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## **Risk Factors and Protective Factors in the Family of Origin in the Biographies of Two Adult Rehabilitation Centre Wards – Case Study of Two Women**

<http://dx.doi.org/10.12775/PBE.2019.015>

### **Abstract**

The article describes risk factors and protective factors in the family of origin of women who – in their adolescence – were subject to formal control of an institution of a system preventing demoralization of children and adolescents. The theoretical analysis was based on the concept of *resilience*. The main research problem is presented in the following question: What factors (risk and protective) occur in individual experiences of women - former pupils of social rehabilitation centers? The author used the case study method, and the autobiographical narrative interview technique for data collection. Based on the analysis of the obtained material, risk factors and protective factors inherent in the family environment of narrators were listed, the configuration of these factors was reconstructed, and their protective or risk value from the point of view of the development of demoralisation was estimated. The most important conclusion is that the same factors (death of a parent, supportive connections with extended family members) constituted different value in the life of narrators. From the perspective of all-life experience of the studied women, it can be stated that what constituted a risk factor for one of them, protected the other against further demoralisation. It was also revealed that instrumental parentification was an important protective factor against the development demoralisation. The conclusions confirm the importance of a case-by-case approach in assessing the value of individual factors (protective and risk) and their importance

for the development and life quality of individuals. A biographical approach to resilience issues has also been shown to be useful.

**Key words:** biographical research, resilience, family of origin, demoralization, juvenile.

## Introduction

Studies of the family environment of people whose social development was impaired and who exhibited signs of demoralization throughout adolescence and adulthood have a rich tradition. Researchers argue that improper behaviour on the part of parents, inter-family relationships, styles and methods of upbringing, and particularly the accumulation of these factors, pathologise the social development of children to a great extent (cf. Kiliszek, 2013; Nowak, 2016). As indicated in Polish scientific literature, parental attitudes are especially well documented in empirical studies as a factor which negatively influences children's social development. It is believed that the occurrence of disorders in children's behavior is fostered by rejection and avoiding close contact, as well as by overprotection on the part of parents (e.g. Ziemska, 1973), especially mothers (Wysocka, Ostafińska-Molik, 2014). From the point of view of social development, it is risky to place excessive demands on children (Ziemska, 1973), and to exercise strict parental control, particularly by authoritarian fathers (Wysocka, Ostafińska-Molik, 2014). Family risk factors, which foster the occurrence of problem (e.g. criminal) behaviour among children, include low parental support, caregivers' indifference towards children and their problems (Deković, 1999; Kiliszek, 2016; Nowak, 2017). When Rolf Loeber et al. (1998) analysed the family environment of boys who exhibited problem behaviour (crime, psychoactive substance use, physical aggression, depression etc.), he demonstrated that risk factors existing in their families included: lack of parental control, lack of communication in the family, physical punishments, psychoactive substance abuse by parents, large family and incomplete family. Similar conclusions were drawn by Beata Maria Nowak (2017), after an analysis of families of origin of repeat offenders. Moreover, the researcher demonstrated an accumulation of adverse factors in the families of origin of repeat offenders, such as unemployment, poverty, alcoholism, as well as helplessness or passiveness of parents in the face of accumulating problems.

Views on the occurrence of negative factors responsible for improper social development and their verification were often raised in empirical studies. However, it is difficult to indicate studies, in which researchers identified positive factors of family life which influence proper functioning of children.

Although researchers who study families list desirable parental attitudes, emotional bonds and parenting styles (e.g. Ziemska, 1973), these issues are not the subject of scientific studies on children and adolescents, who display proper social development. Studies on the family environment of criminals tend to focus on the identification of adverse factors in their development. Adaptive assets of demoralized persons (e.g. Chwaszcz, Jaskot, 2010), especially in their families of origin, are seldom a focus of studies.

Analyses conducted in this article are a part of a research on familial causes of social maladjustment among children and adolescents. However, the aim of the author's study is not only to identify risk factors from the point of view of social demoralisation, but also to extract and describe family experiences, which constitute a factor that protects one against deepening demoralisation and fosters social adjustment. Moreover, an attempt will be made to demonstrate that the same factors for one group may constitute a negative value from the point of view of their harmonious social adjustment, while protecting others from demoralisation. Therefore, the aim is to show that one cannot ascribe unambiguous values to specific factors within family environments, and determine whether they are positive or negative. The same factor (e.g. parents' divorce) can be considered negative by some and positive by others (see also: Bragiel, 1999; Beisert, 2008).

