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LOVE, MARRIAGE, FAMILY
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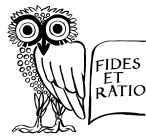
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Satisfaction with the marital relationship and the religiosity of spouses¹

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Abstract: The issue of marital satisfaction has aroused great interest in the scientific community and has been the subject of many analyses. Research conducted in this field has mainly focused on the search for factors that determine marital relationship satisfaction. Among them, the importance of religiosity has been highlighted, in supporting the durability of romantic relationships and leading to greater marital satisfaction. This research aims to verify hypotheses and research questions based on the literature, answering the question: is there a relationship between personal religiosity and marriage satisfaction? The study included 86 married couples, a total of 172 individuals, whose mean age was 38.49 years. Personal Religiosity was characterized by the Jaworski Personal Religiosity Scale, while marital relationship satisfaction was measured with the Norton's Quality Marriage Index (QMI) questionnaire adapted by Czyżkowska and Ciecuch. The results of the study indicate that spouses' personal religiosity has a significant and positive impact on marital satisfaction.

Keywords: marital satisfaction, personal religiosity, religiosity

Introduction

The issue of marriage, the relationships within it, and their determinants has been widely researched in many scientific fields over the years. Sociology primarily emphasizes the functions and roles of marriage in society, law refers to formal content (e.g., Bieńko, 2008; Kwak, 2009; Tyszka, 1990), while psychology focuses on the significance of the bond between spouses and its impact on the relationship, pointing out factors conducive to *marital satisfaction* (e.g., Brudek and Steuden, 2015; Dacewicz, 2014; Orłowski, 2018; Ryś, 1994). However, defining what marital satisfaction is, although intuitively clear, is not unambiguously definable in scientific terms.

1. Theoretical introduction

1.1. Marital satisfaction and related concepts

Defining the concept of marital satisfaction precisely is not easy, as marriage is a complex phenomenon influenced by many factors (Norton, 1983). In the literature, many related terms are used to define marital satisfaction. The most important ones include: *quality of marriage* (Spanier, 1976; Spanier, Lewis, 1980), *durability of marriage* (Ryś, 1994; cf. also: Dakowicz, 2014), *success of marriage* (Braun-Gałkowska, 1980; Orłowski, 2018), *marital success* (Janiszewski, 1986; cf. also: Brudek and Steuden, 2015) and *satisfaction with marriage* (Senko, 2018).

¹ Article in polish language: <https://www.stowarzyszeniefidesetratio.pl/fer/2024-1Kwiat.pdf>

Spanier and Lewis (1980) were the first to operationalize and introduce the concept of *marital quality*, encompassing all other related terms. Marital quality is a subjective assessment of the marital relationship built on the basis of several dimensions: sense of happiness, integration, satisfaction, attachment and adaptation of partners, as well as quality of communication. This quality is therefore defined through the prism of fulfilling tasks significant for marital life and achieving values recognized by partners (Spanier, 1976).

Ryś (1994) attempted to capture the complex concept of marital satisfaction using two terms: quality and durability. According to her, high-quality marital relationships are associated with a sense of satisfaction and happiness, integration, adaptation, and communication. Braun-Galkowska (1980, 1992) proposes the term *marital success*, which she defines as the subjective sense of satisfaction of spouses with the relationship they create, characterized by a lasting community. Similarly, Orłowski (2018) addresses this issue.

Janiszewski (1986) uses the term *marital success* and defines the quality of marriage as the unity of subjective feelings that can be expressed as a sense of happiness, as well as objective circumstances expressed in the durability of the marital relationship, resulting from the adaptation process from both subjective and objective perspectives (ibid, cf. also: Brudek, Steuden, 2015). The concept of *marital satisfaction* has been described in the literature as the alignment between what currently exists and what is expected; a subjective sense of satisfaction or dissatisfaction. It also presents a division into overall satisfaction with marriage and satisfaction with its individual aspects (Senko, 2018).

In the context of the research presented in this article, the term marital satisfaction is considered the most appropriate, which Norton (1983) understands as a subjective assessment of one's own marriage by the wife/husband, resulting from situations experienced during marriage and is perceived as: stable, strong, pleasant, creating a sense of unity and giving satisfaction. He also believes that the quality of the relationship between partners affects the psychological sphere of both women and men as well as

the family atmosphere (ibid). In this approach, the psychological functioning of partners will reflect the level of perceived satisfaction and dissatisfaction with the relationship (Czyżkowska, Ciecuch, 2019). The relationship between these variables also has a reverse direction: marital satisfaction is often determined by the emotional atmosphere prevailing between partners, affecting their positive functioning and communication in the marital relationship (Ghabi et al., 2022; Wańczyk-Welc, Marmola, 2017). Mutual and positive interactions of spouses can strengthen the sense of closeness and bonds and thus improve well-being in the relationship (Otero et al., 2020). However, married life brings a series of changes, causing many tensions, crises and conflicts between partners, which have a significant impact on the feeling of satisfaction from marriage. This "climate of marital life" is therefore largely formed by the husband and wife, who, influencing each other, shape it on many levels (Braun-Galkowska, 2020; Dakowicz, 2021).

1.2. Criteria for success in marriage

The marital relationship and the satisfaction derived from it undergo transformations over the life span. This is a result of the dynamic nature of partners' relationship throughout their entire lives and is influenced not only by subjective feelings but also by various objective and psychological factors of the spouses. Changes observed in life are often perceived as opportunities for the development of bonds and an increase in marital satisfaction, but they can also be a source of crises that diminish the quality of marriage (Dakowicz, 2019; Ryś, 2004; Ryś, Greszta, Grabarczyk, 2019).

In the literature, numerous factors influencing the quality of marital relationships can be identified. Among them are: mutual love, satisfaction with sexual life, a sense of happiness in marriage, alignment in terms of professed values, norms and religious beliefs, similarity in attitudes and participation in decision-making, agreement in the division of roles, harmony in economic and housing matters, satisfaction with the spouse's professional work, compatibility of characters and temperaments, having

offspring, interpersonal communication, conflict resolution skills, partner maturity, unity in parenting attitudes, a sense of the spouse's attractiveness, mutual acceptance, a sense of closeness, a sense of connection with the spouse, awareness of marital unity, mutual honesty, a sense of satisfaction and happiness in marriage, a feeling that the spouse is the right life partner, trust in the spouse, mutual fidelity, and openness (Braun-Galkowska, 1980; Ryś, 2004; Brudek, Ciula, 2013; Ryś, Sztajerwald, 2019; Ryś, Greszta, Grabarczyk, 2019).

These criteria are closely intertwined and mutually influence each other. A shared outlook on life among spouses impacts the development of closeness between them through the exchange of reflections and perspectives. It also aids in achieving a certain harmony and alignment on matters related to worldviews, religious beliefs, or material aspects. Communication between partners, therefore, translates into the construction of a deep bond in the relationship, reinforcing a sense of unity in the couple and increasing confidence that the decision to share their life together was the correct one (Brudek, Ciula, 2013; Greszta, Ryś, Trębicka, 2020).

Dew and Wilcox (2013) highlight that generosity, small acts of kindness, magnanimity, expressing love through small gestures, respect, willingness to forgive, self-sacrifice, and overall commitment have a positive impact on marital satisfaction (ibid, cf. also: Zaloudek, 2014). Additionally, recurring moments of mutual care and actions for the well-being of the other person are significant. These contribute to a sense of respect and security for the partner, positively influencing the emergence of emotional intimacy between spouses (Otero et al., 2020).

An equally as important aspect affecting the quality of marriage is intimacy, understood by Wojciszke as a feeling perceived as positive, which is accompanied by actions causing closeness, attachment and mutual dependence between partners (2017). A special form of intimacy between spouses is sexual acts, which significantly contribute to the feeling of satisfaction from the relationship (Dew in., 2020; Komorowska-Pudło, 2014; Leonhardt, et al., 2021).

Research shows that equally important for the feeling of satisfaction in marriage is the way in which the spouse communicates a lack of desire for sexual intercourse. Increased satisfaction in the relationship was felt by people whose partner communicated the lack of desire to engage in intercourse in a gentle and non-rejecting manner towards the spouse. On the other hand, refusal along with a hostile attitude towards the partner significantly affected the reduction of satisfaction (Kim, 2020).

1.3. Religiosity from a psychological perspective

In analyzing the concept of religiosity in psychology, it is essential to distinguish between the terms *religion* and *religiosity*. Religion has two aspects. The first is the objective aspect, consisting of norms, laws, behavioral rules, ritual activities, and specific behavior regulating the relationship between God and humans. The second is the subjective aspect, which is religiosity (Zasępa, 2002). Religion appears as a complex sphere with many dimensions that align with human desires, beliefs, needs, and fears, as well as an individual and positive orientation towards religion (Mishra et al., 2017; Plopa, 2011).

In the field of psychology, religiosity reflects an individual's relationship with God and the transcendental reality, as well as the experience and fulfillment of its norms and truths. It has also been examined in terms of the interdependence between the psychosocial sphere and the individual's psychological life (Jaworski, 1989). Religiosity encompasses subjective and internal acts of the individual, spiritual experiences, thoughts, desires, beliefs, and aspirations, as well as external behaviors such as religious practices, devotions, and rituals (Bukalski, 2016). This diversity arises from the specific characteristics of individuals, as the attitude toward religiosity is always of an individual nature. Moreover, the role of religiosity in each person's psychological life and their orientation toward the surrounding world and people will be somewhat different (Machalski, 2017).

1.3.1. Concepts of religiosity in the context of the psychology of religion

Representatives of psychological schools have devoted considerable attention to this issue, but assumptions regarding the interpretation of the phenomenon of religiosity are presented differently in each psychological approach. According to Freud, “religion, despite its psychological and social functions, does not allow the individual for their full personality development, as it sustains the persistence of infantilism” (cited in: Brudek, Steuden, 2015, p. 17). A different perspective on religiosity, still within the psychoanalytic tradition, was held by Jung. He perceived religions as providing meaning to human life and aiding in adaptation, with religiosity having significant importance for personal psychological development. However, his approach to religion and religiosity is reductionist as he reduces religion to a purely psychological phenomenon (cited in: Brudek, Steuden, 2015; cf. also: Dziedzic, 2017).

James (2001), from a precursor of humanistic psychology perspective, defined religion as the acts, feelings, and individual experiences of a person that relate to something they consider divine (ibid; cf. also: Czernik, 2011). Allport (1988), who expanded on James’s views, argued that mature religious sense is a relatively stable dimension in the model of a person’s personality and behavior, inseparable from emotional and cognitive elements related to higher values – holiness.

1.3.2. Personal and apersonal religiosity according to Romuald Jaworski

The analysis of contemporary psychological literature indicates many typologies of religiosity. However, a particularly inspiring and interesting concept is presented by Jaworski (1989; 2002), who draws attention to the personal dimension of religiosity (cf. also: Suchodolska, Gosztyła, 2010). Its main assumption is that Christian religiosity is a personal religion due to the co-occurrence of three elements: 1) man as the subject of religious experience; 2) the person of God as the object of religious experience; 3) the personal relationship occurring between man and God (Jaworski, 1989).

Based on psychological, philosophical, and theological theories, Jaworski (2002) distinguished two extreme forms of religiosity. The first is personal religiosity, which is a kind of pattern and model of religiosity, characterized by maturity, engaging man in experiencing a personal relationship with God. The opposite of such a form is apersonal religiosity, in which the relationship with God is instrumental, devoid of significant value. Both types of religiosity contain differences referring to the characteristics of the subject, the object, and the type of relationship in the personal contact between man and God. The person being the subject experiencing a relationship with God is distinguished by different features depending on the form of religiosity and the way in which the object, namely God, is treated. The issue of personal and apersonal religiosity is also related to the relationship that occurs between a person and God (ibid; cf. also: Juroszek, 2014).

1.4. Religiosity and marital satisfaction

The quality of the marital community relationship plays a significant role in building the durability and happiness of family life. Therefore, the issue of marital satisfaction has been the subject of many scientific considerations. It has been analyzed on various levels, but attention has particularly focused on finding factors causing an increase and decrease in satisfaction with marriage. Among the causes affecting the relationship, the religiosity of spouses has often been mentioned (Brudek, Lachowska, 2014; Dew et al., 2020).

Religiosity, as an individual sphere of beliefs, values, convictions, experiences, and references to God, plays a significant role in a person’s life. It shapes attitudes and hopes, helps to discover the meaning of existence, and indicates ways of coping with the difficulties of everyday life (Wnuk, Marcinkowski, 2012). In psychological research, its functional dimension has been particularly emphasized, which is associated with: openness to relationships, the mental health of the person (Bożek, Nowak, Blukacz, 2020), the durability of the family, general satisfaction with life, and the quality of marital relations (Krok, 2012; Yeganeh, Shaikhmahmoodi, 2013).

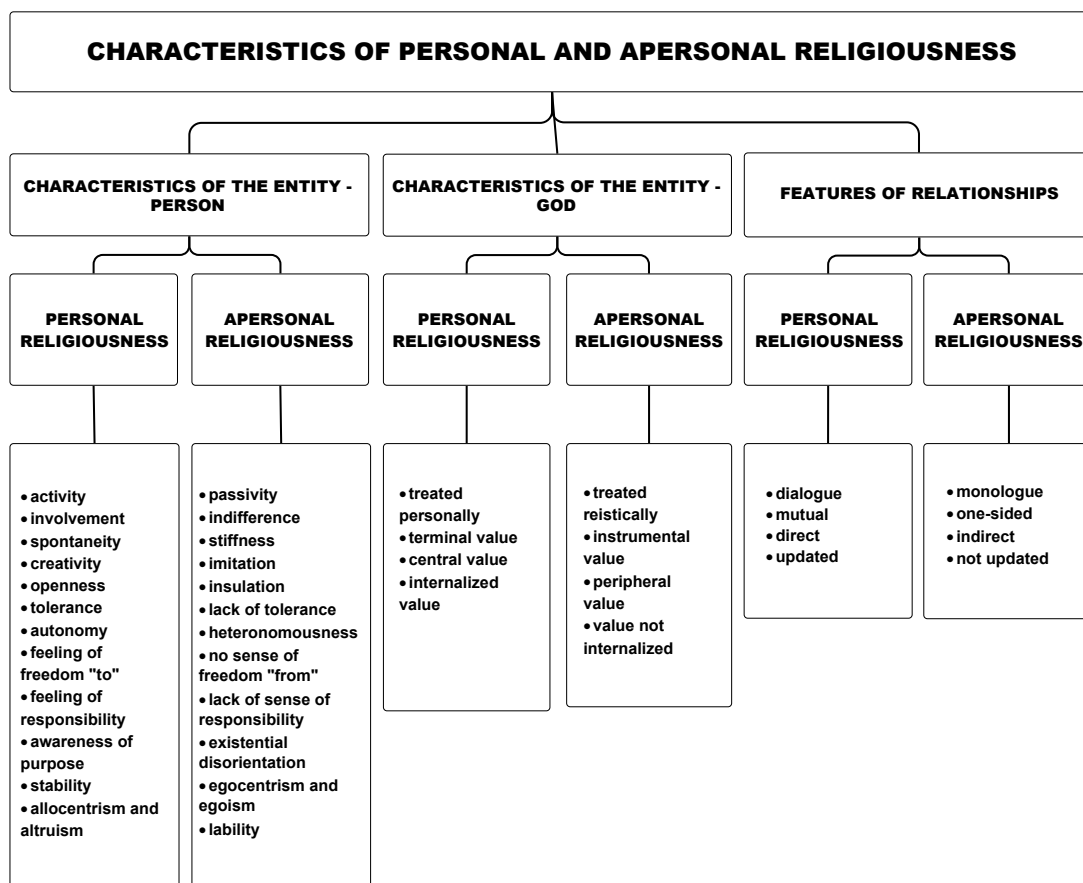


Fig. 1. Characteristics of personal and apersonal religiosity. Source: based on Jaworski (1989).

In Poland, marital satisfaction and religiosity have been and continue to be the subject of many scientific inquiries. Descriptions of studies available in the literature concerning the interdependence between religiosity and marital satisfaction largely emphasize the positive impact of religiosity on the level of satisfaction with one's own marriage (Brudek, Lachowska, 2014; Brudek, Ciula, 2013; Surma, 2023).

The most well-known authors of studies comparing the personal nature of religiosity with the sense of marital satisfaction are Kiełek-Rataj (2013), Brudek and Steuden (2015), and Plopa (2011). Their investigations have shown that the degree of personal religiosity, assessed on multiple levels, has a positive impact on marital satisfaction.

Furthermore, it has been indicated that a high level of relationship satisfaction is influenced by the individual's religious maturity (Kiełek-Rataj, 2013), as well as the role played by religiosity understood

in the category of a system of meanings (Brudek, Steuden, 2015). Studies have shown that less disappointment in the marital relationship is associated with the evaluation and interpretation of oneself, others, and the world from the perspective of the individual's religious commitment (ibid).

In the context of the religious system of meanings, investigations by Brudek and Lachowska (2014) demonstrated that the higher the religiosity, the higher the satisfaction with the relationship between spouses. Additionally, there is an increase in the sense of fulfillment in the relationship and the achievement of common marital and family goals, while disappointment in the marriage decreases (ibid).

Psychological research also indicates that a significant factor in marital satisfaction is the alignment and similarity of partners' religious attitudes. Women and men who have greater alignment in the religious sphere exhibit higher levels of marital satisfaction than spouses

with different attitudes (Braun-Galkowska, 1980; Kielek-Rataj, 2013; Tykarski, 2018). On the other hand, disagreement in the religious sphere can cause marital relationship disintegration due to the sense of physical and even psychological distancing from the spouse (Tykarski, 2018; Walesa, 1978; Śliwak et al., 2017).

Research on the correlations between religiosity and marital satisfaction has enjoyed great success not only in Poland, but also worldwide. Many foreign considerations confirm the assumption that religiosity has a positive relationship with marital satisfaction, as it strengthens the unity and quality of marriage (cf. e.g. Abdullah, 2017; Agu, Nwankwo, 2019; Aman i in., 2019; Bozhabadi i in., 2020; Cho, 2014; David, Starfford, 2015; DeMaris, 2010; Fardd i in., 2013; Homaei i in., 2016; Hwang i in., 2019; Lester, 2013; McDonald i in., 2018; Olson i in., 2015; 2016). Factors that often contribute to high satisfaction include: joint fulfillment of religious practices, understanding in the spiritual sphere, similarity of beliefs as well as the emotions they evoke, prayer, and mutual forgiveness (Abdullah, 2017; Fardd et al., 2013; Hwang et al., 2019; Lester, 2013; McDonald et al., 2018). Religiosity is associated with points of view, values, and attitudes, which, when shared, can strengthen the relationship between husband and wife and increase marital satisfaction (Amann et al., 2019; Olson et al., 2016).

Researchers have also confirmed that the alignment of partners in religious aspects weakens the impact of stimuli threatening relationship satisfaction, thus protecting marital well-being. Additionally, it was noted that the relationship between marital stress and satisfaction with the relationship is significantly weaker under conditions of high forgiveness by the spouse and a high level of prayer for the spouse compared to low forgiveness (Agu, Nwankwo, 2019; Olson et al., 2015).

For David and Stafford (2015), the basis of marital success lies in the individual relationship of a person to God. The authors also argue that the adoption and practice of virtues stemming from religion, such as love, sacrifice, forgiveness, and compromise, and the promotion of pro-family values and sexual fidelity, have a significant impact on the foundation of satisfaction with the marital relationship.

Observations by other researchers have established that religion provides people with general guidelines for life, and their realization leads to the strengthening of bonds between spouses. This improves psychological ability, the ability to cope with difficult everyday situations, and mutual understanding of partners, which results in an increase in marital satisfaction (Bozhabadi et al., 2020; DeMaris, 2010; Homaei et al., 2016).

Hunt and King (1978) note that when spouses are both involved in religious and church activities, this can lead to increased marital satisfaction (cf. also: Aman et al., 2019; Cho, 2014).

Based on the above research, we can see a correlation between personal religiosity and high marital satisfaction, which helps spouses in various ways to regain stability and control over life difficulties and serves as a way of gaining meaning of and significance in life (Brudek, Ciula, 2013). The results also show that religiosity is essential in creating a properly developing marital relationship, which also indirectly affects the proper functioning of the family environment (Dollahite et al., 2018). Elements of the spiritual well-being of spouses therefore seem to be one of the more important aspects of increasing marital satisfaction (Hoesni, Kasim, Zakaria, 2021).

2. Own research

2.1. Research goals and hypotheses

The general aim of the conducted research is to understand the relationship between marital satisfaction and the personal religiosity of spouses. This will allow us to verify the spouses' attitude towards the issue of religiosity and its impact on satisfaction with the marital relationship. The considerations carried out in the theoretical part of this article may indicate the existence of positive correlations between the religiosity of spouses and the level of their marital satisfaction. Therefore, the main research problem is the analysis of the relationships occurring between these two variables.

The above problem required answers to the following research questions:

1. Religiosity and marital satisfaction: Is marital satisfaction associated with religiosity?
2. Types of religiosity: Does the type of religiosity matter for marital satisfaction—do people with personal and impersonal religiosity differ in terms of marital satisfaction?
3. Engagement in religious and church activities of husband and wife: Do people who are in the Catholic community differ from those who are not in the community in terms of marital satisfaction?

When starting the research, the following hypotheses were set:

- H 1. People with a higher level of religiosity are characterized by higher marital satisfaction.
- H 2. People with personal religiosity are characterized by higher marital satisfaction than people with impersonal religiosity.
- H 3. People who are in the Christian community have a higher level of religiosity than people who are not in the community.
- H 4. People who are in the Christian community have a higher level of marital satisfaction than people who are not in the community.

2.2. Measures

The Norton's Quality Marriage Index (QMI) was used to measure marital satisfaction, in the Polish adaptation by Czyżkowska and Ciecuch (2020). The questionnaire consists of 6 statements, which are rated on a seven-point scale, where 1 – *I strongly disagree*, and 7 – *I strongly agree*. The overall score indicates the degree of marital satisfaction. The scale is characterized by high reliability and validity. In the Polish version of the scale, Cronbach's alpha is $\alpha = 0.97$ (Czyżkowska, Ciecuch, 2020). In the studied sample, the reliability of the scale for all respondents was $\alpha = 0.96$, in the group of women $\alpha = 0.97$ and in the group of men $\alpha = 0.98$.

To assess religiosity, the Personal Religiosity Scale by Jaworski in a shortened form (1989) was utilized. The original version comprised 100 statements but was condensed by the author to 30 statements. The scale includes four subscales. The first is belief, determining the level of unity with God, giving meaning to the believer's life. The next is morality, indicating the alignment between moral conduct and religious beliefs of the believer. Following that is religious practices, realized through prayer, contemplation, and deepening knowledge about God. The final subscale is self-religious, indicating self-identification regarding the level of relationship and closeness with God and the sense of being a Christian (cf. Opalach, 2012). Respondents rate their agreement on a five-point scale with statements reflecting the compatibility of their beliefs and behaviors. The religiosity score is the sum of the obtained points, considering the weighting in reversed questions, as per the respondent's answer key (Jaworski, 1989). The maximum score denoting personal religiosity is 150 points, while the minimum indicating impersonal religiosity is 30 points (cf. Kielek-Rataj, 2013). The reliability was checked by the authors of the study using the retest method and for the entire scale it was $\alpha = 0.97$, for faith $\alpha = 0.85$, for morality $\alpha = 0.8$, for religious practices $\alpha = 0.93$, and for religious self $\alpha = 0.9$.

2.3. Research procedure and participants

To verify the formulated research questions and hypotheses, a study was conducted from July 1 to September 1, 2021. The research involved online completion of the attached research methods by married couples. The time for completing the questionnaire was unlimited.

A total of 240 individuals were examined. Due to data gaps, the results of 68 questionnaires were excluded from the statistical analysis. Only the responses of 86 married couples, totaling 172 individuals ($M = 1.5$, $SD = 0.5$), were considered for analysis. Among the participants, there were 86 women and 86 men. The average age of the respondents was $M = 38.49$ years ($SD = 9.24$; Table 1).

Table 1. Age of participants

	Woman		Man		General	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Age	37.23	9.19	39.74	9.17	38.49	9.24

Among the participants, 48.3% declared affiliation with Christian communities, while the remaining 51.7% did not. The majority held higher education degrees (68%), with the smallest group comprising individuals with vocational (2.3%) and elementary (2.9%) education.

