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Measurement of Perception of Family of Origin: Polish Adaptation of the General Family Functioning Scale

Pomiar spostrzegania rodziny pochodzenia: Polska adaptacja General Family Functioning Scale

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Abstract

Introduction. The McMaster Model of Family Functioning (Epstein *et al*., 1978) is one of the most widely used systemic models describing family functioning. It identifies three primary family tasks and evaluates functioning across six dimensions. Based on this model, the McMaster Family Assessment Device (FAD) was developed to allow individuals to assess their family of origin.

Aim. This article aims to present the adaptation and validation process of the Polish version of the General Family Functioning Scale (GFFS), a subscale of the FAD. The GFFS can be used independently to measure perceived satisfaction or distress related to family functioning.

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Methods and materials. The adaptation procedure included team translation and back-translation, assessment of test–retest reliability, and evaluation of equivalence between the original and Polish versions. Confirmatory factor analysis (CFA) was used to verify the scale's structure. Criterion validity was tested using tools assessing family problems, attachment style, internalising and externalising symptoms, parental alcohol-related issues, psychological distress, and basic psychological needs satisfaction or frustration.
Results. CFA confirmed a good fit with the one-factor model. The Polish version demonstrated satisfactory reliability and equivalence to the original. Criterion validity analyses showed positive correlations with indicators of family dysfunction.
Conclusion. The Polish version of the GFFS is a valid and reliable screening tool for assessing perceived dysfunction in the family of origin.

***Keywords*:** General Family Functioning Scale, family of origin, dysfunction, Polish adaptation

Abstrakt
Cel. McMaster Model of Family Functioning (Epstein i in., 1978) to jeden z najbardziej znanych i kompleksowych systemowych modeli opisu rodziny. Uwzględnia on trzy podstawowe zadania każdej rodziny oraz ocenia jej funkcjonowanie na sześciu wymiarach. Na podstawie modelu powstało narzędzie służące do samooceny funkcjonowania rodziny pochodzenia - McMaster Family Assessment Device (FAD). Celem niniejszego artykułu jest przedstawienie procedury adaptacji i walidacji General Family Functioning Scale (GFFS) na język polski. Skala ta jest częścią narzędzia FAD i może być wykorzystywana samodzielnie, mierząc zadowolenie lub dystres związane z funkcjonowaniem własnej rodziny.
Metody i materiały. Procedura adaptacyjna polegała na zespołowym tłumaczeniu i przeprowadzeniu *back translation*, empirycznym zbadaniu stałości czasowej oraz równoważności oryginału z wersją polską. Trafność teoretyczną polskiej wersji GFFS zweryfikowano konfirmacyjną analizą czynnikową. Przeprowadzono również ocenę trafności kryterialnej, wykorzystując do tego narzędzia mierzące spostrzeganie problemów w rodzinie pochodzenia, styl przywiązania do każdego z rodziców, nasilenie internalizowanych i eksternalizowanych problemów i zaburzeń, nasilenie spostrzeganych problemów alkoholowych obu rodziców, poziom odczuwanego dystresu psychicznego oraz zaspokojenie i frustracje podstawowych potrzeb psychologicznych.
Wyniki i wnioski. Konfirmacyjna analiza czynnikowa wykazała bardzo dobre wskaźniki dopasowania zebranych danych do założonej jednoczynnikowej konstrukcji GFFS. Uzyskano również satysfakcjonujące wyniki stałości czasowej oraz równoważności oryginału z wersją polską. Analizy wykonane w celu oceny trafności kryterialnej wykazały pozytywną korelację wyników GFFS ze spostrzeganiem dysfunkcjonalności rodziny mierzonym w oparciu o inne niż w analizowanym modelu wskaźniki. Biorąc pod uwagę

przedstawione wyniki, można uznać polską wersję skali GFFS za równoważną z oryginałem i pozwalającą na przesiewowy pomiar dysfunkcjonalności rodziny.

***Słowa kluczowe*:** polska adaptacja, rodzina pochodzenia, rodzina dysfunkcjonalna, General Family Functioning Scale, spostrzeganie rodziny

Introduction

Among the several systemic models describing family functioning, the McMaster Model of Family Functioning, developed by Nathan B. Epstein and colleagues (1978), is one of the most comprehensive, well-known, and widely applied in both research and family therapy practice (Hamilton & Carr, 2016; Margasiński, 2015; Miller *et al*., 2000; Plopa, 2004). Moreover, based on this model, the McMaster Family Assessment Device (FAD) was created — a set of measurement tools enabling the diagnosis of the family system through the perception of its members (Hamilton & Carr, 2016; Miller *et al*., 2000). As the authors of the FAD emphasise, it is a screening tool that allows for a quick orientation within the family system; however, a full diagnosis requires more comprehensive research (Epstein *et al*., 1983). The aim of this article is to present this concept and, above all, to report the results of studies on the Polish adaptation and validation of one of the tools included in the McMaster Family Assessment Device — the General Family Functioning Scale (GFFS).

According to the McMaster Model, the family serves as the first environment for the social, psychological, and biological development of its members (Epstein *et al*., 1978). The model describes the structural and organisational properties of the family, as well as the patterns of interaction among its members (Epstein *et al*., 1978; Epstein *et al*., 1983), which enables the distinction between dysfunctional families and those that function well. The authors of the model identify three basic areas of tasks faced by every family. First, basic tasks, such as providing food and shelter. Second, developmental tasks are connected with progressing through successive developmental stages of each member (childhood, adolescence, or adulthood) and of the family as a whole (early marital stage, birth of a child, *etc*.). The third task area of the family is managing hazardous tasks, understood as the family's behaviour in the face of crises such as illness, accident, loss of income, relocation, *etc*. (Miller *et al*., 2000).