The study focuses on the experience of adult women, who were wards in rehabilitation centres<sup>1</sup> during their adolescence due to demoralization resulting from improper functioning of their families of origin. The theoretical framework is based on the *resilience* concept. In light of its assumptions, risk factors are accompanied by protective factors, which can neutralise the negative impact of the former, release energy and increase individual resilience.

## **Protective and Risk Factors in the Resilience Concept**

Pioneers of studies on protective and risk factors include Norman Garmezy, Ann Masten, Emma Werner, Michael Rutter (Wang et al., 2105). In general,

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<sup>1</sup> According to the Law on Juvenile Justice in Poland a family court can place a minor in a social rehabilitation institution, i.e. a juvenile fostering centre or a youth detention centre. Juvenile fostering centres were created for socially maladjusted children and adolescents, who require special organisation in terms of education, work methods, education and rehabilitation. Youth detention centres are institutions dedicated to juvenile delinquents who have committed a punishable criminal offence, who display a high degree of demoralisation, and with regard to whom other measures (specified in the Act) are ineffective.

researchers have been trying to identify the factors which determine whether someone functions well or very well in unfavourable conditions. A classic example of such a research is 40-year study carried out by Werner et al. on the island of Kauai. The respondents were 689 children born in 1955. Their individual development was studied at the time of their birth and at the age of 1, 2, 10, 17/18, 31/32 and 40 years, with regard to biological, psychological and social risk factors, stressful life events, and protective factors. Most children from the studied group were susceptible to risk factors and developed problem behaviour. On the other hand, the characteristics of people who grew up to become competent, responsible and well-adjusted adults became the basis for the analysis of protective factors (individual, within the family environment and further social environment) in a situation of significant social risk (Werner, Smith, 2001).

According to Krzysztof Ostaszewski (2014, p. 72), it is difficult to determine who was the first to use the term “resilience” in the study of factors which allow individuals to overcome adverse conditions for development, and to adjust socially despite negative life experiences. The term appears in source literature published in the 1980s. In Poland the concept gained popularity at the beginning of the 21<sup>st</sup> century. It was first described in detail by Anna Borucka and Krzysztof Ostaszewski (2008).

In scientific literature on *resilience* protective factors are defined as “individual properties, relationships with close relatives, qualities of the family environment and the outside environment, and the effects of interactions of these factors, which can neutralize the negative impact of risk factors, increase one’s general resilience, release energy and processes opposite to those which lead to illness, disorders and maladjustment” (Ostaszewski, 2009, p. 32). In considerations on the mode of action of protective factors we take into account three hypothetical models.

It is assumed that protective factors neutralise the impact of risk factors (compensatory model), react with conditions and negative experiences undermining their significance (protective model) or immunise individuals, preparing them for difficult situations and challenges (inoculation model or challenge model) (Garmezy et al., 1984; Fergus, Zimmerman, 2005). Moreover, there are two dominating perspectives of understanding and defining *resilience* in the source literature: process oriented (*resilience*) and trait oriented (*ego-resilience*). In the trait oriented approach ego-resilience is identified as a set of individual traits, which reflects general resourcefulness and strength of character, as well as flexibility of functioning in response to changing conditions (Luthar et al., 2000; Opora, 2010). In the process oriented approach *resilience* is defined

as “overcoming the effects of negative exposure to risk, avoiding trajectories increasing risk, successful coping with traumatic experiences” (Wang et al., 2015, p. 335). A key condition in this approach is the simultaneous presence of risk and protective factors.

Protective factors contribute to the achievement of positive results through decreasing or eliminating negative impact (Fergus, Zimmerman, 2005). This distinction is important from the point of view of the author’s own studies, in which *resilience* is defined according to the process oriented perspective. Also, noteworthy is the remark made by Ostaszewski (2008), that the term “protective factors” should be applied to people belonging to higher-risk groups i.e. those with numerous adverse conditions. On the other hand, people from moderate or low-risk groups are affected by factors which foster development (welfare factors).

It should be noted that a review of studies devoted to *resilience* entitles researchers to group factors which protect and support individual development into the following categories: individual, family, local community, culture, society (Masten, 2001). The article will focus on protective factors and risks which researchers place in the family environment.

The analysis of the scientific literature shows that family factors which protect and support a child’s development include, above all, a stable home environment. This means: a harmonious relationship between parents, close and strong bonds with an affectionate and sensitive caregiver, a non-authoritarian style of bringing up children, positive relationships with siblings, maintaining relationships with more distant family members, and their emotional support. Protective factors also include: parental involvement in children’s education, good socio-economic status of the family, at least secondary education of father and mother, as well as faith and belonging to a specific religion (Masten, 2001; Werner, Smith, 2001).