The surveyed group exhibited diversity in terms of their place of origin. A significant portion came from large cities with over 100,000 inhabitants (32%) and rural areas (27.3%), while a smaller percentage originated from medium-sized cities with 50,000 to 100,000 inhabitants (15.1%). The examined couples differed in the type of relationship they had established. More than half of the respondents (67.4%) had entered into a concordat marriage (both civil and church ceremonies), a significantly smaller portion (26.7%) had only a church wedding, and the least represented were couples with only a civil marriage (5.8%). Regarding the duration of relationships, 52.3% of respondents had been in a relationship

for 6 to 20 years. Out of the 86 examined marriages, 30.8% had two children, slightly fewer (27.3%) had one child, and only 2.3% of couples had five offspring. Among all surveyed couples, only 16.3% did not have children.

2.4. Results

The aim of the statistical analysis of the obtained results was to test the research questions and hypotheses in order to examine the relationship between individual dimensions of personal religiosity (Personal Religiosity Scale – PRS) and marital satisfaction (overall score of the Quality Marriage Index – QMI). IBM SPSS Statistics version 27 was used for the conducted analyses.

To determine the properties of the distributions of scales and assess the normality of measured variables, descriptive statistics were calculated. The results for all participants, considering the division between women and men, are presented in Table 2.

Based on the assessment of skewness and kurtosis, which, for most scales, exhibited values outside the range of -1 to 1, it was concluded that the distribution of the examined variables in the group deviates from a normal distribution. Therefore, non-parametric tests were chosen to test all research questions and hypotheses.

Table 2. Descriptive statistics for PRS and QMI for the entire group and divided by participants' gender

	Variables	Religiosity	Faith	Morality	Religious Practices	Religious Self	QMI
General	<i>M</i>	118.540	4.087	3.643	3.857	3.965	5.585
	<i>SD</i>	24.881	0.994	0.939	1.039	1.017	1.426
	Skewness	-1.362	-1.611	-1.160	-1.285	1.423	-1.351
	Kurtosis	1.137	2.158	0.942	0.965	1.482	1.642
Woman	<i>M</i>	120.337	4.183	3.678	3.939	4.008	5.525
	<i>SD</i>	24.147	1.003	0.944	0.994	1.029	1.422
	Skewness	-1.666	-1.938	-1.275	-1.618	-1.692	-1.224
	Kurtosis	2.203	3.358	1.488	2.303	2.331	1.296
Man	<i>M</i>	116.744	3.991	3.608	3.775	3.921	5.633
	<i>SD</i>	25.608	0.981	0.937	1.082	1.009	1.448
	Skewness	-1.122	-1.352	-1.070	-1.027	-1.179	-1.470
	Kurtosis	0.496	1.434	0.553	0.168	0.851	2.029

Table 3. Descriptive statistics for marital satisfaction and religiosity

Variables	QMI	Religiosity
<i>M</i>	5.585	118.54
<i>SD</i>	1.426	24.881
Skewness	-1.351	-1.362
Kurtosis	1.642	1.137

To examine hypothesis 1 (*Individuals with higher levels of religiosity exhibit higher marital satisfaction*) and the research questions, correlations were conducted using non-parametric tests due to the non-normal distribution of variables. A non-parametric *Spearman's rho* test was employed. The results are presented in Table 4.

The analysis of the results shows that religiosity and all its dimensions correlate significantly with marital satisfaction. Each correlation is positive and moderate. This means that with an increase in religiosity and its dimensions, marital satisfaction also increases.

The analysis also examined the relationships between overall religiosity assessment and marital satisfaction, divided by gender. The overall results of the correlation analysis for women and men reveal statistically significant moderate positive relationships between marital satisfaction and religiosity, significant at the 0.01 level.

The dimensions of religiosity for women indicate statistically significant weak relationships between faith, morality, religious self, and marital satisfaction, as well as a moderate correlation between religious practices and marital satisfaction for women. Conversely, statistically significant moderate correlations were found between all dimensions of religiosity and marital satisfaction for men. This result suggests that the higher the need for religious practices and rituals, the more frequent the contemplation of faith, adherence to religious norms and principles, seeking a relationship with God, as well as recognizing Him as a central value in life, and the more significant the impact on perceived marital satisfaction for both women and men.

Table 4. Results of the correlation between religiosity and marital satisfaction

Variables	Religiosity	Faith	Morality	Religious Practices	Religious Self
Marital Satisfaction	0.468**	0.416**	0.388**	0.453**	0.407**
Women	0.415**	0.364**	0.306**	0.408**	0.364**
Men	0.558**	0.491**	0.515**	0.532**	0.490**

Table 5. Descriptive statistics for groups of individuals based on the division of religiosity level into personal and apersonal

Variables	Religiosity	Faith	Morality	Religious Practices	Religious Self
<i>M</i>	4.697	2.936	2.631	2.633	2.639
<i>SD</i>	1.605	0.744	0.735	0.757	0.774
Skewness	-0.417	-0.807	-0.049	-0.348	-0.644
Kurtosis	-0.565	-0.952	-0.343	-1.189	-0.739
<i>M</i>	6.297	4.698	4.447	4.828	4.797
<i>SD</i>	1.042	0.230	0.286	0.147	0.207
Skewness	-3.331	-1.088	-0.170	-0.675	-0.793
Kurtosis	14.680	1.255	0.344	-0.144	-0.356

Table 6. Results for the U Mann-Whitney Test for personal and apersonal religiosity regarding marital satisfaction

Variables	Mean Ranks		U	Z	p
	Apersonal Religiosity N = 43	Personal Religiosity N = 46			
Marital Satisfaction	30.56	58.50	368.0	-5.133	0.001
	Being in a Religious Community	Not being in a Religious Community			
	106.22	68.11	2056.5	-5.045	0.001
Religiosity	105.61	68.68	2107.5	-4.862	0.001
Faith	99.92	73.98	2579.5	-3.425	0.001
Morality	103.64	70.52	2271.0	-4.370	0.001
Religious Practices	106.73	67.63	2014.0	-5.156	0.001
Self Religiosity	103.43	70.71	2288.0	-4.327	0.001

The group was divided based on the results of percentile ranges, where scores below the 25th percentile were identified as indicating apersonal religiosity, and above the 75th percentile as indicating personal religiosity. In the subsequent analysis, tests of differences between the group with personal and apersonal religiosity were conducted. Due to the lack of normal distribution, the differences between groups were assessed using the non-parametric U Mann-Whitney test, the results of which are presented below.

The Mann-Whitney U test showed that in terms of marital satisfaction, when divided into personal and apersonal religiosity, the rank direction ran from personal religiosity to apersonal religiosity. The differences between the average results were statistically significant at the $p = 0.001$ level. Thus, hypothesis 2 was confirmed (*People with personal religiosity are characterized by higher marital satisfaction than people with apersonal religiosity*).

To examine hypothesis 3 (*People who are in the Christian community have a higher level of religiosity than people who are not in the community*) and 4 (*People who are in the Christian community have a higher level of marital satisfaction than people who are not in the community*) as well as research questions related to differences between groups, data were tested when divided into groups according to the level of religiosity of the respondents and membership in the Christian community.

All results for the conducted Mann-Whitney U test in the field of religiosity and marital satisfaction, when dividing the group according to membership in religious communities, turned out to be statistically significant. It can be observed that marriages between individuals in the Christian community have significantly statistically higher results in terms of satisfaction with the relationship and all scales of personal religiosity than marriages that do not belong to the community. The direction of average ranks ran from people who are in the community to those who are not.

2.5. Discussion

The presented research aimed to examine three threads in the area of religiosity and marital satisfaction: 1) the relationship between religiosity and marital satisfaction; 2) distinguishing two types of religiosity as well as examining their significance for marital satisfaction; and 3) examining the significance of engagement in religious and church activities of spouses for marital satisfaction. The analysis of the obtained empirical data related to the variables allowed for a positive verification of all research questions and hypotheses. The results of the conducted research clearly indicate that satisfaction with the marital relationship correlates positively with personal religiosity and all its dimensions. This result has also been confirmed in other studies

(Abdullah, 2017; Bahnaru et al., 2019; Bozhabadi et al., 2020; Braun-Gałkowska, 1979; Brudek, Ciuły, 2013; Brudek, Lachowska, 2014; Brudek, Steuden, 2015; Dudley, Krosinskiego, 1990; Fardd et al., 2013; Hwang et al., 2019; Juroszek, 2014; Kielek-Rataj, 2013; Lester, 2013; McDonald et al., 2018; Olson et al., 2016; Surma, 2023).

In line with the research assumptions, the analysis of the results indicated that people with a higher level of marital satisfaction are characterized by personal religiosity. On the other hand, people with apersonal religiosity showed a lower level of marital satisfaction. Therefore, it can be assumed that satisfaction and benefits in the functioning of the marital relationship are related to the mature religious life of a woman and a man. This is seen in her scientific inquiries by Braun-Gałkowska (1980), stating that spouses who showed greater maturity were more satisfied with marriage. This maturity was manifested by empathy and awareness, the ability to reflect and create, as well as flexibility of thinking and internal activity (*ibid*). Therefore, following Chlewiński (1991), it can be assumed that mature religiosity is a value that plays a significant role in the psychic life of a person, as it reaches as far as the structures of his personality, beliefs, way of thinking, attitudes and behaviors. He also believes that the characteristics of a person associated with mature religiosity, which is acquired at various stages of life, are an opportunity to shape valuable characteristics and behaviors of a person not only towards God, but towards himself, other people and the whole world around him (*ibid*). It seems that from mature religiosity also grows the desire, and even the obligation, to constantly maintain closeness between spouses who want to create a community and are focused on cooperation for mutual good and the good of the relationship. Such an approach by partners to each other and the relationship is consistent with the concept of personal religiosity, which assumes that religiosity experienced in an individual relationship with God is characterized by a person's readiness to work on oneself, to sacrifice for others and awareness of the goal to which he strives. It is also characterized by the immutability of beliefs and feelings. This therefore testifies to

psychological and religious maturity. This maturity of a man and a woman seems to contribute to the positive perception of life in terms of values and purpose, but also to favoring the building of a satisfying relationship with a partner (Jaworski, 1989).

It can also be assumed that people with apersonal religiosity, who do not base their life and marriage on religiosity, can much more easily succumb to the instability of moral principles, discouragement, loss of a sense of purposefulness of their existence, in difficulties, in dealing with crises, which can lead to internal dissatisfaction, closing off to the partner, lack of hope and willingness to make an effort and joint work on the relationship. Therefore, it seems to be a manifestation of psychological and religious immaturity, characterized by not placing God at the center of life, lack of ability to build relationships, lack of a sense of responsibility, easy susceptibility to changes, frequent fluctuations in reactions and lack of reflection (Jaworski, 1989). This attitude therefore does not provide a developmental perspective for a satisfying relationship between spouses. For, as Kaźmierczak (2017) claims, the morality of people with apersonal religiosity is becoming increasingly independent and affects not only the individual life of a person, but also transfers to family and marital morality. Therefore, the influence of religiosity on marital satisfaction is different for spouses who are internally oriented, i.e., religion, values, and principles flowing from it are recognized and implemented, as opposed to externally oriented spouses, for whom religion and rules are not fully respected and there is no involvement in religious practices.

The analysis of the results allowed us to verify, for the studied sample, that satisfaction with the relationship is associated with religiosity and all its dimensions. It is worth noting that the more often people engage in life and religious practices and belong to the Christian community, the higher their level of religiosity. People who were in religious communities statistically significantly rated satisfaction with the relationship higher than people who did not belong to communities, who at the same time show a significantly lower level of religiosity. Therefore, it seems correct to state that religiosity,

being an important value, grows in a person through shaping, deeply experiencing, and practicing it, and co-creating a religious community (Popielski, 1996; cf. also: Wojtarkowska, 2019).

It can therefore be assumed that through joint participation in worship and prayers, a specific and strong bond is built between a woman and a man. Perhaps faith and religious practices experienced together also strengthen those traits that lead to communication and help reduce marital conflicts. Deep religiosity, according to Wandrasz (1998), shapes in a person an attitude of respect for oneself and another person, and also emphasizes the value and dignity of the person (*ibid*; cf. also: Bejda, Lewko, Kulak-Bejda, 2018). In turn, Śliwak and others (2017) prove that with an increase in religiosity, there is also an increase in engagement in the development of relationships between spouses, showing support and respect, and mutual work to resolve conflicts (*ibid*). Therefore, it seems particularly important for spouses to communicate aiming at agreement.

David and Stafford (2015) emphasize the relationship between marital satisfaction and joint religious communication. They point out that strong engagement of partners in conversation about common values, goals, and the role of God in their marital life affects mutual attitudes of spouses towards each other, empathy, and forgiveness (*ibid*). Therefore, it can be assumed that in the absence of joint religious communication, different religious preferences, as well as differences in religious practice and belief system, there is a higher level of marital disagreement, which according to researchers, among other things, affects the weakening of the forgiveness process as opposed to believing people. Therefore, it seems that a significant factor for marital satisfaction is communication, which plays an important role in getting to know partners, deepening bonds and dealing with problems, as well as agreeing on behavior in various matters of everyday life (Braun-Gałkowska, 1980).

It can also be assumed that the reference point for assessing marital satisfaction will be a similar system of values and attitudes derived from moral norms having their source in religion. This suggests that the religious beliefs of spouses have a significant impact on expectations, deeds, thoughts, and feelings, and

consistency in professed values has a positive relationship with experiencing satisfaction from the marital relationship (Kielek-Rataj, 2013; Tykarski, 2018). Similarity of beliefs and religious values may also make marriages more harmonious. In other words, denominational differences can cause tensions in marriages due to difficulties in reconciling different expectations and lack of acceptance in the family, as shown, for example, in the case of mixed Catholic-Protestant marriages in Northern Ireland (Wright, Rosato, O'Reilly, 2017). Both Braun-Gałkowska (1984) and Elżanowska (2012) notice that spouses who build their relationship on similar religious values are much more satisfied with the relationship than spouses for whom religious principles and values are not significant.

It can be assumed that more religious couples, due to their professed values and beliefs, are much less inclined to make decisions about divorce, and are much more engaged in repairing relationships, forgiving, or seeking help from specialists to survive a crisis. This also suggests that religiosity somehow indicates how to behave towards a spouse based on the permanence and unity of marriage and the attitude of love and responsibility. Such a thesis seems to be confirmed by Dudley and Kosinski (1990), who showed that religiosity strengthens the bond between spouses, helps them in showing love, presents ways in which to think about the needs of others, treat each other with respect, resolve conflicts and forgive. These studies also confirmed that thanks to the religiosity of the husband and wife, many marriages avoided divorces. A similar result is visible in Sullivan (2001), where a higher level of religiosity of spouses was a predictor of more orthodox attitudes and views on divorce, was associated with much greater engagement of husbands and wives in the relationship, and predicted a greater desire to seek help in times of crisis. Therefore, it can be assumed that religiosity plays an important role for marital satisfaction because it shapes, gives deep meaning and sense to marriage, and also helps to direct interactions between a woman and a man. It is also associated with a specific approach to marital life and mutual engagement of the husband and wife in the relationship.

On the other hand, a low assessment of satisfaction with the marital relationship by people not belonging to religious communities may suggest that the lack of spiritual bonds and experiencing common religious values makes it difficult to deepen relationships between spouses. This leads to the conclusion that the religious sphere is not indifferent for a satisfying life in marriage. Therefore, it can be assumed that situations of divergence of religious attitudes of the husband and wife are frequent, and hence misunderstandings in matters of needs, goals, moral, axiological and family matters, as well as everyday circumstances. These misunderstandings seem to resonate in the daily life of the couple and implicate behaviors, ways of communication, mutual understanding or stability of the relationship, and also lead to the disintegration of the previous way and rhythm of life. These assumptions seem to be confirmed by Curtis and Ellison (2002), who observed that more frequent marital misunderstandings are associated with differences in the religiosity of the husband and wife (*ibid*; cf. also: Lambert, Dollahite, 2006). Taking this into consideration, one could speculate that the discordance between partners in terms of religiosity leads to a decline in the quality of communication, consequently resulting in a reduction of marital satisfaction. Such an association is highlighted by Jankowska (2016), emphasizing that disrupted communication leads to disappointment in the relationship and significantly influences a decrease in satisfaction with the marital bond (*ibid*). Therefore, one may conclude that lower satisfaction in marital relationships for individuals not belonging to the Christian community will be influenced by distinct beliefs and perspectives regarding faith and life.

The results of the analysis on the perception of marital satisfaction in relation to religiosity and its dimensions by men and women showed slight statistically insignificant differences between genders. However, these findings serve as supplementary measurements and aimed to explore whether it would be worthwhile to investigate the relationships between religiosity and marital satisfaction in the future, considering gender

differences. Nevertheless, one can conclude that faith in God and establishing a personal relationship with Him contribute to the development of mature religiosity. This, in turn, shapes an individual's personality, influencing their worldview, hierarchy of values, and attitudes towards others, regardless of gender.

Conclusions

In summarizing the considerations, it is crucial to emphasize that the obtained research results confirmed the assumptions about the coexistence of a positive relationship between marital satisfaction and religiosity, particularly engagement in religious life and practices through membership in the Christian community. However, it is worth noting that not every type of religiosity positively influences relationship satisfaction. It appears that only the personal dimension correlates positively with marital contentment. The gathered data thus present an intriguing perspective on marital relationships, portraying them as complex existential and spiritual experiences.

The relationships identified in the research also allow for practical implications. Specifically, religiosity can be regarded as a unifying factor in the husband-wife relationship, fostering communication and maturity, facilitating coping with challenging situations by overcoming difficulties, and preventing marital dissolution. Therefore, the obtained data can contribute to an increased understanding of family psychology, drawing psychologists' attention to the significance of religiosity for marital satisfaction. This information can be utilized in psychotherapeutic practice as well as family counseling.

The knowledge gained from the analysis can also be incorporated into premarital courses for individuals preparing for the sacrament of marriage, emphasizing the importance of the religious dimension for a fulfilling relationship.

The results of these studies may serve as inspiration for further exploration of the connections between religiosity and marital satisfaction, as well as with other aspects of human life. In future

scientific inquiries, it would be valuable to expand these studies, for example, by examining the relationships between personal religiosity and marital satisfaction with a gender breakdown. Additionally, enriching the study by incorporating other dimensions of marital satisfaction or exploring different correlates of relationship satisfaction could provide a more comprehensive assessment of the areas under investigation.

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The family as a key context for positive youth development. Legal, organizational, and psychological opportunities for integrating the family into the network of support and development of adolescents¹

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Abstract: This article presents the importance of the family as a context for adolescent development. The concept of positive youth development was presented, which emphasizes strengthening adolescents' strengths, resources and potential, as opposed to theories focusing on the deficits and difficulties of adolescence. The idea is to propose creative forms of spending free time as a way to "break away" from various risky behaviors typical of the turbulent times of adolescence. The basis is the assumption that everyone regardless of previous functioning and experience, has the potential to develop and self-realization. To achieve this, it is necessary to believe in the teenager's abilities and to be surrounded by appropriate mentors who show development paths and create a support network. Among them, teachers, trainers, educators and extended family play an important role, but the primary role can and should be played by parents. The article presents the practical use of the theory of positive youth development in the Polish educational system – both legal possibilities and limitations that require research and development of interdisciplinary cooperation.

Keywords: positive youth development, support network, family, adaptation to adulthood, adolescence

1. The concept of positive youth development

The theory of positive youth development arises from the need to support the development of teenagers growing up in difficult care and educational conditions and at risk of social maladjustment. In contrast to traditional concepts, it places emphasis not so much on reducing deficits, but on strengthening the positive sides of teenagers: their potential and key development areas for adaptation to adulthood (Barłóg, 2023; Benson et al. 2006). The concepts of positive youth development are complemented by the theory of psychological resilience, which tries to explain the phenomenon of good functioning in adulthood despite unfavorable educational conditions at earlier stages of development (Barłóg, 2023; Ogińska-Bulik, Juczyński, 2011; Kaczmarek, 2011; Ostaszewski, 2014). The theory of positive

youth development identifies five key indicators, the development of which promotes proper adaptation to adulthood and seems to be highly related to the phenomenon of psychological resilience. The indicators described are (Barłóg, 2023; Bowers, Kiely, Brittan, Lerner, Lerner, 2010; Lerner et al. 2005; Phelps, Zimmerman, Waren, Jelicic, von Eye, Lerner, 2009; Ostaszewski, 2014): competence; confidence; connection; character; caring.

The theory of positive youth development indicates that strengthening the above competence areas is also a way to reduce deficits (Benson et al. 2006). Transmitting appropriate patterns and teaching socially acceptable behavior translates into reducing the frequency of socially inappropriate behavior. In this way, in addition to the negation of inappropriate attitudes, there is an "offer" of positively spending free time. It is worth noting that communication based on the child's positives and strengths helps reduce several

¹ Article in polish language: <https://www.stowarzyszeniefidesetratio.pl/fer/2024-1Barl.pdf>

basic variables that constitute barriers to psychological help. Recognizing a teenager's strengths can help reduce the phenomenon of self-fulfilling prophecy that accompanies people who help others (Aronson, Wilson, Akert, 2006; Gamian-Wilk, Madeja-Bień, Domagała-Jędrzejewska, 2018). If you assume that a teenager will end up with many difficulties anyway (just like his or her parents), you start to adopt the attitude: "it's a waste of time to devote to him/her, and it's better to focus on children who want to learn and develop." Recognizing the strengths of teenagers who cause difficulties may be a kind of Rosenthal effect; by noticing the child's potential, mentors can start to develop this talent and the motivation to help becomes greater (Turska, 2018). Moreover, communication focused on positive aspects of functioning supports building the child's self-esteem. In turn, labels focused on reducing deficits, such as "study", "be polite", "get yourself together", lower this self-esteem. At the same time, this type of communication may increase reactance, i.e. resistance to change – "no one will tell me what to do" – so I end up doing what I want, often in spite of adults (Aronson, Wilson, Akert, 2006; Bakiera, 2013; Gurba, 2013). For a preventive program based on the theory of positive youth development to be effective, it is important to rely on a few key principles. The foundation is the belief that every individual has the potential to function positively and develop, regardless of their past and experiences. The described potential is developed with the support of mentors (e.g. parents, teachers, trainers). These mentors, through good relationships with the child, create environmental conditions based on proper communication, which creates a sense of community, which is one of the main sources for the positive development of young people. It is also important to strengthen the adolescent's own activity and recognize that he/she is the main subject of his/her own development (Benson et al., 2006). By functioning in a team where there is a sense of community and good relationships (e.g. a sports team), a child learns social competences, what should be done among coaches and peers, and what behavior is unacceptable. Building correct social attitudes can therefore take place in a positive atmosphere in which the child wants to participate, and not by focusing on deficits, orders and prohibitions (Barłóg, 2023).

The principles presented show that it is crucial to build a relationship with a teenager. The child observes and adopts behaviors, in other words, they are modeled by significant people close to us (Bandura, 2007). It is true that this person does not always have to be a parent, it may be a teacher, an extended family member, or an extra-curricular activity coach. However, the family is the primary educational environment in which basic development needs are met. The family creates conditions for gaining experience and transmits patterns, both unconsciously, by modeling behavior, and consciously in the upbringing process (Bakiera, 2016, 2019; Bowlby, 1971; Przetacznik-Gierowska, Tyszkowa, 2011, Wałęcka-Matyja, 2014). For the development of the child, proper parental attitudes and stable behavioral patterns are essential, as children not only imitate the behavior of other household members, but interpret a variety of behaviors, events and messages (Bakiera, 2019; Bakiera, Doiczman-Loboda, 2018; Plopa, 2011; Posłuszna-Owczar, 2012; Rostowska, Spryszyńska, 2014; Ryś, 2004; Wałęcka-Matyja, 2014). Family functioning shows a relationship with all key psychosocial spheres. The sense of being loved by parents is linked with adolescents' social functioning (Plopa, 2011), self-identity construction (Gurba, 2013; Oleszkowicz, Senejko, 2011), temperament expression and personality development (Michalek, Rostowska, 2014; Pervin, 2002), as well as the level of self-esteem in various areas of functioning (Cierpka, Wierzbicka, 2013) and mental resilience (Ryś, 2016, 2020; Ryś, Trzęsowska-Greszta, 2018). The quality of family functioning is also linked to readiness to carry out developmental tasks in adulthood, including taking up parenthood (Kalus, Szymańska, 2019). On the other hand, adolescents who have a sense of rejection by their parents are observed to have high mood lability and an inability to forgive associated with aggressiveness (Plopa, 2011).

The family is therefore one of the key contexts for the positive development of young people, where relationships with the immediate environment, positive attitudes towards oneself and attitudes towards other people should be modeled. Through a properly functioning family system, in which there is appropriately balanced cohesion (balance between own

needs and those of individual household members) and flexibility (ability to respond to various challenges), a child can acquire life competences and morally solve the dilemmas facing him (Barlóg, 2023; Olson, Gorall, 2003; Margasiński, 2009). The family is therefore one of the key contexts for the development of all five indicators of adaptation to adulthood (five CS – Barlóg, 2023; Lerner et al., 2005; Ostaszewski, 2014).

