcohol problem (Łobocki, 2013).

The research problem was organized around a main question concerning the constitutive features and distinguishing characteristics of the ACoA profile. The detailed research problems, resulting from the main question, took the form of the following exploratory questions:

1. Which family member struggled with an alcohol problem?
2. How do respondents recall their childhood?
3. What were their relationships with their parents like during childhood?
4. How do they assess those relationships today?

5. Do the respondents believe that growing up in a dysfunctional family influenced their behaviors and attitudes in adulthood?
6. Do they experience difficulties in establishing contact and close interpersonal relationships?
7. Do the respondents perceive their self-esteem as low?
8. Do they plan or wish to start their own family?

To systematize and deepen the interpretation of the empirical results, the next part of the study formulated a main hypothesis and several detailed hypotheses. The main hypothesis assumes that adults who were raised in dysfunctional families with an alcohol problem exhibit characteristic emotional, social, and psychological difficulties that are typical indicators of the ACoA syndrome.

To elaborate on the main hypothesis, the following detailed hypotheses were formulated:

1. Adults raised in families with an alcohol problem show significant difficulties in initiating and maintaining interpersonal relationships.
2. Respondents with ACoA experience more frequently declare emotional difficulties such as lowered mood, anxiety, emotional tension, and chronic stress.
3. Adults raised in alcoholic families more often exhibit symptoms characteristic of obsessive-compulsive disorders, including intrusive thoughts and compulsive behaviors.
4. The respondents show a significantly lower level of self-esteem compared to individuals raised in families unaffected by addiction.
5. Individuals raised in alcoholic families often report fear or reluctance to start their own families due to fear of repeating childhood patterns.

To achieve the research objectives, the monographic method was selected, based on the analysis of source materials of both scientific and practical character. This included theoretical publications – monographs, scientific articles – as well as professional reports produced by specialists working with individuals affected by the ACoA syndrome. The literature review was

complemented by the author's own research, conducted as a survey study using an electronic questionnaire technique.

The research group consisted of 130 adult individuals aged 20 to 40 who declared that they had been raised in families in which at least one parent struggled with alcohol addiction. Among the participants, 86 were women (66%) and 44 were men (34%). 47% of the respondents had completed higher education, 38% secondary education, and 15% vocational education. 72% were professionally active; the rest were studying or unemployed. Participant recruitment was carried out using online platforms and support forums for people with ACoA experiences.

The author-designed questionnaire used in the study was developed based on a review of the subject literature concerning the functioning of adult children of alcoholics (including Sztander, 2006; Müller-Siekierska, 2020; Dzierżon, et. al., 2018). Before the main study, a pilot test was conducted on a group of 15 people, which allowed verification of question clarity and elimination of ambiguous phrasing. The internal consistency index (Cronbach's alpha) for the entire questionnaire was 0.83, indicating satisfactory reliability. The tool had an exploratory character and was designed to capture the subjective experiences of respondents in the areas of family relationships, self-esteem, emotional regulation, and attitudes toward starting their own family.

The individual questions were closed-ended and formulated in as clear a manner as possible, adjusted to the comprehension level of potential respondents. Due to the exploratory nature of the study, the questionnaire served as an auxiliary tool for identifying recurring patterns in the psychosocial functioning of adult children of alcoholics.

RESULTS AND CONCLUSIONS OF THE STUDY

The study involved 130 adult women and men, representing a narrow age range of adulthood between 20 and 40 years, with varied levels of education and employment status. All respondents declared that they had been raised in families where at least one parent struggled with alcohol addiction. The aim of the study was to capture the psychosocial consequences of growing

up in a dysfunctional family and to assess their impact on the individual's functioning in adulthood.

Analysis of the survey data allowed us to identify significant correlations between growing up in a family with alcohol problems and reduced self-esteem, increased anxiety levels, and difficulties in establishing and maintaining close interpersonal relationships. The presence of behaviours characteristic of obsessive-compulsive disorder, such as persistent thoughts and compulsive actions, was also indicated, as well as a tendency to feel an excessive sense of duty and responsibility for others while neglecting one's own needs. The respondents often expressed fears about starting their own families, which indicates a deep-rooted fear of repeating negative family patterns. The analysis also drew attention to the subjectively assessed quality of relationships with parents – many respondents rated them as difficult, emotionally cold or tense, both in the past and at present.