Some conclusions provide knowledge on more detailed properties of factors protecting child development in the face of negative life experiences, such as alcohol abuse in the family. A review of protective factors in such families was conducted by Wioletta Junik (2012). She mentions factors supporting child development in all life situations (e.g. stable models of behaviour in everyday life, positive emotional bonds, open communication), as well as factors which – according to researchers – are “effective” in case of children whose parents are addicted to alcohol. The main factors are for example: restricted contacts with alcoholic parents, higher education of parents, later occurrence of alcoholism in the family or parent gender.

Risk factors are defined in scientific literature as “measurable traits in a group of people or situations, based on which it is possible to predict negative results” (O’Dougherty Wright et al., 2013, p. 17) (translator’s note: own translation). Studies also demonstrate that the impact of one or two risk factors does not display a significant influence on children’s behaviour. However, their accumulation (three or four factors) may result in disorders in development (Forehand et al., 1998; Loeber et al., 1998), thus contributing to social maladjustment. Bearing in mind the aim of own studies it should be stressed that among risk factors in the family scientists primarily list mental disorders, poverty, crime, divorce, incomplete families, hostile atmosphere, low level of education among parents, having many children, and serious marital conflicts (Loeber et al., 1998; Werner, Smith, 2001).

In Polish scientific literature devoted to social rehabilitation of minors the usefulness of this concept for pedagogy was indicated by i.a. Robert Opora (2011) and Irena Mudrecka (2013; 2015). The value of the resilience concept in rehabilitation pedagogy consists in the fact that apart from identifying risk factors (personal and environmental traits), which predetermine the occurrence of disorders, one draws attention to factors which protect individuals from the escalation of demoralization (e.g. Wysocka, 2016) or which possess preventive values (e.g. Mudrecka, 2013, Michel, 2014). Thus, social rehabilitation pedagogues seek such properties in individuals and their social environment which neutralise the negative impact of risk factors, release energy and increase resilience.

It should be stressed that most empirical studies based on the concept of *resilience* are quantitative (e.g. Ostaszewski et al., 2008, 2009, 2011; Zara, Farrington, 2010; Van Rensburg et al., 2015; Muntean, Cojocaru, 2016). This means that their authors posit a set of factors and disordered behaviours, which are determined as important in the course of statistical analysis.

In studies where quantitative strategy is applied, it is difficult to show the processual character of the activity of risk and protective factors, and their impact on development or ways of overcoming life difficulties by adolescents in a longer perspective. Convincing conclusions can be found in longitudinal research, with very rigorous methods of sample selection. However, to a limited scope and degree, quantitative studies allow us to reconstruct the configuration of protective and risk factors, just as these are revealed in people’s individual experiences. Such possibilities are largely provided by qualitative biographical research.

## **Methodology of Own Research**

The interpretative paradigm and the strategy of qualitative research are the cognitive perspective (Rubacha, 2008, Urbaniak-Zajac, Kos, 2013). The main research question was: What (risk and protective) factors occur in individual biographical experiences of women, institutionalized in social rehabilitation centres in their adolescence? Additionally, two detailed questions resulting from the main issue were raised:

1. What configurations do risk and protective factors assume in the individual experiences of the studied women?

2. What value do risk and protective factors assume in the social readjustment process of young women, in the perspective of their individual biographical experiences?

The author used the individual case method, and the autobiographical narrative interview technique by Fritz Schütze. The methodology of conducting interviews, as well as the ontological assumptions and analytic procedure are well described in scientific literature (Kazmierska, 1997; Schütze, 2012a; Urbaniak-Zajac, Kos, 2013). The value of the autobiographical narrative interview lies in the fact that it allows us to show the processual character of social phenomena. Using it, we can track the respondents' life experiences, as well as various changes which occurred inside them, such as emotional states or identity projects. The interview allows us to collect data on particularly difficult life experiences, because it is the respondent – and not the researcher – who steers the interview, and it is his/her choice what topics to cover and how to develop them. The researcher is responsible for creating conditions for a free narrative, and for formulating questions only at the end of the main part of the interview. The respondents were encouraged to present their narrative in the following way:

I would like you to tell me your life story. I'm interested in what was happening in your life during childhood, adolescence, your stay at the rehabilitation centre, in the period after leaving the institution, up to the present. Mention all the events which you deem the most important in your life. Do not omit any details. I would like the story to be as accurate as possible. I will not ask you any questions. I will only listen carefully, and occasionally make notes. I will only ask you several questions after you have finished.

