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PARENTIFICATION AND PERSONALITY INTEGRATION AND MENTALIZATION ABILITY IN ADULTS FROM FAMILIES WITH ALCOHOL USE DISORDERS AND FROM FAMILIES WITH CHRONIC SOMATIC DISEASE

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Summary

Objective: The aim of the research was to answer the question about the association between the intensity of parentification and the level of personality integration and mentalization capacity in individuals from families with alcohol use disorders and from families in which one parent had a chronic somatic disease. The level of personality integration is taken as an indicator of mental health. It was assumed that individuals from both groups have similar levels of personality integration because their parents experienced significant limitations in adequately performing parental roles but significantly differed in their ability to mentalize their own actions and function in the social relationships of others.

Group and method: The group of respondents included 35 adults from families with alcohol use disorders and 30 from families with a chronic somatic disease. The study was conducted online. The following tools were used: Children of Alcoholics Screening Test (CAST) (Pilat, Jones, 1985, Polish translation: *Test dla dzieci z rodzin z problemem alkoholowym*, Hołda, Janus, Kaleńczuk, 2021), Filial Responsi-

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bility Scale for Adult (FRS-A) (Jurkovic, Thirkield, 1999, Polish adaptation: *Skala synowskiej odpowiedzialności dla dorosłych*, Publicewicz, Oleszkowicz, 2020 and own translation, 2021), The Mentalization Scale (MENTS) (Dimitrijević, Hanak, Dimitrijević, Marjanović, 2018, Polish adaptation: *Skala mentalizacji*, Jańczak, 2021), Short Self-Report for the Assessment of DSM-5 Level of Personality Functioning for Personality Disorders: The Self and Interpersonal Functioning Scale (SFS) (Gamache, Savard, Leclerc, Côté, 2019, Polish adaptation: Łakuta, Ciecuch, Strus, Morey, 2022).

Results: Individuals from families with a somatic disease and those from families with alcohol problems were found to differ in the intensity of parentification and its dimensions, as well as in their sense of injustice resulting from having to take on the parental role in the family. They show similar levels of personality disintegration (with the exception of identity disorders) and mentalization abilities. In both groups, individuals show a higher ability to mentalize other people's mental states than their own. The predictors of the personality disintegration level across the study group were found to be the overall mentalization capacity and the sense of injustice in the past.

Conclusion: The compared groups of adults from families with alcohol use disorders and a chronic somatic disease differed in the intensity of various aspects of parentification and the sense of injustice resulting from having to take on the parental role in the family. Predictors of the personality disintegration level across the study group turned out to be the overall mentalization capacity and the sense of injustice in the past.

Key words: parentification, personality integration, mentalization, family with alcohol use disorder, family with a somatic disease

Introduction

Parentification is often defined as the phenomenon and process of children taking over parental tasks, which often has serious consequences for their psychosocial development, including, above all, identity formation and other personality qualities (Grzegorzewska, 2016; Żarczyńska-Hyla et al., 2016). Gregory Jurkovic (1997) identified various criteria for determining the degree of parentification destructiveness (e.g. its duration, the type of demands placed on the child in relation to his or her abilities, the degree of coercion to assume the position of caregiver), and considered the most important of these to be the level of experienced justice during the exchange between child and parents. Theoretical considerations and research results on the consequences of parentification have made it possible to distinguish the following: destructive parentification, which is the result of children being burdened with an excessive number of obligations incommensurate with their level of maturity and often, incompatible with the cultural norm of the environment in which the family lives, and adaptive parentification, concerning children who are burdened with obligations that do not significantly exceed their developmental capabilities; moreover, they are of a temporary nature and are often caused by current critical events in the family. Thereby, these experiences do not necessitate the suppression

of many children's needs, especially security and bonding, and therefore do not significantly affect the process of personality formation. The situation is different with children subject to destructive parentification, as its most serious consequence may be the experience of severe parental care deficits, which bears the hallmarks of developmental trauma. This type of trauma influences the occurrence of difficulties for the individual to achieve personality integration, especially concerning the sense of identity and social relations, as well as in the capacity for mentalization (Kernberg, Caligor, 2005; Caligor, Clarkin, 2013).

According to Erik Erikson's concept (1959/2004), identity consists, among other things, of meaningful identifications and internalized roles performed by an individual. Thus, if a child or a young person permanently assumes the tasks and functions of a parent in the family, he or she may develop a conviction of self-efficacy or, conversely, a sense of complete helplessness. The child's sense of own helplessness is most often experienced in two situations of parentification: firstly, when his or her developmental capacities are too small in relation to the size of the tasks entrusted to him or her, and secondly, when he or she tries to influence a change in the well-being and behavior of parents and/or siblings (Cierpiąłkowska, Grzegorzewska, 2016; Grzegorzewska, 2016). For example, a child is doomed to fail when he or she focuses his or her efforts on "healing" a depressed mother in a family with alcohol problems or a father suffering from a chronic somatic disease. Failure to achieve such a goal often becomes a source of endless feelings of guilt and helplessness. In contrast, when a young person achieves success in the parental tasks undertaken (e.g. in caring for siblings), then, on the one hand, the excessive burden of responsibilities hinders him or her from initiating the activity of exploring self, others and the world; on the other hand, it becomes a source of pride and a sense of (over)efficacy (omnipotence). Experiencing pride and efficacy can influence assuming the given identity (e.g. the miracle carer, the "little adult") and the value system that sustains and perpetuates this identity (Fullinwider-Bush, Jacobvitz, 1993; Borchet, Lewandowska-Walter, Rostowska, 2018). Katarzyna Schier (2014, p. 145) noted that if parents project their own feelings onto the child, thus regulating their emotional states, the child becomes, as it were, an "external part" of them through identification. As a consequence of these processes, a child, and later a young person, not only cannot develop his or her own identity, but often has difficulty in clearly defining the boundaries between Self and Not-Self (parent). This results, among other things, in difficulties distinguishing between one's own opinions and needs and those of the loved ones, and in an excessive tendency to mentalize other people's states, while at the same time finding it difficult to mentalize one's own intrapsychic states. According to Otto Kernberg (1967; 1994), a differentiated and coherent sense of identity is one of the key aspects of an individual's high level of personality organization (the opposite is true for severe personality disorders).