Family functioning in this model is assessed across six dimensions: Problem Solving, Communication, Roles, Affective Responsiveness, Affective Involvement, and Behaviour Control (Epstein *et al*., 1978; Epstein *et al*., 1983; Ryan *et al*., 2005). The authors note that these dimensions may overlap and that interactions between them are possible (Epstein *et al*., 1978). Problems in the dimension of *problem-solving*

are understood as circumstances that threaten the integrity and capacity of the family to fulfil its tasks. Effective problem resolution enables the family to continue functioning efficiently. The *communication* dimension focuses on the quality of the process of exchanging information between family members, *i.e*., whether verbal messages are clear in content and whether they are expressed directly to the intended recipient. *Family roles* describe whether there is a clear division of roles in the family, understood as behavioural patterns, and who is responsible for particular family functions. These functions include providing means of subsistence, offering care and support, fostering the personal development of family members, managing the family system, and meeting adult sexual needs. It is also important whether family tasks are distributed fairly and clearly among its members and whether they are responsibly conducted. *Affective responsiveness* refers to the ability of individual family members to experience appropriate emotions in response to various stimuli and to respond accordingly in line with those emotions. Both pleasant and threatening emotions are taken into account. The *affective involvement* dimension defines the extent to which family members invest themselves in each other and value each other's interests and viewpoints. Healthy families demonstrate a balanced degree of mutual involvement—that is, they are neither cold and disengaged, nor excessively symbiotically enmeshed. *Behaviour control* refers to the way in which the family formulates and adheres to standards of behaviour in different situations for its individual members (Epstein *et al*., 1978; Epstein *et al*., 1983).

Perceived dysfunctionality of the family of origin, according to the described model, can be defined as the degree to which an individual assesses their family of origin as incapable of effectively coping with the above-mentioned basic tasks (Epstein *et al*., 1983; Miller *et al*., 2000). As numerous studies demonstrate, a dysfunctional family may be a source of unmet or even frustrated basic psychological needs for its members, the development of insecure attachment patterns, adjustment and developmental difficulties, negative, stressful, or even traumatic experiences, all of which may lower the quality of life and health for individuals, or even lead to impaired functioning (Becker-Pestka *et al*., 2018; Boullier & Blair, 2018; Bowlby, 1979; Cudak, 2011; Gomez *et al*., 2021; Hughes *et al*., 2017; McLaughlin *et al*., 2019; Plopa, 2005; Vansteenkiste & Ryan, 2013).

General Family Functioning Scale (GFFS)

The GFFS, developed by Epstein *et al*. (1983), is one of the seven subscales of the comprehensive McMaster Family Assessment Device (FAD), which was created to assess the overall functioning of a family, ranging from healthy to pathological (Miller *et al*., 2000).

It is a 12-item questionnaire that includes statements referring to all six dimensions of the McMaster Model. It is designed for independent use, separate from the other FAD subscales. Its purpose is to broadly and synthetically measure satisfaction or distress related to the functioning of one's family, based on the perception of family members (Byles *et al*., 1988; Miller *et al*., 2000). It can be used either with a single family member or with all members over the age of 12. Respondents answer on a 4-point Likert scale, from 1 – *strongly disagree* (mark if you feel the statement does not apply to your family at all) to 4 – *strongly agree (*mark if you feel the statement very accurately describes your family). The scale consists of six negatively worded (GF6–) and six positively worded (GF6+) items describing family functioning. Responses to positive items are reverse-coded before summing. The result is the mean score ranging from 1 to 4. The higher the score, the greater the perceived dysfunctionality of the family of origin; conversely, the lower the score, the better the family functioning. A score of 2 or above is considered indicative of perceived family dysfunction (Bylund *et al*., 2016).

The full FAD (including the GFFS) has been the subject of numerous studies demonstrating that the tool is reliable, valid, and useful both in non-clinical and clinical samples. It has been translated into 14 languages, with empirical evidence supporting its usefulness across different cultures (Miller *et al*., 2000; Bylund *et al*., 2016). Independently of the full FAD, the GFFS itself is widely and successfully used, consistently yielding very good psychometric properties (Byles *et al*., 1988; Bylund *et al*., 2016). Boterhoven de Haan and colleagues (2015) argued that mixing positive and negative items within the GFFS raises certain issues with internal consistency and factor structure. Therefore, they conducted validation studies on a shortened six-item version of the tool, containing only positive statements (GF6+). The results showed that the GF6+ subscale had virtually equivalent psychometric properties and was able to identify nearly all the same families as either healthy or unhealthy in their level of functioning as the full 12-item scale (Boterhoven de Haan *et al*., 2015).

Research Aim, Procedure, and Validation Hypotheses

The aim of the study was the adaptation and validation of the Polish version of the GFFS. The research began with the translation and development of a linguistically equivalent Polish version. Next, the reliability of the Polish version of the tool was assessed using the test–retest method of temporal stability, with an interval of two and a half weeks between measurements (*cf*. Hornowska, 2009). Validation studies were then conducted to evaluate theoretical and criterion validity, as well as reliability parameters such as internal consistency, item–total correlation, and split-half reliabil-

ity, with GF6+ items forming one half and GF6– items the other. Data was collected anonymously using traditional paper-and-pencil methods.