With the narrators' permission the author recorded the interviews and prepared transcripts. The contents of the transcripts were coded using the

content analysis method, while analytical codes were entered in accordance with the *resilience* concept.

The presented empirical material constitutes a fragment of broader research on protective and risk factors in the experiences of women, who were institutionalised in their youth. The research was conducted in Poland. The respondents were over a dozen women at the age of 21 years or older, who were placed in rehabilitation institutions in the past (in accordance with the Act on juvenile delinquency). Up until the interview the women had not been subject to formal social control. The age limit of 21 means that for, at least, three years the women were not institutionally supervised, and were also outside formal social control.

Analysis of empirical material shows that all women – former wards of social rehabilitation centres – were brought up in dysfunctional family environments. They faced an accumulation of factors described by *resilience* researchers as “risk.” These factors vastly outnumbered protective factors, and thus constituted the grounds for placing the respondents in social rehabilitation institutions. Two cases, Anna and Ewa, were selected for the purpose of this article. The narrators’ names were changed, in accordance with the principles of anonymity in narrative interviews.

The two cases were selected based on the fact that their biographical experiences are a perfect illustration of the “non-universality” of risk and protective factors in the family of origin. In the biographies of both women we find such events as: the death of the father, instrumental parentification, and close relationship with more distant family members. However, in the chain of life experiences these events had a completely different value for the respondents, from the point of view of demoralisation and social adjustment.

### **The Fate of Both Narrators From the Moment of Birth Till Placement in Rehabilitation Institutions**

The interviews conducted with the narrators focused on the course of their entire lives. However, the article presents just one area of their functioning. Their later lives, after leaving the rehabilitation institutions, went on in many different ways.

### **The Case of Anna**

Anna is born as the youngest child in the family (she is raised in a rural area). She has two younger sisters and one stepbrother. At the time of Anna’s birth

her mother suffers from complications which results in a long illness. The girl's father abuses alcohol and is violent towards the family. When Anna is 10 years old, her mother dies. Soon after the mother's death, Anna's sisters move out leaving her alone with her alcohol abusing and violent father, who is under the custody of a probation officer. Her older stepbrother left the family much earlier. Anna learns to become self-reliant in everyday life. She works hard around the house and the farm. She is helped by kind people from the village (two sisters of her father and his friend). Anna's education is not a big problem, though one time she has to repeat a school year in elementary school. She continues her education in a vocational school (she learns sewing). When she is in first grade her father dies (Anna is 16 at the time). For a short period she lives alone in her family house and she does well. Then she moves to a school dormitory. Anna's sister wants to ensure that she is under "proper care" and places her (by court decision) in a youth fostering centre.

When conducting a detailed analysis of the interview, adopting the *resilience* concept as the theoretical basis for interpretation, it is easy to identify numerous risk factors and fewer protective factors in the family of origin.

### **Risk Factors in Anna's Family of Origin**

The analysis of Anna's experiences allows us to determine that the dominating risk factor in her life was her **father's alcohol abuse**. His drinking resulted in **numerous conflicts between the parents**. Some of them were very drastic (e.g. throwing family members out of the house, the father's attempts to burn the mother). Some of the brawls also resulted in police interventions. Another risk factor revealed in Anna's narrative is **lack of parental care**. Both the mother and the father were virtually absent in crisis situations, in which a small child requires intensive support. Anna's mother was ill since Anna's birth, and was in hospital more frequently than at home. Her father's life focused mainly on alcohol.

When Anna was 10 her mother died. This resulted in another risk factor, i.e. **growing up in an incomplete family**. The analysis of the narrator's experience reveals that her mother's death resulted in a series of further losses. Her sisters moved out soon after the death. The girl felt abandoned and alone. This is how she speaks of it:

My mother's body was still warm, as they say, when my sister got married. She wasn't interested in the fact that I'm younger, that I'll be left alone with my father,

the way he is, ... in helping, whether I have anything to eat, whether I manage at school, ... no. The other sister, moved to S. half a year after mum's death. She also left me. I have a stepbrother who is 16 years older than me, which is a lot. He was living on his own in S. for a long time before that, so he cut himself off completely. I had to manage. There were better and worse moments, because you just have to cope with various situations, pleasant and unpleasant ...