Results from a number of studies indicate that one group of people who frequently experience parentification, includes children from families with alcohol use

disorders (e.g. Chase, Deming, Wells, 1998/2007; Godsall et al., 2004; Kelley et al., 2007; Pasternak, Schier, 2012). The unpredictability of situations at home (Burnett et al., 2006), the accumulation of stressful and traumatic events (Cierpiałkowska, Grzegorzewska, 2016), and the avoidance of openly expressing one's observations, judgments and emotions (Wegscheider-Cruse, 2000) are phenomena that often lead children to take on the role of family caregivers. They initiate the action of trying to bring into the family a substitute for the care and concern they themselves never received. Difficult situations experienced by children from these families can result in a variety of emotional and social problems or difficulties in achieving a level of cognitive development appropriate to their innate abilities. Importantly, these experiences also have an impact on their adult life, where they experience difficulties in assuming certain social roles (e.g. starting a family or having a child), defining their professional career and establishing satisfactory interpersonal relationships (Chase, Deming, Wells, 1998; Godsall et al., 2004; Cierpiałkowska, Grzegorzewska, 2016).

A second, perhaps less well-studied, group that appears to be particularly vulnerable to parentification consists of children from families where parents have a chronic somatic disease. Andrzej Potemkowski and Anna Ratajczak (2017) noted that young people raised by an ill parent report a greater sense of burden with responsibilities than their peers. It is not uncommon for children caring for sick parents to help not only their siblings, but also their father/mother to complete the most basic activities of everyday life. This results in a lack of time to study and play, interact with peers or learn, which is associated with social isolation, school problems, depression and low self-esteem, among other things (Department of Health, 1999, cf. Frank, 2002; Sunderland, 2019). Furthermore, the conflict between one's own needs and those of the parent can create feelings of guilt, especially in the context of the child's fear of the possible death of the ill parent (Becker, Evans, 2009). In addition to mental health problems, young caregivers also suffer from physical ailments, such as back or abdominal pain (Dearden, Becker, 2000, after Sunderland, 2019). Although some children see caring for an ill parent and sibling as a source of pride and a sense of empowerment, such a state of affairs involves denying their own desires for care and a sense of security.

The research project assumes that this fact constitutes one of the main differences between the experiences of children from families with alcohol use disorders and children from families with a chronic somatic disease. The presence of alcohol dependence in one or both parents is usually a family secret, maintained through a "conspiracy of silence", both within and outside the family system (Wegscheider-Cruse, 2000). This conspiracy is supposed to "protect" family members from feelings of shame and fear of social ostracism. Meanwhile, a somatic disease seems to arouse greater social sympathy and benevolence, as the environment generally recognizes the suffering of parents and children. The acceptance and sympathy of the environment enables children from these families to receive greater support and recognition for their bravery and merit in maintaining the well-being of the family.

The above assumptions underlie the research project, which posed two main research questions: (1) whether adults from families with alcohol use disorders differ from those from families with somatic disease in terms of the intensity and profile of different aspects (past and present) that comprise parentification; (2) whether there is a relationship between the intensity of parentification and its aspects (past and present) and the mentalization capacity and mental health, understood as the level of personality integration/disintegration. It was hypothesized that individuals from families with a somatic disease experienced lower levels of emotional parentification and a sense of injustice resulting from having to fulfill parental tasks, and higher levels of instrumental parentification than adult children of parents with alcohol use disorders.

Method and groups of subjects

Subjects

The subject groups included 35 people from families with an alcohol problem (83.3% of whom were women) and 30 people whose parent had a somatic disease (74.4% of whom were women) (cf. Table 1, 2).

Table 1. Subjects from families with alcohol problems – descriptive statistics

<i>N</i>	Gender (%)	Age (<i>M</i>)	Education (<i>Me</i>)	Marital status (<i>Me</i>)	Place of living (<i>Me</i>)
35	83.3% <i>F</i> 16.70% <i>Ma</i>	24.66	secondary	single	city > 100 th.

Legend: *N* – number of subjects, *F* – female, *Ma* – male, *M* – mean, *Me* – median.
Source: own elaboration.

Table 2. Subjects from families with somatic disease – descriptive statistics

<i>N</i>	Gender (%)	Age (<i>M</i>)	Education (<i>Me</i>)	Marital status (<i>Me</i>)	Place of living (<i>Me</i>)
30	74.40% <i>F</i> 25.60% <i>Ma</i>	24.53	secondary	single, IR	city > 100 th.

Legend: *N* – number of subjects, *F* – female, *Ma* – male, *M* – mean, *Me* – median, IR – informal relationship.
Source: own elaboration.

The groups did not differ significantly in terms of sociodemographic characteristics (the average age of the respondents in both groups was 25 years, the most common level of education was secondary, the most common relationship status

was single, and in the group of people from families with a somatic disease also in an informal relationship, the most common place of residence was a city of more than 100,000 inhabitants).

Research tools

In relation to the research questions posed, the study was conducted on a group of adults raised by one or both parents suffering from alcohol dependence and a group of adults raised by a parent or parents with a chronic somatic disease. *The results of the Children of Alcoholics Screening Test* (CAST) questionnaire (Pilat, Jones, 1985, Polish translation: Hołda, Janus, Kaleńczuk, 2021) were used as a basis for categorizing individuals into the group of adults from families with alcohol problems.

