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LOVE, MARRIAGE, FAMILY
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Early maladaptive schemas and the quality of marital bond and communication

Wczesne nieadaptacyjne schematy a jakość więzi i komunikacji małżeńskiej¹

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Abstract: Introduction: Early maladaptive schemas are dysfunctional cognitive-emotional patterns that arise as a result of unsatisfied one or more of the basic psychological needs in childhood. These schemas concern the individual and his relationships with significant people (Young, Klosko, Weishaar, 2003). This work presents the results of research on the correlations between early maladaptive schemas and the quality of marital bond and communication. **Method:** The basic research hypothesis was that these correlations are negative. It was assumed that the stronger the intensity of the schemas, the lower the level of the quality of marital bond and communication. The research included 252 married people (149 women and 103 men). The respondents completed: Young's Schema Questionnaire YSQ-S3, Marriage Bond Scale SWM and Marriage Communication Questionnaire KKM. **Results:** Based on the obtained results, the existence of the expected correlations was confirmed. Schemas from the area of disconnection and rejection turned out to be most strongly correlated with both bonding and marital communication. **Conclusions:** Verification of the correlations of early maladaptive schemas with the quality of marital bond and communication deepens the knowledge about the cognitive and emotional patterns formed in childhood, significantly related to the ways of functioning in a close relationship, and this kind of knowledge can find practical application in the therapy of couples and marriages. In addition, the obtained results may be a contribution to further analysis taking into account variables related to early childhood experiences, such as parenting styles or systems of family of origin and other constructs describing the quality of the marital relationship.

Keywords: early maladaptive schemas, marital bond, marital communication

Abstrakt: Wstęp: Wczesne nieadaptacyjne schematy to dysfunkcyjne wzorce poznawczo-emocjonalne, które powstają wskutek niezaspokojenia jednej lub więcej z podstawowych potrzeb psychicznych w dzieciństwie. Schematy te dotyczą jednostki oraz jej relacji z osobami znaczącymi (Young, Klosko, Weishaar, 2003). Niniejsza praca przedstawia wyniki badań dotyczących związku pomiędzy wczesnymi nieadaptacyjnymi schematami a jakością więzi i komunikacji małżeńskiej. **Metoda:** Za podstawową hipotezę badawczą przyjęto, że zależności te są ujemne. Założono, że im silniejsze natężenie schematów, tym niższy poziom jakości więzi i komunikacji małżeńskiej. Badanie objęło grupę 252 osób (149 kobiet i 103 mężczyzn), będących w związku małżeńskim. Badani wypełnili: Kwestionariusz Schematów Younga YSQ-S3, Skalę Więzi Małżeńskiej SWM oraz Kwestionariusz Komunikacji Małżeńskiej KKM. **Wyniki:** Na podstawie uzyskanych rezultatów potwierdzono istnienie oczekiwanych związków. Najsilniej korelującym zarówno z więzią, jak i komunikacją małżeńską okazały się schematy z obszaru rozłączenia i odrzucenia. **Wnioski:** Weryfikacja korelacji wczesnych nieadaptacyjnych schematów z jakością więzi i komunikacji małżeńskiej pogłębia wiedzę na temat ukształtowanych w dzieciństwie poznawczo-emocjonalnych wzorców istotnie powiązanych ze sposobami funkcjonowania w bliskiej relacji, zaś tego rodzaju wiedza z kolei może znaleźć praktyczne zastosowanie w terapii par i małżeństw. Ponadto uzyskane rezultaty mogą stanowić przyczynek do kolejnych analiz z uwzględnieniem zmiennych dotyczących wczesnodziecięcych doświadczeń, jak np. stylów wychowawczych czy systemów rodziny pochodzenia oraz innych konstruktywów opisujących jakość związku małżeńskiego.

Słowa kluczowe: wczesne nieadaptacyjne schematy, więź małżeńska, komunikacja małżeńska

The concept of early maladaptive schemas

The concept of Young, Klosko and Weishaar (2003) focuses on the early childhood origins of current psychosocial problems and emphasises the underlying importance of frustration of emotional needs in the

personal development of the individual. As a result of intensive and prolonged deprivation, the child develops, mainly on the basis of parental attitudes, non-adaptive beliefs about himself/herself and others,

¹ Artykuł w języku polskim: <https://www.stowarzyszeniefidesetratio.pl/fer/2023-1Grab.pdf>

which are coupled with a burdening and distressing emotional condition (van Genderen, Rijkeboer, Arntz, 2015; cf. also: Louis, Wood, Lockwood, Ho, Ferguson, 2018). Failure to meet the child’s basic needs, which are desirable for mental health, leads to the development of dysfunctional cognitive and emotional patterns, known as schemas (Edwards, Arntz, 2015).

Early maladaptive schemas, as defined by Young et al. (2003) are defined as patterns developed mostly in childhood and developed throughout life, consisting of memories, emotions, beliefs and bodily sensations. These patterns, which concern the individual and his or her relationships with others, determine the way in which a person perceives, processes and interprets his or her own behaviour and the surrounding

world. These schemas are self-reinforcing and resistant to change (Roediger, Stevens, Brockman, 2018). The particular schema that a person develops also depends on his or her innate personality dispositions and characteristics of the environment in which he or she grows up, as well as the interaction between them (Edwards, Arntz, 2015).

According to this approach, schemas function as effects and representations of unmet psychological needs, and can therefore also serve as indicators of the level of an individual’s adaptive and socialisation competences (Vreeswijk, Broersen, Nadort, 2015). The approach of Young et al. (2003) uses the authors’ hypothetical model of five basic psychological needs, which are assumed to be innate and universal. These

Table 1. A model of early maladaptive schemas as conceptualised by Young et al. (2003)

Schema area	Schemas
<p>I. Disconnection and rejection Bonding difficulties, insecurity and instability in interpersonal relationships as a result of deprivation of the need for secure attachment to others. Family of origin: rejection, emotional coldness, distance.</p>	<p>1. Abandonment – Sooner or later I will be left alone again. 2. Mistrust – <i>Getting too close is dangerous, I need to keep my distance.</i> 3. Emotional deprivation – <i>I am not getting support, love and understanding.</i> 4. Defectiveness/Shame – <i>I am worthless, therefore unworthy of love.</i> 5. Social isolation – <i>I am different from everyone around me.</i></p>
<p>II. Impaired autonomy and performance Perception of self as dependent on others, unable to live independently and act effectively as a result of deprivation of the need for autonomy, competence and a sense of identity. Family of origin: overprotectiveness, entanglement.</p>	<p>6. Dependence/Incompetence – <i>I cannot survive without the help of others.</i> 7. Vulnerability to Harm or Illness – <i>I’m so weak, I have to be on my guard.</i> 8. Enmeshment/Undeveloped Self – <i>I can’t live without my parent/partner and they without me.</i> 9. Failure – <i>I am a loser, others are better than me.</i></p>
<p>III. Impaired limits Difficulty in accepting limits, low frustration tolerance, deficit in strong willpower to pursue goals as a result of deprivation of the need for realistic boundaries and self-control. Family of origin: excessive permissiveness, lack of supervision.</p>	<p>10. Entitlement/Grandiosity – <i>I am allowed more than others.</i> 11. Insufficient Self-Control/Self-Discipline – <i>I can’t stand it, it should be done by someone else.</i></p>
<p>IV. Other-directedness Putting other people’s desires before one’s own, adapting one’s actions to the needs and opinions of others, having a strong sense of responsibility for solving other people’s problems, wanting to make a good impression with other people as a result of deprivation of the need to freely express one’s needs and emotions. Family of origin: suppression of feelings, conditional acceptance.</p>	<p>12. Subjugation – <i>My opinion means nothing, let others decide.</i> 13. Self-Sacrifice – <i>I have to forget about myself, I have to help others.</i> 14. Approval-Seeking – <i>I am valuable as long as others accept me.</i></p>
<p>V. Over-vigilance and inhibition The devaluation of spontaneity in expressing feelings, a negative and pessimistic evaluation of reality, pressure to achieve and a very strict moral code applied to both self and others as a result of the deprivation of the need for spontaneity and play. Family of origin: excessive demands, rigid rules, perfectionism.</p>	<p>15. Pessimism – <i>I feel some kind of misfortune approaching.</i> 16. Emotional Inhibition – <i>I can’t show my feelings because I will be ridiculous.</i> 17. Unrelenting Standards – <i>I am only worthy when I achieve high results.</i> 18. Punitiveness – <i>Whoever makes a mistake must be punished.</i></p>

Note. Names and definitions of schemas based on: Young et al., 2003.

needs are: secure attachment to others; autonomy, competence and a sense of identity; free expression of needs and emotions; spontaneity and play; realistic boundaries and self-control (Lockwood, Perris, 2015). Young et al. (2003) distinguished eighteen schemas and attributed them to the relevance to unmet needs of five higher-order factors, called schema domains or areas (cf. also: Arntz, van Genderen, 2020). The areas and the individual schemas associated with them are presented in Table 1.

1. Marital bond and communication

Both bonding and marital communication are complex and dynamic processes that take place between two people who are close to each other. These ongoing relational processes can be directed towards a development that gives a sense of satisfaction with the relationship, or – without the right competences, commitment and cooperation – can lead to a crisis and/or breakdown of the relationship. The complexity and dynamism of both constructs, are related to their multidimensionality (Miłoszewska, 2012). In the present study, the well-known and often applied in research concepts by Szopiński (1980) and Kaźmierczak and Plopa (2005) have been used to describe marital bonding and communication.

The psychological bond is generally accepted as the basis for marital cohabitation. It is defined in the literature as a process of mutual, personal giving of oneself to the spouse on three levels of interpersonal relations: cognitive, emotional and action-related (Szopiński, 1980; Ryś, 1999). According to Szopiński (1980), marital interactions realised in these three dimensions create a common, threefold psychological quality in the form of: co-understanding, co-feeling and co-acting, which, remaining in feedback, make the psychological experiences of one spouse become part of the experiences of the other (cf. e.g., Li et al., 2022).

Co-understanding manifests itself primarily in shared interests and opinions. Through it, the spouses seek to exchange insights, experiences and expectations and are able to accept their spouse's

point of view. This attitude of mutual listening and understanding, while accepting the other person's individuality, strengthens communication and promotes conflict resolution (Ryś, 1999). The second component of the bond – empathy – is expressed in the willingness as well as the ability to participate in the emotional experiences of the partner, while maintaining one's identity and independence. Affectionate consonance, linked to empathy, underpins mutual closeness, openness, a sense of security, acceptance and mutual support (Sitarczyk, Waniewski, 2001). In turn, the essence of interaction is the principle of partnership, understood as mutual respect and a symmetrical and responsible commitment to the sustainability of the relationship. The action aspect of the bond manifests itself in the practical dimension of caring for each other, building a family community, meeting the biological and psychological needs of the spouse (Ryś, 1999). The proper functioning of co-understanding, co-feeling and co-acting, creates an integral bond that gives the spouses a sense of satisfaction and contentment with the relationship (Szopiński, 1980).

One of the most essential elements binding two people's relationship together and making it one is communication, carried out at both verbal and non-verbal levels (Satir, 2000). Marital communication is characterised by a particular intensity due to the frequency and quality of personal interactions, whereby each spouse both influences and is influenced by the communication process (Plopa, 2008). Adaptive marital communication patterns are the foundations of a satisfying and happy relationship, and conversely, problems in the area of communication are most often referred to by partners experiencing crises (cf. e.g., Carrere, Buehlman, Gottman, Coan, Ruckstuhl, 2000; cf. also: Lavner, Karney, Bradbury, 2016). Among couples assessing their relationship as successful, positive and supportive messages prevail, in contrast to couples dissatisfied with their relationship, among whom attitudes such as controlling and depreciating the partner and biased attribution of negative meanings to messages from the spouse prevail (cf. e.g., Alipour, Kazemi, Kheirabadi, Eslami, 2020; cf. also: Dakowicz, 2021).

It should be highlighted that each of the marriages has a specific, unique style of communicating, encoding and processing messages, therefore the basic task of the spouses in the context of proper communication is to choose such forms that will foster the development of a mutually satisfactory bond (Plopa, 2008). Kaźmierczak and Plopa (2005) distinguished three types of communication in the marital relationship: supportive communication, committed communication and depreciative communication. Supportive communication manifests itself in showing respect for one's spouse, taking an interest in his or her problems and needs and being proactive in solving relational and family problems (Satir, 2000). Committed communication is the process of the spouses creating a relationship characterised by cordiality, a sense of security, mutual understanding and intimacy. This style includes all behaviours that prevent daily routine and actions that emphasise the importance and uniqueness of both the partner and the relationship itself (Ryś, 1999). A depreciating communication style is characterised by aggressive behaviour towards the spouse, devaluing him or her by, for example, insults or ridicule. This style is also associated with a desire to dominate and control the other person's actions (Kaźmierczak, Plopa, 2005; cf. also: Satir, 2000).

2. Own studies

2.1. Issues in own research

The aim of the study has been to verify the dependency between early maladaptive schemas and the quality of marital bonding and communication. As mentioned – according to the concept of Young et al. (2003), schemas are dysfunctional and pervasive cognitive-emotional patterns that arise as a result of the failure to satisfy one or more of the of basic psychological needs during childhood. The concept also assumes that these early childhood-derived maladaptive schemas, which are repeated throughout life, affect the

individual and their relationships with their significant others (ibid). Schemas can therefore be understood as a kind of rigid matrix, fixed on the basis of relational experiences with a significant person, most often a parent. In this regard, a close, intimate relationship appears to be a special space for the activation of schemas, i.e. the repetition of learned patterns that control the way the relationship functions. Close relationships are the backdrop for the emergence of particular patterns that significantly limit an individual's competence in interpersonal functioning (cf. e.g., Mohhamadi, Soleymani, 2017). Destructive beliefs and the unpleasant emotional states that accompany them can be categorised as internal conditions, i.e. those that reside in the person themselves and are the result of their personal development and experiences (Liberska, Matuszewska, 2001).

Based on the above considerations and the research gap, a problem was addressed that can be formulated in the form of a question – are there correlations, and if so, which ones, between early maladaptive schemas and the quality of marital bonding and communication? With regard to the question thus formulated, two correlational hypotheses have been raised:

- H1. Early maladaptive schemas are negatively related to the quality of the marital bond, such that the stronger the intensity of the schemas, the weaker the strength of the bond.
- H2. Early maladaptive schemas are related to the quality of marital communication, such that the stronger the intensity of schemas, the lower the level of supportive and committed communication and the higher the level of depreciating communication. This assumption applies to the assessment of both one's own communication behaviour and that of one's spouse.

The results obtained in the verification of the above hypotheses may be of particular importance in terms of a deeper understanding of the causes of relational marital problems, and, consequently, this knowledge may be helpful in determining the direction of work in the therapy of couples and marriages.

2.2. Research tools

The Young’s Schema Questionnaire YSQ-S3 has been used to measure early maladaptive schemas (Young, 2005). The authors of the Polish adaptation of the YSQ-S3 are Oettingen, Chodkiewicz, Mącik and Gruszczyńska (2018). The questionnaire is used to measure the intensity of 18 early maladaptive schemas, forming 5 general areas in the concept of Young et al. (2003). The tool contains 90 statements. In the present study, the alpha-Cronbach’s reliability parameters for individual scales ranged from 0.77 to 0.94. The quality of marital bond was assessed with the SWM Marital Bond Scale by Szopiński. The reliability of the scale meas-

ured by the Alpha-Cronbach’s coefficient was 0.95. The questionnaire, consisting of 60 statements, had three subscales: co-feeling, co-understanding and co-acting. The quality of marital communication was determined using the KKM by Kaźmierczak and Plopa. KKM has two versions for assessing one’s own and one’s spouse’s behaviour. Each contains 30 statements, measuring communication: supportive, committed and deprecating styles. The reliability of the Alfa-Cronbach’s questionnaire for each scale ranged from 0.75 to 0.86. In addition, in order to obtain socio-demographic information, respondents were asked to fill in a metric containing questions on such data as gender, age, place of residence, education, etc.

Table 2. Correlations of early maladaptive schemas with the quality of the marital bond (N = 252)

Variable	Bond	Co-feeling	Co-understanding	Co-acting
Disconnection and rejection	-0.467**	-0.449**	-0.463**	-0.454**
Emotional deprivation (ED)	-0.527**	-0.526**	-0.515**	-0.500**
Abandonment (AB)	-0.266**	-0.242**	-0.271**	-0.263**
Mistrust (MA)	-0.384**	-0.371**	-0.378**	-0.374**
Social isolation (SI)	-0.327**	-0.312**	-0.333**	-0.309**
Defectiveness/Shame (DS)	-0.436**	-0.416**	-0.421**	-0.437**
Impaired autonomy and performance	-0.274**	-0.243**	-0.283**	-0.272**
Failure (FA)	-0.246**	-0.228**	-0.260**	-0.230**
Dependence/Incompetence (DI)	-0.301**	-0.278**	-0.302**	-0.300**
Vulnerability to Harm or Illness (VU)	-0.195**	-0.167**	-0.205**	-0.197**
Enmeshment/Undeveloped Self (EM)	-0.101	-0.073	-0.106	-0.115
Other-directedness	-0.248**	-0.235**	-0.257**	-0.233**
Subjugation (SB)	-0.305**	-0.283**	-0.305**	-0.302**
Self-Sacrifice (SS)	-0.091	-0.097	-0.098	-0.069
Approval-Seeking (AS)	-0.195**	-0.178**	-0.206**	-0.185**
Over-vigilance and inhibition	-0.245**	-0.234**	-0.242**	-0.239**
Emotional Inhibition (EI)	-0.340**	-0.322**	-0.358**	-0.311**
Unrelenting Standards (US)	-0.076	-0.078	-0.068	-0.075
Punitiveness (PU)	-0.090	-0.092	-0.076	-0.095
Pessimism (NP)	-0.261**	-0.242**	-0.253**	-0.269**
Impaired limits	-0.228**	-0.211**	-0.217**	-0.239**
Entitlement/Grandiosity (ET)	-0.194**	-0.185**	-0.183**	-0.200**
Insufficient Self-Control/Self-Discipline (IS)	-0.205**	-0.185**	-0.196**	-0.218**

Note. **p < 0,01

2.3. Study population

The study targeting spouses was conducted online in accordance with the principles contained in the Declaration of Helsinki. Respondents were informed about their voluntary participation, the purpose and conduct of the study and were assured of complete anonymity and that the results obtained would be used solely for scientific purposes. Respondents were provided with a link to take part in the study. The sampling was purposive-incidence. A total of 252 people were surveyed, of whom 51.1% (149 people) were female and 49.9% (103 people) were male. The age of the subjects ranged from 20 to 72 years (M = 45.19; SD = 10.69). All respondents

were married. The shortest length of relationship was 1 year, while the longest was 51 years (M = 19.54; SD = 11.47). The surveyed population overwhelmingly consisted of people with a university degree – 84.1% (212 persons), while the remaining participants were mainly those with a secondary education – 13.1% (33 persons). In terms of place of residence, the study group consisted of people living in cities with more than 50 000 inhabitants – 49.6% (125 people), towns with up to 10 000 inhabitants – 26.6% (67 people) and towns with between 10 000 and 50 000 inhabitants – 23.8% (60 people). The current financial situation of their family was assessed by most people as good – 73.8% (186 people) and very good – 24.2% (61 people).

Table 3. Correlations of early maladaptive schemas with the quality of marital communication (N = 252)

Variable	My support	My commitment	My depreciation	His/Her support	His/Her commitment	His/Her depreciation
Disconnection and rejection	-0.327**	-0.253**	0.353**	-0.362**	-0.273**	0.373**
Emotional deprivation (ED)	-0.368**	-0.270**	0.256**	-0.511**	-0.422**	0.409**
Abandonment (AB)	-0.188**	-0.144*	0.333**	-0.161*	-0.085	0.212**
Mistrust (MA)	-0.273**	-0.202**	0.309**	-0.281**	-0.221**	0.331**
Social isolation (SI)	-0.235**	-0.194**	0.262**	-0.241**	-0.200**	0.287**
Defectiveness/Shame (DS)	-0.292**	-0.238**	0.275**	-0.319**	-0.215**	0.301**
Impaired autonomy and performance	-0.168**	-0.150*	0.327**	-0.161*	-0.093	0.258**
Failure (FA)	-0.140*	-0.166**	0.152*	-0.142*	-0.132*	0.160*
Dependence/Incompetence (DI)	-0.221**	-0.213**	0.333**	-0.161*	-0.056	0.222**
Vulnerability to Harm or Illness (VU)	-0.114	-0.090	0.309**	-0.122	-0.080	0.255**
Enmeshment/Undeveloped Self (EM)	-0.043	0.020	0.243**	-0.073	-0.005	0.169**
Other-directedness	-0.193**	-0.177**	0.321**	-0.176**	-0.137*	0.302**
Subjugation (SB)	-0.270**	-0.217**	0.272**	-0.200**	-0.137*	0.364**
Self-Sacrifice (SS)	-0.006	-0.086	0.199**	-0.114	-0.038	0.175**
Approval-Seeking (AS)	-0.185**	-0.121	0.274**	-0.110	-0.147*	0.188**
Over-vigilance and inhibition	-0.161*	-0.181**	0.243**	-0.138*	-0.159*	0.242**
Emotional Inhibition (EI)	-0.269**	-0.328**	0.202**	-0.223**	-0.167**	0.294**
Unrelenting Standards (US)	-0.013	-0.053	0.126*	-0.012	-0.082	0.105
Punitiveness (PU)	-0.043	-0.043	0.156*	-0.006	-0.086	0.126*
Pessimism (NP)	-0.178**	-0.143*	0.279**	-0.186**	-0.161*	0.234**
Impaired limits	-0.200**	-0.139*	0.306**	-0.148*	-0.148*	0.240**
Entitlement/Grandiosity (ET)	-0.184**	-0.154*	0.326**	-0.125*	-0.144*	0.235**
Insufficient Self-Control/Self-Discipline (IS)	-0.167**	-0.093	0.219**	-0.135*	-0.118	0.188**

Note. *p < 0,05; **p < 0,01

2.4. Results of the study

In order to verify the study hypotheses regarding the relationship between early maladaptive schemas and the quality of marital bonding and communication, the *r-Pearson* linear correlation statistic was used. First, the correlation between early maladaptive schemas and marital bond strength were assessed. The *r-Pearson* linear correlation coefficient showed statistically significant correlations between all areas and most of the individual schemas belonging to them and the overall level of bonding and its three dimensions: co-understanding, co-feeling and co-acting. Thus, hypothesis H1 was confirmed. The area of disconnection and rejection ($r = -0.467^{**}$) was found to be the most strongly correlated with marital bonding, as well as the component patterns of emotional deprivation ($r = -0.527^{**}$) and defectiveness/shame ($r = -0.436^{**}$). The results of these analyses are presented in Table 2.

Correlations between early maladaptive schemas and marital communication quality were then assessed. Statistical analysis indicated that all five areas and most of the individual schemas were negatively associated with a supportive and committed communication style and positively with a deprecating communication style, supporting hypothesis H2. Such a correlation occurred both when assessing their own communication behaviour and when assessing their spouse's behaviour. All of the relationships discussed were characterised by a similar strength of correlation. As in the case of bond, similarly, the most frequent and strongest correlations pertained to patterns in the area of disconnection and rejection. Particularly noteworthy are the three distinctive results of the relationship between emotional deprivation and the assessment of the spouse's behaviour in terms of: his/her support ($r = -0.511^{**}$), his/her commitment ($r = -0.422^{**}$) and his/her depreciation ($r = 0.409^{**}$). Detailed data are presented in Table 3.

3. Conclusions and discussion of the results

The aim of the present study has been to verify the correlation between early maladaptive schemas and the quality of marital bond and communication.

Based on the theoretical assumptions of the concept of schemas by Young et al. (2003) the primary research hypothesis was that these dependencies are negative. The results presented support the validity of this assumption. The results obtained also allow for a more in-depth analysis concerning the individual schemas. With regard to bonding, the area of disconnection and rejection, which correlates most strongly with it, as well as the associated patterns of emotional deprivation and defectiveness/shame, deserve special attention (Table 2). This area is the result of an unmet need for secure attachment to others and is associated with a lack of security and stability in interpersonal relationships (Roediger, Stevens, Brockman, 2018). In case of emotional deprivation, this feeling relates to an individual's strong belief that other people will not satisfactorily meet their need for emotional support. In contrast, the defectiveness/shame schema is related to the belief that a person is flawed, inferior and worthless and does not deserve love, attention and respect. These types of thoughts and feelings are associated with difficulties in building relationships (Young et al., 2003). This corresponds completely with the study result discussed above, indicating that the stronger the beliefs and emotions, such as feelings of abandonment, of not deserving love, of not being loved enough by others or of being threatened in interpersonal relationships, the weaker the marital bond expressed in co-understanding, co-feeling and co-acting.

Similar conclusions apply to marital communication, the individual dimensions of which also correlated most strongly and frequently with patterns in the area of disconnection and rejection (Table 3). Thus, cognitive-emotional patterns related to insecurity and stability in interpersonal relationships co-occurred with decreased levels of support and commitment, as well as increased levels of depreciation in marriage. Interestingly, these relationships are as much about assessing one's own behaviour as that of the spouse (cf. e.g., Mehrpouya, Jajarmi, Musawi, 2021; Mahmoudi, Mahmoudi, Nooripour, 2017). A distinctive correlation appeared to be the association of emotional deprivation with the assessment of communication by the partner (Table 3). As mentioned, the pattern of emotional deprivation

describes the individual's conviction that they are not getting a satisfactory degree of love, support and understanding. This means that this schema may involve a tendency to perceive messages as more negative than was intended by the communicator (Dakowicz, 2021; Kaźmierczak, Plopa, 2005). In addition, if the individual is accompanied by the conviction that the loved one is not able to give him or her enough love, then by behaving according to the schema and biased interpretation of the spouse's attitudes, the individual himself or herself may cause distance in the marital relationship (Young et al., 2003). Such phenomena, similar to the mechanism of the self-fulfilling prophecy, can concern all maladaptive schemas and their relation to false perceptions of the self, the partner and their relationship (cf. e.g., Leong, Chen, Fung, Bond, Siu, Zhu, 2019).

In conclusion, the verification of the correlation between early maladaptive schemas with the quality of marital bond and communication is important for both research and practice. First and foremost, it deepens knowledge of the cognitive-emotional

patterns formed in childhood that are associated with ways of functioning in an intimate relationship. This kind of knowledge, in turn, can find practical application in the therapy of couples and marriages (cf. e.g., Khatamsaz, Forouzandeh, Ghaderi, 2017; Mohhamadi, Soleymani, 2017). As far as the limitations of the study conducted are concerned, it is worth noting its correlational formulation, which does not allow conclusions to be drawn about the causal nature of the relationships studied. Nevertheless, the results obtained are in line with theories concerning the internal conditions of the individual in terms of his or her relational and communicative competences (cf. e.g., Navaei, Arya, 2016; Porjorat, 2016; Raftar, Pasandideh, Kazemi, 2019; Ghandpazi, Navabinejad, Delavar, 2020; Eftekhari, Hejazi, Yazdani, 2018). Furthermore, the results obtained are interesting enough to contribute to further analyses including variables related to early childhood experiences, such as parenting styles or family of origin systems, and other constructs describing the quality of the marital relationship.

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Witold Pilecki as a caring parent model from the Erik Erikson's theory perspective

Witold Pilecki jako wzór troskliwego rodzica w świetle teorii Erika Eriksona¹
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Abstract: The subject matter of the paper focuses on the figures of the Steadfast Soldiers as personal role models in upbringing towards higher values. In historical literature, there are many studies dedicated to the Steadfast Soldiers, whereas in psycho-pedagogical literature there have been only a few so far. It is the intention of the author of this paper to reinvigorate scholarly reflection on the educational implications of the biographies of the Steadfast. It is well known that Witold Pilecki, the most famous Steadfast Soldier, was an outstanding patriot. The aim of this paper is to show that he was also a model of a caring parent, inspiring emulation. The article refers to Erik Erikson's theory of psychosocial development, with a particular focus on the virtue of care, which makes it possible to resolve the generativity-stagnation crisis typical for middle adulthood and helps to properly perform the task of raising offspring. According to Erikson, a truly caring parent continually develops a tendency to care about people (primarily their own offspring, but also people in general), objects and ideas. The virtue of care manifests itself by going beyond the needs of the self, by acting for the good of future generations, by being authentic. Care helps to cope with the stagnation manifested by excessive focus on oneself and resentment towards others. It has been shown that Witold Pilecki perfectly fulfilled Erikson's listed criteria for genuine caring and is thus a personal role model in education for caring parenthood. The paper uses the biography method. Selected studies and source texts describing Pilecki's life and activities were used, with a special focus on the memoirs of his daughter, Zofia Pilecka-Optulowicz. She portrayed Witold Pilecki as a parent caring for his offspring and other people, a resourceful farmer vigorously engaged in agricultural production and a man devoted to the idea of helping others, selflessly striving to make it a reality.

Key words: parenthood, personal model, care, Witold Pilecki, Erik Erikson

Abstrakt: Tematyka pracy koncentruje się wokół postaci Żołnierzy Niezłomnych jako wzorów osobowych w wychowaniu do wartości. W literaturze historycznej istnieje wiele opracowań poświęconych Żołnierzom Niezłomnym, natomiast w literaturze psychopedagogicznej jest ich na razie zaledwie kilka. Zamierzeniem autora artykułu jest ożywienie naukowych rozważań w kwestii wychowawczych implikacji biografii Niezłomnych. Powszechnie wiadomym jest, że Witold Pilecki, najbardziej znany Żołnierz Niezłomny, był wybitnym patriotą. Celem tego artykułu jest wykazanie, że był również wzorem troskliwego rodzica, inspirującym do naśladownictwa. W artykule odwołano się do teorii rozwoju psychospołecznego autorstwa Erika Eriksona, ze szczególnym uwzględnieniem cnoty troski, która umożliwia rozwiązanie kryzysu generatywność-stagnacja charakterystycznego dla średniej dorosłości i pomaga w prawidłowej realizacji zadania, jakim jest wychowywanie potomstwa. Według Eriksona prawdziwie troskliwy rodzic ustawicznie wypracowuje w sobie skłonność do troszczenia się o ludzi (przede wszystkim o własne potomstwo, ale również o ludzi w ogóle), przedmioty oraz idee. Cnota troski przejawia się wyjściem poza potrzeby samego siebie, działaniem dla dobra przyszłych pokoleń, autentycznością. Troska pomaga poradzić sobie ze stagnacją przejawiającą się nadmierną koncentracją na sobie i niechęcią do drugiego człowieka. Wykazano, że Witold Pilecki doskonale spełnił wyszczególnione przez Eriksona kryteria prawdziwej troski i jest tym samym wzorem osobowym w wychowaniu do troskliwego rodzicielstwa. W artykule posłużono się metodą biograficzną. Wykorzystano wybrane opracowania i teksty źródłowe opisujące życie i działalność Pileckiego, ze szczególnym uwzględnieniem wspomnień jego córki, Zofii Pileckiej-Optulowicz. Przedstawiła ona Witolda Pileckiego jako rodzica troszczącego się o swoje potomstwo i innych ludzi, zaradnego gospodarza prężnie zajmującego się produkcją rolniczą oraz człowieka oddanego idei pomocy bliźniemu, dążącego bezinteresownie do jej urzeczywistnienia.

Słowa kluczowe: rodzicielstwo, wzór osobowy, troska, Witold Pilecki, Erik Erikson

Introduction

In the literature on the crisis of values, it is commonly emphasised that we are now living in an age of consumerism contesting ideals and traditional models of

psychosocial functioning. However, it appears that a certain section of society is resisting the influence of pseudo-values. In search for the highest ideals, people

¹ Artykuł w języku polskim: <https://www.stowarzyszeniefidesetratio.pl/fer/2023-1Juro.pdf>

turn to the fascinating and at the same time difficult example of the Steadfast Soldiers (Ostrowska, Stachurska, 2017, p. 12). As many researchers emphasise, this is due to the tragic history of the Steadfast, their outstanding courage and the simultaneous hypocrisy of the authorities of People's Poland towards their heroic achievements (Pilecka-Optułowicz 2017, p. 24; Płuzański, 2015; Wysocki, 2013). For many years, all activities concerning the Steadfast Soldiers were forbidden, including those concerning the reconstruction of their fate and the search for their graves (Pilecka-Optułowicz 2017, p. 12).

The Steadfast Soldiers actively resisted the Sovietisation of Poland by creating structures of the post-war independence anti-communist underground (Nowak, 2022). They had already started their activities during the Second World War, but the most difficult time started for them after the end of the war. The drama of the Steadfast was that, for them, the war was still going on, despite the immense fatigue of the earlier six-year occupation, hunger, fighting, cold and endless staring into the eyes of death. As highlighted by Wioletta Ostrowska and Emmanuela Stachurska: „The nation (...) diminished by a few million irreplaceable Absentees, did not have the power to reject the shell of Soviet occupation, but underneath, as always, the lava was boiling. The former invader knew—the replacement of the tsarist regime with communist rule changed nothing here—that Poles would not give up so easily. It was drilling, looking for lava. And the invader came across the burning campfire of Witold's group. Such people needed to be destroyed. It was known that since they had fought heroically for freedom against the Germans, they would fight just as fiercely against the Soviet system” (Ostrowska, Stachurska, 2017, p. 11).

As already mentioned, for many years the history of the Steadfast was surrounded by silence and hypocrisy of the authorities of People's Poland. As late as the 1990s and at the beginning of the 21st century, their biographies were known mainly among historians. It was only a decade or so ago that figures such as Witold Pilecki, Inka Siedzikówna, Emil Fieldorf or

Łukasz Ciepliński began to appear in the broadly understood media. Papers that acknowledge the perseverance of the Steadfast Soldiers, their heroism and fidelity to their ideals are also gradually appearing in the psycho-pedagogical literature. Among the authors of such studies, it is worth mentioning Karolina Sabat, who has analysed the biographies of the Steadfast with a particular focus on their steadfastness and courage (Sabat 2018), referring to such unique source materials as requests for pardon (Sabat, 2016). More recently, Weronika Juroszek has also analysed the biography of General Fieldorf 'Nil' (Juroszek, 2022) and has shown that August Emil Fieldorf is the epitome of a truly mature man who mobilises his pupils to emulate him. She defined maturity in a personality context, citing, after Zdzisław Chlewiński, its three determinants: treating a person as a person, autonomy in thinking and acting, and the ability to have an honest insight into the motives for one's actions.

This paper focuses on the issue of personal role modeling in upbringing towards caring parenthood. The biography method was applied (Szulakiewicz, 2015a, 2015b). Reference was made to the biography of Witold Pilecki, the most famous Steadfast Soldier, based primarily on the memoirs of his daughter, Zofia Pilecka-Optułowicz (2017). The description of Witold Pilecki's parental care uses the theory of Erik Erikson, who detailed caring as a virtue necessary to overcome the generativity-stagnation crisis typical for middle adulthood and coinciding parenthood. (Erikson, 1997, 2012).

Erik Erikson (1902-1994), an American psychologist of Danish origin, is the founder of the theory of psychosocial development. As a disciple of Anna Freud, he drew on the rich Freudian scientific background in the field of psychoanalysis in his theory. The psychoanalytic roots are evident in the reference to terms such as conflict, crisis.

Erikson detailed eight developmental crises that are experienced by humans over the course of their lives². In other words, the developing human being (whether he or she wants it or not) is faced with

2 These crises are as follows: basic trust–basic distrust (basic virtue: hope); autonomy–shame, doubt (basic virtue: will); initiative–guilt (basic virtue: firmness); productivity–feeling of inferiority (basic virtue: competence); identity–identity dispersion (core virtue: fidelity); intimacy–self-absorption (core virtue: love); generativity–stagnation (core virtue: caring); ego integrity–despair (core virtue: wisdom) (Erikson, 2012).

successive tasks which they must successfully solve. For the period of middle adulthood, the generativity-stagnation crisis is characteristic, and the basic virtue (vital force) for resolving this crisis is care.

Caring involves an attitude of constant readiness to help. This help is embodied in interpersonal relations spanning over several generations, both younger and older. A truly helpful person engages with those around them, contributing something personal for their benefit. Such an attitude protects against emptiness and despair, particularly that resulting from an unconstructive solution to another crisis which arises in old age (Sękowski, 2022).

Stagnation is characterised by excessive focus on oneself (one's concerns and wellbeing), egocentrism, and lack of commitment to the concerns of others. Generativity, on the other hand, manifests itself by creatively supporting others to grow.

The aim of this paper is to show that Witold Pilecki, the most famous Steadfast Soldier, brilliantly resolved the generativity-stagnation crisis by shaping the virtue of caring in himself. This care, directed creatively, authentically and altruistically towards other people, objects and ideas, was fully implemented in his parenting. Thus, Pilecki can be promoted among young people, alongside the model of a patriot, also as a model of a loving, caring father. By reading his biography, young people may be inspired by his model of fatherhood and want to emulate it. Such is the purpose of role models, i.e. people whose actions and qualities are considered worthy of emulation: they influence the emotional and volitional sphere of the other person (spectator, observer), mobilising them to emulate. (Bakiera, Harwas-Napierała, 2016; Maj, 2006; Okoń, 2007; Olbrycht, 2014; Wróblewska, 2021).

1. Biography of Witold Pilecki

Witold Pilecki was born on 13 May 1901 in Ołonec, a town located in Karelia—the north-western part of Russia. Witold's father, Julian Pilecki, a graduate of the Forestry Institute in St. Petersburg, worked as a forester in Karelia. He settled in Ołonec, where he also met and married Ludwika Osiecimska (Pawłow-

icz, 2017, p. 24). The spouses had five children: Maria, Józef, Witold, Wanda and Jerzy. After some time, the Pilecki family settled in Vilnius.

After the outbreak of the First World War and the occupation of Vilnius by the German army, the Pilecki family settled in Hawryłków (Mogilev region). It was there that Witold became involved in scouting activities, including founding his scout troop. In 1917, Polish scouting came out of the underground and the scouts gradually made their way into the territory of the recovering Polish state. As Poles from the Borderlands, however, they still had to fight for freedom. Pilecki operated as part of the Vilnius Self-Defence units founded by General Władysław Wejtko. Together with the unit of the 13th Uhlan Regiment commanded by Jerzy Dąbrowski (the famous "Łupaszka"), he participated in the most important battles of that unit. He fought alternately against the Germans, Ukrainians, Belarussians and Bolsheviks in the battles for: Brest, Lida, Baranavichy, Lithuanian Minsk (Pawłowicz, 2017, p. 25). During the Bolshevik War, he took part in the defence of Grodno, and together with the 211th Uhlan Regiment he fought at Płock, Mława, Chorzele, Druskininkai, Stowbtsy and Koidanowa (Pawłowicz, 2017, p. 26). In October 1920, he also took part in the Vilnius expedition of General Lucjan Żeligowski. After the end of hostilities, he was demobilised.

In the inter-war period, he began his studies at the Stefan Batory University in Vilnius (Faculty of Fine Arts), but for mainly financial reasons he abandoned his studies. Ultimately, he studied by correspondence at the Faculty of Agriculture of the University of Poznań (Pawłowicz, 2017, p. 26). At the same time, he was constantly taking part in reserve exercises in the 26th Cavalry Regiment and from 1931 in the Cavalry Training Centre in Grudziądz (Pawłowicz, 2017, p. 27).

In 1931, he married Maria Ostrowska, a public school teacher. They had two children, Andrzej (born 1932) and Zofia (born 1933).

In September 1939 Pilecki joined the war as a platoon commander. After the defeat of the September Campaign, he disbanded his platoon and began working in the underground. He was a co-organiser of the Polish Secret Army (TAP), in which he became chief

of staff and inspector of the organisational division, and later during the war he became deputy commander of the Kedyw Home Army brigade (Wysocki, 2013). Witold Pilecki's most famous endeavour during the Second World War was to voluntarily conduct intelligence activities at the Auschwitz concentration camp³. The aim was, as Witold Pilecki himself wrote in his "Reports from Auschwitz": to keep the spirits of the prisoners up by providing and disseminating news from the outside, to organise, as far as possible, the food supply for the prisoners, to pass news to the outside, and to prepare his own troops to take control of the camp (Pilecki, 2016). Pilecki sent reports on these activities to the headquarters of the command in Warsaw and to the West. For this activity he was promoted to the rank of lieutenant by Home Army Commander General Stefan "Grot" Rowecki (Pawłowicz, 2017, p. 36). In February 1944, he was promoted to the rank of Cavalry Captain for the heroism he displayed in the camp (Wysocki, 2013).

After escaping from the camp, in the middle of 1943, Pilecki continued his conspiratorial work within the underground organization "Niepodległość" (*Eng. "Independence"*) (code-named "NIE") and later in the Warsaw Uprising. He became the commander of the 2nd Company of the 1st Battalion. He fought in the vicinity of Wola (the areas of Towarowa, Pańska, Miedziana and Żelazna Street and Starynkiewicz Square). The areas he defended became known as 'Witold's Redoubt'. The redoubt was not conquered by the Germans and was one of the longest defended redoubts of the uprising. After the war, he was accused and sentenced to death on the basis of false charges. During his imprisonment he was cruelly, bestially tortured. Pilecki's testicles were crushed, his fingernails ripped off and he was impaled on stool legs (Płuzański, 2015). Pilecki himself said that compared to what he was going through then, "Auschwitz was a child's play" (Płuzański, 2015). One witness claimed that he did not even know if Pilecki was still alive when two guards were dragging him to the execution (Pilecka-Optułowicz, 2017, p. 114). The sentence was finalised on 25 May 1948 by shooting (shot in the back of the head).

2. Witold Pilecki as a model of a parent caring for his offspring and others

Erik Erikson described care as a constantly shaped, reinforced tendency to care about people, objects and ideas. In other words, caring makes it possible to form an attitude of generativity, by definition focusing on bringing new beings into existence (pro-creativity), creating objects (productivity) and ideas (creativity).

For Erikson, the mere fact of being a biological parent or wishing to bear offspring does not yet confirm an attitude of genuine caring. Authentically caring is the parent who loves not only his or her own biological children, but is able to commit heartily to a meeting with each and every child. Thus, Erikson turns towards a universal understanding of caring focused on trying to help all children, not just a selected few representing a narrow group of society (e.g. from intelligentsia families of noble birth). While analysing the attitude of genuine care, Erikson goes even further and says that it is actually the ability to care about people in general that is most important. Therefore, caring in its highest form manifests itself in the ability to show it to broader groups or communities, bringing it all de facto to compliance with the universal principle of caring for the welfare of one's fellow man and making the highest values a reality.

Witold Pilecki most certainly met these difficult criteria. At this point it is worth quoting the following words of his daughter, confirming the greatness of his humanity and incredible kindness: "My father gave proof with his whole life that he was not only a good soldier, but above all a good man" (Pilecka-Optułowicz, 2017, p. 67). And here are her further words: "He was a wonderful father! I wonder if he knew he had so little time..." (Pilecka-Optułowicz, 2017, p. 69).

Witold Pilecki distinguished himself as a parent exceptionally concerned about the development of his children: he taught them discipline, order and to follow certain rules. He also taught them to plan their responsibilities and to fulfil them. In his attitude he was demanding but at the same time warm and

³ Pilecki was in the camp from September 1940 until April 1943 (Wysocki, 2013).

empathetic. As his daughter Zofia confirms: “From a young age, he taught us to keep order, to take on responsibilities appropriate to our age. Every morning had its own rhythm. A loving father who was able to discipline his children in such a wonderful way—that’s something extraordinary. Even when he wasn’t with us, he would prepare an agenda for us, so we did what he wanted us to do” (Pilecka-Optulowicz, 2017, p. 72).

Pilecki’s daughter also states that her father’s exceptional care became evident, among other things, shortly after her birth, when her mother, very weakened by the birth, fell ill with tuberculosis and pneumonia. Shortly afterwards, she left for an extended medical treatment. Witold Pilecki was left alone with his one-year-old son and newborn Zosia: “He was helped a little by his mother, my grandmother, but because I was very petite at birth (...) my father was very worried about me and took care of me himself. He fed me himself with diluted cow’s milk, and it must be said that the milk was excellent, so I grew well and was as plump as a Masovian dumpling” (Pilecka-Optulowicz, 2017, p. 78-79).

The word “care” used in the context of Pilecki’s attitude as a parent appears dozens of times in his daughter’s memoirs, also in reference to the punishments he used. Zofia described an incident when she and her brother broke a valuable mirror. Witold Pilecki then became very upset and gave them as many spankings as there were cracks on the mirror. Zofia states that, however strange it may sound, this punishment was in a way kind to them, seen as an expression of the father’s concern for his children (Pilecka-Optulowicz, 2017, p. 73). Her father’s care was manifested with great warmth and she herself finds it difficult to agree with the image (so often portrayed in the media) of Witold Pilecki as a stern soldier in a uniform: “He was warm, he often hugged us, and not only us, he loved children and young people in general. The way his fellow sufferers regarded him, whether in the Warsaw Uprising or in captivity at Lamsdorf and Murnau, is the best proof of that. Because he was caring, he worried about others” (Pilecka-Optulowicz, 2017, p. 73).

Pilecki’s care, a man who was a role model in parenthood, was manifested not only towards his children, but also towards his ageing mother. As Zofia states, her father took care of Ludwika Pilecka née Osiecimska (he was even a nurse for her) until her death in 1939.

Witold Pilecki stood out as a great father, but he did not limit himself in his attitude only to his offspring. For other people, including the simple and uneducated, he was also able to be caring and empathetic. Referring to Erik Erikson’s theory, it can therefore be said that he was concerned with the wellbeing of each person and thus realised the value of care in its highest form. As an example, it is worth citing situations where Pilecki avoided parties ending at three or four in the morning, as he knew that at this hour many farmers go to work in the fields. He felt that it was inappropriate to party and then, while returning by carriage from the party, pass peasants going to hard work. Zofia Pilecka-Optulowicz points out that her parents, both her father and mother, could not imagine such a situation, as they had great sensitivity to the hardship, injustice and suffering of a simple man.

Pilecki provided his children with a sense of security. Zofia and Andrzej were aware that their father loved them above his own life, but he also showed a lot of heart to other people. In this sense, his attitude contradicted the reluctance to care for others characteristic of stagnation. This resentment, as Erikson points out, tends to be directed towards people who are treated as ‘outsiders’⁴. Pilecki distanced himself from creating such divisions. He was able to include the farmers working on his estate and those living in the surrounding villages into the group of people perceived as “his own”. They became his ‘loved ones’, those with whom he shared everything he had. His daughter points out that many social initiatives were funded by her father with his money. And here are her words: “My father cared about people, he was a humanist, a community worker. The initiatives he set up he financed with money from our estate. Also the army he created. My mother told us that

4 Erikson emphasised that for people affected by stagnation, resentment towards people often takes the form of a division between ‘their own’ and ‘outsiders’ (Erikson, 2012, p. 84). As resentment grows, the group of ‘outsiders’ becomes larger and larger.

there was often no money even for decent shoes for us. There could be no question of luxuries, because my father spent most of his money on developing our community and environment, and I must admit, I am glad he did" (Pilecka-Optułowicz, 2017, p. 67).

3. Witold Pilecki as a model of a resourceful father—a farmer who cares about the development of agricultural production with consideration for the welfare of others

According to Erik Erikson's concept, a caring father cares for his offspring (extending his concern to other people) as well as objects and ideas. This part of the paper will describe how Witold Pilecki was concerned with the development of, among other things, the family farm and other initiatives. He acted resiliently, showing great reliability and diligence with an eye to the welfare of others. The literary sources emphasise that one of the three basic functions of the father in the family (in addition to procreative and child-rearing) is to ensure the family's livelihood and protection, including materially (Jankowska, 2010).

The area in which Pilecki realised himself as a resourceful, preventive father was the ruined Sukurcze estate, recovered after several years of efforts. Pilecki rebuilt and modernised the estate over a few years. Eventually, he was able to create a beautiful, solid home for his family: "My father raised the estate from ruin, rebuilt it, did everything to create a wonderful home for us. I can safely say that for the six years we lived together in Sukurcze, I was in heaven; then I found myself in hell as well, but that's another story" (Pilecka-Optułowicz, 2017, p. 66).

Pilecki's care manifested in the sphere of production materialised in the context—and this is of great importance in the light of the present considerations—of the wellbeing of others. Pilecki took further professional initiatives by considering the needs of other people. One such initiative was the cultivation of clover and the establishment of a local dairy. Pilecki noticed the needs of the local farmers, exploited by rich merchants coming from big cities, such as Vilnius

or Lida. At this point it is worth quoting the following words of Zofia Pilecka-Optułowicz: "To the poor farmers of Sukurcze, who bent down to the ground in the sweat of their brow, striving for the crops of the land, making milk, cheese, butter—and these were first-class products—merchants from Vilnius and Lida would come and buy these goods for a pittance, only to later sell them much more expensively in Vilnius" (Pilecka-Optułowicz, 2017, p. 67).

Farmers accepted these undercut prices because they had no choice. They needed money for basic needs and had no other options to sell their goods. As his daughter Zofia further recalls: "My father could not watch this exploitation" (Pilecka-Optułowicz, 2017, p. 67). Eventually, he set up a dairy, became its president and, together with the farmers, set prices for the products he produced so that everyone could be fairly paid for their hard work. The farmers repeatedly thanked him for this initiative.

Bringing to life new beings, creations, ideas should be done, according to Erikson, in a spirit of kindness towards other people, including representatives of the younger generation (Erikson, 2012). A generation that needs help and strength from the years lived and the experiences of older, wiser, more mature people (Wójciszewski, 2020). Lech Witkowski, a long-time researcher of the issue of developmental phases in terms of Erik Erikson's psychodynamic model, draws attention to the important issue of intergenerational vitality (generativity) and its creative contribution to the development of subsequent generations.

