Family values and mental health in adulthood – perspective of transversal studies

Wartości rodzinne i zdrowie psychiczne w okresie dorosłości – perspektywa badań poprzecznych[1]

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Abstract: Introduction: The aim of the research was to estimate the correlation between the dimensions of family values and the dimensions of mental health. *Method:* The research was carried out using the CAWI method in a group of 1,480 adults. The Familism Scale, the 4DSQ questionnaire and the questionnaire were used. *Results:* The following hierarchy of family values was obtained: Individualism, Family support, Respect, Religion, Material success and achievement. Higher intensity of values Family support coexisted with a lower risk of disorders in the sphere of mental health. The pursuit of self-sufficiency increased the likelihood of depressive symptoms, and the preference for behaviors strengthening family traditions predicted the occurrence of somatic symptoms. *Conclusions:* The role of family values as protective factors and risk factors for disorders in the field of mental health prompts the development of a preventive strategy addressed to people in adulthood, aimed at strengthening mental resilience.
Keywords: family values, mental health, adulthood.

Abstrakt: *Wstęp:* Celem badań było oszacowanie występowania współzależności między wymiarami wartości rodzinnych a wymiarami zdrowia psychicznego. Metoda: Badania przeprowadzono metodą CAWI w grupie 1480 osób dorosłych. Wykorzystano Skalę Familizmu, Kwestionariusz 4DSQ oraz ankietę. *Wyniki:* Otrzymano następującą hierarchię wartości rodzinnych: Indywidualizm, Wsparcie rodzinne, Szacunek, Religia, Sukces materialny i osiągnięcia. Wyższe nasilenie wartości Wsparcie rodzinne współwystępowało z niższym ryzykiem zaburzeń w sferze zdrowia psychicznego. Dążenie do samowystarczalności zwiększało prawdopodobieństwo objawów depresyjnych, a preferowanie zachowań umacniających tradycje rodzinne prognozowało występowanie objawów somatycznych. *Wnioski:* Rola wartości rodzinnych jako czynników chroniących i czynników ryzyka zaburzeń w obszarze zdrowia psychicznego skłania do opracowania strategii prewencyjnej adresowanej do osób znajdujących się w okresie dorosłości, mającej na celu wzmacnianie odporności psychicznej.
Słowa kluczowe: wartości rodzinne, zdrowie psychiczne, dorosłość.

Introduction

The family understood as a microstructure setting the social context of the primary and the strongest experiences of a human being is able to weaken or strengthen stressors, whose sources are to be found in the macro-social environment. The family system can be a safe space for creating interpersonal relationships, which are the basis of support and resources necessary for solving different life problems (Campos, Ullman, Aguilera, Dunkel Schetter, 2014; Killoren, Wheeler, Updegraff, McHale, Umaña-Taylor, 2021; Son, Updegraff, Umaña–Taylor, 2022; Volpert–Esmond, Marquez, Camacho, 2022). On the other hand, it can provoke a risk of experiencing various mental burdens by family members (Baumeister, Leary, 1995; Hernández, Ramírez, Flynn, 2010; Mercado, Morales, Torres, Chen, Nguyen–Finn, Davalos–Picazo, 2021; Repetti, Taylor, Seeman, 2002; White, Hughes, 2021). One of the factors affecting the thoughts, views, actions and feelings of family members is familism. Familism is regarded as a culture value emphasizing a strong attach-

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1   Artykuł w języku polskim: https://www.stowarzyszeniefidesetratio.pl/fer/2022-4-Matyja.pdf

ment to and dependence on the family. In the studies of familism, its three most important components were identified, such as: obligations to the family and its members, family support and dependence on the family understood as a reference group (Marín, Marín, 1991). In this study, it is assumed that familism has five dimensions, such as: *Family support, Respect, Religion*, Material success and achievements and Individualism. *Family support* is a dimension describing the need for maintaining relationships and supporting the members of the family, including the extended one. *Respect* is described as a family value emphasizing the role of proper intergenerational relationships and enhancing the importance of the parents for their children in the aspect of their attitudes, authority, and wisdom in their decision making process. *Religion* covers the sphere of spirituality. The family value called *Material success and achievements* refers to the importance of material success and achievements understood as giving priority to earning money and striving for achievements through competition. The last of the mentioned family values, *Individualism*, emphasizes the importance of independence and self-sufficiency (Walęcka–Matyja, 2020, p.800).

In the related literature, *a double pattern of familism* has been described, which means that some of its dimensions can play protective roles (e.g. family support) whereas others can cause stress (e.g. reference to the family, obligations) (Knight, Sayegh, 2011).