The reliability of the Polish version of the tool is high ($\alpha = .97$) (Pasternak, Schier, 2012). A score of 6 points and above (out of a possible 30) indicates individuals coming from families with an alcohol problem (Robinson, Rhoden, 2017). In contrast, the data collected from the demographic questionnaire were used as the basis for categorizing adults who were raised by somatically ill parents as children.

The Filial Responsibility Scale for Adults (FRS-A) was used to measure the level of parentification (Jurkovic, Thirkield, 1999, the Polish adaptation: "past" – Publicewicz, Oleszkowicz, 2020; "present" – own translation based on the aforementioned translation of the part concerning the past, 2021). The questionnaire consists of six subscales (including 10 questions): *Instrumental Care Giving Scale – Past*, *Expressive Care Giving Scale – Past*, *Injustice Scale – Past*, *Instrumental Care Giving Scale – Present*, *Expressive Care Giving Scale – Present*, *Injustice Scale – Present*. The individual scales reach an internal consistency level of $\alpha = .80$ to $\alpha = .92$. The higher the score, the higher the level of parentification (Kelley et al., 2007; Pasternak, Schier, 2012; Easton, 2016).

The mentalization capacity was examined with the self-reported Mentalization Scale (The Mentalization Scale; MENTS) (Dimitrijevic et al., 2015, Polish adaptation: Jańczak, 2021). The method contains 3 subscales: *Self-Related Mentalization*; MentS-S, which consists of 8 items, *Other-Related Mentalization*; MentS-O, with 10 items, and *Motivation to Mentalize*; MentS-M, with 10 items. The higher the score, the higher the capacity for mentalization. The reliability of both the individual subscales (ranging from $\alpha = .76$ to $\alpha = .77$) and the tool as a whole ($\alpha = .84$) was rated as high (Dimitrijevic et al., 2018).

Mental health has been defined in terms of personality integration – in line with the alternative categorical-dimensional model of personality disorders in DSM-5 (Cierpiałkowska, Górska, 2016; Gałęcki et al., 2018; Gamache et al., 2019) and ICD-11 (Bach, First, 2018). It refers to Otto Kernberg's (1994; Kernberg, Caligor, 2005) traditional structural personality concept, according to which, besides mature personality, three levels of personality disintegration are distinguished: neurotic, borderline (higher and lower level) and psychotic. Their characteristics include such aspects of

personality as stability of the sense of identity, type of defense mechanisms used, nature of the relationship with the object and levels of moral functioning, and ability to test reality. The level of personality integration/disintegration was assessed using the *Short Self-Report for the Assessment of DSM-5 Level of Personality Functioning for Personality Disorders: the Self and Interpersonal Functioning Scale* (SFS; Gamache et al., 2019, Polish adaptation: Łakuta et al., 2022). The tool consists of 4 subscales: *identity*, *self-direction*, *empathy* and *intimacy* (consisting of 7, 5, 6, and 6 statements, respectively). Higher scores indicate deeper personality pathology, i.e. a lower level of personality organization according to Kernberg. Validation studies showed very high overall internal consistency of the tool ($\alpha = .92$) (Gamache et al., 2019).

Research procedure

The study was conducted in 2021. Due to the ongoing COVID-19 pandemic in Poland, the subjects completed the questionnaires online.

Methods of data analyses

SPSS Statistics 27 was used for statistical analyses. The following methods were used to answer the research questions: frequency analysis (to assess the distribution of responses in the sample), Kolmogorov-Smirnov test (to assess the conformity of the variables distribution with a normal distribution), *r*-Pearson test and Spearman's *rho* test (to calculate the correlation coefficient between variables – quantitative and qualitative, respectively), Student's *t*-test (to compare means of quantitative data, samples with homogeneous variance and variables with normal distribution), multivariate ANOVA (to assess the effect of multiple independent variables on quantitative dependent variables, with distributions of all variables approximating a normal distribution and variances within groups being homogeneous) and regression analysis (to predict the co-variance of several variables) (cf. Bedyńska, Cypriańska, 2013).

Results

The measurements of central tendencies for both groups are shown in Tables 1 and 2.

Table 3 shows the results of the Student's *t*-test and means of the subscales of the Adult Filial Responsibility Scale obtained in each of the compared groups. It was found that the overall level of parentification, past parentification, past emotional parentification, and past and present sense of injustice were statistically significantly higher in the group of people from families with alcohol use disorders than in the group of people from families with a somatic disease. The consequences of childhood parentification in the former group are clearly experienced by adults, especially in the emotional sphere in the form of a sense of injustice and harm (Table 4).

Table 3. Measures of central tendency of the obtained test results in individual re-search methods for both groups

Variable	<i>Ma</i>		<i>Me</i>		<i>D</i>	
	PA	PS	PA	PS	PA	PS
CAST						
CAST SUM.	18.37	1.2	18	0	16	0
FRS-A						
PO	29.87	25.63	29	24.92	28.67; 29; 32.50; 37.33	23.83; 28.33
MPP	31.58	25.79	30.67	25.83	27; 30.67	18.67; 23.67; 28.33
MP	28.16	25.48	27.33	24.67	27.33	24.67
PIP	23.14	23	23	22	17	22; 24
PEP	35.57	28.03	34	28	29; 34; 44; 46	22; 26; 22
PSI	36.03	26.33	37	24.5	37; 38	14; 37; 41
IP	21	21.67	21	20	14; 15; 22; 23	18; 22
EP	32.34	30.3	32	29	30; 39	28
SI	31.14	24.47	31	23.5	29; 36	21
SIFS						
Id.D	15.91	12.5	18	12.5	3; 7	11
Self.D	6.89	7.03	6	7	5; 6; 8	7
Em.D	5.4	5.67	5	4	5	4
In.D	6.83	5.73	7	5	20; 18	4
OPD	35.03	30.93	36	38.5	42	22
MENTS						
MENT-S	25.11	25.23	26	24	28	22; 24
MENT-O	39.54	40.03	40	41	40	41
MENT-M	40.91	39.83	41	40; 43	40	40
MENT-SUM.	105.57	105.1	107	107	108; 110	107