2. Family as a basic microsystem

The family is the basic microsystem, i.e. the closest environmental system, which, together with other closest systems (school, peers), constitutes the context of individual development (Bronfenbrenner, 1979; Czub, Matejczuk, 2015; Ettekal, Mahoney, 2017; Vasta, Haith, Miller, 2004). Throughout life, a person acquires new skills thanks to the help and support of more experienced people. At the first stages of development, people supporting development are usually parents, grandparents or siblings, then teachers (Bee, 2004; Vasta, Haith, Miller, 2004), and in adolescence, in addition to family members, peers become particularly important (Obuchowska, 2009). These people and the relationships between them constitute different contexts of development that are important for the development of children and adolescents, but also determine its course (Bronfenbrenner, 1979; Przetacznik-Gierowska, Makiello-Jarza, 1985; Przetacznik-Gierowska, Tyszkowa, 2011). The mentioned microsystems are complemented by the following levels: mesosystem, exosystem, macrosystem, chronosystem. The mesosystem means the relationships between individual microsystems (i.e. communication in the teenager's support network), while the exosystem and macrosystem refer to the broader social context, the legal and political system (exosystem) and to the values and norms transmitted in society from generation to generation (macrosystem) (Bronfenbrenner, 1979; Vasta, Haith, Miller, 2004).

When building preventive programs (e.g. at school), it is important not only to focus on one's own task (e.g. role of the school), but also to recognize the need for interdisciplinary cooperation

and build a support network (Przeperski, 2017). Extra-curricular activities are only a part of a teenager's life, and the family is the primary context, so when working with a teenager, it is also crucial to strengthen parental competences, and thus a broader perspective of working with a young person. Working with a parent (just like with a teenager) should be based on the parent's strengths and teaching how to spend free time together with the teenager. The most effective preventive programs are those that not only develop the teenager's potential, but also improve the functioning of individual microsystems: family or school (Durlak et al., 2007; Ward, Zabriskie, 2011).

3. Family in the network of support and development of a teenager

Increasingly, aid activities are carried out in the context of systemic work. For example, such a support network is organized in the context of work with the family with care and educational difficulties, with whom a family assistant cooperates. He establishes contact with the teenager, but also coordinates the process of cooperation of individual microsystems. The family assistant is in contact with the family, school teachers, and specialists working with the child (e.g. after-school teachers). At the same time, it organizes contact and psychological, legal and medical support (Ustawa z dnia 9 czerwca 2011 r. o wspieraniu rodziny i systemie pieczy zastępczej, 2011).

A similar role is played by the family foster care coordinator, who cooperates with the foster family taking care of the children. He stays in contact with the child, foster parents, and the school, and helps organize psychological, legal and medical support. At the same time, it helps foster parents in contact with the child's biological family (Act of 9 June 2011 on Family Support and Foster Care System). The given examples of a family assistant or a family foster care coordinator concern extreme situations when the child has been taken away from the biological family, whether there is a risk of the child being taken away and a social welfare specialist works with the family. However, prevention at earlier stages is important.

Systemic activities are key: working with the child, the parent and individual microsystems (in which the child functions) can be done faster. However, the question remains who could coordinate such a support network, where a parent who notices a problem could go to? Of course, a parent can go to a psychological and pedagogical clinic, get advice, diagnose the child, determine whether the difficulties result from on clinical or educational issues, however, psychological and pedagogical counseling centers are burdened with the number of diagnoses and the number of children in need of support, therefore it is necessary to think systematically about changes in the process of psychological assistance in the child's environment. Today, there is a lack of interdisciplinary cooperation, the parent brings opinions from the school or kindergarten, and this is usually the end of contact between specialists from various educational institutions. There are situations in which cooperation is more regular and organized, but these are cases rather than a rule organized by the Polish education system.

It is worth noting that the tasks of a psychological and pedagogical counseling center include: "implementing preventive tasks and supporting the educational function of kindergartens, schools and institutions, including supporting teachers in solving teaching and educational problems" and "organizing and providing support to kindergartens, schools and institutions in the implementation of teaching, educational and care tasks" (§2, points 3 and 4, Regulation of the Minister of National Education of February 1, 2013).

Psychological and pedagogical assistance in schools is organized and provided in cooperation with (Regulation of the Minister of National Education of August 9, 2017):

1. parents of students;
2. psychological and pedagogical counseling centers, including specialized counseling centers, hereinafter referred to as "counseling centers";
3. teacher training institutions;
4. other kindergartens, schools and facilities;
5. non-governmental organizations and other institutions and entities acting for the benefit of the family, children and youth.

From the perspective of legal regulations, kindergartens, schools and psychological and pedagogical counseling centers are obliged to cooperate with the family in matters of child development and for interdisciplinary cooperation among themselves. However, a few questions remain:

- to what extent does the cooperation concern prevention and development of children without any care, educational and clinical difficulties? One or two workshops a year do not seem to be a good preventive measure during such a dynamic period as a teenager's rebellion (Oleszkowicz, 2006).
- if cooperation with several specialists is crucial for a teenager's development, how many of them cooperate with each other on a regular basis? Which of these institutions could coordinate the development of a teenager at risk of social exclusion? In other words, the question arises of coordinated development, similarly to medicine, the general practitioner coordinates the treatment process, supervises the effects and refers to other specialists building a support network (Barłóg, Barłóg, 2022). This is an important research question that should be asked in future research conducted among specialists cooperating on child development, so that it becomes possible to create interdisciplinary teams, as is the case with foster care or family assistantship.
- finally, the question arises about the empowerment of parents and providing them with interdisciplinary support. The parent does not have to be a specialist in psychology, pedagogy, speech therapy, or sensory integration therapy, and sometimes such extensive cooperation is necessary, which means that several times a week the parent listens to various advice, but not coordinated with each other. However, it is crucial to implement consistent care and educational methods. If a child has consistent rules in several microsystems, it is easier for him to adapt and carry out tasks, for example if there are consistent rules at home and at school. Similarly, in the case of development activities – the development by specialists of a coherent schedule and a set of tips for parents, but a set tailored to the needs of a specific child, not

universal guides, is a key task and requires building a support network. Moreover, in the process of long-term therapy, the relationship with the patient is as important as treatments, e.g. medical ones, so a support network in which specialists coherently support parents and the child is the key to building family motivation, compliance with various recommendations and instilling hope in the effectiveness of activities (Barlóg, Barlóg, 2022; Barlóg, Stradomska, 2018; Kardas, 2014; Nowina Konopka, 2016; Przeperski, 2017).

Summary

A adolescent's development takes place in several microsystems: in the family, at school, among peers and during various trainings and in free time. The article discusses the issues of interdisciplinary cooperation between specialists and the creation of a network of support and development of a teenager, where the

family is also located, because ties with the environment and the ability to build relationships are two of the five key indicators of adaptation to adulthood (Barlóg, Barlóg, 2022). Therefore, the key challenge is research conducted among specialists on the real possibilities of implementing these ideas, consistent with the developing concept of preventive activities based on the idea of positive youth development, i.e. strengthening the natural potential of a teenager, instead of focusing on his deficits. In addition to research, practical changes are also necessary, however, examining real needs and possibilities is key to implementing changes step by step, because legal provisions not only enable such activities, but even oblige specialists to carry out the described tasks. What is important is not only the reaction where clinical or educational difficulties are observed, but also conducting preventive activities in a group of all young people, which is currently implemented in Western countries (Barlóg, 2023; Mahoney, Weissberg, 2018; Taylor, Oberle, Durlak, Weissberg, 2017), because prevention is better than cure.

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„The gender reassignment” controversy – between affirmation and kind restraining¹

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Abstract: The review article presents the phenomenon of transsexualism through the prism of the etiology, scale and dynamics of the phenomenon as well as the most controversial social consequences concerning „sex change” and the acceptance or non-acceptance of voluntary personal forms adopted by children and adolescents. Review of contemporary literature, analysis of positions on the issues of the so-called gender changes (gender reassignment, gender matching). The text shows the evolution of understanding of gender identity disorders in the ICD-10 and DSM-5 classifications as well as the controversy related to the tendencies depathologizing gender inconsistency in the ICD-11. Looking at the etiological issues we present an attempt of in-depth psychological analyzes as opposed to the dominant, reductive medical approach. In the text, we also recall the basic developmental regularities of children and adolescents, often overlooked in discussions on transsexualism. The basic developmental regularities of children and adolescents, often overlooked in discussions on transsexualism, were also reminded. As the review of the data shows the rapid increase in gender identity disorders in recent years, their pronouncement leads to emphasizing the growing role of pop culture influences on young people. There is also a lack of research on the use of puberty blockers in children/adolescents – their introduction appears to be an experiment with, in fact, unknown consequences. The analysis of developmental regularities, the transience of dysphoric tendencies and the lack of reliable scientific data on the use of puberty blockers and the consequences of taking hormones of the opposite sex lead to the conclusion that accepting voluntary personal forms proposed by children/teenagers is premature.

Key words: gender identity disorders, transsexualism, gender dysphoria, gender inconsistency

Introduction

In recent years, a growing number of disorders concerning gender identity (formation, identification) can be observed. It is an issue whose importance is steadily growing, both because of the increasing scale of the phenomenon and the numerous social controversies it raises. A number of questions arise here, such as what should be the reaction of those around us to declarations made, for example, by young girls such as: “I think I am a boy”, “I feel male”, “I am trans”? Should they be supported or, on the contrary, rather stopped? What should be the reaction of parents, teachers or the school as an institution? A palette of different positions can be observed, from unconditional acceptance at one extreme and scepti-

cal reticence at the other. Particularly in relation to children and adolescents, these issues are becoming increasingly topical, especially in the dimension of school functioning (e.g. name changes, pronouns, access to certain toilets, cloakrooms, showers). At the same time, there is often a divergence of viewpoints between adolescents and parents (“I’ve always been like that” versus “it’s an emergency, my son/daughter has never showed such tendencies”). Controversy arises within families, in the school environment, not infrequently among medical staff – what stance should be taken towards children displaying symptoms of gender dysphoria? To affirm? To provide therapeutic interventions? To wait it out?

¹ Article in polish language: <https://www.stowarzyszeniefidesetratio.pl/fer/2024-1Marg.pdf>

These and similar questions and controversies were our inspiration for the topic. The most important issues related to transsexualism include, on the one hand, the often contentious issue of the aetiology of gender dysphoria in children and adolescents, and, on the other hand, the directions of therapeutic interventions and social policy that should be pursued around people identifying themselves as transsexual. This text is an attempt to present the most important issues related to transsexualism not only from a descriptive perspective, characteristic of psychopathology or developmental psychology, but also from an educational-preventive perspective that constitutes the essence of educational psychology or educational pedagogy. The first part of the article will present the representation of gender identity disorders in current classifications of mental illnesses and disorders, and reports showing a dynamic increase in the number of cases of gender dysphoria in the world. Part two covers issues of aetiology. The third part includes a reminder of the basic developmental framework necessary, in our opinion, to discuss the problem in children and adolescents, and a discussion of the specificity of gender identity disorders in developmental age. In conclusion, educational conclusions and preventive indications will be presented.

1. Transsexualism – gender dysphoria – gender non-conformity

In the International Classification of Diseases ICD-10 (2007), *transsexualism* (labelled F 64.0) was understood as the desire to live and be accepted as a person of the opposite sex, usually associated with a request to bring the body, by means of surgery or hormonal treatment, as close to the preferred sex as possible. This desire must persist for at least two years. There is also a separate category F 64.2 denoting *childhood gender identity disorder* applied to children before puberty, persisting for at least 6 months, during which

the child shows persistent and intense dissatisfaction with being a boy/girl and confirms a desire to be the opposite sex or proves to be the opposite sex.

The US classification of mental illnesses and disorders DSM-5 (2017), which came into force in 2013, distinguishes *gender dysphoria in adolescents and adults* (*gender identity disorder – GID*; category 302.85, equivalent to F64.0 in ICD-10), defining a marked incongruence between a person's perceived/expressed gender and their assigned gender, lasting for at least six months, associated with clinical distress or impairment in social, occupational or other important areas of functioning. There are six specific diagnostic indicators. *Gender dysphoria in children* (category 302.6, equivalent to F 64.2 in ICD-10) is defined analogously with eight specific diagnostic indicators.

There have been significant and controversial changes in the new ICD-11² classification coming into force with regard to transsexualism. Transsexualism as such has been removed from the ICD-11, which the World Health Organisation explains by wanting to combat the social stigmatisation of these people. The category F64 has been removed, and the category 17 *Conditions related to sexual health* has been introduced, and the term '*gender incongruence*' is used for people with this type of difficulty, which is defined as a persistent marked incompatibility between the sex experienced by the person and the sex assigned to them. As can be seen, in both the DSM-5 and the ICD-11, references to biological sex have been removed, the objectivity of biology has been replaced by a subjective sense of discomfort. According to Kenneth Zucker (Zucker and Duschinsky, 2016), co-author of the 'gender dysphoria' category in the DSM-5, it was intended to play a depathologising role, by emphasising in the definition the subjective incompatibility between 'ascribed sex' and 'perceived/expressed sex'.

Thus, there is a clear tendency to depathologise the phenomenon, which has long been and continues to be advocated by transgender activists affiliated

2 Officially, the new ICD-11 classification came into effect on 01/01/2022. In practice, at the time of this writing in spring 2023, the ICD-10 classification is still in use, due to the lack of a Polish translation. It is to be expected that as soon as the Polish translation appears on the WHO website, ICD-11 will replace ICD-10. Despite some differences, we use the terms transsexualism and gender dysphoria interchangeably in this text.

with the World Professional Association for Transgender Health (Bockting, 2014) and authors counted among the forerunners of a gender-fluid approach such as John Money (Money and Ehrhardt, 1972) or Harry Benjamin (1977). In Poland, proponents of this approach include a group of authors of the work *Dysphoria and Gender Nonconformity* (Grabski et al., 2020).

As Cichocki (2021) notes, the removal of transsexualism from the list of mental disorders raises serious questions. Firstly, the very existence of psychiatric diagnoses associated with negative social attitudes, such as schizophrenia or addictions, or phenomena such as obesity or anorexia, raises the rhetorical question – should psychiatric diagnoses therefore be abandoned, as in the case of transsexualism? The second doubt is related to the transfer of gender non-conformity to the health field. This means that patients who would like to treat their gender identity problems are practically deprived of this possibility. Another doubt relates to whether, as healthy persons, they should count on support from the public health service and refinancing of gender reassignment surgery (available in some countries outside Poland). Finally, in many cases transsexuals have multiple associated disorders, such as personality disorders. A Swedish study from 1973-2003 conducted on a large group of 324 transsexual patients shows that these individuals, after gender ‘correction’, have a significantly higher risk of mortality, suicidal thoughts and attempts, completed suicides and mental illness than the general population (Dhejne et al., 2011).

2. Complex and multifactorial aetiology – dominance of psycho-social factors

Although the aetiology of transsexual tendencies is not fully understood, we already know quite a lot about it. Despite various attempts pointing to biological or genetic factors (Coates et al, 1991; Krzystyniak and Kalota, 2019; Le Roux, 2013), everything speaks in favour of a multifactorial aetiology, including a predominantly environmental (psycho-social) one that will have a different config-

uration in each individual (Marianowicz-Szczygiel, 2021; Rabe-Jabłońska, 2012; Wallien, 2008; Zucker et al, 2012). It is possible to speak of a similarity of complex aetiological determinants analogous to the multifactorial determinants of homosexuality, while the mechanisms differentiating the formation of homosexual orientation from transsexual tendencies are not sufficiently understood (Margasiński & Białecka, 2021; Marianowicz-Szczygiel, 2021). Data from a meta-analysis of 11 studies on twins conducted by the team of Polderman et al. (2018) indicate that the median biological influence in genesis was only 36%. Detailed correlations were obtained in the studies for the co-occurrence of transsexual tendencies and high rates of psychopathology in the parents, in the child alone, relational problems within the family and problems with contact with parents, difficult relationships with peers, but also in terms of inappropriate parental reactions to the child’s gender-nonconforming behaviour (Marianowicz-Szczygiel, 2021; Zucker, 2008). A significant group of authors believe that increasingly the development of gender dysphoria is linked to psychological factors (Bell, 2020; Bonfatto & Crasnow, 2018; Evans, 2022; Patterson, 2018; Rustin, 2018). The correlations that occur can be explained in various ways, including, as root causes (e.g., autism, sexual violence, anxiety disorders, depression, psychiatric disorders), but, not knowing why, the correlations obtained are most often interpreted in only one way: co-occurring psychological disorders would be supposed to be the result of the rejection of individuals with gender dysphoria and so-called minority stress (cf. Zucker, 2019). In contrast, the exploration of the causal pathway is generally overlooked. This is noteworthy because, as Thomas and Saunders (2018) note, transsexualism can be a manifestation of broader body image disorders like BDD – *body dysmorphic disorder*, or dysmorphophobia, in DSM-5 code 300.7) or BIID (*body integrity identity disorder*), where healthy individuals want to become disabled (Lupkin, 2013; Stella, 2017).

One of the most coherent models of the emergence of transgender disorders has been put forward by Marcus Evans, a psychotherapist and for over 20 years a member of the directorate of one of the leading clinics for children and young people in the

UK, the Tavistock and Portman Clinic. According to Evans (2022), trans identity would be a defence against anxiety, depression and mental collapse, a way of coping and controlling psychological pain. The young patients (female/male type), according to the clinician, shared a common psychological profile: a fragile ego, prone to fragmentation and concrete thinking (thoughts were often experienced as physical actions), the frequent appearance of internalised grief, due to a failed relationship with an ideal object (e.g. a longed-for but possessive mother), which is projected into the body and then attacked. He also noted high levels of self-criticism and self-rejection, and a fear of being unwanted if patients are not ideal. What he believes is happening is that patients are projecting unwanted aspects of themselves into their bodies. “Rather than face the loss of the ideal object, which can threaten to collapse, the child develops the belief that the relationship with the ideal object could be restored ‘if’ this and that happened. In the case of gender dysphoria, these fantasies often take the form of: ‘If only I were a boy (or girl), it would restore my blissful relationship with my ideal object’” (Evans, 2022, p. 276). Young people, faced with the developmental challenges associated with adolescence in particular, thus retreat into psychological seclusion aimed at arresting development. Transgender identity would thus be a kind of defensive fantasy by constructing an illusory, ideal ego, into which they are often thrust by difficult circumstances and conflicting relationships (e.g. parental divorce, parental rejection). They also often have a sense of not belonging, of identity as such. The body becomes the embodiment of an undesirable part of the self, so that the development of secondary sexual characteristics during adolescence can be perceived as an unbearable trauma. However, such a defensive structure comes at a price – separation from reality (hence the ‘certainty’ of being of the opposite sex), and a strong sense of the omnipotence of one’s own thinking perpetuates the rigidity of this mental construction. If the specialist centre follows this defensive fantasy, there is a further ‘confusion of registers’, as Evans calls it, and the patient in question is left disconnected from their own body, treating it as a mannequin rather than a part of themselves with fears, feelings

and confusion. The mind and the ability to think about emotions are even often treated here as if they were an enemy to be suppressed, cut off and avoided at all costs. In his opinion, this astonishing 100 per cent certainty about one’s chosen gender identity should be a red flag and a warning sign, also the fact that the patient does not take into account the long-term medical and surgical costs. The lack of doubt so often found in transsexualism can provide a cover for deeply hidden insecurities and inner turmoil and, for example, struggles for independence and a sense of inner control over one’s life, which need to be worked through in therapy.

Nevertheless, Evans sees his role as a therapist very carefully as helping the patient to make informed decisions about their choices. Defence mechanisms (including the defensive trans identity), however, should not simply be de-emphasised as a goal of therapy in themselves, as they act as a protection of the fragile ego, for example, from overwhelming and inundating the patient with unbearable anxiety, but still it is important to look at what lies underneath these mental constructs. “The therapist needs to be mindful of the different levels of functioning of the patient. Many trans-identified people have a fixed, unexamined belief that transit will cure all their difficulties. (...) However, detransitioners have described how their belief in transit as the solution to their difficulties has broken down (...). This is when the sense of omnipotence of thinking (and feeling) is confronted with reality’ (Evans, 2022, p. 280). The psychotherapist, according to Evans, therefore helps the patient to distinguish between transference as a compromise that involves a realistic assessment of what is and is not possible, and transference as a belief that attempts to deny rather than accept reality. It thus helps to protect the patient from a situation in which short-term solutions to psychological pain carry hidden, long-term costs. He warns: “The use of omnipotent defence mechanisms, supported by the promise of what medical interventions can deliver, is a powerful and seductive psychological cocktail that makes the work of [this] psychological exploration difficult and sometimes impossible” (Evans, 2022, p. 280). Even if Evans’ concept explains only part of the cases, we have here

a compact model of the emergence of transsexual tendencies, alternative to the concept of minority stress. Consistent with Evans’ findings, the results of earlier Polish research are presented by Fajkowska-Stanik (2001). She extensively analyses the intergenerational family dynamics disturbed on many levels. Among other things, transsexual women had a low level of differentiation of the self (blurring of the boundary between the self and you and the inner self), where the emotional and intellectual systems were fused and the pseudo-self was more dominant than the solid self (p. 170), probably as an effect of being dominated by the family system (excessive closeness to the male mother and isolation from the female father). Errors in the transmission of generational gender identification up to and including the grandparents’ generation, dysfunctional family mergers and coalitions, or weak marital bonds, the desire for a male offspring and dressing in clothes of the opposite sex, but also perinatal stress were discovered in families. It was mainly the mothers who sustained masculine behaviour in their daughters.

3. The exponential growth of the phenomenon in recent years

The worldwide prevalence of transsexualism is estimated to be 0.001 per cent-0.002 per cent in the population (Michel et al., 2001; Urban, 2009), meaning that it is generally a rare disorder. Other authors estimate that gender non-conformity occurs in 0.001 per cent of women and 0.0033 per cent of men (after: Anderson, 2021). Nevertheless, there has been an unusually dynamic increase in GID among both adults and adolescents in recent years. Marianowicz-Szczygiel (2022) performed a meta-analysis of data from 10 countries based on enrolment criteria for specialist clinics. The data show that there has been an exponential increase in referrals to specialist clinics among children and adolescents over an

eight-year period, with a 19 700% increase in Sweden, a 7 200% increase in Italy, a 2 457% increase in the UK, a 1 750% increase in Norway, a 904% increase in the Netherlands, a 634% increase in Finland, a 12 650% increase in Australia, a 538% increase in Canada, a 275% increase in the USA and a 187% increase in New Zealand. There is no unanimity or uniform model to explain the increase. Some authors take the view that it is primarily the result of increased public awareness. This argument seems unconvincing in relation to previous estimates of the epidemiology of the phenomenon, unchallenged for decades. Marianowicz-Szczygiel, after a review of possible positions and explanations, suggests that the change in the clinical picture and the influx of predominantly adolescent girls into clinics indicate that this increase is largely driven by the influence of the liberal narrative promoting the message of freedom of gender choice³. Previous analyses suggest that the reasons for this phenomenon may be related to the influence of culture, media and social media (Littman, 2018, 2019; Pang et al., 2020) and the activism of pro-transgender activists (*GENSPECT Open Letter to the American Academy of Pediatricians*, 2022). Littman (2018, 2019), based on 256 interviews with parents of adolescents with gender dysphoria, found that most of them functioned in specific information bubbles. They were overwhelmingly influenced by the internet and social media. In conclusion, Littman proposed the concept of rapid-onset gender dysphoria (ROGD) syndrome. The conclusions reached by Littman were strongly criticised because they conflicted with the thesis of ‘free choice of gender’ or ‘the female spirit trapped in a male body’ and, on the other hand, with suggestions of ‘innate transsexualism’. However, other researchers (Hutchinson et al. 2020; Zucker, 2019) have also argued in favour of pursuing this research path. Sven Roman reports that, e.g. eating disorders, self-harm are sometimes spread through social pathways (Canadian Gender Report, 2020). In succour of Littman’s research

3 For example, in 2016, in a survey branded by the UK’s Children’s Ombudsman, children aged 13-18 were asked to describe their gender, but the examples given went beyond indicating male or female, with 25 options to choose from. The survey also asked whether “people should be free to choose their gender.” (from:) <http://wpolityce.pl/spoleczenstwo/279723-nachalne-promowanie-gender-doprowadzone-do-absurdu-13-latki-mialy-wskazac-plec-wybijajac-jedna-z-25-mozliwosci> (access: 28.01.2016). American Facebook has gone even further, with a choice of gender identity from 56 possibilities for its users. (from:) http://wiadomosci.gazeta.pl/wiadomosci/1,114871,15462856,Facebook_zmienia_ustawienia_plci__Zamiast_dwoch_opcji.html (access: 28.01.2016).

came Pang et al. (2020), who examined the number of thematic media publications in Australia and the UK and the reports of children and adolescents to specialist clinics between 2009 and 2016, where such strong correlations were found that the two lines almost overlap in the graph. In favour of the hypothesis of social transmission of at least some cases of gender dysphoria in adolescents is also evidenced by the stemming of the influx of underage patients to specialist clinics following a wave of public criticism of the work of such facilities in Sweden and the UK, resulting in the closure of the largest clinic, Tavistock, in 2022 (Gregory, 2022).

