

PSYCHOLOGY IN RUSSIA: STATE OF THE ART

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Editorial

Certainly, many significant and important strides in achieving equality and rights have been made by LGBT individuals and allies across the globe in the last couple decades. After steady progressive movement, we appear to be in the midst of an anti-LGBT backlash in many areas of the world, including Russia and the U.S. At the same time, technology and social media appear to have collapsed the closet, leaving vulnerable, those in most need of privacy and safety.

This critical current state of affairs for LGBT people necessitates that the field of psychology fulfill its mission to create and advance psychological research and knowledge to benefit the world, and to support the health and welfare of all people's lives, including LGBT individuals. Psychology has a role to play in investigating attitudes and stereotypes that serve to limit people's potential and livelihoods. Our profession is uniquely positioned with tools to explore and assess the internal experiences of people who find themselves on the margins of society. And our work is bound by ethics codes that state that, "Psychologists integrate ethical considerations into their professional practices, and accept as fundamental the universal moral values, like respect for dignity and self-determination of all persons, and the obligation to contribute to the welfare and development of society (Code of Ethics of the Russian Psychological Society, 2012, p. 1).

This issue of *Psychology in Russia: State of the Art*, focused on sexual orientation and gender identity, is a step toward meeting that obligation of contributing to the welfare of a stigmatized population, through highlighting current research and theory related to LGBT concerns. Igor I. Lunin, describes his challenging journey as a gay man growing up in Russia, and his transformation into a psychology professional in his adopted home of Canada; he emphasizes the potential benefit of and need for the Code of Ethics of the Russian Psychological Society to serve as a moral compass and a guide in protecting LGBT lives. Veronika V. Nourkova and Anna A. Ivanova explore autobiographical memories of transgender and cisgender individuals, finding that transgender people hold more flashbulb-type and negative childhood memories in comparison to cisgender participants; the presence of vivid memories, the authors assert, may serve as cognitive resources to preserve the gap

between early disempowered and later gender affirming identities in the face of experiences of social and family rejection.

Two articles focus on measurement of minority stress, namely Internalized Homonegativity (IH). Alexander A. Yanikin and Andrej D. Nasledov conduct a cross-cultural validation of the Internalized Homonegativity Scale for Gay Men (Mayfield, 2001) with a sample of 92 Russian LGB adults, revealing a two factor structure (Personal Homonegativity and Acceptance of Homosexuality), and find that Personal Homonegativity is related to self-esteem, neuroticism and emotional discomfort. Sharon G. Horne and colleagues provide a Russian language version of the Lesbian Internalized Homophobia Scale, after collecting data from 74 Russian lesbian individuals and conducting reliability and validity analyses as well as a confirmatory factor analysis. They find that some aspects of internalized homonegativity are similar to the U.S., however, there are variations, and three subscales (i.e., Personal Feelings about Being a Lesbian; Moral and Religious Attitudes Towards Lesbians, and Attitudes Toward Other Lesbians) fail to demonstrate cross-cultural validity, most likely due to cultural differences in visibility and public acceptance of lesbian identities and relationships. Nurbek Omurov and document the profound psychological agility and necessity of “securityscapes,” the process and consideration of identity disclosure that LGBT individuals in Kyrgyzstan describe undertaking for a sense of security in different life roles. Based on research with 154 college students, Sharon G. Horne and colleagues shed light on demographic and personality factors that may contribute to more positive attitudes toward LGB people in Russia: living in an urban center, knowing more GLB people, and lower neuroticism and conscientiousness on the NEO-FFI scale. Finally, Cornelius J. Victor and Juan A. Nel and colleagues illustrate how the Psychological Society of South Africa (PsySSA) fashioned an affirmative position statement for working with people of diverse sexual and gender identities for psychologists. Despite an atmosphere of significant stigma and marginalization of people of diverse sexual and gender identities in South Africa, these psychologists prevailed and the position statement was endorsed; the development and process of the endorsement of the statement is shared here, which will benefit other psychological organizations seeking to adopt affirmative guidelines and policies.

The mental health and well-being of LGBT people are at risk throughout the world due to heterosexism, stigma, and discrimination. Indeed the very lives of LGBT people are on the line. The field of psychology has an obligation and a moral duty to contribute through research and practice to the health and safety of LGBT people. With this special section, the journal, *Psychology in Russia: State of the Art*, contributes to increasing psychological knowledge and awareness on GLBT concerns.

The topic of “Psychology of sexual and gender identity” is followed by the “Gender-related individual differences” section. It presents quite a different perspective on the notion of gender that is widespread in Russian psychological science. Yury P. Zinchenko, Olga Yu. Zotova and Lyudmila V. Tarasova have revealed specifics of interpersonal trust among people with different gender identities. Evgeni L. Nikolaev, Denis V. Hartfelder and Elvira A. Baranova focus on androgyny in dentists to investigate the contribution of masculinity and femininity to mental health and well-being of these medical professionals.

The “Social psychology” section deals mainly with the issues of social perception of challenging contexts. Tatyana P. Budyakova outlines psychological and legal aspects of the offensiveness of male and female cartoons and collages. Daria V. Pogontseva explores attitudes towards women in hijabs in South Russia with the emphasis on female attitudes. Nikolay I. Leonov and Marianna M. Glavatskikh describe the efficiency of changing the image of a conflict situation while training school students in mediation skills. Finally, Pavel A. Kislyakov analyses the risk factors related to antisocial behavior in teenagers with intellectual disabilities.

The “Clinical psychology” section also contains an article dealing with the difficulties of adolescents, namely, on psychological factors of social anxiety in Russian adolescents, authored by Tatiana S. Pavlova and Alla B. Kholmogorova. The other articles consider medical issues. Daria A. Eremina and Olga Yu. Shchelkova provide empirical data on the dynamics of the cognitive functioning and emotional state of cardiac patients during rehabilitation after coronary revascularization. Arnol'do Téllez with the colleagues evaluate the effect of hypnotherapy on the quality of life in women with breast cancer.

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Special section PSYCHOLOGY OF SEXUAL AND GENDER IDENTITY

The reliability and validity of a Russian version of the Lesbian Internalized Homophobia Scale

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Background. Validated measures of sexual minority stress (Meyer, 2003), including that caused by experiences of discrimination directed toward gay, lesbian and bisexual (GLB) people, GLB-related stigma, and internalized homonegativity, are not readily available in Russia. Given the particular context of Russia with respect to GLB rights, it is to be expected that there would be cross-cultural variations in dimensions of minority stress, including internalized homo-negativity.

Objective. For the present study, we aimed to back and forward translate the commonly used Szymanski and Chung's (2001) Lesbian Internalized Homonegativity Scale (LIHS), and explore its cross-language validity.

Design. Our design consisted of a completion of the adapted LIHS by a sample of 74 Russian lesbian-identified women; participants were asked about their age of coming out to self, friends, and family.

Results. Based upon an examination of construct validity and internal consistency, the results suggest support for a modified four-component, 24-item Russian version of the LIH (R-LIH). The components were: Connection with Lesbian Communities (9 items); Public Identification as a Lesbian (7); Public Visibility as a Lesbian (5); and Cultural Awareness of Lesbian Communities (3). From the original LIHS scale, Personal Feelings about Being a Lesbian, Moral and Religious Attitudes toward Lesbians, and Attitudes toward Other Lesbians failed to demonstrate cross-cultural validity.

Conclusion. The adapted R-LIH scale suggests there are some constructs of internalized homonegativity that are salient in both U.S. and Russian communities, however, there are others (i.e., Moral and Religious Attitudes, Attitudes Toward Other Lesbians)

that may not be relevant in Russian lesbian communities. The implications for the use of the translated version are described.

Keywords: lesbian, measurement, Russia, internalized homo-negativity, internalized heterosexism, cross-cultural

Introduction

Internalized homophobia, sometimes referred to as internalized homo-negativity (IH), is one aspect of minority stress. It describes the internalization by sexual minorities of negative societal attitudes toward homosexuality such as sexual prejudice, as well as stereotypes and cultural assumptions of gay, lesbian, and bisexual (GLB) people (Szymanski & Chung, 2001; Meyer, 2003). The first use of the term was intended to capture heterosexuals' fear and dread of being in close quarters with homosexuals, as well as homosexuals' self-loathing (Weinberg, 1972). Given the prevalence of negative attitudes towards GLB people in many societies, including Russia (Anderson & Fetner, 2008; Pew Research Center, 2013), it has been suggested that GLB people experience some degree of IH throughout their lifetimes (Shidlo, 1994), and that simply living in heterosexist societies and communities renders the internalization of these societal negative attitudes as largely unavoidable (Russell & Bohan, 2006).

Internalized homo-negativity has been found to be inversely related to indices of psychological well-being of GLB individuals. For both gay men and lesbian women, internalized homophobia is associated with less self-disclosure to heterosexual friends and acquaintances, and lower levels of connection to the GLB community (Herek, Cogan, Gillis, & Glunt, 1997; Puckett, Levitt, Horne, & Hayes-Skelton, 2015). Those with higher IH also show significantly more depressive symptoms and higher levels of demoralization, as well as lower self-esteem than those with lower IH (Allen & Oleson, 1999; Herek, Gillis, & Cogan, 2009; Szymanski & Chung, 2001). IH is associated with other negative health impacts; among sexual minority women, for example, IH is related to body shame and negative body image, and alcohol abuse (Amadio, 2006; Bayer, Robert-McComb, Clopton, & Reich, 2016; Watson, Grotewiel, Farrell, Marshik, & Schneider, 2015), as well as feelings of being threatened and guilt among sexual minorities (e.g., Moradi, van den Berg & Epting, 2009). In their meta-analysis of extant studies on the association between IH and psychological distress, Newcomb and Mustanski (2010) found that effect sizes for the relationship between IH and internalizing mental health problems such as anxiety and depression varied significantly, with most effects tending to be small to moderate. Such differences in the impact of IH on sexual minorities may be due to variations in experience that are influenced by social or cultural factors.

It also may be that the variation in effect sizes of the relationship between IH and mental health may be due to the wide variability of approaches to measuring IH. Szymanski and colleagues (Szymanski, Kashubeck-West, & Meyer, 2008a, 2008b) explored the psychometric properties of IH measures and found that only five IH instruments had adequate internal consistency and validity. Among these measures, they included the Lesbian Internalized Homophobia Scale (LIHS), which

was the only IH measure for sexual minority women at the time of their review. This scale has been used widely with diverse North American samples of sexual minority women, and has been adapted for use with a sample of Italian women (Flebus & Montano, 2009), and an Australian sample (Morandini, Blaszczyński, Dar-Nimrod, & Ross, 2015). In addition, Nguyen, Poteat, Bandeen-Roche, German, and Hai (2016) developed a scale drawing on items from existing IH measures, including the LIH, and considered culturally relevant constructs for Vietnam. Within their sample of Vietnamese sexual minority women, two factors of self-stigma and sexual prejudice were identified, and were found to have good internal consistency and to be highly correlated (Nguyen et al., 2016).

Sexual minority women and men may differ in aspects and trajectories of their identity development (Szymanski & Chung, 2003). Thus, Szymanski and Chung (2003) argued that there should be separate assessments of Internalized Heterosexism for women and men, based on research which shows greater fluidity in women's sexual orientation, in contrast to gay men; research also indicates that items on some of the extant scales (i.e., HIV-related items and items assessing the desire to stop being gay) may be less applicable for use in evaluating lesbian and bisexual women than gay men. Also, sexual minority women's experiences may have been impacted by feminist movements, in addition to socio-political events, which may make it beneficial to use separate assessments for researching GLB women in comparison to men (Szymanski & Chung, 2003). In addition, from a feminist perspective, women's experiences as double minorities (or triple, in the case of GLB women of color) are often linked to negative assumptions perpetuated by heterosexist views specific to the role and place of women in society (Szymanski & Kashubeck-West, 2008).

Szymanski and Kashubeck-West (2008) offered two theoretical approaches to conceptualizing the construct of internalized heterosexism. According to feminist principles, heterosexism affects individuals by way of violence, rejection, invisibility, and discrimination, among other negative experiences. Similarly, the minority stress model posits that IH has negative effects on both a micro (i.e., self-concealment) and macro (i.e., harassment by others) level of psychosocial well-being of those in minority groups. The IH measures (i.e., Nungesser's 1983 Homosexuality Attitudes Inventory, Martin and Dean's 1987 Internalized Homophobia Scale) that were in existence when the LIH was created, were largely developed using participants who were predominantly white, educated, middle- to upper-class men, and were geared toward the measurement of IH in the male population only. This is a significant limitation when one is attempting to accurately gauge the internalized homo-negativity of lesbian and bisexual women, and assess the generalizability of the tests overall.

To address this deficit, Szymanski and Chung (2001) developed the Lesbian Internalized Homophobia Scale (LIHS), using a rational and theoretical approach to assessment development. The LIHS is a 52-item scale designed to measure: 1) the connection with the lesbian community; 2) public identification as lesbian; 3) personal feelings about being a lesbian; 4) moral and religious attitudes toward lesbianism; and 5) attitudes toward other lesbians (Szymanski, Kashubeck-West, & Meyer, 2008a). It is currently the most valid scale created to measure IH in lesbian and bisexual women. Internal reliability alpha coefficients range from .74 to .92,

the inter-scale correlations range from .37 to .57, and the Cronbach alpha for the total scale score is reported at .94. Test-retesting after a two-week period yielded correlations from .75 to .93. Content and construct validity was established by using an expert panel of raters, as well as by measuring correlations with scales of loneliness, self-esteem, depression, social support, passing for straight, membership in a GLB group, and conflict over sexual orientation (Szymanski & Chung, 2001). The LIHS has also been adapted for use with bisexual women (Szymanski & Kashubeck-West, 2008).

As in the case of other scales developed to measure IH, the sample group used to create the LIHS was largely white, middle- to upper-class, U.S.-based, and well-educated, with the exception of a group of Italian sexual minority women (Flebus & Montano, 2009), and the adapted scale developed for Vietnamese sexual minority women (Nguyen et al., 2016). Szymanski and colleagues (2008) called for more IH research among racial and ethnic minority groups and those with lower socio-economic status, as well as among international populations (Szymanski, Kashubeck-West, & Meyer, 2008b). Furthermore, since many of the recruitment efforts for research participants take place through GLB cultural events and organizations, research has primarily been conducted with those who are lesbian self-identified, are fairly comfortable with their disclosure about their sexual orientation, and have connections to the GLB community.

It is important to assess IH among individuals who might be more diverse with respect to identity, who may not be “out,” and who may live in contexts that diverge from the Western trajectory of increasing GLB rights (e.g., marriage, adoption, etc.)—such as countries where contemporary policies have limited the rights and freedom for GLB individuals to be in recognized same-sex relationships, or to be “out” about their sexual identities. In order to understand IH from the framework of minority stress, exploring cross-cultural variations in IH would be worthwhile.

Assessing the utility of the LIHS may be beneficial in countries with historically variable attitudes toward homosexuality, such as Russia (Anderson & Fetner, 2008; Levada Center, 2015; Pew Research Center, 2013). In their interviews with GLBT Russian individuals, Horne, Ovrebo, Levitt & Franeta (2009) found that the history of repressive Soviet treatment of GLB people continues to exert influence on the sense of safety and degree of outness in their participants. Prior to Joseph Stalin’s accession to the leadership of the U.S.S.R. Communist Party in 1922, there had been periods of tolerance of same-sex relations within Russian society. According to Karlinsky (1989), homosexuality was neither shunned nor uncommon in Russia during czarist rule (1547-1917). In addition, the Bolshevik Revolution of 1917 maintained codes that established same-sex sexuality between two consenting adults as permissible (Healey, 2002).

In stark contrast, the rise of Joseph Stalin, along with the passage and enforcement of Article 121 (which criminalized same-sex relations between men) in 1934, evoked a strong political movement to eradicate homosexuality (Essig, 1999). Although Russia removed Article 121 from its criminal code in 1993, there continues to be a negative stigma surrounding GLB identities that has been, at a minimum, maintained, and more than likely increased, under Vladimir Putin’s leadership, especially with the passage of the anti-propaganda ban on non-traditional sexual

relationships in 2013 (Anderson & Fetner, 2008; Horne, Maroney, Zagryazhskaya, & Koven, 2017; Pew Research Center, 2013).

Over the past five years, following the anti-GLB propaganda bill and other repressive measures, including a ban on gay pride parades in Moscow until 2022, GLB people have had to determine how best to survive in this environment; for some, this has meant returning to the closet or choosing to leave Russia altogether. In the presence of much anti-GLB vitriol, it's likely that internalized homo-negativity plays an important role in the mental health of Russian GLB women. Quantitative assessments of the relationship between Russian anti-GLB attitudes and policies are warranted; however, GLB measurement tools are lacking. Our project aimed to (1) develop a valid measure of lesbian internalized homophobia by assessing the reliability and validity of a Russian version of the LIHS scale. Not only did we plan to explore questions of measurement, we hoped to (2) determine cross-culturally relevant dimensions of lesbian internalized homo-negativity specific to Russia, by performing a confirmatory factor analysis in order to compare potential cross-cultural differences in the experience of internalization.

Method

Participants

Data were collected via questionnaires that 74 sexual minority women filled out in person following a lesbian rights seminar in Moscow, Russia. There were 84 women who attended; ten elected not to complete the questionnaires. No identifying information was collected; the participants therefore were anonymous. All measures were forward and back translated by a team of five English and Russian speakers who were also lesbian-identified. The mean age was 32.12 years. On average, participants came out to themselves at 19.82 years, to friends at 23.19 years, and to parents at 24.39 years. Most participants were in a relationship with a same-sex partner (80.6%), and had been in their relationship an average of 6.5 years. In terms of the degree of outness, it ranged from women reporting they were only "out" to a few people, to those who reported they were "out" to almost all friends and family ($M = 1.45$; Range = 1–3).

Measures

Demographic Information. The questionnaire included the participants' age; education level (middle and higher); age of outness to self, friends, and parents; general outness; relationship status; and length of relationship.

Outness. Several questions were asked to assess outness: "At what age did you acknowledge same sex attraction (to yourself)?", "At what age did you tell friends about your same-sex attraction?", and "At what age did you tell your parents about your same-sex attractions?" Finally, participants were asked how "out" they were on a scale from 1 to 3: 1 = a few friends and family; 2 = almost all friends and family; and 3 = all friends and family.

The Lesbian Internalized Homophobia Scale (LIHS) is a 52-item measure that was developed using a rational/theoretical approach of test construction. It includes five subscales reflecting five dimensions of internalized homophobia: 1) connec-

tion with the lesbian community; 2) public identification as a lesbian; 3) personal feelings about being a lesbian; 4) moral and religious attitudes toward lesbianism; and 5) attitudes toward other lesbians (Szymanski & Chung, 2001). Each statement is rated on a 7-point Likert scale from “strongly disagree” to “strongly agree.” Average total and subscale scores are used, and higher scores indicate a greater degree of internalized homophobia. The Cronbach’s alpha for the original LIHS total scale is .94, and internal consistencies for the subscale scores for this sample ranged from .60 to .87.

Statistical analyses

Analyses were conducted in the R statistical program (R Core Team, 2016), primarily utilizing the *psych* package (Revelle, 2016). The scale’s structure was established using a principal components analysis (Abdi & Williams, 2010). A scree test was utilized to determine the number of factors in which there were sharp breaks in the plot; such a test has been identified as a preferable choice in retaining factors, as compared to solely relying on *eigen* values (Osborne & Costello, 2009). A parallel analysis using ordinary least squares to find the minimum residual, was conducted to compare the observed data with random simulated analyses (Revelle, 2016). Reliability tests using Cronbach’s alpha were run on the new subscales, a method consistent with previous literature examining the use of the LIHS with a transnational sample (Nguyen et al., 2016). The new subscales were calculated by averaging item scores.

Results

Means and correlations between subscale totals, measured using Pearson’s method, are displayed in Table 1. Significant positive correlations were found between Age and Moral and Religious Attitudes toward Lesbianism ($r = .37$), and between the subscales Personal Feelings About Being a Lesbian and Connection With the Lesbian Community ($r = .39$). Significant negative relationships were found between questions exploring outness, such as “At what age did you tell your parents about your same-sex attraction?” and Connection with the Lesbian Community ($r = -.36$).

Results of the factor analysis showed that a five-factor model was the best fit for the data (RMSEA = .101, TLI = .673). Parallel analysis suggested that five factors be retained (See Figure 1). A total of 28 items were eliminated, as they did not meet the minimum criteria for having a primary factor loading of 0.5, which is considered to be a strong loading (Tabachnick & Fidell, 2001). Items from the subscales of Attitudes toward Other Lesbians and Moral and Religious Attitudes toward Lesbianism from the U.S. LIHS were not retained, as they did not meet the minimum criteria.