Pilecka-Optułowicz emphasises that her father, when undertaking various production initiatives, was guided by the will to ensure adequate living conditions for his biological offspring, but his motivation should be understood more broadly, as he also took into account the needs of local farmers and their children. He tried to help them all. He wanted the production he developed to serve them too. In this sense, his vitality (generativity) manifested itself in pro-socially oriented ventures, including those in the area of production. Crucially, he sought to ensure that farmers and their children learned to optimise their own activities. Therefore, this was not a onetime assistance devised for the 'here and now', but was a manifestation of a broad-

er, more forward-looking motivation. Motivation leading to planned activities, including those that cost him a lot and consumed a lot of his strength, such as undertaking agricultural studies. And here are the words of his daughter Zofia: “My father realised that establishing a dairy cooperative was not enough, people had to be taught farming and trade. He was a teacher agronomist. In order to teach others, he first had to gain knowledge himself, so he went to study agriculture in Poznań in absentia” (Pilecka-Optułowicz, 2017, p. 67).

He shared his knowledge gained from his studies with the farmers. He passed on to them all the books and scientific scripts he possessed. And once again, it is worth quoting the words of his daughter, with which she emphasises her father’s kind, creative attitude towards the people he cared for: “He was learning not for himself, but for others, so that these people would be enlightened, because the Eastern Borderlands, Vilnius, were very neglected” (Pilecka-Optułowicz, 2017, s. 68).

A creative (life-giving), kind-hearted educator, with his authenticity and sensitivity, shapes the attitudes of the representatives of the younger generation, who, observing him and experiencing kindness on his part, change themselves, orienting their lives according to the guideposts set by him.

The caring help shown to the people of Sukurcze evoked their love for the one from whom they experienced this help. A love that stayed with them forever and resurfaced when they met his relatives: “When my brother went to Sukurcze years later, people would come to him to give him the books they had once borrowed from my father. In Sukurcze everyone loved Witold Pilecki very much, us too, my mother as a teacher” (Pilecka-Optułowicz, 2017, p. 68). These people recalled the caring attitude, commitment and all that they owed to Pilecki. They emphasised that he was able to motivate people to change their lives. Their attachment had already manifested itself earlier, on 17 September 1939, when the locals warned the Pileckis family about the deportation to the gulag. As Pilecka-Optułowicz recalls: “Everyone wanted to protect us and take us to their home so we wouldn’t be deported to Siberia” (Pilecka-Optułowicz, 2017, p. 68).

Pilecki’s daughter emphasises that her father inspired others, including herself, to emulate him. He was able to evoke admiration in his pupils by his example, and inspire them to take similar actions in the future. Many farmers, observing Pilecki’s attitude, modelled themselves on him.

Witold Pilecki was honoured for his attitude of care with the Silver Cross of Merit, received in 1937. The justification referred to his involvement in public, social issues (Pawłowicz, 2017, p. 27). It is a well-known fact that even the highest honours can sometimes go to people in whom, despite their pro-social tendencies, their own ambitions, aspirations, desires for fame and success come first. In Pilecki’s case, his commitment to others was determined by their welfare. Pilecki’s intentions were entirely altruistic.

4. Witold Pilecki as a model of a parent faithful to the highest ideals, acting selflessly to make them a reality

A genuinely caring educator not only embraces certain ideas, but is capable of reflecting on them and considering them carefully in terms of values and—as far as possible—making them a reality (Erikson, 2012; Kostkiewicz, 2020; Rynio, 2018; Witkowski, 2015). In the light of the literature on the subject, as well as the considerations presented in the previous paragraphs, Witold Pilecki appears to be a person who professed and realised the highest ideas. One of them was to act according to the principle of loving your neighbour. “Love your neighbour as yourself” was the guiding idea, which determined the direction and purpose of his actions.

Erikson claimed that a truly caring parent, when supporting their children in their development, does so within a wider context, in this case, an ideological context. In Pilecki’s case, this care materialised in a perfect, exemplary way. Zofia Pilecka-Optułowicz emphasises that her father’s voluntary entry into a concentration camp had just such an ideological basis related to love of neighbour: “For me, it is unbelievable that with such a great sensitivity to

beauty and an exceptional appreciation of everything that surrounded him, my father managed to survive the hell that was the concentration camp, to which, after all, he went voluntarily to act there for the good of others” (Pilecka-Optułowicz, 2017, p. 66). In the daughter’s opinion, this quality of Pilecki’s self-sacrifice, i.e. a constantly activated will to act for the good of others, is the key to understanding this unique mission of his.

Another idea that Pilecki was guided by in his life boils down to the well-known words: God, Honour, Homeland. He passed them on to his children in the form of this motto: “Love your native land. Love your sacred faith and the traditions of your own people. Grow into men of honour, always faithful to the highest values you recognise, which you must serve your whole life” (Pawłowicz, 2017, p. 39).

In his care for ideas, Witold Pilecki was genuine, authentic. Pilecki’s authenticity was the result of, among other things, a patriotic upbringing, in which it was emphasised that one should sacrifice oneself for the homeland and the wellbeing of its citizens. Patriotism was treated as a duty, a task, which had to be performed if such a need arose. It is worth emphasising that the patriotism of the time consisted not only in empty declarations. Particularly in the fates of many Polish insurgents, one can find an exemplary compatibility between declared love for the homeland and actual actions, which were giving up one’s property (and often one’s life) to save the homeland.

Pilecki grew up in just such a truly patriotic family with noble roots. Witold’s grandfather, Jozef Pilecki, who bore the Leliwa coat of arms, was exiled to Siberia for his participation in the January Uprising, where he spent seven years (Wysocki, 2013). The Russians also deprived him of a large part of his property, which was a typical manifestation of the Tsarist Russia’s punishment of Poles for their patriotic stance (Wysocki, 2013). It is significant that both the insurgents themselves and their descendants supported each other in nurturing the insurgent traditions. The insurgents did not regret

their fate, and their children and grandchildren did not resent their ancestors for their participation in the fight for independence and the consequent impoverishment of the whole family. What’s more, on the example of Pilecki’s mother, Ludwika Pilecka née Osiecimska, one can analyse the consistent, unwavering process of propagating patriotic attitudes, which she conducted. Ludwika Pilecka used to tell her children stories about the persecution of Poles by the Tsarist Russia: their heroic sufferings, exiles and poverty (Wysocki, 2013). She read novels to them written by Henryk Sienkiewicz (above all the “Trilogy”), stories about the January Uprising richly illustrated with drawings by Artur Grottger (Pilecka-Optułowicz, 2017, p. 142). In such a patriotic atmosphere Witold Pilecki was brought up, whose personality had been shaped for years in a spirit of true dedication to his Homeland. In this sense, in Pilecki’s upbringing there was an absolute correlation between the patriotic declarations of his educators and the actions taken by them.⁵ Pilecki very early proved with his deeds that he was a true patriot. Already at the age of 12, he joined a scouting organisation banned by the Russian authorities, in which he learned the observance of duties, physical and mental endurance, and basic principles of conspiracy (Wysocki, 2013).

Pilecki’s authenticity, understood as a love of truth, distancing himself from any lie, was confirmed by his daughter in her memoirs: “It was not allowed to lie, my father abhorred lying. He asked: ‘If you even do something terrible, don’t lie. Don’t be afraid and tell about it.’ For us it would have been unimaginable to deceive our father, he sensitised us to the fact that even if we knew we were going to get some kind of punishment, we had to tell the whole truth. That lesson has stayed with me to this day” (Pilecka-Optułowicz, 2017, p. 72). These words confirm the regularity described by Erikson that genuine caring involves authority (Erikson, 2012). A parent who is genuinely caring becomes someone the child holds in high esteem, someone the child wants to emulate and follow the principles they preach.

⁵ The issue of compatibility between actions and declarations (authenticity) is explored more broadly by the following authors: K. Denek (2010), M. Gajderowicz (2018); M. Strembska-Kozieł (2022); H. Wróblewska (2021); J. Żaryn (2020; 2022), A. Życzok (2021). The titles of the studies can be found in the bibliography.

Conclusion

Witold Pilecki perfectly fulfilled the criteria for true care listed by Erik Erikson and can be placed as a personal model in upbringing for caring parenthood. In showing care, he was authentic, constantly transcending himself and reaching out to the needs of other people.

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Motherhood during the COVID-19 pandemic in Poland – qualitative studies

Macierzyństwo w czasie pandemii COVID-19 w Polsce – badania jakościowe¹
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Abstract: *Aim:* To analyse the impact of the COVID-19 pandemic on women experiencing motherhood in the areas of perception, adaptation and assessment of the pandemic situation. *Material and method:* A qualitative study was conducted using semi-structured interviews. The interviews were conducted in a group of 25 women aged 22-41 who gave birth during the pandemic. Most of the respondents live in the city with more than 500,000 inhabitants, and have a higher education. In most cases, the research material was collected by means of face to face interviews, and in the case of 9 women, using remote techniques. *Results:* The results do not demonstrate a decreased interest in motherhood during the COVID-19 pandemic. Most of the respondents had planned their pregnancy and complied with the sanitary regime. Online prenatal education turned out to be a good solution for the study group at the time of restrictions. The number of antenatal visits was not increased as compared to previous pregnancies. Five respondents were considering a homebirth. The respondents complained of reduced well-being, which resulted in the recurrence of depressive moods. Most concerns were related to the reliability of tele-counselling and the availability of the doctor and partner during childbirth. *Conclusions:* The analysis of the respondents' answers leads to the conclusion that the COVID-19 pandemic had a significant influence on the mental state of women giving birth at that time. The most difficult aspect for the respondents was the prohibition of giving birth in the presence of family, no mental support and feeling lonely both during the pregnancy and after childbirth at the time of quarantine. The COVID-19 pandemic did not have a significant effect on the perception of motherhood by women or on their reproduction plans.

Keywords: motherhood, pregnancy, prenatal education, COVID-19 pandemic, qualitative studies

Abstrakt: *Cel pracy:* Analiza wpływu pandemii COVID-19 na kobiety doświadczające macierzyństwa w obszarach postrzegania, adaptacji i oceny sytuacji pandemii. *Material i metoda:* Badania jakościowe przeprowadzono metodą sondażową z wykorzystaniem techniki wywiadu częściowo ustrukturyzowanego. Wywiady przeprowadzono w grupie 25 kobiet w wieku 22 - 41 lat, które urodziły w czasie pandemii, w ciągu 10 miesięcy od daty porodu. Większość badanych pochodzi z miast powyżej 500 tysięcy mieszkańców oraz posiada wyższe wykształcenie. Materiał badawczy w większości przypadków zgromadzono drogą bezpośrednich spotkań, w przypadku 9 kobiet za pośrednictwem technik zdalnych. *Wyniki:* Wyniki nie świadczą o spadku zainteresowania macierzyństwem w okresie pandemii COVID-19. Większość badanych planowała ciążę oraz przestrzegała zasad reżimu sanitarnego. Dla badanej grupy edukacja przedporodowa online okazała się dobrym rozwiązaniem w czas wprowadzonych obostrzeń. Liczba wizyt kontrolnych w czasie ciąży u lekarza ginekologa nie uległa zwiększeniu w porównaniu z poprzednimi ciążami. Pięć respondentek rozważało poród w domu. Respondentki skarżyły się na obniżone samopoczucie, które skutkowało nawrotem nastrojów depresyjnych. Najczęstsze obawy dotyczyły rzetelności teleporad i dostępności lekarza oraz obecności partnera przy porodzie. *Wnioski:* Analiza wypowiedzi respondentek pozwala wnioskować, że pandemia COVID-19 miała znaczący wpływ na stan psychiczny kobiet rodzących w tym czasie. Najtrudniejszy dla badanych kobiet był brak możliwości porodów rodzinnych, brak psychologicznego wsparcia oraz osamotnienie zarówno w ciąży jak i po porodzie w trakcie trwania kwarantanny. Okres pandemii COVID-19 nie miał większego wpływu na postrzeganie macierzyństwa przez kobiety i na plany prokreacyjne.

Słowa kluczowe: macierzyństwo, ciąża, edukacja przedporodowa, pandemia COVID 19, badania jakościowe

1 Artykuł w języku polskim: <https://www.stowarzyszeniefidesetratio.pl/fer/2023-1Step.pdf>

Background

On 14 March 2020, the state of COVID-19 pandemic was officially announced in Poland. The life of all people changed dramatically. A number of restrictions were introduced: prohibition of organising events and other gatherings, limits of customers in restaurants, culture centres, churches, sports facilities, and restrictions in travelling abroad. Their aim of these measures was to prevent a further spread of the COVID-19 virus (Ordinance of the Minister of Health of 20 March 2020). The restrictions and limits introduced affected each sector of economy and everyday life. It was necessary for all to adapt to the new restrictions, rules and bans.

Available studies indicated that the quality of life of Polish people was reduced at that time. The citizens of Poland struggled with closed work establishments, reduced state of public and personal finances and with restrictions in transport, offices and trade facilities (Cybulska et al., 2020).

A growing number of cases of depression and anxiety disorders were reported to psychologists and psychiatrists. A study of the first quarantine in the world taking place in China was aimed to determine the quarantine impact on the mental state, level of anxiety, depression and stress in the initial stage of the COVID-19 outbreak. The survey was shared via the Internet. Information on demographics and physical symptoms occurring in the last 14 days was collected, and the mental health was assessed with the Depression, Anxiety and Stress Scale – 12 items (DASS-21). 1,210 subject participated in the study: 53.8% of respondents assessed the psychological effect of the pandemic on the well-being as moderate or severe; 16.5% of respondents reported moderated to severe symptoms of depression; 28.8% reported moderated to severe symptoms of anxiety; and 8.1% reported moderate to severe level of stress (Sokół-Szawłowska, 2020).

A higher level of domestic violence was equally observed. The study included 342 parents (62% mothers) of children aged 4-10 years living in the United States who completed the online questionnaire on their experiences with COVID-19, as well as a questionnaire concerning the handling a family crisis

(F-COPES scale). Assessment of the results included a statistical analysis of violence history, depression symptoms of parents, their financial stability, and age and sex of both parents and children. Parents who lost their job, suffered from a severe depression and had a history of mental violence towards their children, were more likely to use mental violence during the COVID-19 pandemic (Lawson, 2021).

Weakening of family relations was observed during home quarantine. Anxiety and stress of the Poles increased. At the turn of March and April 2020, when more restrictions were introduced, an online survey was conducted among 1,742 participants. In the early phase, the epidemic was a strong stressor for the majority of the study participants (75%). Increased symptoms of adaptation disorders (constant preoccupation with stresses and impaired functioning) was reported by as many as 49% of the respondents. Women and respondents with no full-time job reported more severe symptoms of disorders. Symptoms of generalized anxiety was reported by 44% of all respondents, while depression was reported by 26% (Dragan, 2020).

Consequences of the COVID-19 pandemic are especially noticeable in the health care system. Hospitals were overcrowded and the medical personnel was not able to provide assistance to all patients. Many hospital employees got COVID-19 and stayed in quarantine. For this reason, there was a growing problem of an insufficient number of health care professionals (Bukowski et al., 2020). From March 2020, the primary health care functioned only in the form of tele-counselling. As a result of limited possibilities of diagnosis, patients did not start treatment when symptoms occurred. The number of hospital admissions of patients in a severe condition much increased. In 2020, the number of deaths in Poland exceeded 485,000. This is 67,000 deaths more than in 2019 (GUS, 2020).

The COVID-19 pandemic also affected women in the reproductive age, who planned pregnancy. Many women reduced their visits at specialists at the time of the pandemic. Being worried about their own health, as well as the health of their unborn

babies, they resigned from their scheduled visits during pregnancy. In a study including 10,257 women who gave birth in the first year of the COVID-19 pandemic (between March 2020 and February 2021), one in four respondents (26%) resigned from some antenatal visits at the doctor attending pregnancy, from some laboratory tests or cardiotocography test (CTG) (Report of the foundation "Rodzic po Ludzku", 2021).

Internationally, one of the biggest concerns for women discussed in social media in spring 2020, was the banning of birth partners from being present at the birth (Vermeulen et al., 2020). . Due to a high risk of contamination, giving birth in the presence of a relative was suspended in Poland for a period of several months. Women were concerned with lack of emotional and physical support during childbirth. A decision in this respect was made by the hospital administrator – after individual assessment of a given hospital conditions enabling isolation of the women in labour and their relatives from other patients (Ordinance of the Council of Ministers, 2020). This resulted in an increased level of anxiety, stress, and pain intensity during childbirth, and an increase in caesarean section rates. A report from Italy on 42 births by women infected with COVID-19 demonstrated that a vaginal (natural) birth was possible in 57% women, and caesarean section was performed in 18 women (43%), but in 8 of them the reason was unrelated to COVID-19 (Studniczek et al., 2020).

Another, similarly important aspect of this situation, is a high decrease in the number of births in Poland. In January 2021, 25,000 of live births were recorded. This result is lower by 25% in comparison with the previous year (Cierniak-Piotrowska et al., 2021). Women are afraid to decide on motherhood in such uncertain times as during the COVID-19 pandemic. A study conducted by researchers from the NYU Grossman School of Medicine concerning a group of 1,179 women in New York revealed that one third of those who considered pregnancy before the pandemic, abandoned plans of reproduction (Kahn, 2021). An Irish study of 70 women conducted in April 2020 showed that after a month of forced isolation and resulting loss of contact

with friends and family, 44% of pregnant women had a depressed mood, and 4% had worse relations with their partner (Milne, 2020).

These phenomena were an inspiration to undertake studies in the area of perception, adaptation and assessment of the COVID-19 pandemic by women experiencing motherhood.

1. Material and method

The authors chose a qualitative approach to capture experiences and emotions of women who labour took place during the COVID 19 pandemic in Poland. The strategy of data collection was based on a predetermined semi-structured questionnaire. Then, a qualitative analysis of significant respondents' opinions was conducted, focusing on presented facts and own wording of participants, without resorting to previous frameworks and theories (McIntosh & Morse, 2015). Qualitative studies were conducted by authors from 1 March to 17 May 2021. The research technique involved a one-to-one semi-structured interview lasting about 1-1.5 hours. When more details were needed, the study participant was encouraged with the question: "Can you elaborate on that?". The project was approved by the Bioethics Committee of the Medical University of Warsaw, Poland (AKBE/40/2021) on 15.03.2021.

The interviews were conducted at a convenient time and place indicated by the study participants. Previous to the interviews, both researchers were additionally trained in qualitative study collection and analysis (Irvine et al., 2013; McIntosh and Morse, 2015; Morse, 2006; Sandelowski, 2000), by an experienced tutor. Data were anonymised, and the respondents were assigned consecutive numbers (from 1 to 25).

The study group included 25 women who gave birth within 10 months of the study initiation. The inclusion criterion was an uneventful childbirth during the COVID-19 pandemic.

The respondents were recruited via internet fora and out of patients of St. Sophia Specialist Hospital in Warsaw, Poland, as well as Polikarp Brudziński Children's Clinical Hospital in Warsaw, Poland.

Tabel 1. Characteristics of participants.

Participant code	Age (years)	Education (no, secondary, higher)	Marital status (single, cohabiting, married)	Residence (city, rural area)	Pregnancy planned before the pandemic (yes, no)
1.	26	Secondary	married	city	no
2.	41	Higher	single	city	yes
3.	24	Secondary	single	city	no
4.	29	Higher	married	city	yes
5.	34	Higher	single	rural area	yes
6.	32	Higher	married	city	yes
7.	24	Higher	married	city	no
8.	28	Higher	married	city	yes
9.	27	Secondary	married	city	yes
10.	26	Secondary	married	rural area	no
11.	22	Secondary	single	city	yes
12.	32	Secondary	married	rural area	yes
13.	30	Higher	married	city	yes
14.	26	Higher	married	city	yes
15.	22	Secondary	single	city	no
16.	32	Higher	married	city	yes
17.	27	Higher	married	city	yes
18.	33	Higher	married	city	no
19.	28	Higher	married	city	yes
20.	28	Higher	married	city	no
21.	28	Higher	married	city	yes
22.	27	Higher	married	city	yes
23.	32	Higher	married	city	yes
24.	35	Higher	married	city	yes
25.	27	Higher	married	city	yes

In most cases, the research material was collected by means of face to face interviews, and in the case of 9 women, by remote techniques, using the Teams platform.

The respondents were inhabitants of cities with more than 500.000 inhabitants, aged 22 to 41 years, mostly married and higher educated. 17 pregnancies had been planned (details in Table 1).

The questions referred to the issue of perception, adaptation and assessment of the COVID-19 pandemic situation by women after childbirth. The research tool was a script of a semi-structured interview containing 15 problem areas on which the respondents could freely express their opinions.

Results obtained in the course of registering the respondents' answers on a dictating machine were recorded, and then coded with full anonymization. The authors grouped the responses by topic in accordance with the predetermined research problems. The obtained texts were analysed with regard to quality, frequency and intensity of the respondents' opinions and assessments. The contents analysis was divided into a few stages. In the first stage, individual researchers analysed particular answers, and in the next stage, they compared the results of the analysis. During the entire process of data analysis, regular meetings of the team were held to review the topics, in order to ensure precision of results and agree on the final version of the analysis.

The research problems referred to e.g. planning motherhood, perinatal care, course of pregnancy and labour, participation in prenatal education (online), concerns related to the pandemic, well-being and relations in the family.

2. Results

The main problem which occurred the most frequently in the answers of the 25 respondents who gave birth during the COVID-19 pandemic involved difficulties related to social isolation. The primary issue was lack of contact with medical care and lack of contacts with friends and family who could help in the difficult time of pregnancy, labour and puerperium.

On the basis of the content analysis, 4 topics were distinguished: "Isolation versus medical care during the COVID-19 pandemic", "Social isolation", "Prenatal education and experience of labour", "Experience of motherhood during the pandemic".

2.1. Isolation versus medical care during the COVID-19 pandemic

The respondents' answers were dominated by the subject of isolation and lack of contact with other people. Limited access to public recreational facilities, such as swimming pools, fitness or yoga centres. Lack of possibility of going to the restaurant, cinema or theatre had a destructive effect on the mental state:

The pandemic is definitely a challenge, as far as mental state is concerned. It is hard to take care of the child the whole day, without an opportunity to contact other people, without a chance to go to different places, etc. I miss the opportunity to go to the swimming pool or to places for young mothers with children very much. My daughter had practically no contact with other children for 8 months of life [8].

The majority of respondents pointed to the problem of isolation and lack of contact with the loved ones during their stay at the hospital, where sanitary restrictions related to the COVID-19 pandemic were

implemented. The ban on visits during the most important time of puerperium was one of the most difficult moments of motherhood for the respondents:

After birth, no visits of the loved ones, which means that during the worst first days the woman is by herself and with a little child (the staff members certainly help but they are strangers) [1].

A vast majority of the respondents declared that despite the pandemic, their schedule of visits at the gynaecologist during pregnancy did not change:

Of course, I took all the necessary examinations and visits, but I would prefer to limit the visits at the hospital to a minimum [10].

I had all the necessary visits recommended during pregnancy [15].

The majority of respondents claimed that during pregnancy, social isolation caused by the pandemic was not as bad. The time after childbirth was much more difficult, when they missed seeing their friends who had experience in motherhood.

It seems to me that the more difficult time is after pregnancy, because during pregnancy you can isolate (...), but after pregnancy, when the child is born, the presence of older, more experienced women was very helpful [4].

Most respondents emphasised the problem of no access to medical care after childbirth. For young mothers, taking care of an infant without a possibility to consult a paediatrician was a mental burden. Online medical visits and presenting skin problems of the child by means of pictures was a discomfort for a mother, who did not see good effects of remote treatment. The women appreciated real visits of midwives, which reduced their level of anxiety related to the responsibility for the infant's health, and they received specific instructions which brought good effects:

A paediatrician is available only for vaccination visits, and other problems are solved by remote contact. For example, my daughter had skin problems when she was 2 months old (which ultimately turned out to be infantile acne) and I missed the opportunity to visit a paediatrician to see my daughter very much. The diagnosis was made on the basis of pictures, and probably that was why it was incorrect. Finally, a midwife came for a patronage visit and said that it was acne, she instructed me to withdraw all the ointments, and the problem disappeared [8].

The analysis of the respondents' answers shows that most of them felt dysphoria, no desire for life due to fear of infection, and lack of possibility to meet family or friends:

I am quite strong mentally, but there are certain moments when I am tired, and I would like to go out to see my friends, do the shopping, go to the swimming pool, gym, and I can't. Generally, it's not bad, but I had a bit different expectations as to my first months with the baby, I miss going out to see other people [13].

The respondents expressed a need of mental support, which they could not receive in the form of everyday encounters, contacts and chatting with friends or family due to quarantine. Difficult access to specialists made it impossible for the women to fully achieve mental comfort. An additional burden was that being pregnant they felt responsible for the health of their unborn baby:

First of all, I needed a lot of mental support. Pandemic is a time when everybody worries about their own health, and I had to worry about the health of two people [16].

Dynamic spread of the COVID-19 pandemic resulted in a situation when decisions on the health safety of humans and related restrictions were announced from day to day. Lack of reliable information

was a problem for the women. In that situation, it was very difficult to plan anything, and new, surprising information induced stress and tension:

First of all, reliable information – the worst scenario is when I have questions which nobody could answer, and I don't know what to do – and this, unfortunately, happened a lot. It would be good if there were some predictability—when I went to hospital for childbirth, I was convinced that there were still births in the presence of family members, but I learned that since the previous day it was not possible anymore [6].

2.2. Social isolation

A few women claimed that pandemic restrictions resulting in remote work had a positive influence on relation with their husbands, who did their professional work at home:

It was very good that me and my husband finally had more time for each other. It was a wonderful time. Now, with two little kids, we do not have much time to cherish our marriage [20].

Negative consequences of social isolation were related to difficulties in maintaining contact with a more distant family. Most women resigned from visiting older family members due to quarantine or for fear of infection. Although most of the respondents resigned from meetings in a large family circle, they still tried to maintain everyday relations and not to lose contact with their loved ones, to contact by phone, thus taking care of mental hygiene.

We practically see nobody, we have sick parents that we do not want to expose. Our son hardly knows his grandparents. We feel sorry, since we often had family gatherings in the past [18].

I tried to talk to my loved ones a lot. We often hear of a higher incidence of depression due to constant isolation [10].

Most respondents tried to care for their physical hygiene, being mindful of their own and their child's health. By maintaining a healthy diet, walking in the fresh air or doing exercises conducted via social media, they ensured that lack of movement in isolation did not affect their health:

I go for a walk every day, I spend three or four hours outdoors, because my son sleeps best in the stroller, and this is my way, and sometimes we do some trainings available on YouTube with my husband, it's real fun (...) [4].

All women cared for themselves by complying with the sanitary regime, they wore masks, regularly disinfected their hands and avoided contact with other people:

I avoided mass events, used disinfectants each time I went out to a public place, and I limited encounters with my friends and family [3].

2.3. Prenatal education and experience of labour

For 16 respondents, online prenatal education was a good and safe form of preparing for childbirth during the COVID-19 pandemic. Staying at home, reducing contacts with other course participants and saving time to reach the appointed destination was a good solution:

It meets my expectations, it's a convenient solution. You don't have to go to the appointed places [13].

A few respondents had different opinions claiming that the online form did not meet their expectations, preventing them from full participation in practical classes.

This can't replace stationary classes. There is less emphasis on practical classes. It's easier for the participants to get distracted [5].

Answers of 20 respondents mostly included concerns related to becoming infected with COVID-19 virus, and resulting impossibility to give birth to the baby in the presence of the child's father. Five women had to face a situation when their partner was not let into the hospital to participate in the childbirth. One woman reported:

I feared a childbirth alone the most, and my fear came true [20].

An alternative to a birth with a family member was to plan a homebirth. Five women were considering such a solution, but eventually none of them decided on a homebirth, motivating their decision with lack of feeling of security at home:

In hospital, with the whole personnel behind a wall (and the available equipment), I felt safer than at home with a midwife or my husband [13].

For 21 of the study women, the presence of loved ones (the child's father) during the birth was crucial and desired. Media reports about the necessity to introduce quarantine in hospitals and prohibiting participation of the father in his child's birth were very stressful for the pregnant women. In such circumstances, women appreciated participation of their partner in the birth, even if earlier it was not so important for them.

I was shocked with such information on TV, when hospital prohibited letting in partners (...) [10].

In the past, before pregnancy, I was not sure if I wanted my husband to be present during birth. However, I changed my mind during pregnancy. Looking from today's perspective, I believe that this was the best decision.

My husband was tremendously supportive for me, and I can't imagine how I would have managed without him. [19].

2.4. Perception of motherhood during the COVID-19 pandemic

17 women declared that the COVID-19 pandemic had no significant effect on their decision to have a baby. The women declared their willingness to make procreation plans partly because of the fact that the situation of pandemic restrictions allowed the baby's father to work from home, which directly translated into his greater involvement in home duties, including assistance in caring for the child:

I actually planned pregnancy when there was no pandemic yet, but if it had been otherwise, I would have decided to have a baby, anyway. On one hand, these are difficult times, and it is harder to get access to doctors. On the other hand, thanks to remote work, my husband is able to participate in the child's development, which for sure would be different before the pandemic – he would return home after the whole day at work, when the baby would go to sleep. [8].

Seven respondents declared that the decision about the next pregnancy taken during the COVID-19 pandemic was considered much longer than in the case of previous reproduction plans made before the pandemic. The main factor deciding about postponing a decision to have another child was a concern about one's own and the child's health:

I think that I would hesitate a little, due to my own and the child's health. If I could decide and wait to become a mum, I think I would wait until the end of the pandemic [10].

17 women declared that the risk of infection and the isolation during the COVID-19 pandemic did not affect their perception of motherhood. The re-

spondents who gave birth during the COVID-19 pandemic, despite difficulties with access to medical care and worry about the health of oneself and the family, did not change their attitude to motherhood:

I guess it did not change [the vision of motherhood due to the pandemic], you must have a rational approach to everything. [15].

Eight respondents perceived motherhood as challenge, and the time of pandemic as a difficult period, when mother after birth has to fend for herself:

The pandemic generally makes you aware how important self-help is – it is important to fend for oneself (...) [6].

3. Discussion

Pregnancy is a natural physiological process in the woman's life. It includes the totality of changes occurring in the body in that period. The COVID-19 pandemic makes that both medical personnel and pregnant women look differently at this physiological process. An important fact in the COVID-19 pandemic is that pregnant women are in the group of risk of a more severe course of infection with H1N1 influenza viruses (Szenborn et al., 2010). Subsequent studies show that pregnant women infected with COVID-19 are at a risk of getting more severely ill from the disease (Duszyński et al., 2020 and Nowakowska et al., 2020). The most common symptoms of COVID-19 include fever, dry cough, dyspnoea, muscle pain and fatigue. Patients also develop acute respiratory failure (Chen et al., 2020). Currently, there are regularly updated recommendations concerning obstetric procedures in the case of COVID-19 infection in pregnant women available. As the work on a COVID-19 vaccine progressed, pregnant women were considered as potential participants of clinical trials, unless the risk outweighed potential benefits (Schwartz et al., 2020). Ultimately, vaccination is recommended for pregnant women.

Our own study concentrated on the experience of young mothers who gave birth during the COVID-19 pandemic. In line with a Belgian study, exploring experiences of pregnant women and new mothers during the COVID-19 pandemic, we observed diverse mixed and interconnected experiences (Vermeulen et al., 2022). Most of the respondents planned pregnancy despite the pandemic. Their concerns caused by the pandemic were primarily related to the child's health, limited access to specialists and no contact between people. The respondents readily accepted a remote form of education as part of childbirth classes. When preparing for childbirth, they additionally used books and internet resources.

Similar issues were studied by Studniczek et al., who claimed that if a woman receives no mental support from her beloved ones, there is an increased risk of difficulties and a decreased probability of coping with them. Women who gave birth during the pandemic require close observation for risk factors and symptoms of emotional and mental disorders. They also need much more empathy with regard to their emotional experiences (Studniczek et al., 2020).

The problem of stress experienced in the course of pregnancy was also analysed by Kupryjaniuk et al. Chronic stress felt by the mother affects the central nervous system of the foetus, as well. It may also translate into reduced cognitive function and increased potential emotional difficulties. On the other hand, the mechanisms supporting the mother, like cognitive-behavioural therapy and participation of the family, may translate into improved function both of the mother and the child (Kupryjaniuk et al., 2021).

Planning pregnancy during the pandemic was also analysed by Flynn et al. In their studies, 92% of 504 women planned pregnancy despite the pandemic. More than half of the women declared that COVID-19 affected their plans, and 72% of the respondents deliberately postponed conception. The women's concerns were mostly related to changes in the prenatal care and a negative effect of the virus on the mother and child (Flynn et al., 2021).

Kielbratowska et al., investigated the subject of remote childbirth classes. Educational meetings preparing pregnant women for childbirth

were conducted online during the pandemic, and were defined as a safe form, both for the medical personnel and for the pregnant women. At the same time, it was indicated that this form prepares women correctly for an active childbirth. The COVID-19 epidemic created a necessity to develop a new communication strategy in order to facilitate obstetric care and preparation for childbirth (Kielbratowska et al., 2021).

The topic of homebirth was taken up by Cheng et al., who claimed that an interest in homebirths increased in the United States immediately after the COVID-19 pandemic was announced, and remained on a much higher level after this period (Cheng et al., 2022). Also in Belgium a small increase in the demand for a home birth was noticed in April 2020. However in the study of Vermeulen et al., only a small proportion of women expressed the desire to give birth at home due to fear of contamination (Vermeulen et al., 2022). These findings differ from the results of our studies, where only 5 women considered a home birth. This may result from low interest in homebirths in our country. Nevertheless, as in all pandemics, the recommendation as to provide as much care as possible in the community, therefore early transfer to home after birth was promoted in the pandemic (Vermeulen et al., 2020).

The problem of the presence of a close person during childbirth was repeatedly discussed by WHO. Current guidelines expressly recommend that all pregnant women, including those with suspected, probable or confirmed COVID-19, could go through childbirth with their loved one. Women appreciate that very much, and they benefit from the presence of somebody they can trust during birth (WHO, 2020). The interviews conducted showed that 21 respondents were disappointed with the absence of an accompanying person during childbirth. They said that it was a stressful experience, and that in spite of the COVID-19 pandemic, births with the presence of a loved one should not be prohibited.

The issue of the Internet as a source of knowledge in the preparation for childbirth was studied by Stępień et al. It was indicated that modern media have a large influence on the education of society, prophylaxis and health care. For pregnant women,

the Internet may also be a place of social support, so much needed at the moment of such a big change in their life. More than half of the respondents could use the Internet freely, but they also declared using magazines in order to acquire knowledge on female diseases. The authors noticed a high increase in the use of the Internet as a source of information about pregnancy, birth and child development (from 21% in previous years to 80% at present) indicating, that the frequency of using the Internet as a source of knowledge depends on education and place of residence of respondents (Stępień et al., 2015). In our own study, the biggest role in the preparation for childbirth was played by childbirth classes and books about motherhood. The Internet, as a source of knowledge, was mentioned by 9 respondents.

Our study analysed the problem of women's well-being during the pandemic. The same aspect was analysed by Mortazavi et al., proving that the percentage of women experiencing ill-being was relatively high—64.9%. This result requires special attention. Providing care and support for pregnant women should be of high priority during the COVID-19 pandemic (Mortazavi et al., 2021). In present study, most respondents experienced a depressed mood during the COVID-19 pandemic. Some women felt no desire for life due to fear of infection, and lack of possibility to meet family or friends. A few respondents did not have a depressed mood, since they planned to spend more time at home.

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Conclusions

Our study show that it is difficult to clearly define the effect of the COVID-19 pandemic on the above-mentioned aspects of women's life after childbirth.

Interest in motherhood was not reduced, and most of the women had planned their pregnancy and complied with the sanitary regime. Prenatal education in a remote form turned out to be a good alternative at the time of the COVID-19 pandemic. The number of medical visits during pregnancy did not change. A low percentage of the respondents considered a homebirth. On one hand, the pandemic brought families closer to one another, but there were situations where relations between people deteriorated. Women complained of reduced well-being and self-appraisal, leading to depressive moods. The greatest concerns were related to tele-counseling and its reliability, availability of the doctor, and absence of partner during labour.

The COVID-19 pandemic had a significant effect on the state of health, especially the mental state of the women giving birth at that time. The most difficult aspect for the respondents was the prohibition of giving birth in the presence of family, no mental support and feeling lonely at the time of quarantine.

When planning perinatal care at the time of the pandemic, one should take into account the role of emotional and informative support from the medical personnel, especially midwives.

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Raising a deaf child and a child with ASD from the mother's perspective during the COVID-19 pandemic

Wychowanie dziecka niesłyszącego i dziecka z ASD z perspektywy matki w sytuacji pandemii COVID-19¹

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Abstract: The aim of the article is an attempt to learn about the subjective experiences of mothers related to the impact of the pandemic on the essence of raising a child with communication disorders, in this case a deaf child and a child with autism spectrum disorder (ASD). Addressing this issue is important from the scientific point of view due to the important role of the process of bringing up a child and its perception by mothers of children with communication disorders. The article examines the role of the family, and addresses the deficit of empirical research and scientific studies on upbringing and parenting issues affecting mothers of children with communication disorders. The work uses the method of individual case study, as well as the technique of narrative interview and in-depth individual interview. Ten mothers participated in the study: five mothers of deaf children and five mothers of children with Autism Spectrum Disorder (ASD). The analysis revealed three significant areas indicated by mothers related to upbringing issues. The first area concerned upbringing as a process of supporting the development of their children, the second - the process of shaping desired social attitudes, and the third - dealing with threats caused by the COVID-19 pandemic.

Keywords: upbringing, mother, deaf child, child with autism spectrum disorder, COVID-19 pandemic

Abstrakt: Celem artykułu jest próba poznania subiektywnych przeżyć związanych z wpływem sytuacji pandemicznej na rozumienie istoty wychowania przez matkę dziecka z zaburzeniami komunikacji, w tym przypadku dziecka niesłyszącego i dziecka z zaburzeniami spektrum autyzmu (ASD). Podjęcie tego zagadnienia jest ważne z punktu widzenia naukowego z uwagi na doniosłą rolę procesu wychowania i jego postrzegania przez matki dzieci z zaburzeniami komunikacji, w tym ukazania roli jaką pełni rodzina, a także przez wzgląd na deficyt badań empirycznych i opracowań naukowych w obszarze wychowania i rodzicielstwa matek dzieci z zaburzeniami komunikacji. W prezentowanej pracy wykorzystano metodę indywidualnych przypadków. Zastosowano technikę wywiadu narracyjnego oraz pogłębiony wywiad indywidualny. W badaniach uczestniczyło dziesięć kobiet: pięć matek dzieci niesłyszących i pięć matek dzieci z zaburzeniami spektrum autyzmu (ASD). Przeprowadzona analiza wyłoniła trzy znaczące obszary aspektów wychowania dostrzeżone przez badane. Pierwszy obszar dotyczył wychowania jako procesu wspomagania rozwoju ich dzieci, drugi procesu kształtowania pożądaných postaw społecznych, trzeci zaś zapobieganiu zagrożeniom, jakie spowodowała pandemia COVID-19.

Słowa kluczowe: wychowanie, matka, dziecko niesłyszące, dziecko z zaburzeniami ze spektrum autyzmu, pandemia COVID 19

Introduction

Since March 2020, a new pandemic reality has created a new situation in society in which we are experiencing an intense psychosocial upheaval. The multidimensionality of the negative consequences of the "perfect storm" entails rapid changes in our lives, and causes unprecedented problems of adaptation in an unstable, uncertain situation, as well as exposing us

to increased fear, and even social panic. This variety of changes has led to the intensification of unprecedented problems and the particularly noticeable effects of loss of health, and difficulty in maintaining a job or social position (Brown, Schuman, 2021). This unusual time, full of dangers and an unforeseen future, requires different skills in children, but above

1 Artykuł w języku polskim: <https://www.stowarzyszeniefidesetratio.pl/fer/2023-1Plut.pdf>

all, it involves searching for the meaning of life so that there is no regression of the values that make up a child's humanity. During the COVID-19 pandemic, values important in a child's upbringing, apart from categories conducive to intellectual and social development, began to be dominated by the right to preserve one's own life, to focus on struggling with difficulties and the mercantile nature of survival in the world (Długosz, 2021).

Therefore, due to the observable unfavourable changes in this period of socio-cultural trauma, influences in the family environment may become a kind of antidote which creates social conditions supporting the child's subjectivity and its development potential. Repelling the threats caused by this new social situation requires from the child not only intellectual abilities and mental openness, but above all rare moral qualities such as patience, responsibility and conscientiousness.

Based on the research tradition of Polish pedagogy, and in particular on the teleological and praxeological approach, it is worth recalling that upbringing is understood as an intentional impact on an individual in order to bring about the desired changes in their personality. This process is related to the nature of humans as free, rational beings capable of gradual self-improvement, and therefore the goals of education have a natural source in real social needs. In the case of raising a child, emphasis should be placed on the integrated totality of influences on its development through broadly understood social factors (from the micro- to the macro-system). The above way of understanding upbringing is exemplified in numerous definitions presented in the last century. Wincenty Okoń (1998, p. 444), writing about the consequences of upbringing "as a conscious social activity" for the improvement of a child's personality, referred to fundamental changes in the child's feelings, aspirations and attitudes, namely the understanding of reality and the ability to influence it, as well as the emotional and motivational aspect, which consists of shaping the relationship between humans and the world and other people, our beliefs and attitudes, our system of values and the purpose of life. Currently, the authors are in favour of a broader understanding of the process of upbringing.

Stefan Kunowski (2004, p. 167-169) proposed an attempt to formulate a definition of upbringing, taking into account the relationship with selected scientific disciplines and pedagogical content. The author distinguished the following approach:

- praxeological, in which emphasis was placed on the influence of educators on their pupils,
- evolutionary, focused on the role of the pupil in the process of upbringing and its spontaneous development,
- systematic, emphasizing the importance of the educational environment for the development of the pupil,
- adaptive, emphasizing the achieved effects related not only to the individual development of the pupil, but also to functioning in a specific educational environment.

The above definitions emphasize that a child is brought up by functioning in a natural reality and in a purposefully created educational environment subordinated to its developmental and educational needs. The nature of upbringing lies in itself, in its imperfection, and at the same time in the strength and quality of the possibility of continuous development. John Paul II (1989, p. 390) emphasized that education is a proven means that makes a person capable of authentic fulfilment of their life in harmony with their dignity, and allows them to shape fraternal relations with their neighbours. It is an indisputable fact that from the social point of view, educational influences that are acceptable are those that stimulate the development of the child's subjectivity by assimilating such norms, value systems and ways of behaviour that are representative of a given social system.

Parents' educational responsibility can take the form of raising, guiding, governing and discipline, allowing for growth, adaptation and help in life (Kron, 2012). The results of their work reflect the family's resources, adapting to developmental changes not only in the systemic context, but also in the relational context, in terms of the personal ties that exist between spouses, as well as between parents and children. The multifacetedness of mutual interperson-

al relations in individual subsystems, as well as their type and arrangement, determine the dynamics of the entire system and the quality of life of individual members (Liberska, 2021). In addition, the style of upbringing, the way family roles are fulfilled and the presented attitudes determine the involvement of family members and are also a source of numerous experiences. The natural process of upbringing in the family, with norms and rules, patterns of behaviour and ways of achieving them are of particular value in stimulating the child's development. In the literature on the subject, the impact of upbringing carried out in the family environment in order to instil in the child socially recognized values and teach them social skills, is referred to as socialization in the family (Liberska, Matuszewska, 2021, p. 128). However, in terms of general development tasks, these are higher and broader goals. The most beneficial solution from the perspective of the development of a child, including a child with a specific disability, will be the actions of parents who are focused on expanding their own parenting competences and believe in their abilities (Zasępa 2018, Niedbalski, 2020).

1. Methodological basis for the research

The aim of the qualitative research was to learn about subjective experiences related to the impact of the pandemic on the understanding of the essence of upbringing. The focus was on the following research question: How do mothers perceive their experiences related to creating a space for the process of bringing up a deaf child and a child with autism spectrum disorder (ASD)? In order to obtain an answer to the research question, secondary analysis of qualitative data was used. This approach made it possible to look deeply into the studied phenomenon while searching for a new perspective. This study uses the method of individual cases, as well as the techniques of narrative interview and in-depth individual interview (IDI – Individual In-Depth Interview). Selected excerpts from the interview questionnaire for parents by Henryk Cudak (1995) were used as a tool to examine parents' parenting

skills, their attitude towards children and the upbringing atmosphere in the family. The research participants were hearing mothers and mothers of children with ASD.

The research was conducted in April and October 2022. The authors met with the women (mothers of deaf children, mothers of children with ASD) remotely using the Microsoft Teams application, as well as face-to-face at the Specialist Clinic for People with Autism in Leżajsk. Each of these meetings lasted approximately one hour on average. The empirical material obtained during the interviews was recorded on video or using a voice recorder, with the prior written consent of the study participants.

2. Characteristics of the study participants

Ten mothers raising a child with communication disorders participated in the research project. In both groups, the situation of the respondents was similar in terms of the age range of the respondents and their children, their professional situation and the structure of family life. Below is a brief description of the women studied:

- five mothers aged 30 to 40 residing in the Małopolskie Voivodeship raising one deaf child. The age of the deaf children was of early school age, i.e., from between 5/6 and 8/9 years of age. One of the research participants was Maria, who has secondary education and is not working. Another mother was Jolanta, who also has secondary education and runs her own business. The other three mothers (Ewa, Grażyna, Zofia) have higher education and are professionally active. All the women are married to hearing men and described their material situation and living standard as good.
- five mothers aged 30 to 40 residing in the Podkarpackie Voivodeship raising one child, communicating verbally, with aggressive and autoaggressive behaviour, aged 5.4-8.8 years. The children had a diagnosis of autistic spectrum disorders, at level 1 of severity of symptoms A and B requir-

ing support according to the DSM-5 criterion. It is worth noting that raising a child with ASD is associated with the occurrence of difficult behaviours: aggression and autoaggression, which is a very stressful challenge for parents, especially during the Covid 19 pandemic, when access to specialist therapy was limited. One of the study participants was Alicja, who has a university degree and is professionally active. Another two mothers, Ewelina and Monika, have secondary education, do not work professionally and receive child care benefit. The other two mothers (Urszula and Joanna) have higher education, are also not professionally active and receive child care benefit. The respondents described their material situation and living standard as good.

3. Results of analysis of the research material

The qualitative analysis revealed three significant aspects of upbringing noticed by mothers, that is reflections on: upbringing as a process of supporting the development of their children, as a process of shaping desired social attitudes, and counteracting the dangers caused by the COVID-19 pandemic.

1. The mothers' reflections on upbringing as a process of supporting the development of their deaf children related to such categories as:
 - The actual developmental needs of the child,
 - Appropriate support.
2. Reflections on the upbringing process as shaping desired social attitudes in deaf children and children with ASD allowed the following categories to be distinguished:
 - Socially desirable character traits,
 - Prosocial patterns of conduct.
3. Reflections on upbringing as counteracting the dangers caused by the COVID-19 pandemic were expressed in such categories as:

- Dealing with a new social situation.
- Preventive actions.

3.1. The actual developmental needs of the child. Appropriate support

Qualitative interpretation of the mothers' statements proves that from the beginning of the situation related to the COVID-19 pandemic, the mothers engaged in various forms of assistance tailored to the development and educational needs of both their deaf and autistic children. Bearing in mind the high dependence of the development of the child's personality on the overall behaviour of people in the immediate environment, it is worth noting the upbringing atmosphere created by the mothers and the appropriate level of support to satisfy even the simplest needs, such as the selection of appropriate food and comfort of sleeping. The experiences of the mothers also became an opportunity to critically evaluate distance learning. They noticed not only didactic and substantive problems, but also that their children lacked the skills for independent learning and individual organization of the school day. First graders did not have the opportunity to develop these skills. Before the pandemic, the school organized classes and supervised the implementation of the material. During the pandemic, the mothers felt obliged to meet the educational needs of their children and therefore supported the activities of the school by monitoring the child's school activities and following the teachers' recommendations. The mothers complained that they spent a lot of time helping their children with their homework. As a result of the pandemic, the time for doing homework together increased significantly. In addition to the problems associated with covering the material provided, there was also a struggle with Internet communication. In the case of children with autism spectrum disorders, there was also an increase in aggressive and autoaggressive behaviour, a gradual withdrawal from social contacts and an increase in anxiety reactions in new previously unencountered educational and social situations. Here are some excerpts from the mothers' statements:

When they closed the schools and counselling centres in the first period, it was dramatic, everything we had worked out for Frank was in vain. The screaming and banging his head against the wall came back. This situation destroyed his world, which was already ordered and safe. I didn't even watch the news, because I was afraid of the conversations with him and his questions, I didn't know what to say and how to explain. I tried to work with him, we practiced motor skills, but attempts to learn remotely using the Internet made him angry and afraid. Then he got used to it and there was another problem because of children going back to school, and he does not like group work or games (Urszula).

During the pandemic, when further restrictions were announced, it was hard. It was terrible to sit at home, and my daughter likes cycling so much. The most important thing was to make her feel safe. She didn't understand what coronavirus was. I explained the news from the TV to her, the meaning of what they said, because she didn't understand. Usually, in the evening, I would lie down next to her, cover my legs with a blanket and talk. We were not prepared for remote learning. We dealt with these new techniques together. There were problems with the Internet (Jolanta).

Initially there was panic, fear. Gradually, my daughter got used to it. Thanks to the fact that we spent a lot of time at home, we were close to each other. I made sure her meals were healthy and varied, despite the difficulties of shopping. As the specialists from the counselling centre taught me, I spoke to my daughter a lot, slowly and clearly. I talked about what was happening in Poland and in the world. We played board games, Monopoly. We cooked meals together, I taught her to prepare different dishes, to bake cakes for the holidays. She likes it. I was glad that she quickly mastered the ways of conducting lessons via the computer (Maria).