For criterion validity assessment, it was expected that the GFFS score would positively correlate with: another measure of family dysfunction based on differently operationalised indicators; avoidant and anxious attachment style toward parents (caregivers); the severity of internalising and externalising problems and disorders; the intensity of alcohol-related problems in the family of origin; and the severity of psychological distress symptoms. Moreover, it was expected that the GFFS score would correlate negatively with the satisfaction of, and positively with the frustration of, the basic psychological needs of autonomy, relatedness, and competence.

Translation Procedure and Assessment of Version Equivalence

Four members of the research team[1] independently translated the original questionnaire into Polish. A consensus version was then agreed upon through discussion. Next, a back-translation procedure was conducted (see Hornowska, 2009), whereby two native speakers were asked to translate the agreed Polish version back into English. The research team and the translators then jointly evaluated the consistency of the back-translation with the original and made final modifications to the Polish version to ensure that the items were fully aligned with the theoretical aspects of the phenomenon under study.

The linguistic equivalence of the Polish and English versions was subsequently assessed in a study involving 37 fourth-year translation studies students from two Polish universities. The study employed the test–retest method. Students were randomly divided into two equal groups, with one group completing the Polish version and the other the original English version. After two weeks, the same students completed the other language version of the tool. Ultimately, complete test and retest data for both language versions were obtained from 26 participants. The results were satisfactory: the correlation between the Polish and English test–retest scores was r=0.92, p<.001. Table 1 presents the original items alongside their Polish translations.

Participants

A temporal stability assessment was conducted with a sample of 24 fourth-year psychology students (65% women). Further validation studies were conducted on a purposively selected sample of 302 individuals. For underage participants, consent was obtained from their legal guardians. After excluding responses deemed unreliable or incomplete, data from 280 individuals aged 15–34 (M = 19.73, SD = 3.73) were

included in the analyses. Of these, 46% were women and 3% identified their gender as other. Regarding marital status, the most common response was single (60%), followed by in a relationship (34%) and married (4%). Nearly 63% of participants were students, 1% had completed only primary school, 5% had secondary education, 14% were university students, and 18% had higher education.

Measures

In addition to the Polish version of the GFFS described above, the following instruments were used to assess criterion validity:

- *Perceived Problems in Family of Origin Scale* (*Skala Spostrzegania Problemów w Rodzinie Pochodzenia*, SSPR; Poprawa & Rams, 2022), which measures perceived dysfunctionality in the family of origin. The scale addresses indicators such as family conflicts, feelings of shame about parents, lack of security, feelings of rejection, neglect and lack of care, lack of parental control and interest, unmet material needs, and family violence. It contains 10 items rated on a 4-point Likert scale from 1 – *definitely not* to 4 – *definitely yes*. The score is the mean of item responses, with higher values (1–4 range) indicating greater perceived dysfunction. In the present sample, Cronbach's $\alpha = 0.91$.
- *Experience in Close Relationships* (ECR) (Brennan *et al*., 1998; Polish adaptation by Marchwicki, 2004), measuring avoidant (AvM, 10 items) and anxious (AnM, 8 items) attachment styles to the mother, and avoidant (AvF, 10 items) and anxious (AnF, 11 items) attachment to the father, based on the two-dimensional attachment model of Bartholomew & Horowitz (1991). Responses are given on a 7-point scale from 1 – *disagree* to 7 – *strongly agree*. Subscale scores are the sum of responses, with some items reverse-coded. Higher scores indicate greater intensity of a given attachment style. In the present sample, Cronbach's α was 0.93 (avoidant to mother), 0.86 (anxious to mother), 0.92 (avoidant to father), and 0.89 (anxious to father).
- *Risky Behaviours and States Scale* (*Skala Ryzykownych Zachowań i Stanów,* SRZS; Poprawa, 2019), measuring the frequency of behaviours and states typical of externalising problems/disorders (Ext, 16 items, *e.g*., substance use, binge drinking, gambling, quarrels and fights), and internalising problems/disorders (Int, 10 items, *e.g*., helplessness, depression, embarrassment, anxiety, sadness). Responses refer to the past year, rated on a Likert scale from 0 – *never* to 4 – *systematically*. Subscale scores are the sum of responses. In the present sample, Cronbach's $\alpha = 0.82$ for externalisation and 0.95 for internalisation.

- *Children of Alcoholics Screening Test* (CAST-9; Hodgins *et al*., 1993), translated by the authors, used to identify alcohol problems in the family of origin. It consists of 6 items referring separately to the father's drinking (CAST-f) and the mother's drinking (CAST-m), with dichotomous yes/no responses. Participants answered only if they confirmed having knowledge about each parent's drinking behaviour. CAST-9 differentiates adult children of alcoholics (ACOA) from those without such family experience (non-ACOA). According to cut-off points in the original tool, 3 or more affirmative answers for a given parent indicate being an ACOA (Hodgins *et al*., 1993). In the present sample, Cronbach's α was 0.89 (father) and 0.81 (mother).
- *General Health Questionnaire* (GHQ-12; Goldberg & Williams, 1988; Polish version by Makowska & Merecz, 2001), a screening test for general mental health. It consists of 12 items concerning psychological symptoms (distress) experienced currently or in the past few weeks. Responses are given on a scale from 0 – *not at all* to 3 – muc*h more than usual.* The score is the sum (0–36), with higher values indicating worse functioning and greater distress. In the present sample, Cronbach's $\alpha = 0.87$.
- *Basic Psychological Need Satisfaction and Frustration Scale* (BPNS&FS; Chen *et a*l., 2015; Polish adaptation by Tabiś *et al*., 2021), measuring the satisfaction and frustration of the three basic psychological needs — autonomy, relatedness, and competence — described in Deci & Ryan's (2000) self-determination theory. It contains 24 items, 4 for each of six subscales (satisfaction vs. frustration for each need). Responses are given on a 5-point scale from 1 – *definitely not* to 5 – *definitely yes*. Subscale scores (range 1–20) are the sum of items, with higher values indicating greater satisfaction or frustration. In the present sample, Cronbach's α values were: autonomy satisfaction = 0.71, relatedness satisfaction = 0.84, competence satisfaction = 0.83, autonomy frustration = 0.74, relatedness frustration = 0.82, and competence frustration = 0.84.