4. Controversy over the ‘reversibility’ of the action of hormone blockers

A huge problem, including legal ones, is the administration of so-called puberty blockers or hormones to the opposite sex, or even the performance of surgery on minors (the authors are aware of the case of a 13-year-old girl with gender dysphoria who had healthy breasts amputated in Poland). To what extent is a child able to consciously decide on irreversible changes to his or her body? What if only one parent consents and do parents even have the right to do so? Trans activists promote the concepts of ‘following the child’s declaration’ and incorporating blockers that inhibit the development of primary and secondary sexual characteristics as early as possible. This is supposed to be a preparation for full surgical transition upon reaching adulthood. In the event that the person concerned has in the meantime blundered his or her desire to ‘change sex’, it is claimed that withdrawal of the blockers will unlock normal psychosexual development, without side effects. In the WPATH Standards, the criteria for the inclusion of pubertal inhibitory hormones are categorised as fully reversible treatments. The specific criteria in para. 4 requires that “The adolescent has given informed consent and, particularly where the adolescent has not reached the age at which he or she can decide on his or her own treatment, such consent is given by

the parents or other carers and they are involved in supporting the adolescent during the treatment process” (WPATH, 2019, p. 21). This wording raises a double question – firstly, it is vague; it is not clear to which age range it refers. Secondly, it raises doubts as to how far a child/teenager, with all their emotional-cognitive limitations, can make fully informed decisions about such far-reaching medical interventions, especially as there are quite a few cases of detransition (see: Anderson, 2021; Heyer, 2020; Shrier, 2020). The introduction of a hormone therapy to block sexual maturation in children and adolescents is not grounded in clinical observations, because there are essentially none: “There is as yet no clear consensus on a hormone therapy in adolescents, as there are no long-term studies that monitor this problem” (Kaltiala-Heino et al., 2018, p. 38). The WPATH Standards acknowledge that there is a lack of studies showing the long-term developmental effects of hormone blockers, and it also acknowledges that their use can have a number of side effects. In the case of feminising therapies, side effects with increased risk levels include venous thromboembolism, cholelithiasis, elevated liver enzymes, weight gain and hypertriglyceridaemia. In the case of masculinising therapies, these include hypercythaemia (polycythemia), weight gain, acne, androgenetic alopecia, and sleep apnoea syndrome. In addition, there are a number of lower-risk complications such as cardiovascular disease, hypertension, type 2 diabetes, and cancer. Reviewing research on the effects of hormone blockers in children and adolescents, Hruz, Mayer and McHugh (2017) conclude that guidelines published by medical associations and advocacy groups give the false impression that there is an established scientific consensus on gender identity and puberty suppression. “The claim that puberty suppression in adolescents with gender dysphoria is ‘reversible’ is based on speculation rather than rigorous analysis of scientific data” (Hruz et al., 2017, p. 21) and possible side effects also include abnormal bone and muscle development, neurological problems and infertility. In a briefing paper issued by the GIDS Tavistock Clinic, it was honestly admitted de facto that children here were

subjected to a kind of experimentation: “We do not fully know how hormone blockers affect bone strength, the development of sexual organs, body shape and ultimate growth” (after High Court of Justice, 2020, para. 63). Similar doubts are raised by the Dutch authors: ‘The question is whether patients participating in this protocol can achieve normal bone density development, or whether they will end up with reduced bone density, which is associated with a high risk of osteoporosis’ (Delemarre-van de Waal and Cohen-Kettenis, 2006, p. 134).

Biggs (2019) notes that puberty blockers have not been certified as a safe and effective treatment for gender dysphoria by either their manufacturers or the relevant certification body in the UK. The programme to introduce PBs blockers in children and adolescents with gender dysphoria was introduced as an experimental programme in 2011 due to the lack of clinical trials in this area, as reported on the parent website by the GIDS Tavistock clinic itself.⁴

When discussing the reversibility of the effects of puberty blockers, it is worth bearing in mind the concept of so-called critical periods in human development. Critical periods, nowadays more often referred to as sensitivities or sensitivities, denote a phase of particular sensitivity to the development of certain abilities. There is an ongoing debate about their universality, but rather no one questions their occurrence, rather researchers aim to search for specific regularities (Brzezinska et al, 2016; Corominas, 2006; Shaffer, Kipp, 2015). If, due to a medical intervention, a child does not develop certain traits at the age of 12, then inducing them at the age of 18 will not be ‘reproducing the process’ because the sequence has already been disrupted. There is a natural sequence of things in which many processes occur as the body matures, and when certain phenomena happen outside of it, development does not proceed properly. Stadiality and its regularities are one of the main mechanisms of human development. With regard to psychosexual development, there is a lack of research showing the effects of introducing blockers in childhood or adolescence. As Anderson (2021,

p.167) concludes: “Doctors using puberty blockers to treat gender dysphoria without proper forethought are conducting a gigantic experiment that fails to meet even the minimum ethical standards required in other areas of medicine.”

5. General development framework

In considering the issue of transsexualism in children and adolescents, it is impossible to ignore the general developmental background. For most readers, these findings are certainly trivial, but it should be noted that they are rarely referred to in narrow discussions of gender identity developmental disorders, while it would seem that it should be exactly the opposite.

Adolescence (10/12-20/23) is, according to Oleszkowicz and Senejko (2016), a period of the most turbulent changes in an individual’s life, involving all spheres of functioning. During adolescence, testosterone levels in boys increase 20-fold. In girls, estrogen and progesterone levels increase 6-fold (Wolański, 2012). This has significant consequences for many spheres of life, including the emotional plane, frequent states of emotional ambivalence appear (Rosenblum, Lewis, 2004), generally with the dominance of negative feelings over positive ones (Larson, Richards, 1994), not uncommon states of adolescent depression (Modrzejewska, Bomba, 2009). Dynamic changes are taking place in the brain, its structure and functionality are changing. The density of grey matter decreases, some synapses disappear, while new synapses are formed. According to researchers (Dahl, 2004; Strauch, 2004), these processes may be associated with increased vulnerability to negative environmental influences and environmental stresses. According to Piaget’s (2012) classic concept, the development of formal thinking related to the ability to think conceptually, abstractly, the ability to synthesise and analyse, the ability to take into account multiple variables only occurs in late adolescence. Before the age of 16, the formal thinking threshold is crossed by a smaller proportion

4 <https://tavistockandpman.nhs.uk/about-us/news/stories/gender-identity-development-service-conducts-new-research> (access: 07.11.2020).

of the population (Bryant, Colman, 1995). There are a number of studies showing that during adolescence, the sense of identity is subject to frequent changes, along with numerous fluctuations in self-esteem. According to another classic, the construction of identity is among the main challenges of adolescence (Erikson, 2004). Marcia (1966), based on developmental criteria of the level of exploration and involvement distinguished: diffused identity (diffusion), mirror identity (adopted, taken over), deferred identity (moratory), achieved identity (mature) (Czyżowska, 2005; Miluska, 1996). Achieved identity, like moratory identity, does not become a reality for adolescents until late adolescence. In terms of moral development, the entry into the post conventional phase, the highest level of moral autonomy, also occurs in late adolescence (Kohlberg, 1984).

When discussing the issues of gender identity disorders in children and adolescents, these regularities should not be forgotten. But one can see a strong tendency to the contrary, related to the absolutisation of the will of patients, even when they are quite young children. Anderson (2021, p. 155-157) gives the spectacular example of Kathryn/Tyler, a girl of a few years old, who declared that she felt like a boy and, as an eight-year-old child, resolved a medical dilemma about how to implement hormone blockers. Doctors complied with the child's wishes...

6. Distinct dynamics of gender dysphoria in children and adolescents

Specialists emphasize that there are two age thresholds for the manifestation of gender dysphoria, early childhood (preschool age) and adolescence (Apeiranthitou et al., 2019; Zucker, 2019). In recent times, a significant change in the clinical picture, mentioned above, is taking place here – there has been a drastic overall increase in cases of gender dysphoria, an increase in the number of adolescents relative to preschool children, and an inversion of the sex ratio (girls dominate the adolescent group). Studies also show that homosexual and transgender inclinations have at least a common origin in childhood (gender

nonconformism), the later differentiation of these phenomena has not been studied so far and may involve both qualitative and quantitative characteristics. The fact that gender nonconformism in childhood is a strong predictor of later homosexual tendencies (especially in boys) has been written about by Bailey and Zucker (1995), Beard and Bakeman (2001), Drummond et al. (2018). Thus, the lack of an adequate early response, especially from parents to gender nonconformity or gender dysphoria, can potentially lead to the formation of either transsexualism or homosexuality. In this context, the so-called gender-neutral upbringing also appears to be a contributing factor (Nieder et al., 2016; Steensma et al., 2011a), although sexual desire does not appear to be the main motive for the decision to make a so-called sex change, as the relationships obtained vary greatly (Steensma et al., 2011a).

In most children, gender dysphoria will disappear before puberty or a short time after the onset of puberty, which is also acknowledged by the authors of the WPATH Standards (2019). Estimates of researchers differ, according to Mayer and McHugh (2016) this will happen in 80-95% of children, according to others, dysphoria persisted into adulthood in only 6 to 23% of children (Bradley, Zucker, 1990; Cohen-Kettenis et al, 2011; Zucker, Bradley, 1995). The boys surveyed were more likely to identify as gay than as trans in adulthood (Bradley, Zucker, 1990). Persistence of dysphoria into adulthood, at 12-27% is reported by Drummond et al. (2008) and Wallien and Cohen-Kettenis (2008). Data derived from 12 studies compiled by Marianowicz-Szczygiel (2021) showed that 82% of children who manifested gender identity disorder in childhood no longer manifested it in their teenage years and earlier adulthood. A recent study by Singh, Bradley and Zucker (2021) confirmed the persistence of gender dysphoria symptoms in only 12.2% of the boys studied.

Let us add to this a growing number of reports of detransition in early adulthood (Anderson, 2021; Heyer, 2018; Marianowicz-Szczygiel, 2021; Shrier, 2020). Similar instability is observed in the case of homosexual tendencies in adolescents (Margasiński, Białecka, 2021; Wiczorek, 2018). The fact of such

instability calls into question the use of the term “LGBT children and youth” in general. This is because the key question here becomes, to what extent are we able to predict which children and adolescents will continue to manifest gender identity disorders (so-called *persisters*, and which will not – *desisters*)? This knowledge is only in its infancy. Valuable qualitative research (interviews), albeit with a relatively small sample of 25 adolescents, was conducted by Steensma et al, (2011b). They showed that the key age is 10-13, which is the beginning of puberty. Changes in the body associated with puberty (feminisation or masculinisation of appearance), the first crush, or the emergence of sexual desire, but also the change in the school environment (the study in the Netherlands, where the end of school occurs) played a large role here. A factor that differentiated between the two groups with persistent gender dysphoria and those where it faded was the degree of motivation, a strong aversion to one’s body favoured the perpetuation of dysphoria, the desire for only the roles typical of the desired gender worked to weaken gender dysphoria. The researchers emphasized that the differential age threshold here is a barrier of about 10 years, social transit in children before the age of 10 is therefore particularly risky. According to Steensma et al, (2013), transit before puberty shows a positive correlation to symptom stability – of the 12 boys who made a full or partial transit before puberty, 83.3%, or 10, were classified as persisters in the study, and of the 67 boys who did not make such a transit, only 13, or (19.4%) were classified from this group.

The fact that age threshold may be an indicator that can influence the trajectory of the development of gender dysphoria is also evidenced by other studies. The team of Niederet et al, (2016) studied adult transsexuals (mean age 32.8) from specialized clinics in 4 countries: The Netherlands, Belgium, Germany and Norway. 56.5% of the subjects manifested an early age of onset of gender dysphoria versus 32.4% (11.2% partially met the criteria), with a higher percentage of biological women manifesting early symptoms of gender dysphoria than men – 85.7% F/M versus 44.4% M/F. These researchers note that the developmental pathways

of gender dysphoria indicate that it varies widely and may point to different etiologies. The study did not specifically define an age for the early onset of gender dysphoria, differentiating subjects based on DSM-5 diagnostic criteria (childhood gender dysphoria or adult gender dysphoria), noting that some researchers here assume a threshold for the onset of puberty.

Thus, there are indications that early transit and affirmative messages, blocking of sexual maturation or any sowing of uncertainty about biological sex in relation to gender dysphoria, including within the framework of, for example, anti-discrimination education, can perpetuate dysphoria. The peculiarities of adolescence in relation to gender dysphoria and the exponential influx of adolescent girls to gender identity disorder clinics, described in the monitoring of epidemiology, prompts attention especially to the stage of mirror identity, when a young person uncritically adopts the norms and behaviour of the individual or group with which he or she identifies. An interesting explanation of the psychological mechanisms taking place here is given by Evans, who even talks about the cult of transference in social media, the cult of discovering one’s “authentic self,” where children are coached toward transference when they simply, and quite typically in adolescence, do not accept themselves (interview for Triggernometry, 2021). Elsewhere, Evans (2022, p. 279) writes: “Children and young adults suffering from gender dysphoria are often dominated by the fear of being unwanted if they are less than perfect. In an attempt to overcome this, they reject their family of origin and form attachments to online support groups. These groups offer concrete solutions to psychological difficulties. A website called ‘Transgender Heaven’ claims to offer a solution to detachment and confusion. ‘Feeling disconnected from your gender, feeling like you don’t fit in?’ Here is a group that understands your feelings of incongruity and confusion and can offer you an identity that can provide reassurance and a sense of belonging. As one pro-trans activist on YouTube put it, trans is the solution to feeling shitty. These pro-trans websites and lobbies are reminiscent of the defence constructs that Rosenfeld (1971) described. They claim to

provide individuals with protection from pain and confusion if they remain loyal to an online group, which is a kind of defence organization.”

Another theme that emerges in the context of sudden gender dysphoria at a tender age is, as parents report, a fascination with the world of manga and anime, which also promotes asexual role models. Manga has a 76% market share in the U.S. for comics and graphic stories and its market value is estimated at many millions of dollars, and the sector is growing rapidly (24.4 million volumes sold in 2020). Manga productions are available on leading streaming platforms (AnimeHunch, 2022). Indeed, it is quite easy to find films aimed at young people within these popular streams, which openly tell and about the trans world and are popular on the eminently youthful Tik-Tok platform⁵. There is even an instructional video in manga convention that talks about “sex change,” although it gives some risks, at the same time ending with a chart like this: “If you don’t like the way you look, instead of complaining all the time, you’d better get the surgery” (FermiLab manga, 2021).

7. Biological sex is binary

As noted earlier, defining identity disorders has been undergoing a significant and controversial evolution in recent years. An important part of these changes is the shift away from using references to biological sex and replacing the term ‘biological sex’ with ‘assigned sex.’ The concept of biological sex is being reduced from trans affirmative vocabularies, and is inconvenient because virtually every cell is sexually differentiated: “Chromosomes are present in every nucleated cell of an organism. Saying ‘Every cell has a sex’ can be justified by the presence of different sex chromosomes in it, because a female cell has two X chromosomes and a male cell has a Y chromosome with an X chromosome in its karyotype” (Midro, 2014, p. 35). Biological gender in medical and biological terms is binary and can only undergo partial

artificial modification (feminisation or masculinisation of appearance) and not immanent change. Mental identification or subjective gender identity cannot change biological layers.

In 2021, one of the American College of Paediatricians (2021) published *Sex is a Biological Trait of Medical Significance*, which provides a concise summary of biological knowledge regarding sex. Biological sex is a dimorphic, innate trait defined in terms of an organism’s biological role in reproduction. Medicine has long defined sex as a biological trait that distinguishes living beings as male or female on the basis of the sex chromosomes they possess, the presence of characteristic reproductive organs and unambiguous genitalia. In the life sciences, sex is defined according to whether an organism is designed to give or receive genetic material during the process of reproduction. Organisms that donate genetic material are classified as males; those that receive genetic material are classified as females. Human beings, like all mammals, reproduce sexually. By definition, such a reproductive system is a binary system. Primary sex determination in humans occurs at fertilization and is dependent on the two sex chromosomes of the zygote. Interventions that change a person’s appearance do not change their genetic code, often make them infertile, but do not change the way they reproduce. Therefore, gender does not change. Sexual development disorders (formerly “hermaphroditism,” “androgynousness” or “intersex”), are ailments in which normal sexual differentiation and function are disrupted or some underdevelopment has occurred. However, people with SDD do not have additional reproductive organs, with a different type of gonads or gametes. Thus, by definition, SDD individuals do not constitute additional sexes. Virtually all people with SDD are associated with impaired fertility, indicating that they are a deviation from the dominant model. Human gender is thus a binary arrangement, not an infinite spectrum as if suggested, for example, by Robert Cabaj’s definition of “gender” (Cabaj, n.d.). In fact, SDDs are rare congenital defects affecting 0.02% of the population,

5 <https://prideanime.com/17-manga-series-about-being-transgender/> (access: 08.10.2022), <https://www.anime-planet.com/users/cervintine/lists/manga-with-transgender-themes-223832> (access: 08.10.2022), <https://www.tiktok.com/discover/manga-about-gender-dysphoria?lang=en> (access: 19.02.2023)

in which either the sex organs have an ambiguous appearance, or the sexual appearance of the person does not correspond to what would be expected given that person’s sex chromosomes. The gender differences themselves are wide-ranging and include neurobiological variation, pharmacological variation (different responses to drugs), cardiovascular functioning, and functioning in sports (different performance potential and differential susceptibility to injury). ASPeds urges that modern societies, when making social policy, should not turn away from genetic findings. Genetics is the reason why a man who self-identifies as a woman remains a man, and explains why giving estrogen to a man does not turn him into a woman. While it is true, for example, that a man who uses estrogen after puberty loses muscle strength and impairs other aspects of his physiology, he does not change his genetics; he remains a man at the cellular level in all body systems. The same is true for a woman.

The facts about biological sex seem to be an inconvenient truth for proponents of the concept of treating gender as a fluid spectrum. According to Wright and Hilton (2020), biological sex is binary, and it is the duty of scientists to remind people of this basic fact. However, there is a difference between saying that there are only two biological sexes (true) and that everyone can be neatly classified as male or female (false). Gender, then, is not a “spectrum” or a “social construct.” Denying the reality of biological sex and replacing it with subjective “gender identity” in practice leads to a threat to the rights of women and homosexuals, there is chaos in medical procedures and legal chaos. The resounding text concludes with an appeal, addressed mainly to the scientific community: “The time for civility on this issue is over. Biologists and doctors must stand up for the empirical reality of biological sex. When authoritative scientific institutions ignore or deny empirical facts in the name of social accommodation, it is a blatant betrayal to the scientific community they represent. It undermines public confidence in science and is dangerously harmful to the most vulnerable” (Wright and Hilton, 2020, p. 2). In a similar vein, Nobel laureate Christiane Nüsslein-Volhard recently said, “All mammals have two sexes, and humans are

mammals. There is one sex that produces eggs, it has two X chromosomes. That’s the female. And then there is the one that produces sperm, it has an X and Y chromosome. That’s the male.” The German biologist described the desire for a sex change as wishful thinking: “This is wishful thinking. There are people who want to change their sex, but can’t do it... People keep their sex for life.” And she warns against hormone treatments: “The body can’t handle it well in the long run. Every hormone you take has side effects. Taking hormones is inherently dangerous” (Nüsslein-Volhard, 2022).

Summary and practical notes

In discussing changes in the status of gender identity disorders, psychiatrist Lukasz Cichocki notes, “In the case of transsexualism, there is an attempt to impose on the entire environment, on all patients and professionals, the vision that there is only one possible path, a way to deal with the issue” (Cichocki, 2021, p. 90). That path is the unconditional acceptance of the child/teenager’s decision, rapid inclusion of hormone blockers, and surgical transition upon reaching adulthood. Likewise, Dora et al. (2021) advocate acceptance of the personal pronouns advocated by adolescents, arguing that their refusal may be perceived by the patient as invalidating his/her identity, and consequently contribute to increased minority stress. The commonly cited argument that refusal risks automatic suicide is not true (Heyer, 2020; Marianowicz-Szczygieł, 2021).

Anderson (2021), who has compiled the most recent experience from the US, shows that the ideology of transgender activists is highly inconsistent, at odds with logic and scientific findings, and contains a number of paradoxes. On the one hand, it is argued that the true self is something existing outside the physical body, as if in the spirit of a new Gnostic dualism, but at the same time a materialist philosophy is adhered to, in which only the real, tangible world exists. It is claimed that gender is a purely social construct, while emphasizing that a person can be “trapped” in the wrong body. The thesis of “a woman trapped in a man’s body” is absurd, who can know what it is like to be

a lion outside of a lion, for example. It is a thesis that basically speaks about the fantasy of being a woman. According to transactivists, there are no significant differences between a woman and a man, yet they invoke rigid gender stereotypes and recognize that “gender identity” is real, but its human embodiment is not. It is maintained that there is an internally hidden true self waiting to be discovered. If gender is a social construct, how can gender identity be innate and unchangeable? Can someone’s gender identity, understood as a social construct, be established by the laws of biology already in the womb? How can someone’s gender identity remain constant in the face of the fact that social constructs are changeable? And since gender identity is innate, can it be “fluid” at the same time? The challenge for activists is to propose a convincing definition of gender identity, independent of the concept of bodily sex. Thus, they are promoting a radical, expressive individualism that allows unlimited action and defining the truth as they please, while trying to force unconditional acceptance of transgender ideology. However, the attention of researchers and practitioners here should be drawn to the increasingly strong data in favour of social and media-cultural transmission of gender identity disorders among at least some adolescents.

As mentioned earlier, it is estimated that 80-95% of children with gender dysphoria grow out of it naturally, unless they are encouraged to undergo “gender reassignment” procedures. On the other hand, adolescents diagnosed with gender dysphoria have multiple concomitant disorders; 78% of adolescents surveyed with GID had previously received psychiatric treatment (Bechard et al., 2017), 52% manifested 2 or 3 other psychiatric diagnoses (M.S.C. Wallien, 2008). The co-occurrence of internalizing disorders (anxiety, depression) and/or externalizing disorders (oppositional defiant disorder) is common, and the prevalence of autism spectrum disorders is higher than in comparison groups (de Vries et al., 2010). The mechanism of spontaneous disappearance of dysphoric tendencies imposes comparisons to the specificity of homosexual tendencies in adolescents. A unique longitudinal study by Ott and his team (2011) of a sample of more than 13,000 adolescents on the adoption of

homosexual orientation showed that while at age 12 a sizable group experiences uncertainty about their sexual orientation, by age 23 the vast majority are already convinced of their heterosexuality. No educational or preventive measures were carried out on this group, so we are dealing here with natural processes. The same regularities occurred in similar studies by Savin-Williams and Ream (2007) also on an impressive sample of more than 10,000 adolescents, in the slightly earlier Remafedi (1998) or Dickson et al. (2013) in New Zealand. The research empirically confirms regularities that developmental and educational psychologists have been talking about practically forever: frequent changes in the broad identity assumed by adolescents (as well as children) are developmental regularities (cf. Margasinski and Bialecka, 2021).

Accordingly, it seems inadvisable to use altered gender pronouns, to accept the choice of toilets or locker rooms consistent with psychological identification, especially as it affects other children and school personnel (there is a well-known case of a UK child who refused to go to school because of the psychological trauma of a trans coming-out classmate). Such posts, however, should be accompanied by factual and extensive explanations of the binary of biological sex as opposed to pluralistic subjective identities. For the sake of all children, it would be advisable for biology teachers to take care to explain the gender binary in biological terms, and for physical education teachers to pay closer attention to the need for intimacy in locker rooms, for example, and to diversify sports and affirm different sporting tastes (not just soccer and other contact sports, which are difficult for delicate boys). For young people on the threshold of puberty, it would be helpful, to create a space to talk about masculinity and femininity and to be able to express any concerns about it. A fundamental issue is the awareness of parents and grandparents about the importance of encouraging behaviour consistent with biological sex, especially in young children, and how harmful it is to reject a child’s gender or dress up boys as girls and vice versa.