Jasiu never asked and was not interested in our conversations about the pandemic. He was focused on what I organized for him, and actually I made sure that he did the material as he had planned. I devoted a lot of time to him learning to read and write. The time was not lost as I had it for my child, I could take care of everything and be with him. We drew together, cooked together, he helped me a lot and liked being with me. We became very close, I worked remotely, it was our time that we appreciated (Alicja).

It's good that we have each other. It would be wrong to overcome the difficulties of the pandemic alone. It was a time when I read children's comics and poems to my son. He preferred comic books because the illustrations helped him understand the content. Then we talked about what I was reading. He had a lot of trouble understanding what we read. Michal spent many hours watching a series of movies about superheroes. I didn't forbid him. It interests him. Distance learning imposed a work discipline on him. But it was also a burden for me. There were times when they had to prepare a lot of different tasks. Everything had to be explained from the beginning. There was a great lack of a supporting teacher. His presence on Zoom wasn't helpful enough. There really was learning overload. But it was the result of the teacher's preferred way of teaching. She assigned a lot of tasks and chores to be done, as if she wanted to make up for a lost month (Zofia).

During the pandemic, I was overburdened with everything, Karol did not go to kindergarten, I conducted speech therapy classes by phone and worked on the tasks that I had to do. On the Internet I found a lot of materials that I used. When Karol was afraid and he asked about diseases, I explained it to him, He also had more difficult behaviours then, sometimes he pinched himself, but I had good contact with him, we were together (Ewelina).

When remote classes started at school, it was easier to manage my free time. But in turn, my husband and I joined in helping with homework, completing the exercises recommended by the teacher, translating any incomprehensible content in textbooks, exercise notebooks, and correcting notes written in notebooks. It turned out that Ola did not understand everything that the teacher dictated during the lessons and it was necessary to correct her mistakes. I felt sorry for my child as she said that the Internet was down again and she could not actively participate in lessons. Then she admitted and was ashamed that the teacher spoke too quickly and hence those mistakes. Ola requires a special approach due to a hearing impairment, although she can hear everything thanks to a hearing implant (Ewa).

Tymon is a smart boy, but he has difficulties and he needs help, as he did during the pandemic. He couldn't sit in front of the computer in class and got angry playing computer games. I couldn't be with him, and Tymcio doesn't take separation well (Monika).

The coronavirus pandemic took us by surprise and forced us to change our daily lives. The school, and mainly the teacher, shifted the responsibility of teaching the child onto us, the parents. Remote teaching was tiring and even boring for Arek. He hardly saw his friends, because when he started learning in the first grade, he was sick a lot, and then you know, the government introduced restrictions. They saw their friends on the screen, but it's not enough to get to know each other. My role was to motivate him, encourage him to learn and show his good side. I also talked to the mothers of other children to make sure we kept in touch with one another (Grażyna).

During the pandemic, Filipiek's contacts with classmates suffered the most, and he did not know them well yet, so he had great difficulties in group work. He studied well, but he

did not play with anyone, he was only with me. Every day was the same. I took care of everything at home, although the apartment was small, it was always clean and I always cooked dishes that Filip likes (Joanna).

3.2. Socially desirable character traits. Prosocial patterns of conduct

The COVID-19 pandemic became a test of family resources. In fact, the mothers were forced by these external circumstances to propose solutions to help deaf children and children with ASD to adapt to the new social situation. It is also worth emphasizing that each of the mothers reacted naturally in order to maintain a balance so as to ensure the quality of functioning of their families. Isolation and remote education could have become determinants of inappropriate social and moral attitudes. In order to prevent the deterioration of well-being, and to physically and cognitively activate their deaf child or ASD child, the mothers introduced new forms of activity aimed at shaping a socially desirable character and behavioural traits. In addition, by rewarding socially desirable behaviours and punishing other, unwanted examples of attitudes, they created the foundation for a space where certain norms and rules are observed and values recognized in the family are cultivated. Here are some examples of the mothers' statements:

I made a schedule for the day. I rewarded my daughter for her progress, diligence and hard work. She did her homework by herself. Colouring books and sticker books were an effective method of rewarding her (Jolanta).

Karol needs clear rules and he works well in such a system. I used all the principles of therapy at home. My husband also tried because he saw the effects and knows that Karol needs reinforcement, and it was Marek who prepared model toy cars for him. Karol was so happy and tried, although there were very difficult moments because he had a lot of difficult behaviour (Ewelina).

My sister and I agreed in Ireland that we would help each other and our children. Twice a week our girls talked to each other in English. They talked about what they do, what kind of cake they had baked, what they are doing in class. I spent a lot of time with Lenka and then I taught her how to crochet. We made sets of napkins for family and friends. For holidays, for Children's Day, we prepared colourful boxes with serviettes as gifts (Maria).

Filipek read a lot, I ordered him books via the Internet and we read together. We also wrote a funny story about cavemen (Joanna).

Michał would prefer to spend the whole day in front of the TV and playing on the computer. I had to come up with something to make him happy to spend his free time differently. We had fun together, playing board games, assembling Lego bricks (Zofia).

To be honest, there were days when Tymuś watched cartoons all the time. I know it's not allowed, but I was so tired and didn't know what to do, I knew I had to do something about it. That's when we discovered board games, and in the evenings, we played with the whole family (Monika).

I am a physical education teacher. My husband and I attach great importance to being active. During isolation, I developed a set of self-exercises for Arek from Tuesday to Thursday. On Monday he practiced with me and on Friday with my husband. Yes, up to an hour. I noticed that he not only got used to these exercises, but he liked them. He reminded me when we should start. Of course, my husband and I tried to make it fun (Grażyna).

I organized all the activities for Jaś, I taught him to read. He made great progress thanks to the fact that I was with him and I really wanted to help him not to waste this time together (Alicja).

During isolation, my daughter continued speech therapy classes, of course remotely. The speech therapist gave me tips for working at home. I kept a baby progress diary and my daughter kept a diary. Ola loves to play with dolls. For her progress, I rewarded her with clothes for her dolls, which we chose together in online stores (Ewa).

It's amazing that there were also good moments in lockdown. We danced and sang songs, drew, cooked and lazed around. The rhythm of the day had to be the same, otherwise there would be a scream (Ursula).

3.3. Dealing with a new social situation. Preventive actions

In the process of social adaptation caused by the COVID-19 pandemic, the special value of the family as an educational environment was revealed. Every child, including deaf children and children with ASD, need stability, acceptance and a sense of security in order to be able to develop properly, and this should be provided by people in their closest environment. The mothers faced new tasks related to preventive measures because social isolation meant that deaf children and children with ASD began to spend their free time at home surfing the web, playing computer games or using other electronic media. The challenges of everyday life meant that, despite the closure of educational institutions, mothers tried to motivate their children to make an intellectual effort, change their habits and convince them that systematic work is necessary for individual development. Here are more examples of mothers' statements:

At the beginning of isolation, Michał spent many hours watching a series of movies about super heroes. It interests him. Another problem was games. I started to get nervous so I took control. He had set hours. And the worst thing was just sitting, we live in a block of flats, we have two rooms. Often it was sitting in one position, whether in front of the TV, computer or smartphone (Zofia).

During the pandemic, Tymuś had a lot of behaviour problems, and watched cartoons and played games on the computer during remote classes. It was terrible, but we managed.

I had to come up with something so that he would not look for the remote control but do something else. We did puzzles together, played board games, it helped us (Monika).

Jasiu used to steal my phone and install games, especially when I was cleaning and not looking. It annoyed me, but I knew that in addition to studying, we also had to play with. In the dining room, we made a ping pong table on the table and my husband played with it. And I could take care of our house (Alicja).

Disputes arose between Ola and her five-year-old hearing sister. Such nonsense. Because Ala did not want to play with her, because playing with dolls is not for her. Because Ala has a prettier dress, a hair band. Of course, I told them not to argue. I explained that Ala is older, wiser, she should be an example for Ola, they should help each other (Ewa).

Lenka does not like monotony, she began to get bored. She had no one to play with. Grandma couldn't visit us, and her friends were at their homes. The smartphone came into action. I found out that she used it not only for writing text messages and receiving e-mails, but also for searching the Internet. That's what I was afraid of, in case she came across some inappropriate content. Images affect her very much, it's because of her hearing damage. At some point, she began to ask about what was happening in Italy. Why so many coffins? Are the old and the young dying? I understood that the media message on the smartphone exposed her to anxiety and fear. I explained it simply to her. In addition, I asked my husband to install special software, one that protects against dangers and blocks harmful information (Maria).

Yes, the smartphone was something that Filip asked for all the time, whether we would buy him one or if he could play with it. When he got it, he was no longer with us and it was a problem to take it away from him. He even deleted parental applications and used the phone without my knowledge, so I took it away as a punishment and he was calm. The phone acted on him like a drug (Joanna).

There were drastic situations when Karol insisted on using the tablet, but I didn't give in. I asked my husband to use it when Karol was already asleep, because there were many arguments and screaming about it (Ewelina).

Arek really liked spending time on his smartphone. During the pandemic, it was a problem, whenever he found a free moment, the smartphone was in his hand. He used it often in bed. He even started blackmailing me that he wouldn't practise if we didn't give him more phone time. There was a lot of conversation, even a bit of nervousness, but everything worked out because we introduced rules. He was not allowed to keep his phone overnight in the room where he slept. And we set a time limit (Grażyna).

The number one problem was the smartphone. I knew I had to take it on board. I restricted access to dangerous information. I did it deliberately so that only the basic apps were on the phone screen. There was a phone book, a calendar, a clock and a calculator. I stashed all the crap in invisible directories. It was more difficult to access there, but my daughter knew about it. We talked it over. In addition to hearing damage, she has serious visual impairment. I was afraid that it would get worse from this constant use of the smartphone (Jolanta).

Like every child, whether healthy or sick, it was the laptop and mobile phone that attracted him the most. The worst thing was

that he didn't feel the need to interact with us, so I was very careful and kept it to a minimum (Urszula).

Conclusions

The research shows that an important feature of a family in a difficult situation, such as the COVID-19 pandemic, is the ability to adapt, and precisely the readiness of the members of the microsystem to change. The mothers' narratives show that they subordinated their natural skills so as to influence both their deaf and autistic children, and took actions aimed at inducing the desired changes in their psyche. At the same time, it should be noted that mothers have a special ability to understand and perceive the emotions, needs or states of their children. Despite such strong emotional reactions, the mothers tried to understand the social situation in which deaf children and children with ASD function, so as to create an atmosphere conducive to a good upbringing in the family, and to demonstrate

pro-social attitudes to stimulate the development of their children. It is worth recalling that children at early school age are guided by emotions in their behaviour. Therefore, the development of mothers' style of upbringing worked in the axiological dimension, in particular in the time of the pandemic, in order to ensure real and systematic implementation of activities strengthening, above all, the emotional state of their children.

The mothers, as significant people in shaping their children's personalities, used their own privileged position and at the same time acted as educators, basing their relationships on the principles of positive motivation and partnership. The consistency in their educational activities and preventive interventions allowed the behaviour of deaf and autistic children to be optimized on an ongoing basis. The special social situation during the COVID-19 pandemic created a space for educational interactions, in which mothers supported the development of deaf and autistic children, shaped their desired social attitudes and avoided dangers associated with manifested undesirable patterns of behaviour.

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Family values vs parental involvement in families with a chronically ill child

Wartości rodzinne i zaangażowanie rodzicielskie w rodzinach z przewlekle chorym dzieckiem¹

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Abstract: *Introduction:* The aim of the study was to determine the differences in family values and parental involvement in groups of parents raising a chronically ill child and a healthy child. In addition, it was checked whether family values allow predicting parental involvement. *Method:* The study was conducted using the CAWI method in a group of 160 adults, of whom 64 (40%) had a chronically ill child. Research tools with good psychometric properties were used: Familism Scale, Parental Involvement Questionnaire and a questionnaire. *Results:* It was found that mothers and fathers raising a chronically ill child achieved a statistically significantly higher intensity of the value expressed in striving for independence and self-sufficiency than parents of healthy children. Mothers raising a chronically ill child obtained statistically significantly higher scores in terms of general, valence and behavioural parental involvement than mothers raising a healthy child. Fathers raising a chronically ill child were characterized by lower scores in terms of general parental involvement, cognitive-emotional and behavioural involvement. In the group of parents raising a healthy child, as the value emphasizing the importance of material achievements increased, the intensity of the general parental involvement variable decreased. *Conclusions:* The results of the study complement the existing knowledge on selected psychological conditions of chronically ill children's parents' functioning.

Keywords: chronic disease, child, family values, parental involvement.

Abstrakt: *Wstęp:* Celem badań było określenie różnicowania w zakresie wartości rodzinnych i zaangażowania rodzicielskiego w grupach rodziców wychowujących przewlekle chore dziecko i zdrowe dziecko. Ponadto sprawdzono, czy wartości rodzinne pozwalają prognozować zaangażowanie rodzicielskie. *Metoda:* Badania przeprowadzono metodą CAWI w grupie 160 osób dorosłych, z których 64 (40%) wychowywały przewlekle chore dziecko. Wykorzystano narzędzia badawcze o dobrych właściwościach psychometrycznych: Skalę Familizmu, Kwestionariusz Zaangażowania Rodzicielskiego oraz ankietę. *Wyniki:* Stwierdzono, że matki i ojcowie wychowujący przewlekle chore dziecko osiągnęli istotnie statystycznie wyższe nasilenie wartości wyrażającej się w dążeniu do niezależności i samowystarczalności niż rodzice zdrowych dzieci. Matki wychowujące przewlekle chore dziecko uzyskały istotnie statystycznie wyższe nasilenie wyników w zakresie zaangażowania rodzicielskiego ogólnego, walencyjnego oraz behawioralnego niż matki wychowujące zdrowe dziecko. Ojcowie wychowujący przewlekle chore dziecko cechowali się niższym nasileniem wyników w zakresie zaangażowania rodzicielskiego ogólnego, poznawczo-emocjonalnego i behawioralnego. W grupie rodziców wychowujących zdrowe dziecko wraz ze wzrostem nasilenia wartości podkreślającej znaczenie osiągnięć materialnych malało nasilenie zmiennej zaangażowanie rodzicielskie ogólne. *Wnioski:* Rezultaty badań uzupełniają dotychczasową wiedzę z zakresu wybranych psychologicznych uwarunkowań funkcjonowania rodziców dzieci przewlekle chorych.

Słowa kluczowe: choroba przewlekła, dziecko, wartości rodzinne, zaangażowanie rodzicielskie.

Introduction

The picture of the modern family is continuously and dynamically changing. The traditional family model has transformed into a model defined as a nuclear,

partnership, egalitarian family, which consists of two generations living in an independent household. In this model, family contacts are restricted to the closest rela-

¹ Artykuł w języku polskim: <https://www.stowarzyszeniefidesetratio.pl/fer/2023-1Maty.pdf>

tives. Family specialists say that the modern family is an intimate, closed group separating their own matters from the widely understood social problems. A typical feature of the nuclear family is the fact that both the spouses take a professional job, which is especially important in case of women as in this way, their economic and social independence becomes stronger (Szlendak, 2015). What is observed now, is a more intensively growing tendency to fulfil personal needs of individual members of the family. Activities aimed at improving one's education level, care for self-development or pursuing one's hobby are a few of the many individual needs. In the marriage dyad, there is a tendency to exchange observations, views and experiences, which makes each of the spouses function on equal terms, having their own needs, life goals and aspirations. The rules and norms in the family are becoming more relative, and each of the family members is able to make decisions, not only the head of the family, whose role used to be played by the man (Sikorski, 2021).

Despite the changes taking place in the life and functioning of the family, its role has remained the same. It is assumed that it is the most important environment preparing an individual to enter the social system. The family is responsible for development of a person and is a group with which they can identify. As an element of the society, it guarantees its continuity through the biological aspect, preservation of history and cultivating traditions. It is emphasized that although the family life has relatively stable frames, it is affected by external factors (Wałęcka-Matyja and Janicka, 2021).

Transformations taking place in various areas of the family life change the way of functioning of both the whole families and their individual members, for example, with respect to their roles, lifestyles, economic conditions or accepted value hierarchies. These changes have contributed to the creation of new concepts of motherhood and fatherhood (Sikorska, 2009).

1. Parenthood

These days parents tend to make joint decisions, take joint actions and support each other more often than in the past. Parenthood has a special place among other family roles, due to its complexity and responsi-

bility as well as experiencing strongly both educational successes and failures of the children. Parenthood considered from interactive and systemic perspectives allow us to adopt the following assumptions. The first of them refers to the importance of mutual influences between the parents and the child, which significantly affect the course of development of both the parties. The second assumption indicates that there are mutual correlations between the behaviours of family members and that the family functioning is also affected by the social relationships system of the environment where the family with a child lives.

A child, being an autotelic value, is in themselves the source of sense of satisfaction and love. Playing the role of a mother or a father is related to irreplaceable experiences, building the ground for the personal self-creation of an adult. Since, parenthood shapes the reality, which is not fully determinate, sometimes unpredictable, yet fascinating and unique (Wąsiński, 2020).

According to Bakiera and Stelter (2010), uniqueness of parenthood results from the double-subjective meaning. The way how adults play parental roles not only influences the development of their offspring but also is a factor modifying the course of developmental changes in their life. Playing the role of a mother or a father is a component of adult identity, which affects the non-parental areas of functioning (Bakiera and Stelter, 2010).

As Jackiewicz and Białecka-Pikul (2019) indicate, in social studies, researchers most often use two terms describing the role of a parent, i.e. parenthood and parenting (Jackiewicz and Białecka-Pikul, 2019). An interesting concept, combining the common grounds of interactions between parents and children in ecological terms (comp. Bronfenbrenner, 1993) was proposed by Bakiera (2013). The author links the performance of a parental role with involvement understood as targeting activities at someone, paying attention to someone and regarding the tasks in which an individual involves as significant for their fundamental values. It is an activity of a particular importance, in which a parent focuses their cognitive, emotional and evaluative actions on the object of involvement (Bakiera, 2013). As Bakiera expresses it, *parental involvement* means an acquired

tendency to focus, for a long time, one's activity and related experiences on the role of a mother/a father, which is demonstrated as acceptance of the role and constructive attitude to parenthood (Bakiera, 2013). The author draws our attention to the quality of parental care expressed as an ability to be responsive. Noticing the needs and their proper interpretation as well as responding to them in an adequate way affect the shaping of the attachment style and the level of security felt by a child. She also emphasizes that an important area of the parents' activity includes noticing the child's development, supporting their autonomy, and, most of all, their education (Bakiera, 2013). Involved parenthood is also demonstrated by a particular way of thinking, experiencing, evaluating and acting towards the child, including the parents' readiness to change their activities depending on the development stage of the child (Bakiera, 2014). Parental involvement consists of three aspects, i.e. valence involvement, behavioural involvement and cognitive-emotional involvement. *Valence involvement* determines the importance of parenthood in the value system of an individual. *Behavioural involvement* reveals activities showing the adult's care for the conditions and course of the child's development. *Cognitive-emotional involvement* concerns focusing of thought, attention, imagination, memory on the role of a mother/father and emotional experiencing of parental situations and events significant for the child (Bakiera, 2013).

2. Parenthood in the family with a chronically ill child

The appearance of a chronically ill child in the family is a non-standard, unexpected and generally negative event. It shows a difference between the process of adaptation to the role of the parent of a healthy child and the one related to the role of the parent of a child with a chronic disease² (Kaliszewska, 2022). There are fundamental changes going on in the functioning

of the family, the family roles and relationships are being reorganized (Hartley et al., 2011; Weryszko and Wejmer, 2022). The emerging problems may include communication disorders between the spouses, a reduced sense of family cohesion or weaken the adaptability of the family members (Liberka and Matuszewska, 2012). The relationships between the parents and the children can be characterized by less involvement and a bigger number of negative experiences (Kościelna, 2011).

The main source of these changes is the psychological crisis. Pisula (2007) indicates not only the feeling of shock, great sadness, which accompanies the diagnosis but also grieving over the unfulfilled dreams of raising a healthy child. In the view of de Barbaro, there are four main sources of family stress. The author identifies the following ones: an emerging contact of one family member with non-familial influences, a change of the family life stage, a non-familial source of stress affecting the family and tension focused around problems perceived by the family as particularly severe (de Barbaro, 1997, p. 52). The type of a stress situation, which has been mentioned as the last one, refers to the psychological situation of the family with a chronically ill child. The illness understood as a stressor contributes to the occurrence of an emotional reaction, arousing a sense of hopelessness and helplessness. It is often combined with experiencing a sense of weakness and guilt (Świętochowski, 2014).

The studies show that fathers more often than mothers cope with stress using defensive mechanisms, such as: escape from problems, distancing, denial. On the other hand, mothers, who usually have stronger bonds with children, accept the child in spite of their chronic disease, and actively engage in the treatment process (Maciarz, 2006). That does not mean that they do not bear the psychological costs. In the studies of parents taking care of children with Down syndrome, it is mothers who experience a higher level of stress and depression and a lower level of satisfaction from the family

2 According to the Commission of Chronic Diseases at the World Health Organization, chronic diseases are defined as disorders or deviations from a normal condition, with one or more of the characteristic features. They include persistence, connection with disability, causing irreversible changes of a pathological nature, necessity of specialist rehabilitation, a long-lasting supervision, observation or care, as applicable (Pilecka, 2002).

life than fathers (Olsson and Hwang, 2001; Zuba, 2021). However, it has been shown that there are some spheres of functioning where it is fathers who experience stronger stress related to raising a child than mothers. It can be problematic for them to build an emotional bond with the chronically ill child, especially if it is a son. Since, a son with disability lowers the father's value more than a daughter. It is considered that such problems can result from the cultural background. It is assumed that for fathers the process of acquiring parental identity and playing the role of a parent to a greater extent depends on whether the child fulfils their expectations and imaginations. That is because fatherhood is subject to social assessment and the role of a father is a reason to be proud and an opportunity of self-fulfilment (Stelter, 2009). On the other hand, in some other studies, it was shown that some parents considered playing the role of a parent of a chronically ill child as something exceptional as it was assigned by God (Hastings et al., 2005).

Review of the rich literature on the subject allows us to formulate the conclusion that the process of adaptation to the diagnosis of the child is of an individual nature and has different timing. The sense of grieving can even become a permanent element of the experiences of the parents with a chronically ill child, and the level of stress will grow together with reaching by them next development stages, such as education or adolescence (Dyson, 1996). Moreover, parents of children with a chronic disease experience numerous limitations connected with social or cultural factors. They bring about a necessity to struggle with difficulties inhibiting the child's development as well as their own disappointed expectations of parenthood. In the family with a chronically ill child free time is an exceptional value for the parents as it is being relentlessly consumed by the illness, engaging a lot of parental energy and financial resources. In such conditions, the role of a parent is connected with specific additional difficulties (Kręcisz-Plis, 2020; Łukasik, 2020). The parents are also forced to face some barriers referring to the expectation of normality from the social environment (Broberg, 2011). It should be stressed that parents of a child with a chronic disease fulfil a lot of additional roles,

such as that of a teacher, physiotherapist, nurse, which are a mental and physical burden for them (Jazłowska and Przybyła-Basista, 2019). In response to a stressor, the family should be able to transform, create new interaction patterns, reformulate roles and tasks performed by individual family members, leaving behind what was valid before (de Barbaro, 1997). It is believed that the way how the family copes with stress is conditioned by a lot of interdependent factors. Among the most important ones there are a specificity of health problems, specific needs of the children, the level of their functioning and adaptation, personality traits of family members and the system of values and beliefs adopted by the family.

3. Family values

Values develop and are realized depending on the age of an individual, their development stage and environment. K. Popielski distinguishes eight steps leading to the choice and retention of values. He mentions the following ones: discovering values, acceptance of values, classification of values, crystallization of values, purification of values, internalization of values, location of values and realization of values (Popielski, 2008, p. 161).

The foreground and most important role in the transmission of values is assigned to the family. Cultivation of values and traditions existing in a given community by the family as well as transmission of its norm hierarchies are becoming an element of the cognitive structures of an individual. What is facilitating the process is a kind and harmonious family atmosphere and positive emotional experiences. Transmission of values includes two processes. The first one refers to the plane within the marriage dyad. It means modification of moral values of spouses as a result of interaction ongoing between them. The other type of message involves parents-children relationships and acts on a feedback basis. Parents affect the children's system of values and children have influence on changes taking place in the parents' system of values (Rostowska, 2001).

In the present study, the notion of *familism* (*family values*) is understood as a central culture value related to family support, loyalty, strong, positive family bonds and the sense of obligation towards the family (Christophe et al., 2022). It has been assumed that familism includes five dimensions: respect, family support, religion, material success and achievements and individualism. Respect is a family value demonstrated in maintaining proper intergenerational relationships and building the parents' authority in children. Family support is a value whose basis is a desire to maintain close relationships and help the family members. Religion is a value referring to a belief in a supernatural power. The value referred to as material success and achievements is about appreciating a success understood as having money and other material goods earned through competition. The last of the mentioned familism dimensions is individualism, whose spheres are independence and self-sufficiency (Wałęcka-Matya, 2020).

Due to the adopted assumption that the values taken by an individual define their aspirations, needs and goals, familism can be regarded as *a family resource*. This notion includes all positive family potentials. The exemplification means classification of family resources elaborated by H. McCubbin (1980). The author indicates three main groups of resources. The first of them includes personal resources of the family members. The second one – inner resources of the family as a system. And the last of the three distinguished groups includes external systems of family support (McCubbin, 1980, after: Ładyżyński, 2019).

In the studies of the role of familism, it is often emphasized that familism plays the role of a buffer against stress, protecting our mental health. It has been noticed that general benefits from the high intensity level of familism are related to a lower level of tension combined with better well-being and health. Familism is negatively correlated with loneliness, depression and somatic symptoms (Corona et al., 2017; Santiago et al., 2020). In the studies of some Hispanic parents of children with mental disorders with a low intensity of familism, a strong correlation was observed between the

parent's affiliate stigmatization and experiencing parental stress. The obtained result confirms the fact that familism can act as a buffer protecting the parents of children with mental disorders (Martin et al., 2022).

Summing up all the previous considerations on this topic, it has been noticed that the psychological publications in which the authors refer to the research on the families with chronically ill children basically include two main directions. In the first of them, they try to characterize the difficulties of being a parent of a chronically ill child, look for the sources of stress, the patterns of coping with tension and numerous limitations (Broberg, 2011; Jazłowska and Przybyła-Basista, 2019; Kościelska, 2011; Liberska and Matuszewska, 2012; Olsson and Hwang, 2001; Zuba, 2021; Żelichowska and Zawadzka, 2019). On the other hand, the other research direction is focused on specifying the resources of the child, their parents, the whole family, which can facilitate the process of adjustment to a difficult life situation. It is based on the fundamental pillars of positive psychology and concerns the search of factors facilitating a development of positive and involved parenthood (Bakiera and Stelter, 2010; Corona et al., 2017; Ładyżyński, 2019; Stelter, 2009).

As a result of the study of the vast literature on the subject, a conclusion was formulated that in the psychological studies of parenthood in the face of a chronic disease of a child, the psychological knowledge showing all aspects of family life has not been fully referred to. One of the areas that requires scientific exploration is the issue of familism and explaining how important it is for parental involvement.

4. Aim of study

Two research aims were established. The first of them referred to determining family values and dimensions of parental involvement of parents of children with a chronic disease. The second aim concerned the estimation of correlations between family values and dimensions of parental involvement. Two research questions were formulated.

1. Is there differentiation in family values between parents of chronically ill children and those raising healthy children?
2. Is there differentiation in parental involvement between parents of chronically ill children and those raising healthy children?
3. Do family values allow us to predict parental involvement?

Based on the literature on the subject, the following research hypotheses were formulated.

Hypothesis 1: There is differentiation in family values between parents of chronically ill children and those raising healthy children.

Hypothesis 1a: There is differentiation in family values in the compared groups of mothers.

Hypothesis 1b: There is differentiation in family values in the compared groups of fathers.

Hypothesis 2: There is differentiation in parental involvement between parents of chronically ill children and those raising healthy children.

Hypothesis 2a: There is differentiation in parental involvement in the compared groups of mothers.

Hypothesis 2b: There is differentiation in parental involvement in the compared groups of fathers.

Hypothesis 3: Dimensions of familism allow us to predict parental involvement in the group of parents raising a healthy child.

Hypothesis 4: Dimensions of familism allow us to predict parental involvement in the group of parents raising a chronically ill child.

5. Method

5.1. Respondents

The participants of the study were adults (N = 160), parents at the average age of 37.5 years, having at least one child. The gender distribution in the group was relatively equal, 96 women (60%) and 64 men (40%). Two control groups were created according to the health condition of the child. The first group included parents raising a chronically ill child (n = 64; 40%). In this group there were 59.4% women (n = 38) and

40.6% men (n = 26). The average age in this group was 38.9 years (SD = 8,48). The second group consisted of parents of healthy children (n = 96.60%), including 60.4% women (n = 58) and 39.6% men (n = 38). Their average age was 36.5 years (SD = 7.24). Table 1 presents the characteristics of the respondents.

Table 1. Characteristics of examined group of parents

Variables		N	%
Gender	woman	96	60.0%
	man	64	40.0%
Place of residence	country	64	40.0%
	city	96	60.0%
Education	primary	4	2.5%
	vocational	32	20.0%
	secondary	48	30.0%
Marital status	higher	76	47.5%
	single	6	3.8%
	married	108	67.5%
Professional status	divorced	4	2.5%
	partnership	42	26.3%
	student	14	8.8%
Number of children	employed	118	73.8%
	unemployed	8	5.0%
	on benefit (social insurance/ other)	26	16.3%
Number of chronically ill children	one	54	33.8%
	two	62	38.8%
	three	44	27.5%
Type of a chronic disease	none	96	60.0%
	one	60	37.5%
	two	4	2.5%
Type of a chronic disease	Not applicable	96	60.0%
	Genetic disorder	20	12.5%
	General developmental disorder	10	6.3%
	Neurological disorders	34	21.3%

5.2. Procedure and materials

The research was carried out in 2021 with the use of the CAWI method. The respondents were able to contact the person conducting the research via a given e-mail address³. The respondents were informed about the scientific purpose of the study and asked to give their consent to it. They were informed that the study was anonymous, compliant with the rules of the Ethical Code of Researchers and that they were able to withdraw from it at any time without any consequences.

For statistical analysis the IBM SPSS 27 software on the licence of University of Łódź was used. The normality of variable distribution was assessed with the use of the Shapiro-Wilk test. For their analysis the obtained results (distribution of variables significantly different from normal) required the application of the non-parametric *Mann-Whitney U test*, designed to compare the median of response variables (Brzeziński, 2022). In order to estimate whether family values allow us to predict the way how parental involvement is demonstrated, the line regression model was applied. The adopted level of significance was $p = 0.05$ (Bedyńska and Cypryńska, 2013).

In the study two psychological tools with good psychometric properties were applied, such as Familism Scale, Parental Involvement Questionnaire as well as socio-demographic questionnaire.

The Familism Scale developed by Wałęcka-Matyja (2020) was used to measure the intensity of familism dimensions in adults. The Scale measures collectivist values (respect, family support, religion) and individualistic ones (material success and achievements, individualism). The Familism Scale includes 44 statements, to which a respondent responds on a 5-grade Likert scale, where 1 means „I definitely do not agree” and 5 – „I definitely agree”. The internal consistency index values measured by Cronbach α coefficient are within the range 0.95-0.63 (Wałęcka-Matyja, 2020).

The Parental Involvement Questionnaire developed by Bakiera (2013) allows us to estimate parental involvement towards pre-school, school and adolescent children. It is designed to examine adult people,

who give their answers to 34 items on a 7-grade Likert scale. The measurement refers to parental involvement as a whole and in terms of its three dimensions, i.e. valence involvement, behavioural involvement and cognitive-emotional involvement (Bakiera, 2013). The values of Cronbach α reliability coefficient are high and fall in the range 0.86 – 0.84.

The socio-demographic questionnaire was used to collect the following data about the respondent: gender, age, place of residence, education level, marital status, employment, number of children, health of children and kind of health problems.

6. Results

6.1. Descriptive statistics

Table 2 presents descriptive statistics of psychological variables considered in the study.

The obtained results indicate that the considered psychological variables (tab. 2) are characterized by a distribution deviating from normal. Therefore, in the analysis, the non-parametric *Mann-Whitney U test* was used.

6.2. Family values in examined groups of parents

In the first stage it was checked if there is differentiation in family values in the groups of parents raising a chronically ill child and a healthy one. The analyses were carried out in the groups of parents raising children in the various health conditions (tab. 3) and separately in the groups of mothers (tab. 4) and fathers (tab. 5). Table 3 presents the results concerning the comparison of the family values of parents raising a chronically ill child and parents raising a healthy child.

Analysing the obtained results (tab.3), we noticed one statistically significant difference in respect of the individualism dimension ($U = 1964.00$; $p < 0.001$). The parents raising a child with a chronic disease ($n = 64$) reached a significantly statistically higher intensity of individualism than the parents raising

³ Thanks to Ms Hanna Wilczyńska, a participant of the MA seminar conducted by me in the psychology major.

Table 2. Descriptive statistics of psychological variables

Variables	<i>N</i>	<i>M</i>	<i>SD</i>	<i>Min</i>	<i>Maks</i>	<i>Me</i>	<i>W</i>	<i>p</i>
Success and achievements	160	23.21	8.52	12.00	51.00	21.00	0.90	< 0.001 ***
Individualism	160	20.68	2.62	10.00	25.00	21.00	0.93	< 0.001 ***
Respect	160	43.71	14.22	22.00	70.00	45.50	0.93	< 0.001 ***
Family support	160	19.15	5.85	7.00	28.00	21.00	0.91	< 0.001 ***
Religion	160	18.36	10.07	7.00	34.00	20.00	0.84	< 0.001 ***
Valence involvement	160	61.96	7.58	29.00	70.00	65.00	0.83	< 0.001 ***
Behavioural involvement	160	61.95	9.10	35.00	70.00	65.00	0.82	< 0.001 ***
Cognitive-emotional involvement	160	86.84	10.72	53.00	98.00	89.50	0.88	< 0.001 ***
General involvement	160	210.75	25.42	131.00	238.00	220.50	0.87	< 0.001 ***

N – number; *M* – mean; *SD* – standard deviation; *Min* – minimum; *Maks* – maximum; *Me* – median; *W* –Shapiro-Wilk test statistics; *p* – Shapiro-Wilk test significance; * *p* < 0.05; ** *p* < 0.01; *** *p* < 0.001

Table 3. Family values in compared groups of parents

Family values	Child's health condition	<i>U</i>	<i>p</i>	<i>Me</i>
Success and achievements	healthy	2886.00	0.516	21.50
	ill			21.00
Individualism	healthy	1964.00	< 0.001 ***	20.00
	ill			22.00
Respect	healthy	2874.00	0.490	47.00
	ill			37.00
Family support	healthy	2956.00	0.685	21.50
	ill			20.50
Religion	healthy	2860.00	0.453	20.50
	ill			11.00

U- Mann-Whitney *U* test value; * *p* < 0.05; ** *p* < 0.01; *** *p* < 0.001; *Me* – median

Table 4. Familism values in compared groups of mothers

Family values	Child's health condition	<i>U</i>	<i>p</i>	<i>Me</i>
Success and achievements	healthy	1096.00	0.964	23.00
	ill			21.00
Individualism	healthy	758.00	0.009 **	20.00
	ill			21.00
Respect	healthy	1010.00	0.490	46.00
	ill			43.00
Family support	healthy	1036.00	0.619	22.00
	ill			21.00
Religion	healthy	1062.00	0.760	20.00
	ill			12.00

U- Mann-Whitney *U* test value; * *p* < 0.05; ** *p* < 0.01; *** *p* < 0.001; *Me* – median

a healthy child (n = 96). That was the reason for accepting the assumptions of hypothesis 1. The other dimensions, i.e. respect, family support, religion and material success and achievements did not differentiate the compared groups of parents. Table 4 presents the results concerning the comparison of family values of the mothers raising a chronically ill child and those raising a healthy one.

The obtained result indicated the occurrence of one statistically significant difference between the compared groups of mothers (*U* = 758.00; *p* < 0.01). It concerned the individualism dimension. The mothers raising a chronically ill child (n = 38) were characterized by a significantly higher intensity of this value than those raising a healthy one (n = 58). The other dimensions, i.e. respect, family support, religion and

Table 5. Familism values in compared groups of fathers

Family values	Child's health condition	U	p	Me
Success and achievements	healthy	436.00	0.426	20.00
	ill			21.00
Individualism	healthy	266.00	0.002 **	21.00
	ill			22.00
Respect	healthy	448.00	0.529	50.00
	ill			36.00
Family support	healthy	406.00	0.228	21.00
	ill			20.00
Religion	healthy	434.00	0.406	24.00
	ill			10.00

U- Mann-Whitney U test value; * p < 0.05; ** p < 0.01; *** p < 0.001; Me - median

Table 6. Parental involvement in the compared groups of parents

Involvement	Child's health condition	U	p	Me
Valence	healthy	2570.00	0.079	64.50
	ill			65.50
Behavioural	healthy	3024.00	0.866	64.50
	ill			66.00
Cognitive-emotional	healthy	3046.00	0.928	89.00
	ill			89.50
General	healthy	2922.00	0.601	218.00
	ill			222.50

U- Mann-Whitney U test value; * p < 0.05; ** p < 0.01; *** p < 0.001; Me - median

material success and achievements did not differentiate the compared groups of women. In this way, the validity of hypothesis 1a was confirmed.

There was one statistically significant difference between the compared groups of fathers ($U = 266.00$; $p < 0.01$). It concerned the individualism dimension. The men raising a chronically ill child ($n = 26$) were characterized by a significantly higher intensity of this value than those raising a healthy one ($n = 38$). The other dimensions, i.e. respect, family support, religion and material success and achievements did not differentiate the compared groups of men. The obtained results confirm the assumptions of hypothesis 1b.

6.3. Parental involvement in examined groups of parents

In the next stage, it was examined if there was differentiation in parental involvement in the groups of parents raising a chronically ill child and a healthy one. Analyses were carried out in the groups of parents (tab. 6) and separately mothers (tab. 7) and fathers (tab. 8). Table 6 shows the results concerning the comparison of parental involvement in the groups of parents raising a chronically ill child and a healthy one.

The obtained results do not indicate any statistically significant differences in parental involvement between the groups of parents raising a chronically

ill child ($n = 64$) and those raising a healthy one ($n = 96$). Therefore, hypothesis 2 was not confirmed. Table 7 shows the research results concerning the comparison of parental involvement of the mothers raising a chronically ill child and those raising a healthy one.

The research results presented in table 7 allow us to confirm the occurrence of statistically significant differences in valence involvement, $U = 646.00$; $p < 0.01$, behavioural involvement, $U = 772.00$; $p < 0.05$ and general involvement, $U = 752.00$; $p < 0.01$. The mothers of a chronically ill child ($n = 38$) were characterized by a higher intensity of valence involvement, behavioural involvement as well as in respect of its general dimension than the mothers raising a healthy child ($n = 58$). The cognitive-emotional dimension did not significantly differentiate the compared groups of women. The obtained results confirm hypothesis 2a. Table 8 shows the research results concerning the comparison of parental involvement of the fathers raising a chronically ill child and those raising a healthy one.

It was noticed that there were statistically significant differences in behavioural involvement, $U = 312.00$; $p < 0.05$, cognitive involvement, $U = 298.00$; $p < 0.01$ and general involvement, $U = 308.00$; $p < 0.01$. It was found out that the fathers raising a chronically ill child ($n = 26$) were

Table 7. Parental involvement in the compared groups of mothers

Involvement	Child's health condition	<i>U</i>	<i>p</i>	<i>Me</i>
Valence	healthy	646.00	0.001 **	61.00
	ill			67.00
Behavioural	healthy	772.00	0.012*	66.00
	ill			68.00
Cognitive-emotional	healthy	850.00	0.058	85.00
	ill			95.00
General	healthy	752.00	0.009 **	205.00
	ill			229.00

U- Mann-Whitney *U* test value; * *p* < 0.05; ** *p* < 0.01; *** *p* < 0.001; *Me* – median

Table 8. Parental involvement in the compared groups of fathers

Involvement	Child's health condition	<i>U</i>	<i>p</i>	<i>Me</i>
Valence	healthy	388.00	0.146	66.00
	ill			59.00
Behavioural	healthy	312.00	0.013 *	64.00
	ill			57.00
Cognitive-emotional	healthy	298.00	0.007**	91.00
	ill			85.00
General	healthy	308.00	0.011*	221.00
	ill			204.00

U- Mann-Whitney *U* test value; * *p* < 0.05; ** *p* < 0.01; *** *p* < 0.001; *Me* – median

Table 9. Results of regression analysis conducted in the group of parents of healthy children

Response variable	Model				Regression coefficients			
	<i>R</i> ²	<i>F</i>	<i>df</i>	<i>p</i>	predictor	β	<i>t</i>	<i>p</i>
General parental involvement	0.63	18.99	86	< 0.001 ***	Constant		5.31	< 0.001 ***
					Respect	-0.35	-1.78	0.078
					Success and achievements	-0.20	-2.08	0.041*
					Individualism	0.10	1.17	0.245
					Religion	0.01	0.08	0.936
					Family support	0.10	0.60	0.553

*R*² – corrected model fit coefficient; *F* – test statistics; *df* – degrees of freedom β – standardized beta coefficient; *t* – test statistics; *p* – statistical significance; * *p* < 0.05; ** *p* < 0.01; *** *p* < 0.001

Table 10. Results of regression analysis in the group of parents with chronically ill children

Response variable	Model				Regression coefficients			
	<i>R</i> ²	<i>F</i>	<i>df</i>	<i>p</i>	predictor	β	<i>t</i>	<i>p</i>
General parental involvement	0.43	6.19	54	< 0.001 ***	Constant		5.82	< 0.001 ***
					Respect	-0.57	-1.64	0.107
					Success and achievements	-0.21	-1.07	0.287
					Individualism	-0.07	-0.46	0.647
					Religion	0.15	0.54	0.592
					Family support	0.37	1.60	0.115

*R*² – corrected model fit coefficient; *F* – test statistics; *df* – degrees of freedom β – standardized beta coefficient; *t* – test statistics; *p* – statistical significance; * *p* < 0.05; ** *p* < 0.01; *** *p* < 0.001

characterized by a lower intensity of involvement in the behavioural, cognitive-emotional and general dimensions than the fathers raising a healthy child ($n = 38$). In this way hypothesis 2b was proved correct.

6.4. Familism and parental involvement

The last of the research issues considered in this study was formulated in the question whether a preference for specific family values allows us to predict the level of parental involvement. We used the line regression model, in which the response variable was parental involvement in its general dimension. The explanatory variables were the dimensions of familism (respect, family support, religion, individualism, material success and achievements). Analyses were carried out separately for the groups of parents raising a chronically ill child and those raising a healthy one. The results were presented in tables 9 and 10. Table 9 shows the results of the regression analysis conducted in the group of parents of a healthy child.

The obtained results allow for the statement that the variable of material success and achievements explained 63% of variance of the variable of general parental involvement ($R^2 = 0.63$). We noticed a weak, negative correlation of general parental involvement with the value of material success and achievements. That means that in the parents of healthy children the intensity level of the general parental involvement variable decreases with an increase in intensity of the value of material success and achievement. The other family values, i.e. respect, family support, religion, individualism, appeared to be statistically insignificant. Along with this, hypothesis 3 was confirmed. Table 10 presents the results of the regression analysis carried out in the group of parents with chronically ill children.

Describing the results (tab. 10) obtained in the group of parents raising chronically ill children, we did not find any statistically significant correlations between the dimensions of familism and general parental involvement. In this way, hypothesis 4 was not accepted.

Discussion of results

Children and teenagers suffering from illnesses of a chronic nature are up to four times more exposed to developing disorders in the psychosocial functioning than healthy children. Pilecka (2002) explains that this mainly results from specific requirements which the child and their family are trying to meet. Taking a broader perspective (comp. The ecological theory of Bronfenbrenner, 1993), such specific requirements also concern the people from the closer (for example, peers from class, neighbourhood) and the further (for example, teachers, doctors, physiotherapists) environments. The contemporary psychological knowledge allow us to say that in the face of an illness the family can more than once generate the forces facilitating the recovery process (Świętochowski, 2014). Due to this ability, it increases the chance of a chronically ill child for their return to the environment. At the same time, that makes it easier for the family members to cope with the mental effects of the illness (Żelichowska and Zawadzka, 2019).

So far, the literature describing the situation of families with chronically ill children has covered the issues referring to: parental attitudes, value of marriage life, atmosphere in the family, family social structure, and to a lesser extent personal traits of parents, assuming that the greater the disorders are within these qualities of the family environment, the greater disorders take place in the processes of raising and caring for chronically ill children (Weryszko and Wejmer, 2022). Not many studies of an empirical nature referred to familism considered as a resource and treated as a predictor of parental involvement. In this respect, some research was taken to order and supplement the psychological knowledge in this area.

The research results presented in this study indicate the existence of differentiation in familism and parental involvement in two groups of parents, i.e. parents raising chronically ill children and healthy ones. It has also been found out that familism allows us to predict parental involvement, but only in the group of parents raising healthy children.

Making a description and interpretation of the obtained results, the issue that was referred to in the first place was familism in the compared groups

of parents. The dimension of familism understood as striving for independence and self-sufficiency (individualism) reached a higher intensity level in the groups of parents raising chronically ill children, both in mothers and fathers, as compared with the mothers and fathers of healthy children. Interpreting the obtained result, we can mention the specificity of functioning of the family with a chronically ill child and the challenges they are trying to face (comp. Byra and Prachomiuk, 2018; Prachomiuk, 2018; Żelichowska and Zawadzka, 2019). It is considered that in the light of familism, striving for independence can, for example, be understood as belief that you can rely on yourself in solving problems, ability to learn about the child's disease and ways how to provide them with the best care and treatment, efforts to look for a well-paid job to have financial resources for both the treatment and providing for the other members of the family, or other behaviours like that, showing that you give priority to self-sufficiency, and all this in the context of profits for the family environment. It is indicated that parents of ill children are getting better in their role, which is, for example, demonstrated by a greater ability of self-reflection, ability to assess own activities, giving a special importance to the activities from both their own perspective and the perspective of the ill child. In this way they shape the construct of meta-parenthood (Mitchell and Lashewicz, 2016; Parchomiuk, 2018).

Considering the comparison results in respect of parental involvement in the groups of parents raising a chronically ill child and a healthy one, it was noticed that the results did not differ statistically in a significant way. It is emphasized that they fell in the range of results indicating a very high intensity of parental involvement (222.5 and 218.0 points respectively). It is assumed that a high level of parental involvement indicates the occurrence of lasting and strong motivation to take and maintain a specific activity and focus on it. An involved parent acts and considers their activity important (Bakiera, 2013). It is assumed that for the respondents from both the compared groups playing a parental role was a value, an element improving their own positive image. The detailed comparative analyses carried out in the groups of mothers raising a chronically ill child and

a healthy one and fathers raising a chronically ill child and a healthy one allow us to find differentiation in parental involvement. The mothers of chronically ill children were characterized by a higher intensity level of the importance of parenthood in the value system and took more activities showing their care for the conditions and course of their child's development than the mothers raising healthy children. They were also characterized by a higher intensity of parental involvement than the mothers of healthy children. The examined mothers did not differ in respect of focusing their thinking, attention, imagination, memory on the role of a mother and experiencing parental situations and events important for the child in an emotional way. Explaining the obtained result, we can refer to some studies which show that if the mothers perceive an illness as a challenge, they tend to look for ways to cope with the situation, participate in the treatment process, engage in cooperation with the doctors (Czuba, 2021). The formulated conclusion is of a preliminary nature and needs to be confirmed in further studies. On the other hand, the fathers of chronically ill children were characterized by a lower level of activities showing their care for the conditions and course of their child's development and a lower intensity of focusing their thinking, attention, imagination, memory on the role of a father and experiencing parental situations and events important for the child in an emotional way. They also demonstrated a lower level of parental involvement than the fathers raising a healthy child. It is indicated that in respect of regarding parenthood as an important element of the value system, the compared groups of fathers did not differ. Searching for an explanation of the obtained results, we referred to the literature on the subject, which indicates the fact that fathers tend to distance from chronically ill children, which may, for example, result from the performance of the material function of the family, low satisfaction from the family life, lack of satisfaction from their relationships with their wives/partners or difficulties to adapt to the role of a father of a chronically ill child (Łukasik, 2020). Studies of the families with children with Down syndrome show that it is the families themselves who almost always have to bear the costs connected with the chronic disease (diagnosis, treatment, rehabilitation) (99.2%

of the surveyed families). The respondents declared that they sometimes had to spend more than 1000 zł a month (14.8%), but most often it was 300-1000 zł a month (55.9%) (Bartnikowska, 2022). In other psychological studies referring to the intensity levels of parental involvement of mothers and fathers of children and adolescents with a moderate and severe intellectual disability with Down syndrome, it appeared that the mothers of children with Down syndrome with a severer intellectual disability were characterized by a higher intensity of parental involvement ($M = 198.36$; $SD = 18.03$) than the fathers ($M = 157.51$; $SD = 19.30$) (Kaliszewska, 2022).

Referring to the last research problem discussed in the study, whose aim was to determine a predictive role of familism for parental involvement, statistically significant correlations were noticed only in the group of parents raising healthy children. The obtained results of the own research allow for the statement that one of family values, i.e. material success and achievements enable prediction of the level of parental involvement. A conclusion was formulated that in the parents of healthy children the intensity level of the variable of general parental involvement decreases with an increase in the intensity level of the value of material success and achievements. To justify the obtained result, we can refer to the data included in the HAYS report of 2019 *Women on labour market. Competencies and Diversity*. It was estimated that almost 50% of employees combine family life with professional work. As it turns out, up to 64% of the surveyed women and 46% of the men encountered barriers in their professional work related to combining both the roles. Among the most frequently mentioned difficulties connected with playing the role of a parent, there are such work elements as business trips, inflexible working hours, overtime or absence from work resulting from repeating illnesses of younger children⁴. These factors contribute to the reduction of time that parents are able to spend with their children and decreasing their parental involvement. Since, this role requires devoting time to taking regular care of the child, helping them in homework, organizing their free time or accompanying them in their activities

(behavioural aspect of the parental role). An involved parent knows their child's friends, organizes birthday parties for them, emotionally adjusts themselves to their child's experiences, feels their joy, sadness or disappointment (cognitive-emotional aspect). What is significant, an involved parent assigns great importance to all the duties performed for the child (valence aspect of the parent's role). For parents who value success understood as getting money and other material goods through competition, it might be difficult to perform simultaneously the role of a parent.