An oblimin rotation provided the best defined factor structure, and resulted in the selection of 4 factors. These retained factors were based on the questions comprising each factor, primarily utilizing the names from the U.S. version of the LIHS (Szymanski & Chung, 2001), with the exception of Public Visibility as Lesbian, which was deemed qualitatively different in the Russian context, and thus different in factor loading. The four factors identified were Connection to the Lesbian

Table 1. Means, Standard Deviations, and Pearson Correlations among Study Variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	M	SD
1 Age	-	-	-	-	-	-	-	-	-	-	-	-	-	-	32.1	10.2
2 Age out to self	.475**	-	-	-	-	-	-	-	-	-	-	-	-	-	19.8	7.0
3 Age out friends	.500**	.524**	-	-	-	-	-	-	-	-	-	-	-	-	21.4	9.2
4 Age out parents	.156	.129	.338*	-	-	-	-	-	-	-	-	-	-	-	12.9	13.1
5 Outness	.097	.050	.288*	.531**	-	-	-	-	-	-	-	-	-	-	3.2	1.2
6 CLC	-.076	.024	.060	-.344**	-.142	-	-	-	-	-	-	-	-	-	3.4	.61
7 PIL	.099	.144	.093	-.113	-.180	-.024	-	-	-	-	-	-	-	-	4.2	.42
8 PFL	.246	.247	.097	-.233	-.177	.246*	.132	-	-	-	-	-	-	-	4.5	.50
9 MRATL	-.383**	-.135	-.194	-.079	-.041	.125	.094	.148	-	-	-	-	-	-	3.0	.55
10 ATOL	-.120	.234	.125	-.038	.137	.076	.088	-.041	.272*	-	-	-	-	-	4.1	.65
11 CLC_R	-.202	-.083	.025	-.244	.021	.563**	-.155	-.002	.157	.184	-	-	-	-	3.5	.47
12 CLC_R	.162	.011	.018	-.017	-.377**	.017	.435	.315**	.284*	-.088	.075	-	-	-	3.9	.57
13 PVL_R	-.053	.207	.183	.145	.421**	-.146	.448**	-.203	-.147	.189	-.091	-.443**	-	-	4.9	1.3
14 LCA_R	-.219	-.039	.042	-.187	-.109	.755	.025	.104	.106	.081	.293*	.007	-.132	-	2.6	1.1

* $p < .05$ ** $p < .01$

Note. CLC = Connection With the Lesbian Community Scale; PIL = Public Identification as a Lesbian Scale; PFL = Personal Feelings About Being a Lesbian Scale; MRATL = Moral and Religious Attitudes toward Lesbianism Scale; ATOL = Attitudes toward Other Lesbians Scale; CLC_R = Connection With the Lesbian Community Russian version; PIL_R = Public Identification as a Lesbian Russian version; PVL_R = Public Visibility as a Lesbian Russian version; LCA_R = Lesbian Cultural Awareness Russian version

Table 2. Item-factor loadings (28-item version)

Item	Russian Translation	Factor-Loading	Alpha
Connection to Lesbian Community (CLC)			
R-LIH1 (CLC) When interacting with members of the lesbian community, I often feel different and alone, as if I don't fit in. (LIH-Connection with the Lesbian Community 1)	Когда я общаюсь с лесбиянками, я часто чувствую себя другой и одинокой, как будто мне это не подходит, я не создана для такого общения.	.58	.85
R-LIH2 (CLC) Attending lesbian events and organizations is important to me (reverse code). (LIH Connection with the Lesbian Community 2)	Посещение лесбийских мероприятий важно для меня.	.69	
R-LIH3 (CLC) I feel isolated and separate from other lesbians. (LIH Connection with the Lesbian Community 3)	Я чувствую себя отстраненной от других лесбиянок.	.53	
R-LIH4 (CLC) Being a part of the lesbian community is important to me (reverse code). (LIH Connection with the Lesbian Community 6)	Для меня важно быть частью сообщества лесбиянок.	.71	
R-LIH 5 (CLC) Having lesbian friends is important to me (reverse code). (LIH Connection with the Lesbian Community 7)	Для меня важно иметь друзей лесбиянок.	.67	
R-LIH 6 (CLC) I feel comfortable joining a lesbian social group, lesbian sports team, or lesbian organization (reverse code). (LIH Connection with the Lesbian Community 8)	Я чувствую себя комфортно являясь частью сообщества лесбиянок, лесбийской спортивной команды, организации.	.61	
R-LIH 7 (CLC) I feel comfortable with lesbian women's communities (reverse code). (LIH Attitudes Toward Other Lesbians 1)	я чувствую себя комфортно с женщинами-лесбиянками.	.58	
R-LIH-8 (CLC) Lesbians are too aggressive. (LIH Attitudes Toward Other Lesbians 4)	Лесбиянки слишком агрессивные.	.52	
R-LIH-9 (CLC). I have respect and admiration for other lesbians (reverse code). (Attitudes Toward Other Lesbians 7)	я уважаю и могу восхищаться другим лесбиянками.	.54	

Table 2. (continue)

Item	Russian Translation	Factor-Loading	Alpha
Public Identification as a Lesbian (PIL)			.85
R-LIH-10 (PIL) I try not to show that I'm a lesbian. (LIH Public Identification as a Lesbian 1)	Я стараюсь не показывать, что я лесбиянка.	.50	
R-LIH-11 (PIL) I'm comfortable about being an 'out' lesbian and I want others see me as a lesbian (reverse code). (LIH Public Identification as a Lesbian 2)	Я комфортно себя чувствую, как лесбиянка, я хочу, чтобы другие знали, что я лесбиянка.	.53	
R-LIH-12 (PIL) I wouldn't mind if my boss knew that I was a lesbian. (LIH Public Identification as a Lesbian 3)	Я бы не возражала, если мой начальник узнал, что я лесбиянка.	.60	
R-LIH-13 (PIL) It's important to me to keep it a secret from my family that I'm lesbian. (LIH Public Identification as a Lesbian 4)	Для меня важно скрывать то, что я лесбиянка от моей семьи.	.50	
R-LIH-14 (PIL) I am not worried about anyone finding out that I am a lesbian (reverse code). (LIH Public Identification as a Lesbian 6)	Я не волнуюсь, что кто-нибудь узнает, что я лесбиянка.	.80	
R-LIH-15 (PIL) I feel comfortable talking about homosexuality in the company of strangers (reverse code). (LIH Public Identification as a Lesbian 8)	Я могу спокойно говорить о гомосексуальности в компании незнакомых мне людей.	.54	
R-LIH-16 (PIL) I don't feel the necessity to lie or conceal that I'm a lesbian from others (reverse code). (LIH Public Identification as a Lesbian 9)	Я не чувствую необходимость врать и скрывать от других, что я лесбиянка.	.57	
Public Visibility as a Lesbian (PVL)			.85
R-LIH -17 (PVL) If my acquaintances found out that I'm a lesbian, they wouldn't want to be my friend. (LIH Public Identification as a Lesbian 10)	Если бы мои знакомые узнали, что я лесбиянка, они не захотели бы со мной дружить.	.54	

Table 2. (continue)

Item	Russian Translation	Factor-Loading	Alpha
R-LIH-18 (PVL) I don't like to be in public with lesbians who look too lesbian or too 'out' in case others think I'm a lesbian. (LIH Public Identification as a Lesbian 13)	Я не люблю быть в обществе в сопровождении ярко выраженных лесбиянок, т.к. про меня тоже могут подумать, что я лесбиянка.	.51	
R-LIH-19 (PVL) I act as if my lesbian partners are simply friends. (LIH Public Identification as a Lesbian 14)	Я веду себя так, как будто мои гомосексуальные партнеры просто друзья (чтобы окружающие ничего не заподозрили).	.73	
R-LIH-20 (PVL) When speaking of my lesbian partner/lover, I often use neutral pronouns so that they don't guess that she's my partner. (LIH Public Identification as a Lesbian 15)	Когда я рассказываю о своей партнерше, я говорю о ней в неопределенной роле, так чтобы мой собеседник не догадался, что мой партнёр того же пола.	.78	
R-LIH-21 (PVL) When speaking of my lesbian partner, I change pronouns so that others think I'm involved with a man rather than a woman. (LIH Public Identification as a Lesbian 16)	Когда я рассказываю о своей партнерше, я говорю о ней так, что мой собеседник может подумать, что я встречаюсь с мужчиной.	.68	
Lesbian Cultural Awareness (LCA)			.75
R-LIH-22 (LCA) I am familiar with lesbian culture (bars, support groups, newsletters (reverse code)). (LIH Connection with the Lesbian Community 11 & 12)	Я знакома с лесбиккультурой (бары, группы поддержки, книжные магазины).	.69	
R-LIH-23 (LCA) I am aware of the history concerning the development of lesbian communities and or lesbian/gay rights movement (reverse code). (LIH Connection with the Lesbian Community 10)	Я знаю историю развития общества лесбиянок и движения за права геев и лесбиянок.	.62	
R-LIH-24 (LCA) I am familiar with lesbian festivals and conferences (reverse code). (LIH Connection with the Lesbian Community 13)	Я знакома с лесбийскими фестивалями и конференциями.	.74	

Note: For the overall new LIH scale, $\alpha = .88$.

Note: In the parentheses following the Russian-LIH item and subscale is the original LIH and its corresponding subscale and number.

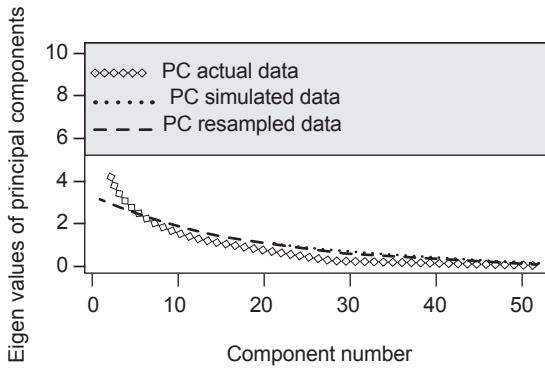


Figure 1. Parallel analysis scree plots

Community (Items 1–3, 6–8, 45–48, 51); Public Identification as a Lesbian (Items 13, 15–22); Public Visibility as a Lesbian (Items 23, 26–29); and Lesbian Cultural Awareness (Items 9–10, 12).

All four subscales exhibited high internal consistency: $\alpha = .75$ (Lesbian Cultural Awareness); $\alpha = .85$ (Public Visibility as a Lesbian); $\alpha = .85$ (Connection to the Lesbian Community); and $\alpha = .85$ (Public Identification as a Lesbian) (see *Table 2*). Interestingly, items from the U.S. LIHS loaded differently with the Russian sample. For instance, the subscale Attitude toward Other Lesbians loaded onto Connection with the Lesbian Community, and was consolidated as one subscale. Two new subscales emerged: Public Visibility as a Lesbian and Lesbian Cultural Awareness. This was likely due to differences between the United States and Russia, which are discussed in greater detail below. The alpha for the new LIHS total scale is .88.

Discussion

Similarities and differences in the experience and expression of lesbian internalized homo-negativity can shed light on the ways negative messages about lesbian identity are culture-bound or shared, and how homo-negative messages are internalized. The results of the factor analysis and assessment of internal consistency suggest that the four subscale Russian-version LIH may comprise useful measures for assessing IH in sexual minority women in Russia. Not surprisingly, three subscales failed to be retained following the factor analysis. The Moral and Religious Attitudes toward Lesbians subscale includes items such as “female homosexuality is a sin,” “growing up in a lesbian family is detrimental for children,” and the reversed item, “female homosexuality is an acceptable lifestyle.” This subscale captures dominant social attitudes rooted in moral and religious teachings, and such a measure may not carry over into the Russian context.

Russia remains one of the least religious societies in the world, with as few as 7% of adults reporting weekly attendance in religious activities (Pew Research Center, 2017). Thus it is unclear whether religious teachings censuring homosexuality have made it into the popular discourse. In addition, the mean age of the sample, 32, suggests that many of these women were raised during the late Soviet or early years of post-communist transition, and thus prior to the ascendance of the

Russian Orthodox Church in the latter part of the first decade of the 21st century. Although many people are likely to report identification as Russian Orthodox, it is unclear whether that identification is related to endorsement of, or exposure to, the Russian Orthodox Church's religious doctrine or messages related to homosexuality, or even whether GLB individuals participate in organized religious services at all. Protestant and other Christian faiths have been restricted in Russia by recent laws (*Newsweek*, September 15, 2016); therefore, there are a limited number of organized faiths, including ones that might be affirming of GLB people, besides the Russian Orthodox faith.

Another subscale, Attitudes toward Other Lesbians, failed to be a valid measure in this sample. Some of the items — “I feel comfortable with the diversity of women who make up the lesbian community,” “I wish some lesbians wouldn't flaunt their lesbianism. They only do it for shock value and it doesn't accomplish anything positive” — assume that there are visible and “out” lesbian communities, and that some lesbians are outspoken and public with their sexual orientation. Given Russia's current political context, with Russia's most “out” lesbian, Masha Gessen, having departed Russia in 2013 for the United States (*The Guardian*, 2013), it is understandable that these items do not reflect contemporary Russian lesbian communities. Although lesbians in Russia remain politically active, and are doing a great deal of advocacy for GLB Russians, their capacity to organize formally has been severely restricted with recent policy changes (Horne, et al., 2009; *Newsweek*, 2016; Stella, 2015). In fact, it may be that the Lesbian conference where the data for this study were collected was one of the few large public gatherings of lesbians in Russia.

Finally, no items from the Personal Feelings about Being a Lesbian were found to be valid. Items on this measure, including, “I hate myself for being attracted to other women,” “I am proud to be a lesbian,” and “I feel bad for acting on my lesbian desires,” may reflect lesbian identity developed through an individualistic, Western Judeo-Christian-influenced tradition that emphasizes personal responsibility, sin, and shame in relation to same-sex desires (Tozer & Hayes, 2004; Lease, Horne, & Noffsinger-Frazier, 2005). This finding mirrors the results of Horne et al. (2009), in a study where they found a variation from Western-conceptualized internalized homo-negativity among their Russian participants. There was a noticeable absence of personal shame or internalized hatred about being GLB in personal narratives; rather, Russian interviewees appeared to have a strong sense of personal acceptance of their GLB identities, but intensive fear and concern about being perceived within society as homosexual (i.e., as different), and thus being targeted for being non-normative. An emerging emphasis on sin and religious condemnation of homosexuality within the current Russian Orthodox doctrine is likely to change this construct of internalized homo-negativity.

In comparison to the results from participants drawn for the sample that was used to develop the original LIHS (Szymanski & Chung, 2001), Russian means for internalized homo-negativity were slightly higher, (Connection with the Lesbian Community: Russian mean = 2.8, U.S. mean = 2.36; Public Identification as a Lesbian: Russian mean = 3.4, U.S. mean = 2.57). Although the results are not directly comparable since they are adapted subscales, the higher means of IH in

Russia is somewhat surprising, given that the Russian sample was comprised of “out” women in Russia who were comfortable attending a public lesbian forum. These higher means among Russian lesbian women may reflect the repressive sociopolitical context.

Limitations

There are many limitations to our study, including the fact that it tested a geographically limited sample that included women primarily from a Russian urban setting, and women who were willing to self-identify as lesbian, as well as to meet publicly. The use of a self-report measure is also a limitation.

The study’s sample size remains a significant limitation, although the strong loadings in spite of it are promising. Our findings demonstrated that factor loadings across three subscales consisting of more than 5 items, loaded above 0.5—loading levels which Osborne and Costello (2009) note are “desirable and indicate a solid factor” (p. 138). The fourth subscale, Lesbian Cultural Awareness, included three items that loaded above 0.5, and thus this subscale should be examined in future research with a larger sample size.

Even so, we were cautious in approaching the cross-cultural validity of the Russian language LIHS, and included only items with strong communalities exceeding 0.5. According to Preacher and MacCallum (2002, p. 160), “As long as communalities are high, the number of expected factors is relatively small, and model error is low (a condition which often goes hand-in-hand with high communalities), researchers and reviewers should not be overly concerned about small sample sizes.” Indeed, given the fact that it will be challenging to procure a large sample of Russian lesbian women, we elected to provide this reliable and structurally valid adapted instrument developed from a smaller sample, so that other researchers can conduct research on IH among Russian sexual minority women.

Conclusion

Despite its limitations, the use of a Russian version LIHS may be of use to contemporary Russian researchers exploring internalized homo-negativity. Future research may focus upon the convergent validity of this measure with other indices that correlate highly with IH, such as loneliness, depression, self-esteem, and other constructs. It may be beneficial to utilize this measure in combination with research on anti-GLB laws and policies, and to determine how such measures may shape the internalized experience of GLB Russians. This Russian version was inversely correlated with outness, and suggests that it may demonstrate divergent validity with measures of GLB pride, acceptance, and self-disclosure. Finally, this measure adds to an assessment that can be used to explore contemporary lesbian identity in Russia.

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Attitudes toward gay and lesbian individuals in Russia: An exploration of the interpersonal contact hypothesis and personality factors

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Background. Negative attitudes toward Gay, Lesbian, and Bisexual people in Russia are common, and may have become more prevalent due to recent policy changes.

Objective. This study explored whether interpersonal contact and personality characteristics predicted Hateful Attitudes Toward GLB people and Endorsement of GLB Rights.

Design. The design of the study included 154 heterosexual undergraduate students in Moscow and Volgodonsk who were surveyed about their attitudes toward GLB people as well as their personality characteristics assessed with the NEO-FFI.

Results. Results suggested that Moscow students held less hateful attitudes and endorsed greater GLB Rights than Volgodonsk students. Women were also more favorable toward GLB Rights than men. In terms of Hateful Attitudes, having GLB friends or acquaintances was a negative predictor of Hateful Attitudes, while neuroticism and conscientiousness were positive predictors. In conclusion, living in a large urban area, knowing GLB individuals, and low levels of neuroticism and conscientiousness appear to be associated with positive attitudes toward GLB people in Russia, however, personality characteristics and knowing GLB people did not appear to relate to endorsement of GLB Civil Rights.

Conclusion. Current sociopolitical policies such as the propaganda ban, and historical censure of GLB rights during the Soviet era, may impact how “out” GLB Russian people can be, particularly outside of large urban centers, and may reinforce general lack of support for GLB Civil Rights in the Russian population.

Keywords: attitudes, gay, lesbian, bisexual, GLB Rights, personality characteristics, NEO-FFI, interpersonal contact

Introduction

Although former Russian President Boris Yeltsin decriminalized male homosexuality in 1993, and homosexuality was removed as an official mental disorder by the Ministry of Health in 1999, gay, lesbian, and bisexual (GLB) sexual orientations and identities remain stigmatized in contemporary Russian society (Khazan, 2013). In the decade following decriminalization, GLB people appeared to disclose their sexual orientation to a greater degree, while non-profit organizations which were focused on GLB rights developed, and in some cases flourished, suggesting important gains for the acceptance of Russian GLB people (Horne, Ovrebo, Levitt & Franeta, 2010). Currently, however, Russian GLB people find themselves the targets of a wave of anti-GLB policies that have been instituted since Vladimir Putin's reelection in 2012, including the 2013 federal law "For the Purpose of Protecting Children from Information Advocating for a Denial of Traditional Family Values," also referred to as the Propaganda Ban on Non-Traditional Sexual Relations.

This bill effectively renders illegal any actions that equalize same-sex relationships and GLB identities in the presence of minors, including gay pride parades, or which affirm GLB identities or same-sex relationships in person or on the Internet (Elder, 2013; Shkel, 2013). Regional bans on "propaganda of homosexuality" followed suit in areas of Russia ranging from Magadan Oblast in the Far East to Krasnodar Krai in the South. In addition, in 2014, federal restrictions were passed with respect to adoption by single GLB people, or by same-sex couples in countries that permit same-sex marriage. Since same-sex marriage is not legal in Russia, same-sex Russian couples are not allowed to adopt (Human Rights Campaign, 2014).

Russia consistently ranks among the most negative of democratic countries in anti-GLB attitudes (Pew Research Center, 2013). In a cross-national study that asked the question whether same-gender sexuality was "always wrong," 54.2 % of Russian participants endorsed this view in 1998, while 64.2 % did so a decade later in 2008—a reversal of the global trend toward greater acceptance found in most democracies. In this 2013 Pew study, Russia ranked among the countries showing the least favorable attitudes, with only 8.3 % of the participants reporting that same-gender sexuality was not wrong at all. As recently as 2015, in a survey of 800 Russians over the age of 18 and living in 46 different regions of the country, 37 % reported that homosexuality is an illness that must be medically treated; 26 % reported that homosexuality is the result of a bad upbringing or promiscuity; and 13 % believed that homosexuality was a result of sexual seduction or abuse (Levada Center, 2015). Only 11 % reported that homosexuality was a sexual orientation from birth that warranted the same rights as a heterosexual orientation. In 2013, in a survey of 1600 respondents, 5 % reported that homosexuals should be liquidated, a Russian euphemism for killing, wiping out, or disposing of people (Levada Center, 2013).

These prevailing negative attitudes do not appear to differ a great deal from the results of earlier research on attitudes toward homosexuality during the Perestroika period, or shortly after Russia became an independent state. According to the late Igor Kon, the country's most noted sexologist, homosexuals were the most stigmatized of all social groups (Kon, 2002). In a poll conducted by the Russian Public Opinion Research Center (VTsIOM) in 1989, with a representative sample

of people from Russia, 27 % favored “liquidation,” and 32 % endorsed isolation for homosexuals. Only 12 % favored “leaving them alone,” and a mere 6 % endorsed helping them (Kon & Riordan, 1993). In a 1994 replication study, the endorsement of liquidation of homosexuals had fallen to 18 %, isolation had fallen to 23 %, and the percentages for leaving them alone and the desire to help them had risen to 29 and 8 %, respectively (Kon 1998).

In 1998, in a survey of the general population, attitudes appeared to be moving in a more accepting direction; only 17.5 % and 14.7 % of respondents endorsed liquidation and isolation, respectively, and a full 40.8 % favored leaving homosexuals alone (VTsIOM poll 1998, as cited in Kon 1998). Despite these attitudinal changes, one-third of those polled considered homosexuality an illness or a result of psychic trauma, and another third viewed it as a depravity or a bad habit; only 18 % considered it to be a valid orientation with the right to exist. Although it is not possible to conduct a strict comparison, due to different sampling methodologies, recent research suggests the percentages of acceptance and stigmatization fall into similar patterns within the current Russian population, perhaps with a slip in affirming attitudes since the 2000s, with the majority of those polled endorsing the view that same-gender sexual relations are unacceptable (Anderson & Fetner, 2008; Levada Center, 2013; 2015).

As in research in other countries which shows that higher education is positively correlated with greater tolerance to homosexuality (Anderson & Fetner, 2008), Russian individuals with lower education levels endorse criminal prosecution more than do more highly educated individuals (Levada Center, 2015). Although in many countries, women tend to endorse more positive attitudes towards homosexuality (Anderson & Fetner, 2008), a gender gap has not been consistently found in Russia; for example, no gap was found in 2013 (Pew Research Center, 2013), although Russian women had been found to endorse greater tolerance toward homosexuality in earlier research (Chervyakov, Kon, & Shapiro 1993).