Statistical Analyses

To assess reliability, the temporal stability of scores was analysed using Pearson's *r* test–retest correlation, along with Cronbach's α for internal consistency, item–total correlations, and split-half reliability.

Theoretical validity was assessed through confirmatory factor analysis (CFA) using the generalised least squares method. Several fit indices were applied. The χ^2 test of model fit should be non-significant ($p > .05$). The adjusted χ^2/df ratio should be <3.0. RMSEA should be <.06 with a 90% confidence interval; SRMR ≤.08; and GFI (Good-

ness-of-Fit Index), AGFI (Adjusted GFI), and CFI (Comparative Fit Index) should all be ≥.90 (Bedyńska & Książek, 2012; Schreiber *et al*., 2006). Criterion validity was assessed using Pearson's *r* correlations and significance testing of differences between correlation coefficients.

Descriptive statistics were calculated, and score distributions were tested for normality using the Kolmogorov-Smirnov (K-S) test. Additionally, distributions were considered only slightly non-normal if skewness values did not exceed ±2 and kurtosis did not exceed ±7 (George & Mallery, 2019; Kim, 2013). Gender differences were analysed using Student's *t*-test. All analyses were run with TIBCO Software Inc. Statistica version 13.3 and IBM SPSS Amos version 27.

Results

Reliability

In the temporal stability test with $N = 26$ participants, a very high correlation was obtained between test and retest scores, $r = 0.93$, $p < .001$. Cronbach's α for internal consistency, calculated on data from $N = 280$, was 0.914. Item–total correlations ranged between 0.55 and 0.74 (see Table 1). Split-half reliability was 0.88, with $\alpha = 0.86$ for GF6+ and $\alpha = 0.84$ for GF6–. The two halves were strongly positively correlated, $r = 0.79$.

Validity

A confirmatory factor analysis (CFA) was conducted assuming a single-factor solution. Based on modification indices, correlations between some residuals were included. The model showed excellent fit indices: $\chi^2 = 58.94$, $df = 47$, $p < .05$; $\chi^2/df = 1.25$; GFI = 0.96; AGFI = 0.94; SRMR = 0.04; CFI = 0.93; RMSEA = 0.03. Table 1 presents factor loadings, which ranged from $\beta = 0.67$ to 0.82.

Table 1

Factor Loadings in CFA and Item Discriminatory Power

No.	Items GFFS	β CFA	r_{it}
1	*Planning family activities is difficult because we misunderstand each other.* Planowanie wspólnych aktywności rodzinnych zawsze było trudne, ponieważ nie rozumieliśmy się wzajemnie.	0.677	0.616
2*	*In times of crisis, we can turn to each other for support.* W trudnych momentach mogliśmy/możemy zwrócić się do siebie po wsparcie.	0.682	0.649

No.	Items GFFS	β CFA	r_{it}
3	*We cannot talk to each other about the sadness we feel.* Nie potrafiliśmy/nie potrafimy rozmawiać ze sobą o odczuwanym smutku.	0.689	0.652
4*	*Individuals are accepted for who they are.* Każdy w naszej rodzinie był i jest akceptowany takim jakim jest.	0.695	0.646
5	*We avoid discussing our fears and concerns.* Unikamy rozmów o naszych zmartwieniach i obawach.	0.669	0.610
6*	*We can express feelings to each other.* Potrafimy wobec siebie wyrażać to, co czujemy.	0.792	0.707
7	*There are lots of bad feelings in the family.* W naszej rodzinie jest wiele napięcia i negatywnych emocji.	0.729	0.677
8	*We feel accepted for what we are.* Czujemy się akceptowani takimi jakimi jesteśmy.	0.705	0.669
9	*Making decisions is a problem for our family.* Podejmowanie decyzji stanowi problem w naszej rodzinie.	0.576	0.546
10*	*We are able to make decisions about how to solve problems.* Potrafimy podejmować decyzje o tym, jak rozwiązywać problemy.	0.734	0.708
11	*We don't get along well together.* Nie dogadujemy się ze sobą zbyt dobrze.	0.820	0.741
12*	*We confide in each other.* Zwierzamy się sobie nawzajem.	0.671	0.629

Note. * – positive items (GF+), for which scoring is reversed before summation.

Table 2 presents the results of the correlation analysis of the GFFS with the adopted measures of criterion validity. It was found that the GFFS score correlated positively and very strongly with the perception of family-of-origin dysfunction, as measured by the overall SSPR index. The GFFS correlated positively and strongly with the avoidant attachment style toward both mother (AvM) and father (AvF), and positively but moderately with the anxious attachment style toward mother (AnM) and father (AnF). Additionally, it was found that the correlation of GFFS with AvM ($r = 0.65$) was significantly stronger than with AvF ($r = 0.52$), with $p = 0.02$ (two-tailed test). No statistically significant differences ($p = 0.20$, two-tailed test) were observed in the strength of correlations of GFFS with the anxious attachment style toward mother (AnM) and father (AnF).