The critical assessment of the carried out own research indicates a couple of limitations. The first of them is an awareness that parental involvement is conditioned by numerous factors, which were not considered in the study. In this respect, the answers given to the research issues cannot be regarded as fully exhaustive. More information could have been obtained, if we combined the quantitative approach with the qualitative one, which might have made the formulated conclusions deeper. In the further studies it may be valuable to include the siblings of the chronically ill children in the research. Moreover, it seems interesting to examine the parents with different levels of parental involvement as in this respect the analysed groups were homogenous.

The obtained results have application value for the parents from the surveyed groups and the specialists working with families. Discussions on the importance of familism and raising awareness of the role and forms of parental involvement can contribute to better functioning of families, coping with duties and looking for spheres free from problems. Psychologists agree that for the health of the family understood as a whole, it is important to reach balance between the challenges of the chronic disease and the activity of the family members. In the families whose members try to minimize the effects of the chronic disease of the child on the family system, there is a chance for normalization of the family life. It is believed that it is the ability of finding information about the disease and using it as well as caring about the family consistency and values that contributes to a great extent to achieving success in this respect (Czuba, 2021).

4 <https://www.gov.pl/web/demografia/rodzicielstwo-i-praca--jak-wesprzec-pracujacych-rodzicow> (access: 19.12.2022)

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Life Situation Scale for Parents of Children with Oncological Diseases – Polish adaptation

Skala Sytuacji Życiowej Rodziców Dzieci Chorych Onkologicznie – polska adaptacja¹

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Abstract: *Introduction:* A child's cancer diagnosis causes severe stress for parents throughout the treatment process. Long-term stress, an uncertain prognosis and constant disposability cause the carers of a sick child to experience adverse changes in the areas of physical and psychosocial health. Their living situation depends on the support they receive from loved ones and from medical staff. Research on the assessment of their specific living situation is gaining importance, which requires the use of an appropriate tool. Such possibilities are provided by the Life Situation Scale for Parents of children with cancer. The article presents the next steps in the adaptation of this questionnaire. *Methods:* A total of 112 parents of children with cancer participated in the study. Parents were in the age range 25 to 59 years ($M = 38.56$ years; $SD = 6.71$). The procedure for adapting the Life Situation Scale for Parents (LSS-P) included verification of the factor structure and assessment of the psychometric properties of the Polish version of the questionnaire. *Results:* Statistical analyses confirmed the good psychometric properties of the Polish adaptation of the Life Situation Scale for Parents (LSS-P). The adaptation includes 20 statements and measures 3 types of support: social, emotional and institutional i.e. received directly from the medical staff. *Conclusion:* Life Situation Scale for Parents of children with cancer proved to be a valid and reliable tool. The scale can be used in diagnosing the needs of parents in the process of a child's cancer. This tool can be particularly useful in Oncology Departments, where it is important to care not only for the little patient, but also for their parents. **Keywords:** child cancer, parental situation, psychometric evaluation, questionnaire.

Abstrakt: *Wstęp:* Diagnoza choroby nowotworowej u dziecka wywołuje silny stres, który towarzyszy rodzicom podczas całego procesu leczenia. Długotrwały stres, niepewne rokowania, nieustanna dyspozycyjność powodują, że opiekunowie chorego dziecka doświadczają niekorzystnych zmian w obszarach zdrowia fizycznego i psychospołecznego. Ich sytuacja życiowa zależy od wsparcia, jakie otrzymują nie tylko od osób bliskich, ale również od personelu medycznego. Znaczenia nabierają badania dotyczące oceny ich szczególnej sytuacji życiowej, co wymaga stosowania odpowiedniego narzędzia. Takie możliwości daje Skala Sytuacji Życiowej przeznaczona dla rodziców dzieci chorych onkologicznie (SSŻ). W artykule przedstawione zostały kolejne etapy adaptacji tego kwestionariusza. *Metoda:* Uczestnikami badania było 112 rodziców dzieci chorych onkologicznie. Rodzice byli w wieku od 25 do 59 lat ($M = 38.56$ lat; $SD = 6.71$). Procedura adaptacji The Life Situation Scale for Parents (LSS-P) obejmowała weryfikację struktury czynnikowej oraz ocenę właściwości psychometrycznych polskiej wersji skali. *Wyniki:* Analizy statystyczne potwierdziły dobre właściwości psychometryczne polskiej adaptacji Skali Sytuacji Życiowej Rodziców (SSŻ-R). Obejmuje ona 20 twierdzeń i mierzy 3 rodzaje wsparcia: społeczne, emocjonalne i instytucjonalne tj. otrzymywane bezpośrednio od personelu medycznego. *Wnioski:* Skala Sytuacji Życiowej Rodziców okazała się narzędziem trafnym i rzetelnym. Może być wykorzystywana w diagnozowaniu potrzeb rodziców w procesie choroby nowotworowej dziecka. Narzędzie to może być szczególnie przydatne na Oddziałach Onkologicznych, gdzie ważna jest troska nie tylko o małego pacjenta, ale również o jego rodziców. **Słowa kluczowe:** choroba nowotworowa dziecka, kwestionariusz, ocena psychometryczna, sytuacja rodziców.

Introduction

In Poland oncological diseases are the second cause of death not only for adults but also for children. The recent data show that in 2019 the number of people aged 0-19 years (538 girls and 579 boys)

who got cancer amounted to 1117 and the number of the children who died of it was 187 (74 girls and 113 boys) (Didkowska, Wojciechowska, Olasek, Caetano Dos Santos, Michałek, 2021).

¹ Artykuł w języku polskim: <https://www.stowarzyszeniefidesetratio.pl/fer/2023-1Soch.pdf>

An oncological disease in a child is a traumatic event for the whole family, especially for the parents. The diagnosis of cancer itself or even the smallest suspicion of it can cause strong stress, which then accompanies the parents during the whole treatment process (Compas, Bemis, Gerhardt, Dunn, Rodriguez, Desjardins, Preacher, Manring, Vannatta, 2015; Malpert, Kimberg, Luxton, Mullins, Pui, Hudson, Krull, Brinkman, 2015).

When the child is ill, their family becomes a part of the medical care system. That involves new tasks for which the family is usually not prepared. They are connected with everyday visits or even an all-day stay in the hospital and care for the little patient as well as cooperation with the medical staff (Zavagli, Miglietta, Varani, Pannuti, Brighetti, Pannuti, 2016), approval of treatments or risky surgeries suggested by the doctors. It sometimes happens that such decisions must be made under pressure of time, which is a great mental strain for the parents. However, the studies show that the majority of parents accept doctors' decisions. Their attitude in such situations is more often passive than active (Salvador, Crespo, Roberto, Barros, 2020; Sisk, Kang, Mack, 2020).

Each stage of the struggle with their child's disease raises many fears. Most of the parents said that the most difficult thing for them was waiting for the diagnosis (83.9%), the diagnosis of a tumor (65.5%) and making a decision on treatment methods (68.3%). A significant and similar proportion of the respondents indicated some difficulties connected with the start of treatment (63.5%), hospitalization (61.4%) and the need to change the treatment (64.4%) (Wiener, Battles, Zadeh, Pelletier, Arruda-Colli, Muriel, 2017). It has been confirmed that even the recurrence of the disease is not as stressful for the parents as its initial diagnosis (Carlsson, Kukkola, Ljungman, Hovén, von Essen, 2019).

A long-term stress, uncertain prognosis, the need to be constantly available will make the parents of an ill child experience disadvantageous changes in their physical and psycho-social health (Agbayani, Tucker, Nelson, Martinez, Cortes, Khoury, Kain, Lin, Torino, Fortier, 2022; Klassen, Klaassen, Dix, Pritchard, Yanofsky, O'Donnell, Scott, Sung, 2008). The most frequent somatic complaints include: sleeping disorders, weakness, digestive system problems, loss of appetite,

dizziness, and among mental complaints are: emotional problems, anxiety, depression (Agbayani et al., 2022; Northouse, Williams, Given, McCorkle, 2012; Zavagli, Varani, Samolsky-Dekel, Brighetti, Pannuti, 2012).

During the whole time of their child's disease, the parents feel physically and mentally exhausted. It turns out that suffering and problems with mental functioning keep appearing even 5 years after the treatment completion (Al-Gamal, Long, Shehadeh, 2019; Vrijmoet-Wiersma, van Klink, Kolk, Koopman, Ball, Maarten Egeler, 2008). 26% of the parents can develop the symptoms of PTSD. Its effects can last even up to 10 years after the diagnosis of an oncological disease in a child (Carlsson i in., 2019; Wakefield, McLoone, Butow, Lenthen, Cohn, 2011).

Struggling with the child's illness brings about problems in everyday life – in the family, professional and social spheres (Compas et al., 2015; Van Schoors, De Mol, Morren, Verhofstadt, Goubert, Van Parys, 2018). A long lasting disease of a child, which is always a great burden for the parents, has a negative effect on their marriage/partnership (Wiener, Battles, Zadeh, Pelletier, Arruda-Colli, Muriel, 2017). It makes it difficult to reconcile duties at home and in work with care over the ill child. It appears that such difficulties are reported by 70% of the parents (Peikert, Inhestern, Krauth, Escherich, Rutkowski, Kandels, Bergelt, 2020). They often have to reorganize their professional work or even give it up, which results in a decrease in the financial resources of the family and an increase in the expenses related to the treatment, care and rehabilitation. The biggest changes in employment have been observed in the parents of little dependent children suffering from hematological malignancies. That is a more frequent phenomenon when the family lives far from the hospital. Financial problems are not indifferent to the child's prognosis of recovery. There are situations when little patients have to undergo expensive surgeries, which significantly exceed the financial resources of the parents, and fundraising is often connected with fear and uncertainty (Roser, Erdmann, Michel, Winther, Mader, 2019).

The life situation of the parents of a child with an oncological disease depends on the support received not only from close people, friends, colleagues but also the medical staff in the hospital. It is very im-

portant in the aspect of the relationships with the partner, constitutes a buffer protecting well-being and mental health, contributes to better coping with stress and crisis caused by the child's illness (Carlsson et al., 2019; Peikert et al., 2020).

The parents report that they receive the greatest support straight after the diagnosis, but it decreases with the duration of the illness. They usually experience less social and emotional support (Christen, Mader, Baenziger, Roser, Schindera, Tinner, Michel, 2019) whereas the support from medical staff (institutional support) remains on a similar and beneficial level (Baenziger, Hetherington, Wakefield, Carlsson, McGill, Cohn, Michel, Sansom-Daly, 2020). The contact with specialists may evoke concern or even anxiety, but it also gives the parents a sense of security (John, Injodey, 2018). What is important is the quality of the parents' relationship with the medical staff. The studies (Baenziger et al., 2020) show that their availability, support, openness, helpfulness can be a source of positive experiences. It can greatly improve coping with difficult situations connected with the treatment of the oncologically ill child.

1. Aim of Study

The aim of the study was to develop the Polish adaptation of *Life situation of parents of children with cancer* by Enskär, Carlsson, von Essen, Kreuger and Hamrin (1997)².

The life situation scale assumes an assessment of widely understood support, in which the authors of the tool (Enskär, et al., 1997) itemized, in the first assessment, twelve factors, which were finally reduced to four: quality of medical care, well-being, social contacts and support, readiness. The fourth factor – readiness – was excluded due to the low internal consistency.

Although in psychology there are a lot of questionnaire methods designed for measuring support, this one has a particular meaning since it is directed exclusively to the parents/guardians of oncologically ill children.

2. Method

2.1. Respondents

The participants of the study were 112 parents of oncologically ill children. The parents were at the age from 25 to 59 years ($M = 38,56$ years; $SD = 6,71$). The age range of the hospitalized children was from 1 to 17 years ($M = 9,10$ years; $SD = 5,15$). Only one of the parents could stay in the hospital and they were included in the study. The study covered the parents whose children were in the initial stage of treatment, i.e. six months from the diagnosis of an oncological disease. It was deemed important that all the respondents should be in a similar stage of treatment of their child's disease.

The conducted analyses did not take into account the age and gender of the ill children, the type of the diagnosed malignancy and the methods of treatment as the studies prove that they do not affect the functioning of the parents in a significant way (Phipps, Long, Willard, Okado, Hudson, Huang, Zhang, Noll, 2015).

2.2. Procedure

The study lasted from March 2019 to June 2022 and it was carried out in the Clinic of Pediatrics, Hematology and Oncology in Gdańsk, the Clinic of Pediatric Oncology, Hematology and Transplantology of K. Marcinkowski Medical University in Poznań and the Clinic of Pediatrics, Oncology, Hematology and Diabetes treatment of 1st Department of Pediatrics of M. Konopnicka Central Teaching Hospital in Łódź. The participants of the study were informed about the scientific purpose of the study, its anonymity and voluntary character.

The procedure of the adaptation of *Life situation of parents of children with cancer* (Enskär et al., 1997) included translation of the tool from English to Polish by two psychologists, fluent in English. Next back translation was performed by an English philologist. Both versions, English and Polish, were compared in

² Consent has been obtained from Karin Enskär and co-authors to the Polish adaptation of *Life situation of parents of children with cancer*

order to check their equivalence. The factor structure verification was performed and the psychometric properties of the final version of the tool were assessed. The respondents filled the Life Situation Scale translated into Polish, consisting of 39 items, which they assessed on a five-grade scale: from 1 – definitely not, to 5 – definitely yes.

The procedures conducted in this study were compliant with the existing ethical standards. The research project was given a positive opinion by the Commission of Bioethics of Scientific Studies of University of Łódź (Resolution no. 3/KBBN-UŁ/I/2019 of 11th February 2019).

3. Results

3.1. Validity of Life Situation Scale

The factor structure verification of the Life Situation Scale was based on the results obtained from the studies of the group of the Polish parents of oncologically ill children. The statistical analyses were performed with the use of the SPSS Statistics software (PS Imago Pro 7.0, IBM SPSS Statistics 27, licensed by University of Łódź).

Exploratory factor analysis with Oblimin rotation of the main components was conducted with the assumption that the factors may be correlated with each other. After the substantive analysis of the statistical data, a three-component model was obtained, which included 20 statements. In order to verify the suitability of the sample to carry out the factor analysis, the Kaiser–Meyer–Olkin (KMO) test was used. In the created model, this measure is 0.748. According to Kaiser’s (1974) recommendation, this value allows us to accept the suitability of the sample for carrying out the exploratory factor analysis. The result of Bartlett’s sphericity test appeared to be statistically significant: $\chi^2 = 1209,002$; $df = 378$; $p < 0,0001$.

The factor loads for the individual items are presented in table 1. They appeared satisfying, i.e. exceeding the required weight criterion on the level of 0.5 (Thompson, 2008).

Table 1. Factor loads for individual items of Polish version of LSS

Life Situation Scale Items	Factor 1	Factor 2	Factor 3
1. I receive support from friends or/and relatives	0.682		
2. I receive support from parents of children in a similar situation	0.574		
3. I receive support from medical staff	0.529		
4. I have understanding in my workplace	0.622		
5. The economic level of my family decreased	0.546		
6. I am positive about the future	0.521		
7. I feel alone in responsibility for the ill child		0.521	
8. I sometimes must be alone		0.627	
9. It is difficult for me to face the reactions of other people to the news about my child’s disease		0.690	
10. I often feel lonely		0.666	
11. I often feel sad		0.589	
12. I have enough information about my child’s disease, the treatment and coping with the situation			0.554
In the hospital I feel that:			
13. – I can decide about the situation of my child			0.682
14. – the doctor applies proper treatment			0.768
15. – the medical staff knows what they are doing			0.821
16. – the staff understands me and the needs of my child			0.756
17. – the staff is available whenever we need them			0.734
18. – I can contact the doctor whenever I need that			0.850
19. The hospital has all the necessary equipment			0.612
20. If needed, I can contact a social worker and a psychologist			0.626

Source: own study

The Polish version of the Life Situation Scale includes 20 statements, within which 3 factors were distinguished. Factor 1 – social support includes 6 items concerning support received from family, friends, relatives, medical staff, parents whose children are also ill as well as understanding in the workplace, which can be related to the financial situation of the family. Social support can determine the parent's general attitude. Factor 2 – emotional support covers 5 items, which describe well-being of the respondent in the situation of lack of emotional support. The effect may include the feeling of isolation, lack of understanding, sadness and even a tendency to wall oneself off from other people. Factor 3 – institutional support includes 9 items, the answers to which allow us to assess trust in and availability of medical staff as well as their readiness to provide information on the child's disease, the treatment and the ways how to cope with it and the feeling that the hospital has sufficient staff and equipment, which gives hope for recovery.

The names of the factors in the Polish version slightly differ from those in the original version. It has been decided that their sounding reflects the types of the measured support more clearly.

Like in the original version, the answers to the items are assessed on a five-grade scale, where 1 means "definitely not" and 5 – "definitely yes".

The (Pearson's r) correlation between the individual factors was checked (table 2).

All the correlations appeared significant. They occurred between social support and emotional and institutional support. The correlations between these factors appeared to be weak, which means that despite some probable similarities, there are also certain differences between these categories. The results shown in table 2 confirm the assumption about the existence of correlations between the factors and the admissible independence, which results from the theoretical premises.

3.2. Reliability analysis

The reliability of the Life Situation Scale was estimated with the use of the internal consistency coefficient – Cronbach α . It appeared satisfactory for each of the three factors. Allowing some corre-

lation between the three factors, we also checked the reliability for the general result, which was satisfactory, too. The obtained Cronbach alpha values are presented in table 3.

3.3. Criterion validity of Life Situation Scale for Parents of Children with Oncological Diseases

The criterion validity was checked using the analysis of Pearson's r correlations between the scores on the Life Situation Scale – LSS, and the general score on the Multidimensional Scale of Perceived Social Support – MSPSS by Buszman and Przybyła-Basista (2017). All the tested correlations appeared statistically significant and positive (table 4). The strongest correlations were between general support on MSPSS and general support ($r = 0,88$) and institutional support ($r = 0,741$) on LSS. On the other hand, the correlation between MSPSS and emotional support appeared moderate ($r = 0,557$) and the one with social support – weak ($r = 0,384$). The obtained results allow us to assess the criterion validity of the Life Situation Scale as satisfactory.

Discussion of results and summary

The fact of struggling of the parents with the oncological disease of their child brings about difficulties in their physical and psycho-social functioning (Agbayani et al., 2022; Klassen et al., 2008). It is the consequence of a long-lasting fear for their child's health and life, monitoring the well-being of the little patient, making difficult decisions concerning surgeries suggested by the doctors. The parents find it hard to cope with too many duties, the time burden resulting from permanent stay in the hospital, which negatively affects their family and professional life (Peikert et al., 2020; Van Schoors et al., 2018; Zavagli et al., 2016). On the other hand, the presence and closeness of the parent is indispensable for the well-being of the child. Therefore, in the process of treatment of the little patient, it is very important to take care of their parents. Their ability to cope

Table 2. Correlation between factors of Life Situation Scale

	1	2	3
1- Social support	-	0,126*	0,216*
2- Emotional support	0,126*	-	0,113*
3- Institutional support	0,216*	0,113*	-

*p<0,05

Source: own study

Table 3. Reliability of three factors and general result of Life Situation Scale

	Cronbach alpha	Number of items
Social support	0.724	6
Emotional support	0.718	5
Institutional support	0.868	9
General support	0.846	20

Source: own study

Table 4. Matrix of result correlations of Life Situation Scale (LSS) – with general result of perceived support (MSPSS).

Support LSS	Perceived support - general result (MSPSS)
Social	0.384*
Emotional	0.557***
Institutional	0.741***
General result	0.888***

***p < 0,001; *p<0,05

Source: own study.

with this difficult, stressful life situation depends on the support they receive from not only the close people but also the medical personnel (Carlsson et al., 2019; Peikert et al., 2020). Therefore, it is necessary to do research on the perception of their life situation, and in order to do it, an appropriate tool is needed. Such a tool was developed by the Swedish researchers (Enskär et al.,1997). Conducting research in Poland required its adaptation.

The adaptation procedure for *Life situation of parents of children with cancer* covered verification of the factor structure and assessment of the psychometric properties of the Polish version of the Scale. The respondents qualified to the study were the parents of children who were in the similar – initial stage, i.e. six months from the diagnosis of an oncological disease. Each of the treatment stages can evoke a different attitude and emotions in the parents. It turns out that the most stressful stage is the initial one (Carlsson et al., 2019; Wiener et al.,2017).

The Polish version of the Scale of the Parents' Life Situation includes 20 statements and measures 3 types of support: social, emotional and institutional, i.e. received directly from medical staff.

A separate measurement for not only the individual factors but also the general index was adopted. The Polish Life Situation Scale turned out to be a valid and reliable tool. It can be applied in scientific studies and for diagnosing the parents' situation connected with their child's disease. This tool can be especially useful in oncological departments, where it is important to take care of little patients and their parents. Proper assessment of the parents' life situation not only allows us to learn about their needs, suggest effective therapeutic activities but also facilitates building effective communication between the guardians and the medical staff.

The conducted research is not without limitations. The main problem was to recruit participants to the study. It was carried out in the pandemic period. In fear of contracting infection with the corona-virus (SARS-CoV-2), it was impossible to enter the hospital. The study of the assessment of the life situation of the parents of oncologically ill children required a direct contact with the parents and in order to make the examined group consistent, it was assumed that it would cover the period of six months from diagnosing the oncological disease. Due to these difficult conditions, the group appeared to be not large enough, to carry out confirmatory analysis, which could support exploratory factor analysis. Therefore, it is important to continue research to verify the new tool.

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The concept of Children's Television by Joan Ganz Cooney in the age of digital media

Koncepcja telewizji dla dzieci Joan Ganz Cooney w epoce mediów cyfrowych¹
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Abstract: J.G. Cooney's children's television project from the late 1960s is still developing, subject to change and evaluation. It was based on the belief that television can teach. "Sesame Street" turned out to be the most successful educational program for preschoolers. It was the result of a common effort of educators, psychologists and television producers. After a few decades, in a changed media landscape, when the screens became more and more present, again we can say that they can teach. This is mainly due to the possibility of focusing the child's attention through digital tools. The article uses the method of historical analysis. It is used on the media and communication research to determine the context and background of the facts studied. In this article, the basic historical sources are the 1966 report by J.G. Cooney and the reconstruction of the original project of educational television for children. The author of the report herself encourages a historical analysis of the text and its consequences by re-issuing the report, this time in a digital form in 2019. J.G. Cooney based her model on three basic pillars: pedagogy, psychology and television workshop. However, the television as it was then was not as "invasive" as the contemporary media, although it had already evoked very critical assessments. This contributed, among other things, to the discussion on the need to ensure public interest in the media. One of its elements is the use of technology for educational purposes. Today, children fulfill their developmental needs with the help of other tools and digital technologies hermetically fill their living environment. This situation is much more urgent than at the time of the creation of "Sesame Street" where many families (e.g. poor or immigrant ones) did not have such a wide access to technology. When creating the concept of using digital tools in education, the first project by J.G. Cooney should be treated as a key inspiration for creating a new model. As with the educational television project, in order to achieve the didactic goals, the cooperation of educators, psychologists and ICT specialists is needed. Only proper pedagogical planning can ensure success in the use of digital tools in didactics.

Keywords: media pedagogy, educational television, ICT, new technologies in education

Abstrakt: Projekt telewizji dla dzieci J.G. Cooney z końca lat 60. wciąż się rozwija, podlega zmianom i ewaluacji. U jego podstaw legło przekonanie, że telewizja może uczyć. „Ulica Sezamkowa” okazała się najbardziej udanym programem edukacyjnym dla przedszkolaków. Był to efekt wspólnego wysiłku pedagogów, psychologów i producentów telewizyjnych. Po kilku dekadach, w zmienionym krajobrazie medialnym, kiedy ekranów przybyło znów możemy powiedzieć, że potrafią one uczyć. Dzieje się to przede wszystkim dzięki możliwości skupienia uwagi dziecka przez narzędzia cyfrowe. W artykule wykorzystano metodę analizy historycznej. Jest wykorzystywana w badaniach nad mediami i komunikowaniem w celu ustalenia kontekstu i tła badanych faktów. W niniejszym artykule podstawowe źródła historyczne to raport J.G. Cooney z 1966 r. oraz rekonstrukcja pierwotnego projektu telewizji edukacyjnej dla dzieci. Sama autorka raportu zachęca do historycznej analizy tekstu i jego następstw wydając ponownie raport, tym razem w formie cyfrowej w 2019 r. J.G. Cooney oparła swój model o trzy podstawowe filary: pedagogikę, psychologię i warsztat telewizyjny. Ówczesna telewizja nie była jednak jeszcze tak „inwazyjna” jak współczesne media, chociaż wywoływała już bardzo krytyczne oceny. To m.in. przyczyniło się do dyskusji nad potrzebą zapewnienia interesu publicznego w mediach. Jednym z jego elementów jest wykorzystanie technologii w celach edukacyjnych. Dzieci swoje potrzeby rozwojowe realizują dziś przy pomocy innych narzędzi a technologie cyfrowe hermetycznie wypełniają ich środowisko życia. Jest to sytuacja dużo bardziej nagląca niż w czasach tworzenia „Ulicy Sezamkowej” gdzie wiele rodzin (np. biednych czy imigranckich) nie miało tak szerokiego dostępu do technologii. Tworząc koncepcję wykorzystania narzędzi cyfrowych w edukacji należy potraktować pierwszy projekt J.G. Cooney jako kluczową inspirację dla stworzenia nowego modelu. Podobnie jak przy projekcie telewizji edukacyjnej, aby osiągnąć cele dydaktyczne potrzeba współpracy pedagogów, psychologów oraz specjalistów od ICT. Tylko właściwe planowanie pedagogiczne może zapewnić sukces w zastosowaniu narzędzi cyfrowych w dydaktyce.

Słowa kluczowe: pedagogika medialna, telewizja edukacyjna, ICT, nowe technologie w edukacji

1 Artykuł w języku polskim: <https://www.stowarzyszeniefidesetratio.pl/fer/2023-1Lusz.pdf>

Introduction

The end of the 19th century and the first half of the 20th century saw the emergence of a number of new communication technologies that permanently entered human life. The place where these processes gained momentum was the United States with its huge market and intensive technological development. Some educational hopes were pinned on almost every new technology. It was obvious that they provide opportunities that can naturally become an aid in learning, both in classroom learning and distance learning. In this way, film, radio and finally television came to the school classroom. The latter, with its dynamic development and tendency to intensive “colonisation” of social life, will trigger a number of discussions on finding a balance between the commercialisation of this medium and the public interest.

In the United States, this attempt to protect the public interest in the media was the creation of educational television for children with its most successful project in the form of “Sesame Street”. The key role here was played by the TV producer Joan Ganz Cooney, who prepared the project not only from the television side, but also took care of the appropriate psychological and pedagogical foundation for the production. “Sesame Street” was such a successful programme that it became an inspiration for other such searches. It has also been the subject of extensive analysis, starting with the work of G.S. Lesser (1974), a psychologist involved in the creation of the programme, through the work of D. Borgenicht (1998), R. Morrow (2006), M. Davis (2008), L. Gikow (2009) and D. Kamp (2020), to a new elaboration of the famous 1966 report – *Public Television: A Program for Action*, which was published in 2019 and was prepared by the *Joan Ganz Cooney Center*.

It is this latest publication that proves the amazing vitality of the project, which was created more than five decades ago. The significantly changed situation on the media market has not only made it a testimony of a bygone era, but is still an up-to-date aid and inspiration in creating digital educational tools. Here the question arises: How can the original assumptions in the creation of “Sesame Street” be applied to digital technologies in the changed media landscape of the 21st century?

1. The original project of educational television for children

The production of children’s programmes on American television began long before “Sesame Street” was created. However, their quality was widely criticised by representatives of the federal government, social organisations and ordinary citizens. Children’s programmes were thought to be too commercialised. In the general opinion, productions from the 1950s and 1960s did not take into account educational and upbringing goals. Similarly, the television production, which did not take into account the perceptual abilities of the child and the norms of cognitive psychology, left much to be desired. The hosts of the programmes often treated the children condescendingly. Shows, apart from single exceptions (e.g. “Ding Dong School” from 1952-1956), did not stimulate development for children (Davis, 2008).

All this in the 1950s was accompanied by a discussion on the public interest in the media. It culminated in the famous statement by N.N. Minow, Chairman of the Federal Communications Commission, about American television. He called it “a vast wasteland” and his speech is considered one of the most important in the twentieth-century history of the United States. The speech before the National Broadcasting Association was strongly critical of the programme offer of American TV stations. This sparked protests from broadcasters. However, N.N. Minow was so sure of his assessment that he convinced the Kennedy administration to do so (Kuś, 2013).

Criticism of American television in the 1950s and 1960s was the basis for creating a television project that was supposed to show that television can be different, child-friendly and respecting the public interest in the media. This idea was taken over by J.G. Cooney in the 1960s. She tried to launch an educational television project on her parent TV station, Channel 13, but without success. So she started her own business. With the help of the Carnegie Corporation of New York, the *Carnegie Commission on Educational Television* was created, which produced the report *Public Television: A Program for Action* (Cooney, 1966). Another person associated with

the Carnegie Corporation was L. Morrisett, who proved extremely helpful in creating the children's television project. He was a psychologist with a family tradition of education. With J.G. Cooney, he founded the Children's Television Workshop (Kamp, 2020). Almost all of the experts whom J.G. Cooney asked for their opinion on children's television confirmed that television can be an effective educational tool. The report placed educational and public television in the media system of the United States. Public television was supposed to be a permanent element in this system, going beyond what is "educational". Particular attention was paid to the need to implement programmes in the field of culture and for ethnic minorities.

J.G. Cooney's idea was supported by then Secretary of Education – H. Howe II. He attached great importance to the education of children from poor families. He believed that their families also needed help. For H. Howe II, educational television seemed to be the perfect tool to level up their social start. Therefore, the Secretary of Education gave financial support to the project on the condition that one of the goals of the programme would be to support the idea of equal educational opportunities (Weil, 2002).

The vision of the programme for preschoolers presented by J.G. Cooney was therefore based on the opinion of psychologists, educators and media specialists. In her opinion, television was to be not only an educational tool, but also a remedy for the inequalities of the American education system. Most of the experts interviewed by J.G. Cooney saw the need for a programme shaping cognitive habits, analysis processes and the ability to generate hypotheses and ask questions. However, she leaned towards two groups of content. The first was mainstream subjects: language and numeracy skills, and simple science concepts. The second group was a series of subjects described as "soft": art, music, crafts (Berdik, 2020). Among other reasons, the emphasis on learning numbers and letters was based on the fact that it was easy to measure the results of such learning, thus answering the question "Can television teach something?"

The use of puppets in the programme, despite the initial doubts of educators and psychologists, became an extremely successful undertaking. The Muppets

by Jim Henson have permanently entered the canon of television shows (Lepore, 2020). "Sesame Street" was to consist of two production segments: animated films, which were outsourced, and a sequel featuring the Muppets and People, produced by *Children's Television Workshop* (CTW). Primarily set up to produce "Sesame Street", CTW received three Emmy Awards for the show in its first season (Buckingham, 2019).

The success of "Sesame Street" caused enthusiasm among its creators. It was proposed to create a universal and effective model of educational television. Its effectiveness was to be ensured by four mechanisms:

- cooperation of television producers with psychologists and educators;
- adapting the programme to the children's age;
- constant search for opportunities to improve the project;
- independent measurement of learning effectiveness (Holiday, 2021).

"Sesame Street" also owes its success to the fact that the programme convinced parents. Parents found the show "educational" unlike competing productions. Mothers in particular were quickly convinced of the need and effectiveness of such a programme. They found the programmes adequate support for them (Morrow, 2006). Although there have been accusations that the programme lulls parents' activity by promising them that television will replace them, parents' interest in the show does not seem to be weakening. Parents seem to be quite sensitive to the way the programme is implemented. In many cases, they expressed their concern by sending their objections to the CTW. This was the case with the 1976 episode with the witch, right up to the protests against K. Perry's performance in the 2010 episode (López, 2019; Likhodi, 2022).

In the early 1990s, the show fell into crisis due to increasing competition (e.g. in 1992, the show "Barney&Friends" was aired on TV), but also the slowly growing power of the Internet. The habits of preschoolers under the influence of new technologies also began to change. Mobile devices in their

hands – smartphones and tablets – have become something normal. In 2014, the streaming broadcast of the show was introduced, at the same time shortening the episodes to 30 minutes. New characters have also appeared. At the beginning of the 21st century, “Elmo’s World” was given priority in the show. Elmo has become a true character of the new times. It is popping up online on various platforms from Facebook to TikTok. The theme song from an episode of “Sesame Street” sung by Elmo was used in 106 thousand. videos online (Rosenblatt, 2022).

After a temporary decline in popularity, the show found itself in the digital world. But it also had to face increasingly serious problems. With new technologies at their disposal, children learned a lot more about the world. It was necessary to try to answer a number of difficult questions about what was happening around. That is why the show featured the September 11 attacks or Hurricane Katrina in 2005. In 2017, a new doll, Julia, the Muppet with autism, appeared in one of the episodes. The creators of the show had to answer the question: how to tell children about autism? Stacy Gordon, the mother of an autistic child, was chosen as the puppet animator (Ghose, 2017).

Despite these changes, the search for new directions of development and popularity of “Sesame Street” did not gain stable funding channels. In 2014, it generated \$11 million in losses. Therefore, in 2015, it was announced that the show would be available on HBO’s *premium* service. It was a difficult decision for the creators of the show. It sparked criticism. Many considered it a departure from the original ideals of creating a programme for children from poor and immigrant families (Gutherie, 2019). After several decades of broadcasting the show, the discussion about guaranteeing the public interest in the media and making it a child-friendly sphere has resurfaced.

2. Screens as educational tools

The decades-long educational experience associated with “Sesame Street” has proven one thing incontrovertibly – television can teach. Educational television allows, among other things, to expand the vocabulary. It can affect school performance and later

employment (Hirsh-Pasek, Zosh, Golinkoff, Gray, Robb, & Kaufman, 2015). Especially in the case of children with more modest educational resources, the media can significantly support them and work to equalise educational opportunities. The serious increase in the number of screens children are surrounded by in the digital age means that the number of child-screen interactions is significantly increasing. Children encounter a message that is addressed to them and a message addressed to adults. American children aged 2-5 spend about 2 hours a day in front of a screen. The length of this time increases in contrast to interaction with books (Rideout, 2017).

However, as proved by S. Papadakis, M. Kologiannakis and N. Zaranis, making technology available to children alone does not guarantee educational success. The teacher should be properly prepared and trained for this (2018). Mobile technologies can be particularly useful in mathematical education to conduct classes in educational blocks generally referred to as STEM (Science, Technology, Engineering, Mathematics). As a result, you can significantly increase the participation of this content in the education of preschoolers. A report by the *Joan Ganz Cooney Center* and *New America* found that both teachers and parents were enthusiastic about introducing STEM into children’s education programmes. It was emphasised that STEM teaching should be placed in a developmental context and combined with fun. Parents and teachers should also be supported to feel more confident in the field of STEM teaching (McClure, Guernsey, Clements, Bales, Nichols, Kendall-Taylor, & Levine, 2017). The technological revolution has made STEM topics central to children’s education. The idea is to flexibly place science-related content in the curricula. Children often show enthusiasm for this type of content, but learning about it is limited by the school system.

Undoubtedly, parents are helpful here. The American Academy of Pediatrics recommends that parents engage in media use with their children (Ewin, Reupert, McLean, & Ewin, 2021). The so-called JME (Joint Media Engagement) is different in different families and applies to different media. Collaborative involvement tends to be higher with younger children and television. It decreases with age and with the

increasing use of mobile devices. JME can influence how children understand and use media. This can be helpful when creating educational content (Dore, Zimmermann, 2020).

In order to implement the principles of JME in practice, parents must answer a few questions: Which child to work with in front of the TV or tablet screen? How does a child's age affect watching together? What level of media literacy do their children have? Parents can adopt different strategies in the use of digital tools in teaching. They can use the device as the main tool supporting the development of e.g. language skills. In another strategy, technology can be adopted as a complement, prioritising e.g. books and magazines (Ewin, et al., 2021). The research showed that preschool children were more engaged in learning using applications than in reading together or math games. Parents were also involved, albeit in a different way. Children were more involved in direct contact with the screen, parents verbally commented on the child's activities and supported them. The level of parental involvement seems to be about the same for various educational activities of the child, while children engage more strongly in learning from the application (Griffith, Arnold, 2019).

Digital tools seem to be an ideal aid in education, because they allow you to easily combine them with fun. Hence the possibility of using electronic games in education. The primary source of their effectiveness is engaging children's attention. It is only necessary to adapt the content of the games to the didactic material, e.g. instead of navigating in a *fantasy* world, children can move between molecules in the world of molecular chemistry or quantum mechanics. They also learn how to use digital tools (Shapiro, 2018). Educational applications should support children, but also inspire educational conversations with parents or teachers (Griffith, Arnold, 2019).

The introduction of digital tools into school activities should take place in a specific order. Simply making technology available to children does not guarantee educational success. Teachers should be properly prepared for this, but also the teaching material should be properly prepared or selected (Papadakis et al., 2018). Teachers should consider children's digital interests. On the other hand, they

should remember that technology will not replace them, but can only activate learning (Bajovic, 2018). There are several premises that can significantly improve the level of use of digital tools in education:

- clear guidelines for their use in the teaching-learning process;
- effective cooperation between school management and teachers;
- developing teachers' ICT competences;
- ensuring constant feedback from children;
- proper planning, among others, of time, proper deployment and access to equipment (Otterborn, Schönborn, Hultén, 2019).

Planning the use of digital tools in education is in the realm of trials in various educational systems. There is a lot of randomness there. Often, technology overshadows aspects of pedagogical planning. This resembles the situation after the adoption of the *Children's Television Act* in the USA in the early 1990s. The Act required broadcasters to broadcast educational programmes for children. Many broadcasters wanted to fulfil this obligation by broadcasting cartoons, recognising that each cartoon is for children and is educational without a deeper, pedagogical analysis of the content of the programme. The same is true (at least for now) of many digital tools. S. Papadakis and M. Kologiannakis analysed the available educational applications from 2011-2019 and found that few of them have educational value, despite the fact that they were presented as such (2020).

3. New technologies and pedagogical planning

Each new technology that appeared from the end of the 19th century usually brought with it aroused educational hopes. In many cases, however, they failed (e.g. educational radio in the 1920s and 1930s in the USA did not bring the expected educational effects due to strong commercial pressure). It was forgotten that technology should only be an element of the didactic process and not be its centre and focus all educational activities. It cannot replace pedagogical

planning, because only owing to this it can become an effective educational tool (Arnott, 2017). J.G. Cooney was aware of this, designing activities related to the educational television programme for preschoolers, ensuring the priority position of educators and psychologists. The developmental needs of preschoolers have become the decisive elements determining the construction of an educational television programme. The same must be kept in mind today. When integrating the curriculum with technological tools, it should be primarily about the cognitive, social and psychological development of children (Bers, 2018).

Pedagogical planning allows you to make informed teaching choices. Only in this way it will be possible to introduce digital tools into education and without harming children. However, both low and high levels of their use in the teaching-learning process negatively correlate with educational goals. The best results are achieved by using digital tools at a moderate level. It should never be forgotten that ICT should be part of a larger whole (Kalogiannakis, Ampartzaki, Papadakis, & Skaraki, 2018; Dore & Zimmermann, 2020).

The teacher still occupies a special place in planning teaching activities. The presence of technology does not exclude or replace him / her. He / she is still a guide on the way of the didactic process. However, the structure of the process itself is changing, especially in subjects such as mathematics. The traditional didactic triangle: pupil, teacher, subject of study, should be enriched with an element of technology. So it becomes a didactic tetrahedron, and takes on a new dimension. Technology should not so much replace traditional tools, but transform the entire teaching-learning process. Well-designed technology tools can enable children to become more engaged, especially in learning STEM subjects (Papadakis et al., 2018). In this field, the preparation of teachers varies greatly. This may result from personal educational experiences, but it is often so ingrained that it results in a kind of phobia (STEM-phobic). In preparing teachers for the proper use of technology in the educational process, one can also take care of getting rid of the aversion and fear of STEM (McClure et al., 2017).

Pedagogical planning should also take into account the place of parents in the use of new technologies in education. The role of parents when using digital tools in education is similar to the one they fulfilled before (Huber, Highfield, Kaufman, 2018). Parents are still role models for children in media use. Therefore, their attitudes and skills in this aspect are an important element of improving children's media competences. The level of media culture of parents is very different (e.g. in terms of time spent with the media), therefore it does not always have a positive effect on children's attitudes. Parents also have different views on the impact of the media on their children (Lauricella, Wartella, & Rideout, 2015; Schlesinger, Flynn, & Richert, 2019).

Reaching for new technologies in education, it is impossible to ignore the risks that may arise as a result of their unplanned use. Technologies can expose some segments of knowledge at the expense of others. Systems based on advanced technologies often favour families who are already in a privileged position. The same technologies that offer access to extensive knowledge are also a gateway to inappropriate content, cyberbullying and disinformation issues (Berdik, 2020). These are not threats that came along with digital technologies. Previous experience forced both educators and decision-makers dealing with the construction of the entire system to take specific actions. Discussions about the exclusivity of educational programmes for children appeared in the United States even before the creation of "Sesame Street". In the same way, it was necessary to react to dangerous content on the Internet, which was reflected in a special act – *Children's Internet Protection Act* – adopted at the beginning of the 21st century.

Conclusion

The concept of television for children, which was created by J.G. Cooney in the 1960s, was based on the belief that television teaches. When we look at modern screens, we can say even more clearly that they teach. This applies especially to smartphones, tablets and hybrid TV. The screens have the property that

the child interacts with them, which makes it possible to focus, even “densify” his / her attention. This is what J.G. Cooney used to create “Sesame Street”, and it can be used today in the case of digital screens.

However, in order to avoid mistakes and achieve didactic goals, pedagogical planning must prevail over the whole system. Otherwise, we may succumb to the temptation of a kind of “technological romanticism” or shaping the entire teaching-learning process

“towards the means” and not “towards the pupil. Two directions of cooperation should be taken into account in didactic planning. The vertical direction brings together the activities of psychologists, educators and technology specialists. The horizontal direction, on the other hand, is teachers, parents and school. The centre of these two directions of activities should be the pupil, who concentrates all pedagogical planning.

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The theory of positive youth development – Polish adaptation of the PYD-SF and PYD-VSF questionnaires

Teoria pozytywnego rozwoju młodzieży – polska adaptacja kwestionariuszy PYD-SF i PYD-VSF¹

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Abstract: The article presents the theory of positive youth development, its main assumptions and practical implications for work with youth. At the same time, the publication is a report on the adaptation of the PYD-SF-PL questionnaires and the shortened version of PYD-VSF-PL, used to measure the five main indicators of adaptation to adulthood (5 Cs). The study involved 573 people aged 14 to 25 ($x = 18.5$; $Sd = 2.7$). The questionnaires in the Polish version are characterized by good psychometric properties: they are reliable (alpha of the full version = 0.905; alpha of the shortened version = 0.843) and accurate, correlations with the level of perceived social support, the level of life satisfaction and mental resilience were observed.

Keywords: adolescence, positive youth development, PYD-SF adaptation, PYD-VSF adaptation.

Abstrakt: W artykule przedstawiono teorię pozytywnego rozwoju młodzieży, jej główne założenia oraz implikacje praktyczne dotyczące pracy z młodzieżą. Jednocześnie publikacja stanowi raport z adaptacji kwestionariuszy PYD-SF oraz wersji skróconej PYD-VSF (Geldhof i in. 2014), służących do pomiaru pięciu głównych wskaźników adaptacji do dorosłości (5 Cs). W badaniu walidacyjnym uczestniczyło 573 respondentów w wieku od 14 do 25 roku życia ($x = 18,5$; $Sd = 2,7$). Kwestionariusze w wersji polskiej cechują się dobrymi właściwościami psychometrycznymi: są rzetelne (alfa wersji pełnej = 0,905; alfa wersji skróconej = 0,843) oraz trafne, zaobserwowano korelacje z poziomem odczuwanego wsparcia społecznego, poziomem satysfakcji z życia oraz prężności psychicznej.

Słowa kluczowe: adolescencja, pozytywny rozwój młodzieży, adaptacja PYD-SF, adaptacja PYD-VSF.

Introduction

Adolescence is marked by the search for one's own identity (Bakiera, 2013; Obuchowska, 2009, Senejko, Łoś, 2015), a period of rebellion (Oleszkowicz, 2006, Oleszkowicz, Senejko, 2011; Senejko, Oleszkowicz, 2013) and the intensity of physical and psychological changes, as well as in the closest social relations (Gurba, 2013, 2020).

The literature on adolescence describes difficulties in risky behaviors, early sexual contacts, or potentially developing addictions or criminal behaviors at this time (Bee, 2004; Imacka, Balsa, 2012; Ponczek, Olszowy, 2012; Siudem, 2013). A classic approach to work with young people

at risk of these difficulties focuses on teenage deficits (Keyes, 2005, 2006; Lerner et al., 2011; Shek, Sun, Merrick, 2013; Worker et al., 2019) and searching for ways to eliminate undesirable and risky behaviors (Siudem, 2013; Ostaszewski, 2014). In addition to research focusing on the difficulties of this developmental period, in the mid-twentieth century, the concept of resilience/resiliency appears in the literature on the subject, describing the phenomenon of good functioning of an individual and adaptation to adulthood, despite experiencing inappropriate environmental conditions and family (Ogińska-Bulik, Juczyński,

¹ Artykuł w języku polskim: <https://www.stowarzyszeniefidesetratio.pl/fer/2023-1Barl.pdf>

2011; Ostaszewski, 2014). Researchers are looking for protective factors and factors that threaten the mental resilience of an individual (Ostaszewski, 2014). There are two main approaches to understanding the phenomenon of mental resilience. According to the first category of definition, mental resilience is understood as the property of an individual to flexibly cope with merging challenges, i.e. the ability to adapt to the prevailing environmental conditions and solve the difficulties faced by the individual (resiliency, e.g. Block, Kremen, 1996, Kaczmarek, 2011; Ogińska-Bulik, Juczyński, 2011). In the second approach, mental resilience is understood as a process (resilience, e.g. Ostaszewski, 2014), in which individual factors, the functioning of the family and the further social environment are important. We can distinguish both protective factors—conducive to mental resilience, and risk factors—limiting the possibility of proper adaptation to adulthood (Borucka, Ostaszewski, 2012; Ogińska-Bulik, Juczyński, 2011; Ostaszewski, 2014; Ryś, 2016, 2020; Ryś, Trzęsowska-Greszta, 2018). For example, in a family addicted to alcohol, protective factors may include: late onset of addiction in the family, lack of addiction of one of the parents, good relationships with a non-drinking parent, or positive relationships with other role models, e.g. grandparents (Junik, 2012).

In the following years, the question of how a child, despite growing up in inappropriate care and educational conditions, can achieve success in adulthood becomes an important element of work with youth. In opposition to theories focusing on deficits, the theory of positive youth development (PYD) is emerging, pioneered by Richard M. Lerner (Lerner, 1978; Lerner et al., 2005; Lerner et al., 2011; Lerner et al., 2013; Lerner, Chase, 2019). This theory becomes the basis for many prevention programs targeted at young people (Harris, Cheney, 2015; Feenstra, 2015; Flanagan, Zaff, Varga, Margolius, 2020; Lewis i in. 2016; Lobenstein, 2018; Lopes i in. 2018; Newman, Lower-Hoppe, Burch, Paluta, 2021; Norton, Watt, 2014; Taylor i in. 2017; Povilaitis, Tamminen, 2018; Smith, Witherspoon, Osgood, 2017; Worker i in. 2019).

Looking at the headlines of newspapers, everyday reality, the headlines of websites and social media, we often notice people with great artistic, scientific, business or sports success, who did not have a “comfortable” childhood, but managed to reach a place where they are, although professional successes are not always accompanied by satisfaction in private life. For effective adaptation to adulthood, it is important to design solutions in accordance with the main ideas of positive youth development (Benson et al., 2006). The basic issue is the belief that each individual has the potential for positive functioning and development. Unlocking this potential is possible if the child’s mentors (parents, teachers, trainers or tutors) provide appropriate environmental conditions that stimulate development. These conditions can only be ensured in the case of proper communication and positive relationships between mentors and the teenager, this sense of community is one of the main sources for positive youth development. Equally important is the teenager’s own activity, whether they engage in appropriate relationships and social activities, then the individual is the main subject of their development, social activities and behaviors constitute the main context of PYD. The literature also points out that there are general factors conducive to adaptation to adulthood, but some may be dependent on specific cultural and environmental conditions (Benson et al., 2006).

These issues of shifting perspective from teenagers’ deficits to their strengths are extremely important because people tend to interpret events and experiences according to patterns and attitudes they know (Aronson, Wilson, Akert, 2006). The cognitive component is important here (whether the information is consistent with what we think about the world?) and as well as the affective component (how do we feel in a given situation?). For example, if a girl grows up in difficult care and educational conditions (e.g. in a family with alcohol addiction and violence accompanying the addiction) may grow up believing “I am not worth anything “. As an adult, she will make decisions about building a relationship with a man who does not care about her, instead of choosing a man who adores and cares

about her well-being—the cognitive component prevails over the affective one (Swann, after: Pervin, 2002). Therefore, it should be important in working with youth to look for the teenager's strengths, so that both the cognitive and emotional spheres are consistent with each other. An activity that perceives potential of a teenager, can be, for example, football. The teenager believes that he is a good athlete and feels good during training (both the cognitive component—ok; and the affective component—ok). An important role then is the role of the mentor, he should build an appropriate relationship with the teenager, and with the deepening mentor-student relationship and growing commitment, the boy can learn what behaviors are accepted in the team and what are not, and in this way football training becomes training of social competences, which in the long run may be transferred to other spheres of functioning, and ultimately will be conducive to adaptation to adulthood.