However, a consistent pattern of younger people endorsing more positive attitudes has been found. For example, Russian youth were found to have more positive or neutral opinions about homosexuality than negative ones (Chervyakov, Kon, & Shapiro 1993); more recently, among 18–29 year olds, 21 % endorsed the idea that homosexuality should be accepted vs. 17 % of 30–49 year olds, and 12 % of those over 50 years of age (Pew Research Center, 2013). Finally, people who live in large urban settings tend to hold more favorable attitudes towards GLB people than those living in rural settings (Dillon & Savage, 2006); however, to date, we have not found any research that explored this potential divide in Russian attitudes toward homosexuality.

Hypothesis

Interpersonal contact with GLB individuals

The interpersonal contact hypothesis suggests that individuals who have at least one gay or lesbian person in their social networks are more likely to have favorable attitudes toward GLB people, compared to those who are not familiar with gay or lesbian people. This relationship has been borne out in numerous research stu-

dies (Cullen, Wright, & Allessandri, 2002; Herek, 1996; Herek & Capitanio, 1996; Herek & McLemore, 2013). For example, in an analysis of 27 national surveys, it was found that people who know GLB people are much more inclined to support GLB rights, as well as become their allies (Fingerhut, 2011), even after controlling for different types of relationships with GLB people, and for demographic, religious, and political factors (Lewis, 2011).

It does not appear that the interpersonal contact hypothesis has been explored in Russia in depth, and given the small numbers of GLB people who have “come out,” it is questionable whether interpersonal contact can be easily assessed. For example, in the Levada Center survey (Levada Center, 2013), only 5% reported that they had any gay or lesbian acquaintances, with another 4% refusing to answer. However, if interpersonal contact patterns follow those in other countries, it is likely that Russians who have GLB friends and family members, even if they are a small minority, would have less hateful attitudes, and be in greater support of GLB civil rights.

Personality types: The NEO and attitudes toward homosexuality

Research has found that people who are less psychologically secure may have more negative attitudes toward others who differ in demographic characteristics, than those who report being more psychologically secure (e.g., Sniderman, Hagerdoorn, & Prior, 2004). For example, men who endorse characteristics or beliefs that conform to cultural expectations of masculinity expressed in such traits as toughness and antifemininity, are more likely to endorse sexual prejudice against gay men (Barron et al. 2008, Baunach et al. 2010, Herek & McLemore, 2013; Keiller, 2010, Meaney & Rye, 2010, Parrott, Adams, & Zeichner, 2002), than those who do not.

Past research has explored the relationship between personality traits, particularly the Big Five, and political attitudes, including attitudes toward GLB rights. The Big Five personality traits—openness, conscientiousness, agreeableness, neuroticism, and extraversion—have consistently been found to be associated with particular social and political attitudes (Shackelford & Besser, 2007). For example, research that has investigated the Big Five and political attitudes, shows conscientiousness to have had the strongest positive correlation with conservative political attitudes (Carney et al., 2008; Gerber et al., 2010; Osborne & Sible, 2015). Meanwhile, openness has often been linked to liberal attitudes, and neuroticism has had a negative relationship with conservatism (Carney et al., 2008; Gerber et al., 2010; Mondak & Halperin, 2008, Mondak et al., 2010; Osborne & Sible, 2015). A correlation between extraversion and agreeableness, and political attitudes, has been inconsistent across studies. Political attitudes, namely liberalism or conservatism, are informative when it comes to GLB support and prejudice, as research has demonstrated that those with conservative values are more likely to adhere to social norms, and less likely to endorse GLB rights (Gerber et al., 2010).

Only a few studies have explored the relationship between personality traits and GLB attitudes. Preliminary findings have cohered with the results of studies of political attitudes. Those who scored higher on openness had more positive attitudes towards homosexuality, while those with high conscientiousness were less likely to support LGBT rights (Osborne & Sible, 2015; Shackelford & Besser,

2007). Extraversion has been inconsistent across studies; it has been positively associated with support for LGBT rights in some samples (Osborne & Sible, 2015), but it has also been positively associated with avoidance of homosexuals in another (Okura, Yamamoto, & Shigemoto, 2012). Additionally, psychological entitlement — a sense that one deserves more and is entitled to more than others — is positively correlated with low agreeableness (Campbell et al., 2004), and psychological entitlement has been linked to prejudice against “out groups,” particularly lesbian women and gay men (Anastasio & Rose, 2014). Given that personality traits may provide insight into political and GLB attitudes, research in this area is informative for this work.

Our study explored background factors (i.e., age, region, education, gender) and interpersonal contact with GLB individuals, as well as personality factors in relation to attitudes toward gay, lesbian, and bisexual individuals in Russia (both hateful attitudes and attitudes toward GLB rights). The research questions included:

1. Do background factors — including age, region, education, and gender — predict Hateful Attitudes and Attitudes Toward GLB Rights?
2. Does interpersonal contact with GLB friends and family predict Hateful Attitudes and Attitudes Toward GLB Rights?
3. Do the Big Five personality dimensions predict Hateful Attitudes and Attitudes Toward GLB Rights?

Method

Our sample included 154 heterosexual undergraduate students in psychology (136 female and 18 male) who were attending Russian public and private universities. Ages ranged from 17 to 51, with a mean age of 30.3. Seventy-six respondents were from Moscow (population 12.4 million), and 78 were from a small city in the South of Russia, Volgodonsk in the Rostov region, which has approximately 170,000 residents.

Measurements

Our testing instruments all underwent back and forward translation, and were administered in the same order to all participants. Participants indicated their consent by participating in the research, and no identifying information was collected. Undergraduate students in social science courses in two universities were invited to participate in the study.

Demographic Questions. These items asked for age, gender, region, education, and sexual orientation.

The Lesbian, Gay, and Bisexual Knowledge and Attitudes Scale for Heterosexuals (LGB-KASH; Worthington et al., 2005). This scale is a 28-item survey, in self-report form, which measures five factors that influence an individual's attitudes or knowledge of GLB individuals: hate (6 items), knowledge (5 items), religious conflict (7 items), GLB Civil Rights (5 items), and Internalized Affirmativeness (5 items). The items were measured on a 5-point Likert-type scale (ranging from “1-Very characteristic of me” to “5-Very uncharacteristic of me”). The

scores of each subscale were added together to create a composite measure. For this sample, only the subscales Hate (reverse coded) (Cronbach alpha = .83) and GLB Civil Rights (Cronbach alpha = .71) were included in the study. A sample item from the Hate subscale includes: "GLB people deserve the hatred they receive," and from the GLB Civil Rights subscale: "I think marriage should be legal for same-sex couples."

The NEO Five Factor Inventory (NEO-FFI; Costa & McCrae, 1992). This 60-item instrument is an abbreviated version of the 24-item NEO-PI-R, which measures five personality dimensions (neuroticism, extraversion, openness, agreeableness, and conscientiousness), with 12 items included per domain. The NEO-FFI features self-descriptive statements that participants rate on a 5-point Likert type scale (ranging from 1 = strongly disagree to 5 = strongly agree). A sample item from the neuroticism scale includes: "When I'm under a great deal of stress, sometimes I feel like I'm going to pieces," and from the conscientiousness scale: "I have a clear set of goals and work toward them in an orderly fashion." Internal consistency values for all scales ranged from .74 to .89.

Interpersonal Contact Questions. Two interpersonal contact questions explored whether or not participants had close friends, family members, or acquaintances who were gay or lesbian. The responses were combined to create a variable indicating those with no friends, family, or acquaintances, and those with relationships with GLB individuals.

Results

Table 1 provides the correlations among the major variables, as well as means and standard deviations.

Table 1. Descriptive Statistics and Correlations

	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8	9
1 Age	30.30	7.8	1								
2 Gender	.12	.322	-.001	1							
3 Education	13.45	1.26	.390**	.15	1						
4 Region	1.51	.502	.031	-.17*	-.30**	1					
5 Int Contact	.33	.472	-.142	-.08	.022	-.409**	1				
6 Neurot	19.32	7.79	.031	-.17*	.02	-.012	.05	1			
7 Conscient	32.05	7.01	-.071	-.23**	-.06	.093	-.05	-.41*	1		
8 Hate	16.69	8.64	.087	.004	-.15	.601**	-.47**	.12	.107	1	
9 GLB Rights	13.39	5.62	.004	-.23**	.03	-.36**	.25**	-.097	.088	-.42**	1

In terms of Hateful Attitudes, the model (see Table 2) was significant: $F(7, 131) = 18.57$; $R^2 = .498$; $p = .001$. The respondent's region made a significant independent contribution in the set of background variables ($\beta = .616$; $p = .001$), with

the less urban setting of Volgodonsk region predicting greater Hateful Attitudes. In terms of the next step, interpersonal contact with GLB people made a substantial incremental contribution to Hate ($\Delta R^2 = .05$; $p = .001$), indicating that the more interpersonal contact a person had with close friends, family, and colleagues who were GLB, the less Hate they endorsed ($\beta = -.248$; $p = .001$). In terms of personality factors, both neuroticism ($\beta = .238$; $p = .001$) and conscientiousness ($\beta = .195$; $p = .009$) were predictive of Hateful Attitudes ($\Delta R^2 = .06$; $p = .001$); other personality factors did not predict hateful attitudes.

Table 2. Hierarchical Regression of Hate on Background Variables and Interpersonal Contact (N=139)

Variable	B	SE(B)	β	P	R ²
Step 1					.385
Age	.088	.080	.081	.271	
Gender	2.88	1.77	.111	.105	
Education	-.187	.527	-.027	.723	
Region	10.6	1.23	.616	.000*	
Step 2					.434
Age	.56	.078	.051	.472	
Gender	1.87	1.73	.072	.281	
Education	-.230	.508	-.034	.651	
Region	8.71	1.30	.506	.000*	
Interpersonal Contact	-4.55	1.32	-.248	.001*	
Step 3					.498
Age	.106	.077	.095	.169	
Gender	3.80	1.83	.143	.040*	
Education	-.400	.507	-.056	.432	
Region	9.04	1.27	.519	.000*	
Interpersonal Contact	-4.17	1.29	-.227	.002*	
Neuroticism	.261	.078	.238	.001*	
Conscientiousness	.241	.90	.195	.009*	

The model exploring predictors of views of GLB Civil Rights (see Table 3) was also significant: $F(7, 131) = 7.205$; $R^2 = .28$; $p = .001$. In terms of background variables, both female gender ($\beta = -.299$; $p = .001$) and Moscow region ($\beta = -.422$; $p = .001$) independently and positively predicted greater endorsement of GLB Rights. However, interpersonal contact did not significantly contribute to the variance above and beyond the background variables ($\Delta R^2 = .04$; $p = .297$). Finally, the addition of the personality factors did not contribute to the model, although neuroticism approached significance ($\beta = -.162$; $p = .061$), suggesting that there may be a relationship between neuroticism and lack of support for GLB Rights.

Table 3. Hierarchical Regression of GLB Civil Rights on Background Variables and Interpersonal Contact (N=139)

Variable	B	SE(B)	β	<i>p</i>	<i>R</i> ²
Step 1					.261
Age	.043	.059	.061	.464	
Gender	-5.09	1.31	-.299	.000*	
Education	-.391	.390	-0.88	.318	
Region	-4.76	.907	-.422	.000*	
Step 2					.222
Age	.051	.060	.071	.394	
Gender	-4.85	1.33	-.285	.000*	
Education	-.381	.390	-.085	.330	
Region	-.432	.999	-.383	.000*	
Interpersonal Contact	1.07	1.01	.088	.297	
Step 3					.278
Age	.032	.060	.045	.590	
Gender	-5.72	1.417	-.333	.000*	
Education	-.489	.393	-.106	.261	
Region	-.479	.986	-.425	.000*	
Interpersonal Contact	.921	.999	.077	.358	
Neuroticism	-.115	.061	-.162	.061	
Conscientiousness	.003	.070	.004	.968	

Discussion

Given that Moscow is the main urban center in Russia and the largest city in Europe (with more than 12.2 million residents—United Nations, 2016), and boasts a diverse population and metropolitan culture, it is not surprising that Muscovites tended to have more positive attitudes towards GLB people, and to endorse greater civil rights for GLB individuals. Moscow participants ($M = 11.45$; $SD = 5.33$) had lower scores on the Hate subscale than Volgodonsk participants ($M = 21.79$; $SD = 8.18$; $t(152) = -9.273$; $p = .001$), and endorsed greater support for GLB Civil Rights ($M = 15.43$; $SD = 5.08$) than Volgodonsk participants ($M = 11.40$; $SD = 5.42$; $t(152) = 4.762$; $p = .001$.) Indeed, Moscow participants reported a significantly higher percentage of GLB friends, family, and acquaintances as compared to the Volgodonsk residents ($\chi^2 = 24.09$; $df = 1$, $p < .001$).

Although Moscow appears to be a more affirming city for GLB people as compared to Volgodonsk, the anti-propaganda bans have resulted in an atmosphere of fear and anxiety among GLB people, which also prevents GLB people from disclosing their sexual orientations (Horne, Wheeler, Maroney, & Peters, 2017). In addition, the lack of non-discrimination policies means that GLB people have no

protection to be “out” in the workplace, or in their schools or universities (Horne, 2014), and policies that restrict public events such as the ban on Pride parades in Moscow for 100 years (through 2112) are certainly going to continue to clamp down on GLB self-disclosure and self-determination (Clemons, 2012).

Although in some countries gender has been found to lead to different attitudes toward GLB people, with women endorsing more favorable attitudes (e.g., Ahrold & Meston, 2010; Kite & Whitley, 1996), in our study, as in international research overall, gender was not a significant predictor of hateful attitudes (Pew Research Center, 2013).

However, in terms of endorsement of GLB rights, gender was a significant predictor, with women expressing greater support for GLB Civil Rights ($M=13.86$; $SD=5.54$) than men ($M=9.83$; $SD=4.99$, $t(152)=2.92$; $p=.004$). Men’s endorsement of sexual prejudice appears to be multifaceted; according to Herek and McLemore (2013), some heterosexual men may be responding in a sexually prejudicial way due to anxiety related to their internal same-sex attractions or desires, even if that feeling is not conscious. Other men may experience anxiety or fear due to perceptions that they may not be meeting cultural expectations for men, and may engage in sexual prejudice toward GLB people to reduce these emotions and enhance their inclusion within socially proscribed norms for masculinity.

Given these potential factors, it is not surprising that, in light of the broad negative stereotyping of gay men in Russia as sexual predators, and the history of criminalization of same-sex male sexual behavior (vs. the medicalization of women’s same-sex sexuality) (Essig, 1999; Healey, 2004), there would be gender differences with respect to structural changes for GLB rights. In addition, women are more likely to become allies of GLB people (Herek & McLemore, 2013), and therefore may be more likely to endorse policy-related changes.

The interpersonal contact hypothesis, which suggests that the more GLB individuals a person knows, the more positive the attitudes towards GLB people, was again shown to be a significant predictor for Hateful Attitudes (Herek & Glunt, 1993; Herek & Capitanio, 1996; Horne, Rice, & Israel, 2004). After controlling for age, region, gender, and education, knowing GLB individuals significantly and negatively predicted Hateful Attitudes. This finding suggests that Russian GLB communities would benefit from greater acceptance and support for their rights if they had better safeguards for individuals to be “out,” and therefore “known” as being GLB. While same-sex sexual behavior is no longer illegal, there are no state-wide protections based on sexual orientation or gender identity; therefore, few GLB individuals have the security to be “out” in their workplaces, families, and communities. This is obviously a paradox because, on the one hand, an open and inclusive atmosphere is needed in order for GLB people to “come out,” thus allowing heterosexual people to get to know them, but knowing GLB individuals is key to creating that very atmosphere of support for increased GLB rights. In light of our analysis of the experiences of GLBT individuals living in Russia during a time of seeming openness and forward motion, we caution that such movement may be compromised due to shifting Russian sociopolitical contexts (Horne, et al., 2009).

Knowing GLB individuals, however, did not predict endorsement of GLB Rights. This finding suggests that people may be able to hold positive feelings and

thoughts about GLB people they know, but at the same time hold reservations about whether GLB people should have equal rights as heterosexual people. This finding is not surprising, given the formal propaganda bans and anti-GLB rhetoric prevalent in Russia, as well as the ways that stereotypes are reinforced (Herek, 1996). For example, people with GLB friends and acquaintances may reason that their GLB friends are the exception to the stereotypes of GLB people (e.g., their friends who are in a same-sex relationship have a stable relationship), but that GLB people overall fit the stereotypes (GLB people don't maintain healthy relationships), and therefore, are undeserving of equivalent GLB rights and marriage.

Two dimensions of personality — neuroticism and conscientiousness — predicted Hateful Attitudes toward GLB people. Neuroticism assesses facets of hostility and anxiety, and suggests that those who are experiencing greater vulnerability to stress and self-consciousness may more readily accept stereotypes and feel threatened by GLB people. The degree of neuroticism approached significance with the endorsement of GLB Rights, with lower neuroticism predicting a more positive attitude towards GLB people having rights. This finding also makes sense given that those who experience greater anxiety and vulnerability to stress, may be less likely to desire structural changes that may modify society's social and political norms.

Conscientiousness, which has been found to be associated with more conservative attitudes, as well as lack of support for GLB rights (Gerber et al., 2010), predicted Hateful Attitudes in this sample. The tendency toward orderliness, duty, and self-discipline characterized by this personality dimension corresponds with more hateful attitudes towards GLB people, who often are stereotyped in Russia as a social group that does not follow established traditional norms. The emphasis placed on the importance of fulfilling moral obligations, which characterizes conscientiousness, is congruent with negative attitudes towards GLB people. This is due to the propagation of myths and stereotypes suggesting that GLB people are immoral, or promote destabilizing “non-traditional family values and sexual relationships.” Interestingly, the degree of conscientiousness in this sample was not found to correlate with endorsement of GLB Rights.

Limitations & future research

Although every effort was made to conduct thorough back and forward translations of the testing measures used in this study, the fact that, with the exception of the NEO-FFI, they are not commonly used in Russia, may mean the instruments were limited in terms of their internal validity. The internal consistency of the measures was good, suggesting that they were assessing the intended constructs; however, extensive assessment and analysis of these measures were not conducted to assure face and construct validity. The surveys were also based on self-reporting, and limited to university students, who are more highly educated than the general population; therefore, the sample was relatively uniform in age and education, reducing the variability of these factors. Finally, these data were collected prior to the passage of the 2013 Propaganda Ban, and therefore attitudes may have been less Hateful or more supportive of GLB Rights than present-day attitudes.

Still, the mean score for the Hateful Attitudes subscale ($M = 16.69$ with a range of 1–25, with 25 indicating the most Hateful Attitudes) in the Russia sample is strikingly higher than the reported mean score for this subscale in U.S. samples (e.g., $M = 1.39$ with a range of 1–7). These findings correspond to the results of the recent survey of attitudes by the Levada Center (2013; 2015) and the Pew Research Center (2013), which found the majority of those surveyed holding negative attitudes towards GLB individuals. Finally, in terms of endorsement of GLB Rights, participants on average were not in favor of GLB Rights (e.g., $M = 13.39$ with a range of 1–25, with higher scores indicating greater endorsement of rights) as compared to U. S. samples (e.g., 4.94 for a range of 1–7). Given the combination of negative attitudes and lack of support for GLB rights, it is not surprising that basic protections for GLB individuals have not advanced in Russia, and in fact, have regressed in many ways.

Attitudes toward homosexuality are often associated with religious affiliation (Olson, Cadge & Harrison, 2006), as well as religious orientation, orthodoxy, and fundamentalism (Kirkpatrick, 1993). However, Russia and other former communist countries provide a more complex relationship due to the lack of religiosity during the Soviet period. For example, Russia ranks as one of the least religious countries in the world (Khazan, 2013). Yet, the influence of the Russian Orthodox Church is increasing, and it remains steadfast in its opposition to same-sex relationships. Future research on attitudes may be fruitful if, rather than testing for religiosity, it explores support for the Russian Orthodox Church, or whether individuals support the social values of the Church, independent of whether they practice religion or attend services. It may also be useful to explore the strategies and supports which heterosexual people with favorable attitudes toward GLB people develop and maintain in the face of anti-GLB media and characterizations. Finally, given the political climate, research on the impact of minority stress, in particular internalized homonegativity, on the mental health of GLB individuals in Russia is warranted.

Conclusion

This study explored the relationship between interpersonal contact and personality factors, and the endorsement of both Hateful Attitudes toward GLB individuals and GLB Rights in Russia. At the present moment, Hateful Attitudes are prevailing, and GLB Rights are stagnant. Many Russian GLB people face violence and stigma on a regular basis due to their sexual orientation. As Anderson and Fetner (2008, p. 955) have suggested based on their analysis of 35 countries, “cultural characteristics, which have less to do with economic development than with a lack of social trust related to Communist oppression, may be responsible for less tolerant attitudes.” Although it seemed that GLB rights in Russia might have progressed in a way similar to that in other states that engaged in democratic reforms after the dissolution of the Soviet system, it appears more likely that there is a carry-over of a lack of social trust, which has even grown under the current political system. This pattern of Hateful Attitudes and lack of Support for GLB Rights does not bode well for the physical and psychological well-being of Russian GLB individuals, although living in urban areas and knowing GLB individuals offers hope to reduce GLB-related stigma.

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Striving for LGBTQ rights in Russian psychology and society: A personal narrative

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Background. Based on a long personal story of dealing with LGBTQ rights in Russia, the author reviews several transformations in the psychological approach and research to gender and sexual identity. The author describes his professional growth as a psychologist. First his interest was in child sex-role development and then transformed to prevention of sexual crimes, AIDS prevention and sexual education among adolescents. The author shows how his area of expertise in human sexuality brought him to professional ethics for psychologists.