The studies show that the familism dimensions can significantly affect the condition of health and the decisions related to health care. In the Latin society, family support influences the quality of life, the symptoms of an illness and suffering (Diaz, Niño, 2019; Urizar, Sears, 2006) as well as conditions effective behaviours in the face of an illness, which means, for example, encouragement to follow a doctor's recommendations (Gonzalez, Gallardo, Bastani, 2005; Hsin, Valenzuela, Taylor, Delamater, 2010). On the other hand, some negative effects of familism can include the feeling of compulsion to take up unhealthy eating patterns (Adams, 2003) or discouraging HIV testing because of the fear of being isolated by the closest family (Roldan, 2007). The essence of familism in collectivist cultures, such as the Latin and Asian ones, consists in putting the family values over the needs of an individual. Thereby,

mental disorders can arouse anxiety, the feeling of stigmatization of an individual and delay treatment, but, on the other hand, they are often understood as a failure of the whole family (Caplan, 2019). A lot of members of Latin families do not disclose the symptoms of mental health disorders in order to maintain the coherence of the family system. The insufficient level of knowledge or awareness of how undisclosed emotions and illness symptoms provoke anxiety can deprive a lot of ill people of adequate help (Villatoro, Morales, Mays, 2014).

Some incongruence in the results of the research on familism and its importance for mental health has made us undertake scientific exploration in this area. That is because the Polish society is considered family-centric, just like the Italian or Spanish one (Szlendak, 2015). That means that the family is highly appreciated in the hierarchy of values, like the nation and religion (Koralewicz, Ziółkowski, 1990). Although it is stressed that the Polish Society is slowly transforming from a collectivist into individualistic one, this direction of change should not be identified with the complete disappearance of collectivism (Bąbka, 2012). The recent results of the research conducted by CBOS allow for the statement that *family happiness* was number one among the most important values for Poles (80%), number two was *health* (55%) and number three was *peace of mind* (48%) (CBOS, 2019). The pandemic has changed the value ranking for Poles. In 2020, during the pandemic it was *health* that was the most frequently chosen value (47%). The second place went to *family happiness* (39%) (CBOS, 2020). Health, well-being of the family have currently become more important than in the period before the pandemic (ARC Market and Opinion in cooperation with ERGO Hestia, 2021). Good health determines the ability of development and self-realization and gives an individual a chance for reaching satisfaction with life. It is not only physical, mental and social well-being or a lack of illness. People enjoying good health demonstrate a high level of commitment in various spheres of social life, professional work and close relationships. In the present study mental health is described through deterioration of symptoms in four key dimensions, i.e. stress, depression, anxiety and somatization. The scale of *Stress* measures the perception of tension caused by high expectations,

psychosocial challenges, everyday problems, life events or traumatic experiences. The scale of *Depression* assesses relatively specific symptoms, such as anhedonia and negative beliefs. The scale of *Anxiety* enables assessing symptoms typical of anxiety disorders. The scale of *Somatization* measures the symptoms of somatic distress and somatic disorders. Worsening of the results in the four dimensions of mental health reflects the degree of the subjective mental suffering of the examined persons (Czachowski, Izdebski, Terluin, Izdebski, 2012).

1. Aim of Study

Three research aims were set. The first of them referred to determining the profile of familism dimensions. The second aim was to determine differentiation in the strength of familism dimensions in the groups selected according to age and gender. The last aim concerned establishing correlations between familism dimensions and the mental health ones. In relation to the above-mentioned aims, three research questions were formulated.

1. What does the profile of familism dimensions look like? Which of the dimensions reach the highest scores?
2. Is there differentiation in the strength of familism dimensions?
3. Are there any correlations between familism dimensions and mental health ones?

In reference to the partly explorative nature of the study and the presented research questions, some general research hypotheses were set.

Hypothesis 1. There is differentiation in the strength of familism dimensions depending on the age of the respondents.

Hypothesis 2. There is differentiation in the strength of familism dimensions depending on the gender of the respondents.

Hypothesis 3. Family values from the collectivist trend coexist with better mental health of the respondents.

Hypothesis 4. Family values from the individualistic trend coexist with poorer mental health of the respondents.

2. Method

2.1. Respondents

The study covered 1480 adults (n = 960 women; 64.9% and n = 520 men; 35.1%). They were in three adulthood sub-periods, i.e. early adulthood, middle adulthood and late adulthood (Brzezińska, Appelt, Ziółkowska, 2015). Table 1 presents the distribution of gender of the respondents in the age groups.

The majority of the respondents were young adults and women.

Table 1. Gender of respondents in compared age groups

	Age							
	18-35		36-54		55+		Total	
	n	%	*n*	%	*n*	%	*n*	%
Women	732	63,2	203	68,6	25	96,2	960	64.9
Men	426	36,8	93	31,4	1	3,8	520	35.1
Total	1158	100	296	100	26	100	1480	100

n – number of people; % – percentage of group

2.2. Procedure and materials

The research was conducted in 2021, by the CAWI method, which means a computer-assisted web interview (Stanisławski, 2017). The participants were informed that the research had scientific purposes, was anonymous and voluntary and respected the ethical principles of psychological research and that they could withdraw from the research any time without any consequences. To measure the analysed variables, two psychological questionnaires with good psychometric properties and a demographic poll were used.