Supporters of the theory of positive youth development define five main indicators of effective adaptation to adulthood (five Cs; Bowers, Kiely, Brittan, Lerner, Lerner, 2010; Lerner et al., 2005; Phelps, Zimmerman, Waren, Jelacic, von Eye, Lerner, 2009; Ostaszewski, 2014):

- *Competence* – life skills,
- *Confidence* – a positive attitude towards oneself,
- *Connection* – ties with the immediate environment,
- *Character* – state of moral development,
- *Caring* – attitudes towards other people.

Competence is manifested primarily in cognitive activity and social behavior of adolescents. *Confidence* is expressed not only as self-esteem, but also faith in one's own abilities, along with a sense of agency. *Connection* refers to the quality of a teenager's social relationships with their immediate surroundings. *Character* is about moral reasoning and professed moral values and knowledge of social norms, principles and rules, including the ability to distinguish between good and evil. *Caring* can be expressed through respect, empathy, or attitudes full of kindness (Ostaszewski, 2014).

The PYD-SF and PYD-VSF questionnaires (Geldhof et al., 2014) were created to measure the described indicators of adaptation to adulthood (Geldhof et al., 2014), which are being validated in other countries (Amaral, 2022; Gaspar de Matos et al., 2018; Tomé et al., 2019) and their validation for Polish conditions is the subject of this article.

1. Research method

1.1. Study group

573 people ($x = 18.5$; $Sd = 2.7$) participated in the study, including 261 minors and 312 young adults in emerging adulthood. The study group consisted of out of 291 women (50.8% of the group) and 281 men (49% of the group), one person did not specify gender (0.2% of the group). In the case of minors, parents gave written consent for their child to participate in the study. Consents were collected at school during parent-teacher conference, and the examination of students took place during the lesson – educational hour.

1.2. Research tools

The PYD-SF questionnaire (Geldhof et al., 2014) consists of 34 questions that allow the measurement of adult adaptation indicators (Five Cs). The scale allows you to determine the overall result of positive development (all 34 items) and in individual areas:

- competence,
- confidence,
- connection,
- character,
- caring.

The Polish version of the questionnaire was translated by two philologists with the validation procedure (translation and reverse translation), and after translation, the items of the questionnaire in the Polish version were assessed by competent judges. All 34 test items formed the final research version of the PYD-SF-PL.

2. Results

In order to conduct factor analysis, Keiser-Mayer-Olkin and Bartlet tests were initially performed, which turned out to be statistically significant ($p < 0.001$), and based on counter-image analysis, all test items were subjected to cluster and model matrix analysis using the Oblimin method. Detailed results for individual test items that make up the final subscales of the PYD-SF-PL questionnaire are presented in Table 1.

The reliability of the entire test is high ($\alpha = 0.905$), and the reliability of the distinguished scales is also satisfactory: Confidence ($\alpha = 0.887$); Caring ($\alpha = 0.870$) Competence ($\alpha = 0.689$) Character ($\alpha = 0.729$); Connection ($\alpha = 0.707$). Similarly to the English-language version, it was decided to develop a shortened version of the questionnaire, in which, as in the English-language original there are 17 test items, in the Polish version these are the following items: 1, 3, 4, 7, 8, 9, 10, 11, 12, 13, 17, 19, 20, 23, 26, 28, 34; the reliability of the short version is also highly satisfactory for the general scale ($\alpha = 0.843$) and for the subscales: Confidence ($\alpha = 0.873$); Caring ($\alpha = 0.877$); Competence ($\alpha = 0.774$); Character ($\alpha = 0.707$); Connection ($\alpha = 0.707$).

Then, the time stability of the test was analyzed. For this purpose, 31 people aged 20 to 24 were examined ($x = 21.13$; $Sd = 0.81$). The subjects completed the test twice, the interval between the first and second measurement was 2 weeks. The analyzes were performed using a correlation test, the results indicate very high correlations, both for the basic version ($r = 0.808$; $p < 0.001$) and the shortened version ($r = 0.781$; $p < 0.001$).

2.1. Construct validity of PYD-SF-PL

The theoretical validity of the questionnaire was verified by conducting correlation tests between the PYD-SF-PL questionnaire and the following tools:

SWLS Life Satisfaction Questionnaire. The questionnaire consists of five questions on the scale of answers 1-7, the scale has high psychometric properties, in the Polish version, $\alpha = 0.86$ (Jankowski, 2015; Diener, Emmons, Larsen, Griffin, 1985).

Table 1. Factor structure of the PYD-SF-PL questionnaire

Confidence	
Item 7	0.811
Item 4	0.776
Item 15	0.758
Item 23	0.727
Item 6	0.674
Item 2	0.630
Item 24	0.613
Item 33	0.595
Item 18	0.555
Caring	
Item 13	0.851
Item 12	0.825
Item 28	0.821
Item 30	0.784
Item 29	0.618
Competence	
Item 3	0.643
Item 31	0.574
Item 19	0.525
Item 20	0.492
Character	
Item 27	-0.596
Item 10	-0.571
Item 26	-0.541
Item 9	-0.476
Item 8	-0.377
Item 11	-0.357
Connection	
Item 17	-0.694
Item 34	-0.677
Item 1	-0.345

SPP-18 questionnaire by N. Ogińska-Bulik and Z. Juczyński (2011). The tool is used to measure mental resilience understood as an individual's individual predisposition to flexibly cope with difficulties. The questionnaire allows for the measurement of general mental resilience as well as

Table 2. Correlation analysis between individual scales of the Polish version of the PYD questionnaire

	Full version				
	Confidence	Caring	Competence	Character	Connection
PYD- SF overallscale	0.814**	0.542**	0.656**	0.634**	0.664**
	Short version				
	Confidence	Caring	Competence	Character	Connection
PYD- VSF overallscale	0.650**	0.584**	0.629**	0.737**	0.715**

* statistical significance at a level less than or equal to 0.05; ** statistical significance at a level less than or equal to 0.01.

Table 3. Correlation analysis between individual scales of the PYD-SF-PL questionnaire and the short version PYD-SF-PL and the perception of social support and the level of life satisfaction

	General support	Support significant person	Support Family	Support Friend	Life satisfaction
PYD	0.496**	0.353**	0.425**	0.406**	0.546**
Confidence	0.443**	0.207**	0.568**	0.265**	0.701**
Caring	0.242**	0.267**	0.080	0.244**	0.044
Competence	0.224**	0.158**	0.196**	0.182**	0.334**
Character	0.217**	0.172**	0.155**	0.193**	0.172**
Connection	0.564**	0.485**	0.228**	0.658**	0.377**
Short version PYD	General support	Support significant person	Support Family	Support Friend	Life satisfaction
PYD	0.477**	0.373**	0.331**	0.443**	0.467**
Confidence	0.388**	0.176**	0.514**	0.219**	0.714**
Caring	0.214**	0.258**	0.035	0.234**	-0.003
Competence	0.240**	0.152**	0.221**	0.199**	0.360**
Character	0.240**	0.216**	0.134**	0.231**	0.154*
Connection	0.564**	0.485**	0.228**	0.658**	0.377**

* statistical significance at a level less than or equal to 0.05; ** statistical significance at a level less than or equal to 0.01.

in selected areas: optimistic attitude and energy, perseverance and determination to action, sense of humor and openness to new experiences, personal competence and tolerance of negative affect. Reliability of the alpha test = 0.82 (Ogińska-Bulik, Juczyński, 2011).

The Multidimensional Scale of Perceived Social Support in the Polish adaptation by K. Buszman and H. Przybyła-Basisty (2017). The scale is used to measure perceived social support and allows you to determine the general level of perceived support, and support from a significant other, family and

friend. The scale has high psychometric properties, the reliability of the general scale is alpha = 0.893 (Buszman, Przybyła-Basista, 2017).

The questionnaires were completed by 371 secondary school students (age: $x = 16.8$; $Sd = 1.29$). The analysis of correlations between the individual scales of the questionnaire shows that they are strongly related (high or very high correlation). Detailed results are presented in table 2.

Then, the correlation between the individual scales of the PYD-SF-PL questionnaire (and the short version), the level of perceived social support

Table 4. Analysis of correlations between individual scales of the PYD-SF-PL questionnaire and the short version PYD-SF-PL and the level of mental resilience of teenagers

	Resilience	Optimistic attitude and energy	Persistence and determination in action	Sense of humor and openness to new experiences	Personal competence and tolerance of negative affect
PYD	0,484**	0,460**	0,428**	0,397**	0,341**
Confidence	0,578**	0,563**	0,442**	0,427**	0,506**
Caring	0,013	0,036	0,086	0,070	-0,143**
Competence	0,387**	0,320**	0,326**	0,290**	0,359**
Character	0,268**	0,269**	0,255**	0,228**	0,148**
Connection	0,281**	0,225**	0,266**	0,274**	0,186**
Short version PYD	Resilience	Optimistic attitude and energy	Persistence and determination in action	Sense of humor and openness to new experiences	Personal competence and tolerance of negative affect
PYD	0,438**	0,400**	0,400**	0,378**	0,295**
Confidence	0,566**	0,531**	0,434**	0,453**	0,487**
Caring	-0,029	-0,001	0,058	0,014	-0,169**
Competence	0,419**	0,344**	0,351**	0,309**	0,399**
Character	0,230**	0,235**	0,228**	0,215**	0,097
Connection	0,281**	0,225**	0,266**	0,274**	0,186**

* statistical significance at a level less than or equal to 0.05; ** statistical significance at a level less than or equal to 0.01.

and the level of life satisfaction were analyzed. Most of the correlations are statistically significant and have a positive direction, the scales of positive youth development are positively related with perceived social support and the level of satisfaction with life. The results are presented in table 3.

The relationship between the scales of the Positive Youth Development Questionnaire and the level of mental resilience was also checked. There were statistically significant positive correlations between the distinguished scales of the questionnaire for measuring the positive development of youth and the intensity of individual spheres of mental resilience.

The negative, though weak, relationship between attitudes towards other people (caring) and the sense of personal competence and tolerance of negative affect seems interesting, which requires further research, especially since the discussed caring correlates positively with the general level of felt support, support received from a significant person and from a friend.

Discussion

The results of the study indicate that the PYD-SF-PL and PYD-VSF-PL questionnaires are reliable and accurate, statistically significant correlations were observed between the selected scales of positive youth development and perceived social support, the level of mental resilience and life satisfaction. The tools are also stable in time. The described results are consistent with the theoretical assumptions of the PYD concept. The basis of the PYD concept is the theory of U. Bronfenbrenner (1979) indicating that the development of an individual takes place through the individual's own activity, in the closer and further social environment, such as the family or school environment (Ettedal, Mahoney, 2017). The presented research confirms that positive development is related to individual characteristics (mental resilience) as well as the functioning of the environment (the level of perceived social support).

The adaptation allows for conducting international research and verification of one of the main assumptions of the theory of positive youth development, regarding the issue of universality, i.e. the assumption that there are general principles of PYD, but specific to a particular culture or group of youth. The first of the PYD cross-cultural studies was conducted

by a team from Iceland and the USA (Gestsdottir, Geldhof, Lerner, Lerner, 2017). At the same time, the adaptation carried out in this research will allow the measurement of adaptation indicators to adulthood to be used in longitudinal studies—at the beginning and at the end of preventive programs based on the idea of positive youth development.

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Selected personality correlates of procrastination in Polish adolescents—preliminary report

Wybrane osobowościowe korelaty prokrastynacji u polskiej młodzieży
– doniesienie wstępne¹

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Abstract: Procrastination, or intentional delay, is a phenomenon that makes the functioning of young people harder. Recently, this issue has been given a lot of attention in psychology and education sciences. Students who delay various activities may experience negative emotions and problems related to psychological health and daily functioning. This research aims to examine the links between selected personality traits (in the Big Five model and underlying autism spectrum disorder) and the propensity for engaging in procrastination behaviours. The research involved 530 primary school students (seventh- and eighth-graders), aged from 13 to 15 years ($M = 13.8$, $SD = 0.48$; 58.5% females and 41.5% boys). During adolescence, various non-adaptive personality traits may contribute to the development of procrastination, which makes it harder for adolescents to make choices, decisions or fulfill their duties in a timely manner. The research makes use of the following methods: the Ten-Item Personality Inventory (TIPI); Polish version by Łaguna, Bąk, Purc, Mielniczuk, Oleś, 2014; the Pure Procrastination Scale (PPS) by Steel, 2010; Polish adaptation by Stępień, Ciecuch, 2013; amended by Stępień, Topolewska, 2014, and the Autism-Spectrum Quotient (AQ) Adolescent Version by Barron-Cohen et al., 2006; Polish version by Pisula, Rynkiewicz, Łucka, 2010. The research results show that conscientiousness, agreeableness, and emotional stability are significant predictors of procrastination in early adolescence. It was found there is a significant association between agreeableness and generalised tendency to procrastinate in terms of decision-making and non-adaptation in boys. The results obtained can be useful in the formulation of guidelines for parents and teachers planning and organising the work of students who have problems meeting school demands.

Keywords: adolescence, education, procrastination, Big Five, autism disorder's spectrum traits

Abstrakt: Prokrastynacja, czyli intencjonalne zwlekanie jest zjawiskiem utrudniającym funkcjonowanie młodych osób. W ostatnim czasie zagadnienie to stało się niezwykle popularne na gruncie psychologii i pedagogiki. Uczniowie, którzy zwlekają z realizacją różnych ważnych działań mogą doświadczać negatywnych emocji, a niekiedy problemów ze zdrowiem psychicznym. Celem badania było określenie związków pomiędzy wybranymi cechami osobowości (w modelu Wielkiej Piątki oraz spectrum autyzmu) a skłonnością do podejmowania zachowań prokrastynacyjnych. W badaniu wzięło udział 530 uczniów (młodzież siódmej i ósmej klasy szkoły podstawowej). Zakres wiekowy uczestników badania wynosił od 13 do 15 lat ($M = 13,8$; $SD = ,48$; w tym 58,5% dziewcząt i 41,5% chłopców). W okresie dorastania cechy osobowości i cechy ze spectrum autyzmu mogą przyczyniać się do rozwoju prokrastynacji, która utrudnia adolescentom dokonywanie wyborów, podejmowanie decyzji czy terminowe wywiązywanie się ze zobowiązań. Metodami wykorzystanymi w badaniu były: Ten Item Personality Inventory (TIPI–polska wersja narzędzia: Łaguna, Bąk, Purc, Mielniczuk, Oleś, 2014), Pure Procrastination Scale (PPS–Steel, 2010; w polskiej adaptacji Stępień i Ciecuch, 2013, z poprawkami Stępień i Topolewska, 2014) oraz The Autism-Spectrum Quotient (AQ) Adolescent Version (Barron-Cohen i współpracownicy, 2006; w polskiej wersji Pisula, Rynkiewicz, Łucka, 2010). Wyniki wskazują, że sumienność, ugodowość i stabilność emocjonalna są istotnymi predyktorami prokrastynacji u młodzieży w okresie wczesnej adolescencji. W przypadku chłopców stwierdzono istotny związek między ugodowością a uogólnioną skłonnością do prokrastynacji w aspekcie decyzyjnym i nieadaptacyjnym. Uzyskane wyniki stanowią wkład w formułowaniu wskazówek dla rodziców i nauczycieli w planowaniu i organizowaniu pracy uczniów doświadczających problemów w wypełnianiu zobowiązań szkolnych.

Słowa kluczowe: adolescencja, edukacja, prokrastynacja, Wielka Piątka, cechy ze spectrum autyzmu

1 Artykuł w języku polskim: <https://www.stowarzyszeniefidesetratio.pl/fer/2023-1Dack.pdf>

Introduction

Adolescence is a period in a person's life characterised by biological, cognitive and social changes (Sawyer, Azzopardi, Wickremarathne, Patton, 2018). Young people strive for greater independence from their parents, and their peer group begins to play an increasing role in meeting their needs related to their growing sense of belonging, self-discovery and development of interpersonal skills (Crone, Akterberg, 2022; de Moor, van der Graaff, van Dijk, Meeus, Branje, 2019; Veenstra, Laninga-Wijnen, 2022). Profound changes affect also personality traits, which shape every human being's unique perception of reality, interpretation of causes of events and emotions associated with them (Etkin, De Caluwé, Ibáñez, Ortet, Mezquita, 2022; Meeus, 2019). Young people's personality develops intensively through interaction with others, in situations involving new challenges and social roles that accompany children in their transition to adolescence (Grummitt, Barrett, Kelly, Stapinski, Newton, 2022; Schwaba, Bleidorn, Hopwood, Manuck, Wright, 2022). School is a place where adolescents spend a great deal of time, so its significance for their daily functioning can be said to match that of the workplace to adults. It is here, at school, that young people discover who they are and how they are perceived by others through their contact with peers and teachers (Israel et al., 2022). In school context, pupils get to know their personal resources that are important for the way they deal with failure, criticism, and their definition of what is important to them. Young people learn how to make assessments and act in specific situations, either when succeeding or failing (Bono, Dufy, Moreno, 2022). Besides relations with peers, a significant role is played here by the entirety of present and past interactions of the child with her caregivers (typically parents), and also other significant persons from the closest environment (Whitaker, Dearth-Wesley, Herman, van Wingerden, Winn, 2022).

Another important area of change during adolescence is the task-oriented competences of young people (Zlotnik, Gal, Weiss, 2022). They learn to plan their actions, reflect on the decisions they make, and assess the possibilities of attaining important goals.

It should be noted that the goals of teenagers today are rather closely related to their school achievements (Holzer, Korlat, Bürger, Spiel, Schober, 2022; Karababa, 2022). Studies show that school achievements are an essential aspect of young people's positive self-evaluation and general well-being because satisfactory academic achievements imply a range of rewards, such as public praise or perks (Holzer et al., 2022; Orth, Robins, 2022; Karababa, 2022). For such reasons, young people develop many habits linked to their task-oriented functioning, for example, conscientious work in the face of various distractors, or day-planning associated with organising their time spent on both learning and recreation (Cardoso, Duarte, Pacheco, Janeiro, 2022). Such habits determine their task efficiency and how effectively they perform various duties while deriving satisfaction from the lifestyle they have chosen (Orth, Robins, 2022). Perpetuation of wrong habits, for example, through avoiding confrontation with difficult situations or a delayed performance of important tasks deliberately can be a risk factor for effective career planning, future functioning as an employee, or on a wider plane, fulfilment of other life roles (Holzer et al., 2022; Karababa, 2022).

Many scholars agree that procrastination is a manifestation of impaired self-regulation in planning one's actions. It is defined as "voluntary delay an intended course of action despite expecting to be worse off for the delay" (Steel, 2007, p. 66). On this definition, procrastination involves intentionality of delay and the subject's awareness of the negative consequences involved. Procrastination, then, is related to the discrepancy between what "is known" and what is actually "done". The tendency to delay the performance of various tasks can at first be associated with selected aspects of functioning and may not entail negative repercussions, but a perpetuated tendency to procrastinate may become habitual and imply many adverse outcomes. Because of this, the presented research strives to examine personality-related conditions of procrastination. The authors resolved to identify selected personality correlates of the tendency to procrastinate occurring in young people during their

early adolescence. Research to date has demonstrated, for example, the importance of fear (generalized and before the assessment), avoidance motivation, and perfectionism (Ljubin-Golub, Petričević, Rován, 2019; Ocansey, Addo, Onyeaka, Andoh-Arthur, Asante, 2020; Zandieh, Jafariharandi, 2020).

Up to now, procrastination has not been studied among Polish youth, so a knowledge concerning the role of selected personality determinants of procrastination may will help teachers, caregivers and school psychologists to better understand the motivation behind intentional postponement of things to do and develop adequate preventive measures that will cater for students' real needs.

1. Personality in the Big Five model

Personality is regarded as relatively stable behavioural patterns of behaviour related to health, prosperity, the way of interpreting different events and quality of social relations (Tetzner, Becker, Brandt, 2020). It invests human behavior with stability in time and its predictability. A widely known and appreciated concept of personality is the Five-Factor model of personality (the Big Five model), which includes five personality factors: extraversion, conscientiousness, neuroticism, openness to experience, and agreeableness (McCrae, Costa, 1997). These traits are responsible for ways of feeling and reacting. They are also significantly correlated to task-oriented efficacy and school achievements. Extraversion is a trait linked to sociability and positive emotionality (Smillie, Kern, Uljarevic, 2019). It is positively correlated to general well-being and social support-seeking in difficult situations (Sun, Kaufman, Smillie, 2018). Individuals with low extraversion tend to withdraw and back off when socially exposed and in situations that carry a heavy psychological burden. Extraversion may also promote distraction (Tetzner, Becker, Brandt, 2020).

Openness to experiences is associated with cognitive exploration, curiosity and readiness to engage in new activities or discover new ideas (Schwaba, 2019). This trait is also connected with active stress-coping strategies (Malkiewicz, 2014) and overall creativity in problem-solving (Kandler et al., 2016). Openness to ex-

perience is positively correlated to school achievement. It is linked to divergent thinking and decision-making autonomy (Tetzner, Becker, Brandt, 2020).

Agreeableness is associated with traits such as compassion, empathy, politeness and modesty (Soto, John, 2017; Tackett et al., 2019). Agreeable persons are tactful and seek harmonious, cooperative relationships. The research carried out by Laursen et al. (2010) and Neyer and Lehnart (2007) showed that this personality trait is linked to positive peer relationships and closer intimacy in this type of contact. Agreeableness implies a higher ability to cooperate with teachers. It promotes a sense of peer membership and belonging to school.

Conscientiousness is linked to a sense of self-control, responsibility for others, diligence and adherence to specific rules (Jackson, Roberts, 2017). This trait is associated with planning and perseverance (Jackson, Hill, 2019). Neuroticism implies emotions such as: fear, irritability, uncertainty, sadness (Shiner, 2019). For persons whose levels of neuroticism are high, failures are particularly hard to bear as they have difficulties to handle stressful situations. Neuroticism is associated with social maladjustment or even specific difficulties in cognitive processing (Shackman et al., 2016) linked to, for example, negative image of self and also one's competences. Neuroticism proves to be negatively correlated with school performance. It can contribute to lower concentration and decreased locus of control.

2. Characteristics of traits underlying Autism Spectrum Disorder

It is argued that an accumulation of the adverse effects of various factors on personality development makes adolescence a period in which various forms of psychopathology are more likely to develop (McLaughlin et al., 2015; Prati, Tomasetto, 2022). For this reason, both researchers and practising psychologists point to manifestations of personality traits in young people that can signal, on the one hand, a disturbed development of their personality, but on the other, predict the need for an early psychological intervention. Traits that may imply such a necessity are, for example, those underly-

ing autism spectrum disorder, referenced in ICD-10, and linked to communication difficulties, complex difficulties in establishing satisfactory relationships, as well as rigid patterns of behaviour (Gerc, Jurek, 2019). Autism spectrum disorder (ASD) is a neurodevelopmental condition defined based on persistent impairment of reciprocal social communication and interaction, and restricted, repetitive behavior patterns, interests, or activities. The current (fifth) edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013) and the latest edition of the International Classification of Diseases (ICD-11; WHO, 2018) conceptualize the autism syndrome as a two-domain construct of interaction and social communication deficits (INTCO), on the one hand, and restricted and repetitive interests/behaviors (RRB) on the other. This marks a substantial change from the long-applied fourth edition of the DSM (DSM-IV) and the tenth edition of the ICD (ICD-10), which classified autism as a triad of observable impairments in social interaction (INT), deficits in communication (CO), and RRB. Notwithstanding the difficulty in conceptualizing traits making up ASD, it is interesting to see that studies of autistic traits in the general population are becoming increasingly prevalent as many individuals who do not meet the diagnostic criteria display traits and behaviours qualitatively similar to the symptoms of the condition (English et al., 2021). Traits and characteristics qualitatively similar to those seen in diagnosed autism spectrum disorder can be found to varying degrees in the general population. Traits such as poor communication, withdrawal, excessive concern for details, or difficulty in attention-switching can manifest themselves quite early or later in life, during adolescence (Courchesne, Gazestani, Lewis, 2020). Poor communication may show up in a person's reluctance to initiate a conversation, be part of it, or maintaining verbal contact with another person. This is manifested in sparse communication, lack of interest in the interlocutor, and aversion to use feedback information. Poor communication implies withdrawal – in other words, a preference for solitary activities, avoidance of group involvement and tasks done collectively. Excessive attention to details is often associated with irrational focus on a chosen aspect

of a situation or a task to solve. It can be linked to sensory hypersensitivity (Constant, Bervoets, Hens, Van de Cruys, 2020). What parents first notice and are alarmed by is language and communication problems.

Difficulty in attention-switching is related to a lowered ability to change one's mental attitude when solving a problem or flexibility in responding to a situation when, for instance, the circumstances suddenly change (Gerc, Jurek, 2019). Such characteristics may favor procrastination, limiting opportunities of planning, work organisation, and effective fulfilment of school duties (Lei, Russel, 2021). Poor communication and withdrawal may lead to difficulties in making decisions, using feedback from others, reluctance to do group tasks; these, in turn, may provoke ostracism (Dijkhuis, de Sonnevill, Ziermans, Staal, Swaab, 2020). Impaired attention-switching may restrict one's learning capabilities, acquisition of new adaptation skills, and flexibility of action (Bertollo et al., 2020).

Some ASD disorders occur more frequently in boys (Demily et al., 2017; Tartaglia et al., 2017). It has recently been demonstrated that the boys/girls ASD ratio is 3:1 (Loomes, Hull, Mandy, 2017). Research also proves that girls meeting the ASD criteria are at a greater risk of not being diagnosed clinically. One reason for that is the phenotype of autism, which is partly responsible for wrong or late diagnosis, or even omitted diagnosis. Typically, girls do not manifest the specific signs of autism. Additionally, their difficulties are noticed only if they show increased cognitive and behavioral problems (Dworzynski et al., 2012). Moreover, diagnosing is made more difficult if problems related to social functioning are concealed by means of a process known as "camouflage" (higher social motivation and higher ability to make friends) (Hodges, Fealko, Soares, 2020; Sedgewick et al., 2015; Volkmar et al., 2014).

3. Procrastination

Procrastination is connected with deliberate delaying the performance of a planned activity despite anticipated negative consequences and a potentially worse outcome (Ferrari, 2010). This characteris-

tic is related to propensity for putting things off until the last moment (Hooshyar, Pedaste, Yang, 2020), and it can be regarded as a self-regulation deficit (Grund, Fries, 2018). The core of procrastination lies in stress avoidance and maintaining one's well-being. In a short term, procrastination can boost a person's well-being, but persistent procrastination may lead to depression, anxiety, reduced well-being, and lower school achievement (Scheunemann, Schnettler, Bobe, Fries, Grunschel, 2022; Zacks, Hen, 2018). It is argued that procrastination evolves under the long-term operation of different factors, including the emotional atmosphere in the family and parenting styles, especially authoritarian parenting (Chen, Yang, Jiao, 2022). Authoritarian parents are overly concerned about their children's failures and show a low tolerance of mistakes done by them. Such a parenting style may induce perfectionism in their children and evoke their excessive sensitivity to being judged by others, and the latter is crucial for the formation of positive self-esteem in children (Chen et al., 2022). Doubts about the validity of the actions taken and fears that a mistake can be made may generate difficulties in organizing everyday activities and carrying them through (Burnam, Komaraju, Hamel, Nadler, 2014). Therefore, children may respond with procrastination to unreasonable demands and impossibility to meet external and internal standards. Research in procrastination in young people has also indicated the important role of the characteristics of the task to be done (e.g., tasks perceived as uninteresting or thought to have little value are usually postponed; Cormack, Eagle, Davies, 2020; Steel, 2007). Researchers also point out such demographics as age or gender (Martin-Puga, Pelegrina, Gómez-Pérez, Justicia-Galiano, 2022; Zhou, 2020), cultural factors or individual personality differences (Steel, Klingsieck, 2016).

Scholars distinguishes several types of procrastination, for example, decisional, behavioral or maladaptive. Decisional procrastination is related to chronic delay of making decisions and choices when they are necessary (Ferrari, Roster, 2018; Hen, Goroshit, 2020). Procrastination of this kind is caused, among other things, by one attempting to

save their self-esteem from appearing incompetent to oneself or others, or by fear of making wrong choices and decisions (Ferrari et al., 2007; Ferrari, Roster, 2018). Decisional procrastination is strongly correlated with worrying, regrets and anxiety (Fernie et al., 2016). Individuals characterised by this type of procrastination find it difficult to make crucial life choices, they suffer from negative health consequences and lower satisfaction with life (Patralano, LeClair, 2011). Behavioral procrastination is linked to routine, everyday behaviours, and can involve neglecting one's chores (Tibbett, Ferrari, 2015). It can be manifested in two ways: either as engaging in different (alternative) actions, which delays the original action plan considerably (Tice, Bratslavsky, Baumeister, 2001), or as putting off plans, taking as long as possible to do things – then it often turns out that it is impossible to execute a given plan (Worthley et al., 2006). This sort of deferment contributes to lower self-control (Gharraee, Tamannaefifar, Bakhshizade, Sheybani, 2016). Decisional procrastination was found to be more strongly linked to neuroticism, whereas behavioral procrastination – to conscientiousness (Morris, Fritz, 2015).

Maladaptive procrastination reflects a perpetuated tendency to tarry despite clear indications that this course of action is adverse. This kind of procrastination in young people has been linked the following characteristics: propensity to consume alcohol (Phillips, Ogeil, 2011), impulsiveness (Steel, 2007), or neglecting duties (Westgate, Wormington, Oleson, Lindgren, 2017). Being aware of self-inactivity and negative consequences of procrastination is related to a tendency towards negative self-appraisal (Flett, Stainton, Hewitt, Sherry, Lay, 2012) and self-deprecation (McCown, Blake, Keiser, 2012).

Determinants of procrastination include specific personality traits (e.g., low self-esteem, perfectionism, anxiety) and the discrepancy between intention (the level of readiness to engage in a specific activity) and the actual level of engagement in a particular activity (Klein et al., 2019). Chronic procrastination contributes to lower school performance and persistent difficulties in interpersonal relations (Hen, Goroshit, 2018; Steel, Klingsieck, 2016).

4. Personality Traits in the Big Five model and traits underlying Autism Spectrum Disorder versus Procrastination

Personality traits are among the most important, biologically conditioned factors that can predispose for a tendency to procrastinate (Ocanseyi et al., 2020; Steel, 2007). Researchers have repeatedly demonstrated correlations between the Big Five personality traits along with those of ASD and procrastination although their studies typically focused on young adults or adults in middle age, for example, college students or working people (Alzangana, 2017; Ljubin-Golub et al., 2019; Zandieh, Jafariharandi, 2020). One trait that has frequently been linked to procrastination is conscientiousness, the correlation being negative (Lee, Kelly, Edwards, 2006; Steel, 2007; Watson, 2001; Zandieh, Jafariharandi, 2020). The analysis conducted by Ocansey et al. (2020) showed that procrastination was negatively associated with openness to experience, conscientiousness, extraversion and agreeableness, but positively with neuroticism. A study involving 271 Dutch persons in their emerging adulthood showed that procrastination was linked to the lack of conscientiousness and extraversion, as well as some aspects of neuroticism (Schouwenburg, Lay, 1995). Less conscientious, more introvert and neurotic individuals were likely to demonstrate more procrastinating behaviors. A model study covering 251 Chinese college students demonstrated that persons who were less agreeable and more open to experience were more prone to procrastination (Zhou, 2020). Much less numerous are studies that examine the relationship between traits that may be linked with ASD and procrastination-related behaviors (Carls-Diamante, Laciny; accessed online August 17, 2022). In research to date it has been highlighted that a tendency to focus on minor details, which is often characteristic of people with ASD can hinder general interpretation and comprehension of the problem situation they face. Difficulties in processing different, often more general, contexts of a task are described by the weak central coherence theory (WCC), which addresses autistic individuals (Russell et al., 2019; Scher, Shyman, 2019). Second-

arily, this can create a sense of overload and fatigue, and in some cases promote non-activity, withdrawal from task execution, failure to finish an activity or complete it on time (Sun et al., 2019).

Another characteristic typical for autism spectrum disorder that is linked to procrastination, is difficulty shifting attention from one aspect of the task to another or difficulty switching between various tasks performed simultaneously (Dawson, 2018; Murray, 2018). These problems are related to deficits in responding to specific situations flexibly and adequately. Studies indicated, for example, the role of excessive concentration on sensory cues while ignoring social cues, such as verbal instructions and hints (Pellcano, Burr, 2012). Oversensitivity to sensory stimuli can lead to procrastination because it reveals problems with effective selection of relevant versus non relevant features, which will also decrease task performance efficiency (Constant, Bervoets, Hens, Van de Cruys, 2020; Pellcano, Burr, 2012).

5. Method

Procrastination is a problematic behavior that impairs individuals' well-being and school achievements (Gao, Zhang, Xu, Zhou, Feng, 2021). Continual postponement of various life-important activities is a burning issue both individually and socially (Ferrari, 1994; Ferrari & Dovidio, 2000). The well-established habit of putting everything off makes it hard to attain important educational goals and lowers school satisfaction in youth, leading to consequences related to improper duty performance and the accompanying sense of guilt and a decreased sense of self-efficacy. Moreover, it must be noted that there is no research on the personality conditioning of procrastination (with particular regard to autistic characteristics) in Polish adolescents. With this in mind, it was assumed that this study will fill this gap and extend the existing body of knowledge in this regard. The goal was to determine relationships between selected personality traits and the tendency to engage in procrastinating behaviors in a group of young adolescents attending seventh and eighth grades of public primary schools in a major city of eastern Poland.

Our review of existing literature allowed us to postulate the following research questions.

1. Which Big Five personality traits related to ASD predict procrastination in four dimensions (general, decisional, behavioral, and maladaptive) in early adolescent boys and girls?
2. What ASD traits predict predictors in four dimensions (general, decisional, behavioral, and maladaptive) in early adolescent boys and girls?

Based on the research problems the following research hypotheses were put forward:

- H1: Conscientiousness and neuroticism are significant predictors of procrastinating behaviors in boys and girls. Nevertheless, due to the fact that in light of some research young adolescent girls show a higher level of neuroticism and conscientiousness compared to boys (De Boll et al., 2015) it can be expected that both variables will predict procrastinating behaviors more strongly among girls.
- H2: Both groups (boys and girls) are expected to manifest distinct patterns of relationships between neuroticism and conscientiousness and procrastination.
- H3: Some ASD traits, such as deficits in communication, social skills and attention-switching, can contribute to increased procrastination both in boys and girls (Russell et al., 2019; Scher, Shyman, 2019).

5.1. Procedure and Participants

The research was conducted in one of the largest cities of eastern Poland in three randomly selected public primary schools. Surveys were carried out during a single meeting with each class in the school year 2018/2019, from February to June 2019. A total of 600 students took part, but the examination of the returned questionnaires qualified 530 survey forms for further processing. The students were aged from 13 to 15 years ($M = 13.8$, $SD = 0.48$; 302 girls and 228 boys). All subjects were Polish. The research project was accepted by the Ethical Commission for Scientific Research at the Institute of Psychology of the John

Paul II Catholic University of Lublin. The authors informed the subjects that the study had a scientific purpose, participation in the survey was voluntary, and that their responses were anonymous. The survey was carried out with the consent of the school principals and the children's parents. The questionnaire-based survey was conducted using the pen-and-paper method.

5.2. Research Tools

The Ten-Item Personality Inventory (TIPI) was used, which is a 10-item questionnaire for measuring personality traits covered by the Big Five model encompassing extraversion, agreeableness, conscientiousness, emotional stability and openness to experience. The subject responds to two-adjective statement on a 1–5 scale (from 1 = *I definitely disagree* to 7 = *I definitely agree*) (Łaguna, Bąk, Purc, Mielniczuk, Oleś, 2014, p. 421–437). The score for each scale is a mean of two items. The reliability of the scale ranges from $\alpha = 0.22$ (agreeableness) to $\alpha = 0.65$ (emotional stability).

For the assessment of procrastination the research uses the Pure Procrastination Scale (PPS; by Steel, 2010); Polish adaptation by Stępień and Ciecich (2013), amended by Stępień and Topolewska (2014). The PPS contains 12 items. The maximum score is 60 points. The higher the score obtained by the participants, the higher their inclination to procrastination. The reliability of the tool was assessed by means of Cronbach's α , which for general procrastination amounted to 0.89 (Stępień, Topolewska, 2014, p. 145–160). The test consists of three subscales: decisional, behavioral and maladaptive procrastination. The survey contains statements for the subject to answer on a scale from 1 (*It is completely not true of me*) to 5 (*It is completely true of me*).

ASD traits were measured with the Autism-Spectrum Quotient (AQ) Adolescent Version (Baron-Cohen, Hoekstra, Knickmeyer, Wheelwright, 2006), adapted for Polish by Pisula et al. (2010). The diagnostic questionnaire was designed to measure the expression of ASD characteristics in a particular person based on self-evaluation. It is important to note that the questionnaire is useful for screening purposes, that is, to measure characteristics that are typical of

autism in the general population. The questionnaire can be used for screening individuals likely to manifest behaviors associated with autism spectrum disorder, because the higher the result, the greater the propensity to behave in ways characteristic of ASD (English et al., 2021). It contains 50 questions assigned to five subscales: communication, social skills, imagination, attention to detail, attention-switching. Each subscale contains 10 items. The AQ is a questionnaire containing subscales for social and non-social aspects of behavior and cognition. The subjects give their answers on a 4-point Likert scale: 1 = *I definitely agree*, 2 = *I agree*, 3 = *I disagree*, 4 = *I completely disagree*. The general score is from 0 to 50. Scores available for individual subscales range from 0 to 10. Cronbach's α reliability coefficient for the AQ as a whole was 0.79. For individual subscales, the reliability coefficients were also high: (communication = 0.82; social skills = 0.88; imagination = 0.81; attention to detail = 0.66; attention-switching = 0.76).

The Polish version was adopted by Pisula, Rynkiewicz, Łucka (2010). It has the same scoring system as the original. A person answers 50 questions, divided into five subscales, with responses on a four-point Likert scale (1 'strongly agree', 2 'rather agree', 3 'rather disagree', 4 'strongly disagree') (Pisula et al., 2013).

6. Results

Interpretation of the results was based on the raw results obtained through the use of the three research tools. Statistical calculations were performed using the IBM SPSS Statistics 24.0 software. The significance level (p) was assumed at .05. First, we tested for normality of distribution using the Kolmogorov–Smirnov test. The variable distribution did not deviate significantly from the standard normal distribution ($p > 0.05$). In order to verify our research hypothesis, we conducted a linear regression analysis. In this analysis, personality traits were predictors (explanatory variables) whereas procrastination was the response variable.

For the purpose of determining whether the personality traits (extraversion, conscientiousness, neuroticism, openness to experience, and agreea-

bleness) and ASD characteristics (communication difficulties, problems with establishing proper social relationships, pattern maintenance, and rigid patterns of behavior) were significant predictors of general, decisional, behavioral, and maladaptive procrastination, a regression analysis was conducted, considering a mixed-effects model. This model extends the classic regression models (West, Kathleen, Gałecki, 2014). Additionally, the model factors in the gender, age, as well as interactions between the gender and personality dimensions (owing to significant differences between the genders).

The analyzed model was well fitted to the data ($F[17, 604] = 10.83$; $p < 0.001$) and explained 21.2% of the variance in general procrastination (adj. $R^2 = 0.212$). The analysis showed that general procrastination was significantly predicted by gender, agreeableness, conscientiousness, and emotional stability. Also the interaction between gender and agreeableness was significant. The correlation between agreeableness and general procrastination in girls was insignificant ($B = 0.26$; $SE = 0.30$; $p = 0.386$), while for boys it was negative ($B = -1.09$; $SE = 0.32$; $p = 0.001$) – the higher the agreeableness level, the lower the level of procrastination in boys.

Next, similar calculations were performed for procrastination and its decisional aspect (Table 2).

The model was well fitted to the data ($F[17, 604] = 6.74$; $p < 0.001$) and it explained 13.6% of the variance in decisional procrastination (adj. $R^2 = 0.136$). The analysis showed that decisional procrastination was significantly predicted by agreeableness, conscientiousness, and emotional stability. The higher the level of agreeableness, conscientiousness, and stability, the lower the level of decisional procrastination. Of significance was also the interaction between gender and agreeableness. The correlation between agreeableness and decisional procrastination in girls was insignificant ($B = 0.05$; $SE = 0.10$; $p = 0.601$), while for boys it was negative ($B = -0.33$, $SE = 0.10$, $p = 0.001$) – the higher the agreeableness level, the lower the level of procrastination in boys. The last but one step was to test whether personality traits in the Big Five and ASD predict procrastination in the behavioral dimension. Like previously, the model

Table 1. Mixed-effects Coefficients for Model Explaining General Procrastination

Parameter	B	SE	95% CI		P
			LL	UL	
Gender	-8.87	3.50	-15.74	-2.01	0.011
Age	0.03	0.24	-0.44	0.49	0.913
Autism spectrum disorder related traits	-0.04	0.04	-0.12	0.05	0.415
Extraversion	-0.30	0.30	-0.90	0.30	0.325
Agreeableness	-1.01	0.33	-1.66	-0.37	0.002
Conscientiousness	-2.09	0.33	-2.74	-1.44	<0.001
Stability	-0.75	0.31	-1.35	-0.14	0.015
Openness	0.29	0.37	-0.45	1.02	0.443
Gender* Extraversion	0.57	0.42	-0.26	1.40	0.180
Gender* Agreeableness	1.23	0.46	0.32	2.13	0.008
Gender* Conscientiousness	-0.25	0.45	-1.14	0.64	0.577
Gender* Emotional Stability	-0.14	0.42	-0.95	0.68	0.743
Gender* Openness to Experience	0.33	0.54	-0.74	1.39	0.550

Table 2. Mixed-Effects Coefficients for the Model Explaining Decisional Procrastination

Parameter	B	SE	95% CI		P
			LL	UL	
Gender	-8.87	3.50	-15.74	-2.01	0.011
Age	0.03	0.24	-0.44	0.49	0.913
Autism spectrum disorder related traits	-0.04	0.04	-0.12	0.05	0.415
Extraversion	-0.30	0.30	-0.90	0.30	0.325
Agreeableness	-1.01	0.3	-1.66	-0.37	0.002
Conscientiousness	-2.09	0.33	-2.74	-1.44	<0.001
Stability	-0.75	0.31	-1.35	-0.14	0.015
Openness	0.29	0.37	-0.45	1.02	0.443
Gender* Extraversion	0.57	0.42	-0.26	1.40	0.180
Gender* Agreeableness	1.23	0.46	0.32	2.13	0.008
Gender* Conscientiousness	-0.25	0.45	-1.14	0.64	0.577
Gender* Emotional Stability	-0.14	0.42	-0.95	0.68	0.743
Gender* Openness to Experience	0.33	0.54	-0.74	1.39	0.550

included gender, age, as well as interactions between the gender and personality dimensions, owing to significant differences between the genders. The results are presented in Table 3.

The analyzed model was well fitted to the data ($F[17, 604] = 7.98; p < 0.001$) and explained 16% of the variance in general procrastination (adj. $R^2 = 0.160$). The analysis demonstrated that gender was a significant predictor of behavioral procrasti-

nation, as well as two personality traits: agreeableness and conscientiousness. The higher the level of agreeableness and conscientiousness, the lower the level of behavioral procrastination. Finally, similar calculations were performed for procrastination in the maladaptive dimension. Now the model included gender and age as well as interaction between gender and personality dimensions (to account for significant differences between the genders).

Table 3. Mixed-Effects Coefficients for the Model Explaining Behavioral Procrastination

Parameter	B	SE	95% CI		p
			LL	UL	
Gender	-4.55	2.27	-9.00	-0.10	0.045
Age	-0.01	0.15	-0.31	0.30	0.964
Autism spectrum disorder related traits	-0.03	0.03	-0.08	0.03	0.357
Extraversion	-0.27	0.20	-0.66	0.11	0.166
Agreeableness	-0.42	0.21	-0.84	0.00	0.049
Conscientiousness	-1.14	0.22	-1.56	-0.71	<0.001
Stability	-0.38	0.20	-0.77	0.02	0.059
Openness	0.09	0.24	-0.38	0.57	0.704
Gender* Extraversion	0.53	0.27	-0.01	1.06	0.056
Gender* Agreeableness	0.46	0.30	-0.13	1.04	0.127
Gender* Conscientiousness	-0.15	0.29	-0.73	0.42	0.600
Gender* Emotional Stability	-0.06	0.27	-0.59	0.47	0.819
Gender* Openness to Experience	0.28	0.35	-0.41	0.97	0.426

Table 4. Mixed-Effects Coefficients for the Model Explaining Maladaptive Procrastination

Parameter	B	SE	95% CI		p
			LL	UL	
Gender	-2.58	1.22	-4.98	-0.18	0.035
Age	-0.05	0.08	-0.21	0.11	0.549
Autism spectrum disorder related traits	-0.01	0.02	-0.04	0.02	0.490
Extraversion	0.05	0.11	-0.16	0.26	0.658
Agreeableness	-0.26	0.12	-0.48	-0.03	0.026
Conscientiousness	-0.49	0.12	-0.71	-0.26	<0.001
Stability	-0.16	0.11	-0.37	0.05	0.133
Openness	0.10	0.13	-0.15	0.36	0.435
Gender* Extraversion	-0.05	0.15	-0.35	0.24	0.714
Gender* Agreeableness	0.37	0.16	0.05	0.68	0.023
Gender* Conscientiousness	-0.06	0.16	-0.37	0.26	0.727
Gender* Emotional Stability	0.06	0.15	-0.23	0.34	0.704
Gender* Openness to Experience	0.10	0.19	-0.27	0.48	0.583

The analyzed model turned out to be well fitted to the data ($F[17, 604] = 5.07; p < .001$), and it explained 10.0% of the variance in non-adaptive procrastination (adj. $R^2 = 0.100$). The analysis demonstrated that gender was a significant predictor of maladaptive procrastination, as well as two personality traits: agreeableness and conscientiousness. An increase in the level of agreeableness and conscientiousness correlated with a decrease

in maladaptive procrastination. The interaction between gender and agreeableness was significant. The correlation between agreeableness and maladaptive procrastination in girls was insignificant ($B = 0.11; SE = 0.10; p = 0.303$), while for boys it was negative ($B = -0.25, SE = 0.11, p = 0.023$) – the higher the agreeableness level, the lower the level of maladaptive procrastination, just like with the other dimensions of procrastination.

7. Discussion and Conclusions

The purpose of the research was to verify whether the personality traits from the Big Five model and related to autism spectrum disorder are predictors of procrastination in students in early adolescence. Also, it was assumed that those correlations might be different between the genders as research shows that boys and girls on the threshold of adolescence differ in terms of personality and propensity to procrastinate (Branje, Lieshout, Gerris, 2007; Steel, 2007; Steel, Ferrari, 2013). It was also expected that answering this question would contribute to the existing knowledge about links among the personality factors of procrastination in youth.

General procrastination was significantly predicted by the gender of the respondents, and the following personality traits: agreeableness, conscientiousness, and emotional stability. The higher the level of agreeableness, conscientiousness, and emotional stability, the lower the level of general procrastination was. Our research indicates that agreeableness, conscientiousness and neuroticism (low emotional stability) do not favor procrastination and this result confirms previous findings. Lay et al. (1998), in a study involving 280 younger adolescents, showed a negative relationship between conscientiousness and procrastination. Agreeable persons, as evident from the research done by Horwood and Anglim (2018) manifested less tendency to procrastinate, they spent more time struggling with problems they faced, and they displayed a higher level of self-control. Watson (2001) notes that young people who are highly stable emotionally, can stand a better chance of succeeding at school, which somehow prevents them from procrastination.

When the gender model was included, it appeared that the relationship between agreeableness and general procrastination in boys was negative and significant. The higher the level of agreeableness, the lower the level of general procrastination in boys was. This result can be explained by the fact that agreeableness is a trait associated with readiness to cooperate and a prosocial attitude towards people (Costa, McCrae, 1992). Agreeableness does not favor rivalry, because the competitive attitude can

be associated with exaggerated expectations of the actions undertaken, comparison of one's competences and achievements with those of others. Such a confrontational attitude can promote procrastination by delaying the performance of activities which may decrease one's positive self-image. Procrastination might be, in such circumstances, a way to avoid fear of failure of being judged by others (Steel, 2007). In relation to our subjects it can be stated that agreeableness in boys and their associated readiness to form satisfying and harmonious relations with people is a factor that protects them from a tendency to procrastinate. This could mean that having satisfactory relationships with others, based on cooperation, may decrease procrastination.

It is worth noting that the majority of research suggests that procrastination affects mainly boys and men (Steel, 2007; Ferrari, Doroszko, Joseph, 2005; Steel, Ferrari, 2013). The result obtained in the present study is in line with the results obtained by Martín-Puga et al., (2020) indicating a higher propensity to procrastinate in a group of boys than in girls, both aged between 7 and 19 years.