Legend: FRS-A – Filial Responsibility Scale for Adults; PO – overall level of parentification; MPP – mean parentification in the past; MP – mean parentification in the present; PIP – instrumental parentification in the past; PEP – emotional parentification in the past; PSI – sense of injustice in the past; IP – instrumental parentification in the present; EP – emotional parentification in the present; SI – sense of injustice in the present; MENTS – The Mentalization Scale; MENT-S – Mentalization toward self; MENT-O – mentalization toward others;

SD		SKE		F		Min		Max		K-S	
PA	PS	PA	PS	PA	PS	PA	PS	PA	PS	PA	PS
CAST											
4.29	1.63	-.05	.99	-.98	-.49	10	0	26	5	.09	< .001
FRS-A											
6.15	5.32	-.2	.4	-.37	-.43	17	16.83	41.33	37	.2	.2
6.78	6.81	-.34	.32	-.33	-.32	16	14	42.67	40.33	.2	.2
6.62	4.45	.09	.67	-.76	0	16	18.33	40.67	36.67	.2	.2
8.24	8.63	.19	.55	-1.01	-.41	10	10	38	41	.2	.07
8.51	7.64	-.22	-.18	-.91	-.56	17	12	49	41	.2	.2
8.36	9.85	-.81	.27	.94	-1.3	14	12	50	44	.06	.16
7.2	7.1	.74	.43	.27	-1.1	11	11	41	35	.2	.2
8.21	5.06	-.45	.45	-.12	-.27	13	21	46	42	.2	.03
11	8.03	-.15	.07	-.47	-1.08	10	10	50	39	.2	.18
SIFS											
5.56	4.34	-.73	-.12	-.18	.43	3	3	26	20	.02	.2
3.78	2.81	.48	.6	-.49	.23	1	3	15	14	.2	.15
3.4	3.99	1.62	1.4	4.53	2.96	0	1	18	19	.01	.05
4.57	3.39	.68	.51	-.28	-.31	1	1	17	14	.07	.43
12.33	11.21	.09	.54	.28	-.17	8	13	66	57	.2	.17
MENTS											
5.42	5.41	.19	-.05	-.16	-1.12	16	15	39	34	.2	.06
3.5	5.03	.49	-.73	.09	1.24	34	27	49	50	.2	.2
4.28	5.81	-.81	-.68	1.15	1.01	28	23	48	50	.2	.2
9.75	13.54	-.11	-.58	-.09	1.52	85	66	126	134	.2	.2

MENT-M – motivation to mentalize; MENT-SUM. – overall level of mentalization; SIFS – The Self and Interpersonal Functioning Scale; Id.D – Identity disorders; Self.D – Self-directedness disorder; Em.D – Empathy disorders; In.D – Intimacy disorder; OPD – overall personality disintegration; CAST SUM. – Children of Alcoholics Screening Test total score; PA – people from families with alcohol use disorder; PS – people from families with somatic disease.

Source: own elaboration.

Table 4. The results of the Student’s *t*-test – the mean values of the subscales of the Filial Responsibility Scale for Adults and the results of the analysis of differences between the studied groups

Variable	Subjects in alcoholic families N = 35		Subjects in families with somatic disease N = 30		<i>t</i>	<i>df</i>	<i>p</i>	Cohen <i>D</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>				
PO	29.87	6.15	25.63	5.32	2.95	63	.005	.73
MPP	31.58	6.78	25.79	6.81	3.43	63	.001	.85
MP	28.16	6.62	25.48	4.45	1.94	59.79	.057	–
PIP	23.14	8.24	23	8.63	.07	63	.946	–
PEP	35.57	8.51	28.03	7.63	3.73	63	< .001	.93
PSI	36.03	8.36	26.33	9.85	4.29	63	< .001	1.07
IP	21	7.2	21.67	7.1	–.38	63	.710	–
EP	32.34	8.21	30.3	5.06	1.23	57.54	.226	–
SI	31.14	10.1	24.47	8.03	2.76	63	.008	.69

Legend: PO – overall level of parentification; MPP – mean parentification in the past; MP – mean parentification in the present; PIP – instrumental parentification in the past; PEP – emotional parentification in the past; PSI – sense of injustice in the past; IP – instrumental parentification in the present; EP – emotional parentification in the present; SI – sense of injustice in the present.

Source: own elaboration.

The group of adults from families with alcohol problems scored significantly higher on the identity disorder subscale of the DSM-5 Self and Interpersonal Functioning Scale than adults from families with a chronic somatic disease (cf. Table 5). In contrast, the compared groups did not differ in the overall level of personality disintegration and its other aspects, i.e. impairments in self-direction, empathy and intimacy. This result indicates greater identity dispersion and inconsistencies in the group of adults from families with alcohol use disorders.

The correlation coefficients between parentification and its aspects and the level of personality integration for the dimensions such as: identity disorder, self-directedness disorder and empathy and intimacy disorder are presented in Table 6. It was also found that there are positive correlations between the overall level of parentification, parentification in the past, both emotional and instrumental, parentification in the present and a sense of injustice in the past and a sense of injustice in the present and the overall level of personality disintegration. Positive associations also exist between the level of personality disintegration and parentification and all its elements,

and between self-directedness disorder and the overall level of parentification, parentification in the past, parentification in the present, instrumental parentification in the past, emotional parentification in the past and a sense of injustice in the present.