In order to ensure transparency and consistency of interpretation, the presented results focus on the most frequently recurring and most representative phenomena. Individual responses of lesser analytical significance, which did not significantly affect the overall picture of the phenomenon under study, were omitted. The conclusions of the study confirm the theses of the literature on the subject concerning the characteristic emotional and social difficulties of adult children of alcoholics (ACA). The study participants showed clear characteristics associated with low self-esteem, high levels of anxiety, difficulties in regulating emotions, a tendency towards social isolation and a lack of trust in interpersonal relationships. At the same time, some respondents showed a strong motivation to work on themselves and a willingness to seek psychological help.

From an ethical perspective, these results allow us to reflect on the moral dimension of growing up in a family with alcohol problems. The behaviour of parents who abuse alcohol not only leads to the destruction of emotional bonds, but also to a profound distortion of the image of parenthood in the child's mind. In families where emotional abuse, neglect and chaos are everyday occurrences, the child experiences moral and psychological dissonance – on the one hand, they need their parent as a source of love and security, but on the other, they witness their self-destruction and suffering. This results in an internal axiological conflict: difficulty in distinguishing between good

and evil in close relationships, loss of trust in adults and the world, and reduced moral self-esteem.

The conclusions of the study confirm the theses found in the subject literature concerning the characteristic emotional and social difficulties experienced by Adult Children of Alcoholics (ACoA). Study participants demonstrated clear features associated with low self-esteem, high levels of anxiety, difficulties in emotional regulation, a tendency toward social isolation, and a lack of trust in interpersonal relationships. At the same time, among some respondents, a strong motivation for self-improvement and a willingness to seek psychological help were also observed.

Table 1. *Percentage of Adult Children of Alcoholics (ACoA) Reporting Difficulties in Psychosocial Functioning*

Area of Functioning	Percentage of Respondents Reporting Difficulties
Interpersonal relationships	82%
Emotions and emotional regulation	76%
Identity and self-esteem	71%
Relationships with parents	65%
Plans regarding starting a family	58%

Analysis of the data presented in Table 1 indicates that the most frequently reported difficulties among adults raised in dysfunctional families were problems in the area of interpersonal relationships (82%), difficulties with emotional regulation (76%), low self-esteem (71%), and problematic relationships with parents (65%). Significantly fewer respondents reported difficulties related to planning for the future (58%), which may suggest relatively better functioning in the external sphere than in the emotional and relational domains. These results confirm the findings in the literature regarding the lasting emotional consequences of childhood spent in a family affected by alcohol addiction.

The results presented in Table 1 support the assumption contained in detailed hypothesis no. 1, according to which individuals raised in families with an alcohol problem exhibit difficulties in establishing and maintaining interpersonal relationships. As many as 82% of respondents declared problems in building interpersonal relationships.

Table 2. *Psychological and Emotional Symptoms*

Symptom	Frequency of Occurrence
Intrusive thoughts	67%
Social anxiety	74%
Lack of motivation	58%
Tendency toward isolation	62%
Excessive guilt	81%

As shown by the data presented in Table 2, the most frequently reported symptoms among respondents were excessive guilt (81%), social anxiety (74%), and the presence of intrusive thoughts (67%). Slightly less frequently, participants indicated a lack of motivation (58%) and a tendency toward social isolation (62%). These data suggest that growing up in a dysfunctional family is associated with an increased risk of anxiety symptoms, obsessive-compulsive disorders, and difficulties related to mental health.

The analysis of the data presented in Table 2 points to a high prevalence of anxiety-obsessive symptoms, which is consistent with detailed hypotheses no. 2 and no. 3.