Our analyses of decisional procrastination showed that it was significantly predicted by gender, too, and by the following personality traits: agreeableness, conscientiousness, and emotional stability. The higher the level of agreeableness, conscientiousness, and emotional stability, the lower the level of decisional procrastination. Therefore, a high level of these traits is a factor that protects one against decisional procrastination. The research of Milgram and Tenne (2000) demonstrated a link between decisional procrastination and personality traits (neuroticism, low conscientiousness). The correlation between agreeableness and decisional procrastination was significant only in men: higher agreeableness was linked to lower decisional procrastination. In this regard, then, the distribution of results proved very similar to that of general procrastination. Decisional procrastination, as research shows, is associated with chronic postponement of making decisions (Hen, Goroshit, 2020); also, it is strongly linked to the conservation of self-esteem against showing one's incompetence (Ferrari et al., 2007). Persons manifesting this type of procrastination have difficulty making choices

(Patalano, LeClair, 2011). Research by Sandhya and Gipinath (2019) demonstrated a correlation between agreeableness and making irrational decisions in active procrastination. People who display a high level of decisional procrastination experience conflicts related to choosing relevant information and ways to achieve a task. In order to avoid conflicts they try to focus on less stressful activities.

As regards behavioral procrastination, it was significantly predicted by gender, agreeableness, and conscientiousness. This type of procrastination is associated with a delayed performance of task in everyday functioning (Tice et al., 2001). Just as in our research, Danei and Hashemi (2018) showed a negative correlation between behavioral delay and conscientiousness. Similarly as in the case of general, decisional, and maladaptive procrastination, the significant predictors of behavioral delay were personality traits (agreeableness and conscientiousness).

In the successive stages of our research, we decided to analyse which factor predicted maladaptive procrastination. The analysis demonstrated that it was significantly predicted by gender and two personality traits: agreeableness and conscientiousness. An increase in the level of agreeableness and conscientiousness correlated with a decrease in maladaptive procrastination. The correlation between agreeableness and maladaptive procrastination was significant only in boys. A higher level of agreeableness implied in them a lower level of maladaptive procrastination, similarly as in the case of the other dimensions of procrastination. Maladaptive procrastination is associated with the preservation of self-esteem (Flett et al., 2012), achieved by the postponement of planned activities. Similarly as in the case of the other types of procrastination, the significant predictors of maladaptive procrastination were conscientiousness and agreeableness.

Summing up the results, it must be concluded that this research has largely corroborated earlier findings related to the role of individual personality characteristics accounted for by the Big Five model in explaining procrastination (Burnam et al., 2014; Hen, Goroshit, 2020; Steel, Klingsieck, 2016; Zhou, 2020). It is interesting though, that none of the ASD traits was linked in any way to aspects of procrastination.

Problems with communication, social relationships, some amount of patterned conduct, and rigid patterns of functioning were not helpful in explaining young people's tendency to procrastinate (Gerc, Jurek, 2019). Also, this research has demonstrated the role of gender as a significant factor explaining procrastination. It has been frequently shown that boys are more likely to procrastinate than girls (Ferrai, Tice, 2000; Steel, 2007). It is noteworthy that in this research this tendency was captured in boys in their early adolescence, which might imply that gender differences in procrastination occur relatively early. This is why our results can help to develop practical guidelines for working with youth. It should take into account personality underpinnings, because personality determines the choice of behaviors, coping with frustration and failure, and affects goal formation and ways to achieve them. An accurate identification of strengths and weaknesses of adolescent functioning will make it possible to develop methods that address the real needs of school students. Educational work, in particular, should aim at reinforcing such characteristics as conscientiousness, patience and the ability to postpone gratification. School students should know who to turn to for help if they experience difficulties, so that they deal with their problems actively. Passivity, in turn, may promote procrastinating behaviors, since it is a means of escaping from directly confronting a difficulty. The parents, too, should have access to relevant information. Optimally, they should be made aware of the issue of adverse effect of unreasonable school demands, which evoke in their children a sense of perfectionism and fear of failure.

Our research has several limitations. Procrastination is probably a phenomenon subject to multiple factors acting in a long-term perspective. Therefore, it seems expedient for future studies to focus on not only personality traits as significant predictors of procrastination but also other aspects of young people's functioning (emotions and motivational processes). As the research by Ilendo-Milewska and Wojtach (2014) confirmed, boys in early adolescence tended to have a lowered sense of autonomy and responsibility. This can lead to a diminished quality of learning and involvement in school activities (Connel, Wellborn,

1991; Reeve, Bolt, Cai, 1999). For this reason, future studies should take into account analysis of such traits as locus of control and responsibility. Apart from this, we did not include self-efficacy in our study of young people. A growing number of authors notice links between self-efficacy and procrastination (Steel, 2007). Another limitation of the presented

study was the fact that we did not control for such significant variables as the socioeconomic status of the subjects' families. Taking these variables into consideration could have provided a more detailed description of the correlation between personality characteristics and procrastination in the group of early adolescents.

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Forms of showing love in relationships with loved ones versus feelings of loneliness in young adults

Formy okazywania miłości w relacjach z najbliższymi osobami a poczucie samotności u młodych dorosłych¹

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Abstract: Since the experience of love and close relationships is one of the most important aspects of human life, man defines his existence by diverse relationships. The congruence of expected and received forms of love transmission is important. This study verifies whether there is a relationship between the forms of showing love and the sense of loneliness in a group of young adults. *Methods:* The study used the Forms of Expressions of Love Questionnaire (FOREM) designed by M. Rys and colleagues, and the R-UCLA Loneliness Scale, a Polish adaptation of Russell, Peplau and Cutrona's tool, developed by M. Kwiatkowska, R. Rogoza and K. Kwiatkowska. The survey with the participation of 73 women and 73 men was conducted online. The youngest person was 18 years old, and the oldest – 34 (Max = 34). The average age of the subjects was just under 24 (M = 23.99). *Results:* The results of correlation analysis with the application of Kendall's Tau-b coefficient proved to be statistically significant for the associations of all subscales of feelings of loneliness and the overall score of this variable, with the discrepancy between expected and received forms of love in terms of help and time. All statistically significant correlations were positive, meaning that the greater the discrepancy between the expected and received form of love, the higher the sense of loneliness. The strongest statistically significant correlation was that of the dimension of help with the dimensions of belonging and affiliation (Tau-b = 0.247; p < 0.01) while the weakest was the correlation of the dimension of time with the dimension of social others (Tau-b = 0.131; p < 0.05). *Conclusions:* The results of the study indicate that young adults do not experience love in the expected forms regarding affectionate touch, help from the other person and time devoted to them. The greater the discrepancy between the expected and received forms of love, the higher the feelings of loneliness among young adults.

Keywords: young adults, relationships, sense of loneliness, love

Abstrakt: Doświadczenie miłości oraz bliskie relacje to jeden z najważniejszych aspektów życia człowieka. W znacznym stopniu swoje istnienie człowiek definiuje w odniesieniu do innych osób, tworząc i podtrzymując zróżnicowane związki i relacje międzysobowe. W tworzeniu prawidłowych relacji interpersonalnych istotną rolę odgrywa poczucie bycia kochanym przez najbliższe osoby. W procesie tym ważną jest zgodność oczekiwanych i otrzymywanych form przekazu miłości. Celem badania była weryfikacja założenia o istnieniu zależności między formami okazywania miłości a poczuciem samotności w grupie młodych dorosłych. *Metody:* W badaniu zastosowano Kwestionariusz Formy Ekspresji Miłości (FOREM), autorstwa M. Rys i współpracowników oraz Skalę Samotności R-UCLA, polską adaptację narzędzia Russella, Peplau i Cutrony, opracowaną przez M. Kwiatkowską, R. Rogożę oraz K. Kwiatkowską. Badania młodych dorosłych zostały przeprowadzone internetowo. W badaniu wzięły udział 73 kobiety oraz 73 mężczyzn. Najmłodsza osoba badana była w wieku 18 lat, najstarsza w wieku 34 lat (Maks. = 34). Średni wiek osób badanych wyniósł niecałe 24 lata (M = 23,99). *Wyniki:* Wyniki analizy korelacji z użyciem współczynnika Tau-b Kendalla okazały się istotne statystycznie w przypadku związków wszystkich podskal poczucia samotności oraz wyniku ogólnego tej zmiennej, z rozbieżnością pomiędzy oczekiwaną a otrzymywaną formą miłości w zakresie pomocy oraz czasu. Wszystkie istotne statystycznie korelacje były dodatnie, co oznacza, że im większa jest rozbieżność pomiędzy oczekiwaną a otrzymywaną formą miłości, tym wyższe jest poczucie samotności. Najsilniejszą istotną statystycznie zależnością okazała się korelacja wymiaru pomoc z wymiarem belonging and affiliation (Tau-b = 0,247; p < 0,01). Najslabszą zaś – korelacja wymiaru czas z wymiarem social others (Tau-b = 0,131; p < 0,05). *Wnioski:* Wyniki badań wskazują na to, że młodzi dorośli nie doświadczają miłości w oczekiwanych formach dotyczących czulego dotyku, pomocy ze strony drugiej osoby oraz poświęcanego im czasu. Im większa jest rozbieżność pomiędzy oczekiwaną a otrzymywaną formą miłości, tym wyższe jest poczucie samotności młodych dorosłych.

Słowa kluczowe: młodzi dorośli, relacje, poczucie samotności, miłość

Introduction

The problem of experiencing loneliness today affects an increasing number of not only the elderly and the sick, but also young people. Some of the main reasons are: loosening of family ties, quarrels and conflicts within the family, lack of social ties, lack of satisfaction of basic needs (such as the need for love, acceptance, contact, belonging), lowered self-esteem, which makes it difficult to relate to others, withdrawal of contacts as a form of defense against possible rejection (cf. e.g. Bangee, Harris, Bridges, Rotenberg, Qualter, 2014; Gardiner, Geldenhuys, Gott, 2016; Harris, Qualter, Robinson, 2013; Krupa, 2013; Junntila, Vauras, 2009; Madsen, Holstein, Damsgaard, Rayce, Jespersen, Due, 2019; Norona, Tregubenko, Boiangiu, Levy, Scharf, Welsh, Shulman, 2017; Nowland, Talbot, Qualter, 2018; ONS, 2018; Rys, 2020a,b, Rys, Tataj-Puzyna, 2022).

It is stressed that loneliness can also be caused by excessive involvement in technological advances, escape into the virtual world, a lifestyle and cultural model that favors individual success and consumption, or the negative impact of working overtime. An important cause of increasing loneliness has become the marginalization of religious life, migration, emigration, or various types of social conflicts, international conflicts, or wars, etc. (cf. e.g. Dubas, 2006, Krupa, 2013).

Analyzing the problem of counteracting the feeling of loneliness, attention is increasingly paid to interpersonal relationships, especially those through which one feels to be loved (cf. e.g. Karbowa, 2012; Rys, Tataj-Puzyna, 2021).

Proper ties with loved ones can determine important aspects of self-image, the perception of other people, or interpersonal relationships in general (cf. e.g. Oleś, 2006; Ołdakowska-Jedynak, Rys, Sztajerwald, 2021; Rembowski, 1992; Rys, Greszta, Śledź, 2020).

1. Theoretical introduction to the study

1.1. Love and forms of its expression

1.1.1. Concepts of the definitional account of love

Over the years, many researchers have subjected this topic of love and close relationships as one of the most important aspects of human life to numerous studies (quoted by: Wojciszke, 2018). The very concept of love is complex, multiple and diverse. In literature or in art, it is the romantic view of love that usually emphasizes its emotional aspect. Important though it is, it is not the only one. Love in a relationship with another person is not just a feeling, but something much richer, deeper and more complex. It is frequently emphasized that love is not merely a relationship, but also an attitude. As such, it contains three elements: cognitive (knowledge of someone), emotional (emotional attitude), and behavioural (action – the disposition to a certain action) (cf. e.g. Rys, 2016; Rys, Greszta, Grabarczyk, 2019). Love is an active, positive attitude towards the other person. It is a desire to affirm the existence of the loved person and his or her development (Rys, 2016).

Rather than viewing love as an attitude, E. Fromm (2007) proposes to regard it as a trait of character that defines a person's overall approach to the world. Love understood in this way manifests itself not only in relationships with the loved ones, but in various areas of social life. The scholar emphasizes the active nature of love. Its peculiarity also consists in cognition, a sense of responsibility and concern for the other person.

J. Rostowski (1987) defines love as “a peculiar, highly complex emotional state intensely experienced by an individual” (ibid, p. 37). In this view, love is characterized by the interest in and action for the benefit of the other along with concern, goodness, responsibility, knowledge, and respect (ibid).

1.1.2. Forms of showing love conceptualized by G. Chapman

In recent years, the concept of so-called love languages developed by G. Chapman gained in popularity (2018). Love languages or forms of showing love constitute a very important scientific and practical issue (cf. e.g. Dudziak, 2013; Gorbacewicz, 2015, Jaworska, Lubiejewski, Wójtowicz, 2019). As a therapist, Family Counselor Chapman distinguished five love languages. These are affirmative expressions, affectionate touch, good time, small favours, and gifts directed to the other with all of them being accompanied by the expectation of reciprocity.

Affirmative expressions are a verbal form of showing love that can manifest itself in simple, direct phrases that testify to love or kindness, or in words that appreciate, support or even embolden the other person to bring out his or her potential in life. Verbal expression of love calls for authenticity and sincerity along with the form of spoken words, tone of voice, etc. Such messages, if sincere and authentic, build a sense of being loved (Chapman, 2018; cf. also: Gorbacewicz, 2015).

A particularly important form of showing not only parental but also romantic love or friendship is affectionate touch². For individuals who highly value tender touch, its absence can be equated with not being unloved and can deprive them of a sense of security (Chapman, 2018; cf. also: Dudziak, 2013; Gorbacewicz, 2015; Jaworska et al., 2019).

Another form of showing love highlighted by Chapman (2018) is “having[?] good time,” which is characterized by focusing one’s attention on the other person. In order to be a form of showing love, the time spent together should contain a message about the joy of the other person’s presence. The most common variation of the language of good time is a friendly dialogue, during which people share their thoughts, experiences, or desires (ibid, cf. also: Gorbacewicz, 2015).

Among the important forms of showing love, Chapman (2018) also singles out assistance, that is, the willingness to do what the loved one needs at a given moment. This form of love is expressed in

both serious and trivial matters. For those for whom this form of experiencing love is most important, the lack of help even in small things can result in feelings of rejection, lack of either love or kindness. As Chapman emphasizes, this form of showing love requires mutual expressions of requests rather than demands. Such behaviour helps deepen the relationship, and prevents misunderstandings or quarrels (ibid).

Chapman believes that also gifts are a form of showing love. A gift is a materialization of someone’s care for the other person. It is remembering the loved one that counts rather than the material value of the gift. In this language of love, one can distinguish the gift of oneself or the intangible gift of presence, the significance of which can highly exceed material gifts, which is especially precious when the other person badly needs it (ibid, cf. also: Gorbacewicz, 2015).

1.2. Problems of loneliness

Loneliness ought to be carefully distinguished from aloneness (cf. e.g. Śliwak, Brzeziński, Zarosinska, 2019; Śliwak, Reizer, Partyka, 2015; Śliwak, Zarzycka, Dzduch, 2001). Loneliness means an unavoidable, necessary situation, and even a result of human nature. Its other characteristics, however, are ambiguity, indefinability and inexpressibility. It is universal and timeless. It is extremely individualized, as it is experienced subjectively and very specifically, differently by each person (cf. e.g. Dubas, 2000, 2006; Maes, Qualter, Vanhalst, Van den Noortgate, Goossens, 2019; Wasilewska-Ostrowska, 2018). Loneliness refers to the state registered with consciousness and felt at the affective level, when an individual is left alone with himself. Loneliness itself appears to be neutral: it is neither unequivocally good nor unequivocally bad. Evaluation of loneliness is subjective and polar. If loneliness evokes difficult emotions in an individual, experienced as negative or negative associations, then it is called “bad loneliness”. This type of loneliness more or less has a destructive effect on the individual. On the other hand, if loneliness evokes emotions felt as positive, it is considered good (Domeracki, 2009).

2 Child development studies confirm that this way of communicating love, expressed through hugs and kisses, leads to a later healthier emotional life compared to children who were deprived of such physical contact (cf. e.g. Ryś, 2016).

The feeling of loneliness is a complex psychological phenomenon that is often accompanied by a decrease in psychological well-being. Loneliness in the global sense is associated with feeling a lack or deficiency of epistemic trust and connection with other people, contact with whom is highly desirable in difficult or crisis situations (Dołęga, 2020ab).

From a cognitive point of view, loneliness is related to the subjective perception of interpersonal ties and the evaluation of them. Loneliness has a subjective form and can appear as the result of a discrepancy between what is expected and what is real in the sphere of social relations. The individual evaluates interpersonal relationships in terms of their quantity and quality, and compares them with his or her standards towards relationships. Loneliness can result from an evaluation of the quality of relationships as unsatisfactory (De Jong Gierveld *et al.*, 2009; after: Kosowski i Mróz, 2020).

Loneliness can become the ability to focus on one's inner world that can result in building the right distance from/to the world (Śliwak, Reizer, 2015).

Loneliness can be discussed in social, psychological and moral terms. In the social aspect, it is understood as the cessation of contacts, or lack of relationships with other people. Social loneliness occurs if a person isolates himself or is isolated, has no family of his own, or his marital relationship has broken down. Loneliness in psychological terms is shown as a lack of ability to establish relationships and bonds with other people. It can result from an unmet emotional need, or from abnormal social relationships, a changing environment or situation (Wasilewska-Ostrowska, 2013). Moral loneliness, on the other hand, can stem from a person's differ-

ent, usually incorrect hierarchy of values or from selfishness. The result of it can be a loss of purpose and meaning in life (Szafrńska, 2017).

Those experiencing long-term loneliness can often feel unloved by loved ones, and may feel rejected or misunderstood. Emotional loneliness experienced in this way is a risk factor for the onset of behavioural addictions (Wasilewska-Ostrowska, 2013).

Research has found that attachment-related³ insecurity contributes to a sense of loneliness (Sahin-Bayraktar, Seven, 2022; Shorter, Turner, Mueller-Coyle, 2022), and a sense of social dissatisfaction (Sahin-Bayraktar, Seven, 2020).

Aloneness is a different phenomenon. A person may feel a sense of aloneness in the face of adversity, i.e. those events or life circumstances that are highly stressful, related to family or social situations (e.g. poverty, divorce of parents) or direct threat to life (wars, disasters, terrorist attacks)⁴. When defining adversity, it is very important to distinguish between negative events that are a consequence of decisions made by the individual (e.g., using psychoactive substances, running away from home) and those negative events that are independent of a person's will, and which are not subject to control (e.g., illness), (cf. e.g. Borucka, Ostaszewski, 2012; Borucka, Pisarska, 2012; Luthar, Brown, 2007).

Factors that cause or exacerbate feelings of aloneness can be of different nature. They mainly occur in a particular environment (a family with an alcohol problem or mental disorder, a family at risk of unemployment, violence, crime, breakdown) and they include traumatic experiences, such as sexual abuse, abandonment, and the resultant maturing in institutions (cf. e.g. Sikorska, 2016).

3 Attachment theory describes how interactions, social and emotional bonds are developed and the impact of such development on individuals (Bowlby 1980; Ainsworth 1978). Bowlby (1969) describes attachment as a lasting psychological connectedness between human beings. He further explains that the earliest bonds formed by children with their caregivers have a great effect that continues through life. The effects of such attachment to particular others include the development of strong affectionate bonds between those who are attached to each other (Bowlby 1969, 1980). Ainsworth, Blehar, Waters, Walls (1978) identified three major different attachment styles or patterns that a child may have with attachment figures: secure attachment, anxious/avoidant attachment, and anxious/resistant attachment. Individuals who are securely attached enjoy socialisation and feel less lonely than the others (Sahin-Bayraktar, Seven, 2022; Shorter, Turner, Mueller-Coyle, 2022; Ainsworth, Blehar, Waters, Walls, 1978). More recently, M. Ryś and colleagues distinguished yet another attachment style—rejectionist. Research has confirmed the occurrence of this style (Ryś, Krasowska, Witerek, 2021).

4 Research on the sense of loneliness is presented by, among others: S. Cudak (2014); M. Dąbkowska (2019); Z. Dołęga (2003, 2006, 2020a and b); M. Kornaszewska-Polak (2015); M. Ryś (2020b); A. Wojnarska, K. Korona (2017).

Both loneliness and aloneness can be associated with unpleasant personal experiences, can be adverse in nature, and lead to many problems and risks (alcoholism, drug addiction, suicide attempts). They can also weaken a person's physical and mental condition, or negatively affect the formation of interpersonal relationships (cf. e.g. Wyczesany, 2001). Experiencing feelings of loneliness or aloneness as emotional states is part and parcel of human life. Sadly, if this condition is of high intensity and becomes a chronic experience, it can cause difficulties in adjusting to life in society and emotional disorders (Oleś, 2006).

Aloneness is never an expected or chosen state. It hinders development, can give rise to anxiety or be experienced as a kind of life tragedy (Dubas, 2000). Research on aloneness has shown that its high levels are associated with poorer social adjustment (Śliwak et al., 2015). Aloneness is often associated with low self-esteem, an external sense of control, and emotional immaturity. It also manifests itself in excessive self-centeredness and high levels of generalized and social anxiety (Szafrńska, 2017).

2. Research methodology

2.1. Problem and hypotheses

With the above theoretical considerations and empirical data on forms of showing love and experiencing loneliness in mind, the researchers have asked the following questions:

1. Do young adults experience love in the form expected by them?
2. Is there a relationship between forms of showing love and feelings of loneliness in young adults?

Prior to the study, the following hypotheses were made:

1. There is a discrepancy between the received and expected form of love in young adults.
2. The discrepancy between the received and expected form of love from loved ones is positively correlated to feelings of loneliness, i.e. the greater the discrepancy, the greater the feelings of loneliness.

2.2. Methods

2.2.1. Forms of Love Expression (FOREM)

The Forms of Love Expression Questionnaire is a tool designed by M. Rys and colleagues on the basis of Gary Chapman's concept of five love languages. The questionnaire and the set of test items distinguishing ways of showing love drew on the literature on forms of love expression. The items were evaluated by competent judges. Those test items that achieved high ratings from the judges were subjected to further analysis (after: Jaworska et al., 2019). The questionnaire consists of two parts, each made up of 25 test items, assigned 5 to each scale corresponding to one of the forms of love expression distinguished by Chapman. Survey participants responded on a 5-point scale: 1 – definitely no, 2 – rather no, 3 – can't say, 4 – rather yes, 5 – definitely yes. On each scale, respondents could score a minimum of 5 points and a maximum of 25 points (ibid.). The results of the first part of the tool indicate which forms of love make the respondent feel loved. The purpose of the second part of the questionnaire is to indicate the forms of love the respondent experiences from his or her loved ones (ibid.).

The reliability of the tool was calculated with the Cronbach's Alpha test. On individual scales, the reliability index reached the following results:

- Words of affirmation – 0.75;
- Quality time – 0.84;
- Physical touch – 0.87;
- Acts of service – 0.85;
- Receiving gifts – 0.84 (Jaworska et al., 2019, p. 103).

For the purpose of verifying the hypotheses, discrepancy scales were created between the expected and received forms of love. The discrepancy scales correspond to the individual scales of love expression. Discrepancy is understood here as the absolute value of the difference between the score of the expected form of love expression and the score of the received form of love expression.

2.2.2. R-UCLA Loneliness Scale

The R-UCLA Loneliness Scale is a Polish adaptation of Russell, Peplau and Cutrona's tool, developed by M. Kwiatkowska, R. Rogoza and K. Kwiatkowska (2018). The scale measures feelings of loneliness.

The tool consists of 20 test items. Responses are given on a 4-point scale: 1 – never, 2 – rarely, 3 – sometimes, 4 – often. Subjects could score a minimum of 20 points and a maximum of 80 points (*ibid.*).

A subject's higher score on the questionnaire indicates a higher level of loneliness, while a lower score indicates its lower level (*ibid.*).

The reliability coefficient for the entire Scale was 0.92. The reliability coefficient for individual subscales had the following values:

- Intimate Others – 0,90;
- Social Others – 0,83;
- Belonging and Affiliation – 0,80 (Kwiatkowska, Rogoza, Kwiatkowska, 2018, p. 167).

Intimate Others – includes loneliness, rejection, withdrawal, a sense of exclusion, as well as the severance of social relations, associated with unpleasant feelings of loneliness/aloneness? and isolation (Austin, 1983, after: Kwiatkowska *et al.*, 2018, p. 165).

Social Others – refers to the lack of a social network and the lack of a sense of closeness in relationships with other people; it takes into account of the lack of contact with close relatives or trusted people who provide a sense of security and support (*ibid.*).

Belonging and Affiliation – refers to a lack of a sense of group identity and connection to the community, along with having weaker ties to a social group while feeling more like an individual than part of a group (Austin, 1983; after: Kwiatkowska *et al.*, 2018, p. 165-166).

2.2.3. Surveyed persons

The survey in which seventy-three women and 73 men participated was conducted online. . The youngest person surveyed was 18 (Min = 18), while the oldest – 34 years old (Max = 34). The average age of the subjects was just under 24 (M = 23.99).

43.8% (32) of the female respondents and 42.5% (31) of the male respondents had tertiary education, 38.4% (28) of the women and 39.7% (29) of the men had partial higher education while – 15.1% (11) of women and 16.4% (12) of men – secondary education with only 1.4% (1) of women have elementary education. 1.4% (1) of men completed vocational education. Among women, 1.4% (1) did not provide information on education.

The survey included 31.5% (23) of working women, and 30.1% (22) of working men; 28.8% (21) of women and 16.4% (12) of men were studying. The group of working and weekend/evening students comprised 17.8% (13) of women and 20.5% (15) of men. The group of those studying and working casually consisted of 19.2% (14) women, and 32.9% (24) men. Information regarding their professional status was not provided by 2.7% (2) of women.

2.3. Research results

2.3.1. Forms of showing love

Table 1 shows the results on expected and received forms of showing love.

The results of the study indicate that young adults do not experience love in the expected forms regarding affectionate touch, help from the other person and time spent with them.

The results of correlation analysis based on Kendall's Tau-b coefficient proved statistically significant for the associations of all subscales of the sense of loneliness and the overall score of this variable, with the discrepancy between the expected and received form of love in terms of help and time.

All statistically significant correlations were positive, meaning that the greater the discrepancy between the expected and received form of love, the higher the sense of loneliness. The correlations are characterized by weak intensity.

The strongest statistically significant relationship appeared to be the correlation between help received and a sense of belonging and affiliation (Tau-b = 0,247; $p < 0,01$), while the weakest for the correlation between time quality social others (Tau-b = 0,131; $p < 0,05$).

Forms of showing love in relationships with loved ones versus feelings of loneliness in young adults

Table 1. Forms of love – expected and received

Variable	Expected:			Received:			Divergence		
	<i>M</i>	<i>Me</i>	<i>SD</i>	<i>M</i>	<i>Me</i>	<i>SD</i>	<i>M</i>	<i>W</i>	<i>p</i>
Words of affirmation	4.15	4.20	0.61	3.85	3.90	0.80	0.30	0.98	0.010
Physical touch	4.30	4.40	0.68	3.76	4.00	1.09	0.55	0.95	<0.001
Receiving gifts	3.57	3.60	0.95	3.49	3.50	0.91	0.08	0.97	0.001
Acts of service	4.48	4.60	0.58	4.13	4.20	0.69	0.35	0.95	<0.001
Quality time	4.62	4.80	0.44	4.20	4.40	0.67	0.43	0.95	<0.001

M – mean; Me – median; SD – standard deviation; W – Shapiro-Wilk test statistic, p – significance.

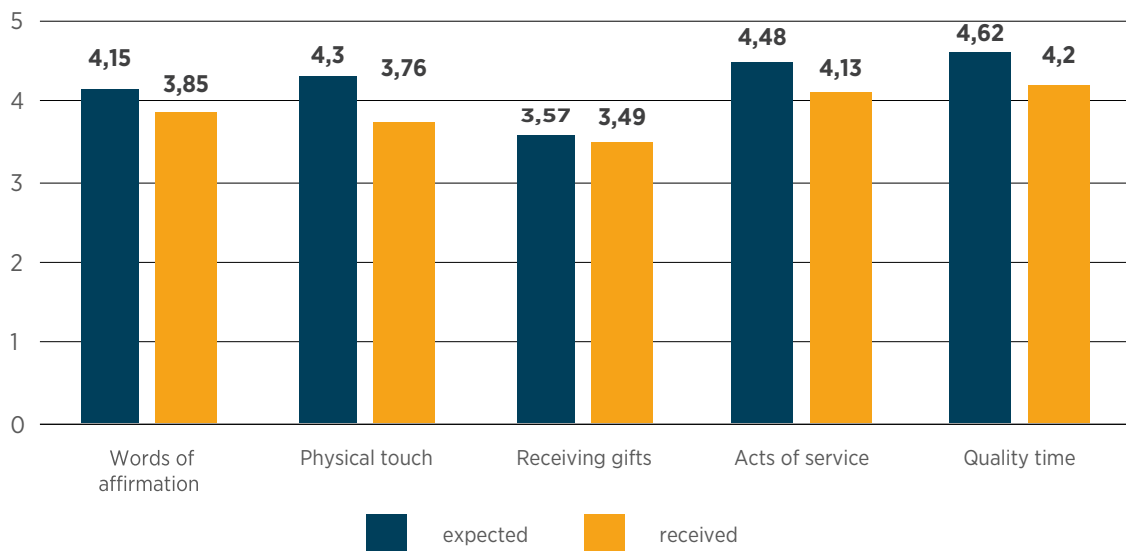


Chart 1. Forms of love – expected and received

Table 2. Correlation of discrepancy between expected and received form of love and feelings of loneliness (Kendall's Tau-b)

	Words of affirmation	Physical touch	Receiving gifts	Acts of service	Quality time
A sense of loneliness	0.108	0.104	0.004	0.215**	0.171**
Intimate Others	0.108	0.098	-0.009	0.181**	0.189**
Social Others	0.070	0.120	0.043	0.196**	0.131*
Belonging and Affiliation	0.077	0.072	-0.006	0.247**	0.153*

*p < 0.05; **p < 0.01

2.4. Discussion of the research results

The purpose of the research, the results presented in this article, was to verify the assumption that there is a relationship between the forms of showing love and feelings of loneliness in a group of young adults. Hypothesis 1 assumed that there is a discrepancy between the expected and received forms of love from loved ones in young adults. The hypothesis was confirmed in terms of expectation of affectionate touch, help from loved ones, and time spent.

Hypothesis 2 assumed that the discrepancy between the expected and experienced form of love is related to feelings of loneliness. Statistically significant results were obtained for assistance and time. These forms of showing love are related to all dimensions of feeling lonely. The resultant relationship means that the greater the discrepancy between expected and received forms of love in terms of experienced help and time, the greater the feeling of loneliness.

Research shows that young adults (16-24) are a particularly lonely demographic group in Western countries. In their study, Fardghassemi and Joffe conducted a systematic, in-depth analysis of the subjective causes of loneliness in this group. The study found that young adults from London's poorest communities experience a sense of disconnectedness because they feel misunderstood, irrelevant to others and unable to express themselves (Fardghassemi and Joffe, 2021).

S. Bakiera and M. Obrebska (2021, p. 9), in their introduction to an article on the psychological aspects of interpersonal relationships, cite Monica Tomalik's statement from "Strange times": we stroke smartphone screens more often than the hands of the people we love. Meanwhile, humans define their existence to a large extent in relation to other people, creating and sustaining diverse relationships and interpersonal relations (Pinker, 2015).

Previous research shows that people cannot function properly without close relationships with others. According to B. Wojciszke (2013), thanks to close relationships and social support, people perceive difficult situations as less threatening, resulting in less intense experience of stress and better well-being (*ibid.*). Loneliness has been linked to mental health

challenges such as anxiety and depression. Achterberh *et al.*, (2020), in their study, emphasize that these two conditions, loneliness and depression, can reinforce each other. If people with depression withdraw from relationships for various reasons and do not confide in others, they may experience loneliness, which worsens their mood, thereby perpetuating their depression.

In the formation of proper interpersonal relationships, the feeling of being loved by those closest to you plays an important role. In this process, the compatibility of expected and received forms of love transmission is important.

Life in the 21st century is characterized by a constant rush and lack of time. Time has become all the more precious. This might explain why showing love through devoting time to another person is so important. Among the respondents, most people prioritized time spent together as the most important forms of showing love ($M = 4.62$; $SD = 0.44$) and help ($M = 4.48$; $SD = 0.58$) (Table 1). The discrepancy between expectations and the experience of love within such important spheres for human beings may intensify feelings of loneliness.

If a person feels an unwillingness to share time on the part of the loved ones, this can give rise to feelings of isolation. Some researchers frame isolation as a particular dimension of feelings of loneliness/aloneness (Hawkley, 1999, after: Bednar, 2000).

Showing help towards another person can be a particularly important form of showing love, as it allows the person experiencing this expression of love to see that he or she can count on the loved ones in a difficult situation. The fact that the form of showing love through help has become particularly important may also have been influenced by the recently experienced pandemic situation in the country and the world. The time of the pandemic has dramatically intensified virtual interactions and deepened the paradox of moving away from traditional, close social relationships while seeking them far more intensely in the virtual web. Digital connections, the Internet and social media have become an integral part of individual and social life (Groarke, Berry, Graham-Wisener, McKenna-Plumley, McGlinchey, Armour, 2020; Digital: Poland, 2022).

Research confirms that communication through social media increases feelings of disconnectedness and loneliness because young adults compare themselves to others by viewing their profiles (Fardghasemi and Joffe, 2021). Research shows that while young adults seek to increase their virtual contacts to alleviate social loneliness, they may neglect their emotional needs, and therefore be at risk of experiencing emotional loneliness. In a study by Von Soet et al. on developmental trends in loneliness, the authors found that while emotional loneliness increased during adolescence in young adults, social loneliness decreased (2020). One can feel emotionally lonely even if one has significant social ties. Similarly, one can experience social loneliness despite having intimate relationships.

The long-term consequences of forced isolation during a pandemic are varied and involve the entire spectrum of reactions: post-traumatic stress, anger, frustration, boredom, financial losses, and an acute sense of loneliness (Kosowski and Frost, 2020). The sense of threat that accompanies a pandemic can also result in lowered tolerance of other people's attitudes, social divisions, or radicalization of one's own attitudes (Kossowska, Letki, Zaleskiewicz and Wichary, 2020).

Research also shows that young adults also feel deficits regarding tenderness in their relationships with loved ones. Meanwhile, tenderness is important in building deep interpersonal relationships. Researchers unanimously conclude that matching or "tuning" parental love to the emotional and physical needs of one's children early in the child's life is critical to whether children develop the ability to build attachment and interpersonal relationships (Sabey et al., 2018; Schore and Schore 2008).

Though attention was drawn to the ever-commoner occurrence of loneliness among young people already a dozen years ago (see, for example, Jakuta, 2012), the phenomenon was often underestimated or disregarded as one that does not cause direct negative consequences in the functioning of society (cf. e.g. Beutel, Klein, Brahler, Reiner, Junger, Michal, Tibubos, 2017).

Conclusions

Serious measures are required to prevent loneliness in young. The task of both parents and educators should be to develop in young people various skills that help them cope with difficult situations, including the feeling of loneliness.

Valuable solutions were presented already in 2007 by J. Mastalski that help in the integral development of a young person's personality and counteract their sense of loneliness. The author/scientist stresses the need to support young people in the development of various types of skills. These include:

- interpersonal skills, such as empathy, active listening, assertiveness, negotiation, conflict resolution, teamwork, interaction with the community;
- the ability to build self-awareness, which consists in self-assessment, identifying one's own strengths and weaknesses, building a positive self-image, including one's own body;
- the ability to build a system of values, to understand different social norms, beliefs, cultures, to counter discrimination and negative stereotypes, to work for the law, responsibility and social justice;
- decision-making skills, which include critical and creative thinking, problem solving, seeking alternatives and evaluating their value, anticipating the consequences of one's own actions, behaviour, setting goals; and
- the ability to cope with and manage stress, which consists in self-control, dealing with pressure, managing work time and resting properly, dealing with anxiety and difficult situations, and seeking adequate help (Mastalski, 2007).

The research, the results of which are presented in this article, shows that there is a correlation between the lack of experiencing love in the expected form and the feeling of loneliness. Attention ought to be devoted not only to experiencing feelings towards loved ones, but also showing them in the way most expected by the other person.

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Lifetime physical activity and the cognitive condition of adults. Research of three independent groups of Polish adults

Aktywność fizyczna podejmowana w trakcie życia a kondycja poznawcza osób dorosłych. Badania trzech niezależnych grup dorosłych Polaków¹

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Abstract: One of the typical symptoms of aging is the deterioration of the functioning level in specific cognitive areas. A significant number of research reports suggest that physical activity over the life course may be conducive to maintaining cognitive efficiency in late adulthood and old age. Aim: Research was undertaken to investigate whether the level of the reported physical activity over the life span can determine cognitive performance in the selected areas in adults. Material and methods: The material was collected from 2019. Individuals aged 40+ were invited to participate in the study. Three independent assessments were carried out in separate groups of subjects (Group 1: N = 120; Group 2: N = 90; Group 3: N = 60). A total of 270 individuals participated in the study. A questionnaire designed by the authors was used to assess the intensity of physical activity. The MoCA test, WAIS-R PL subtests, verbal fluency tests, BDI-II and DEX-S were applied to assess cognitive and emotional functions. In Group 3 the Trail Making Test was also used. Results: Linear regression analyses showed significant similarities across groups. Higher age was associated with lower cognitive performance, whereas higher level of physical activity reported by the subjects corresponded to better efficiency in the specific cognitive competencies. Physical activity was the main determinant of cognitive performance in the youngest study group (aged between 45 and 60 years). Conclusions: Older age promotes cognitive decline. Higher level of the reported lifetime physical activity positively affects cognitive functioning at later stages of life. Physical activity may play a compensatory role and support cognitive competencies in older adults, especially in operations involving executive functions. However, the relation between physical activity and cognitive performance varies depending on the age of the subjects. The older a person gets, the more important the age factor becomes for the level of cognitive functioning, and the observed impact of physical activity decreases.

Keywords: ageing, cognitive functioning, physical activity

Abstrakt: Jednym z typowych objawów starzenia się organizmu jest spadek poziomu funkcjonowania w wybranych obszarach poznawczych. Znacząca liczba doniesień wskazuje, że aktywność fizyczna podejmowana w kolejnych latach życia może sprzyjać podtrzymaniu kondycji poznawczej w okresie późnej dorosłości i starości. Cel: Podjęto badania mające na celu określenie, czy nasilenie deklarowanej aktywności fizycznej podejmowanej na przestrzeni życia może determinować sprawność poznawczą w wybranych jej obszarach u osób dorosłych. Materiał i metody: Materiał gromadzono od 2019 roku. Do badań zapraszano osoby w wieku 40+. Zrealizowano trzy niezależne badania w odrębnych grupach osób (grupa 1: N = 120; grupa 2: N = 90; grupa 3: N = 60). Łącznie w badaniach wzięło udział 270 osób. Do oceny nasilenia aktywności fizycznej wykorzystano autorski kwestionariusz; do oceny funkcji poznawczych i emocjonalnych: test MoCA, podtesty WAIS-R PL, testy fluencji słownej, BDI-II oraz DEX-S. W grupie 3 wykorzystano także Test Łączenia Punktów. Wyniki: Analizy regresji liniowej wykazały znaczące podobieństwa w grupach. Wyższy wiek wiązał się z obniżeniem sprawności poznawczych, natomiast wyższe nasilenie aktywności fizycznej raportowanej przez badanych determinowało lepszą sprawność wybranych kompetencji poznawczych. Aktywność fizyczna była głównym determinanem sprawności poznawczej dla osób najmłodszych spośród badanych, będących w wieku pomiędzy 45. a 60. rokiem życia. Wnioski: Starszy wiek sprzyja osłabieniu kondycji poznawczej. Wyższe nasilenie raportowanej aktywności fizycznej podejmowanej w trakcie życia pozytywnie kształtuje sprawność poznawczą na kolejnych etapach życia. Aktywność fizyczna może pełnić funkcję kompensacyjną i wspomagać kompetencje poznawcze u osób starszych, szczególnie w przypadku działań angażujących funkcje wykonawcze. Związek aktywności ruchowej i sprawności kognitywnych kształtuje się jednak w zróżnicowany sposób w zależności od wieku badanych. Im osoba jest starsza, tym istotniejszy dla poziomu funkcjonowania poznawczego staje się czynnik wieku, a obserwowany wpływ aktywności fizycznej maleje.

Słowa kluczowe: aktywność fizyczna, funkcjonowanie poznawcze, starzenie się

Introduction

As populations age, more and more importance is attached to possible ways of maintaining cognitive well-being in late adulthood. The process of physiological (normal) aging is associated with increasing difficulties in executive functioning, attention divisibility, psychomotor speed, as well as episodic and procedural memory (Oschwald et al., 2020). Age is also a risk factor for dementia (Krivanek, Gale, McFeeley, Nicastri, Daffner, 2021). A wealth of available evidence supports the belief that regular physical activity is associated with volumetric and functional changes in the brain that promote overall cognitive performance (Barnes, 2015) and its various dimensions in older adults (Ingold, Tulliani, Chan, Liu, 2020). Physical activity also modifies the negative impact on cognitive function produced by cardiovascular and metabolic disorders (hypertension, diabetes, obesity) and other conditions (osteoporosis, depression) (Busse, Gil, Santarém, Filho, 2009). Despite the controversies concerning the methodology which should be used to investigate the relationship between physical activity and cognitive performance in late life, it is this type of activity that has been recommended by various organisations as a way to keep up the existing capacities or to alleviate age-specific cognitive deficits (Krivanek et al., 2021).

Physical activity can favourably affect brain development and cognitive functioning from an early age, although the existing evidence suggesting benefits of exercise in the youngest subjects is inconclusive. A meta-analysis by Singh and colleagues (2019) showed that beneficial effects of physical exercise were found in children and adolescents by 10 out of 21 (48%) of the research reports taken into account. Greeff, Bosker, Oosterlaan, Visscher and Hartman (2018) observed that the positive effects of physical activity in children aged 6-12 years are particularly evident in executive function, attention and academic performance. Higher academic achievement is closely linked to better executive functioning, as executive functions are of great importance for success in school and for the emotional development of children and adolescents (Bidzan-Bluma, Lipowska, 2018).

Longitudinal studies found positive delayed effects of physical activity (regardless of its form) reflected by reduced risk of cognitive deficits and dementia. Some evidence showed a protective role of this type of activity regardless of the life stage at which it was performed (Green, Lee, Thuret, 2019). In contrast, other reports have suggested that important determinants of positive ageing include physical activity during adulthood, but not during childhood and adolescence (Reas et al., 2019). Other research reports have indicated that the baseline activity level and physical status of people aged 55+, even 6-8 years after the first measurement, are good predictors of the level of cognitive functioning and show a protective effect against age-related decline (Barnes, Yaffe, Satariano, Tager, 2003; Yaffe, Barnes, Nevitt, Lui, Covinsky, 2001). The magnitude of the protective effect depends on the amount of physical activity people engage in, and ranges from 26% for moderate levels of physical activity compared to no or low levels of physical activity (Guure, Ibrahim, Adam, Said, 2017), to 38% in those engaging in high levels of physical activity (Sofi et al., 2011).

We can also expect positive effects of past activity in the future, even after a decade of life. Rovio and co-authors (2005) showed that a lower risk of dementia at 65-79 years of age was observed in individuals who exercised at least twice a week at midlife. A meta-analysis performed by Hamer and Chida (2009), taking into account data from studies involving a total of 163,797 subjects, as well as meta-analyses of 719 articles investigating effects of physical activity on cognitive capacity in individuals aged 55+ years (Klimova, Dostalova, 2020), confirmed a positive impact of broadly understood physical activity on participants' cognitive performance, particularly in the domains of attention, verbal memory and episodic memory. Importantly, this effect was demonstrated in all the reports included in the meta-analysis, regardless of the research methodology applied. Better verbal memory and psychomotor speed at 43-55 years of age is clearly associated with better cardiorespiratory endurance 25 years earlier (Zhu et al., 2014). Low level of physical activity and excessive amount of time spent watching

TV (sedentary lifestyle) in youth to mid-adulthood are associated with poorer performance on cognitive tasks in mid-life (with lower speed of information processing and deficits in executive function, but not in verbal memory). Compared to subjects who spent little time watching TV and often engaged in physical activity, the likelihood of poor cognitive performance was almost twice as high in adults who watched TV a lot and rarely engaged in physical activity (Hoang et al., 2016).

However, the strength of the beneficial effect of exercise may diminish over time, and an important role in supporting cognitive functioning may be played by continued involvement in physical activity. Richards, Hardy and Wadsworth (2003) showed that, although engagement in physical activity at 36 years of age is associated with slower memory decline between 43 and 53 years of age, those who continued to be physically active at 43 years of age had better memory at 53 years of age than the subjects who had stopped exercising at this stage of life. Related evidence was also reported by Middleton, Barnes, Lui and Yaffe (2010) who carried out a study involving 9,344 females aged 65+ years. The participants rated their physical activity during adolescence, at the age of 30, at the age of 50 and in late life. Cognitive performance was measured using the modified Mini-Mental State Examination (mMMSE). Women who were physically active at any stage of their lives, compared to those who were not active, were less likely to exhibit cognitive impairment in late adulthood. Out of all the periods over the course of life, physical activity during adolescence was most significantly related to the reduced likelihood of cognitive impairment in late life. Furthermore, Dik, Deeg, Visser and Jonker (2003) observed that retrospectively reported regular physical activity at age 15-25 correlated with speed of information processing at an older age (62-85 years). This correlation was not explained by current physical activity or other lifestyle factors, but it was only found in men. At the same time, these researchers found no association between physical activity at young age and overall cognitive functioning, as measured by the MMSE test.

Studies investigating the relationship between physical activity and cognitive functions present certain methodological issues possibly explaining why

the findings are inconsistent. The most important problems include: different definitions of physical activity, its nature, frequency and intensity, as well as the lack of longitudinal measurements or their varying duration (Blondell, Hammersley-Mather, Veerman, 2014). The way physical activity is measured also poses certain problems. Researchers most commonly apply self-report questionnaire-based methods because they are inexpensive to use (Inneret et al., 2015). They most commonly focus on activities performed during the preceding seven days. For example, International Physical Activity Questionnaire-IPAQ (Booth, 2000) measures duration of activity related to work, mobility, housework and caring for family, sports and recreation, as well as sedentary activities. Similar in nature is the Global Physical Activity Questionnaire (GPAQ) which was constructed in 2002 under the aegis of the World Health Organisation (WHO) (Bull, Maslin, Armstrong, 2009).

The concerns related to self-reporting techniques arise from the fact that respondents tend to rate their physical activity higher compared to that which is measured with objective methods (Wasilewska, 2017). Other limitations of questionnaire methods have also been pointed out (Finger et al., 2015). These include: difficulty in estimating the time, frequency and intensity of physical activity, sometimes difficulty in distinguishing between physical activity and exercise, problems with recalling facts, or understanding the relationship between physical activity and gender or cultural factors (Booth, 2000). Due to the limitations of self-report instruments, other tools used in addition to these subjective methods enable objective assessment of physical activity, i.e. a pedometer or accelerometer. A study of women aged 50-64, which applied an abridged version of the IPAQ-S questionnaire and an accelerometer, showed poor correlations between the two measures (Bergier et al., 2020). Conversely, a study of 419 healthy adults showed significant correlations between intensity of physical activity assessed subjectively or measured using an accelerometer and mental well-being, depression and pain intensity (Panza, Taylor, Thompson, White, Pescatello, 2019). Augner and Wagnild (2020) also point out that objective techniques do not take into account the context of physical activity or sedentary lifestyle.

1. Purpose of the study

Three independent studies were carried out in separate groups of people over 40 years of age, in order to investigate whether the level of reported physical activity in which they engaged in the course of life is a determinant for cognitive performance in selected domains. A total of 270 subjects took part in the whole study.

2. Material and methods

The related assessments were carried out from 2019, during individual meetings conducted by two psychologists. Interested persons were invited to participate, while others were recruited using the snowball technique. Three independent studies were performed. The project was approved by the Research Ethics Committee at the UMCS Faculty of Education and Psychology (No. 41/2020). Eligibility criteria for participation were as follows: age 40+, voluntary participation in the study, health status and cognitive capacity making it possible for the subjects to perform cognitive tasks, independence in activities of daily living and a declaration stating a lack of psychiatric conditions. Participants were informed of the scientific purpose of this study and that they could withdraw at any time.

The following tools were used in all the three studies:

Specially designed questionnaire covered demographics and individual data, and asked about physical activity during (a) childhood and at young age, as well as (b) adulthood and at present. Participants were asked to take into account not only typical sports and exercise, but also physical strain related to hobbies or other daily chores (e.g. gardening). The participants' rated their physical activity by selecting the item matching their response. Each item corresponded to a number of points (Likert scale); in part (a) *Very rarely—only in PE classes and during daily routines* = 0 points; *Rarely, usually in PE classes and sometimes outside school (e.g. football, cycling, skating, gardening) and during daily routines* = 1 point; *Not only in PE classes and during daily routines but*

also outside school, however irregularly = 2 points; *In PE classes and during daily routines, as well as some additional engagements on a regular basis* = 3 points; *Consistently—not only during PE classes or daily routines but also additional engagements, e.g. in sports clubs (e.g. swimming, running, gardening, etc.)* = 4 points, and in part (b): 0 points = *I do not engage in sports or exercise – physical activity only during daily routines*; 1 point = *Besides daily routines, infrequent and irregular activity (e.g. from time to time taking a walk or gardening)*; 2 points = *Yes, not only daily routines but also additional engagements, but irregularly (e.g. longer walks, jogging, cycling, etc. once a month)*; 3 points = *Besides daily routines, some additional engagements on a regular basis (e.g. once a week)*; and 4 points = *If possible, I engage consistently (a few times a week), in such activities as walking, swimming, jogging, cycling, etc.* Both in part (a) and in part (b) the participants could score a maximum of 4 points, with a total of 8 points. A higher score reflected frequently and regularly performed physical activity, usually linked with involvement in sports clubs or pursuit of a hobby.