Table 5. Results of Student’s *t*-test – mean values of subscales of the DSM-5 the Self and Interpersonal Functioning Scale and disorders of identity, self-direction, empathy and intimacy; differences between subjects from families with an alcohol problem and subjects from families with a somatic disease

Variable	Subjects in alcoholic families N = 35		Subjects in families with somatic disease N = 30		<i>t</i>	<i>df</i>	<i>p</i>	Cohen <i>D</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>				
Id.D	15.91	5.559	12.50	4.337	2.73	63	.01	5.03
Self.D	6.89	3.779	7.03	2.810	–.18	63	.86	–
Em.D	5.40	3.397	5.67	3.994	–.29	63	.77	–
In.D	6.83	4.573	5.73	3.393	1.08	63	.28	–
OPD	35.03	12.330	30.93	11.206	1.39	63	.17	–

Legend: Id.D – Identity disorders; Self.D – Self-directedness disorder; Em.D – Empathy disorders; In.D – Intimacy disorder; OPD – overall personality disintegration.

Source: own elaboration.

The study groups were also compared in terms of their ability to mentalize, taking into account all of its dimensions, i.e. self-directed mentalization, other-directed mentalization and motivation to mentalize. It turned out that there were no differences between the group of people from families with alcohol use disorders and the group of people from families with a chronic somatic disease in terms of the mentalization capacity and its three dimensions.

The correlation coefficients between the level of personality disintegration and its aspects and the overall ability to mentalize and its dimensions – self-directed mentalization, other-directed mentalization and motivation to mentalize are shown in Table 7. It turned out that there were negative correlations between mentalizing one’s own mental states, mentalizing the states of others, motivation to mentalize and the overall level of mentalization, and the overall level of personality integration. This indicates that the capacity for mentalization is impaired in people with higher levels of personality disintegration. Similar negative significant relationships were observed between personality disintegration in terms of self-directedness disorders and the ability to mentalize one’s own mental states, mentalize mental states of others, and the overall level of mentalization, as well as between the severity of empathy and intimacy difficulties and all types of mentalization capabilities (Table 7).

Table 6. The *rho*-Spearman correlation coefficients for the relationships between parentification and its aspects and overall levels of personality disintegration and disorders of identity, empathy, self-direction and intimacy

Variable	Id.D			Self.D			Em.D			In.D			OPD		
	<i>r</i>	ES	<i>t</i>	<i>r</i>	ES	<i>t</i>	<i>r</i>	ES	<i>t</i>	<i>r</i>	ES	<i>t</i>	<i>r</i>	ES	<i>t</i>
PO	.516	26.63	<.001	.242	5.81	.053	.315	9.92	.010	.446	19.89	<.001	.510	26.010	<.001
MPP	.49	23.62	<.001	.260	6.76	.036	.352	12.40	.004	.518	26.83	<.001	.530	28.090	<.01
MP	.504	25.4	<.001	.209	4.37	.094	.261	6.81	.036	.338	11.42	.006	.400	16.0	<.001
PIP	.206	4.24	.099	.254	6.45	.041	.425	18.06	<.001	.293	8.58	.018	.400	16.0	.001
PEP	.48	22.56	<.001	.211	4.45	.091	.170	2.89	.175	.382	14.6	.002	.400	16.0	<.001
PSI	.416	17.31	.001	.137	1.880	.276	.171	2.922	.174	.492	24.2	<.001	.450	20.250	<.001
IP	.297	8.82	.016	.086	.740	.498	.146	2.130	.246	.035	.120	.785	.2	4.0	.119
EP	.305	9.3	.014	.175	3.060	.164	.151	2.280	.229	.097	.940	.444	.2	4.0	.020
SI	.471	22.18	<.001	.206	4.24	.099	.226	5.11	.071	.438	19.18	<.001	.460	21.16	<.001

Legend: FRS-A – Filial Responsibility Scale for Adults; PO – overall level of parentification; MPP – mean parentification in the past; MP – mean parentification in the present; PIP – instrumental parentification in the past; PEP – emotional parentification in the past; PSI – sense of injustice in the past; IP – instrumental parentification in the present; EP – emotional parentification in the present; SI – sense of injustice in the present; ES – effect severity; Id.D – Identity disorders; Self.D – Self-directedness disorder; In.D – Intimacy disorder; Em.D – Empathy disorders; OPD – overall personality disintegration.

Source: own elaboration.

Table 7. The ρ -Spearman correlation coefficients for the relationships between mentalization and its aspects and disorders in the areas of identity, self-direction, empathy and intimacy, and for the relationships between motivation to mentalize and the overall level of personality disintegration; the r -Pearson correlation coefficients for the relationships between the overall mentalization capacity and mentalization toward self and mentalization toward others and the overall level of identity disintegration

Variable	Id.D			Self.D			Em.D			In.D			OPD		
	r	ES	t	r	ES	t	r	ES	t	r	ES	t	r	ES	t
MENT-S	-.512	26.21	<.001	-.424	17.98	<.001	-.333	11.09	.007	-.418	17.47	.001	-.620	38.440	<.001
MENT-O	-.217	4.71	.083	-.246	6.05	.048	-.468	21.90	<.001	-.295	8.70	.099	-.427	18.230	<.001
MENT-M	.031	.10	.806	-.180	3.24	.151	<.001	19.89	<.001	-.207	4.28	.099	-.210	4.420	.093
MENT-SUM.	-.287	8.24	.020	-.378	14.29	.002	-.508	25.81	<.001	-.365	13.32	.003	-.554	30.700	<.001

Legend: MENT-S – Mentalization toward self; MENT-O – mentalization toward others; MENT-M – motivation to mentalize; MENT-SUM. – overall level of mentalization; Id.D – Identity disorders; Self.D – Self-directedness disorder; Em.D – Empathy disorders; In.D – Intimacy disorder; OPD – overall personality disintegration.