Discussion. In the second part of the article the author reviews changes in social attitudes towards same sex- relationships from their criminalization and medicalization to acceptance and respect. The author emphasizes the pioneering role of Professor Igor Kon in changes of mass attitudes towards sexuality and same sex relationships. The author sees Kon's legacy in his statement that "As long as gays and lesbians are objects of bullying and discrimination, everybody who considers himself/herself as a thinking person must support LGBTQ people's fight for their human rights." At the end of this part of the article, the author describes a recent hate crime based in homophobia, and its victim, the talented St. Petersburg journalist, Dmitry Tsilikin. Tsilikin was involved in sex education in the 1990s and published a book about these issues. His murder was not considered by the court to be a hate crime against an LGBTQ person, despite enormous protest from progressive-minded people all over Russia.

Conclusion. The author recommends the Russian Psychological Ethics Code as a way to help psychologists support and advocate for people regardless of sexual orientation or gender identity.

Keywords: Russia; LGBTQ; Ethics Code; Kon; Tsilikin; psychology

In memory of Dmitry Tsilikin

Introduction (Personal history of LGBTQ)

In 1972, when I was 16 years old, my parents suspected me of being "homosexual." They accused my friend, who was 10 years older, of sexually abusing me. They initiated criminal prosecution against us both and at the same time started attempts "to

cure” me of homosexuality. As “proof” of my homosexuality in the criminal prosecution and in conversion therapy they subjected me to, they used some of my love poems that they stole from me addressed to somebody in the male gender. Their vision of me and my friend’s relationship was strange to me. I did not know about homosexuality until their accusations. I saw my mother in terrible sorrow and my father in deep distress. I did not feel guilty or that I had done anything wrong, but I learned very fast about Criminal Article 121 on “Muzhelozhestvo,” which is an archaic word that means “lying with a man.”

I was confused and scared. I lost my best friend. I lost communication with my parents. I was forcefully put into therapy — first with a psychologist, then with a psychiatrist, and when the psychiatrist emigrated to the West, again with a psychologist. I had sessions with the psychiatrist during my summer holidays. He had rented a house in a village near Leningrad, and my parents rented me a room at another house in the same village, so I could see him on a regular basis. The psychiatrist asked me strange questions about anal penetration that I was not aware of; I did not understand what he was talking about. But one example of his “therapy” deserves description. I lived in a house where another room was rented by a family with a beautiful blonde girl who was 12 years old. She and I took walks together on a street in the village and the psychiatrist saw us. In one of our meetings he suggested that I should have intercourse with her. I had enough sense to reject such a “treatment” recommendation. Because we became friends, I continued to meet her for the next five years. When she was 17 years old we undertook the “prescribed” treatment. The girl became pregnant. I was frightened that she was not at the legal age of marriage yet, and having sex with her could be considered rape. I had to marry her and stayed in this marriage for 20 years.

When I was accused by my parents of homosexuality, I was a senior in high school. I wanted to be a Mathematician as my older friend had become, but the year with a Psychologist turned my interests to psychology. I was accepted into the Department of Psychology at Leningrad State University. During my student years I got acquainted with Professor Igor Kon, who familiarized me with the English-language literature on sex differences, sex role development, and human sexuality. During my student years, and with Kon’s recommendation, in 1977, I received training at the Moscow Psychiatric Institute at the Departments of Endocrinology and Sex Pathology. The first one was headed by Dr. Aaron Belkin, who was a pioneer in the study and treatment of transsexuals in the Soviet Union. The Department of Sex Pathology was headed by Dr. Geogriy Vasilchenko. He had his own theory of sex pathology based on male sexual reactions. His main concern was male’s erection and its role in copulation. This theory was not applicable to women. Dr. Vasilchenko considered sexuality only from medical and biological points of view, but at that time even this approach seemed progressive in the context of the asexual Soviet science.

In 1980 I studied sex-role development in Abkhazian families. This study was done in collaboration with Galina Starovoitova, who was the head of an ethnographic psychological research study in Georgia. It was a big Soviet-American project on research into longevity. This was during the era of the USSR’s invasion of Afghanistan and all international cooperation with the Soviet Academy of Science

was banned by the US Government. This project was the last. The idea of Kon and Starovoitova was that longevity is a complex process rooted in childhood. The hypothesis was that the rural Abkhazian population had a more strongly polarized structure of gender roles than that of the urban population. We later published an article based on this research in the book *Ethnic Stereotypes of Men and Women's Behavior* (Lunin, Starovoitova 1991). In 1989 Starovoitova became a democratically-oriented political leader and was murdered in 1998 by professional killers hired by her political opponents.

In 1988, I wrote my Ph.D. Thesis about family influences on normal and pathological sex role development in children. In opposition to the medical model of sex development, I tried to show social and psychological factors in gender construction. I tried to implement my findings with preschool children, but a few years later, the Soviet Union collapsed, and there was no interest in supporting such research for several years.

In 1991, I started working with children and adolescents who had been sexually abused, and as part of this work I was involved in AIDS prevention among adolescents. For three months in 1992 I worked at the Center for AIDS Prevention Studies (CAPS) of the University of California, San Francisco. This was my first visit beyond the Iron Curtain. For the first time in my life I saw respected professors who openly informed students that they were gay. I was able to see gay establishments as well as gay people dying from AIDS. I was impressed by the gay rights movement and was deeply personally affected by all the stories I saw and heard. These experiences inspired me to work on psychological measures for AIDS prevention, such as sex and AIDS education. During this visit I was able to design a study of knowledge and attitudes of adolescents about AIDS (Lunin et al, 1995). Also, I learned about various sex education programs through SIECUS (The Sexuality Information and Education Council of the United States) and the Institute of Advanced Studies in Human Sexuality. I came back to Russia with strong impressions regarding the huge cultural gaps in gay rights between Russia and the USA.

During the next 4 years I was deeply involved in sex education, AIDS prevention, helping victims of sexual abuse, and research into sexuality (Lunin et al, 1997). I helped my friend, journalist Dmitry Tsilikin to publish weekly pieces about various aspects of sexuality in the popular St. Petersburg newspaper "Chas Pick" (Rush Hour). These materials have been published in the book *Questions from the Waist Down* (Tsilikin, 2002). Tsilikin conducted several interviews with Igor Kon about homophobia. In 2016 he published several articles against the conservative politicians Vitaly Milonov and Yelena Mizulina. Milonov, who was a deputy in the St. Petersburg regional Parliament from 2007 to 2016, was behind the infamous campaign against so called "gay propaganda" that began in 2012. Mizulina, as a deputy of the Russian Duma (Russian Parliament), identified herself as an antagonist of any and all gay rights. Tsilikin's articles about them were written in an ironic tone and showed their viewpoints to be aggressive and out-of-date.

On March 27, 2016, Dmitry Tsilikin was murdered by a man who, after being arrested, explained that he considered himself a "Cleaner." He killed Tsilikin because he considered him to be gay. The investigation defined this crime as a murder. There was a petition to consider Tsilikin's murder a hate crime against an LGBT person, and not simply murder by a stranger. More than 6000 people signed

this petition. Among them were deputies from the regional government, scientists, journalists, and artists. One of them was the famous movie producer Alexander Sokurov. This petition was dismissed by the court.

In 2014 Tsilikin edited my article in Russian about the Ethical Code of the Russian Psychological Society (RPS) and its humanistic aims to promote respect for all people regardless of their sexual orientation. At that time, soon after the establishment of the law against “the propaganda of homosexuality,” some professional psychologists expressed concern that the RPS’s Ethical Code’s call for respecting people regardless of their sexual orientation was not congruent with the new law. I tried to initiate a discussion about this on Facebook in groups for psychologists. The ensuing discussion, however, was not productive. Several respected psychologists with whom I had email communication about these issues advised me that they do not think gay issues are relevant in Russia at the present time. So the Ethical Code of RPS continues to declare respect towards people with various sexual orientations. But in practice many do not care about the existing paradox. I consider the fact that the RPS recently joined the International Psychological Network on LGBT issues a positive step. And I hope that this special issue of *Psychology in Russia: State of the Art*, will help inaugurate a new humanitarian and scientific vision of Russian Psychology on the LGBTQ+ situation.

In 1995 I received a Fulbright scholarship to study possibilities for using the internet for sex education. I conducted this research at SUNY Geneseo. After the end of my Fulbright scholarship, the conditions of the scholarship preventing me from remaining in the US. I chose not to return to Russia either, for a number of reasons, including the lack of contemporary sex research, the topic that I had already been involved in for many years. Since 1997, I have lived and worked in Toronto as a Psychologist. During my licensing as a psychologist I worked under the supervision of Carol Synclair, who was one of the creators of the Canadian Code of Ethics for Psychologists. She provided me with numerous insights about the history, logic, and basic principles of the Canadian Code of Ethics. Still, my attempt to discuss ways of improving the situation of gay rights in Russia with my Russian colleagues, based on their Code of Ethics, failed. In 2013 I wrote a letter to RPS Ethical Committee about LGBT rights and Ethical principles of Russian Psychologist, but received no response.

Objective (Background of LGBTQ rights in Russia)

There are various ways of in which social change occurs. One is when the social order changes everywhere and all at once, for example, with the Arabic Spring events. More often, social change happens gradually: sometimes after moving forward we do see movement backwards, but over the long term, changes happen in a progressive, positive direction.

One of the main steps in the deconstruction of the Soviet Union was the repeal of Article 6 of the Soviet Constitution, which had been introduced by Stalin to proclaim the sole leadership role of the Communist Party in the Soviet Union. Communists (Bolsheviks) usurped power by forbidding the existence of other parties — even those who had had alliances with the Bolsheviks. The Nobel Prize

winning physicist Andrey Sakharov was the most prominent voice demanding the cancellation of Article 6. Sakharov had advocated for this for many years, but only during the period of Perestroika and the First Convention of People's Deputies was his call finally taken seriously. Soon this article was removed from the new Russian Constitution and other parties could be created.

Dr. Igor Kon did the same thing for LGBTQ rights as Sakharov did for civil rights. Kon was the first to introduce issues related to homosexuality into scientific discourse. More specifically, he shifted the terms of discussion about homosexuality away from medical issues and into the context of history and contemporary global social science. For this reason he was the main person who advocated the repeal of Article 121 of the Soviet Union Criminal Code, which criminalized homosexual relations. He undertook extensive efforts to convince Yeltsin's government to listen to his arguments (Kon, 2008, pp 337-338).

The decriminalization of gay relationships opened up opportunities in Russia for Western ideas of gay liberation to be explored and adopted. After removing the threat of criminal prosecution for gay sexual relationships, AIDS prevention started to play a significant role in establishing increased tolerance towards gays. AIDS prevention programs strove to create acceptance in the medical system, community based organizations, and in new NGOs that were beginning to be established at that time. Gay rights and gay organizations received support from many Russian medical doctors. Giving support to gays at that time was possible without the need for anyone to come-out personally. Gay issues became a legitimate scientific topic. At the same time, several gay mass media publications appeared, such as the *Kvir* magazine, and organizations began mobilizing for gay rights.

The global AIDS epidemic emphasized the need for sexual education to be part of AIDS prevention and the promotion of safe sex behavior. These trends facilitated the introduction of sex education in Russia. In the beginning of the 1990s these social changes and new understandings seemed necessary because of the global AIDS epidemic and the illusion that Russia was experiencing a sudden and unexpected sexual freedom that could continue with the next generations. But these progressive tendencies in human rights, and accompanying ideas of sexual rights and gay rights, were immediately confronted by counter reactions from the emerging conservative opposition, gaining strength through the rejuvenation of the Russian Orthodox Church in the late 1990s. (Kon, 2005)

These conservative trends soon became stronger than the progressive ones. In 1998 The Ministry of Education refused to include sex education in the national school curriculum. A heterocentric ideology prevailed and shut down the discussions on LGBTQ people and gay rights that had just begun to develop.

It is important to note that before the beginning of Perestroika in 1985, the situation with gay rights was much worse than it is today. Gay people were considered both criminals and mentally ill at the same time. Any interest in gay issues in literature and art was considered suspicious. Gays could be treated either from a medical perspective, as people with pathologies who needed to be cured of their perverted interests and behaviors, or from a legal point of view, as criminals who needed to be punished for their behavior and isolated from society with up to 5 years in prison.

Igor Kon had the courage to mention homosexual people outside of both medical and legal contexts. He was the first person in the Soviet Union who described sexual relationships in general and homosexual relationships in particular, from psychological and sociological points of view (Kon, 1989). To be able to do so, he had to teach himself about unknown areas of human behavior. He was close friends with John Money and John Gangon, two titanic figures in the psychology and sociology of sexuality. Igor Kon, by his education, training, and life was a multidisciplinary scientist and thinker. His book, *Faces and Masks of Same Sex Love*, which includes the poetic subtitle, *Moonlight at Dawn*, was devoted to the description of same sex love from all possible angles (Kon, 2003). Though published in 1998, it has not been superseded in its importance by any other book in Russian published since. It is also a unique work that does not have analogues in English scientific literature, because it places same sex relationships in broader cultural, historic, and scientific contexts. The book describes perceptions of same sex relationships from medical, psychological, and sociological points of view. Also, the book is full of ethnographic and anthropological data.

For the last 20 years of his life Igor Kon was a strong proponent of healthy sexuality, LGBT rights, and sexual education. He was one of the courageous fighters against conservative moral attitudes and perceptions toward sexuality promoted by the Russian Orthodox Church (ROC). On April 29, 2011 two days after Igor Kon passed away, one of the highest placed leaders in the ROC hierarchy, Dmitriy Smirnov, blogged about his opinion of the deceased (<http://www.dimitrysmirnov.ru/blog/cerkov-5279/>). Smirnov told of his joy at Kon's death, calling him a "pederast" and "pedophile" and stated that he hoped he would end up in Hell. The fact that a highly placed Church authority would express such aggressive and cruel statements reveals the strong fear the ROC had of Igor Kon as a critic of Church policies in the life of society.

On the last page of his book about same sex love, Igor Kon expressed his credo towards LGBTQ people, a statement which could be considered his legacy: "As long as gays and lesbians are objects of bullying and discrimination, everybody who considers himself/herself as a thinking person must support LGBTQ people's fight for their human rights." The second edition of the book was published in 2003. At that time making this statement took extreme courage in the blunt and harsh homophobic context of Russian culture. To say these words in Russia in 2017 is illegal due to the 2013 anti-progaganda bill on non-traditional relations. But there are no restrictions on quotes from dead people, yet. So Igor Kon continues to fight from his grave for what in many places in the world is the simple and obvious truth-- that LGBT people deserve equal rights. This has not yet been realized in Russia.

Conclusion

It took more than 45 years for me to share my personal story. It has not been easy to revisit painful memories and make them public. I spent all my life working in Psychology, which, as I thought, was the most humanistic social discipline. I still believe that psychologists in Russia have the greatest capacity of all the helping professions to promote scientifically supported data about human equality. I am a great supporter of the existing Ethical Code of the Russian Psychological Society, be-

cause it calls upon psychologists to respect people regardless of sexual orientation. The Code reminds us that psychology is a profession committed to safeguarding people's well-being, and it can therefore serve as a touchstone for practical efforts by Russian clinicians to contribute to the well-being of LGBTQ+ people, a promising step forward for justice.

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Autobiographical memory in transsexual individuals who have undergone gender-affirming surgery: Vivid, self-focused, but not so happy childhood memories

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Background. Whereas reciprocal relationships between autobiographical memory and self are broadly emphasized, there is no empirical research that examines how major life changing transitions affect the graphically expressed life story.

Objective. The paper focuses on the novel topic of autobiographical memory in transsexual individuals.

Design. Twenty-eight volunteers who had undergone gender-affirming surgery and 28 non-transgender participants were asked to produce a Life Line which required them to identify the most memorable events in their lives. The level of acquisition of affirmed gender-typed traits was measured by the Bem Sex-Role Inventory (BSRI).

Results. Compared to cisgender individuals, transsexual participants have self-focused Life Lines with a high proportion of vivid flashbulb-like memories and unhappy recollections of childhood. The emotional profile of autobiographical memory addressing childhood was more negative in transsexual participants who deviate from BSRI norms reflecting derogation of past gender category in favour of affirmed gender identity. Those with high acquisition of affirming gender-typed traits assigned more space on the timeline for childhood, revealing the process of self-continuity restoration that leads to an increase in the proportion of positive memories. Accordingly, transsexuals recollected fewer events relevant to their gender identity performing a psychological defence toward the topic of gender.

Conclusion. We interpreted the results by focusing on the utility of autobiographical memories as a cognitive resource for filling the gap between past and current selves and maintaining self-continuity across the lifespan.

Keywords: autobiographical memory, transsexualism, gender identity, self-continuity, Life Line, life story

Introduction

One of the main rationales behind possessing autobiographical memory is to keep a sense of personal consistency over time throughout ongoing life changes and personal transformations. One commonly cited model of autobiographical memory is the self-memory system (SMS) model, which emphasises a reciprocal relationship between autobiographical memory and the self that supports self-coherence (Conway, Singer, Tagnini, 2004; Conway, 2005). Self-continuity is considered to be one of the three fundamental functions of autobiographical memory in conjunction with social bonding and directing behaviour (Bluck, Alea, Habermas, & Rubin, 2005; Bluck & Alea, 2008). It is equally important that autobiographical memory provides a database for self-concept and self-esteem; hence, it is worth note that we are what we remember about ourselves. In other words, people rely on their memories to understand who they are and formulate where they are going (Bluck, Alea, Habermas, Rubin, 2005).

The most popular life metaphor is a journey (Kövecses, 2005). Following this metaphor, we can say that in a journey of human life, a straight road one day might make a sharp turn. There appear to be life experiences that evoke character transformation in a way that one may feel “I am not who I was before”. This kind of event is termed “transitional”, that is, a type of event that “changes everything” (Brown, 2016). Coping with a transitional event, a person may change previously stable personality characteristics so that “old” autobiographical memories become unsuitable as an appropriate database for the “new” self. As a result, persons may become alienated from their past or alternatively may enhance their cognitive efforts in combining past and present to restore consistency. For the latter it is necessary to transform one’s life story in accordance with the consequences of transition. Quite similar, a study by Beike and Landoll (2000) proposed three types of mnemonic reaction to inconsistency between past and current selves: providing justifications for the inconsistency, recruiting additional specific events that oppose those recalled, and putting the event behind oneself. It seems that all the mechanisms mentioned above impact autobiographical memory after the transitional event. However, to our knowledge, there is no research on whether the same mechanisms are employed in cases of successful adaptation or maladaptation to a new situation.

The first possible reaction to transition consisting of estrangement or even derogation of a life period prior to transition is conceptualised in the theory of temporal self-appraisal (Ross & Wilson, 2000). According to this theory, by disparaging the past, people are able to enhance their current self-view, perceiving themselves as improving over time. The authors have demonstrated that the lower the subjective relevance of the past self is to the current self, the higher is the tendency to retrieve negative memories about the past self (Ross & Wilson, 2003).

An opposite prediction follows from the transition theory developed by Brown (2016). It contends that autobiographical memory is structured by significant life transitions. The examination of the temporal distribution of both word-cued autobiographical memories and memories put on a timeline revealed that they tend to “pile up” around transitions (Nourkova, Mitina, Yanchenko, 2005; Shi & Brown, 2016). Hence, transitions make temporally and thematically relevant memories

more accessible. This strategy seems helpful for coming to terms with the challenge of changes by autobiographical reasoning, that is, an attempt to make meaningful connections between the past self and the current self (McLean & Fournier, 2008).

As far as awareness of transition follows the transitional event, the modulation of autobiographical memories preceding the transition should be addressed for retrieval but not encoding. Memory researchers suggest that autobiographical memory is an extremely flexible, constructive process rather than a videotape-like chronicle of the past (Nourkova, Bernstein, Loftus, 2004; Loftus, 2005). It is widely accepted that autobiographical memory inaccuracy is not chaotic. On the contrary, it generally mirrors the current self's needs, attitudes, and construals (Ross & Wilson, 2003). Moreover, memory's malleability is positively biased toward self-consistent memories for achieving a gradual self-enhancement and, hence, increases psychological well-being. In this sense, this positive construction bias has an adaptive nature (Howe, 2011).

We can illustrate such proneness of autobiographical memory to retrospective transformation following a transitional event by a reference to moving one's residence from a rural place to a big city. Previous research was driven by the following concern: will someone who was born in a village and moved to a city recollect one's "country" past in the way one experienced it or through the lens of the current "urban" self? This issue was further examined through a series of interviews with 20 older adult females who were raised in a rural collectivistic culture but spent most of their adult lives in an individualistic urban one. It was found that they recalled their childhood and youth in a way that reflected their current individualistic orientation instead of their past collectivistic orientation (Nourkova, Dnestrovskaya, 2013).

In this paper, we focus on what happens to autobiographical memory if persons experiences a crucial challenge to their self-coherence due to "migration" not from one place to another, but from one body to another. For the first time, we examine the autobiographical memory of people who passed through the transformation of a basic human characteristic, the gender. We propose that it might dramatically affect their memory.

However, we need to make a distinction between the terms "transgender" and "transsexual" due to a wide range of definitions in the LGBTQ community, both in the scientific literature and mass media. Transgender is a complex term that refers to any individual whose gender does not fit into the binary of male and female genders — a powerful framework that structures social roles, behaviours, and expectations (Denny, Green, & Cole, 2007). Transsexuals are people who have gone through medical transition to better align their bodies with a gender other than the one they were assigned at birth, such as using hormone replacement therapy (HRT) or undergoing sex reassignment surgery (Crooks & Baur, 2011).

To develop an empirical hypothesis on how the self-memory system (also known as the autobiographical memory) may reflect the transsexual experience, we first have to take a closer look at the modern conceptualisation of the associations between gender and self.