Familism Scale in the Polish adaptation of Walęcka–Matyja (2020) was applied to measure three dimensions of familism from the collectivist trend (Respect, Religion and Family support) and two values from the individualistic one (Material success and achievements and Individualism). The respondent was asked to refer to 44 items concerning what people might think and believe on

a 5-degree Likert scale. The Cronbach α coefficients reached high values for the dimension Respect (0.91), Material success and achievements (0.87) and Religion (0.95). The validity of the Individualism scale is 0.63, and for the scale of Family support it is 0.70 (Walęcka–Matyja, 2020).

The four-dimensional symptom questionnaire (4DSQ) in the Polish adaptation of Czachowski, Izdebski, Terluin, Izdebski (2012) was used to measure four dimensions of mental health: stress, depression, anxiety and somatization. The respondent was expected to refer to 50 statements on a 5-degree Likert scale, where the answers related to the frequency of doing a given activity ranged from "never" up to "very often/always". The Cronbach α coefficient values for the individual dimensions of 4DSQ were between 0.82 to 0.88 (Czachowski et al., 2012). In this study, the terms of *stress*, *depression*, *anxiety* and *somatization* were used as headwords covering sets of symptoms respectively concerning: stress, depression, anxiety and somatic problems.

The poll allowed us to collect such data as: age, gender, place of residence and education.

The analysis was carried out with the use of the software SPSS Statistics (PS Imago Pro 7.0, IBM SPSS Statistics 27, licensed by University of Łódź). The following tests were used in the study: Fisher-Snecedor test with Bonferroni correction, Student t test for independent samples, Games-Howell test and line regression analysis based on input method. The adopted level of significance was $p < 0.05$.

3. Results

3.1. Descriptive statistics

Table 2 shows the descriptive statistics for the analysed variables i.e. mean values, standard deviations, minimum and maximum values and values of skewness measures and kurtosis.
In case of distributions of strengths of the results on the scales of stress, depression and anxiety, the values of skewness and/or kurtosis measures exceeded 1, therefore the analyses concerning these variables were conducted on the basis of the bootstrapping method.

Table 2. Descriptive statistics for the analysed interval variables

Variables	M	SD	min	max	S	K
Respect	42,01	10,66	14	70	-0,04	-0,37
Family support	19,52	4,93	6	30	-0,33	-0,64
Religion	19,65	7,49	7	35	-0,08	-0,79
Individualism	17,21	4,52	5	25	-0,48	-0,55
Material success	30,32	8,71	12	60	0,15	-0,52
Stress	20,29	12,95	0	80	0,91	1,93
Depression	5,28	4,73	0	28	1,52	4,34
Anxiety	10,01	7,96	0	55	1,09	3,69
Somatization	16,43	10,57	0	51	0,42	-0,04

M – mean value; *SD* – standard deviation; *min* – minimum; *max* – maximum; *S* – skewness measure; *K* – kurtosis measure

3.2. Familism dimensions profile

Due to the fact that the familism scales are based on a different number of items, for the purpose of the analysis concerning the comparison of the strength of the results on individual scales, the results were calculated as averages of the points obtained in individual items.

Based on the results of the analysis of variance with recurring measurements, it was found out that between the results on individual familism scales,
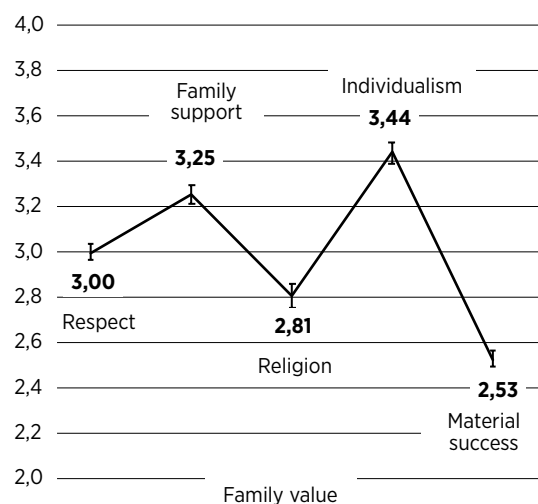
Picture 1. Mean values of results on familism scales with 95%-confidence intervals.

there were statistically significant differences, $F(2.92; 4323.04) = 353.75$, $p<0.001$, $η2 = 0.19$. Picture 1 shows mean values of the results on familism scales with 95%-confidence intervals established based on Bonferroni correction.

There were statistically significant differences between all the compared scales. The highest scores were obtained on the Individualism dimension, then lower scores were on the Family support dimension, next on the Respect and Religion ones. The lowest scores were obtained on the Material success and achievements dimension.