Overlooking the biological determinants of gender and accepting volitional personal forms also leads to a risky subjectivisation of psychopa-

thology, if we accept male personal forms in an 8-year-old, why should we not accept the conviction of a 15-year-old anorexic striving for the coveted 35 kg weight limit or the delusions of a schizophrenic patient? Such a social practice can result in questioning the legal state and, as a result, a kind of anarchisation of social life. As Anderson wryly notes in such a context, the doctor becomes merely a “syringe for hire.” One should not forget about the numerous medical mistakes and dramas of many teenagers, in whom the broader social environment (teachers, educators, doctors, therapists) accepted declarations of “sex change” and carrying out the transition, which later turned out to be a drama for these people, often undertaking detransition. The cases of Walt Heyer, Keira Bell, Cara, Max, Ria Cooper and a number of others (Anderson, 2021; Heyer, 2018; Shrier, 2020) should serve as a serious warning here. Unfortunately, these phenomena are already present in Poland as well, and in recent months we have had dramatic testimonies of people undergoing detransition, which indicates previous serious diagnostic errors.⁶ As Lew-Starowicz recently signalled, he has 14 people in consultation in the detransition process, suggesting that the scale of the phenomenon is not small.⁷ We know that the closed GIDS Tavistock clinic in London did not follow procedures for a comprehensive evaluation of the child’s condition, and did not complete the necessary psychological examination of minors to be sure that the child was indeed suffering from gender dysphoria (Biggs, 2019; Cass, 2022). It was against this clinic that Keira Bell, who was diagnosed with gender dysphoria at the age of 16 by the clinic’s “specialists” and quickly led to a full transition, filed a lawsuit in 2020. Today Keira is fighting to regain her femininity and warns others against similar procedures. According to media reports, a class action lawsuit is being prepared against the

Tavistock clinic of about 1,000 parents for damages related to the overly hasty introduction of puberty blockers in their children and overly hasty referral for sex reassignment surgery⁸.

Attributing to several-year-old children the ability to make infallible judgments is a misunderstanding. They are in the range of intelligence development in the stages of sensory-motor or preoperational development, without the ability to think conceptually, think logically, analyse, synthesise, see long-range cause-and-effect relationships. In the development of identity, they are at the level of diffused or mirror identity, also called adoptive or acquired identity, because it is most often an attempt to replicate an identity derived from an external authority. In terms of morality, the child’s world is a phase of moral heteronomy, in which rules outlined by the adult world dominate, parents and educators are treated as unquestionable authorities. It is necessary to keep in mind the unusual dynamics of this period associated with the hormonal storm and the mostly spontaneous passing of transgender feelings into adulthood. These are sufficient arguments not to introduce in the field of social policy the acceptance of subjective and volitional personal pronouns of children and adolescents, especially in the school dimension. Of great importance here would be a clear position on the part of policymakers, which is lacking. We believe that it is necessary to stand on the ground of the law, metric forms should apply in schools. However, such non-acceptance of volitional personal forms should be communicated in a climate of sympathetic understanding of the difficulties experienced by the teenager, but assertively, with a broad explanation of the formal-legal and cultural context. Children with gender dysphoria themselves deserve attention, respect, and, first and foremost, appropriate, extensive psychological diagnosis and psychotherapy of the entire family system. Prevention plays a huge role:

6 <https://www.dailymail.co.uk/news/article-11101661/Tavistock-transgender-clinic-facing-mass-legal-action-1-000-families.html>, (access: 02.02.2022).

7 <https://www.wprost.pl/kraj/11177737/prof-lew-starowicz-bije-na-alarm-czeka-nas-fala-detranzycji-problemem-min-pochopne-rozpoznania.html>, (access: 18.04.2023).

8 See the story of a well-known blogger Lukasz Sakowski *My story of reversal of sex change. Transition and detransition* <https://www.totylkoteoria.pl/tranzycja-detranzycja-zmiana-plci/> (access: 07.04.2023), <https://www.youtube.com/watch?v=81Js9QtIX1s&t=155s>, (access: 28.09.2023), Magdalena also tells her story elsewhere *Gender is in the genes, not in the self-image*, <https://marsz.info/199603-2/> (access: 17.11.2023).

building self-esteem and psychological resources, but also working on self-image, sense of masculinity and femininity and their distinctiveness. It is important to send a positive message about the child's own gender and respect for the opposite sex, proper relationships in the family, ensuring positive contact with the parent and peers of the same sex. The child's development should be monitored (from the age of 2-3) for early recognition of manifestations of gender dysphoria and appropriate and early response (reaffirming – with sensitivity to the situation – the biological sex). In an era of widespread misinformation and political correctness, this is a difficult task especially to spread reliable and comprehensive knowledge, not just superficial solutions and unconditional following of the child's feelings. Parents should pay close attention to their teenager's social media network and what the child is doing online. Any messages that undermine biological sex, membership in groups that openly encourage transgender should draw attention, although it is important to realize that the background could be, for example, body image or self-esteem issues. If parents nevertheless decide to take the experimental path of hormone intake instead of psychotherapy, it should be taken as a non-negotiable assumption that treatment of co-occurring psychiatric or psychiatric disorders should be addressed first. Any decisions with regard

to the child should be made in an interdisciplinary group of experts with the dominance of a psychologist (psychologist, psychiatrist, doctors of various specialties in cooperation with a school educator).

It is worth cautioning against the possible importation into Poland of lobbying organizations for children and young people who identify themselves as trans, such as Mermaids or GLSEN clubs, which emphasize subjective feelings and identifications, “gender expression,” and pass them off as objective facts. Communication specialist Stephanie Davis_Arai (Boyce, 2020) emphasizes how communicatively advanced the trans affirmative narrative is – narrative, which is based on the fantasy world so attractive to the child⁹.

Given the dynamics of the phenomenon, the rapidly increasing scale of gender identity disorders, it seems necessary to provide the comprehensive and interdisciplinary psycho education of school and kindergarten personnel, especially psychologists and school educators, who can then provide initial assistance to children, parents and teachers. Here, in particular, it is necessary to appreciate the findings of psychology on the etiology and specifics of gender dysphoria in a developmental age, and to take care to counteract the medicalisation of the outlook exclusively in an affirmative spirit, instead of a holistic one.

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9 An example is the text: “Asexuality, neither masculinity nor femininity, but it is fantastic” <http://codziennikfeministyczny.pl/aplcioosc-ani-meskosc-ani-kobiecosc/> (access: 12.10.2018).

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Social support among young people in foster care as they move to independence and selected sociodemographic variables¹

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Abstract: *Background:* Every year, about 5,000 people raised outside their family environment become independent in Poland. The time of entering adulthood may be more difficult for them than for those raised in their biological families, due to previously experienced neglect in care, as well as the lack of adequate support during the period of entering adulthood. The purpose of the research presented in this article was to learn about the variables relevant to the sense of social support of foster care alumni becoming independent, and to find an answer to the question of whether adolescents raised outside their families differ in terms of perceived support from their peers raised by their parents. *Method:* 270 people were surveyed, half of whom are alumni of various forms of foster care in the process of becoming independent. The independent variables controlled in the study were gender, age of the respondents, the type of foster care they grew up in, and their current living situation related to their place of residence, source of income, continuing education and being in a stable relationship. The tool used (WSSWS) allowed us to find out the overall score, as well as the sense of support received from three sources: from family, friends and from a significant other. *Results:* The results indicate that foster care leavers differ from their peers raised in families in terms of their sense of support received from family and a significant other, with the former rating lower and the latter higher than respondents in the control group. Among the variables relevant to perceived social support, especially from a significant other, were gender, age, type of foster care, housing situation, source of income, being in a stable relationship and the type of school where the alumni continue their education. *Conclusions:* The article contributes to the discussion on the importance of social support in the process of becoming independent, especially with regard to the role of a mentor who can help ease the difficult transition from childhood to adulthood.

Keywords: foster care, move to independence, social support, significant person, foster care leavers

Introduction

Entering an independent adult life is a difficult developmental challenge. It requires the courage to leave parental care and readiness to make changes in terms of autonomy, self-control, responsibility, self-care, setting goals and planning the way to achieve them. This challenge may be particularly difficult for foster care leavers who create their adulthood on the foundations of a difficult childhood. They are burdened with difficult life experiences related to the feeling of abandonment, severance of bonds, mourning, neglect, violence, and the need to adapt to foreign environments. The research shows that difficult experience during the stay in a dysfunctional biological family and subsequent separation from the family environment disturb the

sense of security and the development of attachment and a sense of belonging (Steenbakkens, Van Der Steen, Grietens, 2018). In a group of foster care leavers, the prognosis regarding the level of education, employment, income and housing conditions is worse than in the population of people raised in full families. They are more often exposed to unemployment, homelessness or premature parenthood (Cameron et al., 2018). They are more often diagnosed with various types of mental problems, psychoactive substance abuse or criminal behaviour (Häggman-Laitila, Salokekkilä, Karki, 2019). People who have experienced trauma in their family environment may experience post-traumatic stress or internalizing behaviours (Steenbakkens et al., 2018).

¹ Article in polish language: <https://www.stowarzyszeniefidesetratio.pl/fer/2024-1Kopr.pdf>

The research conducted among young people raised in care and educational facilities in Warsaw indicates the occurrence of problems in this group, such as nicotine addiction, specific phobia, oppositional defiant disorders, and serious behavioural disorders (Pawliczuk, Kaźmierczak-Mytkowska, Wolańczyk, 2014). Moreover, similarly poor prognosis for the future is diagnosed among foster care leavers in many countries, regardless of the support systems being in force in those countries (cf. Cameron et al., 2018; Stein, 2019).

The issue of moving foster care leavers to independence is little present in the Polish scientific research. Yet, every year about 5,000 adult care leavers move to independence, so it seems that the problem can be considered as a significant one. As M. Stein's comparative research indicates (2019), in most European countries, young people leave foster care at the age of 15-21, i.e. earlier than their peers growing up in families. This means that they have to face serious life changes earlier, settling in a new place, finding a job, or early parenthood. From the Supreme Audit Office's report (2014) it turns out that, apart from the psychological burden, foster care leavers in the period of moving to independence have difficulties in dealing with various official issues, such as registering for a medical appointment, obtaining an ID card or opening a bank account. Their serious problem is securing appropriate housing conditions for themselves. Deprived of natural support from the generational family, they are aware that they have no safe haven to which they can return in the event of a false start into adulthood (Kędzierska, 2020). Personal resources, such as self-esteem or competence, treated as protective factors, do not compensate for the negative impact of the factor of experience from a dysfunctional family and stay in a care facility (Ogińska-Bulik, Kobylarczyk, 2015), which contributes to the persistence of problems in functioning even after leaving the system (Lawrence, Carlson, Egeland, 2006).

An important protective factor that can alleviate the difficult period of moving to independence is the social support, which is usually described as an element supporting a person in coping with difficult situations (Sęk, Cieślak, 2023). The aim of the research presented in this article was to analyze the

sense of social support of foster care leavers during the period of moving to independence and to compare it with the support felt by people raised in a family environment.

1. The process of moving to independence in the Polish foster care system

The political, economic, social and cultural changes in Poland at the end of the last century influenced the change in the axiological assumptions of the system of care for a child separated from the family as a result of the death of his or her parents or improper care provided by them. As a result of these changes, the foster care system was reformed to move away from care focused on meeting basic social needs, towards providing help and support aimed at stimulating independence in life. The effectiveness of care and educational work understood in this way is determined, among others, by: the scope and degree of preparation of a young person to fulfil current and future social roles. According to P. Chrzanowska(2017), this effectiveness is the result of several factors: properly formulated legal provisions, development and implementation of good practices in the process of independence by care institutions and non-governmental organizations, and the approach of local government authorities to support pupils pursuing independence.

Every year about 5 thousand adult foster care leavers move to independence when they leave their current place of care (Central Statistical Office, 2021; 2023). On behalf of parents, they are provided with support and assistance by institutions established for this purpose.

The Act on family support and the foster care system of 2011 (Foster Care Act) indicates a wide range of rights related to independence: the right to financial support for continuing education and independence, material support for development, assistance from an independence guardian in preparing an individual independence program, as well as to free legal and psychological assistance. Such assistance is more often used by young people from family forms of

foster care (related, non-professional and professional foster families and family orphanages). Foster care leavers who move to independence from institutional foster care (regional care and therapeutic facilities and care and educational facilities of the following types: socialization, specialist-therapeutic and family) not only use assistance for becoming independent less often, but also leave the facilities sooner, continue their education less often, start work sooner and more often return to their family homes after reaching adulthood (Kolankiewicz, Iwański, 2021). It also turns out that such a wide scope of support provided to leavers is insufficient (Najwyższa Izba Kontroli, 2014; Abramowicz, Strzałkowska, Tobis, 2012; Mickiewicz-Stopa, 2016) and inadequate to contemporary socio-cultural and economic conditions, thus limiting the choice and change of life paths of care leavers (Kędzierska, 2020). The financial security of further education does not cover the costs associated with it, that is why most adult care leavers² give it up in favour of extending the period (even until the end of the age of 25) of social security, enabling them to continue their education and postpone the moment of entering independent adulthood. Even a one-year delay in leaving foster care has a positive impact on moving to independence, among others it increases the chances of obtaining education and a place to live (Miłoś, 2015), and as a result, finding a permanent job (Abramowicz et al., 2012). Fears of independence are not only related to insufficient financial support. Leaving foster care requires facing the need to plan one's own life path, especially choosing an educational path and profession, place of residence, building new social relationships and rebuilding family relationships. This is not an easy task for young people with difficult experiences of neglect or abuse (Golczyńska-Grondas, 2012; Kolankiewicz, Iwański, 2021). The research shows that the barriers of moving to independence of foster care leavers are of a varied nature. These include:

1. economic barriers related to professional qualifications and the ability to meet housing needs, as well as returning to the family of origin;
2. lack of practical skills important for functioning in everyday life, such as cooking, shopping, managing the budget and time, dealing with official matters, paying bills, settling taxes, knowledge about institutions providing assistance (Abramowicz et al., 2012; Bieńkowska, Kitlińska-Król, 2018; Wieczorek, 2016);
3. individual characteristics of care leavers, largely related to traumatic experiences and care neglect. These are mainly: the sense of helplessness, lack of security and belief in one's own abilities, low sense of agency, sense of shame, difficulties in asking for help and making friends, loneliness, fear of rejection, lack of trust in others, demoralization, low motivation to create life plans and to implement them (Mickiewicz-Stopa, 2016), lower sense of coherence than in families, using inadequate ways of coping with stress (Kleszczewska-Albińska, Jaroń, 2019);
4. social barriers, including a sense of social stigma, incorrect relationships with parents and relatives, low perceived non-institutional and institutional support – also in the area of moving to independence³, lower perceived quality of life in relation to young people from families, especially in the area of satisfaction with the perceived social support coming from family members (Abramowicz et al., 2012; Bieńkowska, Kitlińska-Król, 2018; Maruszczak, Brygoła, 2019; Ogińska-Bulik & Kobylarczyk, 2015).

These problems are intensified by the fear of difficulties in finding a job and a place to live, which in turn causes the care leavers to feel anxious about leaving their current place of stay in a foster care (Chrzanowska, 2017; Miłoś, 2015). Some children from care and educational institutions return to their

2 In 2022, as many as 15 thousand adult foster care leavers (3,223 – institutional forms and 11,854 – family forms) decided to continue their education in the place of previous care, and only 4,336 left it (Central Statistical Office, 2023).

3 The audit results of the Supreme Audit Office (2014) showed that the guardians themselves have limited opportunities to provide support to their charges because they do not receive appropriate institutional support in fulfilling their role.

family home⁴ and, as a result, repeat the incorrect functioning patterns of their family of origin, which results in a high level of unemployment in this group and the obligation to use social welfare (Supreme Audit Office, 2014).

2. The sense of social support and its importance for foster care leavers

Numerous studies (cf. Sęk, Cieślak, 2023) indicate that the factor that makes it easier for a person to cope with new, difficult and stressful situations is the received social support. This support is defined as the help available to an individual in difficult situations (Jaworowska-Oblój, Skuza, 1986). The scientific research on social support usually focuses on understanding the types of support – for example, emotional, instrumental or informational support (cf. Kmicik-Baran, 1995) and the sources of support received (cf. Buszman, Przybyła-Basista, 2017). The attention is also paid to the difference between the perceived support, related to beliefs about the availability of help, and actually received support. The support received is not always positive. It may even be harmful, when its form is inadequate to actual needs or when it occurs when it is not needed (Smoktunowicz, Cieślak, Żukowska, 2013).

The results of the research on the sense of social support among young people indicate that this support is important for the well-being (Maruszczak, Brygoła, 2019), the sense of quality of life (Skowroński, Pabich, 2015), self-esteem (Oleś, 2014; Poudel, Gurung, Khanal, 2020) and mental resilience (Konaszewski, Kwadrans, 2017). The support is associated with the social adaptation of young people (Ostafińska-Molik, Wysocka, 2014), it favours a reduced sense of alienation and a lower level of aggressiveness (Ławnik, Marcinowicz, Szepeluk, 2018).

During the transition from childhood to adulthood, social support becomes particularly important. Due to the need to take up new development challenges (Piotrowski, Brzezińska, Luyckx, 2020) this time is difficult not only for people raised outside their biological family. However, young people raised in properly functioning families can count on a smooth and prolonged transition to adulthood, supported by parental support, maintained even into adulthood.

People growing up in foster care are often deprived of the natural circle of support that a family should be. Their bonds with the family environment are loosening, both due to previous difficult experiences related to neglect, as well as due to physical distance and the need to function in a different educational environment (Zinn, Palmer, Nam, 2017). Such experiences also have consequences in adult life – the research (ibid.) shows that people raised in foster care, as adults have fewer social contacts and a lower level of a sense of support. On the other hand, if foster care leavers manage to maintain relationships with their biological family that can be supportive for them, it facilitates better coping with stress and greater mental resilience (Salazar, Keller, Courtney, 2011).

However, family is not the only source of support for young people. Young people also get support from peers, teachers, mentors and other significant others. Each of these independent sources is associated with a cumulative increase in the sense of support (Zinn et al., 2017). In the Polish system, foster care leavers can count on institutional assistance, both in the form of subsidies for continuing education, as well as support from an independence guardian who helps, among others, in planning the path to independence or in dealing with various types of official matters. The research shows, among other things, how important the role of support received from teachers is in the context of motivation to learn and proper functioning in the school environment – this support can contribute to better well-being at

4 Statistics from the Central Statistical Office indicate a decreasing percentage of care leavers moving to independence who return to their families of origin. In 2022, only 860 independent people returned to them, and 3,476 started their own households. The highest percentage of those returning to family homes was recorded among former institutional foster care leavers (Central Statistical Office, 2023). It should be noted, however, that among those who have established their own households there are people who rent rooms or apartments or use sheltered apartments (Kolankiewicz, Iwański, 2021), available only until they obtain social or municipal housing. It is difficult to predict how many of them will however return to their parents in the future.

school and help to prevent premature termination of education (McGuire et al., 2021). Stronger support networks, both from the biological families, as well as the foster environment, are associated with less severe depressive symptoms (Perry, 2006, as cited in: Salazar et al., 2011).

However, it is worth noting that in the population of youth raised in foster care environments, due to the high degree of instability and difficult experiences, social support is often experienced in a different way than in the general population. The changes experienced in the educational, peer and neighbourhood environments may result in the creation of unusual, short-lived and often unreliable circles of social support (cf. Salazar et al., 2011). This may become a potential area of threats for young people who, on the way to seek support, closeness and acceptance, may be approaching potentially destructive and threatening environments. Especially since foster care leavers still feel a lack of support, both from family, peers and professionals (Okpych, Feng, Park, Torres-Garcia, Courtney, 2018). Further research on the sense of social support of pupils in the period of independence will contribute to better identification of their needs and, consequently, the possibility of improving the offers addressed to them.

3. Research method

The aim of the research was to find out how foster care leavers moving to independence assess the social support they receive and whether they differ in this respect from their peers brought up in generational families. The research was conducted in 2021 on a sample of 270 people, half of whom were the control group. The selection of the study population was purposeful. The request to complete a set of tests was addressed to foster care leavers who had already started the process of moving to independence. They were reached through District Family Assistance Centres and Municipal Family Assistance Centres, which supervise the functioning of family care, and through institutional foster care facilities. Respondents from the control group were reached through schools and social media.

The study was conducted in accordance with ethical principles. All respondents, as well as their legal guardians, were familiarized with the purpose of the study and informed about the possibility of withdrawal without any negative consequences. All information was collected anonymously, in a way that made it impossible to identify respondents. The respondents gave their informed consent to participate in the study, and in the case of minors, their legal guardians were also asked for a consent, who had the opportunity to familiarize themselves not only with the research procedure, but also with all the tools used. The study is a part of the project “Selected psycho-pedagogical aspects of the process of moving to independence of foster care leavers”, which received a positive opinion from the University Research Ethics Committee operating at the Pomeranian University in Słupsk (opinion number: UKEBN/5/2023).

The following research problems were formulated:

1. How do foster care pupils in the period of moving to independence perceive the social support they receive?
2. What socio-demographic variables determine the sense of social support of foster care leavers moving to independence?
3. Do people raised in foster care differ in terms of their sense of social support from their peers raised in families?

The independent variables controlled in this study included: gender, age, type of foster care in which the respondents were raised and their current life situation, which includes a source of income, continuing education, being in a relationship and housing situation. The dependent variable is the perceived social support.

The following hypotheses were put forward:

1. Foster care leavers rate as the best support – the support they receive from friends, and as the worst support – the support from their family.

- 2a. Women report a higher level of the experienced social support than men.
- 2b. Age does not differentiate respondents in terms of their sense of social support.
- 2c. People raised in institutional care evaluate the social support they receive worse than people raised in family care.
- 2d. People still living in institutions or foster families rate the social support they experience better than people living on their own.
- 2e. Respondents who are dependent on a facility or foster family experience a higher level of social support than those who are dependent on themselves.
- 2f. Respondents in long-term relationships feel a higher level of social support than single people.
- 2g. People continuing their education in secondary schools and universities rate the social support they receive better than people who are not studying.
3. People raised in foster care differ from their peers raised in families in the assessment of the social support they receive, especially support from the family.

The following tools were used in the study:

- the socio-demographic data questionnaire in which respondents were asked to provide information on independent variables (gender, age, type of foster care, current housing situation, source of income, relationship, continuation of education).
- Wielowymiarowa Skala Spostrzeganego Wsparcia Społecznego – Polish adaptation of the Multidimensional Scale of Perceived Social Support (G. Zimet, N. Dahlem, S. Zimet and G. Farley, 1988, cited by: Buszman, Przybyła-Basista, 2017), developed by K. Buszman, H. Przybyła-Basista. The scale consists of 12 statements to which respondents respond by selecting one of 7 answers (from 1 – I strongly disagree, to 7 – I strongly agree). The tool consists of three subscales that allow you to assess the support you receive from your family, friends and the significant other. It also allows you to calculate the overall result –

the sum of social support received. The MSPSS has good psychometric properties: it explains 78.80% of the variance in the results, with reliability measured by the Cronbach's Alpha coefficient of 0.893 for the general scale (Buszman, Przybyła-Basista, 2017). This tool does not define a "significant other" – it can be any person important to the respondent. Also, the method of conducting the research does not require the respondents to specify who exactly they consider such an important person (example of a test item: "There is a special person who is nearby when I am in need") (ibid., p. 589).