An additional risk factor in Anna's experiences was her **great fear** of her intoxicated father. This fear was further reinforced by the fact that drunken parties were often held at her home. The girl was left alone with her alcohol abusing father. She was afraid of him, especially when he was drunk. The narrator provides the following account:

It's about the house, father's company. It was unpleasant, because he had his friends come around. This was unpleasant for me.

The girl was looking for a shelter. As a small child she used to sleep in utility rooms:

I had to sleep in attics and sheds. I was afraid (...).

As a small child Anna worked very hard, well beyond her strength. Her **authoritarian father** considered forcing her to work as an education method. This is how Anna describes it:

(...) it wasn't a childhood like children have now (...) Back then you had to go out into the field, young people would spend time by the river during the holidays, but I couldn't or I would get beaten or threatened with a hatchet, so I had to do what I was told. You couldn't just sit around ...

The consequences of the **hard work** she did during childhood can be felt to this day. They left physical marks and on her body, not allowing her to forget about her difficult childhood:

(...)when father said something you had to do it ... Calluses, now my son laughs sometimes and asks 'mom, what's that,' and I tell him I have had these calluses since childhood, from the pitchfork I used to throw manure around, and it didn't matter that it hurt or that I wanted to talk to a friend, because I'd get hit ... That's

the way it was, it doesn't matter that it hurts, go out in the field and that's that. No argument.

Researchers sometimes indicate a **large family** as a risk factor (e.g. Loeber et al., 1998). This factor is also revealed in the life of the narrator. However, a factor which is rarely described in scientific literature is **birth order**. Some researchers place it in the group of protective factors, under the condition that an individual is the oldest sibling (cf. Junik, 2012, p. 39). Anna was the youngest child, she had two sisters and a stepbrother. When her mother died she became "no one's child," as well as "**the youngest and only child** in the family." She has no younger siblings whom she could take care of. She does not experience care from her sisters or stepbrother. Given the **lack of any support from the immediate family** she has a sense of being left alone and abandoned. Her father's **ambiguous sexual behavior** was an especially threatening risk factor for her development. His alcohol abuse and numerous acts of negligence resulted in **probation officer supervision**. However, this supervision was ineffective. The father camouflaged his negative actions. What is more, he was frustrated by the control and vented that frustration on his daughter. This is what Anna herself has to say:

(...) there was a probation officer, father had one ... but I was in deep trouble at home. I was beaten for looking at him the wrong way, that's how he vented his anger ...

### **Protective Factors in Anna's Family Environment**

Arguably, one protective factor in Anna's family environment was **maintaining relationships with distant family members** – in this case her father's sisters. At home Anna performed tasks well beyond her age. Her father burdened her with great responsibilities. Because of this the girl quickly learnt tasks characteristic for an adult. In her narrative she devotes a lot of space to her "peculiar resourcefulness." She recounts:

I could manage on my own, I could ... I remember the first time I got a beating and he tells me ... I often laugh and tell my son this story ... He told me to make some soup, so I told him I would make him tomato soup ... I was small, I could have been ten or eleven ... his two sisters lived nearby. I went to one of them ... I asked my aunt to tell me, because who else could tell me ... and she told me to

pour some rice into a small pot ... and it was thick..., you could cut it with a knife, but I got the hang of it ... Father didn't hit me then, I can't say that he did, because it was thick ... I just didn't get anything. The most important thing was that it was prepared, no matter how. I got it later, that if it was too much, I should add less ... And then I asked about pancakes ... And when I prepared them I could kill someone with them, it was all too thick ... These were small lessons for me. It was a school of life ...

Anna herself calls this experience a “school of life,” whereas in scientific literature this phenomenon is defined as **instrumental parentification** (Pasternak, Schier, 2014). Another factor which Anna experienced as a protective one was her **father's death**. It is a paradox, for the death of a parent should normally be analysed from the point of view of a risk factor. However, an analysis of her life experiences shows that it was a positive factor in her life. It marked the end of a cycle of humiliation and violence, which she experienced because of him. This is the narrator's account:

I was so relieved, I was literally so relieved ... my soul was relieved that no one would persecute me anymore, no one would insult or embarrass me ... Then I felt guilty, but at first I was happy ... I just had enough ...

### **Ewa's Life Prior to Being Placed in an Institution**

Ewa is born as the first child (she is brought up in a small town). She is her “father's princess” (he is a strong and handsome man, who adores her). The mother and the father are a harmonious family. Two years after her birth her brother is born. Ewa goes to kindergarten. When she is 6, her father dies. At the same time she begins her school education. The girl's mother suffers from depression. The girl has a good, though sporadic, contact with her (maternal) grandfather, who lives with her uncle.