3.3. Differentiation between age groups in the strength of familism dimensions

Table 3 shows mean values of the strength of familism dimensions in the group of people aged 18-35 years, in the group aged 36-54 years and in the group of people aged 55 years and older. The sheet was completed with the values of univariate analysis of variance.

We found some statistically significant inter-group differences concerning the results on all the familism dimensions, except for Religion. Based on the Games-Howell test, it was found out that there were statistically significant differences in the results on the dimension of Respect between the group of people aged 18-35 years and the one aged 36-54 years, $p<0,001$, and the group of respondents aged 55 years and older, $p<0,01$. The mean value of the

results on the dimension of Respect was lower in the group aged 18-35 years than in the other two groups (comp. pic. 2).

Based on the Games-Howell test, it was also found out that there were statistically significant differences as regards the Family support dimension between the group of people aged 18-35 years and the one aged 36-54 years, $p<0,001$, and the group of respondents aged 55 years and older, $p<0,01$. The mean value of the results on the Family support dimension was lower in the group aged 18-35 years than in the other two groups (comp. pic. 3).

Based on the Games-Howell test, it was also found out that there were statistically significant differences as regards the dimension of Individualism between the group of people aged 18-35 years and the one aged 36-54 years, $p<0,001$, and the group of respondents aged 55 years and older, $p<0,01$. The mean value of the results in the Individualism dimension was lower in the group aged 18-35 years than in the other two groups (comp. pic. 4).

Based on the Games-Howell test, it was also found out that there was a statistically significant difference as regards the dimension of Material success and achievements between the group of people aged 18-35 years and the one aged 36-54 years, $p<0,001$. The mean value of the results in the Material success and achievements dimension was higher in the group aged 18-35 years than in the group aged 36-54 years (comp. pic. 5).

Table 3. Mean values of strength of familism dimensions in group of people aged 18-35 years, in group aged 36-54 years and in group of people aged 55 years and older

| | Age | | | | | | | | |
| | 18-35 | | 36-54 | | 55 + | | | | |
Variables	*M*	*SD*	*M*	*SD*	*M*	*SD*	*F*	*df*	*p*
Respect	40,82	10,14	46,10	11,39	48,62	11,51	35,66	2,1477	0,001
Family support	19,09	4,98	20,95	4,49	22,00	2,83	20,67	2,1477	0,001
Religion	19,51	7,10	19,91	8,73	22,54	8,95	2,30	2,1477	0,101
Individualism	16,44	4,60	20,06	2,85	19,08	2,88	87,10	2,1477	0,001
Material success	31,35	8,55	26,50	8,38	27,92	7,13	39,39	2,1477	0,001

M – mean value; *SD* – standard deviation; *t* – value of Student t test for independent samples; *df*– degrees of freedom; *p* – statistical significance
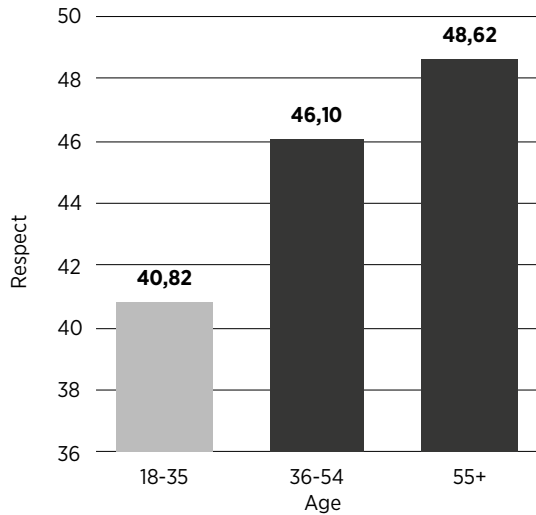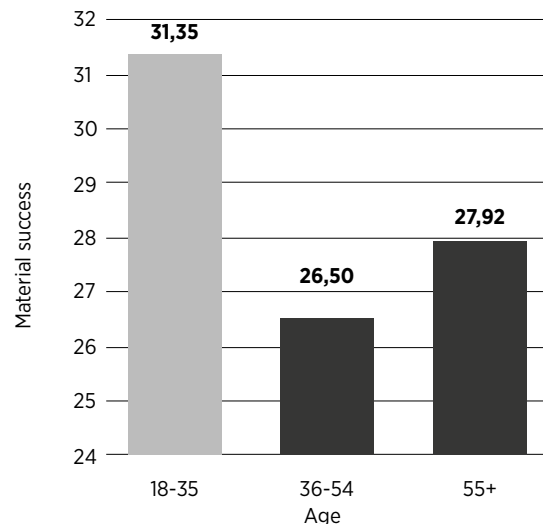
Picture 2. Average values of results in Respect dimension in compared age groups
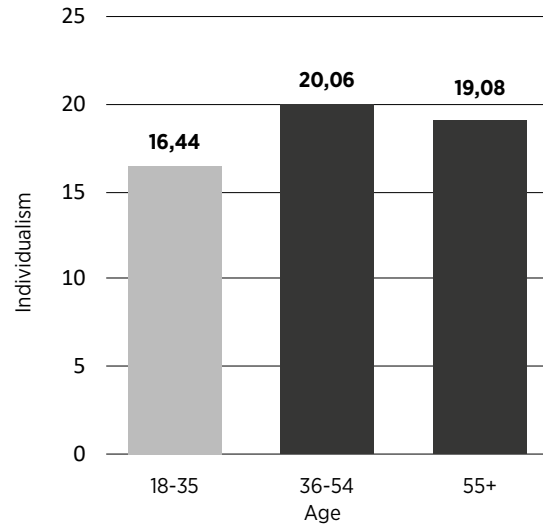
Picture 4. Average values of results in Individualism dimension in compared age groups
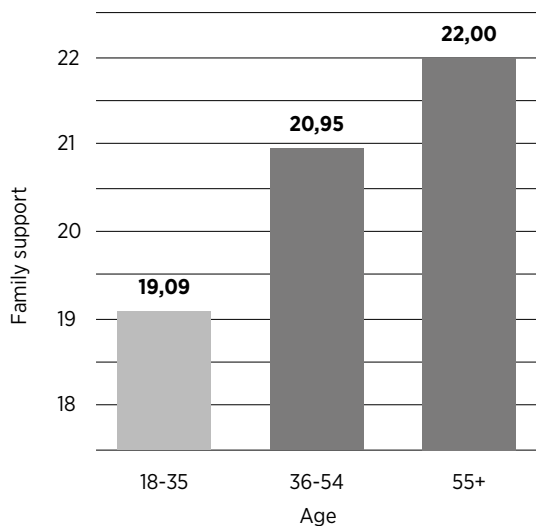
Picture 3. Average values of results in Family support dimension in compared age groups