Study population:

One hundred and thirty five foster care leavers took part in the study, including 48 men (35.56%) and 87 women (64.44%). The age of the respondents was from 17 to 25 years. Taking into account the mean (19.5) and standard deviation (SD = 2.19), for the purposes of further analyses, the respondents were divided into 3 age groups: 17 years old (32 people, 23.7%); 18-20 years old (59 people, 43.7%) and 21-25 years old (44 people, 32.6%). Institutional care leavers constituted 42.22% of the respondents. Out of the respondents raised in family care, 37 people lived in a related family, 28 – in a professional or non-professional family, and 13 – in a family children's homes. Forty people live in the countryside, 34 in a small town, 36 in a medium-sized city, and 25 are residents of large cities. Five of the surveyed foster care leavers returned to their family home, and 48 and 34 people still live in the facility or foster family, respectively. 10 people live in their own apartment, of which 6 share it with a subtenant. 16 respondents live alone in a rented apartment, and 22 – in a rented apartment shared with another person. Over 44% of respondents declared that they were in a long-term relationship lasting longer than half a year, just over 13% – they had been in a relationship for a short time, and approximately 42% – did not have a partner. In terms of a source of income, one person indicated that he or she was supported by his or her parents, and 73 people were supported by a care and educational facility or a foster family. 60 people support them-

Table 1. Characteristics of the study group and the control group

Variable	Feature	Research group		Comparison group	
		N	[%]	N	[%]
gender	women	87	64.44	87	64.44
	men	48	35.56	48	35.56
age	17	32	23.7	32	23.7
	18	22	16.3	22	16.3
	19	23	17.04	23	17.04
	20	14	10.37	14	10.37
	21	17	12.59	17	12.59
	22	8	5.93	8	5.93
	23	12	8.89	10	7.40
	24	6	4.44	8	5.93
type of foster care	25	1	0.74	1	0.74
	residential care	57	42.22	-	-
	kinship care	37	27.41	-	-
	professional and non-professional foster families	28	20.74	-	-
housing situation	family children's homes	13	9.63	-	-
	with parents	5	3.7	110	81.48
	residential	48	35.56	-	-
	foster family	34	25.19	-	-
	own apartment	10	7.41	10	7.41
relationship	rented apartment	38	28.14	15	11.11
	lasting more than half a year	60	44.45	43	31.85
	lasting less than half a year	18	13.33	5	3.70
source of income	no close relationship	57	42.22	87	64.44
	parents	1	0.74	104	77.04
	foster family/care facility	73	54.07	-	-
	regular job	20	14.81	13	9.63
	occasional job	8	5.93	10	7.40
	allowance/scholarship/alimony	32	23.7	8	5.92
education	lack of data	1	0.74	-	-
	vocational school	35	25.92	-	-
	secondary/technical school	48	35.56	67	49.63
	post-secondary school	13	9.63	1	0.74
	higher school	35	25.92	61	45.18
	not in education	4	2.96	6	4.44

selves independently, including 20 from permanent work, 8 from occasional work, and 32 from pensions, benefits, scholarships or alimony. One person did not provide information about his/her source of income. Over 93% of respondents continue their education, including 35 people in vocational/career

schools, 48 in secondary schools (secondary schools, technical schools), 13 in post-secondary schools and 35 people attend higher education.

The control group was selected to be as close as possible to the study group. Forty eight men and 87 women aged 17-25 were qualified for it.

The average age in this group was 19.53 (SD = 2.22). The vast majority of young people from the control group (over 81%) live with their parents . 77% of respondents from the control group are supported by their families. In this group, the vast majority continue their education, of which 67 people are in high school or technical school and 61 are studying. Just over 4% of respondents in this group completed their educational path.

Detailed information on the sociodemographic structure of the study population is presented in Table 1.

4. Results

Statistical analyzes were performed using the Statistica.10 program. The Kolmogorov-Smirnov test was used to assess the normality of the distribution of variables. The distribution of variables related to social support (support from friends, support from family, support from other significant people and the sum of perceived social support) turned out to be different from normal, therefore non-parametric statistics were used for further analyzes (Mann-Whitney U test, Kruskal-Wallis test). In order to divide respondents into groups with different levels of social support, the k-means cluster analysis was used. Comparisons between clusters were made using the chi-square test.

Table 2. Sense of social support of foster care leavers – descriptive statistics of the results obtained in the MSPSS

Variable	Mean	Min.	Max.	SD
Significant other	23.582	4	28	5.512
Family	17.239	4	28	8.108
Friends	21.313	4	28	6.809
Sum of social support	62.201	13	84	14.821

4.1. The sense of social support of foster care leavers

Table 2 presents the descriptive statistics of the MSPSS. The analysis of the data shows that foster care leavers evaluate as the best support – the support received from the significant other, and as the worse support- the support from the family.

4.2. Socio-demographic variables important for the sense of social support of foster care pupils

4.2.1. Sex

The results of the analysis indicate that women evaluate the social support they receive better than men, especially support from the significant other. The differences between women and men in terms of perceived support from the person and the amount of support are statistically significant at the level of $p < 0.05$. There were no such differences in terms of support from a family and friends (Table 3).

Table 3. Sense of social support of women and men raised in foster care – results of the Mann-Whitney U test

Variable	women		men		U	Z	p-value
	Sum of ranks	median	Sum of ranks	median			
Significant other	6470	27	2575	24	1399	3.084	0.002
Family	5996	20	3049	17	1873	0.884	0.377
Friends	6180.5	24	2864.5	21	1688.5	1.740	0.082
Sum of social support	6232	63	2813	62	1637	1.979	0.047

4.2.2. Age

The results of the analyzes indicate statistically significant differences between respondents from three age groups in the assessment of general social support and in the assessment of support from the significant other (Table 4).

The analysis of multiple comparisons showed that statistically significant differences in the perception of general social support occur between people from the middle and oldest age groups ($p = 0.04$), while the oldest respondents evaluate support from the significant other differently than the youngest ones ($p = 0.001$) and from the middle age group ($p = 0.002$). The comparison of medians indicates that people aged 21-25 among all respondents rate as the best support – the support received from the significant other and they rate the overall support they experience better than the youngest respondents.

4.2.3. Type of foster care

The type of foster care differentiates the respondents both in terms of perceived general social support and support from the significant other. People raised in institutional care rate this support worse, as shown in Table 5.

It also seemed interesting to check whether differences in the scope of perceived support would appear between people raised in different types of family care. For this purpose, an analysis was carried out using the Kruskal-Wallis test, the results of which are presented in Table 6.

Table 4. The sense of social support in distinguished age groups (the Kruskal-Wallis rank ANOVA)

Age	Sense of social support - sum		H	p-value
	Sum of ranks	Average rank		
17	2064.5	64.516		
18-20	3491.0	60.189	6.323	0.042
21-25	3489.5	79.307		
Sense of social support - significant other				
Age	Sum of ranks	Average rank	H	p-value
17	1670.5	52.203		
18-20	3541.5	61.060	18.996	0.001
21-25	3833.0	87.114		
Sense of social support - family				
Age	Sum of ranks	Average rank	H	p-value
17	2426.0	75.812		
18-20	3565.0	61.465	2.989	0.224
21-25	3054.0	69.409		
Sense of social support - friends				
Age	Sum of ranks	Average rank	H	p-value
17	1966.5	61.453		
18-20	3761.5	64.853	2.933	0.230
21-25	3317.0	75.386		

Table 5. Sense of social support of family and institutional care leavers – results of the Mann-Whitney U test

Variable	Institutional care		Family foster care*		U	Z	p
	Sum of ranks	median	Sum of ranks	median			
Significant other	3221.5	24	5823.5	27	1625.5	-2517	0.011
Family	3444.0	17	5601.0	20	1848.0	-1.513	0.130
Friends	3368.5	20	5676.5	24	1772.5	-1.854	0.064
Sum of social support	3210.5	60.5	5834.5	65	1614.5	-2.567	0.010

* This group included residents of foster families (related, professional and non-professional) and family children's homes.

The analysis of multiple comparisons showed that people raised in institutional foster care differ from people raised in non-related families (professional and non-professional) both in the general assessment of social support ($p = 0.039$) and the support experienced from the significant other ($p = 0.025$). In both cases, this support is assessed better by people from unrelated family care. However, there were no statistically significant differences between those placed in institutional care and other forms of family care, such as kinship families and family orphanages.

4.2.4. Housing situation

The current housing situation is somewhat related to the sense of social support of people raised in foster care. This relationship was statistically significant in terms of social support from the significant other (Table 7).

Further analyzes showed that people living in a rented apartment assessed the support received from the significant other significantly better than people raised in a facility ($p = 0.003$). The remaining differences did not reach the required level of statistical significance.

4.2.5. Source of income

The source of income differentiates respondents in terms of the sense of social support from the significant other, although it is not important in the context of support received from other groups (Table 8).

As a result of the analysis of multiple comparisons, it was found that statistically significant differences in the perception of support from the significant other occurred between people who already support themselves with a permanent job and leavers who are still supported by the institution or foster family (0.005). People living on their own assessed better the support from the significant other.

4.2.6. Relationship

Also, remaining in a close relationship is an important variable for the perception of support received from the significant other, as presented in Table 9.

Table 6. Sense of social support of people raised in various types of foster care (the Kruskal-Wallis rank ANOVA)

Type of foster care	Sense of social support - sum		H	p-value
	Sum of ranks	Average rank		
Institutional	3210.5	57.330	8.335	0.039
Kinship family	2543.5	68.743		
Non-related family*	2259.0	80.678		
Family orphanage	1032.0	79.385		
Sense of social support - significant other				
	Sum of ranks	Average rank	9.318	0.025
Institutional	3221.5	57.527	9.318	0.025
Kinship family	2622.0	70.865		
Non-related family	2337.5	83.482		
Family orphanage	864.0	66.461		
Sense of social support - family				
	Sum of ranks	Average rank	3.199	0.362
Institutional	3444.0	61.500	3.199	0.362
Kinship family	2515.5	67.986		
Non-related family	2055.0	73.393		
Family orphanage	1030.0	79.269		
Sense of social support - friends				
	Sum of ranks	Average rank	5.240	0.155
Institutional	3368.5	60.151	5.240	0.155
Kinship family	2473.0	66.838		
Non-related family	2203.5	78.696		
Family orphanage	1000.0	76.923		

*Kinship families consist of grandparents or siblings of a child staying in a foster family. For the purposes of this study, professional and non-professional foster families were combined into one group, called here “non-related families” to emphasize that this is an environment not related to the foster child by kinship ties.

Table 7. Sense of social support in groups distinguished according to housing situation (the Kruskal-Wallis rank ANOVA)

Housing situation	Sense of social support - sum		H	p-value
	Sum of ranks	Average rank		
With parents	361.5	72.300	4.407	0.354
Residential	2811.0	58.562		
Foster family	2504.5	75.894		
Own apartment	689.5	68.950		
Rented apartment	2678.5	70.487		
Sense of social support – significant other				
	Sum of ranks	Average rank		
With parents	265.5	53.100	16.202	0.003
Residential	2591.0	53.979		
Foster family	2384.0	72.242		
Own apartment	580.5	58.050		
Rented apartment	3224.0	84.842		
Sense of social support – family				
	Sum of ranks	Average rank		
With parents	388.0	77.600	4.424	0.352
Residential	3064.0	63.833		
Foster family	2494.0	75.576		
Own apartment	797.5	79.750		
Rented apartment	2301.5	60.566		
Sense of social support – friends				
	Sum of ranks	Average rank		
With parents	331.5	66.300	2.242	0.691
Residential	3027.0	63.062		
Foster family	2452.0	74.303		
Own apartment	593.5	59.350		
Rented apartment	2641.0	69.500		

Table 8. Sense of social support in groups distinguished by source of income (the Kruskal-Wallis rank ANOVA)

Source of income	Sense of social support - sum		H	p-value
	Sum of ranks	Average rank		
Parents	116.0	116.000	3.329	0.504
Foster family/ care facility	4691.0	65.115		
Regular job	1530.0	76.500		
Occasional job	551.0	68.875		
Allowance/ scholarship/ alimony	2023.0	63.219		
Sense of social support – significant other				
	Sum of ranks	Average rank		
Parents	107.0	107.0	14.590	0.005
Foster family/ care facility	4181.5	58.076		
Regular job	1841.5	92.075		
Occasional job	581.5	72.687		
Allowance/ scholarship/ alimony	2199.5	68.734		
Sense of social support – family				
	Sum of ranks	Average rank		
Parents	111.0	111.0	7.727	0.102
Foster family/ care facility	5247.5	72.881		
Regular job	1395.0	69.750		
Occasional job	440.5	55.062		
Allowance/ scholarship/ alimony	1717.0	53.656		
Sense of social support – friends				
	Sum of ranks	Average rank		
Parents	82.0	82.000	2.108	0.716
Foster family/ care facility	4602.5	63.923		
Regular job	1545.5	77.257		
Occasional job	521.5	65.187		
Allowance/ scholarship/ alimony	2159.5	67.484		

Table 9. Sense of social support in groups distinguished due to being in a close relationship (the Kruskal-Wallis rank ANOVA)

Close relationship	Sense of social support - sum		H	p-value
	Sum of ranks	Average rank		
Long-term	4352.5	72.542	2.739	0.254
Short-term	944.5	55.559		
Lack	3748.0	65.754		
Sense of social support - significant other				
	Sum of ranks	Average rank		
Long-term	5099.5	84.992	23.997	0.001
Short-term	815.0	47.941		
Lack	3130.5	54.921		
Sense of social support - family				
	Sum of ranks	Average rank		
Long-term	3903.5	65.058	0.723	0.696
Short-term	1105.5	65.029		
Lack	4036.0	70.807		
Sense of social support - friends				
	Sum of ranks	Average rank		
Long-term	4194.5	69.908	3.196	0.202
Short-term	883.5	51.970		
Lack	3967.0	69.596		

Statistically significant differences occurred between respondents in a long-term relationship, who best assess the support received from the significant other and those in a short-term relationship ($p = 0.001$) and those not in a relationship ($p = 0.0001$).

4.2.7. Continuing education

Continuing education shows a statistically significant relationship with perceived social support from the significant other, but not with support from other sources (Table 10).

Table 10. Sense of social support of people continuing and not continuing education (the Kruskal-Wallis rank ANOVA)

Continuing education	Sense of social support - sum		H	p-value
	Sum of ranks	Average rank		
Vocational school	1892.5	55.662	5.791	0.122
Secondary/technical school	4285.5	70.270		
Higher school	2485.5	71.014		
Not in education	380.5	95.125		
Sense of social support - significant other				
	Sum of ranks	Average rank		
Vocational school	1588.0	46.706	14.303	0.001
Secondary/technical school	4650.5	76.229		
Higher school	2504.0	71.543		
Not in education	303.0	75.750		
Sense of social support - family				
	Sum of ranks	Average rank		
Vocational school	2222.0	65.353	3.340	0.334
Secondary/technical school	4194.0	68.754		
Higher school	2227.5	63.643		
Not in education	401.5	100.375		
Sense of social support - friends				
	Sum of ranks	Average rank		
Vocational school	2026.5	59.603	2.617	0.454
Secondary/technical school	4209.0	69.000		
Higher school	2574.5	73.557		
Not in education	235.0	58.750		

An in-depth analysis showed that people studying in secondary schools and universities perceive the support experienced from the significant other significantly better than respondents studying in vocational schools (the significance level: 0.002 and 0.004, respectively).

4.3. Comparison of the sense of social support of foster care leavers with the control group

The Mann-Whitney U test results (Table 11) indicate statistically significant differences between the study and control groups in terms of perceived support received from the family and the significant other. While people growing up in their own families rate the support from their family better, those raised in foster care rate the support from the significant other much better than their peers. However, no significant differences were found in the way both groups assessed support from friends or in the general sense of social support (Table 11).

Discussion and conclusions

As a result of the research, it turned out that foster care leavers moving to independence evaluate the support received from the significant other as the best one, and the support received from the family as the worst one. These results partially confirmed hypothesis 1 – the assumptions about the low sense

Table 11. Sense of social support of foster care pupils and people growing up in a biological family – results of the Mann-Whitney U test

Variable	Sum of ranks Foster care	Sum of ranks Family	U	Z	p
Significant other	19388	16658	7478	2.363	0.018
Family	16500.5	19545.5	7589.5	-2.187	0.029
Friends	18331	17715	8535	0.696	0.486
Sum of social support	17865	18181	8954	-0.036	0.971

of support from the family were confirmed, but the assumption about support from friends turned out to be incorrect. Perhaps the advice and tips received from friends are insufficient support for young people in such a specific situation. L. Wieczorek’s research (Wieczorek, 2016) confirms that young people in the period of moving to independence point to their parents as the least helpful. Parents of young people leaving foster care often do not provide their children with appropriate support, but what is more “clip their wings”, questioning their aspirations and opportunities to achieve the goals set (Sulimani-Aidan, 2017). Moreover, T. Refaeli (2017) points out that for young people moving to independence, parents may constitute an additional burden, both emotional and financial, manifested, among other things, in taking responsibility for caring for their parents and satisfying their material needs. The research by M. Kolankiewicz and J. Iwański (2021) indicates that young people leaving foster care rarely declare satisfaction with contacts with their parents, often denying the need to establish them.

Hypothesis 2, assuming that women evaluate the social support they receive better, was confirmed. The above-mentioned analyzes confirm that women moving to independence rate the social support they receive better than their male colleagues, but significant differences only concern support from the significant other. Many studies indicate that girls and women seek social support more often than boys and men, talk to others about their problems more often, invest in friendships, seek spiritual support and use coping strategies with a common action (Eschenbeck, Kohlmann, Lohaus, 2007; Hampel, Petermann, 2005; Pisula, Sikora, 2008). The results of the 2019 European Health Interview Survey (EHIS) (GUS, 2021) indicate that women also rate the social support they receive better than men.

However, the predictions regarding the relationship between age and the sense of social support were not confirmed. As a result of the analyses, it turned out that people who were classified in the oldest age group (21-25 years) perceive the social support they receive, especially support from the significant other, significantly better than other respondents. A. Juros and A. Biały (2011) emphasize that the sense of

quality of life increases with age, which they explain by the growing independence from the foster care system. Perhaps this independence also affects young adults' sense of support. They are no longer dependent on the system and dependent on the support (not always adequate to the needs) received in institutions and foster families, they can rely more on the people whom they choose themselves as significant others. This is also consistent with the research which confirms that with age increases the importance of friends and romantic partners as sources of support (cf. Zinn et al., 2017). In the studied group of foster care leavers, older people are more likely to indicate their partner as the significant other from whom they receive support.

The assumptions about the difference in perceived social support between institutional and family care leavers were confirmed. In a group of youth from foster care, the sense of social support is developed and experienced differently than in the group of youth raised in a family. This is due to both difficult experiences from the period before being placed in foster care, as well as difficulties related to being in foster care, such as breaking or loosening existing bonds, the need to adapt to a new environment, instability of relationships – especially in institutional care (cf. Salazar et al., 2011). The use of available forms of institutional support for foster care pupils moving to independence (aid for moving to independence, continuing education, extending the stay in the current living environment after reaching the age of majority in order to continue education) indicate that family forms of foster care create better conditions for the development of those under their care than institutional ones (Kolankiewicz, Iwański, 2021). The analysis of the Central Statistical Office data (2023) shows that among those leaving the care environment, the persons who most often return to their families of origin are former leavers of care and educational institutions (37% compared to 7% of those under the care of family institutions). They are mainly less educated and more often unemployed (Supreme Chamber of Control, 2014; Abramowicz et al., 2012). Moreover, in foster families that are not related to the child, there can only be three children under their care at the same time, including adult

learners (Foster Care Act), which allows guardians to be more involved in care and providing support. The stability of guardians and a small number of children mean that these forms are most similar to natural families and are therefore preferred when caring for an abandoned and rejected child (Foster Care Act). Institutional forms of care provide for the creation of groups of fourteen people (more homogeneous in age than in foster families – Foster Care Act), and the structure of the team of educators, the number of working hours and shift patterns limit the time in which the educator works individually with the care leaver. The bonds that are responsible for the durability of a (supportive) relationship are formed over time. Therefore, the family model of care facilitates the creation of close relationships in the living environment and their continuation after becoming independent (cf. Kulesza-Woroniecka, 2022). A child in a permanent care environment learns to receive and provide support, which makes it easier for him or her to function in future relationships, also in this area.

What turned out to be interesting was that statistically significant differences were found between the leavers of institutions and people raised by unrelated families, and not those who remain in their generational families – under the care of grandparents or siblings. The question arises as to why professional and non-professional families, despite the lack of kinship ties, can be perceived as more supportive. The answer to this question could be provided, among others, by a detailed analysis of the educational capacity of both types of families. Professional and non-related families, apart from being subjected to procedures for assessing their predispositions and motivation to act as a foster family, are obliged to participate in training to improve their competences, which is observed to a lesser extent in the case of grandparents taking care of their grandchildren. The educational competences of people forming professional families are confirmed, among others, by research showing that in this group a democratic style of upbringing and high cohesion of spouses regarding their views on upbringing prevailed (Basiaga, 2020). The parenting competences of related families and the related support provided to the care leaver are worth considering, especially

when the child is placed in foster care due to the parent's parenting insufficiency. In such a situation, we may be dealing with intergenerational transmission (Dryll, 2015; Majewska, 2017). E. Kozdrowicz and E. Bielecka (2011) also draw attention to the problem of inheriting patterns of helplessness, weak bonds, irresponsibility and addictions, writing about the "appearance" of foster care for families related to the child. The authors point out that many relatives take up the function of a foster family, guided by the obligation to take care of a child belonging to the family resulting from family pressure and social opinion. In such a situation, it is difficult to expect that a child who is treated as an additional problem will receive sufficient social support. Moreover, related foster families are often created by grandparents who, due to their age and health conditions, find it difficult to adequately perform this function. It happens that they are more lenient, inconsistent, unable to properly support students in their learning, and do not understand the problems of the generation growing up in different socio-cultural conditions. Evidence of a particularly difficult situation of care leavers of related foster families in the context of independence is provided by the results of the Supreme Audit Office's report from 2014. They confirm that grandparents providing care usually do not engage in the process of moving to independence and do not protect adult leavers against financial exploitation by their parents (Miłoś, 2015).

Whether the examined person still lives in a foster care environment or has already become independent turned out to be important for the perceived social support, especially in terms of support from the significant other, as expected. The research shows that extending foster care is associated with greater social support, promotes better educational achievements and a better financial situation, and at the same time reduces the phenomenon of homelessness and conflicts with the law, as well as economic difficulties and the need to use social assistance after leaving foster care (Park et al., 2020). However, in our research it turned out that statistically significant differences occurred between people still living in a care and educational facility and respondents who live in rented premises, and in the latter group the sense of

social support from the significant other turned out to be higher. When interpreting these results, it is worth noting that the condition for feeling supported by guardians is a good relationship between leavers and educators (van Breda et al., 2020). Changes of educators are part of the institutional foster care system. Moreover, the turnover of facility employees is quite high, which may be a factor disturbing the creation of relationships based on trust, and therefore the sense of support among these care leavers may be lower. It is also worth paying attention to the low sense of support from guardians in the process of moving to independence (Supreme Audit Office, 2014). The authors of the report explain this by the deficiencies in the competencies of guardians and the lack of structural support provided to them. A factor that disturbs relationships in family foster care may be the fact that approximately 40% of those under its care (in 2023 – 41.6%) change the place of care at least once – to another foster family or a care and educational facility. In institutional foster care, these care leavers concern nearly half of the changes (own calculations based on the data from the Central Statistical Office, 2023).

The source of income is also important in the context of perceived support, especially from the significant other. However, this relationship turned out to be different from our expectations. It was assumed that people who are still dependent on a foster family or institution have a better perception of social support, as they can still benefit from care without having to meet their social needs on their own. However, it turned out that people who earn their living from permanent work, rate as the best this support. These results can be supported by the conclusions drawn from the research of K. Rosa-Farej (2018) which states that work not only helps meet living needs, but it is also a source of satisfaction and self-confidence

Being in a lasting relationship is important for the perceived support from the significant other. Statistically significant differences appeared between people who assessed their relationship as lasting and those who had been in a relationship for a short time or had no relationship with anyone. Maintaining a relatively stable romantic relationship helps build

a supportive bond based on trust and it compensates for the effects of current deficiencies in support from the family of origin. Moreover, the romantic relationship itself satisfies a number of needs that are particularly important for people with experience of parental neglect and socialization in an unstable environment. To a greater or lesser extent, they did not have many important needs related to closeness met, including: the feeling of being the most important person to another person or a touch. The touch itself affects your physical and emotional well-being (Field, 2010). Such romantic relationships are not only a source of social support, but also play an important role in the development of social and emotional competencies, such as self-esteem, self-awareness and emotion regulation (Furman, Shaffer, 2003, as cited in: Zinn et al., 2017).

It was also assumed that people continuing their education in secondary schools or higher education evaluate support better than people who do not study. However, it turned out that it is not the fact of continuing education that differentiates the respondents in terms of perceived support, but the type of school in which they study. Statistically significant differences appeared between students of vocational schools and students of secondary schools and universities. M. Stein (2019) indicates the low level of education as one of the most serious obstacle to enter an independent life, which later results in difficulties in finding appropriate employment and earning money independently to meet basic needs.

The last hypothesis assumed that people raised in foster care differ, in their assessment of social support especially from their family, from peers raised in their families. This hypothesis was confirmed. Respondents raised by their parents rate the support from their family better. M. Maruszczak and E. Brygoła (2019) did not confirm such a difference, which may be related to the use of a different tool. However, the authors examined the sense of support of the care leavers during adolescence, but not during their moving to independence, and focused on the type of support experienced, not on its source. The analysis of the data from our research showed one more im-

portant difference – foster care leavers evaluate the support from the significant other better, which was visible in most of the calculations discussed above.