When Ewa is 9 her mother gives birth to her stepbrother. The girl assumes the responsibilities of her mother (she takes care of her younger brother), and begins to attend school irregularly. Soon she resorts to truancy. She usually stays at home, but sometimes she spends time by the river with her friends. She starts smoking.

Although – according to her account – she never had problems with learning, she is not promoted to the 7<sup>th</sup> grade due to her absences. Ewa's mother was under the custody of a probation officer. When the girl is 12, her mother is deprived of

parental custody. The girl once runs away from home. Finally, at the suggestion of a psychologist and pedagogue, Ewa is placed in a youth fostering centre.

### **Risk Factors in Ewa's Family of Origin**

The analysis of Ewa's life experiences allows us to determine that the **death of the father** is a very important risk factor. The man died when she was 6 years old. This event influenced the rest of her life and activated many other risk factors in the family (her mother's health issues, lack of resourcefulness on the part of the adult caregiver, financial problems).

The death of the father results in the family becoming **incomplete**. The narrator's experience of her parent's death is particularly negative. A large part of her attention is devoted to this event, which she describes as especially painful. She clearly places it in the sphere of significant life losses, which had an adverse effect on the course of her biography. Interestingly, she remembers the details of the last moments of her father's illness, while recounting nothing of the period after his loss (from January to September)

The next risk factor which was revealed in Ewa's narrative is her **mother's illness**. The girl's mother could not cope with the role of a sole parent. She suffered from depression and stopped taking care of the house, the children, and basic everyday issues. Due to numerous acts of negligence with regard to her children, Ewa's mother was placed under the custody of a **probation officer**. However, this did not have a significant influence on the proper fulfillment of her educational functions. As a child Ewa experienced **numerous acts of negligence** in the form of **lack of proper care and support from her mother**. The mother's passiveness is perceived as the cause of the general disorder, poverty and disorganization of everyday life. The narrator recounts:

(...) mum ..... did not take care of the house at all, it was a terrible place ..., it was cold in winter, cold water, water was only in the corridor, so it was sometimes frozen water in a basin, bread with mustard, it was horrible ... (...) just a passive mother, who sat, knitted, drank coffee, smoked, there was filth and stench all around, the toilet ... which was outside, a wooden cabin, in the house there were buckets filled with litter, a small child won't clean that up, it won't manage, won't lift it ..., I tried ...

Ewa's mother did not provide proper material care, thus exposing her children to **poverty**. She never filed for alimony from her children's biological

fathers who did not provide for their offspring. A risk factor which can be found in the woman's narrative is **a large family**. Ewa has two brothers (including one stepbrother) and one stepsister.

The analysis of her life experiences revealed another risk factor, i.e. **lack of help from the mother's siblings**. Distant family members did not help their sister and did not react to the harm done to the children. Ewa recounts:

(...) there were five of them, and I still can't understand why none of them gave my mother a helping hand, I just don't know ... (...) I sometimes went to my aunts and uncles to borrow money for bread, but none of them ever showed interest, none of them helped or came to check whether the children had anything to eat ...

### **Protective Factors in Ewa's Family of Origin**

Ewa **grew up in a stable home environment** until the age of 6, which arguably constitutes a protective factor for the girl. This experience is very important in the narrators life, and the high level of consciousness of its presence attests to its protective impact.

These first years of my life, I think ... they are the most important thing, something that you can rebound from, that gives you strength, and I think I got that from my mum and from my dad in those first years of life.

Another protective factor is **experiencing a close relationship with a caring and sensitive caregiver**, and her father undoubtedly was that figure. This equipped her with a sense of self-worth and gave her energy for her entire life. The significance of this protective factor can be seen in Ewa's emphasis that everyone in the family was envious of her relationship with her father. According to the narrator :

(...)I was the apple in my daddy's eye, I was his princess, and my family still reproaches me a little for being the most important person in my father's life.

The analysis of the woman's life experiences shows that **religion** was also an important protective factor. The narrator grandmother, whom she liked spending time with, was a deeply religious person. She has positive recollections of some religious rites, i.e. participating in a mass, which are inextricably connected with her grandmother's presence. Being in a religious group and

participation in religious practices with her grandmother became a protective factor.

(...) faith was present at all times, my grandmother was a deeply religious person, she cared deeply about all the sacraments, held them in such high regard, wanted me to go to church on Sunday. Grandmother didn't live with us, she lived at the other end of the town, but she was always such a warm, supportive person. We would arrange to meet on Sunday at some hour, I can't remember, I think she attended the Holy Mass, during the mass she would sit under the place where the sermon was delivered, it's called the pulpit or something like that, and I used to stand there next to her.