Information: The table includes two different correlation coefficients (ρ -Spearman and r -Pearson) because some of the variables were qualitative and some were quantitative.

Source: own elaboration.

In order to determine the extent to which the dependent variables, i.e. the level of personality disintegration and the level of identity disorders, are explained by the variance of the independent variables, i.e. the intensity of parentification in general, parentification in the past (instrumental and emotional), parentification in the present (instrumental and emotional), the sense of injustice from having to take on parenting tasks (in the past and present), and the ability to mentalize and its aspects, a progressive linear stepwise regression analysis was used. Predictors were introduced into the model sequentially, starting with the explanatory variables most strongly correlated with the explanatory variable. The variables whose introduction into the model resulted in a significant increase in the explained variance, remained in the model. The procedure ended when there were no more variables that could be included in the model with the required significance.

Based on the regression coefficients, significant predictors of the level of personality disintegration in a group composed of subjects from both types of families were found to be overall mentalization capacity ($\beta = -.555, p < .001$) and a sense of past injustice ($\beta = .350, p < .001$). The beta standardized coefficients indicate that the higher the overall level of mentalization, the lower the overall level of personality disintegration (i.e., the higher the level of personality integration, i.e., mental health) and the higher the level of past sense of injustice, the higher the overall level of identity disintegration. The proposed model proved to be a good fit to the data ($F = 31.277, df = 2.62, p < .001$) and accounted for 48.6% of the variance in the dependent variable (adjusted R -square = .486) (Table 8).

Based on the regression coefficients, it was also found that significant predictors of the level of identity disintegration in a group composed of subjects from both types of families included the overall mentalization capacity ($\beta = -.572, p < .001$), a sense of injustice in the present ($\beta = .313, p = .002$) and motivation to mentalize ($\beta = .227, p = .027$). The beta standardized coefficients indicate that the higher the overall level of mentalization, the lower the overall level of personality disintegration, and the higher sense of injustice in the present and motivation to mentalize, the higher the overall level of identity disintegration. The proposed model proved to be a good fit to the data ($F = 17.969, df = 3.61, p < .001$) and accounted for 44.3% of the variance in the dependent variable (adjusted R -square = .443) (Table 8).

Based on the regression coefficients, it was further found that mentalization capacity was a significant predictor of the level of personality disintegration in the group of people from families with alcohol use disorders ($\beta = -.519, p = .001$). The beta standardized coefficient indicates that the higher the overall level of mentalization, the lower the overall level of personality disintegration. The proposed model was found to be a good fit to the data ($F = 12.150, df = 1.33, p = .001$) and accounted for 24.7% of the variance in the dependent variable (adjusted R -square = .247) (Table 8).

Based on the regression coefficients, it was also found that significant predictors of the level of identity disintegration in the group of people from families with

alcohol use disorders included overall mentalization capacity ($\beta = -.511, p = .001$), a sense of injustice in the present ($\beta = .312, p = .029$) and motivation to mentalize ($\beta = .276, p = .039$). The beta standardized coefficients indicate that the higher the overall level of mentalization, the lower the overall level of personality disintegration, and the higher sense of injustice in the present and motivation to mentalize, the higher the level of personality disintegration. The proposed model proved to be a good fit to the data ($F = 10.784, df = 3.31, p < .001$) and accounted for 46.3% of the variance in the dependent variable (adjusted R -square = .463) (Table 8).

Based on the regression coefficients, it was also found that the significant predictors of the level of personality disintegration in the group of people from families with a somatic disease include the overall mentalization capacity ($\beta = -.666, p < .001$) and a sense of injustice in the past ($\beta = .371, p = .002$). The beta standardized coefficients indicate that the higher the overall level of mentalization, the lower the overall level of personality disintegration, and the higher the sense of injustice in the past, the higher the level of personality disintegration. The proposed model was found to be a good fit to the data ($F = 34.181, df = 2.29, p < .001$) and accounts for 69.6% of the variance in the dependent variable (adjusted R -square = .696) (Table 8).

Based on the regression coefficients, it was also found that the overall mentalization capacity ($\beta = -.613, p < .001$) was a significant predictor of the level of identity disorder in the group of people from families with a somatic disease. The beta standardized coefficient indicates that the higher the overall level of mentalization, the lower the overall level of personality disintegration. The proposed model proved to be a good fit to the data ($F = 16.886, df = 1.28, p < .001$) and accounts for 35.4% of the variance in the dependent variable (adjusted R -square = .354) (Table 8).

Discussion

The purpose of the study was to determine whether there were differences between the intensity of parentification between adult children from families with alcohol use disorders and adult children from families with one parent's chronic somatic disease, and whether the consequences of parentification could manifest themselves in terms of the level of personality disintegration.

It was found that the subjects from families with alcohol use disorders differed significantly from those from families with chronic somatic disease in terms of the overall parentification level, average parentification in the past, emotional parentification in the past, sense of injustice in the past and sense of injustice in the present. Significantly higher scores on the aforementioned aspects of parentification were obtained by those whose one parent drank alcohol in a harmful manner and/or was an addict. Interestingly, the groups differed significantly on those dimensions of parentification that seem to matter most to individual's psychological well-being.

Table 8. Linear regression results (stepwise method) for the level of personality disintegration and identity disorder (explained variables) and the level of parentification and its dimensions in the past and present, the sense of injustice in the past and present, and the capacity for mentalization and its aspects (explanatory variables).