Tobin et al. (2010) proposed a model of gender self-socialisation incorporating 3 highly interdependent components: gender identity, gender stereotypes,

and self-perception of gender-typed attributes. By gender identity the authors mean the quality and strength of the affectively tagged cognitive connections that a person makes between the self and gender. Tobin's multidimensional perspective on gender identity consists of the knowledge of membership in a gender category; satisfaction with one's gender; the centrality of gender to one's own self; the importance of being similar to same-gender others; and the subjective gender typically referring to a summary judgment about gender. Gender stereotypes are defined as descriptive and prescriptive socially shared beliefs about how the genders differ. The male-typed and female-typed prescriptions might each address various aspects of lives: occupations (such as, science is for males, nursing is for females), preferences (that is, females prefer soap operas, males prefer crime thrillers), activities (such as, fishing is for males, cooking is for females), and personal traits (such as stereotypical female traits include nurturance, emotionality, and relational orientation, etc., while stereotypically male traits include independence, strength, and self-confidence, etc.). Quite paradoxically, in contrast to the expanding increase of gender equality and women's empowerment in modern societies, gender stereotypes appear to be surprisingly robust (Löckenhoff et al., 2014). The third component of the model, self-perception of gender-typed attributes, that is, the impact of referencing to gender stereotypes to global self, according to Tobin et al., is determined by the emulation principle. This principle specifies that the more personally important gender identity is, the more likely that gender-typed information will be viewed as a valuable part of self-perception.

Because there are many studies devoted to cisgender gender identity, we wanted to focus our research on people who had changed their gender assigned at birth to affirm their gender identity. As was found in interview-based studies, transsexual individuals face numerous obstacles and struggles across different social contexts in coping with substantial and systemic minority stressors but nevertheless are persistent in bringing their physical bodies in alignment with their internal sense of gender (Mason-Schrock, 1996; Levitt & Ippolito, 2014). Hence, we speculate that in these people, all 3 dimensions of gender identity mentioned above might be expressed more than in cisgenders. Accordingly, gender stereotypes in these people might be more elaborate and explicit. The emulation principle predicts that high personal importance of identity and stereotypes of affirmed gender taken together would establish a specific sensitivity to the presence of affirmed gender-typed traits in individuals. It was demonstrated in a general population that a high level of subjective gender typicality is associated with psychological well-being, presumably due to in-group favouritism mechanisms (DiDonato & Berenbaum, 2013). We expect that psychological well-being in transsexual individuals would require an adoption of gender-typed traits attributed to affirmed gender, even to the higher extent.

Previous research found significant differences between transgender and cisgender people in psychological variables such as anxiety, the level of depression, suicidal thoughts, and self-harm behaviour, which refers to emotional functioning (Reisner, 2015). According to Reisner, transgender participants (106 FtM, 94 MtF) had higher scores than cisgender individuals on those measures. In our opinion,

these results may be criticised for not taking into account how successful the affirmation of one's gender identity was. We consider the level of conformity to gender stereotypes to be a possible candidate to serve as an indicator of the successful adaptation to the affirmed gender. This is the rationale behind our empirical research. We have divided the sample of transsexual individuals into two subgroups with respect to the readiness to confirm the stereotypical attributes of affirmed gender as a part of one's self.

Although there are no studies devoted to the autobiographical memory of transsexual individuals, it seems quite evident that congruency of the self to a gender stereotype, not gender itself, predicts those autobiographical memory characteristics that are in line with common beliefs about gender differences in memory (Grysman & Fivush, 2016). The authors indicated that the higher participants scored on the femininity scale, the more vivid, emotional, and easily shared with others their memories were, according to self-reports. In line with our speculation, a recent comparison of masculinity/femininity scores on the BSRI of transmen and transwomen with their cisgender siblings showed no significant differences (Factor & Rothblum, 2017). This means that self-perception of gender-typed attributes is similar and not relevant to the gender assigned at birth when acquired in the same family context.

The last but not least reason that conducting research on autobiographical memory in transsexual participants is meaningful is that there are very few psychological studies done in Russia on LGBTQ concerns (for an exception see, Horne, Ovrebo, Levitt, & Franeta, 2009 that also included transgender individuals).

The current research

The starting point of our empirical study was an assumption of the interdependence between autobiographical memory and self-identity. We assume that self rules accessibility and phenomenology of autobiographical memories while memories in turn serve as a database for the self. As M. Conway put it: "autobiographical memory and central aspects of the self form a coherent system in which the self is confirmed and supported by memories of specific experiences" (Conway, 2005, p.595).

The following hypotheses represent expected findings in line with the study aims:

- (1) Autobiographical memory in transsexual participants would include more vivid flashbulb-like memories than in cisgender participants due to the possibility of employing them as a resource for maintaining self-continuity. Retrieval of flashbulb-like memories evokes a sense of re-experiencing supporting relations between the past self and the current self.
- (2) Autobiographical memory in transsexual participants would reflect non-typical experiences due to obstacles they may have encountered.
- (3) Autobiographical memories in transsexual participants would promote a more individualistic self-view due to both social (isolation, that is, having to stay alert to the majority) and psychological (subjective uniqueness, that is, self-determined identity construction) reasons.

- (4) Autobiographical memory in transsexual participants with high acquisition of affirming gender-typed traits would be similar to autobiographical memory in cisgender participants.
- (5) The emotional profile of autobiographical memory addressing childhood would be more negative in transsexual participants, reflecting the derogation of the past gender category in favour of affirmed gender identity. Those with high acquisition of affirming gender-typed traits would assign more space on the timeline for childhood, indicating the process of self-continuity restoration, which leads to an increase in the proportion of positive memories.
- (6) Transsexual participants with low acquisition of affirming gender-typed traits would not recall the events related to their gender identity.

Method

Participants

Data were collected from 28 transsexuals (all had gone through surgery to change their sex assigned at birth and were living as their affirmed gender). Eighteen were female-to-male and 10 male-to-female, with an average age of 26 (7.3). All had a secondary education, and 27 were permanently employed. They were recruited via a “snowball sampling” methodology (other informants referred or recommended by the initial respondents were subsequently invited or contacted for inclusion in the study if they met the research criteria and were interested in transgender issues) and via the Internet (search and ad placement in various forums and groups in social networks). Potential participants contacted researchers via email and ran through the protocol described below. Interviews lasted between 2 and 3 hours. The control group consisted of 28 participants with cisgender identity (people whose gender was congruent with their sex assigned at birth): 18 females and 10 males, with an average age of 24 (5.6). All participants volunteered to take part in the study and received no compensation.

Measures

The major method of assessing autobiographical memory in our study is drawing a personal Life Line. A Life Line makes it possible to visualise an entire life story and take a holistic perspective toward the personal past (Rappaport, Eurich, & Wilson, 1985; Assink & Schroots, 2010; Nourkova & Bernstein, 2010; deVries, 2013; Nourkova & Brown, 2015). At the outset of this task, each participant was presented with a sheet of white paper with a horizontal arrow line printed across. They then received the following instructions: Consider this Line as representing your entire life, recall the most important events from your life, locate them on the timeline, and indicate the valence and intensity of emotion associated with each recalled event by the distance from the arrow to the top (positive) on to the bottom (negative).

All obtained Life Lines were coded with the following 6 variables: the total number of recollections put on a Life Line, the percentages of positive (if situated above the timeline) and negative (if situated below the timeline) recollections, the

percentages of positive childhood memories, the length of the timeline segment expressing the subjective time passed from birth to the age of 12, and the mean graphical expression of emotional intensity for positive and negative recollections separately estimated (in mm.).

The contents of the memories included in the Life Lines were classified into the following categories: life script events, typical events, memories about other people, and flashbulb-like memories. According to Thomsen and Berntsen (2008), life script events are the most expected life events in a prototypical life course. Life script events are the elements of the cultural life script, that is, a cognitive structure containing knowledge of a normative life schedule with the prevalence of socially desirable achievements (for example, permanent employment, marriage, having a child, etc.). The typicality of recollections was assessed by comparing with the pool of the most frequently mentioned memories obtained by Life Line procedures in the general Russian population (Nourkova, Dnestrovskaya, Mikhailova, 2012). Memories were attributed to “memories about other people” in case the focus of the memory description was shifted to another person. Flashbulb memories were distinguished by their phenomenological properties such as extraordinary vividness, high intensity of emotions, feeling of re-experiencing the original event during recall, field perspective (seen through one’s own eyes), a high degree of confidence, and documenting short-lived but nearly momentous events (Talarico & Rubin, 2007). All memories were also coded in terms of life themes and the number of themes per person was counted. We also looked for specific recollections related to gender identity.

To assess the level of accessibility of gender-specific memories, we used a modification of the classic Autobiographical Memory Test (AMT; Williams & Broadbent, 1986). Participants were presented with 20 neutral cue words in a random order (for example, “book”, “radio”, “window”) and were asked to respond by recalling a specific autobiographical memory. The instructions informed participants that the retrieved memory had to be directly related to the cue word and that it had to be at least 1 year old.

The level of acquisition of affirming gender-typed traits was measured using the BSRI (Bem, 1974) modified and adopted for the Russian population by Dvoryanchikov (2011). This adaptation consisted of 21 gender-typed traits (7 masculine, 7 feminine, 7 neutral) that the participants had to reveal to themselves and to assess the trait on the severity. Although findings suggest (Donnelly & Twenge, 2016) that since the 1990s, the least educated women have become less likely to endorse feminine traits as self-representative (although it is possible that the scale items do not match modern gender stereotypes), because of the reasons described above, we consider this instrument suitable for the purpose of our research.

Results

With respect to the BSRI, 14 of the 28 participants from the target group differed significantly from the predefined norms for the Russian population (Dvoryanchikov, et al., 2011). In the male-to-female subgroup, 3 participants scored lower on masculinity and higher on femininity (the norm was defined as 13–18

for the masculinity scale and 15–21 for the femininity scale), 1 scored higher on femininity only, and 1 scored higher on masculinity only. In the female-to-male subgroup, 6 participants scored lower on femininity only (the norm was defined as 14–19 for the femininity scale), 1 scored higher on femininity only, 1 scored higher on masculinity only (the norm was defined as 14–20 for the masculinity scale), and 1 scored lower on masculinity only. Because of the mixed nature of deviations from the norm and the limited sample size, we decided to allocate 14 participants whose scores fell below or above the cut-offs to the low acquisition of affirming gender-typed traits group (LAGTT), while the rest of the sample (14) was allocated to the high acquisition of affirming gender-typed traits group (HAGTT). Participants with cisgender identity were included in the analysis as controls.

Table 1 displays descriptive data (the medians, means, and standard deviations) for the three groups combined with statistics for intergroup differences in the entire life story graphically expressed in the Life Lines.

Table 1. Descriptive data for the three groups combined with statistics for intergroup differences.

	HAGTT — group 1		LAGTT — group 2		Cisgender — group 3	
	Mdn	Mean (SD)	Mdn	Mean	Mdn	Mean
Total number of recollections	17* ²	28.00 (22.8)	9* ^{1,*3}	11.86 (7.8)	15* ²	16.32 (6.9)
Positive childhood memories (%)	33.33** ³	37.23 (31.0)	25.00** ³	25.09 (26.6)	70.00** ^{1,*2}	66.87 (25.9)
Memories about other people (%)	5.00** ³	5.04 (5.1)	2.90* ³	10.68 (19.9)	13.66** ^{1,*2}	19.24 (16.3)
Life script events (%)	17.40** ³	17.46 (12.2)	23.20** ³	25.78 (16.2)	58.57** ^{1,*2}	59.40 (17.4)
Typical memories (%)	31.35** ³	31.10 (15.6)	33.05** ³	32.71 (12.3)	70.89** ^{1,*2}	72.06 (18.5)
Flashbulb-like memories (%)	18.30** ³	19.80 (12.9)	11.10* ³	10.79 (10.1)	0.00** ^{1,*2}	4.04 (10.2)
Timeline segment from the birth to the age of 12 (mm)	94 ^{t2}	87.21 (53.7)	62* ^{3,t1}	57.64 (37.0)	88* ²	88.86 (42.4)
Emotional intensity for positive recollections (mm)	42 ^{t3}	39.75 (12.7)	45	42.27 (13.5)	49 ^{t1}	49.18 (13.4)
Emotional intensity for all recollections (mm)	37* ³	35.82 (11.7)	38 ^{t2}	39.52 (11.7)	46* ^{1,t3}	47.75 (14.3)
Transsexual memories (n)	3** ²	4.21 (2.5)	1** ¹	1.93 (2.2)		

Mdn — the median, SD — the standard deviation. ** $p \leq .005$; * $p < .05$; ^t $p < .10$.

**¹, *¹, ^{t1} — significant or marginal level differences with group 1 (HAGTT), **², *², ^{t2} — significant differences with group 2 (LAGTT), **³, *³, ^{t3} — significant differs with group 3 (cisgenders).

The Mann-Whitney test for non-normally distributed data revealed that cisgender controls performed significantly higher than all transsexual participants in the following components of their Life Lines: the percentage of positive recollections about childhood ($U = 114.5$, $Z = -3.998$, $p < .000$, $r = .53$); the percentage of recollections about other people ($U = 194$, $Z = -3.301$, $p = .001$, $r = .44$); the percentage of recollections referring to life script events ($U = 35$, $Z = -5.851$, $p < .000$, $r = .78$); the percentage of recollections that are the most frequent in the general Russian population ($U = 32$, $Z = -5.901$, $p < .000$, $r = .79$), and the mean graphical expression of emotional intensity for all life events mostly are positive ($U = 233$, $Z = -2.606$, $p = .009$, $r = .35$ / $U = 275.5$, $Z = -1.909$, $p = .056$, $r = .26$). In contrast, in transsexuals, the percentage of flashbulb-like recollections was higher than in cisgender participants ($U = 154$, $Z = -4.111$, $p < .000$, $r = .55$). AMT responses to neutral cue words in the transsexual group were more specific than in the controls ($t = 2.758$, $p = 0.011$), while both had normative scores (Griffith, et al., 2009).

Thus, according to their drawings, while cisgender participants in general have positively biased memories related to other people and a script-driven entire life story that predominantly consists of schematic memories, transsexuals have more self-focused and individualistic life stories with a higher proportion of vivid memories and less positive memories about childhood.

The results of transsexual Life Lines described above were more articulated in the high acquisition of gender-typed traits (HAGTT) participants. Namely, the effect size for the percentage of flashbulb-like recollections was bigger in HAGTTs ($r = .66$) than in the low acquisition of gender-typed traits (LAGTT) group ($r = .41$). There were no variables that were found to be equivalent for LAGTTs and cisgenderers and they were significantly different in HAGTTs.

Focus on the LAGTT group indicated that they put fewer memories on their Life Lines than both the HAGTT and cisgender participants; these differences were statistically equivalent ($U = 44$, $Z = -2.484$, $p = .012$, $r = .47$; $U = 121$, $Z = -2.004$, $p = .046$, $r = .38$). Additionally, as reflected by the length of the timeline segment from birth up to age 12, LAGTT group participants appeared to perceive their childhoods as shorter than those of cisgenderers ($U = 114.5$, $Z = -2.175$, $p = .028$, $r = .34$) and HAGTTs, although at a marginal level of significance ($U = 60$, $Z = -1.747$, $p = .085$, $r = .33$).

Intergroup comparisons between LAGTTs and HAGTTs detected unique differences in the number of recollections related to gender identity. HAGTTs included more recollections related to gender identity in their Life Lines ($U = 38.5$, $Z = -2.774$, $p = .005$, $r = .52$).

Thus, HAGTTs, that is, transsexual participants who did not differ from the BSRI norms assessing their “real self” in affirming gender-typed traits, had the same number of events associated with childhood as cisgender participants. Whereas LAGTTs, that is, transsexual participants who differed from the BSRI norms, recollected fewer events and perceived their childhoods as shorter than both cisgender and HAGTT participants.

Figure 1, Figure 2, and Figure 3 represent the main findings of the study.

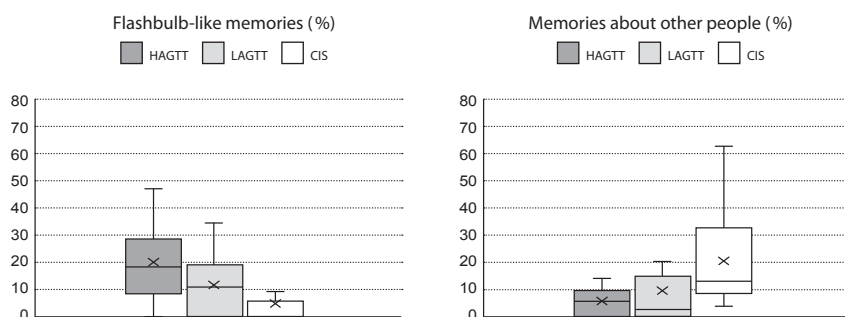


Figure 1. Descriptive statistics for the percentage of flashbulb-like memories and memories about other people.

The top of the box represents the 75th percentile, the bottom of the box — the 25th percentile, and the line in the middle — the median. The whiskers mark the highest and lowest values. Crosses mark the averages

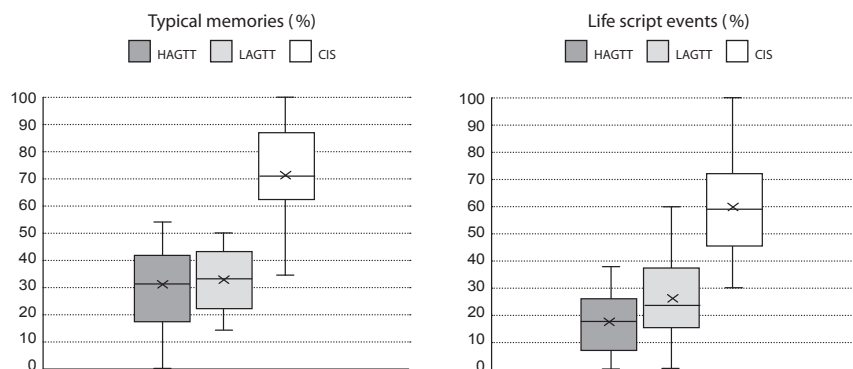


Figure 2. Descriptive statistics for the percentage of typical memories and life script events.

The top of the box represents the 75th percentile, the bottom of the box — the 25th percentile, and the line in the middle — the median. The whiskers mark the highest and lowest values. Crosses mark the averages

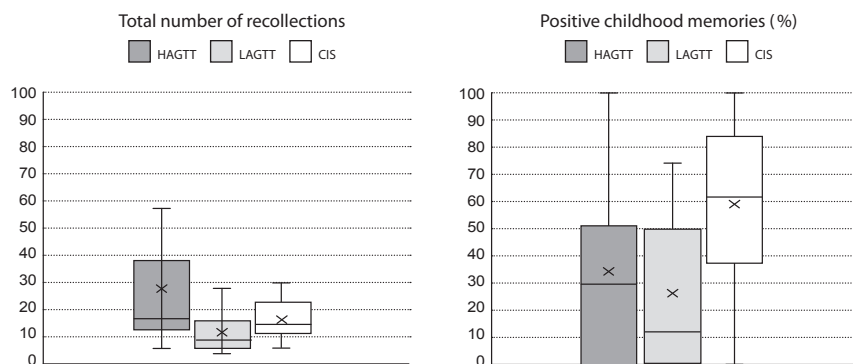


Figure 3. Descriptive statistics for total number of recollections and the percentage of positive childhood memories.