Similarly to Anna's case we can see **instrumental parentification**. The woman assumed the responsibilities of a parent, as she was the **oldest child in the family**. However, she was only 9 at the time. She recounts:

(...) when I was 9 my mum gave birth to my stepbrother, and as I assumed the responsibilities of my mum, as it happens with small children who are uncared for, I also took care of him ... (...)I was a child, so I tried, probably clumsily, to provide for my brother, because I had a brother, I., who was two years younger than me, and X. who was nine years younger than me, but when I was about nine I knew perfectly which social worker could get me some coal, and which one could give me food stamps. Mum just signed the papers, someone came with documents, and mum signed them.

Most risk factors revealed in the narratives of both women were independent from them and beyond their control. In their families of origin they clearly experienced disorder in everyday reality, which is a characteristic trait for the processual structure that is the trajectory of suffering (Schütze, 2012b; Urbaniak-Zajac, Kos, 2013).

### **Configurations of Protective and Risk Factors in the Lives of the Narrators**

The protective and risk factors listed above assumed various configurations in the narrators' lives. For the purpose of clarity they are presented in a life-line.

We notice clear disproportions in the number of risk and protective factors in the narrators' families of origin, with a significant dominance of risk

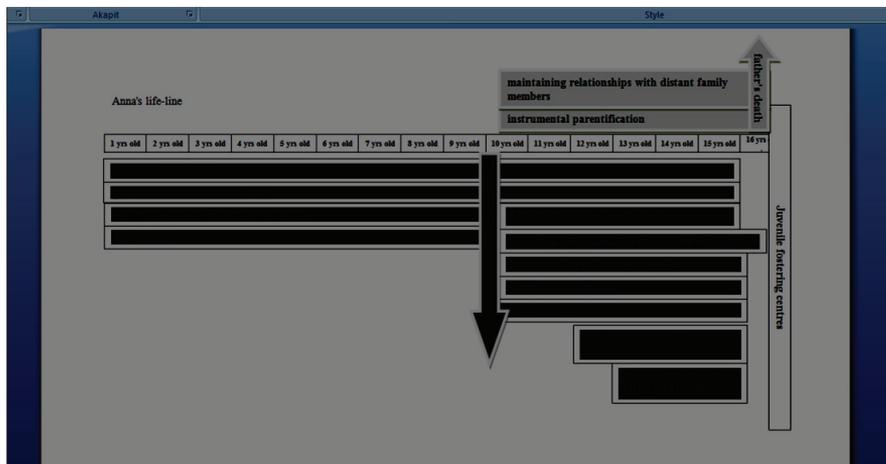


Fig. 1. Anna's life-line, taking into account risk and protective factors

Source: Author's study.

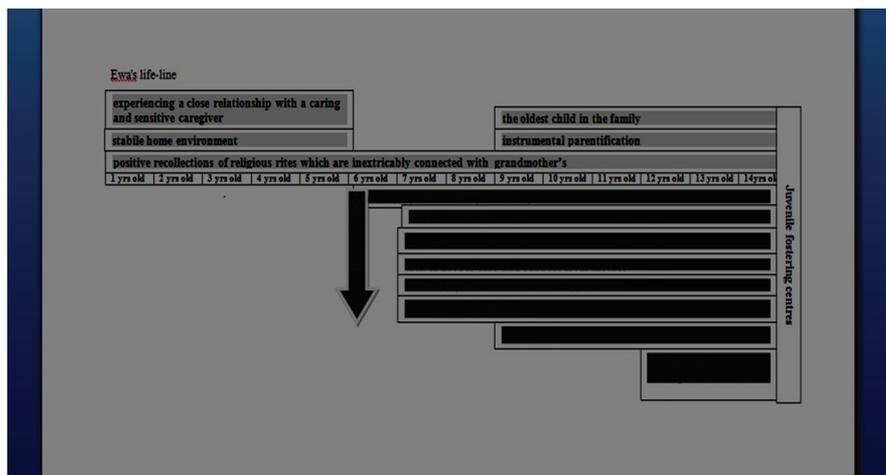


Fig. 2. Ewa's life-line, taking into account risk and protective factors

Source: Author's study.

factors. In both cases one could state that the configurations of factors indicate accumulated risk, as the narratives include many factors, which are described in literature as unfavourable from the point of view of children's psychosocial

development. Instrumental parentification is described in literature as an unfavourable factor. However, in cases of accumulated risk it assumed positive value for the narrators. The fact that most of these factors occur multiple times or even constantly seems to constitute a particular risk in the biographical experiences of both women (O'Dougherty Wright et al., 2013).