So who is this “significant other”: a teacher, an educator at the facility, a grandmother or aunt providing foster care, or maybe a partner with whom the examined person is in a relationship? The questionnaire used in the study did not allow us to find the answer to this question, making this issue an interesting problem for further research. However, it is worth paying attention to the figure of the mentor, who appears more and more often in studies on foster care leavers.

Young people during and after the period of moving to independence expect not only instrumental but also emotional support and report the need for honest conversations with a close, friendly person (Rosa-Farej, 2018). Such needs can be met by a mentoring relationship created with an older, experienced person, which is important for a young person, promotes a sense of belonging, resilience, strengthens the sense of security and increases motivation, which contributes to practicing new life skills and formulating goals for the future (Sulimani-Aidan & Tayri-Schwartz, 2021). Such close people play an important role in opening opportunities, providing support and practical help, acting as role models and cultivating the young person’s agency (Gilligan & Arnau-Sabatés, 2017). Thanks to such support, a young person can achieve success on the path to adulthood, despite previous adversities.

Most often, mentoring relationships are formed with people referred to as a “parental figure”; “role model”, “promoter of independence”, “supporter in learning and career” the research indicates (ibid.) that in the absence of this type of support from parents, professional and formal relationships of educators in care and educational institutions or people running professional families may become deep mentoring relationships. It is emphasized that this relationship should be based on reciprocity, trust and empathy (Lazar, Blahová, 2020), thanks to which it will support the emotional and cognitive development of care leavers, as well as shaping of their identity.

In the Polish social welfare system, the role of such a mentor is to be played by a guardian of independence, whom the student chooses from among people he or she knows at the age of 17. This person helps develop the independence plan and fulfil its individual points, and monitors how obligations are met. However, such care ceases when the young person decides to leave the facility or foster family. Moreover, the data cited earlier indicate that young people do not always evaluate this support positively.

It seems that it could be beneficial to introduce such solutions in which the independence guardian would continue to provide advice and assistance even after the end of the stay in foster care. His task, apart from ensuring the establishment and maintenance of a supportive relationship with the care leaver, would be to constantly diagnose the changing needs, help with discovering and improving resources and

competencies, kindly support in making life choices and if possible, also taking care of building a wider support network, for example, using the resources of a distant family with whom the care leaver did not have close relationships during the stay in foster care. Providing such mentoring not only during the process of leaving foster care, but also after becoming independent, could facilitate the setting of goals and aspirations adequate to the needs and possibilities, no longer burdened with concerns about their implementation and success in the future.

The practical conclusion from the analyzes performed is the need to increase support in the area of tasks performed by the guardian of the independence process (improving his/her competencies and enabling direct access to specialists, e.g. lawyers, psychologists), as well as expanding the network of sheltered apartments for people leaving foster care.

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Psychological study of siblings subsystems – methodological considerations¹

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Abstract: *Introduction:* The analysis of the literature devoted to scientific considerations on the relational aspect of the functioning of siblings, especially those who are in adulthood, allows us to draw the conclusion that they are relatively rarely undertaken by researchers. It is noticed that nowadays there is an increase in interest in this issue. The aims of the work were to consider some of the limitations occurring in the process of conducting psychological research on the sibling subsystem and to present tools for psychological measurement of the quality and dimensions of the interpersonal relationship between siblings. *Method:* The method of content analysis of publications in this field was used and a comparative analysis of issues undertaken in the context of psychological research on the relational aspects of the functioning of siblings was carried out. *Results:* Five self-report questionnaire tools that were developed in 2014-2017 were presented along with their psychometric properties: Adult Sibling Relationship Questionnaire, Adult Sibling Family Relations Scale, STQ – Now, STQ – Then and Sibling Relationship Questionnaire. *Conclusions:* The specificity of research on interpersonal relationships in the sibling subsystem is related to methodological awareness of the high complexity of the family environment and knowledge of the uniqueness of sibling relationships. The researcher's consideration of both issues creates space for searching for new methodological solutions.

Keywords: siblings, family, interpersonal relationship, psychological measurement.

Introduction

The interest of social science researchers in the problem matter of interpersonal relationships of adult siblings has recently shown an upward trend (Bouchard et al., 2019; Cicirelli, 1995; Kosiol, 2015; Lewandowska-Walter, Połomski and Peplińska, 2017; Rostowska, 2010; Szymańska, 2019; Shepherd et al., 2021; Stocker et al., 2020; Szymańska, 2020).

The research focused on the problem matter of interpersonal relationships of adult siblings initially included the issue of the differentiated structure of the sibling subsystem, the importance of the position of a child in the family for the socialization process and the development of adaptational skills (Adler, 1986; Ansbacher, Ansbacher, 1956; Irish, 1964). At first, the research aimed at determining the long-term influence of sibling relationships in early childhood on the level of social adaptation in people in middle

childhood (Dunn, 1983; Furman, Buhrmester, 1985) and adolescence (Noller, 2005; Szymańska, 2020). Over time, psychologists realized that the role of early experiences in the human development and the adaptational function of social behaviours in the sibling-dyad subsystem could affect the functioning of a human being in the later stages of development. The survey of the more recent literature on the subject allows us to find out that family specialists started to gradually expand the area of research on siblings and more and more research results emphasized the role of siblings in adulthood (Cicirelli, 1995; Biegler, Edward and Kennair, 2016; Finzi-Dottan and Cohen, 2010; Floyd and Morman, 1998; Greszta, Rys, Trąbicka and Hofer-Buczowska, 2020; Marotta, 2015; Milevsky, 2005; Riggio, 2000; Rocca and Martin, 1998; Slomkowski et al., 2005; Szymańska, 2021).

¹ Article in polish language: <https://www.stowarzyszeniefidesetratio.pl/fer/2024-1Wale.pdf>

However, it is still being noticed that the issue of interpersonal sibling relationships is raised by a relatively scarce group of researchers as compared with other types of family interactions, e.g. mother – child, parents – children, which attract a greater interest (Feinberg et al., 2012; Myers, 2015). That seems quite surprising as it has been found out that more than 80% of the global population have a brother or a sister (Rittenour et al., 2007). Thus, it can be assumed that the issue of the dimensions and the quality of interpersonal sibling relationships is essential for a large group of people. Despite this fact, one might get the impression that it is underestimated or even ignored by the researchers. Then, naturally, the question arises as to the reasons of this state of affairs. Therefore, in this study we have made an attempt to answer the question about the reasons why there has been so little psychological research on adult sibling relationships, presenting, at the same time, some issues that are important from the methodological point of view. The scientific considerations were based on the content analysis of the publications in this scope as well as the comparative analysis of the issues raised in the context of the psychological research on the relational aspects of the functioning of sibling dyads.

1. The specificity of psychological research conducted on the family system

Studies on interpersonal relationships, especially the ones from the family system, shall require a specific research approach as the social relationships occurring in families are intense, multi-aspectual and complex and may evoke complicated feelings and attitudes. However, the biggest challenge for the researcher is the private nature of family relationships. It is not easy to observe them, and family members are often reluctant to reveal private, sometimes embarrassing family life problems. Due to their specific features, sibling relationships are a unique area of experiences, sometimes extremely painful, which people do not wish to reveal, for example, experiences connected with parental favouritism, the status of the strongest sibling, rivalry or conflict. It has been stressed that the

biggest challenge in conducting research on siblings is the fact that sibling relationships are an element of a complex network of relationships between the members of a given family system or systems, e.g. in case of reconstructed families. The reference to the systemic perspective is based on the fact that, at present, the majority of research studies on families are conducted in this paradigm (de Barbaro, 1999; Cierpka, 2003; Janicka and Cieślak, 2020; Minuchin, 1988; Namysłowska, 2000; Płopa, 2005; Rostowska, 2008; Satir, 2000; Szymańska and Poraj-Weder, 2021; Świętochowski, 2014).

According to the systemic approach, the family is treated as a whole, which consists of different elements constantly interacting with each other. It is emphasized that this whole is something more than a simple sum of these components. It is a unique system where the family members depend on each other. Therefore, every change in the functioning of one of the persons shall modify the functioning of not only the family system considered as a whole but also its individual members. It is stressed that the dependencies between the persons making up a family are of a circular nature (so called circular causality), not, as previously considered, a linear one. That means that the behaviours of some family members are undoubtedly related to the behaviours of the other ones (Cierpka, 2003). Therefore, in case of conducting research on the sibling subsystem, we cannot ignore the other subsystems of the family system, e.g. the marriage subsystem or the parent and child one.

Considering the multidimensionality and differentiation of interpersonal sibling relationships, it has been accepted that the systemic perspective is neither the only nor the fully sufficient approach to describe and explain this type of relationship in the context of developmental, family and group differences (comp. Stocker et al., 1997; Szymańska, 2019). It shall be stated that, like in other close interpersonal relationships, the processes determining their dynamics have impacts on many different levels. In their deepest layer, they refer to inner psychological processes, such as attachment and social comparisons, up to relational dynamics including the processes of social learning and extra-family factors, which include social-cultural influences (Whiteman et al., 2011).

Therefore, the next issue which should be paid attention to while exploring the problem matter of interpersonal sibling relationships is determining theoretical perspective or perspectives in which research will be conducted and its results interpreted. Based on the literature review, it has been noticed that the researchers most often follow the assumptions of the four main psychological perspectives basically used to describe and explain differentiation in sibling relationships. They include: the psychoanalytical-evolutionary approach, the social-psychological perspective, the theory of social learning and the family-ecological system paradigm (Whiteman et al., 2011).

Returning to the issue of the family system whose part of the relational networks includes the interpersonal sibling relationships, which the researcher is interested in, it is worth emphasizing that this system is characterized by high variability. It results not only from normative crises typical of all families but also from experiencing non-normative crises, e.g. divorce, loss of job or chronic disease. Also, in the very sibling subsystem we might observe changes resulting largely from the increase or decrease of the family size, birth order, age difference between siblings, different gender, somatic or personality features (Lewandowska-Walter, Połomski and Pepińska, 2017).

Another issue referring to the research on siblings, essential from the methodological point of view, is to understand and operationalize the term of *siblings and sibling relationships*. When considering the relationship between siblings, the most commonly used approaches are two different perspectives (Kądziołka, 2012). The first of them includes the formal-biological dimension relating to the biological relationship between siblings. The second one concerns the psychological dimension in which interactions, thinking patterns and emotions occurring between siblings can be considered. This is quite a large generalization, somewhat structuring in nature. However, in some cases that may make it difficult to solve research problems, because there is a large variety of sibling relationship types. Even 26 possible different sibling relationship types have been identified (e.g. twins, biological siblings, adoption siblings, foster siblings) (Treffers, et al., 1990).

The researchers emphasize that including such a great number of variables and the awareness of all the dependencies between them in one study significantly impede the creation of comparator groups (Braun-Galkowska, 1992).

2. Characteristics of the siblings' interpersonal relationship

The family environment is a natural space in the early ontogenesis for building relationships between siblings. Understood as the centre of family life, it plays a significant role in learning the rules and norms of social functioning, and as a source of structuring space in time, it provides a specific rhythm (Nymś-Górna, 2018).

Sibling relationships are described as the longest-lasting ones, since they also last after the parents' death. They are primary and attributed to a person due to the fact of birth in a specific family environment and the impossibility to make a choice. They are of an egalitarian nature, based on partnership rules, horizontal, different from vertical relationships with the parents. Sibling relationships are also described as ambivalent, as they include the whole range of interpersonal relationship shades from love and attachment, through rivalry, favouritism, criticism, domination, conflict to indifference. The relationship quality is in a great degree connected with spending time with the siblings, giving them attention, involvement in playing together and undertaking different activities. Moreover, it is important whether brothers and sisters pay attention to each other's needs and accept each other regardless of each other's virtues or flaws. Closeness and intimacy in a sibling dyad also mean the emotions accompanying everyday coexistence and the built-up bonds. The researchers assume that the quality and style of cooperation developed in the early stages of life affects the quality and style of cooperation between siblings in adulthood (Nymś-Górna, 2018; Szymańska i Poraj-Weder, 2021).

The sibling relationship has its own dynamics. In some periods it can be perceived as coherent and strong and in others it may become weaker. It shall

be pointed out that individual developmental periods differ as regards the quality and strength of these relationships. In childhood they are the most intense and conflicting whereas in adulthood they become friendlier and more supporting (Stocker, et al., 1997). Moreover, family specialists emphasize that it is a unique relationship since its common thread is the experiences, features, history, which are specific for each family environment. It is not possible to recreate such an interpersonal relationship with any another person, coming from outside the family system (Cicirelli, 1995; Riggio, 2000; Szymańska, 2021).

3. Methods of psychological assessment of the quality of interpersonal relationships between siblings

From the psychological point of view it is interesting to study the changeable and unchangeable elements of sibling relationships in longer periods of time. For this purpose, it is advisable to use the longitudinal research strategy enabling the observation of the same persons for many years (Kosiol, 2015). Nonetheless, although the results obtained in this way are highly valued in the field of social sciences, its complexity and difficulty resulting from high costs and the necessity of keeping contact with the surveyed persons often make the researchers choose other research methods.

The methods for the assessment of sibling relationships that are most commonly used include observational and questionnaire ones. Observational methods are particularly useful if the surveyed persons are in early childhood. The methods that are quite often used in such cases include interviews with parents and self-report methods, e.g. concerning behaviours of older children.

At present, the literature on the subject provides numerous questionnaires for the assessment of the quality of sibling relationships not only in different developmental stages, i.e. in childhood, adolescence and adulthood, but also in different life situations, such as chronic disease or mourning. The full review of these

questionnaires was made by M. Kosiol, presenting its results in her study *Research on sibling relationships. Questionnaire review* (comp. Kosiol, 2015).

Presently, there are new tools, not mentioned by M. Kosiol in her study (2015), which are being used in the contemporary research on interpersonal sibling relationships. Therefore, it seems reasonable to make some additions in this respect. These tools include: *Adult Sibling Relationship Questionnaire (ASRQ)* by C. Stocker and co-authors (1997) in the adaptation of Wałęcka-Matyja (2014), *Skala Stosunków Familiarnych Dorosłego Rodzeństwa (SSFDR)* (*Adult Sibling Familial Relationship Scale*) in the adaptation of Wałęcka-Matyja (2015), *You and Your Siblings Now Questionnaire (STQ-Now)* by R. Stewart and co-authors (2000) in the adaptation of P. Szymańska (2016), *You and Your Siblings Then Questionnaire (STQ-Then)* by R. Stewart and co-authors (2000) in the adaptation of P. Szymańska (2019) and *Questionnaire of Sibling Relationships* by A. Lewandowska-Walter, P. Połomski and A. Peplińska (2017a). The above mentioned tools for measuring interpersonal sibling relationships have been shortly described below in the chronological order.

Adult Sibling Relationship Questionnaire (ASRQ) by C. Stocker and co-authors (1997) in the adaptation of Wałęcka-Matyja (2014) enables the assessment of the psychological aspects of interpersonal sibling relationships in adulthood. It is a questionnaire where the perception of behaviours and feelings of the respondents towards their siblings as well as the perception of the siblings' behaviours and feeling towards the respondents are assessed. It is worth noting that ASRQ has a full 81-item version (Wałęcka-Matyja, 2014) and a shortened 61-item one (Wałęcka-Matyja, 2016). The interpersonal sibling relationship is assessed by referring to its three factors, i.e. Warmth, Conflict and Rivalry. To get a deeper analysis of the relationship, it is possible to assess it on the sub-scales making up the mentioned three main factors. The factor of Warmth includes the following sub-scales: affection, intimacy, knowledge, emotional support, instrumental support, admiration, similarity, acceptance. The factor of Conflict consist of the following sub-scales: opposition, quarrelling, domination and competition. The factor of Rivalry

consists of two subscales of maternal rivalry and paternal rivalry. For the full ASRQ version, the Cronbach α coefficients are in the range of 0.97-0.87 (Wałęcka-Matyja, 2014). The shortened version of this tool is characterized by Cronbach α coefficients in the range of 0.97-0.87 (Wałęcka-Matyja, 2016).

Skala Stosunków Familiarnych Dorosłego Rodzeństwa (SSFDR) (Adult Sibling Familial Relationship Scale) by Wałęcka-Matyja (2015) has been designed to measure the respondent's attitude to their siblings in adulthood. SSFDR consists of 20 items. The final score on SSFDR is the sum of points received within the three aspects of one's attitude to their adult siblings, i.e. affective commitment, behavioural commitment, cognitive commitment. The lower the score, the more positive the respondent's attitude to their siblings in adulthood is.

Affective commitment (AC) is described as emotional involvement in experiencing the relationships with adult siblings and emotional attitude resulting from playing the role of a brother/sister for their siblings. The affective factor is related to experiencing events that are emotionally important for the siblings and demonstrating interest in their feelings by the surveyed person. Cognitive commitment (CC) has been operationalized as one's beliefs on their siblings and the relationships with them. It concerns the focusing of thinking, attention, ideas and memories on the siblings. Behavioural commitment (BC) means the degree of interaction with the siblings, demonstrated in various activities. Behavioural commitment is demonstrated when the surveyed person undertakes specific activities showing their interest in their sibling's situation and affairs. The Cronbach α coefficient calculated for SSFDR is $\alpha = 0.90$. Reliability for the individual sub-scales of this tool was following: behavioural commitment $\alpha = 0.81$, affective commitment $\alpha = 0.74$, cognitive commitment $\alpha = 0.68$. Due to the Cronbach α coefficient's value, which is close to the required level, it is advisable to be careful while interpreting the scores obtained on the scale of cognitive commitment (Wałęcka-Matyja, 2015).

You and Your Siblings Now Questionnaire (STQ-Now) by R. Stewart and co-authors (2000) in the adaptation of P. Szymańska (2016) enables

the assessment of sibling relationships in adulthood. The questionnaire consists of 48 items, which make up five scales: reciprocity, criticism, domination, indifference, rivalry. The reciprocity scale enables us to assess the strength of intimacy and acceptance in a sibling dyad. The criticism scale describes the level of hostility and criticism in the sibling relationship. The domination scale includes elements related to domination of one of the siblings over the other. The indifference scale allows us to assess lack of interest in the brother/sister and poor involvement in the relationship with them. The rivalry scale describes the level of rivalry and jealousy in a sibling dyad. The Cronbach α coefficient's values were in the range from 0.72 for the scale of domination to 0.93 for the scale of reciprocity (Szymańska, 2016).

You and Your Siblings Then Questionnaire (STQ-Then) by R. Stewart and co-authors (2000) in the adaptation of P. Szymańska (2019) has been designed to measure retrospective assessment of the quality of the relationships with siblings in childhood. It refers to the period when the respondent was at the age between five and eight years. The questionnaire consists of 56 items, which make up five scales: reciprocity, criticism, support, care, imitation. The scale of reciprocity allows us to assess the strength of intimacy and warmth between siblings, number of interactions and involvement in the time spent together. The criticism scale measures the strength of negative feelings demonstrated towards the siblings as well as the frequency of quarrelling, criticizing and blaming each other. The support scale shows the level of caring for each other, responding to each other's needs and showing interest in the siblings in difficult situations. The scale of care enables us to assess the willingness to protect one's sister/brother, the feeling of responsibility for them and demonstrating educational behaviours. The imitation scale measures the level of copying the sibling's behaviours, perceiving them as a role model, admiring them and taking their opinions into account. The Cronbach α coefficient's values fell in the range between from 0.92 for the reciprocity scale to 0.84 for the scale of support (Szymańska and Poraj-Weder, 2021).

Questionnaire of Sibling Relationships (QSR) by A. Lewandowska-Walter, P. Połomski and A. Peplińska (2017a) is a tool that enables us to measure interpersonal relationships in the sibling subsystem. The type of the family in which the surveyed person is being raised does not affect the results obtained by means of QSR. This tool is designed to examine persons at the age of 12-25 years. It consists of three scales: coherence, communication and rivalry. The Questionnaire of Sibling Relationships has got well-developed sten standards.

In the studies on interpersonal sibling relationships, apart from the use of questionnaire methods, it is recommended to apply qualitative ones, which will be complementary to quantitative methods or will be the way to conduct a separate study. One of the recommended methods is the Focus Group Interview (FGI) (Brabour, 2011). It is noted that it is especially useful in some cases. The first of them refers to studying issues which are difficult to operationalize. The second one concerns conducting research in a situation of a conscious or unconscious discrepancy between the normative area and the social practice. The third case in which it is advisable to use FGI is connected with the importance of getting an in-depth description as well as understanding activities that occur in the analysed section of social life. The last case refers to the aim of the research, which is to reconstruct the socially established meanings and patterns of perception, thinking, assessing and behaving (Sinczuch, 2015).

In studies on siblings the application of FGI is aimed at determining the opinion on siblings, describing the feelings toward them, often hidden needs, behaviours demonstrated in various specific situations, e.g. chronic disease of the parent or the sibling, a criminogenic situation of the sibling, in case of the parent's favouritism or an attempt to understand the phenomenon of mental advantage of one of the siblings. FGI is a discussion led by a researcher (moderator) on a given subject (e.g. behaviour of your siblings in case of the necessity of taking care of your chronically ill parents) with the use of a specifically designed scenario. The researcher asks questions, raises different issues, monitors the discussion, trying to make sure that all the participants can fully

express themselves. The researcher encourages the group to verify the descriptions and statements that have appeared in the discussion. They can use the projection techniques. The moderator records the discussion and this literal record is subject to analysis and reporting. The transcriptions are analysed with the use of both qualitative methods, e.g. discourse analysis, interpretative analysis and quantitative ones, e.g. frequency analysis (Sinczuch, 2015). A small number of discussion members, from 5 to 10, gives the researcher an opportunity to observe the natural social interaction between the participants. The FGI method is considered to allow us to reconstruct the deep-seated mindsets and ways of perception. Moreover, the scheme of free discussion shall facilitate generation of new and creative solutions and encourage emotional disclosure (Brabour, 2011).

When considering the advantages of the FGI techniques, its three features are mentioned. The first of them refers to the fact that FGI is a social situation simulation (discussion in a group). The next feature concerns the fact that such a facilitated discussion includes a group process. The last FGI feature, proving great usefulness of this technique, is related to the fact that the relationship between the researcher and the surveyed persons is more symmetrical. And that results from the occurrence of asymmetry in their numbers (Sinczuch, 2015).

Conclusions

Scientific studies on the relational aspect of the functioning of sibling dyads, especially adult ones, lead us to the conclusion that they are still scarcely represented in the literature on the subject. Nonetheless, some increase in interest in this issue is being noticed recently (Cicirelli, 1995; Kosiol, 2015; Lewandowska-Walter, Połomski and Peplińska, 2017; Marotta, 2015; Riggio, 2000; Rostowska, 2010; Shepherd et al., 2021; Słomkowski et al., 2005; Szymańska, 2021). The researchers agree that while characterizing interpersonal relationships of adult siblings, it is important to indicate their complexity and ambivalence (Stocker et al., 1997; Szymańska, 2019; Wałęcka-Matyja, 2018).

What has to be noticed here is the researchers' interest in the methods to measure interpersonal sibling relationships and development of new psychological tools for examining the quality of interpersonal sibling relationships.

The aim of the present study was to consider some limitations existing in the process of conducting psychological research on the sibling subsystem as well as to present new tools designed to measure the quality and dimensions of interpersonal sibling relationships. The presented tools included self-report questionnaire tools developed in years 2014-2017 (Adult Sibling Relationship Questionnaire, Adult Sibling Familial Relationship Scale, You and Your Siblings Now Questionnaire, You and Your Siblings Then Questionnaire and Sibling Relationship Questionnaire). Moreover, the study referred to the possibility of applying qualitative methods in research on siblings, especially the focus group interview method.

The methodological considerations on conducting psychological research in the area of family environment presented in this article point out to at least to issues, which are worth thinking about. One of them refers to the uniqueness of psychological research on the family environment, which is characterized by high complexity. The other one is related to the specificity of interpersonal sibling relationships. Both the aspects bring about specific limitations, at the same time creating an opportunity to look for new solutions of a methodological nature, allowing the researcher to describe, understand and predict the character of interpersonal sibling relationships in the most accurate way. One of such solutions can mean encouraging a more open and cooperative attitude of the researchers to creating interdisciplinary teams, which shall allow them, as part of joint activities and

with the use of advanced research tools and methods, to analyse the relational aspect of sibling functioning in a more comprehensive way.