Explained variable	Explaining variables
Both groups	
Overall personality disintegration level	Overall mentalization capacity
	Sense of injustice in the past
Identity disorders	Overall mentalization capacity
	Sense of injustice in the present
	Motivation to mentalize
Subjects from families with alcohol use disorders	
Overall personality disintegration level	Overall mentalization capacity
	Overall mentalization capacity
Identity disorders	Sense of injustice in the present
	Motivation to mentalize
Subjects from families with somatic disease	
Overall personality disintegration level	Overall mentalization capacity
	Sense of injustice in the past
Identity disorders	Overall mentalization capacity

Legend: % – explained percentage of the variance; SC Beta – Beta standardized coefficient.
Source: own elaboration.

SC Beta	Significance	Model fit	Adjusted R-square	%
Both groups				
-.555	< .001	$F(2.62) = 31.277$ $p < .001$	.486	48.6%
.350	< .001			
-.572	< .001	$F(3.61) = 17.969$ $p < .001$	.443	44.3%
.313	.002			
.227	.027			
Subjects from families with alcohol use disorders				
-.519	.001	$F(1.33) = 12.150$ $p = .001$	.247	24.7%
-.511	.001	$F(3.31) = 10.784$ $p < .001$	.463	46.3%
.312	.029			
.276	.039			
Subjects from families with somatic disease				
-.666	< .001	$F(2.29) = 34.181$ $p < .001$	.696	69.6%
.371	.002			
-.613	< .001	$F(1.28) = 16.886$ $p < .001$	.354	35.4%

Indeed, emotional parentification is considered to be the most debilitating; in many groups of parentified adults, it was found to be associated with higher levels of exhaustion (Titzmann, 2012) and a sense of constant tension (Hooper, 2008) than instrumental parentification, which in turn was more likely to result in a sense of self-satisfaction (Titzmann, 2012). The sense of injustice, resulting from the child/adult's assessment of how fair were the exchanges taking place between him or her and the parents in a given situation, is a factor considered by Jurkovic (1997) to determine the destructive consequences of role swapping in the family. Remarkably, the sense of harm in adult children from families with alcohol use disorders is higher than in adults from families with a somatic disease also during this period of life, when no significant intergroup differences in terms of experienced parentification were noted. It is likely that those who took on adult tasks due to the parent's somatic disease were, and are, more reconciled and more accepting of having to take on the parenting role.

Since those raised by a parent with alcohol use disorder also showed higher levels of overall parentification and average parentification in the past, it was assumed that they would achieve a lower degree of personality integration (according to the epigenetic perspective) (Erikson, 1959/2004, cf. Grzegorzewska, 2016, p. 32). Theoretical analyses and results of Grzegorzewska's research (2016) showed that parentified children, focusing entirely on fulfilling their caregivers' expectations, cannot experience a sense of identity differentiated from their parents' Self. In our study, positive relationships were observed between the overall level of personality disorganization and the overall level of parentification, average parentification in the past, average parentification in the present, instrumental and emotional parentification in the past, and the sense of injustice in the past and present. That is, the higher the level of parentification and the greater the intensity of the indicated aspects of parentification, the higher the overall level of personality disintegration. Positive relationships were also found between the intensity of personality disintegration and parentification and all its elements, as well as between self-directedness disorders and the overall level of parentification, average parentification in the past and present, instrumental and emotional parentification in the past, and the sense of injustice in the present. However, no significant intergroup differences were shown in the overall level of personality disintegration, as well as its following dimensions: self-direction, intimacy and empathy. The only differences were shown in terms of one aspect of personality, i.e. a sense of identity, which is understood as the ability to experience oneself as someone separate from other people, as well as having a relatively stable, positive self-esteem and the ability to regulate emotions (Cierpiąłowska, Górska, 2016, p. 286; Gamache et al., 2019). Individuals from families with an alcohol problem showed significantly higher levels of difficulties in adulthood than those from families with a chronic somatic disease.

It also appeared that there were negative correlations between the severity of the overall level of personality disintegration and mentalization towards self,

mentalization towards others, motivation to mentalize and the overall level of mentalization. That is, the higher the level of these dimensions of mentalization, the lower the overall level of personality disintegration. Moreover, it was found that there were negative correlations between the levels of identity disorder, self-direction, empathy and intimacy, and mentalization directed at one's own internal states, mentalization directed at others, and the overall level of mentalization. These results correspond with the assumptions of Jon Allen, Peter Fonagy and Anthony Bateman's (2014) concept, according to which the ability to mentalize develops on the basis of an attachment relationship. In turn, the quality of this relationship is closely linked to the course of most developmental processes (Cierpiałkowska, Kwiecień, Miśko, 2016; Stawicka, Górska, 2016).

The results of the study make it possible to propose the thesis that the child's sense of injustice and harm resulting from having to take on parental tasks and functions has a significant impact on the level of his/her personality integration (or its individual dimensions) in adulthood. The group particularly at risk of parentification and identity disorders includes those from families with alcohol abuse problems. Although the overall level of mentalization as predicted is conducive to mental health in both groups of subjects, high levels of motivation to mentalize in children of those with alcohol problems are associated with greater identity disorders. Perhaps this relationship is related to the phenomenon of pseudo-mentalization occurring in families with weak internal boundaries (i.e., entangled). In this case, members of the system have difficulty demarcating their own psychological separateness and therefore, assume that they have in-depth knowledge of the states and needs of others, even though in reality there is no mutual understanding between them (Fonagy, Allison, 2012). Pseudo-mentalization can occur in families where there is an addiction problem; this is because the aspirations and efforts of those who create such systems are primarily focused on maintaining the status quo and protecting the person abusing alcohol.

The knowledge from this study should be applied to clinical practice and therapy of adults growing up in alcoholic families, who are often referred to as co-dependents. Growing up with a sense of injustice and harm, fosters a position in life as a victim, overly focused on anticipating and meeting the needs of others, and sometimes, through compensation, as a persecutor; both positions significantly inhibit opportunities for psychosocial development.