Picture 5. Average values of results in Material success and achievements dimension in compared age groups

3.4. Differentiation between women and men in strength of familism dimensions

Table 4 shows mean values of the strength of familism dimensions in the groups of women and men. The sheet was completed with the values of Student t test for independent samples.
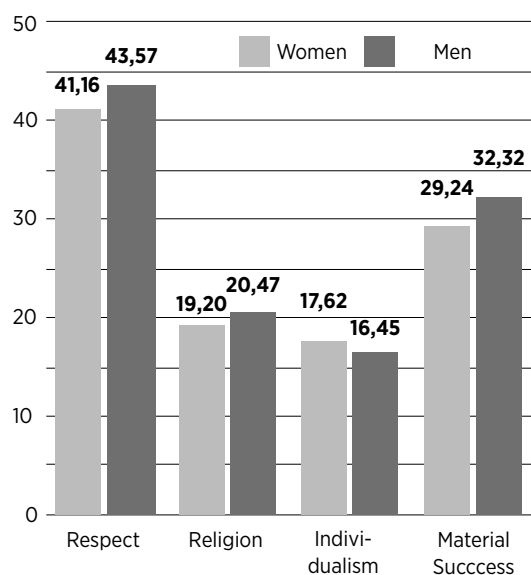
Some statistically significant differences were found between women and men in respect of the results obtained in all the analysed dimensions except the Family support scale. The mean values of the results on the dimensions: Respect, Religion and Material success and achievements were higher in the group of men whereas the mean value of the results in the Individualism dimension was higher in the group of women (comp. pic. 6).

Table 4. Mean values of strength of familism dimensions in groups of women and men

Varia-bles	Women		Men				
	M	SD	M	SD	t	df	p
Respect	41,16	10,78	43,57	10,27	-4,17	1478	0,001
Family support	19,55	4,89	19,46	5,00	0,31	1478	0,756
Religion	19,20	7,66	20,47	7,10	-3,18	1135,29	0,001
Individ-ualism	17,62	4,38	16,45	4,67	4,70	1007,60	0,001
Material success	29,24	8,44	32,32	8,86	-6,59	1478	0,001

M – mean value; *SD* – standard deviation; *t* – value of Student t test for independent samples; *df*– degrees of freedom; *p* – statistical significance

Picture 6. Statistically significant differences between women and men in strength of familism dimensions

3.5. Correlations between familism dimensions and results on mental health scales

The correlations between familism dimensions and the results on the mental health scales were analysed with the use of regression analysis based on the input method. The scores on the familism dimension scales were analysed as predictors. The scores on the scales of stress, depression, anxiety and somatization were analysed as response variables in separate models. Table 5 presents the results of the regression analysis

Table 5. Results of analysis of correlations between familism dimensions and scores on scale of Stress

Predictors	Beta	t	p
Respect	0,04	0,52	0,605
Family support	-0,18	-2,48	0,004
Religion	-0,03	-0,49	0,585
Individualism	0,06	1,22	0,272
Material success	0,05	0,88	0,441

Beta – standarized regression coefficients; *t* – statistical significance test value of predictor; *p* – statistical significance

conducted in the model where the scores on the scale of Stress were analysed as a response variable. The statistical significance was established based on the bootstrapping method.