The GFFS correlated positively and strongly with the severity of internalising problems and disorders (Int), and positively but moderately with externalising (Ext). Moreover, the GFFS was significantly more strongly correlated with internalisation than with externalisation ($p < .001$, two-tailed test).

The GFFS correlated positively but weakly with the severity of maternal (CAST-m) and paternal (CAST-f) alcohol-related problems. There were no significant differences between these correlation coefficients ($p = 0.63$, two-tailed test). It should be noted

that the results concerning the perception of parental alcohol-related problems were based on data from $N = 262$ for fathers and $N = 269$ for mothers, as not all respondents reported knowledge of how their parents (caregivers) used alcohol. Moreover, the GFFS score correlated positively and strongly with the severity of psychological distress symptoms (GHQ).

Table 2

Correlation Matrix of GFFS with Criterion Variables

	M	***SD***	**GFFS**	**SSPR**	**AvM**	**AnM**	**AvF**	**AnF**	**Int**	**Ext**	**CAST - f**	**CAST - m**
GFFS	2.30	0.71	1.00									
SSPR	1.86	0.74	**0.72**	1.00								
AvM	38.14	15.66	**0.,65**	0.56	1.00							
AnM	26.40	11.23	**0.46**	0.60	0.43	1.00						
AvF	40.61	15.46	**0.52**	0.54	0.44	0.32	1.00					
AnF	36.76	15.23	**0.37**	0.51	0.27	0.70	0.33	1.00				
Int	20.68	11.00	**0.55**	0.55	0.39	0.47	0.47	0.44	1.00			
Ext	15.20	9.96	**0.31**	0.37	0.21	0.33	0.24	0.28	0.33	1.00		
CAST -f	1.36	2.01	**0.17****	0.36	0.05^{ns}	0.17**	0.34	0.26	0.23	0.17**	1.00	
CAST -m	0.48	1.17	**0.21**	0.28	0.09^{ns}	0.21**	0.07^{ns}	0.14*	0.15*	0.24	0.34	1.00
GHQ	16.86	7.32	**0.51**	0.50	0.37	0.38	0.40	0.36	0.65	0.21	0.20**	0.10^{ns}

Note. All correlations statistically significant at p <.001, except those marked: *p <.05; **p <.01; ns – not statistically significant.

Correlations of the GFFS score with individual SSPR indicators were also examined, and these results are shown in Table 3. The GFFS correlated most strongly and highly with the sense of neglect and rejection by parents, as well as with family conflicts, lack of safety, and lack of parental control (interest) (items 10, 5, 4, 9, and 6). It correlated moderately with feelings of shame about parents, lack of satisfaction with material needs, and experiences of parental violence (items 2, 7, and 8). All these correlations were significant at p <.001 (details in Table 3).

Table 3

Correlations of SSPR Items with the Overall GFFS Score

SSPR items	GFFS
1. *W mojej rodzinie występowały/występują konflikty, które miały/mają na nią niszczący wpływ.* There were/are conflicts in my family that had/have a destructive impact on it.	0.56
2. *Było/jest mi wstyd za któregoś (lub oboje) moich rodziców (opiekunów).* I was/am ashamed of one or both of my parents (caregivers).	0.48
3. *Nie czułem(-am) się (nie czuję się) bezpiecznie w mojej rodzinie.* I did not/do not feel safe in my family.	0.56
4. *Czułem(-am) się odrzucony(-a) przez któregoś (lub oboje) moich rodziców (opiekunów).* I felt/feel rejected by one or both of my parents (caregivers).	0.57
5. *W mojej rodzinie czułem(-am) się (czuję się) zaniedbywany(-a).* I felt/feel neglected in my family.	0.60
6. *Doświadczałem(-am) (doświadczam) braku kontroli i zainteresowania ze strony moich rodziców (opiekunów).* I experienced/experience a lack of control and concern from my parents (caregivers).	0.52
7. *Nie miałem(-am) (nie mam) właściwie zaspokojonych moich potrzeb bytowych.* My basic material needs were/are not properly met.	0.46
8. *Doświadczałem(-am) (doświadczam) przemocy w mojej rodzinie.* I experienced/experience violence in my family.	0.43
9. *Nie czułem(-am) (nie czuję), aby się o mnie troszczono.* I did/do not feel cared for.	0.55
10. *Rodzice (opiekunowie) nie interesowali (nie interesują) się moimi problemami.* My parents (caregivers) did/do not show interest in my problems.	0.62

Note. All correlations statistically significant at $p < .001$.

Finally, it was found that the GFFS score correlated negatively and moderately with the satisfaction of the basic psychological needs of autonomy, relatedness, and competence, and positively and moderately with their frustration (detailed results are presented in Table 4).

Table 4

Correlation Matrix of GFFS with the Satisfaction and Frustration of Basic Psychological Needs

	M	***SD***	**GFFS**	**AS**	**RS**	**CS**	**AF**	**RF**	**CF**
GFFS	27.61	8.47	1.00						
AS	14.48	2.97	**-0.39**	1.00					
RS	16.42	3.16	**-0.39**	0.40	1.00				
CS	15.49	3.31	**-0.41**	0.61	0.41	1.00			

	M	*SD*	GFFS	AS	RS	CS	AF	RF	CF
AF	11.70	3.48	**0.33**	-0.43	-0.35	-0.41	1.00		
RF	8.61	3.74	**0.37**	-0.40	-0.67	-0.50	0.46	1.00	
CF	10.79	4.35	**0.39**	-0.55	-0.37	-0.71	0.57	0.58	1.00

Note. All correlations are statistically significant at $p < .001$.