Limitations of our own research include the method of conducting the study, i.e. online (resulting from the coronavirus pandemic in Poland in 2020/2021) and the associated relatively small number of subjects (due to social isolation, for example, it was difficult to contact organizations for persons whose parents suffer from somatic diseases). Consequently, the group of people from families with a parent's somatic disease is not homogeneous – it includes children of parents with chronic diseases at varying degrees of severity. In addition, there is an overrepresentation of women in both groups. The demographic questionnaire lacks the question about

the status of the parents’ relationship during the subjects’ childhood, as well as about the possible moment when the subject moved out of the family home. These data could prove important in analyzing the level of parentification experienced by the subjects. Moreover, some of the variables subjected to statistical analysis assumed a skewed distribution; this prompts cautious interpretation of the obtained results.

Table 9. The most important results

Individuals from families with alcohol use disorders score significantly higher on the overall parentification experienced, parentification experienced in the past, emotional parentification in the past, a sense of injustice in the past and a sense of injustice in the present than individuals from families with a somatic disease.

Individuals from families with alcohol use disorders score significantly higher on identity disorders than those from families with a somatic disease.

There are positive correlations between the overall level of parentification experienced, parentification experienced in the past, parentification in the present, instrumental parentification in the past, emotional parentification in the past, a sense of injustice in the past and a sense of injustice in the present and the overall level of personality disintegration.

Positive correlations were found between identity disorders and parentification and all its elements, and between self-directedness disorders and the overall level of parentification, parentification in the past, instrumental parentification in the past, emotional parentification in the past, and a sense of injustice in the present.

There are negative correlations between mentalization towards self, mentalization towards others, motivation to mentalize, and overall level of mentalization and the overall level of personality disintegration.

Significant predictors for the level of overall mental health (understood in terms of personality integration) in the group of individuals from families with alcohol use disorders include the overall mentalization capacity; and in the group of individuals from families with a somatic disease, the overall mentalization capacity and a sense of injustice in the past.

Significant predictors for the level of identity disorders in the group of individuals from alcoholic families include the overall mentalization capacity, motivation to mentalize and a sense of injustice in the past; and in the group of individuals from families with a somatic disease, the overall mentalization capacity.

Source: own elaboration.

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PARENTYFIKACJA A INTEGRACJA OSOBOWOŚCI
I ZDOLNOŚĆ DO MENTALIZACJI U DOROSŁYCH
Z RODZIN Z ZABURZENIAMI UŻYWANIA ALKOHOLU
ORAZ Z RODZIN Z PRZEWLEKŁĄ CHOROBAŁ SOMATYCZNĄ

Celem badań była odpowiedź na pytanie o związki pomiędzy nasileniem parentyfikacji a poziomem integracji osobowości i zdolnością do mentalizacji u osób pochodzących z rodzin z zaburzeniami używania alkoholu oraz rodzin, w których rodzic cierpiał na przewlekłą chorobę somatyczną. Poziom integracji osobowości uznano za wskaźnik zdrowia psychicznego. Postawiono hipotezę, że osoby z obu grup charakteryzują się podobnym poziomem integracji osobowości, ponieważ ich rodzice doświadczyli znaczących ograniczeń w adekwatnym pełnieniu roli rodzicielskiej, natomiast różnią się zdolnością do mentalizacji własnych działań i funkcjonowania w relacjach społecznych innych ludzi.

Metoda: Grupę badaną stanowiło 35 osób dorosłych z rodzin z zaburzeniami używania alkoholu i 30 osób z rodzin z przewlekłą chorobą somatyczną. Zastosowano następujące narzędzia: *Test dla dzieci z rodzin z problemem alkoholowym* (Pilat, Jones, 1985, polskie tłumaczenie: Hołda, Janus, Kaleńczuk, 2021), *Skala synowskiej odpowiedzialności dla dorosłych* (Jurkovic, Thirkield, 1999, polska adaptacja: Publicewicz, Oleszkowicz, 2020; Kubiak, Cierpiąłkowska, 2021), *Skala mentalizacji* (Dimitrijević, Hanak, Dimitrijević, Marjanović, 2018, polska adaptacja: Jańczak, 2021), *Skala tożsamości i funkcjonowania społecznego* (Gamache, Savard, Leclerc, Côté, 2019, polska adaptacja: Łakuta, Ciecuch, Strus, Morey, 2022).

Wyniki: Stwierdzono, że osoby z rodzin z chorobą somatyczną i osoby z rodzin z problemem alkoholowym różnią się stopniem nasilenia parentyfikacji i jej wymiarów, a także poczuciem niesprawiedliwości wynikającym z konieczności podejmowania roli rodzicielskiej w rodzinie. Wykazują podobny poziom dezintegracji osobowości (z wyjątkiem zaburzeń tożsamości) i zdolności do mentalizacji. W obu grupach jednostki wykazują większą zdolność do mentalizowania stanów psychicznych innych osób niż własnych. Stwierdzono, że predyktorami poziomu dezintegracji osobowości u badanych są ogólna zdolność do mentalizacji oraz poczucie niesprawiedliwości w przeszłości.

Konkluzja: Porównywane grupy dorosłych z rodzin z zaburzeniami używania alkoholu i przewlekłą chorobą somatyczną różniły się stopniem nasilenia poszczególnych aspektów parentyfikacji oraz poczucia niesprawiedliwości wynikającego z konieczności podejmowania roli rodzicielskiej w rodzinie. Predyktorami poziomu dezintegracji osobowości w badanej grupie okazały się ogólna zdolność do mentalizacji oraz poczucie niesprawiedliwości w przeszłości.

Słowa kluczowe: parentyfikacja, integracja osobowości, mentalizacja, rodzina z zaburzeniami używania alkoholu, rodzina z chorobą somatyczną

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