A statistically significant negative correlation was found between the scores on the Family support dimension and the scores on the scale of Stress. The scores on the Family support dimension explained 2.3% of variance in results on the scale of Stress.

Table 6 presents the results of regression analysis conducted in the model where the scores on the scale of Depression were analysed as a response variable. Statistical significance was established based on the bootstrapping method.

A statistically significant negative correlation was noticed between the scores on the Family support dimension and the ones on the scale of Depression and a statistically significant positive correlation between the scores on the Individualism dimension and the ones on the scale of Depression. The scores on the Family support and Individualism dimensions jointly explained 2.6% of variance in scores on the scale of Depression.

Table 7 shows the results of regression analysis conducted in the model where the scores on the scale of Anxiety were analysed as a response variable. Statistical significance was established based on the bootstrapping method.

A statistically significant negative correlation was noticed between the scores on the Family support dimension and the ones on the scale of Anxiety. The scores on the Family support dimension explained 1.6% of variance in scores on the scale of Anxiety.

Table 6. Results of analysis of correlations between familism dimensions and scores on Depression scale

Predictors	Beta	t	p
Respect	0,05	0,71	0,480
Family support	-0,14	-1,93	0,025
Religion	-0,06	-0,97	0,360
Individualism	0,12	2,40	0,017
Material success	0,09	1,65	0,149

Beta – standardized regression coefficients; *t* – statistical significance test value of predictor; *p* – statistical significance

Table 7. Results of analysis of correlations between familism dimensions and scores on Anxiety scale

Predictors	Beta	t	p
Respect	0,07	0,92	0,362
Family support	-0,19	-2,62	0,005
Religion	-0,02	-0,30	0,795
Individualism	0,05	1,00	0,362
Material success	0,07	1,31	0,281

Beta – standardized regression coefficients; *t* – statistical significance test value of predictor; *p* – statistical significance

Table 8. Results of analysis of correlations between familism dimensions and scores on Somatization

Predictors	Beta	t	p
Respect	0,26	3,46	0,001
Family support	-0,29	-4,07	0,001
Religion	-0,04	-0,71	0,476
Individualism	0,03	0,55	0,582
Material success	-0,04	-0,84	0,402

Beta – standardized regression coefficients; *t* – statistical significance test value of predictor; *p* – statistical significance

Table 8 shows the results of regression analysis conducted in the model where the scores on the scale of Somatization were analysed as a response variable. A statistically significant positive correlation was noticed between the scores on the Respect dimension and the ones on the scale of Somatization and a statistically significant negative correlation between the scores on the Family support dimension and the ones on the scale of Somatization. The scores in the Respect and Family support dimensions jointly explained 4.3% of variance in scores on the scale of Somatization.

Discussion of results

The problem matter of familism seems to be always up to date as these values affect the way how family members think, act and feel. However, the most important thing is to realize which values are considered especially essential and be able to implement them. Nowadays, there are many voices raising the issue of the crisis of values, including family ones. Therefore the question appears: what does that mean? Is that a modification of the system of an individual or a retreat from traditional values in favour of those of the individualistic trend, or maybe vice versa? Is that a retreat from any values or even their denial? In the process of searching for and updating their values, a person is able to develop the ability of being mindful, listening carefully to the constantly changing flow of their experiences. Since, values are related both to the personal development of a person and to interpersonal relationships in the social environment, e.g. in the family. From the psychological perspective, the most beneficial values are those which contribute to helping others, improving other people's well-being, changing the world, or at least one's family for the better. Though, it happens that in the process of education the issues of personal, family values seem to an obligation that has to be fulfilled to get accepted by other people. This kind of understanding the essence of an individual's axiological sphere development does not facilitate finding the meaning of one's life. Since, a person discovers their own way of life through experiencing values and understanding the role they play in their life (Mellibruda, 2001).

The first research issue analysed in this study concerned determination of the profile of familism dimensions in the examined sample of adults. The results of the replication studies obtained here, concerning the preferred values do not fully correspond with the results of the study from 2020, which included