It is assumed that properly developed family relationships, including relationships with siblings, are a very important resource. It takes on a slightly different meaning if interpersonal relationships are considered in a temporal perspective. That is because they can be an element of proactive coping with stress in the increasingly longer human life. In the VUCA world family support seems to be invaluable. VUCA refers to an environment characterized by great Volatility, Uncertainty, Complexity and Ambiguity. This kind of reality, in which an individual has to live, can greatly disturb their sense of order and stabilization (Musiał, 2021). And, especially people who face different problems need to have a stable foundation in space and time, which can be their family environment. Their family's respect, care and attention as well as help and support give them strength to cope with difficulties more effectively, let them experience more satisfaction with life and take care of their health in long term (Lawrence and Adewole, 2023; Romm, Metzger and Turiano, 2021). It is noted that family support can be provided by any family members, also siblings, grandparents or further relatives (Fan and Meng, 2022). In numerous psychological concepts, e.g. the systemic theory (de Barbaro, 1999; Minuchin, 1988; Świętochowski, 2014) or the resource theory by Hobfoll (Hobfoll, 2006), the authors pay attention to the importance of resources in the functioning improvement process for both an individual and the family. Therefore, an increasing interest in the issue of interpersonal sibling relationships seems to be inevitable from the point of view of not only family specialists but also practising psychologists.

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Foster parenting in old age as a crisis. Baseline hope, generalised self-efficacy, and positive orientation of foster parents in late adulthood¹

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Abstract: This article presents the results of a self-reported study showing differences in levels of baseline hope, generalised self-efficacy, and positive orientation depending on the role of a foster parent for their grandchildren. The Basic Hope Questionnaire (BHI-12), the Generalised Self-Efficacy Scale (GSES), the Positive Orientation Scale (P-Scale), and a self-report questionnaire were used. A total of 160 participants took part in the study. The study group consisted of 80 foster parents in late adulthood. The control group consisted of 80 older people who were not fulfilling this function. Statistical analysis showed statistically significant differences in the levels of all variables examined. It appeared that foster parents were characterised by higher levels of baseline hope (the effect was strong), higher levels of generalised self-efficacy, and lower levels of positive orientation. For the last variable, the effect was very strong. On this basis, it can be concluded that older people acting as foster parents, in the situation of a crisis occurring in the family, consisting of the breakdown of the previous way of functioning of the family and having a sense of self-efficacy and belief in the possibility of building a new order, i.e., strong basic hope, decide to take over the care of grandchildren. At the same time, the results of the research in terms of positive orientation indicate that this is a difficult situation for them related to their experience of less satisfaction with themselves and their lives. Foster parenting in late adulthood is portrayed as a difficult situation in which the family and human life cycle are disrupted. The psychological situation of older people acting as foster parents for their grandchildren is of particular interest, as the natural developmental crisis resulting from the ageing process is compounded by the additional situational crisis of minors losing the care of their biological parents and grandparents taking over this responsibility.

Keywords: baseline hope, positive orientation, generalised self-efficacy, foster parenting, crisis

1. Foster parenting in old age as a crisis

The family constitutes the primary and at the same time the most important upbringing environment, which shapes feelings and attitudes and exerts a significant influence on the formation of a system of values, norms, and patterns of behaviour (Walęcka-Matyja, 2015). In the situation of a crisis occurring in the generational family, when the family system does not properly fulfil its obligations and does not adequately meet the needs of the children functioning in it, it may lead to the placement of a minor in a foster family, which takes over tasks largely overlapping with those of the biological family (Dziennik Ustaw, 2011, no. 149, item 887).

Thus, it can be said that a foster family is a family that raises children whose parents are deceased or unable to raise them (Okoń, 2017).

The issue of foster parenthood and the question of taking care of minors who have lost parental care for various reasons are constantly topical and in need of attention, as indicated by the data presented by the Główny Urząd Statystyczny (*Central Statistical Office*), which shows that at the end of 2022, there were 72,800 children in foster care who were totally or partially deprived of the care of their natural family. Compared to 2021, the number of children in foster care increased by 0.7 percent (Główny Urząd Statystyczny, 2022), which does not give cause for joy. A specific feature of the foster care system in Poland is the clear

¹ Article in polish language: <https://www.stowarzyszeniefidesetratio.pl/fer/2024-1Kard.pdf>

dominance of foster families related to the child. In 2022, among foster families, related families accounted for 64.1%, non-professional families for 30.1%, and professional families for 5.8% (Główny Urząd Statystyczny, 2022). According to the currently in force Act on Family Support and the Foster Care System, foster families related to a child can only be created by ascendants, i.e., by grandparents and great-grandparents or siblings (Dziennik Ustaw, 2011, No. 149, item 887). Data from the Central Statistical Office shows that 52.8 percent of those acting as foster families were aged 51-70 (Główny Urząd Statystyczny, 2022), indicating the advanced age of carers and the dominance of foster families created by grandparents. This situation is unlikely to change, as the development of foster care in Europe is moving in the direction of expanding forms of care in closer and extended family, i.e., keeping the child in a kinship family, which is in line with the idea of the community-based approach to childcare, which postulates that the focus should be on discovering the resources present in the family (Ruszkowska, 2013). The takeover of care by grandparents seems to be the least drastic solution, which ensures continuity of care and preservation of family ties while protecting against neglect (Ruszkowska, 2013; Winogrodzka, 2007).

There are a number of studies conducted in different countries comparing the functioning of related and unrelated foster families with the child (Burgess, Rossvoll, Wallace, Daniel, 2010; Vanschoonlandt, Vanderfaellie, Van Holen, De Maeyer, Andries, 2012). An example is the research in the United States, which shows that foster parents related to the child compared to unrelated parents are older, have less education, and have greater financial difficulties (Metzger, 2008). Also noteworthy is Farmer's (2009) research, which analysed the specific characteristics of these two types of foster families. Carers from related foster families were shown to be more involved in the care and upbringing of their wards, to feel more satisfaction with their relationships with their children, and to be more satisfied with them compared to unrelated foster parents. Rel-

atives, however, signalled higher levels of stress, which may be related to stressors such as health or financial difficulties.

Taking on the role of a foster parent in late adulthood is undoubtedly a difficult situation. It can be assumed that the tasks of raising grandchildren imposed on older people sometimes interfere with the age-based right to rest and may hinder the process of coping with the crisis of old age and disrupt the fulfilment of tasks characteristic of this stage of life. Despite the fact that old age is the last phase of development in the human life cycle and may be associated with peace and stagnation, it is not without challenges and difficult situations that can lead to crises (Olszewski, 1998).

"A crisis is a state of disorganisation in which a person faces the nullification of important life goals or a profound disruption of his or her life cycle and methods of coping with stress factors" (Szatur-Jaworska, Błędowski, Dzięgielewska, 2006, p. 65). Crises due to the causes and content of experiences are divided into developmental and situational crises (Studen, 2006). According to Erikson's concept of psychosocial development, in late adulthood there is a developmental crisis of integrity vs. despair (Erikson, 2002). A positively resolved crisis of old age leads to a sense of inner integrity, which manifests itself in kindness towards others, high self-esteem, satisfaction with one's current life, a positive assessment of one's past life, coming to terms with the inevitability of death, curiosity about the world, and a willingness to share one's own thoughts and experiences with younger people (Brzezińska, Appelt, Ziółkowska, 2016). The unresolved crisis of this period leads to despair and is associated with the inability to come to terms with the fact of the approaching end of life and feelings of regret for missed or lost opportunities, as well as the dominance of a sense of bitterness, pessimism, and resistance to change (Brzezińska, Hejmanowski, 2016).

Situational crises, on the other hand, refer to random events. In old age, people are exposed to numerous stressors that can cause distress and impede the adaptation process. It is a fact that seniors experience more loss events than younger people (Kuryś-Szyncel, 2017). It is rarely the case

that they occur one at a time. They are very likely to accumulate during this period. The most common critical events in old age include: loss of loved ones, loss of health, loss of economic and social status, loss of prestige and usefulness, and also facing the prospect of approaching the end of life (Straś-Romanowska, 2009).

Steuden (2016) divided these difficulties into several groups related to:

- financial situation, locomotion, daily household duties;
- the acquisition of new skills needed to operate technical equipment;
- changes in relationships with the family and immediate environment;
- a change of residence due to financial or health reasons;
- negative self-assessment, negative self-esteem, lack of acceptance;
- negative life events (death of a loved one, deterioration of health).

The statistics presented at the beginning of this article show the scale of the phenomenon of older people taking over the care of their grandchildren and confirm the validity of conducting research in this area, taking into account the perspective of foster parents and the way they experience this difficult and demanding role. The psychological situation of older people acting as foster parents for their grandchildren seems to be of particular interest, as the natural developmental crisis resulting from the ageing process is compounded by the additional situational crisis of children losing the care of their biological parents and grandparents taking over this responsibility. In this case, therefore, there is a disruption to the family and human life cycle, which certainly has specific consequences for the functioning of the group of seniors discussed here. The question that arises, which is analysed in this article, is therefore the relevance of the function of the foster parent for the process of adaptation to old age, which is expressed in the level of positive orientation, and the resources for coping with a difficult situation, such as basic hope and a sense of generalised self-efficacy.

2. Baseline hope, generalised self-efficacy, and positive orientation- characteristics of the variables studied

2.1. Basic hope

The concept of basic hope was introduced by Erikson (2002), who hypothesised that it is formed in the early developmental stages as part of the building of family bonds. The author identifies the experience of repetition and predictability of events and the satisfaction of the child's needs by the environment as necessary conditions for the development of strong basic hope.

According to this concept, basic hope is an individual's deep-seated, generalised conviction that the world is orderly, meaningful, and fundamentally favourable to people. It is an assumption about the regularity and purposefulness of certain phenomena occurring in the world and, consequently, the purposefulness of the world as a whole. These beliefs are part of an individual's worldview, providing a basis for interpreting future events. Basic hope is described as a relatively stable personality structure, which is the basis for the individual's constructive response to new situations and circumstances following the breakdown of the previous order. The greater, the more certain the individual's subjective beliefs about the sensible and positive nature of the real world are (Trzebiński, Zięba, 2003a).

The results of ongoing research indicate the numerous psychological benefits of baseline hope. Research shows that the level of baseline hope is significant in shaping adaptation to irreversible loss and in mobilising the individual to create and seek new life challenges (Byra, 2014). In addition, people with strong basic hope go through the process of accepting loss more quickly, showing a higher readiness to construct an alternative order of their own existence, are more satisfied with their lives, and experience more positive emotions (Trzebiński, Zięba, 2003a). They are characterised by higher psychological well-being, life satisfaction, and a positive mood (Krok, 2013). Basic hope is positively associated with openness to experience, fosters forgiveness of experienced wrongs, and experiences gratitude for goodness and help received (Gruszecka, Trzebinski, 2012).

Basic hope is therefore a particularly valuable personal resource in late adulthood, conducive to coping with the many losses experienced during this period of life and, in the case of foster parents, to resolving the crisis in the family system.

2.2. Perceived self-efficacy

The creator of the concept of perceived self-efficacy is A. Bandura (1977, after Juczyński, 2000), who assumed that its level is related to the motivation to act. According to social cognitive theory, human behaviour is driven by expectations regarding the situation, the outcome of the action, and self-efficacy. The expectation of self-efficacy concerns the behaviour itself and is part of the control of personal action (Bandura, 2007). A sense of self-efficacy is, therefore, an individual's belief that he or she can successfully perform the actions necessary to achieve the desired outcome in a specific life situation (Heszen, Sęk, 2007; Juczyński, 2009).

Research shows that a high sense of self-efficacy is associated with mobilisation for action, readiness to invest energy, perseverance, the ability to overcome obstacles, and well-being (Oleś, 2009). In contrast, low self-efficacy is associated with experiencing helplessness, anxiety, sadness, and depression. In such individuals, a potential obstacle is perceived as exceeding the ability to cope with it, which consequently leads to withdrawal and resignation from action (Heszen, Sęk, 2007; Juczyński, 2009; Poprawa, 2001). Individuals with a high sense of self-efficacy show stronger motivation to undertake different behaviours, to continue them despite difficulties, and to maintain efforts to complete the action. Such individuals cope more effectively in stressful situations, showing lower ratings of stress intensity, weaker physiological indicators of stress, and proactive coping (Brzezińska, 2011; Pervin, John, 2002). It can therefore be concluded that self-efficacy, understood as a relatively stable and generalised belief that one has the resources to cope with various difficult situations in late adulthood, is conducive to effective coping with the crisis of old age and the challenge of caring for grandchildren in late adulthood.

2.3. Positive orientation

The concept of positive orientation was created by G.V. Caprara in 2009 (Caprara, 2009). He defines it as a basic personality trait that is a stable characteristic reflecting a general tendency to perceive various life experiences in a positive way (Caprara, 2009; Caprara et al., 2012). It signifies an individual's natural tendency towards a favourable evaluation of oneself, high satisfaction with life, and a high evaluation of the chances of achieving goals, which translates into commitment to life pursuits and a high evaluation of quality of life (Laguna, Oleś, Filipiuk, 2011). In this understanding, positive orientation is treated as an innate, genetically determined disposition that is responsible for an individual's adaptive functioning. The basic assumption of the theory is that "perceiving oneself, life, and the future in a positive way testifies to a basic predisposition that performs an important biological function – making a person inclined to cope with life despite failures, adversity, and the prospect of death. Such an outlook on reality is needed by people in order to develop and to take care of life despite the inevitability of its end." (Sobol-Kwapińska, 2014, p. 78). This variable is particularly interesting because it combines three components: self-esteem, optimism, and satisfaction with life (Laguna et al., 2011; Sobol-Kwapińska, 2014). Positive orientation is related to enjoyment of life and awareness of the meaning of life and is the opposite of the depressive triad, according to Beck.

A person's belief that he or she is worthy of respect, that life is worthwhile, and that the future is promising allows him or her to cope with loss, which is particularly important in old age when there is an accumulation of loss-type events. This article assumes that the level of positive orientation will reflect the level of adaptation of older people serving as foster parents.

3. Methodological assumptions of our own research

3.1. Objectives and research methods

This article presents the results of our own research on the difference in levels of baseline hope, generalised self-efficacy, and positive orientation depending on the role of the foster parent. The results presented here are only part of a larger research project dedicated to analysing the psychosocial functioning of older people in the role of foster parents. The interested reader is referred to the publication *Bilans zysków i strat a wybrane zasoby osobiste rodziców zastępczych u progu starości. Aspekty psychologiczno-pedagogiczne (The balance of gains and losses and selected personal resources of foster parents at the threshold of old age. Psychological and pedagogical aspects)* (Kardaś-Grodzicka, 2020).

The findings contained in the study are concerned with seeking an answer to the research question posed: does the function of a foster parent in late adulthood differentiate levels of baseline hope, generalised self-efficacy, and positive orientation? Based on this, the following research hypothesis was formulated: older people serving as foster parents differ in their levels of baseline hope, generalised self-efficacy, and positive orientation from people in late adulthood who do not fulfil this function. The Student's t-test for independent samples was used to analyse differences in the aforementioned variables. The following research methods were used in the study:

1. Basic Hope Questionnaire (BHI-12) J. Trzebiński, M. Zięba. It is a self-report tool used to measure the level of basic hope, understood as a person's conviction that the world is ordered and meaningful and that it is favourable to people (Trzebiński, Zięba, 2003b). The questionnaire consists of 12 statements. The respondent indicates to what extent he or she agrees with each statement using a 5-point scale from 1 (strongly disagree) to 5 (strongly agree). The score is the total score, which is an indicator of the overall level of basic hope. The higher the index, the

stronger the baseline hope. The Cronbach's alpha internal consistency index is 0.70. The stability of the tool, as measured by r-Pearson, is 0.62.

2. Positive Orientation Scale (P Scale): M. Laguna, P. Oleś, D. Filipiuk. It is a short method for measuring positive orientation, constructed by Caprara and colleagues (2012) and adapted in Poland by Laguna, Oleś, and Filipiuk (2011). It represents a higher-order latent variable combining three components: self-esteem, optimism, and life satisfaction (Caprara, 2009). The scale is constructed of eight statements, all of which are diagnostic in nature. The score is the sum of the scores; the higher it is, the higher the level of positive orientation (Laguna et al., 2011).
3. Generalised Self-Efficacy Scale (GSES) by R. Schwarzer, M. Jerusalem, in the Polish adaptation by Z. Juczyński (2009). It examines the strength of an individual's general beliefs in expressing his or her conviction about coping with difficult situations and obstacles. It is designed to test healthy and sick people. It consists of 10 statements comprising a single factor. For each question, the respondent has the opportunity to choose four answers: from no, for which he or she receives 1 point, to yes, for which he or she receives 4 points. The sum of all the scores gives an overall self-efficacy index, which can range from 10 to 40 points. The higher the score, the higher the sense of self-efficacy. The average Cronbach's alpha coefficient is 0.85. The reliability of the scale assessed in a group of 85 people using the test-retest method (after 5 weeks) was 0.78. The accuracy of the scale was assessed by comparing the results of the 496-person group with results obtained using other methods (Juczyński, 1997). The average score for the whole group was 27.32, similar to the average score of the original version.

3.2. Characteristics of the groups studied

It was decided to include people in late adulthood acting as foster parents for their grandchildren in the study. Only carers from foster families related

Table 1. Analysis of the gender frequency of the subjects in both groups

		frequency	percentage
Test group	female	48	60.0
	male	32	40.0
	total	80	100.0
Control group	female	50	62.5
	male	30	37.5
	total	80	100.0

Table 2. Descriptive statistics of the age of the subjects in both groups

		M	SD	Mdn
Age	Test group	67.03	3.83	67.00
	Control group	68.04	3.42	67.50

to the child were therefore eligible for the study. The lower age limit was set at 60 years. The upper age limit was 75 years.

Due to the age of the subjects, the surveys were carried out individually and included an interview with the subject and an explanation of the questionnaire instructions. The respondents' answers were then entered into a database and statistically analysed.

A total of 160 older people participated in the study. The study group consisted of 80 people in late adulthood acting as foster parents for their grandchildren, including 48 women (60%) and 32 men (40%). The control group consisted of 80 people in late adulthood not acting as foster parents, including 50 women (62.5%) and 30 men (37.5%).

The age of the people in the study group ranged from 62 to 75 years, and the average age for this group was 67 years. In contrast, in the control group, the youngest person tested was 61 years old, the oldest was 74 years old, and the average age for this group was 68 years old.

4. Baseline hope, positive orientation, and generalised self-efficacy of foster parents in old age: research findings

The first variable analysed was baseline hope. Statistical analysis showed that the two study groups differed significantly on this variable: $t(133.32) = 12.402$; $p < 0.001$; 95% CI [7.270; 10.030]; $d = 1.961$. The effect obtained is strong. Those in the study group scored statistically significantly higher on the baseline hope scale ($M = 29.95$; $SD = 3.33$) than those in the control group ($M = 21.30$; $SD = 5.28$). The result means that older people who act as foster parents for their grandchildren are characterised by a stronger baseline of hope than other older people. A graphical presentation of the results is provided in Figure 1.

Another analysis of the significance of differences concerned the sense of generalised self-efficacy. In this case, a statistically significant difference was also obtained between the groups: $t(158) = 2.046$; $p < 0.05$; 95% CI [0.053; 3.022]; $d = 0.324$. On average, subjects in the study group scored higher for self-efficacy ($M = 31.75$; $SD = 4.35$) than those in the control group ($M = 30.21$; $SD = 5.12$). However, the strength of this effect is weak. This means that foster parents in late adulthood are characterised by a higher sense of generalised self-efficacy than other older people. A graphical presentation of the results is provided in Figure 2.

The last variable analysed was positive orientation. In this case, a statistically significant difference was obtained between the study groups: $t(143.22) = 11.758$; $p < 0.001$; 95% CI [-7.899; -5.626]; $d = 1.859$. The study group consisting of those acting as surrogate parents in late adulthood had a significantly lower positive orientation ($M = 29.10$; $SD = 4.18$) than the control group ($M = 35.86$; $SD = 3.00$). This effect is very strong, implying that serving as a foster parent in late adulthood strongly differentiates the level of positive orientation compared to those who do not serve in such a role. Graphically, the positive orientation values in both groups are illustrated in Figure 3.

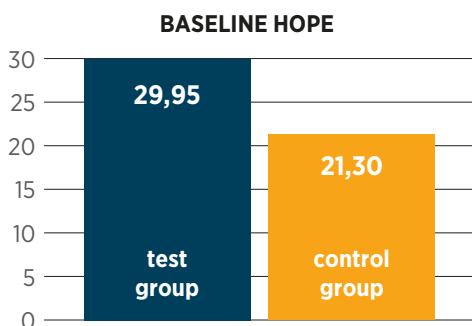


Figure 1. Older adults' level of baseline hope according to their role as a foster parent.

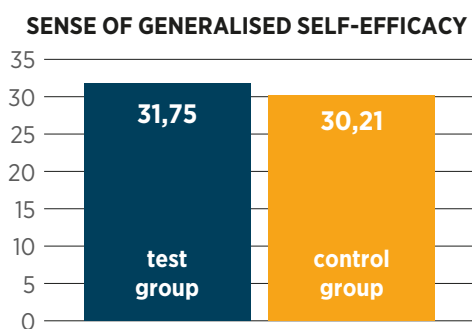


Figure 2. sense of generalised self-efficacy in older people according to their role as foster parents.

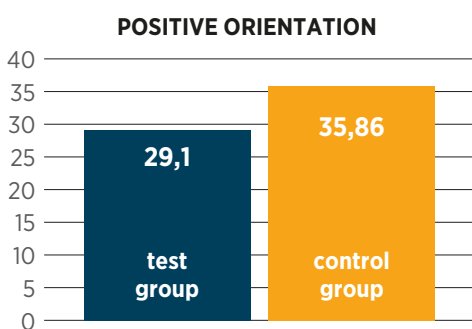


Figure 3: Older adults' level of positive orientation according to their role as a foster parent.

Discussion and Conclusions

The statistical analysis presented above showed differences in all the variables studied. The author's assumption that older people who take on the role of foster parents for their grandchildren are a specifically functioning group of seniors was therefore confirmed. They are people with personal resources that help them take on this very demanding role. At the same time, they find the situation challenging, a difficulty involving the experience of less satisfaction and contentment with life.

The results indicate that foster parents are characterised by stronger basic hope and a sense of generalised self-efficacy than other older people. On this basis, it can be concluded that seniors taking on the care of their grandchildren in difficult situations are able to respond constructively, cope effectively with stress, and use problem-oriented strategies. It can be assumed that these characteristics make them take responsibility for solving the problem when a serious crisis occurs in the family system, involving the destabilisation of the previous organisation of family life, and they courageously decide to take on the challenge of creating a foster family. In this difficult situation, in order to save their children from losing their family and ending up in the institutional care system, they bring order to the chaos, create a new order, take on new roles, and organise life anew. This may indicate their flexibility and active coping with difficult situations. Research has shown that people with strong basic hope are more open to experience, more easily forgive wrongs suffered by others, and are grateful for the good they have received (Gruszecka, Trzebiński, 2012). It can be concluded that these are traits that facilitate the process of adaptation to change. On the other hand, a strong sense of generalised self-efficacy is correlated with stronger motivation, consistency in action (Brzezińska, 2011; Oleś, 2009), and proactive coping when experiencing stress (Pervin, John, 2002).

Another statistical analysis showed that seniors serving as foster parents are characterised by a lower level of positive orientation, meaning that they are less satisfied with their lives than seniors

who do not fulfil this function. It can be assumed that family problems resulting in children being placed in the foster care system, daily difficulties related to caring for grandchildren, lack of time for leisure activities, and fulfilment of one's own needs and interests may be related to lower life satisfaction and contentment in people in the study group. Positive orientation is largely responsible for adaptive functioning because it is associated with favourable self-esteem, high life satisfaction, and a high assessment of quality of life (Laguna et al., 2011; Sobol-Kwapińska, 2014). Thus, it is an important resource that promotes adaptation to old age and, at the same time, reflects the level of adaptation to this period of life. This result may suggest that foster parents in late adulthood, assuming an age-inappropriate role, experience a crisis related to their inability to fulfil the natural needs assigned to the life stage they are in.

In conclusion, it can be said that the function of a foster parent in late adulthood is a difficult, burdening situation associated with the disruption of the human life cycle. This unique group of seniors repeats developmental tasks from another stage of life, which may hinder the process of adaptation to old age and exacerbate the natural crisis of adjustment to changes in this period of life. It should be noted that there is a lack of comparative research in the literature to which the results obtained can be related, as no similar studies of foster parents have been conducted to date on the variables studied. The results obtained provide a valuable resource for practitioners working with related foster parents in late adulthood, showing the perspective of this group of seniors. For them, taking on the care of their grandchildren is a major challenge that requires understanding, care, and the provision of appropriate support from the institutions called upon to do so.

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