Statistical Description of GFFS Results

Table 5 presents the statistical description of GFFS results and the outcomes of the goodness-of-fit test for normal distribution. The K-S test provided no grounds for rejecting the hypothesis of normality. Skewness and kurtosis values are negligible. No statistically significant differences were found between women ($MW = 2.36$) and men ($MM = 2.22$), $t(271) = 1.64$, $p = 0.10$ (variance homogeneity measured with Levene's test: $F(1.271) = 0.37$, $p = 0.55$).

Table 5

Statistical Description

N	*M*	*SD*	*SEM*	*Min*	*Max*	*Me*	Q_2	Q_3	*A*	*K*	*d*
280	2.30	0.71	0.04	1	4	2.25	1.75	2.92	0.22	-0.77	0.08^{ns}

Note. ^{ns} – not statistically significant

Discussion

The family of origin is the first source of personality formation and development for every individual—both in terms of resources for a good future life and deficits or impairments that may lead to future problems and disorders (Chłopkiewicz, 1987; Cudak, 2011; Grzegorzewska, 2016; Plopa, 2004; Roostin, 2018). Therefore, a thorough and comprehensive diagnosis of the functioning of the family of origin is fundamental for understanding how its members function, why problems and disorders have appeared in their lives, and ultimately, how these issues can be resolved, addressed through educational or caregiving interventions, or treated therapeutically (Becker-Pestka *et al*., 2018; Epstein *et al*., 1978; Plopa, 2004). The McMaster Model aspires to be one of the most comprehensive and in-depth descriptions of family functioning, spanning from health to pathology. Based on this model, the self-report instrument McMaster Family Assessment Device (FAD) was developed, which makes it possible to assess how individuals perceive their own families in the context of fulfilling tasks

and meeting basic psychological needs (Epstein *et al*., 1978; Epstein *et al*., 1983; Miller *et al*., 2000; Ryan *et al*., 2005). The General Family Functioning Scale is an independent part of the FAD, designed as a brief screening tool that captures the overall perception of one's family (Byles *et al*., 1988; Miller *et al*., 2000).

The Polish adaptation of the GFFS began with a carefully conducted procedure of team translation and back translation, followed by empirical testing of equivalence between the original and Polish versions (using the test–retest method). The results of these procedures allowed for the development of a Polish version of the GFFS that is semantically equivalent to the original.

Confirmatory factor analysis demonstrated excellent fit indices for the collected data with the assumed one-factor structure of the GFFS, with high factor loadings for individual items. All hypotheses regarding the criterion validity of the tool were also confirmed. The GFFS score correlated strongly and positively with the perception of dysfunctionality in the family of origin, measured using indicators different from those operationalised in the analysed model. These included family conflicts, feelings of shame regarding parents, lack of safety within the family, feelings of rejection by parents, lack of parental control and interest, neglect and lack of care, inadequate fulfilment of basic needs, and experiences of family violence (Poprawa & Rams, 2022). The GFFS score was most strongly associated with indicators such as neglect and rejection by parents, family conflicts, lack of safety, and lack of parental control and interest.

As expected, higher GFFS scores were associated with stronger avoidant and anxious attachment styles toward both parents. The relationship with avoidant attachment to the mother proved to be the strongest, which is not surprising, as mothers play the most significant role in children's emotional functioning and may contribute to their disturbed perception of the family (Marchwicki, 2004; Miller *et al*., 2000).

Furthermore, higher GFFS scores were linked to greater intensity of internalising and externalising symptoms, with the relationship to internalising problems and disorders being stronger than to externalising ones. In other words, the perception of family dysfunction was more closely associated with affective problems than with difficulties in behavioural self-control. This was further supported by the strong relationship between family dysfunction and psychological distress symptoms. In line with the McMaster Model and findings from numerous studies, dysfunction in the family of origin clearly translates into the emotional and behavioural problems of its members (Becker-Pestka *et al*., 2018; Boullier & Blair, 2018; Epstein *et al*., 1993; Gomez *et al*., 2021; Grzegorzewska, 2016). As also demonstrated in many studies, families with alcohol problems negatively affect their members, particularly children (Grzegorzewska & Cierpiałkowska, 2016). It is therefore not surprising that GFFS scores correlated positively, albeit weakly, with the perception of alcohol-related problems in the family. In the studied sample, around 8% of participants reported being adult children of an alcoholic mother, and more than 21% reported this in relation to their father.

Finally, as predicted by the theory of basic psychological needs (Vansteenkiste & Ryan, 2013), higher GFFS scores—reflecting perceived family dysfunction—were associated with weaker satisfaction and stronger frustration of the three basic psychological needs (in order of strength of association): competence, relatedness, and autonomy.

Conclusion

The results of the Polish adaptation and psychometric evaluation of the General Family Functioning Scale are highly satisfactory. This tool can be recommended for quick, reliable, and valid preliminary diagnosis of family functioning as perceived by respondents. A thorough diagnosis, however, undoubtedly requires a broader and more multifaceted perspective on the family of origin (Epstein *et al*., 1983).

Of course, the conducted validation studies had some limitations. They were exclusively based on self-report methods. The group of participants was relatively small, limited to a specific age range, and the variables were measured only once. Since the GFFS study was cross-sectional and correlational, it does not allow for far-reaching predictions or firm causal inferences regarding the impact of family perception on individual functioning and adaptation.