200 adults aged 18-81 years (see Walęcka–Matyja, Janicka, 2021). In the recent study, the most frequently declared value was that of striving for independence and self-sufficiency (Individualism). Lower scores were obtained for the Family support dimension and then the Respect and Religion ones. The lowest scores were obtained for the Material success and achievements dimension, understood as a value emphasizing the importance of success reflected in earning money and striving for achievements through competition. The results of the studies of this issue conducted so far are incoherent. In the previous studies (Walęcka–Matyja, Janicka, 2021), the highest scores were obtained for a dimension form the collectivist trend (Respect). This value emphasizes the need for maintaining proper intergenerational relationships and enhancing the importance of the parents for their children in the aspect of their attitudes, authority and wisdom in their decision making process (Walęcka–Matyja, 2020). Lower scores were obtained for the Material success and achievements, Family support and Religion dimensions. And, the lowest scores were obtained for the Individualism dimension (Walęcka–Matyja, Janicka, 2021, p. 96). On the other hand, the results of another study, which covered 234 people in early and middle adulthood (respectively n = 127 and n = 107) indicate that the highest strength of family values was obtained for the Individualism dimension, then Family support and Respect, Religion and Material success and achievements (Walęcka–Matyja, Banach, in print). That is interesting from the cognitive point of view. There are a few ways of explaining the obtained contradictory results. It is possible that the dynamically changing political-social situation caused by the Covid-19 pandemic, the war in Ukraine, the potential economic crisis made family members appreciate, in a greater degree, individualistic values, including independence and self-sufficiency. Concern and worry about providing for the family dominated other family values. Another explanation of the obtained results may be connected with the distribution of the variable of *age* in the examined groups. In the present study, there was a bigger representation of young adults (n = 1158). In the previous study, the distribution of the variable of *age* was more bal-

anced. There were 60 young adults, n = 60 people in middle adulthood and 100 late adults (Walęcka–Matyja, Janicka, 2021). Having in mind family value choices preferred by young adults, i.e. mainly Material success and achievements, it is assumed that the distribution of age in the mentioned studies affected the obtained results. Citing the results of the studies of family values transmission, it was noticed that young adults placed material goods higher in the hierarchy of values than their parents did (comp. Walęcka–Matyja, 2022). Interpreting the family value choice preferred by young adults, giving priority to the importance of financial resources, we can refer to the developmental tasks presented in Havigurst's theory (1981). It assumes the existence of constitutive and universal activities, typical of a given period of life, which, if duly performed, lead to social acceptance, which in turn translates into the sense of satisfaction of an individual and allows them to go on to perform the tasks from the next stage of development. Failure in this area can result in life outside the society and personal well-being disorders. The source of developmental tasks includes social aspects, physical maturity, individual aspirations and cultural requirements. Depending on a culture, the content and order of developmental tasks may differ. Some of the tasks characteristic of young adulthood are getting a job, finding a social group where you belong, taking up civic responsibilities, running a household, establishing a close relationship with another person, getting a spouse and learning to live with them and starting a family (Havighurst, 1981). Therefore, the focus of young adults on the value of Material success seems quite understandable. The fact that they place material goods higher than their parents did is reflected in their life goals and plans which they are going to achieve.

The examined groups selected according to age were also differentiated in the aspect of other preferred family values. It was found out that the strength of two values from the collectivist trend (Respect and Family support) and one from the individualistic one (Individualism) was lower in the group of people in young adulthood in comparison with the groups of people in middle and late adulthood. The obtained results are congruent with the previously received

ones (comp. Walęcka–Matyja, Janicka, 2021). Referring to the findings from the previous studies, young adults also obtained significantly lower levels of strength of values from the traditional trend, i.e. Respect, Family support and Religion, in comparison with the groups of respondents in middle and late adulthood. Interpreting the obtained result, it is believed that people who were over 36 years of age become more aware of family values and their importance in life. According to Oleś (2012), that is connected with the process of human development and reaching mental maturity. On the other hand, it is puzzling from the psychological point of view that young adults received lower levels of strength of values emphasizing the importance of independence and self-sufficiency (Individualism) than the people from the older groups. That may be determined by other factors, including socio-economic ones, such as living with parents, mental immaturity, unsatisfactory economic conditions, e.g. poor chances for a well-paid job or own flat. It is supposed that these are the reasons why young adults postpone growing up and that is why they do not highly appreciate independence. They may be looking for their new identity and a respective new moral compass (Szafraniec, 2018). This issue, however, needs to be further scientifically explored in order to find out whether and how collectivist and individualistic family values are connected with the search for one's own self.

The next research issue referred to finding differentiation between women and men in the strength of familism dimensions. The studies have shown that there are differences in all family dimensions, except one of them, i.e. Family support. That means that the respondents from both compared groups assigned similar importance to providing for and supporting family members. That proves how important this vital pillar allowing the family system to function properly is. Since, Family support is regarded as the main familism dimension (Jocson, 2020). Considering the other results, it was noticed that a higher strength of the mean scores in the Respect, Religion and Material success and achievements dimensions was noted in the group of men whereas the mean value scores in the Individualism dimension was higher in the group of women. The obtained results confirm the

findings from the previous studies, in which men also rated collectivist values, such as the need to maintain proper intergenerational relationships, the need to strengthen the role of the parents in shaping attitudes and making decisions by their children as well as belief in spiritual power, higher than women did. On the other hand, a family value from the individualistic trend, i.e. orientation towards financial success and striving for it through competition, is connected with the traditionally understood male social role. It is probably still strongly socialized in the process of boys' education, therefore it is more frequently observed in the choices of men (comp. Bąbka, 2012; Walęcka–Matyja, Janicka, 2021). The obtained results allow us to answer the first two research questions and confirm the assumptions of hypotheses 1 and 2.