Table 3. *Assessment of Relationships with Parents in Childhood and Adulthood by Individuals with ACoA Experience*

Type of Relationship	In Childhood	Currently
Emotionally cold	46%	51%
Conflictual	37%	34%
Supportive	12%	9%
Undefined	5%	6%

Table 3 presents the distribution of respondents' answers regarding the nature of their relationships with parents, both during childhood and in adulthood. The most frequently indicated category was emotionally cold relationships, reported by as many as 46% of participants in reference to childhood and 51% in adulthood. Conflictual relationships were also commonly noted – by 37% of respondents retrospectively and 34% at the present time. A small percentage of respondents described their relationships as supportive

(12% in childhood and only 9% currently), while undefined relationships were reported by 5% during childhood and 6% currently.

The results clearly indicate the predominance of emotionally cold and conflictual relationships both in the past and in the respondents' current lives. These data are consistent with detailed hypothesis no. 4, according to which the experience of life in a dysfunctional family with an alcohol problem negatively affects the quality of parent–child relationships in adulthood. The lack of emotional support in childhood and the continuing emotional distance in family relationships may constitute a significant risk factor for the development of interpersonal difficulties, problems with trust, and deficits in emotional regulation in adult life.

Table 4. *Self-Esteem Level Declared by Adult Children of Alcoholics (ACoA)*

Level of Self-Esteem	Number of Respondents
Low	78%
Medium	12%
High	10%

Table 4 presents the self-reported level of self-esteem among respondents – adults raised in families with an alcohol problem. The vast majority of participants (78%) assessed their self-esteem as low, indicating significant deficits in the area of self-worth. A medium level of self-esteem was declared by 12% of respondents, while only 10% reported having high self-esteem.

The data presented in the table clearly confirm detailed hypothesis no. 4, which assumes that individuals raised in alcoholic families exhibit significantly lower levels of self-esteem compared to those raised in families unaffected by addiction. The notably low self-esteem observed among the majority of respondents may be the result of chronic emotional deprivation, lack of recognition, frequent exposure to criticism, and emotional neglect during childhood. These findings are consistent with the existing literature, which suggests that individuals with the ACoA syndrome often experience themselves as inadequate, guilty, or unable to meet the expectations of others. This phenomenon affects their social relationships, self-acceptance, and overall functioning in adulthood – especially in stressful or relational situations.

Table 5. *Attitudes Toward Starting a Family Among Adult Children of Alcoholics (ACoA)*

Attitude	Number of Responses
I want to, but I'm afraid	71%
I don't want to	10%
I want to and feel ready	10%
I have no opinion	9%

Table 5 presents the distribution of respondents' attitudes toward starting their own family. The largest group of participants – 71% – declared: *I want to, but I'm afraid*. This is a clear indication of an internal emotional conflict – these individuals express a need for closeness and family stability, yet they are accompanied by a fear of repeating destructive patterns from childhood. Ten percent of respondents admitted they do not want to start a family, which may be the result of deeply rooted distrust, negative associations with the concept of family, or a lack of perceived agency and relational competence. Another 10% declared readiness to start a family, and 9% reported having no opinion.

The obtained empirical data are consistent with the assumptions of detailed hypothesis no. 5, which posits that individuals raised in alcoholic families often report fears or reluctance to start their own family due to anxiety about repeating negative family patterns. The high percentage of respondents who wish to create a family but are accompanied by strong fear indicates a persistent sense of uncertainty and lack of trust in their own parental and emotional competencies. This also confirms the concept of the ACoA syndrome as a set of beliefs and emotional responses rooted in childhood, which in adulthood determine not only interpersonal relationships but also the readiness to take on family roles.

The results of the study clearly demonstrate that the experience of growing up in families with alcohol problems leaves a lasting mark on the lives of adult children of alcoholics, affecting not only the emotional and relational spheres but also areas of identity, self-image, and the ability to assume family roles. The analysis of the empirical data points to the multidimensional nature of the consequences of this experience, whose common denominator is a persistent deficit in the sense of safety, self-acceptance, and trust – both in oneself and in others.