The questionnaire also included questions on gender, education level, place of residence, occupational activity, addictions (No; Yes—nicotine, alcohol, other) and medical conditions (No; Yes—hypertension, diabetes, obesity, neurological diseases e.g. MS, Parkinson's disease).

Assessment of cognitive and emotional functioning was performed using:

- a. verbal fluency tasks (five categories: semantic fluency (Animals); phonemic fluency (production of words starting with the letter K; verb—production of words prompted by the following clue: what a person does? and two emotional fluency tasks, involving recall of words coming to mind in response to the clues: Joy and Fear). Each task took one minute to complete, and the analyses took into account the number of correct answers, i.e. words that corresponded to the given category, with no repetitions, neologisms or inflected forms of words. Verbal fluency involves executive functions, language resources, attention, working memory, immediate and semantic memory (Szepietowska, Gawda, 2011).

- b. MoCA test (Montreal Cognitive Assessment scale) (Nasreddine et al., 2005). It is a screening tool used to detect cognitive deficits. It assesses short-term memory, visuospatial and executive functions, language, verbal fluency, attention, naming, abstracting and orientation in time and place. Scores in MoCA test are in the range of 0-30 points. A score ≥ 26 points shows there are no cognitive difficulties (www.mocatest.org).
- c. WAIS-R PL subtests: Forward Digit Span, Backward Digit Span, and Vocabulary (Brzeziński et al., 2004). Forward Digit Span subtest assesses the efficiency of attention and immediate (auditory) memory, whereas Backward Digit Span subtest additionally involves working memory, as well as the ability to inhibit the habitual process of memorising and reproducing. The Vocabulary subtest assesses semantic memory, verbal intelligence and language competence. Raw scores were included in the analyses.
- d. BDI-II (Beck Depression Inventory) – the Polish version (Łojek, Stańczak, 2019). The tool is designed to assess intensity of depression.
- e. Dysexecutive Questionnaire/Self (DEX-S) subtest of Behavioural Assessment of the Dysexecutive Syndrome, BADS). DEX-S is used as a self-report measure to describe the severity of executive difficulties in daily life. It consists of 20 questions relating to various behaviours and situations engaging executive functions. The respondent provides answers corresponding to scores on a Likert scale, ranging from 0 (never) to 4 (very often). A high score (a range of 0–80 points) indicates that the person perceives greater difficulty in performing tasks involving executive functions (Wilson, Alderman, Burgess, Emslie, Evans, 1996).

The third study additionally used the Trail Making Test – part A and B (Lezak, Howieson, Bigler, Tranel, 2012). Part A consists of 25 circles with numbers, and the subject is to connect these following the order of the numbers; Part A measures psychomotor speed, attention and visual scanning. Part B consists of circles with letters and numbers – these are to be connected in line with alternating sequencing (1-A-2-B-3-C, etc.); this task to a greater degree than Part

A engages cognitive flexibility. Both parts are to be performed as quickly as possible – time is the measure of performance, however the examiner is to draw the subject's attention to errors (which increases the time). There is no Polish version, however the tool is frequently used in assessing cognitive functions.

Statistical analyses, performed using IBM SPSS v. 25 and 26, included one-way ANOVA for comparison of the independent results in the three groups, with post-hoc tests, and Pearson's χ^2 test of independence, and with Cramer's V test. To assess whether cognitive performance was determined by the level of physical activity, a series of linear regression analyses were performed (separately for each cognitive task and for groups 1-3). Scores in the cognitive tests were regarded as the response variables, whereas age and the total score for physical activity in part (a) and (b) of the questionnaire were defined as explanatory variables (predictors). Age as a predictor was not correlated to the self-reported physical activity (Group 1: $r = -0.13$, $p = 0.08$; Group 2: $r = -0.011$, $p = 0.46$; Group 3: $r = 0.17$, $p = 0.09$).

3. Characteristics of the study participants

Group 1. The participants (N = 120) ranged in age between 44 and 84 years (M = 57.42, SD = 10.48). Women were a majority. 60% of the participants reported existing metabolic diseases, including hypertension and diabetes, as well as endocrine disorders. Participants reporting secondary or higher formal education outnumbered those with primary education. The respondents were from urban areas – large cities and small towns (n = 37, i.e., 30.8% in each category) and from rural areas (n = 46; 38.4%). Working individuals constituted more than half of the group. Those with medical conditions reported slightly lower level of physical activity over the course of life (M = 3.41, SD = 2.07), compared to the subjects with good health status (M = 4.15, SD = 2.38; $t = 2.017$, $p = 0.09$).

Group 2. The study involved 90 individuals aged 40-81 years (M = 53.04, SD = 8.94). Over half of these were women. More than one in two respondents

Table 1. The characteristics of the three groups

Variables	Group 1 N = 120 n (%)	Group 2 N = 90 n (%)	Group 3 N = 60 n (%)	χ^2 (p) Cramer's V
Gender				
- female	75 (62.5%)	61 (67.8%)	46 (76.7%)	3.66 (p = 0.16)
- male	45 (37.5%)	29 (32.2%)	14 (23.3%)	
Chronic medical conditions				
- yes	72 (60%)	42 (46.7%)	26 (43.3%)	5.90* (p = 0.052) Cramer's V = 0.15
- no	48 (40%)	48 (53.3%)	34 (56.7%)	
Level of education				
- primary	14 (11.7%)	26 (28.9%)	8 (13.3%)	11.48* (p = 0.03) Cramer's V = 0.21
- secondary and tertiary	106 (88.3%)	64 (71.1%)	52 (86.7%)	
Employment status				
- professionally active	78 (65%)	59 (65.5%)	40 (66.7%)	0.049 (p = 0.98)
- pension/ unemployment	42 (35%)	31 (34.5%)	20 (33.7%)	
Addiction				
- yes	32 (26.7%)	30 (33.3%)	14 (23.3%)	2.014 (p = 0.37)
- no	88 (73.3%)	60 (66.7%)	46 (76.7%)	

Variables	M (SD)	M (SD)	M (SD)	F (p) and post-hoc comparisons
Level of physical activity	3.71 (2.16)	4.21 (2.20)	4.20 (2.08)	1.764 (p = 0.17)
Age	57.40 (10.48)	53.04 (8.94)	56.84 (9.87)	5.445** (p = 0.005) 1-2 p = 0.005** 1-3 p = 0.93 2-3 p = 0.07
Semantic fluency	20.22 (7.25)	22.11 (6.54)	22.57 (6.63)	3.09 (p = 0.06)
Verb fluency	18.25 (6.59)	18.79 (5.59)	19.38 (5.53)	0.721 (p = 0.49)
Joy fluency	10.87 (4.59)	11.40 (6.53)	10.22 (4.85)	0.874 (p = 0.42)
Fear fluency	9.73 (4.77)	9.71 (4.87)	8.20 (4.22)	2.457 (p = 0.09)
phonemic fluency	17.73 (6.40)	17.77 (4.87)	17.42 (5.12)	0.079 (p = 0.92)
Forward Digit Span	6.09 (1.91)	6.00 (1.81)	6.90 (2.19)	4.503* (p = 0.02) 1-2 p = 0.94 1-3 p = 0.02* 2-3 p = 0.016*
Backward Digit Span	5.41 (2.03)	5.68 (1.79)	6.02 (1.87)	5.68 (p = 0.13)
Vocabulary	41.99 (15.28)	46.21 (14.09)	39.42 (16.22)	3.964* (p = 0.02) 1-2 p = 0.11 1-3 p = 0.53 2-3 p = 0.02*
MoCA (sum)	26.05 (3.54)	27.32 (2.35)	27.17 (2.55)	5.552** (p = 0.004) 1-2 p = 0.006** 1-3 p = 0.04* 2-3 p = 0.96
BDI II	11.04 (8.07)	10.53 (7.39)	10.75 (9.04)	0.104 (p = 0.90)
DEX-S	19.46 (10.65)	23.77 (11.98)	24.00 (11.65)	5.038** (0.007) 1-2 p = 0.02* 1-3 p = 0.03* 2-3 p = 0.99
TMT A (time/sec)	-	-	64.37 (53.95)	-
TMT B (time/sec)	-	-	92.58 (57.46)	-

*p≤0.05; **p≤0.01.

reported secondary or higher education, and represented working population. More than one in three respondents were from urban areas (36.7%, $n = 33$), and the others lived in large cities ($n = 31$) or small towns ($n = 26$). Existing medical conditions, mainly hypertension, was reported by less than half of the respondents. There were no differences in the level of physical activity reported by those with medical problems ($M = 4.25$, $SD = 2.17$) and the healthy individuals ($M = 4.17$, $SD = 2.24$; $t = -0.17$, $p = 0.86$).

Group 3. The final study took into account 60 individuals aged 43-80 years ($M = 56.85$, $SD = 9.87$). Women accounted for nearly 80% of the group. Majority of the subjects reported either secondary or higher education. Likewise, majority of the study participants were from small towns and rural areas (48.3% and 28.3%, respectively). Less than 50% of the subjects reported such medical conditions as hypertension, diabetes or obesity. The subjects affected by chronic diseases ($M = 4.42$, $SD = 2.21$) did not differ from those with no such problems ($M = 4.09$, $SD = 1.99$) in terms of the reported physical activity ($t = 0.72$, $p = 0.47$).

No associations were found between gender, type of occupation, or frequency of reported addictions and group composition (Table 1). In contrast, a correlation was shown between education level and group composition: each group predominantly comprised individuals with at least secondary education. The value of Cramer's V suggests that the relationship is weak. There was also a relationship between the self-reported health status and the group composition, at a level of statistical trend. The value of Cramer's V shows there is a weak association between the variables. The findings show that the groups were similar in terms of the individual and the demographic characteristics.

Consideration of quantitative variables showed no differences between the groups as regards the reported level of physical activity over the course of life, the number of words correctly produced in verbal fluency tests, as well as scores in BDI-II and Backward Digit Span test. Group 2 was significantly younger than Group 1. There were significant differences as regards other variables. Forward Digit Span test was most effectively performed by Group 3, which also achieved the poorest result in the Vocabulary subtest

of WAIS-R PL. On the other hand the lowest scores in MoCA were identified in Group 1 participants who were also significantly less likely to complain about executive function (DEX-S).

Frequencies, means, standard deviations and comparative results are shown in Table 1.

4. Results

4.1. Group 1

Table 2 contains results of multivariate regression analyses for Group 1.

All the models (Table 2) were found to fit the data well. Age was the main predictor of performance in cognitive tasks: older age was conducive to lower scores. Furthermore, depression symptoms (BDI-II) and a sense of executive dysfunction in daily life (DEX-S) also increased with age. Age and self-reported physical activity jointly determined performance in three verbal fluency tasks, although the latter factor determined performance in these tests to a lesser extent than age. In this case, higher level of physical activity was positively associated with correct performance in these tests, whereas older age, like in the previous case, was conducive to poorer performance in verbal fluency tests.

4.2. Group 2

In these analyses (Table 3), a few models were found to fit the data well, and physical activity was shown to be the only determinant of performance in some tasks. Higher level of this type of activity corresponded to better scores in two verbal fluency tasks, better language efficiency (Vocabulary) and higher general cognitive capacities (MoCA). The variable of physical activity explains between 21% and 31% of the relationships between the variables.

4.3. Group 3

In the final study (Table 4), majority of the models were found to fit the data well. Age significantly determined the results obtained: higher age was conducive

Table 2. The determinants of test/task results: Multivariate Regression Analysis (enter method) (N = 120)

Variables	F (p)	R 2adj	Age (β)	Level of physical activity (β)
Semantic fluency	17.29*** (0.001)	0.21	- 0.43*** (0.001)	0.15* (0.05)
Verb fluency	14.89*** (0.001)	0.19	- 0.41*** (0.001)	0.14* (0.05)
Joy fluency	16.64*** (0.001)	0.21	- 0.39*** (0.001)	0.22** (0.008)
Fear fluency	7.67*** (0.001)	0.10	- 0.34*** (0.001)	0.004 (0.96)
Phonemic fluency	14.05*** (0.001)	0.18	- 0.44*** (0.001)	-0.07 (0.47)
Forward Digit Span	9.81*** (0.001)	0.13	- 0.34*** (0.001)	0.14 (0.12)
Backward Digit Span	11.89*** (0.001)	0.15	- 0.41*** (0.001)	-0.07 (0.41)
Vocabulary	17.67*** (0.001)	0.22	- 0.48*** (0.001)	0.02 (0.77)
MoCA (sum)	39.26*** (0.001)	0.39	- 0.64*** (0.001)	-0.03 (0.65)
BDI II	22.89*** (0.001)	0.27	0.53*** (0.001)	-0.009 (0.90)
DEX-S	6.40** (0.002)	0.08	0.32*** (0.001)	0.05 (0.54)

*p≤0.05; **p≤0.01; ***p≤0.001.

Table 3. The determinants of test/task results: Multivariate Regression Analysis (enter method) (N = 90)

Variables	F (p)	R 2adj	Age (β)	Level of physical activity (β)
BDI II	1.21 (0.30)			
DEX-S	0.44 (0.65)			
Semantic fluency	0.47 (0.63)			
Verb fluency	1.07 (0.35)			
Joy fluency	2.74* (0.05)	0.04	-0.08 (0.42)	0.23* (0.03)
Fear fluency	0.68 (0.51)			
Phonemic fluency	3.24* (0.04)	0.05	0.11 (0.29)	0.24* (0.02)
Forward Digit Span	0.82 (0.44)			
Backward Digit Span	1.78 (0.17)			
Vocabulary	2.52* (0.05)	0.03	0.11 (0.27)	0.21* (0.05)
MoCA (sum)	4.59* (0.02)	0.07	0.01 (0.92)	0.31** (0.003)

*p≤0.05; **p≤0.01.

Table 4. The determinants of test/task results: Multivariate Regression Analysis (enter method) (N = 60)

Variables	F (p)	R 2adj	Age (β)	Level of physical activity (β)
BDI II	3.57* (0.035)	0.08	0.04 (0.76)	-0.34** (0.01)
DEX-S	1.83 (0.17)			
Semantic fluency	6.65** (0.003)	0.16	-0.44*** (0.001)	0.07 (0.58)
Verb fluency	3.19* (0.049)	0.07	-0.32* (0.014)	0.07 (0.61)
Joy fluency	3.03* (0.044)	0.07	-0.25* (0.05)	-0.17 (0.19)
Fear fluency	2.45 (0.09)			
Phonemic fluency	1.33 (0.27)			
Forward Digit Span	5.98** (0.004)	0.15	-0.29* (0.02)	0.35** (0.005)
Backward Digit Span	12.74*** (0.001)	0.28	-0.42*** (0.001)	0.45*** (0.001)
Vocabulary	6.74** (0.002)	0.16	-0.44*** (0.001)	0.04 (0.72)
Moca (sum)	8.42*** (0.001)	0.20	-0.43*** (0.001)	0.29* (0.014)
TMT A (time/sec)	5.45** (0.007)	0.13	0.39** (0.002)	0.02 (0.89)
TMT B (time/sec)	12.66*** (0.001)	0.28	0.54*** (0.001)	-0.26* (0.024)

*p≤0.05; **p≤0.01; ***p≤0.001.

to lower scores in cognitive tasks and longer time in TMT B task. On the other hand, higher levels of physical activity over the course of life corresponded to lower depression symptoms, longer sequences of digits reproduced forward and backward, better general cognitive capacities (MoCA), and shorter time needed to perform TMT B.

5. Discussion

While recapitulating the results of three independent studies involving a total of 270 adult Poles, the authors observed a general pattern: there is an age-related decline in performance in cognitive tasks, both those assessing general cognitive capacities (MoCA) and those involving memory, attention and executive processes, whereas greater self-reported levels of physical activity are conducive to better performance in cognitive tasks. This applies to tasks assessing executive functions (TMT B; verbal fluency), attention and short-term memory (Forward Digit Span), working memory (Backward Digit Span) or general cognitive capacity (MoCA). The current findings are consistent with earlier studies which have reported an age-related decline in the efficiency of certain cognitive functions (Oschwald et al., 2020), and positive effect of physical activity on executive functions, attention and overall cognitive functioning (Colcombe, Kramer 2003; Krivanek et al., 2021; Middleton et al., 2010; Pniewska et al., 2012), thereby demonstrating importance of regular physical activity introduced from an early age as an intervention to promote more effective cognitive functioning in late adulthood.

Engaging in physical activity during earlier stages of life positively affects the process of cognitive aging, because it contributes to development of brain and cognitive reserves. Brain reserve comprises structural characteristics of the CNS, such as the number of synapses or neurons, and functional features, i.e. the network of connections, which make it possible to maintain cognitive capacities despite the typical age-related pathological changes or disorders affecting the CNS (Stern et al., 2020). Longitudinal studies taking into account multiple risk factors for

cardiovascular and neurodegenerative diseases (e.g., hypertension, lipid levels, diabetes, obesity, history of stroke, depression, nicotine use, APOE status and low education level) have shown that physical activity significantly reduces the risk of dementia (Cheng, 2016). The mechanism through which physical activity favourably affects cognitive functioning is based on various structural and functional processes of the CNS. It involves improvements in respiratory function, and cerebral perfusion, stimulation of brain-derived neurotrophic factor (BDNF), regulation of oxidative stress and inflammatory response processes, enhancement of neural network function (Boraxbekk, Salami, Wåhlin, Nyberg, 2016), as well as slowing of tau protein deposition (Krivanek et al., 2021). It produces structural changes in the region of the hippocampus (increase in proliferation and survival of cells and synapses in dentate gyrus), which are beneficial for learning and memory processes (Krivanek et al., 2021), as well as volumetric changes in the prefrontal cortex (Erickson, Gildengers, Butters, 2013) and parietal cortex (Castells-Sánchez et al., 2021), which are beneficial for executive functions. All of these have a protective effect on cognitive function, hence physical activity is an important element contributing to cognitive reserve, jointly with intellectual activity or social interactions. Physical activity also positively affects cognitive competences in an indirect way, owing to social interactions that accompany physical activity and by minimising negative emotionality (Castells-Sánchez et al., 2021; Krivanek et al., 2021). Moreover, physical activity as a factor stimulating cognitive capacities in late adulthood also plays an important role, for example, by preventing head injuries common in senior citizens and increasing independence in everyday life (Zhu, Li, Wang, Jin, Zhang, 2020).

The positive effect of physical activity on cognitive functioning observed in the current study was found to be significantly smaller than that of age. Both variables jointly explained a small percentage of the variance in the results, with the variable of physical activity explaining less than age. The correlational nature of the research in combination with the small percentage of variance explained by the factors taken into account suggests the possibility

that both physical activity and cognitive status of older people may be significantly dependent on or related to other factors which support the aging process and were not included in this study.

It is also noteworthy that the results obtained in the three reported studies are not uniform, i.e. age, physical activity and the interaction of these variables do not always explain performance on the same tasks. It was only study 2 that systematically showed a positive relationship between physical activity level and the scores in the cognitive tasks, excluding the variable of age. Individuals in this group on average were younger and acquired the best results in Vocabulary subtest and in MoCa, compared to the remaining groups. The lack of the relationship between task performance and age in this youngest group may be linked to the fact that the group included people aged 40-45. The process of cognitive ageing is not linear; until around 50 years of age, the relationship between age and cognitive performance is not as strong as at the later stages, and deficits are evident from 60 years of age onwards (Oschwald et al., 2020). At the same time, the lack of differences between the groups in terms of the reported amount of physical activity may suggest that the same dose of physical activity produces different effects in cognitive functioning, depending on the age group. Younger individuals may benefit more from interventions involving physical activity; in their case age-related cognitive decline is much less severe and therefore does not significantly interfere with the positive effects of exercise on the body. On the other hand, the benefits of physical activity are also observed in older people (Hillman et al., 2006). Other studies show that exercise produces different effects in various cognitive domains in individuals representing different age groups. For example, Spartano and co-authors (2019) reported that in middle-aged individuals physical activity produced greater beneficial effects in verbal memory, whereas in older people better effects were observed in executive function. The latter findings are consistent with the results of the current study which showed that higher level of physical activity in Group 2, with the lowest mean age, was related to better performance in the task involving language competences and semantic memory (Vocabulary), whereas in the groups with higher mean

age physical activity was related to performance in the tasks to a greater extent engaging executive functions (i.e. Group 1: verbal fluency, Group 3: Backward Digit Span and TMT B).

Another explanation for these results may be linked to the fact that older people are likely to misreport retrospective data, e.g. by overstating the reported level of physical activity. Although self-reported measures are commonly used, they generally present a risk of response distortion. Precision of self-reports on engaging in physical activity earlier in life may be affected not only by the respondent's age (Andrews, Herzog, 1986; Bielak, 2010), but also by his/her cognitive status (Knäuper, Belli, Hill, Herzog, 1997). In the current study, the findings showed the lowest association between physical activity and cognitive performance in Group 1, which comprised individuals with the highest mean age and the lowest level of general cognitive capacities, despite the fact that the reported level of physical activity was similar to that in the other groups. It cannot be ruled out that the observed weak relationship between physical activity and cognitive performance in this group of subjects is an effect of the self-report method applied to acquire the data used as an indicator of physical activity. To perform in-depth analysis and explore the possible explanations for the observed effects, it would be worthwhile to conduct research investigating the effects of physical activity on cognitive functioning in different age groups in a randomised controlled trial (RTC) model, with the additional use of objective indicators (i.e., pedometer or accelerometer).

Finally, two variables seem to be of interest, i.e. gender and formal education of the participants, since these may be relevant to the findings. All the groups predominantly comprised females and individuals with at least secondary formal education. Various research reports suggest that girls/women are less likely to engage in physical activity in unstructured settings (e.g. during leisure time) in favour of activity during daily routines (Ransdell, Vener, Sell, 2004). This, in particular, may apply to the females participating in our study who were born before and during the period of Poland's political transition. Irrespective of gender, participation in physical activities is most common in children and adolescents, and it decreases in early adulthood (Schulze et al., 2020).

Low level of physical activity is observed particularly in individuals aged 55+ (Notthoff, Reisch, Gerstorff, 2017). In turn, a higher level of education is linked with greater awareness of health-promoting effects of physical activity, and with a greater likelihood of taking up occupations which contribute to one's cognitive competences but are also frequently associated with sedentary work (Shaw, Spokane, 2008). By contrast, lower level of formal education is conducive to engaging in physical work, linked with greater likelihood of deteriorating health and lower tendency to engage in additional activities. Hence, further research focusing on cognitive capacities in late life should take into account the factors of gender and education in relation to physical activity.

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Conclusions

1. Self-reported higher level of physical activity over the course of life positively impacts cognitive performance at old age.
2. While age promotes cognitive decline, physical activity can play a compensatory role and support cognitive competences, especially those related to executive functions.
3. Physical activity rather than age was the main determinant of cognitive performance in the youngest participants, i.e. those aged 45–60 years. This may suggest that the relationship between this type of activity and cognitive capacities may depend on the subjects' age.

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Parental attitudes of fathers and daughters' self-esteem and stress management style in the period of early adulthood

Postawy rodzicielskie ojców a samoocena i styl radzenia sobie ze stresem córek w okresie wczesnej dorosłości¹

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Abstract: The article addresses the issues of parental attitudes of fathers, as assessed in retrospect by their daughters, currently in the period of early adulthood, in the context of the women's self-esteem and stress management style. The aim of the research was to examine to what extent parental attitudes of fathers are correlated with the self-esteem of their adult daughters and the way in which they cope with difficult and stressful situations. It was assumed that fathers' attitudes related to autonomy and acceptance are positively correlated with a higher level of overall self-esteem and all its components, as well as with a more effective, task-based stress management style. On the other hand, negative attitudes, including rejection, over-protective, excessively demanding attitude and inconsistency, were assumed to be correlated with a lower level of overall self-esteem and all its components, as well as less effective, emotional and avoidance-based coping style in stressful situations. The study group comprised 100 women in their early adulthood.

Keywords: Daughters' self-esteem, daughters' stress management style, parental attitudes of fathers

Abstrakt: Artykuł podejmuje problematykę postaw rodzicielskich ojców w retrospektywnej ocenie ich córek znajdujących się w okresie wczesnej dorosłości w związku z ich samooceną i stylem radzenia sobie w sytuacjach stresowych. Celem przeprowadzonych badań było sprawdzenie, jak postawy rodzicielskie ojców w retrospektywnej ocenie ich córek wiążą się z samooceną dorosłych kobiet oraz na to, w jaki sposób podchodzą one do sytuacji trudnych, stresowych i jak sobie z nimi radzą. Założono, że postawy ojców związane z autonomią i akceptacją będą wiązać się z wyższym poziomem samooceny ogólnej jak i wszystkich jej komponentów oraz skutecznym stylem radzenia sobie ze stresem - stylem zadaniowym. Natomiast postawy nacechowane negatywnie, czyli odrzucenie, nadmierne ochranianie, nadmierne wymaganie i niekonsekwencja będą powiązane z niższym poziomem samooceny ogólnej i jej wszystkich komponentów, jak i mniej skutecznymi stylami radzenia sobie w sytuacjach stresowych - emocjonalnym i unikowym. Badaniem objęto 100 kobiet w okresie wczesnej dorosłości.

Słowa kluczowe: Postawy rodzicielskie ojców, radzenie sobie ze stresem córek, samoocena córek

Introduction

According to Sławomir Tykarski (2015, p. 393), daughters "need a father to grow up knowing that they are loved by the very first man in their life. Fatherly love is a signal to them that they can also be loved by other people and makes them learn what kind of love and respect they should expect from others." Fathers play diverse role in their daughters' lives, by influencing moral, intellectual, emotional

or gender-related spheres of development, as well as the process of socialisation, which has an impact on their adulthood (ibidem).

Psychological research and the literature on the subject presents different findings as to the correlation between parental attitudes of fathers and children's functioning in adult life (cf. Fecenec, 2008; Sabaj-Sidur, 2018; Wałęcka-Matyja, 2019). The research

¹ Artykuł w języku polskim: <https://www.stowarzyszeniefidesetratio.pl/fer/2023-1Wery.pdf>

conducted by the author of this paper verified this discrepancy in the results obtained, corroborating the positive correlation and the importance of the parental attitudes of fathers for their daughters self-esteem and stress management style in early adulthood.

1. Father's figure

According to Josh McDowell and Norm Wakefield (1993, pp. 20-23), a father is, "someone present every day, whose presence makes one happy. He is the first person one runs to in distress, a kind of familiar and safe haven for a child to take refuge in from danger. He is a close friend, a joyful companion and a support in difficulties." The authors emphasise the role of the father as a guide and advisor for the child and a person to be relied on, a person who shows the child the true picture of the world. He is close to the child and inspires trust (McDowell, Wakefield, 1993).

When describing the concept of father and fatherhood, Wioletta Ośkiewicz (2012) draws attention to the biological, spiritual and legal aspects. The biological aspect is related to the blood ties formed through the union between a man and a woman and children born from such a union. The spiritual aspect of fatherhood is reflected in the personal outlook on man. In turn, from a legal point of view, the father is the man who holds legal parental custody over the child (ibidem).

In addition to the aforementioned three aspects of fatherhood, Tomasz Sosnowski (2014) also adds the pedagogical aspect. This aspect is related to the father's participation in childcare, as well as in the whole process of upbringing, providing economic security and preparing the child for participation in culture. It is also related to the relationship between father on the one hand and child and mother on the other in the process of upbringing. The author emphasises that preferably these relations should be based on interaction (ibidem).

Tatiana Senko (2018) argues that fatherhood is based in particular on a spiritual bond. The father-child relationship is mutually beneficial. The father should ensure the development of all family members. The author emphasises that the mother

and the father have equally important roles in the family, complementing each other and influencing the development of the child's personality (ibidem).

Anna Więclawska (2020, p. 8) compares the role of the father to a person who holds "the fate of the world in his hands". The author points out that if the father is missing in the child's life or someone else tries to replace him, "a gap will open up that cannot be filled. A permanent crack will appear in the personality of the child. The lack of a good father is a significant factor in numerous social pathologies." The author compares fatherhood to a mission, a vocation worthy of respect (Więclawska, 2020).

The father's figure is shaped by the fact of being a male and through his relationship with his spouse (Senko, 2018). Psychology emphasises the importance of good relationship and bonding between spouses in order for them to be good parents and to provide the sense of security, as well as ensure proper psychological and social development of their children (ibidem). A study conducted by Małgorzata Weryszko (2022) showed the relationship between the style of parental care exercised by fathers and the quality of their marital relationship. Based on the results, the author identified three groups of fathers: poor, average and good, whose low, average or high paternal involvement was associated with low, average or high marital satisfaction, respectively (ibidem).

1.1. The modern father

Over time, the involvement of fathers in raising children has undergone significant changes (Olcoń-Kubicka, 2009). A few decades ago, fathers used to be more passive, absent, and their involvement in raising children was mainly about being someone to be feared by the children when they did something wrong. Interactions between fathers and children were based on distance, respect for elders, rules and discipline. Nowadays, fathers are more actively involved in raising children, devoting more time to them. Parents and children also have a closer and more horizontal relationship (ibidem).

Nowadays, when families have both traditional, modern and postmodern features (Biernat, 2014), the role of the father in the family needs to be re-

defined (cf. Weryszko, 2021). Given rising female labour force participation and women's ambition to be equal partners for men (both at work and private life), there is a growing need for an equal distribution of childcare-related responsibilities between spouses.

M. Olcoń- Kubicka (2009), when describing the portrait of the modern father, argues that securing livelihood remains the primary function of the father, but what is also expected of him is being a dad to the child. The father's main responsibilities include participating in the preparations for childbirth, taking care of the newborn's hygiene, playing with older children, through which he builds his relationship with them, as well as participating in discussions and decisions related to parenting. The father does not take the place of the mother, but joins her in the child-rearing process (ibidem).

Katarzyna Zielińska- Król (2013) points out a number of changes in the society, especially since the middle of the twentieth century, in particular with regard to the concepts of fatherhood and motherhood. The author emphasises that these changes are often referred to as a crisis. However, fatherhood should not be considered as undergoing a crisis, but being in the process of a revolution, which was the basis for coining the term new fatherhood. The "new" father is expected to be affectionate, respond to the child's developmental needs and have no problem with establishing a relationship with the child, while at the same time taking care of household chores and finding time for own passions, instead of being a patriarchal father (ibidem).

Such a transformation of the father's role is expected to result in greater appreciation of the father's role and participation in family life, while at the same time giving the father satisfaction from his relationship with his child. Research shows that the support and recognition of the father's role by the child's mother is important for the father's involvement in parenting (Fagan, Cherson, 2017; Yan et al, 2018; Gallegos et al, 2019). It may also result from the father's greater maturity and awareness of his own role in the child's life (cf. Dakowicz, 2014; Adamsons, Pasley, 2016).

1.2. Fatherhood in the context of the relationship with daughters

According to Joanna Grochal and Beata Przyborowska (2000, p. 63), "positive relations between the child and father are a necessary condition for the child's gradual achievement of social maturity". The authors emphasise the father's presence in the family life as perceived by the child, as well as his active participation in the parenting process. Maria Braun-Gałkowska (2008) points out that through the presence of the father the child naturally learns to function as part of a social group. "Being a father is about placing the child from the very beginning in a proper social context putting greater demand on contact with others compared to contact with just one loving person" (ibidem, p. 180).

Showing a good example of a father's and mother's love—which is the most important thing that parents can give their children—has a huge impact on their upbringing. A. Więclawska (2020) points out that children imitate those role models with respect to which they feel the strongest emotional connection. These are parental role models through which they learn how to behave, how to show love, and how to differentiate between values and make judgements. Through the role model of their mothers, girls are prepared to become future wives. In turn, through the role model of their fathers, they develop a sense of responsibility, internalise norms and values, acquire emotional stability and a good adaptation to life (ibidem). As K. Pospiszyl (2007) observes, the father's figure influences the child's identification with his or her gender and exhibiting gender-related behaviour. Another aspect affected by parental attitude is morality. In girls, a high degree of resistance to temptations is correlated with the desire to conform to the high demands placed by the father (Sears, Rau and Alpert, 1965; after: Pospiszyl, 2007). Moral feelings develop particularly well when the father's attitude is characterised by tenderness and gentleness (Hoffman, 1971; after: Pospiszyl, 2007). The use of corporal punishment is not conducive to the formation of emotional morality. K. Pospiszyl (2007) points out that the father also affects the mental development of the child, by influencing both the child's need for achievements and school performance.

When describing the importance the father's figure plays in daughters' upbringing, T. Senko (2018) observes that fathers who provide support and encouragement to their daughters will have an impact on their successful career and a happy relationship in adult life. According to T. Senko (2018), the bond between the father and the daughter can be very strong, even stronger than the bond with the mother. However, it is not spontaneously formed, but rather needs to be developed. The father is the very first man that the girl has contact with, he is a role model for her and a point of reference with regard to her future relationships with men, as well as her choices or world-view. In a way, the daughter imitates her father's behaviour, for example his ability to judge events without excessive emotional involvement. The father shapes her intellectual, social and emotional development. The author highlights a positive correlation between the daughter's appreciation of her father and her future mental health (ibidem).

Barbara Goulter and Joan Mininger (1994; after: Pospiszyl, 2007) identify several archetypes of the father-daughter relationship: the absent father—the longing daughter, the daughter as a victim of father abuse, the pampering father—the spoiled daughter, the persistent mentor—the listening daughter, the unlucky father—the protective daughter and the suffering father—the abusive daughter.

Contemporary psychological practice and literature on the subject also identify good, committed fathers (cf. Braun-Gałkowska, 2008; Weryszko, 2021).

The research by Adrian Kurcbart's (2011) demonstrates that women have a different image of the father than men. These differences were related to the examined cognitive representations of the father. In the case of women, the image of the father was made up of significantly larger amount of content and had a more elaborate structure. Women also tended to be considerably more satisfied with the image of the father than men.

1.3. Parental attitudes

One can identify five parental attitudes describing the relationship between parent and child. These include acceptance/rejection, autonomy, inconsistency, overprotective and excessively demanding attitude (Plopa, 2008).

The first one is related to unconditional acceptance of the child as a person. The atmosphere in the family is conducive to a free exchange of feelings. Parents convey an attitude of trust in the world and people by displaying spontaneous, open, accepting behaviour towards the child. Being with the father provides a sense of security, support and is generally enjoyable for the child. The father is sensitive to the problems but also to the aspirations of the child. As an adult, the child is convinced that the father derived satisfaction from spending time with him or her during childhood and adolescence. In retrospect, the child assesses the father as supportive, having authority, but without being imposing (ibidem).

In turn, an attitude of rejection is associated with the child's lack of a sense of acceptance. The relationship with the father is assessed as cold and lacking in communication. The father does not give the child an opportunity to open up or to talk about his or her problems. The relationship is characterised by distance and communicating with the child with a sense of superiority. The father is reluctant to get emotionally close, and shows no desire to understand the child's needs. The relations are quite instrumental. The child's material needs are satisfied. As an adult, the child assesses that the fact of having a child seemed irrelevant to the father (ibidem).

Another type of attitude is an excessively demanding father, who requires absolute compliance from the child. The parent orders the child what to do and not to do, as well as uses punishments, which hinders the process of becoming independent. As an adolescent, the child has no opportunity to participate in the decision-making process, the father's opinion is always considered best and objections are not tolerated. The father does not take the child's abilities when making decisions, and when the child fails to meet the father's expectations, he or she is criticised and treated condescendingly. As an adult, the child remembers the father as unapproachable and cold, but not necessarily unloving, as he or she is convinced that all the father wanted was for the child to become successful (ibidem).

An attitude of autonomy is about understanding that children need greater autonomy with age. Such an attitude is characterised by tolerance for

mistakes. The father allows the child to solve problems and make own decision according to the level of the child's development. He respects the child's need for privacy, to keep secrets or to participate in the decision-making process on various issues. The father does not impose his view on the child, including during arguments, rather encouraging reflection. He is supportive, open to the child's opinions, and shows tolerance in relation to the way of spending free time and making new friends by the child. The father tends to be more categorical when the child's behaviour does not fit into the standards accepted in the family (ibidem).

An inconsistent attitude is displayed by fathers who are irritable, have mood swings, and are inconsistent in their feelings, opinions and decisions. The father's feelings are reflected in the family relations. When the father shows acceptance or involvement in the child's life, he is often irritated, shouts and uses punishment. As an adult, the child tends to assess the father as loving, but unable to ensure a calm atmosphere. This may lead to the child's withdrawal, even when the father is in a good mood. Children develop a defence strategy against such a father. They seek support and closeness outside the family, or enter into a coalition with the other parent (ibidem).

Fathers displaying an over-protective attitude interfere too much in the child's life. This is manifested by the father's desire to know everything about the child and giving advice on every issue. The father feels the need to look after the child, because he is convinced that the child will not be able to cope on his or her own without his help. Excessive concern for the child's future hinders development of the child's identity. This unconscious behaviour of the father is a source of conflict, emotional distancing, withdrawal and rebellion of the child (ibidem).

1.4. The father's figure and daughters' self-esteem

The father's involvement plays a significant role in the shaping of the daughter's self-esteem and academic development. Fathers who take an interest in and actively participate in their daughters' lives can improve their self-esteem and help them achieve great academic results (Zia, Malik, Ali, 2015).

Marta Luber (2021) describes the relationship between the father and the daughter, which is characterised by acceptance and love, as one that allows the daughter to form an objective self-perception, devoid of complexes. A daughter who is accepted and understood by her father, who loves his child and uses constructive criticism, enters her adult life with a healthy image of herself and sense of worth.

Research results emphasise the importance of the role of parents, especially fathers, with respect to the level of body dissatisfaction and the development of maladaptive eating patterns in daughters (Steinhilber, Rey, Harkins, 2020). Women with higher self-esteem who receive psychological support tended to have greater satisfaction with their bodies. In addition, women with higher self-esteem and embracing feminist values were also less likely to develop maladaptive eating patterns. The latter was also positively correlated with family conflicts. Analyses showed that women who were dissatisfied with their bodies and who were at a greater risk of developing eating disorders were less likely to mention their father's support in their narratives related to father-daughter communication. Analysis of the data obtained from such narratives revealed that fathers play a key role in promoting daughter empowerment, egalitarian gender role socialisation and psychological well-being (ibidem).

Based on her own research results, Katarzyna Wałęcka-Matyja (2019) concludes that women who negatively evaluate their fathers' parental attitudes in their childhood have lower mean scores in terms of self-esteem (both overall and specific) compared to women with positive evaluation of this aspect. These women achieved lower scores on the scale of self-control, sense of being loved, defensive self-enhancement, popularity, self-acceptance and identity integration. Fathers displaying an attitude of autonomy and acceptance had an impact on their daughters' higher overall self-esteem, competence, moral self-acceptance, popularity and identity integration (ibidem).

1.5. The father's figure and stress management style

When describing the family in terms of the stress factor, Waldemar Świętochowski (2005) compares the

concept of the family to a system. The functioning of the family is affected by all its components, subsystems, interactions and boundaries. The decisive element in this system are the parents, who determine the family's patterns of adaptation to stressful situations.

It can, therefore, be assumed that parents have an impact on how well their children can manage stress. With it comes to the father's figure, Rebeckah L. Coley (1998) argues that children can cope better in stressful situations if accompanied by their fathers. The analysis of stress management styles in a retrospective assessment of mothers' and fathers' parental attitudes found that excessively demanding, over-protective attitude, as well as inconsistency hinders the development of task-oriented stress management style in their daughters (Plopa, 2008), as compared to the attitude of acceptance and autonomy, which promotes it (*ibidem*).

Jennifer Byrd-Craven, Brandon J. Auer, Douglas A. Granger and Amber Massey (2012) found that father-daughter interactions can potentially influence both social cognition and hypothalamic-pituitary-adrenal (HPA) axis reactivity (cortisol secretion) to developmentally relevant stressors in young women. Their research showed that well-structured father-daughter relationship characterised by warmth, autonomy and support can programme the HPA axis to respond moderately to life stressors throughout the whole period of development and even into adulthood. It may also influence social cognition, so that when discussing social problems with acquaintances, the woman will be less likely to focus on parts of the problem that are unpredictable or beyond her control and may trigger a strong HPA response. The opposite is true for father-daughter relationship characterised by rejection, chaos and coercion. Such a father may contribute to emotional and cognitive dysregulation in the daughter's later life. When discussing social problems with peers, they will focus on uncontrollable aspects, generating a strong HPA response and cortisol release (*ibidem*).

2. Methods

The research described in this paper was conducted using questionnaires completed by the respondents online via the Google website. The methods used

included the Questionnaire on Retrospective Assessment of Parental Attitudes (KPR-Roc), the Coping Inventory for Stressful Situations (CISS) and the Multidimensional Self-Esteem Inventory (MSEI).

The study group comprised 100 women who volunteered to take part in an anonymous online survey, conducted in the form of an online questionnaire shared on a social networking site, so all the subjects were also Facebook users. The respondents were in the period of early adulthood, defined by Barbara Harwas-Napierała and Janusz Trempała (2000) as the age from 20-23 to 35-40.

3. Research results

3.1. Parental attitudes of fathers in retrospective assessment of their daughters and the daughters' self-esteem

The first aspect presented were the correlations between fathers' positive parental attitudes in their daughters' retrospective assessment and the daughters' self-esteem in early adulthood (Table 1), which turned out to be positive and statistically significant. The attitude of acceptance was positively correlated with self-esteem in terms of such aspects as competence, being loved, popularity, leadership skills, self-control, physical attractiveness, vitality and identity integration. The attitude of autonomy was, in turn, positively correlated with self-esteem in the aspects of being loved, popularity, leadership skills, self-control, moral self-acceptance and vitality. In addition, the correlations between autonomy and overall self-esteem, competence assessment, identity integration and defensive self-enhancement were close to statistical significance. The strongest of the correlations discussed was between the attitude of acceptance and self-esteem in terms of being loved.

Table 2 shows the correlations between retrospectively assessed negative parenting attitudes of fathers, including excessively demanding and overprotective attitude, as well as inconsistency on the one hand and their daughters' self-esteem in early adulthood on the other, which turned out to be negative and statistically significant. The excessively demanding attitude was

Table 1. Correlations between positive parental attitudes of fathers and daughters' self-esteem

Self-esteem	Retrospective assessment of father's attitude			
	Acceptance-rejection		Autonomy	
	rho	p	rho	p
Overall self-esteem	0.134	0.182	0.192	0.056
Competence	0.223	0.026*	0.191	0.057
Being loved	0.400	<0.001***	0.361	<0.001***
Popularity	0.253	0.011*	0.218	0.029*
Leadership skills	0.243	0.015*	0.200	0.046*
Self-control	0.324	0.001**	0.294	0.003**
Moral self-esteem	0.145	0.151	0.199	0.047*
Physical attractiveness	0.248	0.013*	0.143	0.155
Vitality	0.366	<0.001***	0.316	0.001**
Identity integration	0.225	0.025*	0.174	0.084
Defensive self-enhancement	0.153	0.129	0.191	0.057

rho-Spearman's rho correlation coefficient, p-significance of Spearman's rho correlation coefficient, *p<0.05, **p<0.01, ***p<0.001

negatively correlated with overall self-esteem and self-esteem in terms of such aspects as being loved, self-control, moral self-acceptance, vitality, identity integration and defensive self-enhancement. In turn, inconsistency was negatively correlated with overall self-esteem and self-esteem in terms of such aspects as competence, being loved, popularity, self-control, moral self-acceptance, vitality, identity integration and defensive self-enhancement. The over-protective attitude was positively correlated with self-control. In addition, the negative correlations between excessively demanding attitude and self-esteem in terms of popularity and between inconsistency and self-esteem in terms of physical attractiveness were close to statistical significance, as were positive correlations between over-protective attitude and self-esteem in terms of leadership skills. The strongest correlation discussed (negative) was between inconsistency and self-esteem in terms of defensive self-enhancement.

3.2. Parental attitudes of fathers and daughters' stress management styles

Table 3 shows the correlations between retrospectively assessed positive parenting attitudes of fathers and their daughters' stress management styles in early adulthood.

Table 2. Correlations between retrospectively assessed negative parental attitudes of fathers and their adult daughters' self-esteem

Self-esteem	Retrospective assessment of father's attitude					
	Excessively demanding attitude		Inconsistency		Over-protective attitude	
	rho	p	rho	p	rho	p
Overall self-esteem	-0.268	0.007**	-0.361	<0.001***	-0.106	0.294
Competence	-0.135	0.180	-0.277	0.005**	0.049	0.628
Being loved	-0.298	0.003**	-0.344	<0.001***	0.117	0.247
Popularity	-0.194	0.053	-0.225	0.024*	0.041	0.688
Leadership skills	-0.002	0.986	-0.108	0.284	0.183	0.068
Self-control	-0.218	0.029*	-0.350	<0.001***	0.232	0.020*
Moral self-esteem	-0.275	0.006**	-0.365	<0.001***	-0.096	0.342
Physical attractiveness	-0.046	0.652	-0.183	0.068	0.108	0.283
Vitality	-0.249	0.012*	-0.361	<0.001***	0.132	0.190
Identity integration	-0.208	0.038*	-0.279	0.005**	0.067	0.511
Defensive self-enhancement	-0.241	0.016*	-0.384	<0.001***	0.026	0.795

rho-Spearman's rho correlation coefficient, p-significance of Spearman's rho correlation coefficient, *p<0.05, **p<0.01, ***p<0.001

Table 3. Correlations positive parental attitudes of fathers and their daughters' stress management styles

Stress management style	Father's attitude			
	Acceptance-rejection		Autonomy	
	rho	p	rho	p
Task-based style	0.254	0.011*	0.253	0.011*
Emotional style	-0.192	0.056	-0.177	0.078
Avoidance-based style	0.219	0.028*	0.218	0.029*
Engaging in substitute activities	-0.058	0.567	-0.002	0.983
Seeking social contacts	0.329	0.001**	0.266	0.007**

rho-Spearman's rho correlation coefficient, p-significance of Spearman's rho correlation coefficient, *p<0.05, **p<0.01, ***p<0.001

Spearman's rho correlation coefficient showed statistically significant positive correlations between fathers' positive attitudes on the one hand and task- and avoidance-based stress management styles (especially in terms of social contact seeking) on the other. In addition, the negative correlation between acceptance and autonomy on the one hand and emotional stress management style was close to statistical significance. The attitude of acceptance and autonomy was positively correlated with the task- and avoidance-based stress management style and social contact seeking. The strongest of the correlations discussed was between the attitude of acceptance and social contact seeking. The attitudes of acceptance

and autonomy, on the other hand, did not correlate with an emotional stress management style and with engaging in substitute activities.

Table 4 shows the correlations between retrospectively assessed negative parenting attitudes of fathers, including excessively demanding and over-protective attitude, as well as inconsistency on the one hand and their daughters' stress management styles in early adulthood on the other.

Spearman's rho correlation coefficient showed statistically significant positive correlations between the negative attitudes of fathers (excessively demanding and inconsistent) and emotional stress management style, as well as between over-protective attitude and avoidance-based stress management style. In addition, the positive correlation between inconsistency and engaging in substitute activities, as well as between over-protective attitude and seeking social contact, were found to be close to statistical significance. The strongest of the correlations discussed was between inconsistency and emotional stress management style.

4. Discussion

The results obtained allowed to corroborate the hypothesis that parental attitudes of fathers have an impact on their daughters' self-esteem and stress management style in early adulthood. Daughters' assessment of their fathers' parental attitudes as either positive—including acceptance and autonomy, or negative—including rejection, inconsistency, over-pro-

Table 4. Correlations negative parental attitudes of fathers and their daughters' stress management styles

Stress management style	Retrospective assessment of father's attitude					
	Excessively demanding attitude		Inconsistency		Over-protective attitude	
	rho	p	rho	p	rho	p
Task-based style	-0.089	0.379	-0.162	0.108	0.112	0.269
Emotional style	0.288	0.004**	0.364	<0.001***	0.005	0.963
Avoidance-based style	-0.073	0.473	0.013	0.899	0.198	0.048*
Engaging in substitute activities	0.089	0.380	0.182	0.070	0.095	0.347
Seeking social contacts	-0.162	0.107	-0.154	0.126	0.197	0.050

rho-Spearman's rho correlation coefficient, p-significance of Spearman's rho correlation coefficient, *p<0.05, **p<0.01, ***p<0.001

protective and excessively demanding attitude, affected their stress management styles, as well as individual components of self-esteem in early adulthood.

Research by M. Plopa (2008) found that fathers' excessively demanding, over-protective attitudes and inconsistency hindered the development of task-based stress management style in their daughters. The research results presented in this paper showed no such correlations. However, positive correlations were found between acceptance and autonomy and task-based stress management style. Although not uniform, the results allow to conclude that a task-based stress management style is more likely to be adopted by women who describe their fathers' parental attitudes as characterised by acceptance and autonomy, while such a positive correlation is not observed in women who assess their fathers as over-protective, excessively demanding, inconsistent and rejecting.

The research also found additional correlations between positive attitudes of fathers and their daughters' avoidance-based stress management style and social contact seeking behaviours. This may be explained by the fact that a woman who describes her father as accepting, remembers him as the one who taught her to trust the world and people (Plopa, 2008). On the other hand, a woman who assesses her father's attitude as characterised by autonomy remembers him as the person helping her in difficult situations by providing support and showing different alternative solutions and their consequences, without imposing his own opinion (ibidem). This leads to the assumption that such women may seek social contacts when they are faced with stressful situations, as their father's attitude taught them to trust other people and count on their advice and support. On the other hand, women who experienced rejection from their father are unlikely to resort to an avoidance-based stress management style. Such an attitude was an indication that the father was not trying to understand their position and was reluctant to listening to their problems and getting emotionally close (ibidem). Such experiences may have an impact on the daughters' adult lives in terms of their stress management style. Another difference in the results of the research was the positive correlation between inconsistency, over-protective and excessively demanding attitude of fathers and

an emotion-based stress management style of their daughters. The inconsistent attitude was typical of irritable fathers, who were prone to having mood swings and were unable to keep a calm atmosphere at home. The over-protective attitude, on the other hand, was typical of highly emotional fathers, fearful of their daughters' safety, and resulted in the daughters becoming convinced that they were not able to cope on their own. The excessively demanding attitude was typical of fathers, who were sometimes arrogant, critical and displayed punitive attitude towards their daughters (ibidem). What is common to all these attitudes is the fact that showing difficult, intense emotions by fathers likely affected the adoption of emotional stress management style by their daughters. The last aspect with respect to which differences were noted was the correlation between the over-protective attitude and the avoidance-based stress management style. A father displaying this attitude tended to excessively interfere with the child's life, always imposing his advice (ibidem), which presumably may be why the daughter was likely to adopt an avoidance-based stress management style in adulthood, as she was used to having her problems solved by other people rather than herself, focusing instead on substitute activities.