Nevertheless, the GFFS is a very useful screening tool that enables a rapid preliminary assessment of the family of origin—provided that the respondent answers with honesty and openness, and assuming the adequacy of their self-perception. GFFS measurement can serve as a starting point for further research and investigations into the causes of problematic and disordered individual functioning, with potential applications in scientific, diagnostic, and therapeutic contexts.

References

Bartholomew, K., & Horowitz, L. N. (1991). Attachment styles among young adults: A test of a four-category model. *Journal of Personality and Social Psychology*, *61*(2), 226–244. https://doi.org/10.1037/0022-3514.61.2.226

Becker-Pestka, D., Dubis, M., & Różyńska, S. (2018). *Rodzina dysfunkcyjna i patologiczna w przestrzeni życiowej młodych dorastających* [Dysfunctional and pathological families in the developmental context of adolescents]. Wydawnictwo Exante.

Bedyńska, S., & Książek, M. (2012). *Statystyczny drogowskaz 3: Praktyczne przewodnik wykorzystania modeli regresji oraz równań strukturalnych* [Statistical guidepost 3: Practical applications of regression and structural equation models]. Wydawnictwo Akademickie Sedno spółka z o.o., Szkoła Wyższa Psychologii Społecznej.

Boterhoven De Haan, K. L., Hafekost, J., Lawrence, D., Sawyer, M. G., & Zubrick, S. R. (2015). Reliability and validity of a short version of the General Functioning Subscale of the McMaster Family Assessment Device. *Family Process*, *54*(1), 116–123. https://doi.org/10.1111/famp.12113

Boullier, M., & Blair, M. (2018). Adverse childhood experiences. *Paediatrics and Child Health, 28*(3)*,* 132–137. https://doi.org/10.1016/j.paed.2017.12.008

Bowlby, J. (1979). The Bowlby-Ainsworth attachment theory. *Behavioral and Brain Sciences*, *2*(4), 637–638. https://doi:10.1017/S0140525X00064955

Brennan, K. A., Clark, C. L., & Shaver, P. R. (1998). Self-report measurement of adult attachment: An integrative overview. In J. A. Simpson & W. S. Rholes (Eds.), *Attachment theory and close relationship* (pp. 46–76). The Guilford Press.

Byles, J., Byrne, C., Boyle, M. H., & Offord, D. R. (1988). Ontario child health study: Reliability and validity of the general functioning subscale of the McMaster Family Assessment Device. *Family Process*, *27*(1), 97–104. https://doi.org/10.1111/j.1545-5300.1988.00097.x

Bylund, A., Arestedt, K., Benzein, E., Thorell, A., & Persson, C. (2016). Assessment of family functioning: Evaluation of the General Functioning Scale in a Swedish Bariatric Sample. *Scandinavian Journal of Caring Sciences*, *30*(3)*,* 614–622. https://doi.org/10.1111/scs.12269

Chen, B., Vansteenkiste, M., Beyers, W., Boone, L., Deci, E. L., Van der Kaap-Deeder, J., Duriez, B., Lens, W., Matos, L., Mouratidis, A., Ryan, R. M., Sheldon, K. M., Soenens, B., Van Petegem, S., & Verstuyf, J. (2015). Basic psychological need satisfaction, need frustration, and need strength across four cultures. *Motivation and Emotion*, *39*(2), 216–236. https://doi.org/10.1007/s11031-014-9450-1

Chłopkiewicz, M. (1987). *Osobowość dzieci i młodzieży: Rozwój i patologia* [Personality of children and adolescents: Development and psychopathology]. Wydawnictwa Szkolne i Pedagogiczne.

Cudak, H. (2011). Dysfunkcje rodziny i jej zagrożenia opiekuńczo-wychowawcze [Family Dysfunction and risks in the care and upbringing of children]. *Pedagogika Rodziny*, *1*(2), 7–14.

Deci, E. L., & Ryan, R. M. (2000). The "what" and "why" of goal pursuits: Human needs and the self-determination of behaviour. *Psychological Inquiry*, *11*(4), 227–268. https://doi.org/10.1207/S15327965PLI1104_01

Epstein, N. B., Baldwin, L. M., & Bishop, D. S. (1983). The McMaster Family Assessment Device. *Journal of Marital and Family Therapy*, *9*(2), 171–180. https://doi.org/10.1111/j.1752-0606.1983.tb01497.x

Epstein, N. B., Bishop, D. S., & Levin, S. (1978). The McMaster model of family functioning. *Journal of Marital and Family Therapy*, *4*(4), 19–31. https://doi.org/10.1111/j.1752-0606.1978.tb00537.x

Epstein, N. B., Bishop, D., Ryan, C., Miller, I., & Keitner, G. I. (1993). The McMaster Model: View of healthy family functioning. In F. Walsh (Eds.), *Normal family processes* (2 ed., pp. 138–160). The Guilford Press.

George, D., & Mallery, P. (2019). *IBM SPSS Statistics 26 step by step: A simple guide and reference*. Routledge.

Goldberg, D., & Williams, P. (1988). *A users's guide to the general health questionnaire*. NFER-NELSOn Publishing Co. Ltd.