The top of the box represents the 75th percentile, the bottom of the box — the 25th percentile, and the line in the middle — the median. The whiskers mark the highest and lowest values. Crosses mark the averages

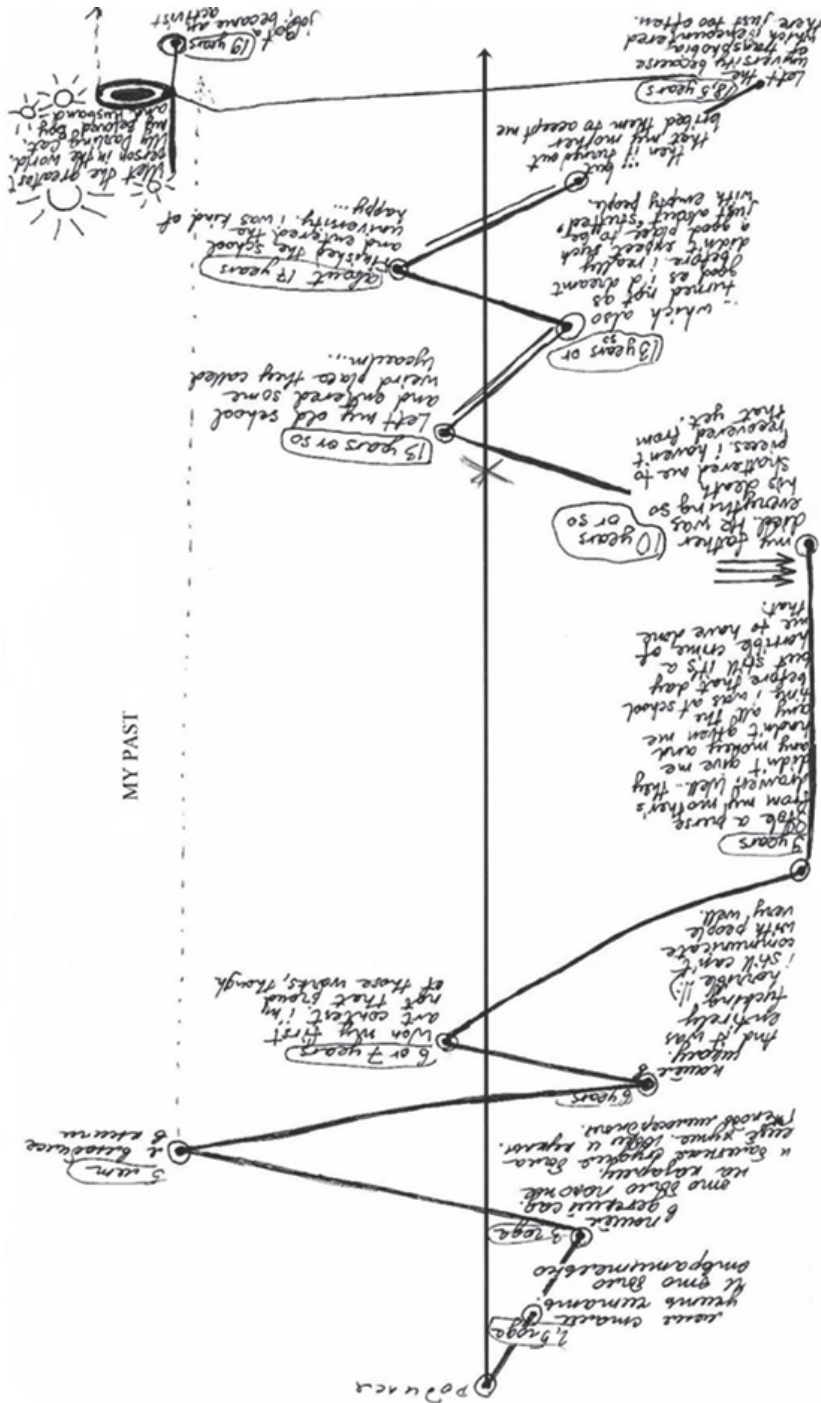


Figure 4. Life Line protocol, participant A (FtM) from HAGTT group

Consider this space as representing your entire life, recall the most important events from your personal past, locate them with respect to the timeline, and indicate valence and intensity of emotion associated with each recalled event by distance from the arrow to the top (positive) or to the bottom (negative)

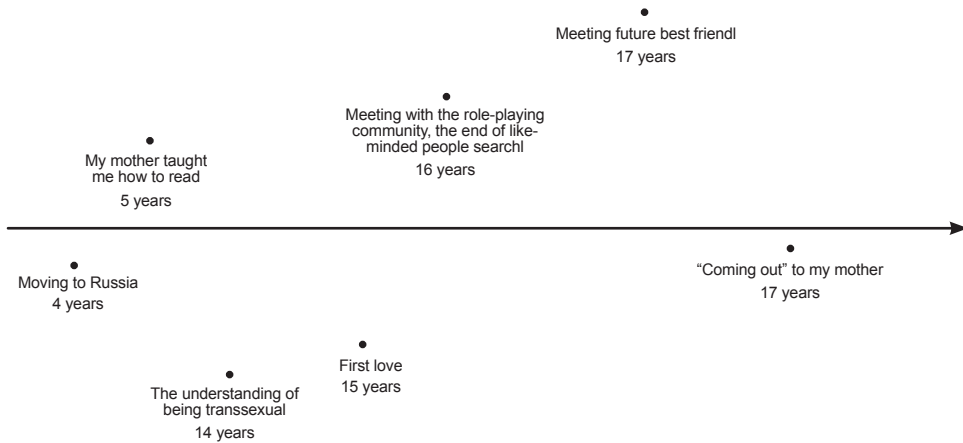


Figure 5. Life Line protocol, participant B (FtM) from LAGTT group

Consider this space as representing your entire life, recall the most important events from your personal past, locate them with respect to the timeline, and indicate valance and intensity of emotion associated with each recalled event by distance from the arrow to the top (positive) or to the bottom (negative)

Discussion

In our opinion, this pattern of results may be interpreted either through the transsexual's unique life experience or through restoring the self-continuity process. We also proposed that analysis of differences between transsexuals with low or high levels of gender-typed traits may uncover an important resource of autobiographical memory in transsexual psychological well-being. Fig.4 and Fig 5. provide the examples of Life Line protocols.

High proportion of flashbulb-like vivid memories

It has been widely established that the reduced specificity of autobiographical memories is associated with depressed mood states and low self-esteem (see for review, Summer, Griffith, Mineka, 2010). There are rare exceptions, such as when depressed adolescents with a history of parasuicidal behaviour were found to recall vivid and detailed traumatic memories (Swales, Williams, Wood, 2001). As described above, the AMT did not show an increase of overgeneral cued autobiographical memories in the transsexual sample. In contrast, we found that numerous vivid memories of single episodes were put in the transsexuals' Life Lines, including unique circumstances at the moment with associated sensory images and feelings. Examples of this kind of memory include: "stole a purse from my mother's drawer. Well...they didn't give me any money and hadn't given me any all the time I was at school before that day but still, it's a horrible crime of me to have done that"; "the public page 'Children-404' published my letter that I wrote from my female identity. That was the moment I felt that I am in a cage and played too long"; and "once, my mother threatened to send me to an orphanage due to educational reasons." Hence, there was no evidence of depression symptoms in the transsexuals' Life Lines due to the absence of overgenerality phenomenon. It should be emphasised that there was

no difference in proportion of positive and negative memories in transsexual and control individuals.

We speculate that the reason behind the preponderance of flashbulb-like memories in the transsexuals' Life Lines is an intense need to maintain self-continuity. While people with no history of gender change automatically keep a basic level of self throughout life, transitioning challenges a sense of sameness in a fundamental way. This challenge to self-continuity requires special efforts to overcome a concern about being "the same person." Autobiographical flashbulb-like memories are a critical resource in achieving and maintaining self-continuity (Addis & Tippet, 2010). The retrieval of rich sensory details from flashbulb-like memories provides mental time travel that involves a sense of re-experience and confidence in the past (Schacter, Addis, Buckner, 2007). In this way, the high accessibility of flashbulb-like autobiographical memories may assist in preserving self-continuity despite a significant transitional gap between past and present selves.

Low proportion of cultural life script events

The term "cultural life script" can be defined as the semantic knowledge of socially required and anticipated life events, their normative "schedule," emotional valence, and probability (Rubin & Berntsen, 2003; Berntsen & Rubin, 2004). Adolescents adopt cultural life scripts from older generations through various social practices; hence, cultural life scripts precede the real experience with the main aim of structuring the way people perceive their lives and the way they remember them (Berntsen, Bohn, Boyer, & Wertsch, 2009). Cultural life scripts serve to motivate youth to follow a socially sanctioned path representing an idealised life and differing from a typical life (Haque & Hasking, 2010). It has been shown that the priority in encoding and retrieval is given to events that are congruent to cultural life scripts. Consistency of personal memories and cultural life scripts may serve as an indicator of the successful acquisition of social norms and expectations. For instance, elements of the life story that deviate from the life script correlated with measures of depression and PTSD symptoms (Rubin, Berntsen, Hutson, 2009).

We discovered that transsexuals put fewer cultural life script events and typical events on their Life Lines than did the cisgender controls. This finding made transsexual life stories more individual. This possibly indicates that this group is living a different life from that which is culturally prescribed (Umanath & Berntsen, 2013). On the other hand, we hypothesise that observed deviations from the common script could not be exclusively attributed to life circumstances. This suggestion is based on the fact that vast majority of control participants (25/28) similarly to the transsexual participants were not married and did not have children. Perhaps the deviations indirectly express one's identification with the LGBTQ subculture; the nature of that identification implies highlighting the differences from the majority, not the similarities.

Self-focused life story

Although autobiographical memory by definition deals with self-experienced events, other people may be represented in individuals' life stories as being in the background, as co-actors, or even as protagonists. Sometimes memories of specific

events that a person knew that happened to others are put into their own life story, such as, “my sister bought an apartment” (see also Thomsen, & Pillemer, 2016). Studies confirm that the extent of others’ presence in one’s life stories reflects culturally dominant self-focus (the related-self for people from collectivistic societies and the autonomous-self for people from individualistic societies). For example, participants raised in the United States reported twice as many self-focused memories as participants raised in China and the Chinese reported memories centred on collective activities and general routines. Furthermore, an examination of self-defining memories (memories of events that shape one’s personality) indicated that Australians and Germans generally recalled autonomous events and that Chinese, Japanese, Taiwanese, Koreans, and Indians generally recalled relatedness events (Wang, 2016).

In our study, we found an underrepresentation of events consisting of collaborative activities with other people and no cases of main character replacement in the transsexuals’ Life Lines. However, we cannot classify the transsexuals’ Life Lines as totally self-focused, since some memories included others close to them: “for the first time I found a close friend, who accepted me for who I am”; “started dating N; he was the love of my life”; “a trip with my mother to Volgograd. I remember how she was away more than once to the nearest city, and did not tell anyone about it, travelled and wandered alone for the time it was pretty radical, the USSR lived another 12 years”; “together with my best friend we rented an apartment, where she worked a lot.”

In our opinion, it may be assumed that the decrease in the proportion of other-focused events in comparison to the cisgender controls may account for individual characteristics. We suppose that the highly individualistic orientation of the transsexuals’ Life Lines may rise from personal individualism. In spite of the fact that we did not assess individualism in our participants directly, we consider such a possibility as credible because of the decision to go through all stages of transitioning demands a high level of autonomy and an ability to resist social pressure. Additional support of our view can be found in work focusing on the importance of the ability to resist social pressure and gender stereotypes based on in-depth interviews of transsexuals. Transsexual individuals provide information about the power dynamics of gender and the possibility of resistance to the binary gender system’s encroachment (Gagné, Tewksbury, 1998). However, this result may also be related to social isolation, which is considered common for transgender people (American Psychological Association, 2015).

Low proportion of happy childhood memories

Since Alfred Adler’s conceptualisations, it has been quite common to state that childhood memories are more about one’s current self-view and concerns than about real events experienced as a child. Adler postulated that individuals unconsciously select to remember only those childhood memories that illuminate their adult personality (Adler, 1931). As he posits it: “A person’s true attitude toward life can be discerned from his earliest recollected experiences, proving that such memories are also constructed according to a planful procedure” (cit. in Ansbacher, 1973). Mixed

data were obtained on the normative proportion of happy and unhappy memories in non-clinical samples. For instance, McCabe, Capron, and Peterson (1991) compared narratives about childhood and adolescence and found that the former were significantly more negative, with a ratio of 60 % vs 38 %. According to a study by Nourkova and Masolova (2009), among the most important childhood memories, there were 71.4 % positive, 8 % negative, and 20 % neutral. However, there is an assumption that happy childhood memories have a valuable impact on psychological well-being in adults. Positive correlations were found between positivity of childhood memories and the looking-glass self and self-acceptance scores (Nourkova & Masolova, 2009). Freeman, Templer, and Hill (1999) revealed that more than one-third of participants who reported that they were unhappy as adults had a pessimistic view of their childhood and only one-tenth insisted that they had a happy childhood.

In our study, we detected a low proportion of happy childhood memories in transsexual participants. At the same time, HAGTT participants differed from LAGTT participants assigning typical space for childhood on their Life Lines. Our interpretation of the low proportion of happy childhood memories on the transsexuals' Life Lines is associated with the employment of the derogation of the past self in favour of the current self — a mechanism described above. In spite of this mechanism appearing to be quite common, it is not productive, contradicting the positive construction in autobiographical memory. In our opinion, the more mature strategy of overcoming life story discontinuity is to establish meaningful connections between the past and current selves. The enlargement of Life Line segment allocated to childhood memories in the HAGTT group makes it possible to fill it with positive memories in the future. Hence, we consider this step as an opportunity to achieve a self-coherent life story incorporating all periods of life.

Fewer gender identity relevant memories in LAGTT group

There were diverse recollections in transsexual Life Lines that were classified as expressing gender identity, for example: "I realised that I am not a boy"; "adapted to the male role"; "started hormone replacement therapy"; "body correction operation"; "the first experiments with the female way (paint, dress, pretty little things are different) surprised the adults a bit"; and "changing ID." In AMT data, this life theme was also presented in response to neutral cue words, for example, "When I hear the word 'chair' I remember a luxurious white chair on which I was sitting while I was acting as 'living book' on the transgender day. It happened when I realised being a transgender"; "when I hear the word 'bag' I remember how my friend and I bought me a female bag. Accidentally, spontaneously. I came to visit her at work. There was a handbag store on that floor. We were choosing me one, a shopping assistant (a friend of hers) helped. And I...well, obviously looked not like a girl. It didn't matter to me but my friend suddenly made up a story that we were choosing a bag for my hypothetical girlfriend. It was silly, of course, and strange, because we spent a long time choosing, arguing, and my friend criticised my style. I think that the seller was tired of us. In the end, we had chosen a compromise but closer to my friend's taste. But no regrets, very nice bag, not too flashy and not simple, and still serves. Thanks to my friend."

LAGTT participants, that is, the transsexuals who deviated in BSRI scores from the predefined norms, put fewer events relevant to their gender identity on their Life Lines. We attributed the effect to mechanisms of psychological defence, suppression, and repression, which are contradictory to productive coping with traumatic experiences (Prunas, et al., 2014; Petraglia, et al., 2009).

Conclusion

The objective of the present study was to examine autobiographical memory of the entire past in a transsexual sample. There is no research on representations of the events that compose transsexuals' life stories; we focused on the data graphically expressed in the Life Lines. Following Tobin et al.'s gender self-socialisation model emphasising that the self-perception of gender-typed stereotypes is under the influence of personal importance of belonging to a gender category and the level of elaboration of gender stereotypes, we proposed that the highly subjective significance of the latter to transsexual people would make the former a suitable candidate for assessing a psychological comfort in the affirmed gender. According to their BSRI scores, transsexual participants were assigned into 2 groups: those who did not differ from the norms for their affirmed gender into the high acquisition of gender-typed traits group (HAGTT) and those who deviated significantly into the low acquisition of gender-typed traits group (LAGTT). We expected that HAGTTs would be more similar to cisgender controls in the way they represented their past.

As revealed by the Life Line drawings, cisgender participants in general had positively biased toward other people and script-driven entire life stories that predominantly consists of schematic memories and happy memories of childhood; transsexuals had self-focused, singular entire life stories with a high proportion of vivid flashbulb-like memories and unhappy memories of childhood. We interpreted the unusually high proportion of vivid recollections from the functional perspective. Flashbulb-like memories are known as triggers of re-experiencing past events with confidence and a feeling of mental time travel; we considered these types of memories critical resources for maintaining self-continuity in spite of significant transitions. We attributed the fact that transsexual participants' Life Lines followed the cultural life script less than the cisgender participants partly due to life circumstances and partly because of a tendency to highlight the differences from the majority. Transsexual Life Lines demonstrated highly individualistic patterns of recollections with few references to other people. We associated this self-focused orientation to the necessity of being self-determined to confront social pressure against transition. Transsexuals had decidedly low proportions of happy childhood memories in their autobiographical memories. This contrasted with the widespread belief that the positive emotional profile of recollected childhood is solely important for psychological well-being. We speculated that this was not the case for our transsexual sample. To interpret the result, we first adapted Ross and Wilson's assumption that the common way people support a positive view of the current self is to depreciate memories that are relevant to the past self. We hypothesised that after achieving an affirmed gender despite numerous obstacles and social pressures, transsexuals might accentuate negative childhood experiences to raise

the value of their new gender identity. Although HAGTT and LAGTT were equal in a low proportion of happy childhood memories, the former appeared to assign an equal segment of the childhood timeline as cisgender people. In our opinion, this may indicate the more mature stage of adaptation to an affirmed gender, that is, a switch to coming to terms with the past and current selves. We expect that in the future, HAGTT participants would enrich their childhood memories with positive content as they already have a space to do so.

Finally, in accordance with our predictions, HAGTTs, transsexual participants who did not differ from the BSRI norms assessing their “real self” in affirmed gender identity, also recollected more events related to gender identity than did LAGTTs, transsexual participants who differed from the BSRI norms. We attributed this pattern to a mechanism of psychological defence reflecting problems in adaptation to a new gender role.

In our opinion, the results of the present study opened a new avenue to broaden understanding of the interrelations between autobiographical memory, identity, and personality after major life changes. Although our view on the process of coping with disruption of self-coherence after transitional events is a conjunction of hypotheses deriving from prior theories, it also features novel elements. Namely, we view a derogation of the past self and establishing a connection with the past self as 2 consecutive stages aimed at adapting to life after transition. Once the results of future studies in this field are combined, it may be beneficial to take into account autobiographical memory as a cognitive resource for fulfilling the gap between desired and achieved identities with keeping a feeling of self-continuity across the lifespan.

Limitations

Some of our study limitations ought to be underscored. First, the study would benefit from assessing the extent of self-perception in terms of gender-typed traits in cisgender participants group. Second, our sample size was relatively small. Future work with larger groups will allow to look more carefully at possible differences in male-to-female and female-to male subgroups. Third, to support our hypothesis on two-stage process of adaptation to transition via autobiographical memory transformation is quite inconclusive without longitudinal data. So longitudinal study should be conducted to assess whether an increase of positive memories of childhood would accompany an ongoing adaptation to affirmed gender identity.

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Identity disclosure as a securityscape for LGBT people

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Background. The concept of a securityscape is an emerging approach to understanding human (in)securities. It derives from the concept of scapes that was initially proposed by anthropologist and cultural theorist Arjun Appadurai in 1996. Securityscapes are imagined individual perceptions of safety motivated by existential contingencies or otherwise theorized as givens of existence, according to psychotherapist Irvin Yalom: death, freedom, existential isolation, and meaningfulness. A recent study on securityscapes in Kyrgyzstan and Tajikistan described different securityscapes among selected socially and politically vulnerable communities, including the LGBT community. It listed securityscapes of LGBT people but did not provide details as to how such securityscapes are formed. Disclosure of a stigmatized identity was one such securityscape.

Objective. This article elaborates on research on how LGBT people consider disclosure of their stigmatized identity a securityscape.

Design. This study was conducted using a semistructured biographical interview with LGBT people in Kyrgyzstan.

Results. It found that both voluntary identity disclosure and the decision to conceal the stigmatized identity are considered contrasting securityscapes by LGBT people, depending on how central the stigmatized identity is to their self-conception.

Conclusion. The study concludes that identity disclosure as a securityscape should be considered on a continuum, with identity concealment as a securityscape on one end and complete identity disclosure as a securityscape on the other.

Keywords: LGBT, securityscape, stigmatized identity, identity disclosure, givens of existence

Introduction

The article is based on research that was conducted on the concept of securityscapes shaped by existential threats, with particular attention to identity disclosure as a securityscape for LGBT people. I consider proactive and voluntary disclosure of a stigmatized identity as a security-making and analyze how identity disclosure as a securityscape is pursued by LGBT people in a nonaffirming environment (so-

cieties in which LGBT people are stigmatized and discriminated against) within the givens of existence, as theorized by Yalom.

An emerging theory of securityscapes derives from the concept of scapes, which was introduced by anthropologist and cultural theorist Arjun Appadurai in 1996 in his book *Modernity at Large: Cultural Dimensions of Globalization*, wherein he described how globalization had been evolving and how it had influenced modern life across the world. He described the world today as a place where people from different countries, cultures, and backgrounds move and interact; it is where ideas and technology are shared and exchanged, along with individual perceptions of the imagined. By describing all of the above as “global cultural flows,” Appadurai developed a theory around them and framed it as a concept of scapes. He believed that migration, development of technology, and exchange of finances and ideas were catalysts of globalization that detached people from their geographical locations, allowing them to imagine their boundaries beyond the physical ones.

Based on the above, Appadurai (1996) framed the following five scapes: (1) ethnoscapas: when people migrate to other countries, bringing their own cultures as well as adopting the cultures of host countries; (2) mediascapas: modern communication technologies that quickly allow the sharing of localized information globally, as well as how media changes people’s imaginations and perceptions; (3) technoscapas: wherein emerging technologies originating in one place can quickly spread throughout the world, influencing people’s everyday lives; (4) financescapas: the exchange of currencies, stocks, and related commodities; and (5) ideoscapas: wherein ideologies of different countries and cultures influence each other, changing the political and ideological beliefs of people. Therefore, Appadurai defines scapes as imagined perceptions of ethnic, cultural, religious, national, political, and other identities not bound to geographical or communal boundaries but rather influenced by catalysts of globalization, such as migration, technology, media, and ideology. Another important conclusion made by Appadurai regarding these scapes is that they are also very individual, depending on where people live, where they move, what technologies they use, and what they believe in.

Following Appadurai’s concept of scapes, von Boemcken et al. (2016) introduced the “concept of securityscapes” (p. 5), similarly reasoning it as Appadurai theorized his scapes, and describing security from a human agency perspective. They investigated securityscapes as “not necessarily de-territorialized imagination,” arguing that “securityscapes do involve borders and boundaries” (p. 7). The concept of securityscapes can be best understood by looking back at how discussions about security have evolved historically.

Although security as a concept and approach has been thoroughly researched, the majority of work has focused on conventional perceptions of security, exploring it from a “state-centric” approach (von Boemcken et al., 2016, p. 5), and from a geopolitical focus within an international relations prism (Wilson & Bakker, 2016). However, recent research has attempted to scrutinize security from various perspectives, for example: a concept of human (in)security as proposed by the United Nations Development Program (Human Development Report, 1994). The report introduced the concept and urged the international community to change its perspective on security and start focusing on everyday measures people undertake in order to ensure their safety. And even at that, human security was researched from

a top-down perspective again, failing to explore how human (in)securities form (Lemanski, 2012). Despite all these efforts to explore security from different angles, the majority of them continued overlooking how security is “experienced, felt, and managed by people” (Crawford & Hutchinson, 2015, p. 3).

Summarizing discussions and debates that have taken place around the topic of understanding security from a non-state-centric perspective, von Boemcken et al. (2016) attempted to define securityscapes as “security-related imaginations and practices” (p. 17). According to these authors, people in their everyday lives tend to respond to existential threats by imagining potential solutions. They do so by mapping and picturing secure and safe environments (both psychosocial and geographical-spatial) for themselves, and adjusting their attitudes and behavior (whether conscious or subconscious) to fit within their imagined secure worlds.

Von Boemcken et al. (2016) described the concept of how the securityscapes of marginalized groups is pronounced and adopted due to their stigmatized and underprivileged status. The research was conceptualized in 2015 and conducted in 2016 among selected marginalized communities of Kyrgyzstan and Tajikistan, including the lesbian, gay, bisexual, transgender (LGBT community) in the Kyrgyz capital of Bishkek. Preliminary findings show that each of these marginalized communities practice securityscapes particular to their realities facing various the “existential contingencies of life” (p. 7). However, in their working paper, von Boemcken et al. did not break down these contingencies.