Of particular note is the frequency of interpersonal relationship difficulties, reported by 82% of respondents, which unequivocally confirms the hypothesis concerning disturbances in bonding and the ability to build close connections. Another crucial area of dysfunction proved to be self-esteem – 78% of respondents described their self-esteem as low, indicating a deeply rooted sense of inadequacy and lack of acceptance, stemming from early childhood relationships with caregivers. These findings correlate with the high prevalence of anxiety-obsessive symptoms such as social anxiety (74%), intrusive thoughts (67%), and a tendency toward isolation (62%), all of which confirm the presence of compensatory and defensive mechanisms developed in response to the emotional chaos of the family environment.

Relationships with parents, as evaluated by the study participants both retrospectively and in the present, were predominantly characterized by emotional coldness (46% in childhood and 51% in adulthood) and conflict, which indicates the lack of repair of primary bonds and the persistence of relational wounds experienced in the past. Only a marginal portion of respondents described their family relationships as supportive, which may also help explain the fears associated with creating one's own family. As many as 71% of participants declared a desire to start a family, accompanied by fear of repeating destructive patterns, indicating the presence of deeply internalized beliefs about their own parental and emotional incompetence.

In light of the above data, it is reasonable to formulate multidimensional recommendations, the implementation of which could provide meaningful support for adult children of alcoholics. First, it is essential to develop systemic psychotherapeutic support that includes both individual therapy processes and group work with individuals who share similar experiences. Such interventions allow not only for working through childhood trauma but also for building new patterns of emotional and relational functioning. Second, it is worth promoting psychoeducational programs and support groups that offer a space for identifying shared difficulties, exchanging experiences, and rebuilding self-esteem and interpersonal trust. Finally, it is recommended that the ACoA issue be included in mental health prevention strategies, particularly in environments exposed to high levels of stress, such as universities, workplaces, or social care institutions.

A limitation of the study is the use of a non-standardized, author-designed tool, as well as the recruitment of participants via the internet, which may affect the representativeness of the sample. Furthermore, the study was declarative and retrospective in nature, which involves the risk of memory bias and the subjective evaluation of the past.

SUMMARY

This article provides an in-depth analysis of the phenomenon of growing up in a dysfunctional family, particularly in the context of parental alcoholism and its long-term psychosocial consequences in the lives of adult children of alcoholics (ACoA). In light of the subject literature and the author's own research findings, it has been demonstrated that the family environment – fulfilling fundamental caregiving, educational, and emotional functions – plays a decisive role in shaping identity, emotional competence, and the ability to build interpersonal relationships. When these functions are disrupted, as is the case in families with addiction problems, the individual's proper development is impaired, resulting in enduring emotional, relational, and identity deficits in adulthood.

The empirical analysis conducted on a group of 130 adults with ACoA experiences revealed a number of recurring patterns of functioning characteristic of this syndrome. Respondents exhibited low self-esteem, difficulties in emotional regulation, social anxiety, a tendency toward isolation, excessive guilt, and a strong fear of starting their own families. They also reported emotionally cold or conflictual relationships with their parents persisting into adulthood. The obtained results confirm the theses of the existing literature, which indicate that upbringing in a dysfunctional family has a destructive impact on self-image, the sense of safety, and the capacity to form trust-based relationships.

At the same time, it is worth noting that some respondents showed readiness to work on themselves, motivation for change, and openness to psychological help. This represents a valuable resource and a starting point for supporting the healing and psychosocial reintegration process of individuals with ACoA experiences. For this reason, the conclusion of this study includes specific

recommendations – concerning both prevention and education, as well as psychotherapeutic support – that may contribute to increasing the effectiveness of assistance efforts aimed at this particular group of adults.

In light of the above, it must be stated that the issue of functioning among adult children of alcoholics requires further, in-depth research and consistent inclusion in mental health prevention programs. The complexity of the mechanisms that develop in dysfunctional families calls for an interdisciplinary approach, integrating knowledge from psychology, pedagogy, sociology, and social work. The application of such an approach can significantly enhance the effectiveness of supporting adults in overcoming the legacy of a difficult childhood and in building healthy, autonomous identities and relationships.

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ACTS

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