### **Risk or Protective Factor Values in the Perspective of Individual Life Experiences of Young Women**

It should be noted that the same factor (death of the father) in the perspective of the narrators' biographical experiences had a different significance. In Anna's case it can be seen as protective while in Ewa's case its character was particularly negative. This is connected with the fact that they were different fathers, and the quality of emotional bonds which characterised them was also different.

Anna's father abused alcohol and was violent towards his daughter. Ewa's father was a caring person who made her feel important. In the woman's biography the father is a (lost) life hero. The experience of his loss is indicated as a primary reason for the difficulties and failures in her life, and in the life of the family of origin. From the point of view of *resilience* experiencing the death of the father in the cases of these women is interesting, as it constitutes specific evidence that the death of a parent should not be analysed as a strictly positive or negative factor. The value of this factor depends on the relationship between a child and a parent. Revealing the ambiguity of the death of a parent can only be done through deep analysis. Qualitative research provides such an opportunity. What is risky for one person (the death of Ewa's father) may not be the same for the other (death of Anne's father).

Another factor worth looking into is maintaining relationships with distant family members. In Anna's case this factor was unambiguously protective, whereas in Ewa's experience it was negative. Thus, it is not possible to determine whether relationships with distant family are unequivocally protective or risky. Everything depends on the force, type and intensity of various factors, and on the expectations of people in difficult life situations. Anna expected help in learning e.g. how to cook, and received this help from her aunt. Ewa wanted interest and general support from relatives – especially for her mother. She also expected relatives to take interest in her and her siblings' lives. Unfortunately, she did not receive this support. Her relatives lent her money for food only when she asked for it. Her mother's siblings never displayed interest in helping their sister's children. This proves that the interpretation of factors requires a subjective approach.

## Conclusion

The analysis of the narrators' life experiences revealed numerous factors which had a negative impact on their development (risk factors). These included factors which are often listed by researchers studying *resilience* (fathers' alcohol abuse, lack of parental care, death of the mother, death of the father, illness of the mother, being brought up in incomplete families, fear of an intoxicated father, an authoritarian father, being the youngest child in the family, lack of support from immediate family members – “no one's child,” ambiguous sexual behavior, ineffectiveness of probation officers, working beyond one's ability, conflicts between parents, numerous acts of negligence, poverty, large family, lack of support from distant relatives).

The author also lists protective factors in the families of the studied women, such as maintaining relationships with more distant family members, instrumental parentification, death of the father, stable home environment, experiencing a close relationship with a caring and sensitive caregiver, belonging to a religious community, being the oldest child in the family. Interestingly, some factors which were protective for one woman, were adverse (risky) for the other, from the point of view of coping with life difficulties and social adjustment. Quantitative research provides limited insight into such dependencies, whereas in qualitative research, owing to a more profound analysis of biographical experiences, such differences can be observed.

The author also reveals that a specific factor within a family environment cannot be unequivocally identified as risky or protective, for its value depends on configuration, experiences, and on the quality and force of a given factor. The analysis of the narrators' life experience allows us to conclude that the same factor (in the case of the respondents it was the death of the father) can be positive for one person, and have a negative influence on the life of the other. Own studies also show the ambiguity of the support from distant relatives factor. It is protective when the experienced support is anticipated, and risky when relatives do not undertake anticipated action, despite the ability to do so.

Interestingly, instrumental parentification, which is described in literature as adverse for children (Pasternak, Schine, 2014; Schine, 2016), was protective for both narrators, and attested to the fact that both girls actively tried to cope with their traumatic childhood experiences. This phenomenon assumes particularly positive significance in the perspective of biographical experiences of one's entire life. The narrators are also highly conscious of this factor. One of them refers to it as a “school of life.”

Of course, the problem of ambiguity and inability to ascribe constant value (risky or protective) to particular factors, as signalled in the article, has already been discussed in scientific literature. The fact that a given factor can trigger different processes was indicated, among others, by Michael Rutter (2006). The author's study confirms the importance of an individual approach to the assessment of factors. This was particularly indicated on the example of two factors, i.e. the death of a parent, and maintaining relationships with more distant relatives. While these factors are usually placed in the risk and protective group respectively, the author's research shows that they can't be ascribed unambiguous value.

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