According to Yalom, there are four givens of existence around which humans shape their behavior: death, freedom, existential isolation, and meaningfulness (1980). Each of these threats shapes our behavior and how we live our lives: when we choose our homes, the neighborhoods we live in, our friends and social circles, the education we pursue, the jobs we undertake, etc. Death is the first given of existence. Humans are always aware of death, from childhood throughout their entire lives, and fear of death makes us adopt different avoidance or denial strategies. Similar to Yalom’s description of death as an existential threat, the philosopher Rosenzweig also claimed that people are constantly reminded about the inevitability of death and therefore “it is death which makes us human” (Goldstein, 2015). The second given according to Yalom (2013, 3ed., p. 7) is freedom and our will to live our lives as we wish and find comfort. Existential isolation is the third given of existence theorized by Yalom (p. 10). People are afraid of loneliness; they seek out social interaction, attention, and a feeling of belonging. And finally, Yalom discusses meaningfulness as the fourth given of existence (p. 12), which claims that people tend to seek answers to questions such as “what” and “why”: What is the meaning of their lives? What is the purpose of life? What is their role in life? Why were they born? If one does not find answers to these questions, one tends to live in continued distress, leading to severe psychological disorders.

In this article I take the concept of securityscapes shaped by existential threats and focus particularly on identity disclosure as one of the securityscapes for LGBT people. I consider proactive disclosure of a stigmatized identity as an imagined security-making by LGBT people and analyze how identity disclosure as a securityscape is pursued by LGBT people in a nonaffirming environment (societies in which LGBT people are stigmatized and discriminated against).

From a psychological perspective, counseling people who identify as LGBT in nonaffirming societies remains a significant challenge in a general population that is not accepting of LGBT identities, but rather only heterosexual orientation and cisgender binary (used to describe a person whose gender identity and gender expression align with the sex they were assigned at birth) (APA, 2015). This heteronormative assumption prizes heterosexuality as natural, normal, and right. This mindset further feeds the existing patriarchal system, enabling state- and non-state-funded discrimination against people who do not fall within the behavioral norms generally accepted in the society (Costa, Pereira, & Leal, 2013). Constantly facing stigmatization and systematic discrimination, people with an invisible stigmatized identity continue living in isolation and loneliness (Bristol City Council Report, 2014), with pronounced “internalized homonegativity” (Frost & Meyer, 2009) caused by cognitive dissonance when there is a conflict between identities within one’s self-conception (Barnes & Meyer, 2012).

Kyrgyzstan, where the subject of this article was researched, is a country nonaffirming of LGBT people despite the fact that the legislative framework has decriminalized them in terms of allowing people to express their sexual orientation and gender identities. However, LGBT identities in Kyrgyzstan are frowned upon and generally unwelcome. At the decision-making and policy-formation levels, LGBT issues are ignored; moreover, it is even openly condemned by politicians and top-level government officials. Hate speech toward LGBT persons is not prosecuted, and cases are often left untried. Political groups and conservative movements openly attacking LGBT people and publicly calling for violence are tolerated and even encouraged without any legal repercussions. Public opinion is manipulated by the government, which maintains and even nurtures existing prejudices about LGBT people, resulting in abuse of and discrimination against LGBT people (Universal Periodic Review, 2014). This environment may make it even more complicated for LGBT people to psychologically find acceptance of their sexual orientation and/or gender identity. However, LGBT people’s consideration of disclosing their stigmatized identity as a securityscape, especially under such sociopolitical and cultural circumstances as exist in Kyrgyzstan, suggests that LGBT identity disclosure is twofold.

Cass (1979), one of the pioneers in the field of identity disclosure by LGBT people, proposed a six-stage identity formation model of people who identify as homosexual: (1) identity confusion: when a homosexual person compares self-perceptions of sexual orientation as nonconforming to societal norms and expectations; (2) identity comparison: when a homosexual person starts exploring the identity in question while at the same time trying to conceal it; (3) identity tolerance: when a homosexual person comes somewhat into terms with his/her sexual orientation and starts seeking out similar others; (4) identity acceptance: when homosexual identity is either kept private within a close circle of social interaction or can be disclosed to the public; (5) identity pride: commitment to own sexual orientation and taking pride in it, when a person strongly conflicts with heteronormativity as something jeopardizing his/her existence; and (6) identity synthesis: at which stage a homosexual person is in full harmony with his/her own sexual orientation, accepting of heterosexual people who express understanding, and no longer considers homosexuality as their only identity. At this final stage, according to Cass,

a person considers oneself a “synthesis” of several identities. Although this model attempts to illustrate the process of identity formation of homosexual people, it is very linear and fails to consider many external factors.

According to the review by Bilodeau & Renn (2005), they discussed how identities attached to other sexual orientations are experienced. By analyzing bisexuality, the authors described how bisexual people experience their understanding of their sexual orientation. The review provides an insight into how bisexual people first identify as homosexuals, or live as heterosexuals prior to identifying as bisexuals. Other bisexual people claim to have identified as such since their childhood, which is also very legitimate. What is interesting to compare though, is that similarly to cisgender bisexual people, men and women who identify as transgender also have different ways of understanding their sexual orientations.

Although much research on LGBT identity disclosure describes the process in general, assuming that decisions about identity disclosure are similar among all representatives of the LGBT community, it has failed to investigate unique factors important to transgender people. They, unlike cisgender people, have two stigmatized identities: their sexual orientation, if it is nonheterosexual, and their gender identity, which does not conform to their sex assigned at birth. Therefore, transgender people’s identity disclosure is more complex than that of cisgender LGB people (Zimman, 2009). Transgender people at the stage of adolescence struggle with gender identity and sexual orientation issues. According to Zimman (2009), they often initially disclose their identity as gay or lesbian (usually due to trying to make sense of their feelings of difference and access to LGB identities); later, when they proceed with gender reassignment, their confusion about “perceived homosexual identity” may decrease. However, if transgender people also identify as gay, lesbian, bisexual, or any other nonheterosexual orientation, then they face stigma even after their transition (APA, 2011).

Another difference between the stigmatized identities of transgender and cisgender LGB people lies in the visibility or invisibility of the stigmatized identity. For cisgender LGB people, their sexual orientation is usually invisible to others, whereas for transgender people, their gender identity may become visible during a stage of their transition or immediately afterwards, leaving them visible, and thus disclosure loses its relevance. Zimman (2009, p. 60) proposes two distinguishing terms to describe the main disclosure stages of transgender identity: “declaration,” when transgender people declare their real identity, and “disclosure,” when transgender people decide to disclose their past identity. Declaration can be either verbal and intentional, or nonverbal (and intentional or unintentional).

So why do LGBT people disclose their stigmatized identity? Self-disclosure of a stigmatized identity is an “act of making yourself manifest, showing yourself so others can perceive you” (Chaudoir & Fisher, 2010, p. 5). As was mentioned earlier, “concealed” identity puts psychological pressure on LGBT people; they carry the burden of their stigmatized identity regardless of where they are: at work, at home, or among friends (Ragins, 2008, Chaudoir & Fisher, 2010). The continued anxiety and stress that result from persistent thoughts of determining whether to disclose or not, the adoption of various strategies to avoid discussions that could remotely relate to sexual orientation and/or gender identity, and pretending to be someone

else all their toll on the psychological well-being and health of any LGBT person (Chaudoir & Fisher, 2010).

Studies on stigmatized identity disclosure have thoroughly discussed theories around stigma. They define stigma as labels associated with certain identities of individuals that do not fall within socially accepted norms, resulting in prejudice, social judgment, and discrimination (Ragins, 2008). According to one study, a decision to disclose a stigmatized identity is dependent on the “antecedents” (p. 198) or external and internalized challenges that LGBT people face when making the decision.

Therefore, to understand the disclosure process and the reasoning behind it, Ragins (2008) classified “three antecedents: self-verification and centrality of the identity, anticipated consequences associated with the disclosure, and environmental support” (p. 198). The centrality of the self-conception of who a person is to his or her identity is vital in the decision about disclosure. LGBT people, besides attributing their identity to their sexual orientation and gender, may hold other identities, including a religious one, which, in the majority of cases, may conflict with their LGBT identity. Depending on whether these identities are central to the person’s self-conception, an LGBT person will or will not disclose their sexual orientation and/or gender identity. Another antecedent is whether an LGBT person feels social support for his or her stigmatized identity, that is, if the social environment is welcoming and accepting of LGBT identities or not. Finally, the third antecedent is environmental support, that is, when an LGBT person is either surrounded with supportive non-LGBT people or other LGBT people, and if there is institutional support, such as LGBT movements or organizations, politicians publicly defending LGBT people, etc. If all of these three antecedents are conducive to identity disclosure, the self-conception of an LGBT person will be central to their identity and they will be more likely to disclose their identity. In this regard, Chaudoir & Fisher (2010) complement Ragin’s discussion about antecedents by proposing antecedent motivations such as “approach motivation and avoidance motivation” (p. 6). Approach motivation leads to expecting a desired outcome of acceptance and inclusivity, further resulting in personal psychological benefit (finding harmony with oneself and acceptance of one’s own identity); this is otherwise described by Chaudoir & Fisher as “alleviation of inhibition” (p. 3). As for avoidance motivation, it is in contrast to approach motivation and leads to anticipation of a negative outcome, such as rejection and even retaliation, in which case the decision will be to continue concealing one’s stigmatized identity.

There are also a sufficient number of studies analyzing the consequences of identity disclosure and different scenarios. In research based on biographical interviews with women in sexual relationships with other women in Russia, various outcomes of lesbian identity disclosure were discussed. It also described scenarios in different domains, such as family, friends, coworkers, classmates, and healthcare workers, gynecologists in particular (Parfyonova, 2010). The findings of this study align with antecedents of stigmatized identity disclosure discussed above and demonstrate that all factors have their role in the “disclosure process model” (Chaudoir & Fisher, 2010, p. 3).

Summarizing the findings of the research in the field of stigmatized identity disclosure, I have developed the following diagram demonstrating the process of

stigmatized identity disclosure. It echoes Cass's six-stage identity formation model, Ragin's discussions about the continuum nature of the stigmatized identity disclosure process, and Chaudoir's and Fisher's stigmatized identity disclosure process model. I present it in a form of a "never-ending" circular funnel due to the fact that once an LGBT person discloses his or her sexual orientation or gender identity, it usually starts with a small circle of people (social surrounding), and it is an irrevocable process leading to further disclosures as the circle widens. LGBT people are always in a dilemma whether to disclose or conceal their identity every time they are in a new circle, so the stages of doubt and disclosure with feedback may occur over and over.

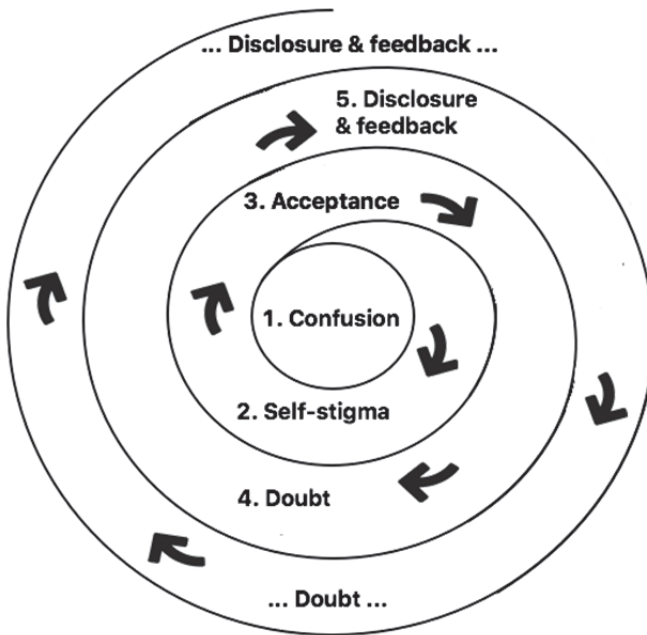


Figure 1. Disclosure process of invisible stigmatized identity disclosure by LGBT people

Method

Research goal, hypotheses, and research questions

Research goal. Theoretical reflections about the securityscape of stigmatized identity disclosure among LGBT people should be of use to psychological counselors in understanding human agency around sexual orientation and gender identity, and help these counselors obtain theoretical knowledge to respond to the psychological narratives of LGBT people who are contemplating disclosing their stigmatized identity. Therefore, the research goal is to investigate stigmatized identity disclosure by LGBT people as a securityscape in relation to existential threats.

Research hypotheses. The working paper by von Boemcken et al. (2016) investigating security-making and securityscapes targeted several marginalized

communities in Kyrgyzstan and Tajikistan; one of the groups under investigation was LGBT people in the Kyrgyz capital, Bishkek. When researchers found numerous securityscapes described by subjects in the LGBT group, they assumed that proactive and voluntary disclosure of stigmatized identity was one of the securityscapes. However, the research did not explore this securityscape separately from others. My research examined two hypotheses. The first hypothesis stated that LGBT people deliberately and voluntarily disclose their sexual orientation and gender identity as a securityscape to safeguard themselves from existential threats. And the second hypothesis stated that the decision by LGBT people not to disclose their stigmatized identity and live their lives conforming to heteronormative standards is a securityscape in contrast to the identity disclosure securityscape.

Research question. This research sought an answer to the following research question: Is self-disclosure by LGBT people experienced as a securityscape, and if so, is it related to existential threats that support the disclosure as opposed to pressures to not disclose?

Research location

The research was conducted in the large cities of Bishkek and Osh in Kyrgyzstan, since they are relatively liberal toward LGBT people and host major human rights organizations providing outreach to research subjects. Interviews were conducted on the premises of these organizations and in community centers. Research findings were also influenced by aggregated and codified data collected from discussions organized for LGBT community members who attended the organizations' community offices where I conducted group interviews.

Participants

When I enrolled in a master's program, I started my internship at one of the LGBT organizations to gain access to research subjects. I conducted individual counseling and group therapy for LGBT people in line with my studies under supervision and built trust with both employees of LGBT organizations and visitors to LGBT community centers. The participants were people who identify as LGBT. They were informed about the goal and content of the research, and that it would be about the topic of identity disclosure by LGBT people. All the participants provided their consent to participate. When describing the research to them, I deliberately avoided using the words "security" and "securityscape," so they would not focus on the concept of security. However, the concept of scapes and securityscapes was explained to each participant upon completion of the interview.

The following factors were inclusion criteria:

- (1) LGBT people 18 years and older: Due to societal limitations, it was decided not to recruit LGBT children for two obvious reasons. First, none of the LGBT organizations serve LGBT children due to security reasons, explaining that if their parents were to find out, they would retaliate against the organizations and jeopardize all their operations. Second, it would be difficult to obtain consent forms from the parents of LGBT children due to the

specificity of the research topic and the stigma attached to LGBT issues in Kyrgyzstan.

- (2) LGBT people who have voluntarily disclosed their identities: This was vital to learn about the experiences of LGBT people whose identities are no longer concealed or are partially concealed (according to the research hypothesis). The research targeted learning disclosure experiences within the securityscape concept of those who have publicly disclosed their identity, including to their friends, relatives, coworkers, or classmates (LGBT activists). The study also included LGBT people who have partially disclosed their identities to a limited circle of people; these respondents would describe different experiences, and their motivations for disclosing their identities to a limited number of people would uncover different dynamics.
- (3) LGBT people who had not disclosed their sexual orientation and/or gender identity but were either planning to disclose in the future or did not consider disclosure as an option at all: According to the research hypothesis, the securityscapes of closeted LGBT people would significantly differ from those who have disclosed their identity. In addition, I anticipated that comparing the securityscapes of these two different groups could aid me in understanding proactive and voluntary identity disclosure as a securityscape among LGBT people.

Since there were very few LGBT people who had proactively and voluntarily disclosed their sexual orientation and gender identity and agreed to participate in the research, the following participants were interviewed: (1) a cisgender bisexual man who has not disclosed his sexual orientation and does not plan to disclose anytime in the future; (2) a cisgender homosexual man who has partially disclosed his homosexuality but maintains silence with his relatives, community members, and coworkers, and lives a heteronormative life; (3) a cisgender homosexual man who has partially disclosed his sexual orientation and lives accordingly; (4) a transgender bisexual man who has disclosed his gender identity but plans to conceal his past once his transition is completed; (5) a transgender bisexual man who has proactively and voluntarily disclosed his sexual orientation and gender identity, and who openly advocates for LGBT rights as a transgender person; and (6) a cisgender bisexual woman who has partially disclosed her sexual orientation to her relatives and considers becoming an advocate for the rights of bisexual people.

All these participants, except for one, were reached through LGBT organizations in Bishkek and Osh either via personal contact or through the social and outreach workers of the LGBT organizations. Out of the group that I attempted to recruit via a dating website, one person agreed to participate in the research. Moreover, it was important to ensure that all subgroups of the LGBT community are represented by at least one representative to see universal perceptions, similarities, and differences of identity disclosure as a securityscape across the subgroups.

Design and procedures

The research was conducted using a qualitative method based on semistructured biographical interviews with representatives of the LGBT community. The interviews

revolved around stories of how the LGBT respondents understood and became aware of their differences as they grew into adulthood, and how they shared stories about their life prior to their sexual orientation and/or gender identity disclosure and after the disclosure to their confidants. Mainly storytelling and opinion- and thought-provoking questions were asked (Dunn, 2015), using the Rogerian approach of reflection and empathy to create an environment that allowed respondents to feel comfortable, open up, and reveal emotional and personal details of their lives (Rogers & Kramer, 1995).

Universal guiding questions posed to respondents concerned the following: (1) becoming aware of one's own sexual orientation and gender identity; (2) the meaning of and importance for the person to disclose their stigmatized identity; and (3) life prior to and after the disclosure event.

The research also included those LGBT people who do not plan to disclose their sexual orientation and/or gender identity, who consider identity disclosure unnecessary and wished to keep their sexual orientation and/or gender identity personal. Interviews with this group of respondents was guided by the following two topics: (1) becoming aware of one's own sexual orientation and gender identity; (2) the meaning and importance for the person to disclose their stigmatized gender identity; and (3) strategies for avoiding or confronting "uncomfortable questions" (or heterocentric and heteronormative questions), by which I meant common questions that LGBT people are confronted with in a heteronormative environment, such as: (1) How do you get away when your friends start talking about sexual relations with the opposite sex? (2) What do you say when your relatives ask if you have a girlfriend/boyfriend? and (3) What is your regular response when your relatives put pressure on you about marriage? Also, when respondents used phrases such as "I should get married to a person of opposite sex," I asked a question such as: Tell me why you believe you should get married to a person of the opposite sex?

These were illustrative guiding clusters of questions, and each cluster was followed by various clarifications and other questions, depending on how the conversation evolved with each respondent.

When analyzing the findings of the research, I structured them following the four givens of existence to better display the results: death (fear of death), freedom, meaningfulness, and isolation. However, it is important to note that antecedents to disclosure and imagining identity disclosure as a securityscape can be motivated by a combination of these existential factors.

Results

Disclosing stigmatized identity as securityscape to be free

Disclosing stigmatized identity as a securityscape can best be illustrated by some of the reasoning the respondents provided based on their experiences. For transgender people who participated in this research, it was important to achieve independence in expressing who they are and living their lives freely in accordance with the identity they associate with. In security-making and disclosing one's stigmatized identity as a securityscape, first of all, social norms are challenged. One of the instruments to challenge societal norms is clothing styles and using fashion as

a securityscape. For Azat, a 27-year-old transgender man, identity disclosure was indeed a securityscape; for him, it could only be achieved by making his invisible stigmatized identity visible to the maximum extent possible. He was trying to live his life to the fullest, and in his perception, he could achieve freedom and provide meaning to his identity by displaying it by means of his clothing style:

... And I, frankly speaking, wanted so much to show with all my appearance, meaning ... for example my hairdo, they were always different: all kinds of Mohawk[s], different hairstyles. I put on very bright clothes which was entirely different from what girls wore. I never had dark long hair, no black clothes or dark colors. All I put on was yellow, green, or something like that. And I wanted all the time ... I was so proud that I wanted to show with all my appearance that I love myself and am proud of myself.

Besides his looks, Azat also stated that in his human rights activism, his gender identity is very political. By discussing his gender identity publicly, a transgender activist is imagining a world where he can live free and have a safe life. Therefore, he publicly discloses his stigmatized identity as a security-making and is ready to assume responsibility for the results of the disclosure event:

Interviewer: I want to know: you have named so many identities, I was wondering, how different are they for you?

Azat: Oh yes. They are different, because if I say as a son, it is as such [one identity]. But there are certain qualities, that ... well ... can be described. If one says as a friend, there is loyalty, more emotional. As a partner—also different, as a colleague, as an activist also different in general, because when I say as an activist, for example, my transgender identity, for example, is political. I believe it to be important to underline this, whereas as an acquaintance, a [passer-by] on the street, I don't think [about] talking about it.

This is an example of how a transgender activist justifies the decision to disclose his gender identity and be vocal about it. A curious phrase is how he frames his transgender activism: “my gender identity is political.” This phrase parallels a TV show in which a Byelorussian stand-up comedian disclosed his homosexuality during his performance (Zalutskii, 2017). His stand-up performance was built around his sexual orientation, the stage, and his performance, which are his security-making strategies similar to that of the transgender activist Azat, whose “stages” are conferences, meetings, and squares where he talks on behalf of transgender people and joins demonstrations, openly declaring his identity and support for transgender activism. These are some evidences to support the argument that being visible and vocal about a stigmatized identity is also a securityscape to safeguard oneself from physical injury and potentially from death when LGBT people are blackmailed and threatened for their identity (Human Rights Watch, 2014).

However, as I will discuss in detail later in the article, one could justly argue with the conclusion above by claiming that an opposite securityscape of being invisible is also a way to avoid physical harm and death. This ambivalent nature of securityscapes is very natural, because security-making and defining one's own securityscape vary by individual. And this is the concept of security-making I explore and question, contradicting conventional approaches to the understanding

of security. In societies where LGBT identity is strongly condemned, disclosing the stigmatized identity is equal to sentencing oneself to physical injury or murder (Pasha-Robinson, 2017).