The last of the studied research problems referred to correlations between familism dimensions and the scores on the scales of mental health. The obtained correlations were according to the assumed direction although they explained the variance in results of the explained variables in a low percentage. The small effects can be explained by the existence of moderating variables between familism and mental health dimensions (e.g., quality of family communication, quality of functioning of the family as a system).

Moving on to the detailed analysis and interpretation of the obtained results, a statistically significant negative correlation was found between the scores in the Family support dimension and the scores on the scales of Stress, Depression, Anxiety and Somatization. Interpreting the obtained result, it was found out that the will of maintaining relationships and providing help for the family members, considered a family value, reduced the risk of stress, depression, anxiety and somatization. The obtained results are consistent with the previous findings from the related literature. In the studies of Mexican-American families it was established that a high level of social support was a protective factor (Umana-Taylor, Updegraff, Gonzales-Backen, 2011). The essence here is warm, responsive interactions with close people, showing an individual that they are appreciated, loved and respected in the family (Gable, Reis, 2006). This experience is the basis for the perceived social support understood as the feeling of being loved, cared for and

supported by their family (Wills, 1991). The feeling of being supported has a protective influence on mental and physical health, especially including stress and depression (Taylor SE, 2011). The findings on the correlations between mental health and familism indicate a negative correlation between these variables, emphasizing the role of familism as a protective buffer against depression (Ornelas, Perreira, 2011). However, it is stressed that the findings from the studies of the correlation between familism and depression are characterized by lack of congruence. Some researchers do not indicate statistically significant correlations or point to a greater number of symptoms of depression coexisting with a higher level of familism (Zeiders, Updegraff, Umana-Taylor, Wheeler, Perez-Brena, Rodriguez, 2013). Considering the occurrence of correlations between familism dimensions and the scales of mental health, some statistically significant positive correlations were also noticed between the scores on the Individualism dimension and the scores on the scale of Depression and between the scores on the Respect dimension and the scores on the scale of Somatization. Discussing the obtained results, it has been observed that family members more oriented on gaining independence and self-sufficiency (Individualism) were more vulnerable to the risk of depression. The sense of responsibility for oneself is connected with the ability to cope with both successes and failures. If a person is poorly embedded in a social network, they may not feel enough support from close people, which may lead to lowering the mood or even depression symptoms. That has resulted from numerous findings of the studies focused on the role of social support as a factor reducing the risk of mental health problems (Gawrych, Cichoń, Kiejna, 2022; Qi, Zhou, Guo, Zhang, Min, Li, Chen, 2020; Wills, 1991). On the other hand, people who see the importance of a value from the collectivist trend, understood as the need for maintaining proper intergenerational relationships and strengthening the role of parents in respect of both attitudes and the authority (Respect) are more likely to experience somatic symptoms. Interpreting the obtained results, it has been indicated that too many family obligations can be overwhelming for an individual, for example, doing professional work and taking permanent care

of a chronically ill family member. Family members in such situations experience the so called *double familism pattern*, which, on the one hand, makes the family provide support, and, on the other hand, such an undisclosed feeling of being overpowered with helping other people or even burnout may lead to somatic symptoms. That has been proved by some results of the studies of familism indicating its disadvantageous effects (Fugini, Telzer, Bower, Irwin, Kiang, Cole, 2009; Sayegh and Knight, 2011). These difficult scenarios can be especially depressing for someone who, for example, has a big family since they disrupt the positive expectations concerning close family relationships or reduce the ability of an individual to fulfil the obligations due to deterioration of mental health (Hernandez et al., 2010). The obtained research results allow us to answer the third research question and confirm the assumptions of hypotheses 3 and 4.

The research presented in the study is characterized by some limitations, which have to be paid attention to. Due to the voluntary nature of the research and the electronic method of conducting it, the obtained results cannot be extrapolated onto the whole adult population of Poles. Moreover, the quantitative approach is not a universal method, which would allow us to identify all symptoms of mental health, thus in a future project it is recommended to use mixed methods, qualitative research designed for looking for fuller answers to formulated research questions. The last of the mentioned limitations is a cross-sectional nature of the research, which does not enable following changes in the mental health of the examined adults.

The research results described in the present study provoke reflection on the importance of family values for mental health of adult people. It is emphasized that although a protective role of familism has been noticed, still little is known about the mechanisms that are at the heart of it (Crouter, Head, McHale, Tucker, 2004). This issue needs to be further scientifically explored, especially in longitudinal research. The protective and the risk factors in the area of mental health suggest the direction of preventive strategies addressed to adult people. Their essence is a bigger focus on mental health and long-term prevention programs aimed at building mental resilience.

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