The results obtained by Melanie H. Maller, Susan T. Charles, Shevaun D. Neupert and David M. Almeida (2010) from a survey conducted over the telephone on a group of 912 individuals, aged 25 to 74 years, show a correlation between positive assessment of one's childhood relationship with the father and a less emotional response to stressful everyday situations in adulthood. Such a correlation was corroborated in the male group, whereas it was not found in the female group. This is also confirmed by the results of M. Plopa's (2008) research and the research presented in this paper, showing that there is no correlation between an emotional stress management style and positive parental attitudes of the father in the retrospective assessment of the daughter.

The research did show multiple, positive, statistically significant correlations between the positive retrospective assessment of the father's parental attitudes and the various aspects of the daughters' self-esteem. It was found that the stronger the attitude

of acceptance, the higher the self-esteem in terms of such aspects as competence, being loved, popularity, leadership skills, self-control, physical attractiveness, vitality and identity integration. In contrast, the stronger the attitude of rejection, the lower the scores on the above-mentioned self-esteem scales. It was found that the stronger the attitude of autonomy the higher the self-esteem in the aspects of being loved, popularity, leadership skills, self-control, moral self-acceptance and vitality. In addition, the correlations between autonomy and overall self-esteem, competence assessment, identity integration and defensive self-enhancement were close to statistical significance. The strongest of the correlations discussed was between the attitude of acceptance and self-esteem in terms of being loved. Multiple, negative, statistically significant correlations were also found between negative retrospective assessment of the father's parental attitudes (excessively demanding, inconsistent and over-protective) and various components of the daughter's self-esteem. It was found that the stronger the excessively demanding attitude, the lower the overall self-esteem and self-esteem in terms of such aspects as being loved, self-control, moral self-acceptance, vitality, identity integration and defensive self-enhancement. The stronger the attitude of inconsistency, the lower the overall self-esteem and self-esteem in terms of such aspects as competence, being loved, popularity, self-control, moral self-acceptance, vitality, identity integration and defensive self-enhancement. In turn, the stronger the over-protective attitude, the higher the self-control. In addition, the negative correlations between excessively demanding attitude and self-esteem in terms of popularity and between inconsistency and self-esteem in terms of physical attractiveness were close to statistical significance, as were positive correlations between over-protective attitude and self-esteem in terms of leadership skills. The strongest correlation discussed (negative) was between inconsistency, and self-esteem in terms of defensive self-enhancement.

As observed by Marcin Domurat (no date; after: Fecenec, 2008) the retrospective assessment of the father's parental attitude was not correlated with the child's self-esteem in adult life, in contrast to

the assessment of the mother's attitude, which did show such a correlation. Nevertheless, research by K. Wałęcka-Matya (2019) presents different results, refuting the aforementioned finding concerning the absence of such a relationship. The author indicates that negative retrospective assessment of the father's attitude is associated with lower scores on the scales of self-esteem, self-control, sense of being loved, defensive self-enhancement, popularity, self-acceptance and identity integration in women in early adulthood. Fathers displaying an attitude of autonomy and acceptance have an impact on their daughters' higher overall self-esteem, competence, moral self-acceptance, popularity and identity integration (ibidem). The results presented in this paper are largely consistent with those mentioned above. The strongest positive correlation for the attitude of acceptance was related to the aspect of being loved and vitality, while for the attitude of autonomy—it was the aspect of being loved. Being loved is described as the sense of receiving social support, feeling loved and accepted, as well as having the ability to express one's feelings, show warmth to others and maintain close relationship with another person (Fecenec, 2008). This aspect is related to the attitude of acceptance, as such kind of a father accepts his children unconditionally, provides support, as well as encourages them to express their feelings (Plopa, 2008), which makes them feel loved. A father who gives his children a great deal of autonomy provides them with significant support and understands their needs, which likely leads to a greater sense of social support as an important component of being loved. Vitality is meant as the sense of being healthy and in good physical shape, as well as being full of vigour (Fecenec, 2008). The attitude of acceptance concerns all of the children's characteristics, both positive and negative (Plopa, 2008), also in terms of physical aspects, which may lead to their subsequent higher self-esteem in this regard.

In terms of negative attitudes, the strongest negative correlations were shown between inconsistency on the part of the father and the daughter's overall self-esteem, sense of being loved, self-control, vitality and defensive self-enhancement. The attitude of inconsistency is related to unpredictability, irritability

and lack of composure of the parent. It leads to the child withdrawing into himself or herself and adopting such stress management styles as seeking support outside the family or entering into coalitions with the other parent (*ibidem*). As the results of the research presented in this paper showed, it was this attitude that was the strongest factor in the daughters' low self-esteem in terms of various aspects. Jan Szalanski (1989 after: Sabaj-Sidur, 2018) writes that individuals who have experienced conflicting messages and behaviours through inconsistent parenting were the most likely to display self-esteem instability. Self-esteem stability is affected by complete and accurate knowledge of oneself and a clearly defined and attainable ideal of oneself. Individuals also take into account the opinions of others about themselves, as well as information about the consequences of their actions. In a situation of uncertainty as to their self-worth, people tend to turn defensive and their self-esteem is compromised (*ibidem*).

Conclusion

The conducted research on the correlation between retrospective assessments of parental attitudes of fathers and their daughters' self-esteem in early adulthood showed a number of significant correlations. It was found that the stronger the father's attitude of acceptance, the higher the daughter's self-esteem in her adult life in terms of such aspects as competence, being loved, popularity, leadership skills, self-control, physical attractiveness, vitality and identity integration. In contrast, the stronger the attitude of rejection, the lower the scores on the above-mentioned self-esteem scales. It was found that the stronger the attitude of autonomy the higher the self-esteem in the aspects of being loved, popularity, leadership skills, self-control, moral self-acceptance and vitality. The correlations between autonomy and overall self-esteem, competence assessment, identity integration and defensive self-enhancement were close to statistical significance. It turned out that the stronger the excessively demanding attitude, the lower the overall self-esteem and self-esteem in terms of

such aspects as being loved, self-control, moral self-acceptance, vitality, identity integration and defensive self-enhancement. In turn, the stronger the attitude of inconsistency, the lower the overall self-esteem and self-esteem in terms of such aspects as competence, being loved, popularity, self-control, moral self-acceptance, vitality, identity integration and defensive self-enhancement. The stronger the over-protective attitude, the higher the self-control. In addition, the negative correlations between excessively demanding attitude and self-esteem in terms of popularity and between inconsistency and self-esteem in terms of physical attractiveness turned out to be close to statistical significance. In addition, positive, close to statistically significant correlations were found between over-protective attitude and self-esteem in terms of leadership skills. The strongest of the positive correlations discussed related to self-esteem was between the attitude of acceptance and self-esteem in terms of being loved. In turn, the strongest negative correlation was between the attitude of inconsistency and self-esteem in the dimension of defensive self-enhancement.

The research also revealed significant correlations between retrospective assessment of parental attitudes of fathers and their daughters' stress management style in early adulthood. It turned out that the stronger the father's attitude of acceptance and autonomy, the more likely the daughter was to adopt a task-based stress management style or avoidance-based style combined with seeking social contacts. In contrast, the stronger the attitude of rejection, the less likely the daughter was to adopt to aforementioned stress management styles, in favour of an emotional one (results close to statistical significance). Positive correlations were also obtained between inconsistency, over-protective and excessively demanding attitude of fathers and the emotional and avoidance-based stress management style. The strongest of these correlations were between the attitude of acceptance and social contact seeking, as well as between inconsistency and emotional stress management style.

The findings presented in this paper allow to broaden knowledge in the field of psychology about fathers' influence on selected aspects of their daugh-

ters' psychological functioning later in life. They indicate that fathers' parental attitudes have lasting consequences for their daughters not only during childhood and adolescence, but also in adulthood.

It is worth to use this knowledge in the areas of family psychology, systemic family therapy, as well as in working with people with low self-esteem or ineffective stress management styles.

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Family (systemic) factors influencing life standards and health of working class

Czynniki rodzinne (systemowe) wpływające na jakość życia i zdrowie dorosłych osób pracujących¹

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Abstract: Adults function simultaneously in several areas, among which the most important ones are family and work. In these areas, they meet their needs and experience satisfaction as long as they are able to use them in a mature way. This, in turn, is largely conditioned by previous experiences—those from childhood. The article is a reflection on systemic factors affecting the quality of life and personality maturity of adults. Almost all of us are brought up in families. From the family we take behavior patterns, experience patterns and personality traits. Our traits, schema, and patterns of behavior affect our quality of life and maturity. Therefore, it is important that they are optimal and functional. The author uses the knowledge and research in the field of family psychology and family therapy. The definitions of a mature personality according to Irwin Yalom (therapist) and the concepts of a positive quality of life are adopted. Numerous Polish and foreign studies are cited to show the relationship between professional success and life satisfaction and the personality traits previously shaped in the family. The author presents the characteristics of families that are conducive to the maturity of their members. Special attention is drawn to the importance of the marital relationship and the sense of happiness of the spouses as the factors determining the functioning of the whole family and affecting it so that it becomes either healthy or dysfunctional. The author emphasises the characteristics of families related to their structure, communication, system boundaries and self-esteem. She writes about the dynamic balance of the family and the freedom to express one's own thoughts and feelings as the key features of a proper family system. When children experience family characteristics which are conducive to a mature personality, health and a sense of happiness, then, as adults, they succeed in various fields of life. Therefore, it seems extremely important to reflect on systemic (family) factors affecting the quality of life and human maturity.

Key words: family, mature personality, family features

Abstrakt: Człowiek dorosły funkcjonuje równocześnie w kilku obszarach, spośród których najważniejsze miejsce zajmuje rodzina oraz praca. W obszarach tych realizuje swoje potrzeby i doświadcza zadowolenia o tyle, o ile potrafi w sposób dojrzały z nich korzystać. To z kolei jest w dużym stopniu uwarunkowane wcześniejszymi doświadczeniami – z dzieciństwa. Artykuł jest refleksją nad czynnikami systemowymi wpływającymi na jakość życia i dojrzałość osobowości osób dorosłych. Prawie wszyscy wychowujemy się w rodzinach. Z rodziny wynosimy wzory zachowań, schematy przeżywania oraz cechy osobowości. Nasze cechy, schematy i wzory zachowań wpływają na jakość naszego życia i dojrzałość. Dlatego ważne jest aby były one optymalne i funkcjonalne. Autorka wykorzystuje wiedzę i badania z zakresu psychologii rodziny i terapii rodzin. Przyjmuje definicje dojrzałej osobowości według Irwina Yaloma (terapeuta) oraz koncepcję pozytywnej jakości życia. Cytuje liczne badania polskie i zagraniczne w których ukazano związek między sukcesem zawodowym i satysfakcją z życia a cechami osobowości ukształtowanymi wcześniej w rodzinie. Przedstawia cechy rodzin, które sprzyjają dojrzałości jej członków. Zwraca szczególną uwagę na ważność relacji małżeńskiej oraz poczucie szczęścia małżonków jako determinujące sposób funkcjonowania całej rodziny i wpływające na to, czy staje się ona zdrowa, czy też dysfunkcyjna. Zwraca uwagę na cechy rodzin związane z jej strukturą, z komunikacją, granicami systemowymi oraz poczuciem własnej wartości. Pisze o równowadze dynamicznej rodziny oraz wolności wyrażania własnych myśli i odczuć jako kluczowych cechach prawidłowego systemu rodzinnego. Kiedy dziecko doświadcza cech rodziny, które sprzyjają dojrzałej osobowości, zdrowiu i poczuciu szczęścia wówczas jako dorosły z powodzeniem realizuje się w wielu płaszczyznach życia. Dlatego niezwykle ważne wydają się refleksje nad czynnikami systemowymi (rodzinnymi) wpływającymi na jakość życia i dojrzałość człowieka.

Słowa kluczowe: rodzina, dojrzała osobowość, cechy rodzin

1 Artykuł w języku polskim: <https://www.stowarzyszeniefidesetratio.pl/fer/2023-1Litw.pdf>

Introduction

Adults function simultaneously in several areas, among which the most important are family and work. Both work and family define people's identities, and their maturity is reflected in the proper functioning of both. Mental maturity is also manifested in the ability to enjoy work and close relationships (Lachowska, 2012, 2022).

The quality of life and health are to a large extent related to the current experiences of a person, but they are predominantly conditioned by the previous experience acquired in the family of origin. Human beings are born and brought up in families, which are their first environment, from which they draw patterns of behavior: how to cope with life and enter into relationships with others. It is in the family that the attachment style is formed, which in adult life determines a sense of security. It is in the family of origin that the foundations of personality and important interpersonal skills are formed, such as clear communication, understanding and expressing feelings, assertiveness, the ability to constructively compete and cooperate, or a sense of agency and responsibility (Braun-Galkowska, 2000 and 2008; Klajs, 2017; Marchwicki, 2009; Namysłowska, 2000).

High self-esteem, perceived as the belief that one is a good enough, valuable person, not necessarily better than others, is highly correlated in research with good quality of life, job satisfaction and health. Overall self-esteem corresponds closely to the indicator of self-compassion, kindness and understanding towards oneself and others (Dzwonkowska, 2011; Rosenberg, 1965, after: Kobus 2022).

Research shows that success is not only conditioned by possessing appropriate competences and knowledge in the field of specialization of the individual. It is appropriate personality predispositions and high and adequate self-esteem that are necessary (Klinkosz, 2016). Work performance decreases as worrying increases. (Perkins & Corr, 2005).

The research conducted by Zuzanna Klimek (2022) showed that high achievement motivation in people in early adulthood is associated with high self-compassion and low tendency to worry, and these features are shaped in family life during childhood.

Obviously, when leaving their family home, people develop further and have the opportunity to correct their ways of functioning through new relationships and their own activity, but it is the first family experiences that are crucial for the rest of their lives. (cf. Napier, 2008; Ryś, 2011; Winnicott, 2011).

1. Quality of life and health of working adults

The quality of life has been defined in psychology in a number of ways, the literature also uses synonyms of this term, e.g. life satisfaction, sense of happiness, mental and physical well-being, absence of disease, good functioning. The emotional aspect of life satisfaction is defined as comfort and happiness, whereas the cognitive aspect is defined as satisfaction (Zalewska, 2003).

High quality of life is associated with a sense of meaning in life and resilience. The former depends on the level of satisfaction of existential needs – a sense of a clear and authentic identity, close and supportive relationships with other people, finding satisfying activities in everyday life, the ability to use self-distancing techniques (detaching oneself from one's own fears, conflicts, unpleasant states and events). Resilience is defined as the ability to withstand adversity and the ability to grow even in difficult conditions. The important interpersonal factors that need to be considered here are as follows: the ability to ask for help and evoke positive reactions, good contact, empathy, altruism, the ability to forgive oneself and others. As for problem solving skills, the following deserve attention: action planning, self-control, flexibility, creativity, resourcefulness, ability to use support, insight, critical thinking and self-criticism. Autonomy: internal sense of control, self-efficacy, positive self-concept, independent thinking, self-awareness, ability to distance oneself from other people's problems and opinions, sense of humour. It is also important to be aware of the purposefulness and sense of actions: focusing on achieving personal goals, interests and imagination, optimism and hope. (Cierpałkowska, 2004, 2007; Yalom, 2008, 2022).

In studies of adults on life satisfaction, resilience turns out to be the most important factor. It was found that in middle age it coexists with physical health, work commitment, mental well-being and the quality of interpersonal contacts. In studies of women between 27 and 43 years of age, resilience correlates with an increase in the intensity of positive emotions and a decrease in negative emotions, with a decrease in sensitivity towards oneself and an increase in self-confidence and an increase in pragmatic attitude towards tasks (Helsen, Klohn, 1993, after: Oleś, 2011).

In other studies, young adults with high levels of worrying showed low kindness, low understanding, and a sense of dissatisfaction with life. The tendency to worry correlates with perceiving parents as demanding, rejecting or overprotective. The rejecting attitude of the mother predominantly accounted for the tendency to worry in children and their low life satisfaction (Kobus, 2022).

Research on self-compassion showed a positive relationship between this variable and psychological well-being (McKay & Walker, 2021). Particular predictors of happiness turned out to be a high level of sense of community with other people and kindness towards oneself (Campas et al., 2016).

Psychologists formulate theses that the healthy personality development occurs when the needs of the child in early childhood are met, especially the need to feel safe, as well as a close and positive bond with caregivers. The importance of correct patterns of interpersonal relations in the family is also emphasized (Oleś, 2011; Ryś, 2011). A person's personal resources include a set of social skills learned from the family. According to Malcolm Gladwell (2010) they include: the ability to self-present, speak at the right time, establish contacts with peers, and teamwork.

2. The marital relationship of the parents supporting the maturity of the family members

The definitions of a mature personality that can be found in the literature are usually formulated as a list of features that a person should possess. These features are conducive to optimal social functioning

and well-being. Particularly noteworthy is the definition of a mature personality by psychotherapist Irvin Yalom—a representative of an approach that emphasizes the importance of skills acquired in relationships.

Irvin Yalom defines maturity as the ability to take a fundamental human responsibility to create a life full of commitment, connectedness, meaning and self-fulfilment. Irvin Yalom calls such a way of life the most important existential task of man, giving meaning to one's life. The ability to live in this way is associated with the experience of good contact with oneself—one's own needs, emotions and fears, as well as trusting and close relationships with other people (Yalom, 2008, 2018, 2022 cf. Bradshaw, 1994).

Children's self-esteem and maturity are directly related to their parents' self-esteem and maturity. If parents' self-esteem is high and adequate, then children learn that their self-worth is also high. In healthy families, self-esteem is high in all members of the system (Satir, 2000a). "Family is the one place in the world where all of us can expect nurturing: soothing bruised souls, elevating self-worth, as well as getting things done. The family is the obvious place to learn this nurturing an growing" (Satir, 2000a, p. 76).

It is crucial since the sense of having important needs met in childhood, such as: care, understanding, a sense of belonging, love, acceptance, curiosity, results in a sense of security and self-worth in adulthood. In addition, it creates the so-called attachment style, i.e. a matrix of how to enter into all relationships in later life. If we developed a trusting attachment style in childhood, we can create close, satisfying and lasting relationships with other people (Marchwicki, 2009; Goldenberg, Goldenberg, 2020).

Research shows that both parental overprotectiveness and neglect hinder proper functioning in adulthood. Such attitudes of parents or guardians towards children in their childhood contribute to the emergence of personality disorders, narcissism and psychosomatic disorders (Tryjarska, 2012).

The well-known family psychotherapist Salvador Minuchin described the spouses as "family builders". He claimed that their satisfaction with the relationship determines the degree of satisfaction of all family members with what is happening in it. As the

root cause of emotional problems and disorders in children, he saw prolonged, unresolved marital crises of parents. (Minuchin et al., 2018).

In a properly functioning family, there is a so-called covenant between the parents. It's a special kind of bond that both of them care about. Such mature parents are honest and genuine in expressing their individual needs and embracing their partner's expectations. They set the rules that will prevail in their home regarding personal and common space. They determine the roles played in the family, the type of contacts with other people, everyday tasks. For the creation of the alliance, it is very important for the young partners to be emotionally separate from their families of origin and to create their own manner of functioning in their new family.

Mature spouses, apart from responsibility and efficiency in the roles of caregivers and educators, have a lot of space in their relationship, which is pleasant, spontaneous and joyful. They like to be with each other, talk, do everyday activities and enjoy themselves together. They have a sense of humor and distance to difficulties and their own weaknesses. And then children appear as a complement to their relationships and bonds. The ability to build a healthy relationship between spouses and their sense of happiness significantly affect the way the whole family functions and whether it becomes healthy or dysfunctional (Klajs 2017; Winnicott, 2011). It turns out that the condition of the family, i.e. the dominant emotions in it, the quality of mutual relations between parents and children and between the children themselves, the behavior of parents and children and their way of coping in the world, directly depends on what happens in the marital dyad and how parents–spouses experience it (Braun-Galkowska, 2018; Goldenberg, 2020; Janicka, Liberska, 2022; Namysłowska, 2000; Praszkiel, 1992).

The marital relationship affects children who, when they are born, know nothing about the world and who a human being is. Their world is the world of their parents—the norms, resources and rules they set. Children begin to adopt them as theirs. In addition, they feel the emotional climate at home, and by looking at the relationship of their parents, they learn the principles on which contact between people is based and what the relationship between a man and

a woman is about. Children are “infected” by the way parents think and experience. According to Erich Fromm, “(...) the most important prerequisite for the development of love of life in a child is the presence of life-loving people around him. This feeling is as contagious as the taste for destruction and death. It is communicated without words, without unnecessary explanations and without preaching the moral principle that <<life should be loved>>” (Fromm, 2000, p. 45, cf. Fromm, 2018; Winnicott, 2011).

The quality of the marital relationship affects various areas in the family. Researchers of family system and practitioners define and characterize these areas (Braun-Galkowska, 1992 and 2018; Beavers, Satir, 2000a and 2000b; Praszkiel, 1992). They include:

- flexible psychological boundaries that apply in the system (internal boundaries) and separating the family from the rest of the world (external boundaries). Here it is especially important to separate the parent subsystem;
- standards and rules respected by everyone and enforced by parents, which are set by parents with the participation of children;
- high self-esteem of everyone in the family and trust in the good intentions of other people in and outside the family. Open exchange with the outside world is also important
- meeting the individual needs of children and parents, exchange and community relationships
- effective communication,
- consent to express all experienced emotions,
- dynamic balance—dealing with challenges through the ability to adapt to changes that result from vertical and horizontal stressors.

A well-functioning family adapts to the changes brought about by the life and development of individual family members. It is a process of constantly returning to the constantly lost balance and developing new ways of functioning.

A family with an infant is different from the same family with an adolescent. Making the family rigid and adopting the “only right” concept of functioning is the worst thing that can happen to the system, because no one in such a family develops.

The essence of a full and happy life is to develop and mature into the best version of oneself. If parents care about it, they will infect their own children with this attitude. Maria Braun-Gałkowska, a professor at the Catholic University of Lublin, wrote about it:

“To go in the same direction is to strive together towards a goal. When the Big One and the Little One go this way, Big One shows the direction, helps the Little One not to get lost, teaches (...), and sometimes delights with the fresh look of the Little One. When you're the Little One, it's good to be able to go with the Big One, whom you can always count on. But it is also good for the Big One, for he is not alone and feels needed” (Braun-Gałkowska, 2018, p. 213).

In the next part of the article, the above-mentioned features of the family system will be described.

3. Family characteristics supporting the mature personality of its members

Ryszard Praszkiel (1992) evokes ways of understanding normality in his considerations about a well-functioning family. He writes about the medical norm according to which a healthy family is one where there are no psychopathological symptoms in the identified patient (usually a child), who expresses the dysfunction of the system in terms of relationships, emotions, communication and structure. The ideal norm is an ideal family (utopian model), usually formulated as a set of features to which we compare the observed family. However, the most important perspective is the understanding of the norm (health) in the functioning of the system as a process of its adaptation to changes brought about by the life and development of each family member.

An example of a set of features characterizing a well-functioning family is the list according to Ryszard Praszkiel (1992, p. 46):

1. Clear and firm boundaries between the family and the environment (flexible external boundaries);
2. The parent subsystem is uniquely distinguished;
3. The family structure (norms, roles, hierarchy) is open and clear;
4. In the family, everyone gives and receives (balance of exchange), but also gives without expecting return;
5. The family has the capacity to make changes and overcome crises;
6. The family is open to contacts and exchanges with the world;
7. The epistemology of the family (knowledge about the rules of functioning in the system) is open, constructed jointly by all family members.

Maria Braun-Gałkowska defines the features of a healthy family:

1. It is durable (designed to last a lifetime);
2. The marital relationship is the most important in it (the quality of the whole system depends on its quality);
3. She is subjectively satisfied (happy) with her family life;
4. Performs tasks: satisfies individual psychological needs, takes care of and socializes children;
5. There is no pathology in it, such as violence, addiction or aggression (Braun-Gałkowska, 2000, p. 35-45).

The family features emphasized by David Olson (Simon, Stierlin, 1998, p. 174) are coherence, flexibility and communication. For a family to function well, it must communicate efficiently, maintain a medium level of cohesion (between confusion and alienation), optimal adaptability, and a medium degree of flexibility (between chaos and rigidity). In practice, this means that the family should communicate in every situation and in every individual and family matter, and its members retain their separateness while feeling loyalty to others. This makes the family flexibly adapt to current needs and situations.

The boundaries in the family should be flexible, i.e. clearly marked on the one hand, but also open enough to allow the flow of information and emotions between family members. In family psychology, the following boundaries are mentioned:

- external boundaries—separating the family from the rest of the world,
- intra-system boundaries—separating subsystems in the family, i.e.: parents, children, grandparents,
- individual boundaries for each family member
- (de Barbaro, 2020).

It is particularly important that there is a clear separation of the parental subsystem and clear and firm boundaries between the family and the environment. This means that parents should have their own world—separate from the one they share with their children—and their own affairs. They should also be the most responsible and caring for everyone in the family, and thus making the most important decisions regarding the entire system (Praszkiel, 1992).

The norms and rules applicable in the family help to maintain the stability of family life, and thus contribute to the sense of security of its members.

The code of family rules should be adapted to the ability of individual family members to implement them, which means that, for example, one cannot expect the same from a ten-year-old child as we expect from an adult. Preferably, family norms are set by all family members, and if some rules are set by parents, it is important that children can have their say. Family rules should be clear, i.e. understandable to all family members, and open, i.e. stated directly, subject to negotiation (Praszkiel, 1992; Satir, 2000a, cf. Braun-Gałkowska, 2020).

What is particularly important in the system is communication and its quality. How parents communicate with each other determines the way family talks. If their communication is clear, coherent and formulated directly, then children acquire good communication patterns through observation and identification with their parents.

Clear communication means expressing one's opinion in a manner adapted to the age and capabilities of the recipient. Coherent communication is the compliance of messages with the intention of the addresser and non-verbal communication with the meaning of words (Braun-Gałkowska, 2018).

Virginia Satir emphasized the great importance of non-verbal communication when she wrote: "Human contact is not about words. Human contact is

about eye connection, about voice, about skin, about breathing. Words are something you can read in a book, you can see on a billboard, and they can be totally differentiated from human beings. Words help when people are congruent." And congruent parents are emotionally mature (Andreas, 2001, p. 152).

Direct communication involves saying things directly to the person you want to say them to. In good communication, you can talk about anything, there are no taboos. One of the aspects of communication is the expression of emotions that parents model and name.

Expressing emotions in a well-functioning family is a common practice, i.e. all emotions from love to hate can be expressed. Even difficult feelings are expressed and family members deal with them, and above all, they recognize that experiencing them is something natural and needs to be watched.

In a well-functioning family, there are five freedoms:

- Freedom to perceive what is seen, not what should be seen.
- Freedom to feel what one feels, not what should be felt.
- Freedom to think what you think, not what you should think.
- The freedom to hear what is heard, not what should be heard.
- Freedom to say what you want, not what you should say.

These freedoms apply to all family members, but parents allow them (Satir, 2000a, 118-119).

The most common and most hurtful ways of communicating result from parents falsifying feelings, hiding a category of feelings, for example: warm and loving—"Because it's not appropriate", or negative, such as anger and dissatisfaction—"Because our family is perfect and you can't admit them."

One of the most important aspects of communicating feelings is authenticity, i.e. expressing emotional states in accordance with what we experience. Virginia Satir stressed the need for authentic parental expression. "A child feels very few feelings that the adult does not know something about from personal experience. Chil-

dren seem to thrive on the knowledge that their world of hope, fear, mistakes, imperfection and successes is a world also familiar to and shared by their parents.”

(Andreas, 2001). Parents’ openness towards the child shapes the child’s ability to accept various aspects of himself and the possibility of deal with them maturely.

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Promotion of the Catholic family in crisis situations. Analysis taking into account the canonical order

Promocja rodziny katolickiej w sytuacjach kryzysowych.

Analiza z uwzględnieniem porządku kanonicznego¹

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Abstract: The concept of a Catholic family can be explained by its membership in the Church, as well as by its relationship with the sacraments (with God's grace), etc. Its vocation is the community of life of a woman and a man (*communio personarum*), formed by a sacramental marriage and having children. Such a community enjoys normative (canonical) care and promotion in the legal order of the Catholic Church. This is particularly important when the Magisterium of the Church comes into contact with gender ideology, or secular culture in general (and this is the *status quo* of the issue). The author of the analysis indicated the most important elements that (in his opinion) are of particular importance for this confrontation. He analyzed in particular those aspects which in the doctrine of the Church are called crisis ones. The aim was to show in what direction the canonical defense of faith, morality, spiritual good, etc. goes (or should go, from the point of view of Catholic ethics). It was about situations where a party practicing the Catholic faith wants to enter into marriage with an unbaptized person or with a notorious apostate faith, i.e. a formal apostate, etc. Here, the Church, apart from the traditional guarantee of faith, demands something more, being (due to the emerging threats of losing faith by a practicing nupturient) reluctant to mixed relationships and similar.

Keywords: Church, crisis, doctrine, family, promotion

Abstrakt: Pojęcie rodziny katolickiej można wyjaśniać poprzez jej przynależność do Kościoła, jak i poprzez jej związek z sakramentami (z łaską Bożą) itp. Jej powołaniem jest wspólnota życia kobiety i mężczyzny (*communio personarum*), utworzona przez zawarte sakramentalne małżeństwo i posiadanie potomstwa. Taka wspólnota cieszy się w porządku prawnym Kościoła katolickiego normatywną (kanoniczną) opieką, jak i promocją. Ma to szczególnie znaczenie w sytuacji zetknięcia się Magisterium Kościoła z ideologią *gender*, czy w ogóle z kulturą świecką (i jest to *status quo* zagadnienia). Autor analizy wskazał na ważniejsze elementy, które mają (jego zdaniem) szczególne znaczenie dla tej konfrontacji. Przeanalizował w szczególności te aspekty, które w doktrynie Kościoła nazywane są kryzysowymi. Celem było wykazanie, w jakim kierunku idzie (lub powinna pójść z punktu widzenia katolickiej etyki) kanoniczna obrona wiary, moralności, dobra duchowego itp. Chodziło o takie sytuacje, kiedy stroną praktykującą wiarę katolicką chce zawrzeć małżeński związek z osobą nieochrzczoną lub z notorycznym odstępcą od wiary, tj. formalnym apostatą itp. Tu Kościół oprócz tradycyjnej rękojmi wiary żąda czegoś więcej, będąc (ze względu na pojawiające się zagrożenia utraty wiary przez praktykującego nupturienta) niechętnym do związków mieszanym i im podobnym.

Słowa kluczowe: doktryna, Kościół, kryzys, promocja, rodzina

Introduction

The issue of family dignity is a subject of interest to many: ethicists, canonists, theologians, educators, sociologists, politicians, pastoralists, etc. (Szymczak, 2002, 151-165), and even more when it comes to the Catholic family and the reading of its Christian vocation in crisis situations. Even if “the institution of the Catholic family is under the protection of the Church and its laws” (Ziółkowska,

2018, p. 20; Sokołowski, 2013, p. 291-313), “a number of dilemmas have emerged with regard to both the delineation of family boundaries and the accompanying membership, as well as expectations, related to the way family roles are performed” (Żurek, 2015, p. 57). Social changes cause “commonly known terms to begin to function in new meanings” (Dybowska, 2018, p. 10).

¹ Artykuł w języku polskim: <https://www.stowarzyszeniefidesetratio.pl/fer/2023-1Bial.pdf>

For many people, especially in an era of intense promotion of gender ideology, “the definition of marriage and family is (no longer) an unambiguous concept” (Pryba, 2014, p. 38). It might seem that “at least in the normative field, defining such a common term as «family» should not pose any difficulties. As a matter of fact, the legal reality is different. Indeed, there are considerable discrepancies in the way this concept is understood and defined. Depending on the adopted criteria and axiological premises, it is described in multiple ways” (Zubert, 2011, p. 404).

Therefore, it seems that it is possible, in the context outlined above, to ask a question about those aspects of the Catholic family in crisis situations, which, in the legal and moral dimensions of the doctrine of the Catholic Church, are of primary importance for its defense and promotion. It is timely, important – socially and doctrinally; i.e., dictated by the search for current and most appropriate solutions for the good of the faith community, etc. Thus, in an attempt to outline at least some of the situations that may negatively (to a greater or lesser extent) affect the condition of modern family, as well as the matter of defining (promoting and defending) it, the following can be taken into account:

- a. mixed marriages (in particular, the relationship of a believing Catholic with an unbaptized person or an apostate, etc.);
- b. non-sacramental relationships² – partnerships;
- c. the so-called free relationships, i.e. concubinage, refusal of marriage as such, etc. – Catechism of the Catholic Church 2390 (hereinafter: CCC);
- d. the question of the right to Holy Communion in the situation of being in a non-sacramental relationship.

1. Mixed marriages (guarantee of faith)

In the context of normative, which is in force in the legal order of the Catholic Church, it is possible to find not only restrictive elements (exclusionary, prohibitive, prescriptive, etc.), but also those that are the so-called positive promotion of the Catholic family, i.e. greatness and dignity of its supernatural vocation. Finding the staggered accents in this particular (important and sensitive) field is the guiding concept of research addressed here.

The Catholic Church is skeptical when it comes to mixed marriages. The Polish Episcopal Conference (hereinafter: KEP) reminds that “young people should be dissuaded from such marriages” (1989, p. 73). In the strict sense, they are two baptized persons of different religious affiliation – Canon 1086 § 1 Code of Canon Law of the 1983 (hereinafter: CIC/83). In a broader sense – a marriage between a Catholic party and a non-baptized party (as well as with an atheist, apostate, person notoriously persistent in church censures, etc.). – Canons 1124-1129 CIC/83. Such a relationship is forbidden without the express permission of the Ordinary of the place – Canons 1124-1125 CIC/83. The basis of the prohibition is the potential difficulty that (due to religious difference) may arise in important spheres of the spouses’ lives (Dullak, 2020, p. 99).

The main principle here is that any action of a pastoral nature, “although free from polemics and depreciation of specific religious beliefs, must have nothing to do with blurring or concealing doctrinal and disciplinary differences of Christian churches or other religious relationships” (Krajczyński, 2019, p. 141). Similar arguments are found in the November 8, 2019 Decree, which warns that: “the drama of division of Christians takes place in their own family” (KEP, 2019, No. 70). And if the Code of Canon Law does not explicitly address the dangers of loss of faith in mixed marriages – Canon 1125 CIC/83, nevertheless “in order to guard the life of faith and pass it on to offspring, the legislator requires

2 Term: non-sacramental relationships following *Familiaris consortio* no. 79-84 refers here to such situations as: marriages on trial, actual free relationships, Catholics united only by civil marriage, those living in separation and divorced who have not entered into a new relationship, divorced who have entered into a new civil relationship or are living without any legal regulation.

a dispensation from the obstacle of different religions or *nihil obstat* to assist in the conclusion of a mixed marriage”³ (Dullak, 2020, p. 93).

Therefore, when it comes to the promotion of Catholic marriage and family, i.e., in the situation of mixed marriages (and the like), the most important issue is an adequate (understood by the parties) giving a guarantee of faith. It is intended to help guide how the faith of the practicing party should be protected, as well as the matter of raising offspring in the Catholic faith. It consists in the fact that the Catholic party should declare that it is ready to push away the danger of losing the faith, as well as make a sincere pledge that it will do everything in its power to ensure that all children are baptized and brought up in the Catholic Church. The other party should be notified in a timely manner of the Catholic party’s pledges, so that they are indeed aware of the content of their pledge and the Catholic party’s obligation. Both parties should be instructed about the purposes and essential qualities of marriage, which neither party may exclude – Canon 1125-1126 CIC/83 (Kongregacja Doktryny Wiary, 1966).

2. Non-sacramental marriage to an unbaptized person or sacramental marriage to an apostate, etc. (rules as for mixed marriages)

In view of Canon 1055 CIC/83 (cf. Canons 1056; 1065 § 2; 1099; 1134), there is a claim that “only the marriage of two baptized persons is a sacrament. Whereas the marriage of unbaptized persons and of a baptized person with an unbaptized person is not a sacrament. (Thus) a non-sacramental marriage is not the same as an invalid marriage” (Szychmiller,

2016, p. 90). The term “mixed marriage – in the strict sense”, does not include the marriage of a Catholic to an unbaptized person – Canon 1086 CIC/83, and yet the rules of mixed marriage – Canon 1129 CIC/83 apply (Gajda, 2000, p. 106). This raises the question of the moral-spiritual condition of a family built on a valid but non-sacramental marriage relationship.

This question can be formulated in the spirit of Canons 1108; 1127 § 1 and 2; 1129 of the CIC/83, as well as on the basis of analysis: *Niespójność katolickiej doktryny o sakramencie małżeństwa* (The inconsistency of Catholic doctrine on the sacrament of marriage) (Strzelczyk, 2016, p. 106-119). Its author notes that “if the marriage of a baptized person to an unbaptized person is not (unilaterally) a sacrament, then the Church allows de facto situations in which a baptized person lives decently (!) in a natural marriage (non-sacramental relationship)” (ibidem, 112). Thus, the question at issue, which with reference to Canon 1752 CIC/83: *salus animarum suprema lex* and the *Instruction* (KEP, 1989 No. 72) can be constructed as follows. Can Canon 1055 § 1 CIC/83 be interpreted in such a way that the expression: “has been among the baptized raised by Christ the Lord to the dignity of a sacrament”, should be understood as “for the baptized has been raised” and preferably: “for the baptized and believers”. As a consequence of this interpretation, the Catholic party (entering into a relationship of marriage with a non-baptized person), would be bound by the sacrament, as well as endowed with its grace⁴.

It is worth mentioning here Prof. Zubert’s position in the *Review* (2011, p. 403), in which he addressed the problem that Canon 1055 § 2 of the CIC/83 automatically recognizes the sacramentality of marriage when referring to the Protestant faith⁵. Moreover, a similar problem arises when a party who has abandoned the Catholic faith (notoriously⁶)

3 The opposite will of marriage candidates as to unity, indissolubility, etc. (its essential qualities and purposes) would result in its nullity (Polish Episcopal Conference, 2019, 77).

4 In the subject literature, it can be easily found that: “between a man and a woman, when one of the parties is of Catholic faith, only such a marriage can be validly concluded, which, after fulfilling the relevant conditions, will be a sacramental marriage” (Fryśka, 2010, p. 86).

5 Ibid: “I am among those few canonists who find it difficult to accept this legal disposition. It blights a certain sacramental automatism, as it recognizes the sacramentality of any valid marriage between the baptized. Protestants are puzzled by the fact that their marriage is a sacrament”.

6 Here, the Polish Episcopal Conference’s instruction lists several groups of people, including the formal apostate, a person notoriously in church punishment, ostentatiously not practicing, etc.

enters into a relationship with a baptized and believing person. The same rules apply here as for mixed marriages (Gręzlikowski, 2009, p. 137). Therefore, a deviant from the faith (formal apostate, etc.), as a baptized person concludes it sacramentally, but unworthily – Canon 1055 § 2 CIC/83 (Salij, 2016, p. 117). Admittedly, the Church here has an *implicit* presumption of faith (valid for the validity of concluded relationship), but matters are worse with wickedness. It arises through the fault of deviator. However, this happens within the existing legal order. Such a situation leaves a clear *obligo* of action to revive faith in the deviator and to remove the bitter effects of wickedness. Such a possibility is evidenced by “not infrequent cases of what is commonly regarded as a recovery of faith” (ibidem, p. 114).

It seems that the ideal of the Catholic family, included in the canons and presented to one who faces the Catholic Church as a nupturient and apostate, can be a good means of pastoral influence here. As a rule, it is believed that in such a relationship the risk of losing the faith of a believer is greater than in mixed relationships, understood in the strict sense of the word. For this reason, according to the Polish Episcopal Conference, Canons 1071 § 1 no. 4 and 5; 1124-1125 CIC/83, etc. Nor is the guarantee of faith of a Catholic believing and practicing party sufficient. A party who has “notoriously abandoned the Catholic faith” should also pledge such a guarantee of faith in a similar manner (KEP, 2019, 70-74; Sobczak, 2002). Thus, i.e., on the same principle (out of concern for the good of the Catholic family’s faith), dispensation from the canonical form of such a relationship is also discouraged. After all, the participation, as well as the experience of the Catholic liturgy, common celebration, mutual kindness, mutual love, etc., which are shared by the parties to such an event, are a good opportunity for in-depth reflection, which will help to rediscover from the nupturients the greatness and holiness of God and the necessity of his saving grace.

3. Partnership non-sacramental relationships (declaration of unfitness for marriage, but also respect for human dignity)

In the context of partnerships, the legal doctrine of the Catholic Church recognizes such behaviors and human attitudes⁷ as an obstacle to valid sacramental marriage. The following are among the main ones: lack of discernment of essential marital rights and duties as well as mental incapacity to undertake essential marital duties – Canon 1095 CIC/83 (Góralski, 2020). There is the obstacle of incapacity to perform sexual intercourse – Canon 1084 § 1 CIC/1983 (Frąszczak, 2021, p. 167-180). There is also mentioned an ignorance that “marriage is a permanent union between a man and a woman, aimed at procreation of offspring through some kind of sexual intercourse” – Canon 1096 § 1 CIC/83. In addition, there is a simulation of marital consent (Wąsik, 2013, 215-153), etc. An exemplification of the problem can be found in the ruling of the Roman Rota of March 15, 1983. According to it, “homosexuality constitutes a ground for nullity of marriage by reason of incapacity to undertake the essential duties of marriage”: *causa naturae psychicae* – Canon 1095 No. 3 CIC/83. Moreover, there is a non-existence of the subject of marital consent – Canons 1057 and 1096 CIC/83 (Gołębiewska, 2012, p. 43-45).

Another relationship that the Church’s doctrine considers to be in serious crisis is that between or with a transsexual, transgendered person, etc. the Church denies a person who has “changed sex” the possibility of entering into a relationship of marriage as one who could not change his biological, chromosomal structure (Stawniak, 2019, p. 85-113). A surgical “correction” of gender is external and does not change the (genetic) nature of a person (Congregazione per la Dottrina della Fede, 2003, 35-36). Such a person is incapable of performing a sexual act as defined – according to Canon 1061 § 1 CIC/83. This refers to a humanly undertaken conjugal act by itself capable of conceiving offspring (Brzeziński, 2014, p. 99).

7 Partnerships are understood here as a legally legalized relationship between people of one sex ekai.co.uk (August 25, 2019). However, there are other approaches as well.

The source of negative evaluation of such a relationship here is that homosexual acts, according to the Magisterium of the Church, are contrary to natural law; they exclude from the sexual act the gift of life. They do not result from true emotional and sexual complementarity – 2357 CCC. Thus, persons “experiencing such inclinations «are called to a life of chastity», i.e. to abstain from homosexual acts and remain celibate” (KEP, 2020, No. 41; CCC 2359).

This does not mean that homosexuals or transsexuals, etc., are not treated (in Church doctrine) with the dignity due them, as well as not subjected to special pastoral care so that they do not feel excluded from the community of faith. The Church simply emphasizes in its doctrine that no inclination absolutely determines people’s moral choices. Therefore, “persons with homosexual inclinations are encouraged to take up the path of doing God’s will in the community of faith in friendship with Christ” (Olczyk, 2021, p. 369). This is also the promotion of the Catholic family.

4. Non-sacramental relationships: “free relationships” – cohabitation (obstacle of public decency)

According to the Catholic Church, a “free relationship” can be referred to when “a man and a woman refuse to give legal and public form to (their) relationship involving sexual intimacy” (CCC 2390). As a rule, this is expressed through:

- a. cohabitation;
- b. refusal of marriage as such;
- c. inability to make permanent and definitive commitments between persons of different genders (Świerczek, 2013).

And even though the CIC/83 does not expressly expound on what is to be understood by the term concubinage, canonistics here allows us to state that “under this term is meant the permanent living together of a man and a woman on the model of marriage (*more uxorio*), but without entering into a marriage valid in the light of *iuris canonici*. It is

irrelevant whether the cohabitants in such relationships are unmarried, or whether one of them (or both) are bound by marriage ties to other persons” (Szczygielski, 2014, p. 156).

The legal significance, on the other hand, is that even if “free relationships” are not subject to legal-civil registration, by uniting two people (a man and a woman), they form deep spiritual, physical (family), economic, etc. relationships. The Church describes such situations as crises, calling on members of such relationships to enter a canonically regulated and sacramental path (Yasteremysky, 2018, p. 123-132). Here the norm to be emphasized is that, according to Canon 1093 CIC/1983, an obstacle of public decency arises from notorious or public cohabitation. It causes “the nullity of marriage in the first degree of the direct line between a man and a woman’s relatives, and vice versa (ibidem, p. 154).

It should also be added that it also applies to a civil relationship, as well as an invalid marriage (in which sexual intercourse has occurred).

5. Non-sacramental relationships (exclusion from communion with Christ, as well as giving the person a chance to return)

Living in a non-sacramental relationship entails responsibility for sin, i.e., for the act of exclusion from communion with Christ, which the relationship between a man and a woman raised to the rank of a sacrament – Canon 1055 CIC/83. For the purposes of adequate exemplification, i.e. situations of moral and legal crisis, it is possible to point out (at least most importantly) the effects created in this field by a civil marriage entered into, i.e. one that has been legalized only by state law (Gajda, 2000, p. 44-48).

A common reason for the decision to live this way is that people form them for ideological reasons or after the breakdown of a sacramental marriage. They want to regulate in civil (state) law, such a way of being with each other and have some benefits from it. The Church also calls such people to conversion, explaining (also in normative, canonical, exclusionary, etc. ways) that it consists (above all) in entering the path of sacramental life. This means that those in such a (civil) relationship who

need to be together (e.g., for the sake of their children) should live in sexual purity. This is equivalent to their undertaking an effective practice of sexual abstinence. It consists of abstaining from acts that are permitted only to spouses united and sanctified by the sacrament of marriage, i.e., enabling the nupturients to perform many duties contracted here, such as having and raising offspring in the Catholic faith (John Paul II, 1981, 84; Janczewski, 2016, p. 45-47).

This is a demanding path, but it should not be understood only from the restrictions, but as one that leads to a renewal of the law, so as to be able to receive Holy Communion. Even the doctrine of the exhortation *Amoris laetitia* does not change Canon 915 CIC/83. The point is that the Pope (Francis, 2016, 300) “does not mandate that Holy Communion be given to divorced persons living in new relationships, but allows it in certain cases, provided that in the process of personal discernment of the individual situation of the person, a moral conviction is obtained that he or she is not in a state of grave guilt” (Majer, 2019, p. 95). This again means that all this should happen under the care (i.e., control) of a competent pastor who is well acquainted with this particular situation. The Church, embracing such persons with pastoral care, brings them spiritual and moral help so that they do not lose their hope and faith in the possibility of conversion and eternal salvation; i.e., in the possibility of a final and effective repair of the crisis situation in which they find themselves, i.e., when they live for some reason known only to themselves in a relationship: non-sacramental, free, partnership, civil, etc., and when they live in a relationship with another person.

Conclusion

The phenomenon of the Catholic family is complex, as well as relatively difficult to describe. Some, referring to the crisis that the modern family faces, point to the ambiguity of this concept. However, in the teachings of the Catholic Church, such “certainties” are present, which allow to analyze its structure and God’s vocation. They can be considered its protection and promotion. The point is that the Magisterium of the Church explains the concept of the Catholic family (above all)

through its close relationship with the sacrament of marriage (having in mind the supernatural vocation of the human person); appreciating its procreative function (multiplication of God’s people), as well as educational (i.e., religious) and unifying (i.e., making happy – when it comes to building and multiplying the good of these spouses and their entire family).

The concept of Catholic family, through its reference to the canons of sacramental discipline, is also relevant for describing those interpersonal relationships that (precisely in this light) appear “disordered.” If a relationship is formed by persons baptized in the Catholic Church, but living without the sacrament of marriage, having children with each other, they are de facto a family, but “in an irregular situation” (Francis, 2016, 79). The Church encourages them to enter the path of conversion, i.e. sacramental (Janczewski, 2016, p. 48-55). “It wishes to carry its teaching and offer help to those who, knowing the values of marriage and family, seek to remain faithful to them” (John Paul II, 1981, 1). The situation is actually quite difficult when people do not recognize the Church’s Magisterium, entering into various non-sacramental relationships (Tykfer, 2018). Some of them are the result of a lack of Catholic (saving) faith, but also personal immaturity, gender identity disorders, etc. It is on this account that the canonical doctrine of the Catholic Church considers a whole complex of various restrictions, orders, prohibitions, etc., which have the character of concrete, real help (Sowiński, 2019, p. 149-184).

The presented analysis includes only some doctrinal (canonical) elements that point to the special dignity and vocation of the Catholic family. They are particularly important, as well as characteristic, for the present times. In the confrontation between the teachings of Catholic Church and secular culture, they become (so to speak) a defense, as well as a clear promotion of the family ideals. Therefore, the concluding thesis of this analysis is that the canon law collected in the CIC/83 works for the good of the Catholic family even when it excludes someone from the particular rights of the community. However, its moral significance (most beautifully and clearly) is presented when it gives the faithful concrete ways out – even of the most difficult (marriage and family) situations. Thus, this is what happens in many of the cases indicated above.

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