Gomez, R., Stavropoulos, V., Zarate, D., & Palikara, O. (2021). Symptom Checklist-90-Revised: A structural examination in relation to family functioning. *PLOS ONE*, *16*(3), artykuł 0247902. https://doi.org/10.1371/journal.pone.0247902

Grzegorzewska, I. (2016). Rodzinne uwarunkowania problemów i zaburzeń psychicznych u dzieci i młodzieży [Family factors in the development of mental health problems among children and adolescents]. In T. Rongińska (Ed.), *Człowiek w całokształcie życia rodzina – edukacja – praca* (pp. 87–95). Psychologiczne Zeszyty Naukowe, *2*. Oficyna Wydawnicza Uniwersytetu Zielonogórskiego.

Grzegorzewska, I., & Cierpiałkowska, L. (2016). *Dzieci alkoholików w perspektywie rozwojowej i klinicznej* [Children of alcoholics: A developmental and clinical perspective]. Wydawnictwo Naukowe UAM.

Hamilton, E., & Carr, A. (2016). Systematic review of self-report family assessment measures. *Family Process*, *55*, 16–30. https://doi.org/10.1111/famp.12200

Hodgins, D. C., Matica-Tyndale, E., El-Guebaly, N., & West, M. (1993). The CAST-6: Development of a short-form of the children of alcoholics screening test. *Addictive Behaviors,18*, 337–345. https://doi.org/10.1016/0306-4603(93)90035-8

Hornowska, E. (2009). *Testy psychologiczne: Teoria i praktyka* [Psychological tests: Theory and practice]. Wydawnictwo Naukowe „Scholar".

Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis. *The Lancet Public Health*, *2*(8), 356–366. https://doi.org/10.1016/S2468-2667(17)30118-4

Kim, H.-Y. (2013). Statistical notes for clinical researchers: assessing normal distribution (2) using skewness and kurtosis. *Restorative Dentistry & Endodontics*, *38*(1), 52. https://doi.org/10.5395/rde.2013.38.1.52

Makowska, Z., & Merecz, D. (2001). Polska adaptacja Kwestionariuszy Ogólnego Stanu Zdrowia Davida Goldberga: GHQ-12 i GHQ-28 [The Polish adaptation of David Goldberg's General Health Questionnaires: GHQ-12 and GHQ-28]. In D. Goldberg & P. Williams, *Ocena zdrowia psychicznego na podstawie badań kwestionariuszami Davida Goldberga: Podręcznik dla użytkowników kwestionariuszy GHQ-12 i GHQ-28* (D. Merecz-Kot, Trans., pp. 191–264). Instytut Medycyny Pracy. (Original work published 1988)

Marchwicki, P. (2004). Style przywiązania a postawy rodzicielskie: Doniesienie z badań. [Attachment styles and parenting attitudes: Evidence from a study]. *Roczniki Psychologiczne*, *7*(2), 81–103.

Margasiński, A. (2015). Teoria i wybrane modele systemów rodzinnych [Theory and selected models of family systems]. In A. Margasiński (Ed.), *Rodzina w ujęciu systemowym: Teoria i badania* [*The family from a systems perspective: Theory and research*] (pp. 6–29). Pracownia Testów Psychologicznych.

McLaughlin, K. A., DeCross, S. N., Jovanovic, T., & Tottenham, N. (2019). Mechanisms linking childhood adversity with psychopathology: Learning as an intervention target. *Behaviour Research and Therapy*, *118*, 101–109. https://doi.org/10.1016/j.brat.2019.04.008

Miller, I. W., Ryan, C. E., Keitner, G. I., Bishop, D. S., & Epstein, N. B. (2000). The McMaster approach to families: Theory, assessment, treatment, and research. *Journal of Family Therapy*, *22*(2), 168–189. https://doi.org/10.1111/1467-6427.00145

Plopa, M. (2004). *Psychologia rodziny: Teoria i badania* [Family psychology: Theory and research]. Oficyna Wydawnicza Impuls. Impuls Publishing House.

Poprawa, R. (2017). *Skala Ryzykownych Zachowań i Stanów: Pomiar eksternalizacji i internalizacji problemów i zaburzeń: Wstępne opracowanie psychometryczne* [Risky Behaviours and States Scale: Measuring externalizing and internalizing problems and disorders: Preliminary psychometric evaluation; Unpublished manuscript].

Poprawa, R., & Rams, J. (2022*). Skala Spostrzegania Problemów w Rodzinie Pochodzenia – konstrukcja i walidacja narzędzia: Wstępne opracowanie* [Perceived problems in the family of origin scale: Construction and validation of the instrument: Preliminary report; Unpublished manuscript].

Roostin, E. (2018). Family influence on the development of children. *Primary Edu: Journal of Primary Education, 2*(1), 1–12. https://doi.org/10.22460/pej.v1i1.654

Ryan, C. E., Epstein, N. B., & Keitner, G. I. (2005). *Evaluating and treating families: The McMaster approach*. Taylor & FranGroup.

Schreiber, J. B., Stage, F. K., King, J., Nora, A., & Barlow, E. A. (2006). Reporting structural equation modeling and confirmatory factor analysis results: A review. *The Journal of Educational Research, 99*(6), 323–338. https://doi.org/10.3200/JOER.99.6.323-338

Tabiś, K., Poprawa, R., Barański, M., & Dworzańska, J. (2021). The Basic Psychological Need Satisfaction and Frustration Scale: Adaptation and associations with well-being and mental health disorders in a Polish sample. *Current Issues in Personality Psychology*, *9*(3), 267–280. https://doi.org/10.5114/cipp.2021.105973

Vansteenkiste, M., & Ryan, R. M. (2013). On psychological growth and vulnerability: Basic psychological need satisfaction and need frustration as a unifying principle. *Journal of Psychotherapy Integration*, *23*(3), 263–280. https://doi.org/10.1037/a0032359