Daniel, a 31-year-old transgender man, after so many years of being known to his parents as a lesbian woman, disclosed to them his transgender identity at the age of 27. By that time he had already been open to his other circles about his gender identity for quite some time. This is further evidence that Daniel, like Azat, did not consider his parents or his family environment to be safe enough for many years, because the family environment did not create any antecedent factors favorable to disclosure. Daniel remembers how he would cause domestic arguments and “dish throwing” during family quarrels just to force his parents to start calling him by his male name and refer to him as “he.” Daniel’s strategy would be to react only when his parents called him by his male name; otherwise he would completely ignore them. I consider this behavior to be Daniel’s attempt to turn his family environment into a safe space, a securityscape where he could find comfort and feel like he belonged.

Disclosing stigmatized identity as a securityscape to find meaning

Another circumstance in which LGBT people consider identity disclosure a securityscape is when they search for the meaning of who they are in an attempt to find congruence between their public and private selves. Constrained by societal norms even in childhood, transgender children, for example, experience dissonance from others’ perceptions of their gender identities and may seek to be perceived as their self-identified gender and be identified with it (rather than the one assigned to them at birth). Azat tells a story similar to that of the transgender girl depicted in the Belgian movie *Ma vie en rose* (Berliner & Stapper, 1997), in which the main character of the movie, a seven-year-old transgender girl (assigned the male gender at birth), expresses her desire to be married to a neighbor’s son but is devastated when her family and community react negatively. Likewise, Azat recollected how he declared his gender identity at a very young age, when he was six years old:

Well, the first time was when I was six years old. I told everybody that my name was Nikolay, and I used a name that was associated with a male name. And then I said I was not a girl, that I was a boy. My sister introduced me to ... took me to walk around with her friends and introduced me to them by my female name, right? And said that I was a girl. Then I started protesting and said I was a boy and that my name was Nikolay, that’s it. And when we came home, my sister, actually my cousin, she shared the incident with my parents. My parents told me off, and said I was not a boy, I was a girl and that I could not call myself Nikolay.

This confusion, that even the closest people in their families could not appreciate their true identity, can distance LGBT children from their parents. Daniel also had a vivid memory from his childhood and early adolescence. Daniel never felt close to his parents as a child, although now he very much feels compassionate toward them:

I did not approach my mother when I had my first menstruation. Prior to that, I had been playing around with a boy and kissing, and the very same day, the menstruation came. I was kind of surprised, thinking well, that was just a kiss. ... I could not tell my mother; she had already had lost my trust.

So Daniel always identified as a boy, and as early as when he was a little child, he would forget that he had a female body, but he was reminded as he grew into adolescence, when his breasts started showing and his first menstrual periods came. He describes how he felt extremely uncomfortable in his body and with his long hair. Daniel remembered this during the interview:

My hair was long until I turned 11, the length of my hair would almost reach my heels. So when my mom left to run errands one day, I went to a hair salon and had my hair chopped off all the way. Of course I was beaten for that by my mom, first for cutting it, and second because I had stolen money from her wallet to pay the hairdresser. My mother was even screaming, "Why didn't you at least take the hair with you?" (laughs). Well, because you can sell the hair and earn money, right? But I could care less.

When asked if he ever had imagined such consequences for having his hair cut, Daniel responded that just the mere thought of having a very short hairdo in his fantasies made him "feel so much happier." In this story, Daniel, like Azat, shared an example of how he started protesting against the gender that he was assigned and perceived by his community to be from birth.

Later in the interview, Daniel also shared a moment from his school years, when he confessed his love to his female classmate, which immediately became public. He painfully recalls the story of how he was embarrassed at first and had to skip school for a few days, but when he returned, Daniel publicly declared to his classmates that he still loved the girl as he cried to the entire class. He admits that, at the time, he did not know anything about transgender identity, so like Azat, he identified himself as a lesbian girl at the beginning. Azat's and Daniel's stories are examples of how transgender people attempt every possible effort to disclose their identities as a securityscape one way or another, even though in many instances during their childhood, they do not self-disclose their sexual and gender identities to others or the disclosure takes place through a series of deliberate and developmentally unaware actions.

In either case, whether LGBT people consider identity disclosure a securityscape or the opposite, when identity concealment is adopted as a securityscape, they search for meaning.

Unlike other people that I interviewed, Nurlan, a 24-year-old cisgender gay man, had a different background. He was raised in an orphanage and never knew his biological parents and relatives. Nurlan told an interesting story of his search for meaningfulness and electing to disclose his stigmatized identity as a gay boy in his early adolescence. When he was 12 years old, he approached the psychologist of the orphanage and told her about his "feeling that he was different." This is what he said:

Well, then I did not understand why I was going to see the psychologist. Then she explained something to me and afterwards told all the caregivers at the orphanage ... I was not sure she would disclose this to others, but I never had any bad thoughts when

I decided to talk to the psychologist. I wanted to know what it is and why I am not like others. Why my personality is not like other children at the orphanage, like, you know, not as rough and something like that? Why, what, and etc.? Maybe it was because of my orientation ... Maybe that was the reason why I was soft.

After Nurlan's story, the psychologist appropriately explained to him that homosexuality was something normal and that it was fine the way he felt. Even so, she certainly broke ethical norms about confidentiality by telling the other caregivers about Nurlan's sexual orientation without his consent. As he grew older into adolescence, Nurlan's homosexual identity became central to his self-conception, and he started actively exploring his difference from others.

Finding meaning in one's own sexual orientation and gender identity is also gained by admiring others with the same stigmatized identity. One day, Zhenia, a 20-year-old bisexual cisgender woman, and her mother went to a restaurant where a couple of lesbian girls were sitting across from their table. They were very open and visible, displaying their romantic relationship, which disgusted Zhenia's mother, who was horrified by the way the couple was acting. Zhenia, however, "admired" their courage despite the fact they were in a heteronormative environment. She shared:

I went to the bathroom and saw them there. I was staring at them; one of them had high winter boots and one of the shoes was half-way unbuttoned. I was staring at them and admiring how cool they were; they were courageous and kissing in public. Maybe because in my mind it was not a right thing for them to do, but they were courageous, doing it.

This incident hinted to Zhenia of the meaning she had been searching for as a bisexual person.

Disclosing stigmatized identity as a securityscape in order to belong

When Azat reached a stage in his life to decide whether to disclose as transgender or not, he started emotionally struggling with his gender identity. His barriers to disclosing as a transgender man were internalized transphobia (the centrality of his gender identity to his self-conception was distant) and living in an unwelcoming environment in which he wanted to disclose his transgender identity but didn't feel safe enough to do so. His internalized transphobia was a result of societal stigma and myths related to trans identities that he had been exposed to. He says he thought about disclosing for nearly a year, contemplating and thinking about it over and over. Azat claims that there were a lot of myths he believed in or he was told, for example, that "transgender people on hormones do not live long." He experienced cognitive dissonance about his imagined safe world versus the world he would live in as a masculine man if he ever decided to transition. For example, he would often think about, if he should become like a "real man," conforming to societal expectations of how a masculine man should look like in order to create a sense of security. Such thoughts horrified Azat and contradicted his values and beliefs.

Unlike cisgender gay, lesbian, and bisexual people, who have only one stigmatized identity in terms of their sexual orientation, due to the cisnormative and bi-

nary world we live in, transgender people experience complex layers of stigmatized identities, as suggested by Zimman (2009): transgender people who undergo transition struggle with disclosure prior to transition, during transition, and post-transition, suggesting that the securityscapes of transgender people can dramatically change throughout their lives. This is what Azat recollected about his securityscape during his transition stage:

In general, when you [mentioned] Bishkek, as a whole, I consider it a safe place, because I fell in love with this city when I first came here. I started living here and it is still dear to my heart, its landscape, except for particular parts, for example, its transportation. That is when I had just disclosed, when my voice was not rough enough, I would get off the bus without saying the name of my bus stop, silently. Or I would get off where people got off the bus, even though it was not my stop. It was easier for me to walk a little distance than speaking.

This excerpt from Azat's story is evidence of how transgender people have to be continuously and consistently aware of their securityscapes in all dimensions — spatial and psychosocial — compared to cisgender gay, lesbian and bisexual people, who can and do choose to pass as their apparent gender. Azat also shared a story about how his other securityscapes changed after transition in terms of different environments. Prior to his transition, Azat could go to a gynecologist and there would be no questions about who he was, and then he had to find a so-called “friendly” specialist so he did not have to go through explaining himself and justifying his existence. Azat shared an experience in a taxi as another example of how securityscapes changed for him after transition:

If, for example, before I took a cab, drivers would not usually talk to me. They would just greet me and that's it. And now that I appear to look more masculine they start conversations about sex, girls, what and how I should do it with girls. And even, for example, when I am short of money for five *soms* when paying for the cab, let's say my ride ended up costing 125 *soms*, and I only have 10 *soms*, the drivers usually say “that's OK, bro” and so on ... I don't know, some kind of a solidarity... If I measure it on a scale of one to five, one being the most safe and five being the least safe, I would measure a taxicab as “four” prior to transition and “one” after transition.

According to Azat, now that visually he is perceived as a man (Azat has facial hair and his voice is low), he admits he has new privileges he did not have before, one of which is demonstrated by his story with the taxicab above.

Zhenia was in the process of security-making for quite some time as a bisexual person. She elaborated on a story from her adolescence when she joined a women's soccer team so that she would meet other girls who shared the same securityscapes in her search for a feeling of belonging. Her mother's boyfriend brought Zhenia to join the soccer team and she remembers that moment:

So this dude, my mom's boyfriend, he saw this “boy” and asks, “Hey, boy, do you know where the girls' locker room is?” and the person walks in the locker room, showing us the way, and my mom's boyfriend cries [out], saying, “Hey, boy, don't go in there.” Later it turned out that the boy was a transgender boy who had not transitioned but [had] a

very boyish look and even low voice. So the person looks back at him and with a rude voice says that he is a girl... So, yes, I felt comfortable on the team.

Zhenia's story of her joining the girls' soccer team is an additional illustration of how LGBT people find securityscapes in their search for belonging and find LGBT others in an attempt to avoid isolation. A few weeks after the interview with Zhenia, I met her again for a follow-up interview in which we had a brief discussion about her activism in LGBT issues, and I saw a significant change that had happened since our last meeting. I asked her permission to include a summary from that discussion and she provided her consent. At that interview, I remember her telling a story in which she attended an international conference that discussed engagement and empowerment of youth and Zhenia was a LGBT youth representative at the event. She was telling how she was open about LGBT topics during the discussions, letting the audience know that if there are those uncomfortable with self-disclosing, they could approach her. This is how Zhenia was searching for meaning in her identity as a bisexual person, and her being open about her bisexuality at such platforms is evidence of voluntary identity disclosure as a securityscape, similar to Azat's activism as a transgender person. During the brief discussion I had with Zhenia, she made an interesting comment:

People do not understand that bisexuality is real. I hear a lot of them saying I am someone who has not made up her mind as to what I want in life. They do not see that my bisexuality is the same as their homosexuality or heterosexuality. I experience it similarly. So I have decided to start a movement for the visibility and acceptance of bisexuality as a real sexual orientation and raise awareness about it.

I consider this attempt as another way of Zhenia searches for belonging and adopts voluntary identity disclosure, indeed a proactive action, as a securityscape.

Disclosing stigmatized identity as a securityscape to avoid fear of death

Daniel shed light on very important stories from his life that explain how identity disclosure became a securityscape for him to protect his life. These particular stories relate to his experience as a transgender man in his work environment. Daniel shared stories about three job settings in which he proactively and voluntarily disclosed his gender identity. The first disclosure was when he was working as a waiter at a bar:

Mmm ... maybe it [the identity disclosure] was because of the boyish games that guys played; shouldn't a guy be strong and something like that? And the games are when boys fight with each other. I don't consider myself as strong, maybe that was the reason. And also to defend myself so they do not rely on me joining their games. That's it.

This story is very illustrative of identity disclosure as a securityscape. Daniel clearly named the reason he disclosed: in order to defend himself.

The second story follows:

At this job, I shared a flat with my colleagues. So in my own defense in case if ... The door of our bathroom would not shut completely. So I told them this and this, so if they

accidentally happen to go in the bathroom and see me, so they do not get scared. But I immediately told them that if this bothers them, I was ready to move out.

Again, in this second story, Daniel uses the phrase “in my own defense” as if he were scared and predicting potential outcomes had he not disclosed his identity.

The third story is how he did not get a job because of having disclosed his identity:

There is an example, this was obviously a transphobia. I went to a well-known and foreign-run coffee shop in town; I found it from advertisements. I met with the administrator. I only wanted to be a dishwasher, so nobody [would pay] attention to me. So they said they need to see my ID, this and that. I handed her my passport and came out right away. Here you go, so there are no problems. I had been fed up concealing it. And she says, well, excuse me, I don't know, I will have to ask the bosses. So she did, called me back, and said they could not hire me.

This third example of considering identity disclosure as a securityscape in a job setting may not necessarily seem to be immediately motivated by an existential quest for a safe life and protecting oneself from physical injury (leading to death). However, this securityscape is critical because of the fear of losing a job, which helps sustain one's livelihood.

Concealment of an invisible stigmatized identity as a securityscape

The decision to conceal one's invisible stigmatized identity is the opposite of a proactive and voluntary disclosure of an invisible stigmatized identity as a securityscape. Concealment of stigmatized identity can be partial or complete, as when a person decides to completely conform to—or, in other words, integrate within—the norms and societal expectations of a heteronormative environment. In this case, an LGBT person usually gets used to living a so-called “double life” (their heteronormative life and their concealed and “secret” life) when they date other LGBT people, often for sex intercourse. Using partial concealment, however, LGBT people will identify themselves publicly as heterosexual but as LGBT in a very small social circle, which also mainly includes other LGBT people who have adopted partial concealment as a securityscape. When a complete concealment of identity is adopted as a securityscape, LGBT people do not even consider including other LGBT people in their intimate social circle.

Daniar, a cisgender gay man who refused to tell his age, lives in a more nonaffirming environment in the south of Kyrgyzstan, which historically has been considered a politically and socially conservative part of the country. Daniar never considered voluntary identity disclosure in Kyrgyzstan as a securityscape; however, away from his family, relatives, and community, in a foreign country where he spent his student years, disclosing his sexual orientation was a usual event whenever he found himself in a new social circle, although he mainly socialized in the LGBT community.

Daniar spent time in a European country where LGBT people were comparatively more accepted than in his community of origin. Upon return to the south of Kyrgyzstan, though, Daniar had to adjust his behavior and habits, and he could

only feel free as an LGBT person in certain closed LGBT groups. According to him, there were around ten such groups, each with a leader. LGBT people (prior to the Internet era) would mainly socialize and date others within these groups, and their leaders were more financially sound individuals who could organize parties in rented apartments at their own expense. “There was even a competition among these groups,” recollected Daniar, “for whose party is fancier.” LGBT people in the south of Kyrgyzstan who considered partial concealment of their stigmatized identity as a securityscape regarded these groups and private apartment parties as environments where they could find safety and comfort and feel free with their identity. These closed environments were their securityspaces. This is what Daniar remembers from those closed parties:

In these parties I felt very free ... Of course, I could not behave like that on the street, like how I behaved in the parties. I was absolutely free in the parties. Even more free than I was abroad. I could openly express myself and my opinion. Not to argue or fight, but curse, behave like a woman, to be more precise.

Since identity disclosure was not considered a securityscape by Daniar and his peers, the need to find freedom still persisted and they found such freedom, although not to its full extent, as the concept of freedom is understood, in these groups and closed parties. This was another way of preventing the negative consequences of complete disclosure. It is important to note, though, that this description of freedom contradicts Daniar’s perception of freedom when he lived abroad:

... Those were the happiest days in my life. I lived separately, away from my family. Nobody told me or directed me what to do... I was happy back in those days ... Of course I was free. Indeed very free. I was, let’s say, like a bird to whom the entire world belonged.

By concealing their stigmatized identities, Daniar and other LGBT people in the south adopted different behavioral techniques, changing the way they talked and walked in the city. Daniar remembers a moment when he and his friends learned how to “behave manly” in an attempt to hide their “feminine features”:

I saw how I walked; I saw how people walked. Of course we were different from the crowd and we could be easily spotted from the crowd. So we learned how to walk. We would watch ourselves walk in the mirror. Then we had telephones with cameras, which made everything much easier. We would film each other even when we would be walking on the streets. We saw how feminine we were; we did not want to change it, but we had to; we were forced by the circumstances. You think I need to rehearse for an hour in front of the mirror how to walk; I am not a top model after all! It was because of the safety, personal safety, because many things depended on it. That’s why we had to change the way we walk and talk. I am sitting here talking to you; I can’t be like this on the street. I can joke with my friends, be in drag, speak with high voice, but on the street I am a different person.

This excerpt from Daniar’s story is perfect evidence of how people adopt identity concealment as a securityscape, with all the resulting consequences of artificially

changing or constructing socially acceptable behavior in order to assimilate into a heteronormative environment.

In the case of Amantur, a 35-year-old bisexual cisgender man, he was in a heterosexual marriage but soon divorced. Amantur does not consider disclosing his stigmatized identity as an option at all. At the time of the interview, Amantur was dating a married man, who responded to his search for meaning and has become instrumental to Amantur in concealing his stigmatized identity as a securityscape.

Another way for Amantur to search for meaning in concealing his identity as a securityscape is his religious faith. Amantur identifies as a Muslim and has his own version of his faith. This is his reflection on his faith:

My religion is Islam, I believe in Islam, I consider myself a Muslim. Maybe not quite conforming to all the norms as an institutional religion... I practice Islam more spiritually, without framing myself with these doctrines ...

Amantur is not willing to freely and publicly embrace himself as a bisexual person, because he, very much like Daniar, is not ready to take the responsibility for the outcome of that identity disclosure, which is again also a well-framed strategy (considering identity concealment as a securityscape). Instead, Amantur relies on avoidance; this is how he describes it:

Life after death, it seems to me, is a continuation of the existence of our mind, our spirit... So much greenery, a forest before me. It seems like there is a house right next to the forest or trees. But there is a lot of greenery. It is raining and I imagine tropical trees of some kind and I smell the rain mixed with the scent of grass, with a fresh breeze. I am sitting [here] and transporting myself into that place.

This imagination could be Amantur's denial of and defense against the fear of death. I asked him to describe how he spent time with the boyfriend he was dating at the time of the interview. He had no doubt that in the eyes of the public, they were perceived as regular heterosexual friends. They did not display any signs of affection out in public and their romantic relationship was only behind closed doors. They usually rented an apartment where could they meet to spend romantic time and for sex intercourse:

... When we are out in public, we do not differ in any other way in general, I think; we do not attract any attention. It may be perceived as just two friends, as good heterosexual friends. This does not cause any suspicion. So he is comfortable and so am I. We never had any problems in deciding "oh, let's not go there." No, we are quite fine; we go wherever we want, we drink and smoke, eat, walk around, sometimes in a park. We socialize like normal people. Nothing peculiar.

In this response there are two key phrases I paid attention to: "... just two good heterosexual friends" and "...socialize like normal people." The adjectives "good" and "normal" are used when referring to heterosexual relationships, suggesting that Amantur might have moderately internalized biphobia. In his self-conception, his bisexual identity is still something negative compared to heterosexuals, who he

describes as “good” and “normal.” Therefore, another explanation why Amantur will not consider voluntary disclosure of his stigmatized identity as a securityscape is that his internalized biphobia is not allowing his bisexual identity to become central in his self-conception.

For both Daniar and Amantur, their sexual orientation is not quite central to their self-conceptions, and their antecedents to disclosure are very much framed by avoidance motivations. These avoidance motivations, in turn, may be justified by existential threats, such as fear of physical injury leading to permanent injury or death, and job loss leading to instability.

Conclusion

Although Cass’s developmental model of identity disclosure by LGBT people was used along with other identity disclosure theories, I mainly lean toward the idea that identity disclosure is more complex than those theories, as shown in Figure 2. The developmental model was simply used to help readers understand what challenges and decisions LGBT people face in contemplating identity disclosure as a securityscape.

The research findings show how LGBT people consider proactive and voluntary disclosure of their stigmatized identity as a securityscape and how the disclosure event and its outcomes influence other securityscapes. For LGBT people, what were securityscapes prior to disclosure were no longer considered securityscapes afterwards.

To better understand identity disclosure as a securityscape, this study also compared the opposite securityscape: concealment of the stigmatized identity, which is also a reality of LGBT people in a nonaffirming societies. In Figure 2, considerations of voluntary identity disclosure are illustrated.

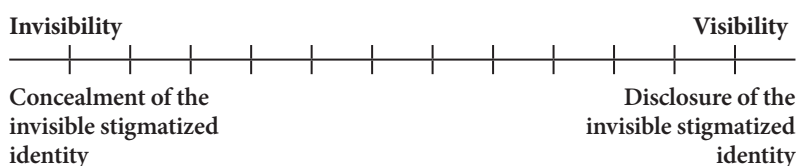


Figure 2. A contiuum of considerations of stigmatized identity disclosure as a securityscape

While Ragins, Chaudoir, & Fisher (2008, 2010) discussed antecedents and approach and avoidance motives when explaining the disclosure of a stigmatized identity, and von Boemcken et al. (2016) explored the securityscapes of LGBT people from anthropological perspectives, my research found that identity disclosure as a securityscape should be considered on a continuum, with identity concealment as a securityscape on one side and complete identity disclosure as a securityscape on the other. In both cases, whether LGBT people decide to adopt identity disclosure or conceal their stigmatized identity as securityscapes, the centrality of their sexual orientations and gender identities to their self-conceptions plays a significant role. However, whether the stigmatized identity is central to their self-conception or not is dictated by how LGBT people decide to cope with the givens of their existence.

If an LGBT person believes that for them it is easier to avoid the fear of death by disclosing their stigmatized identity, for them identity disclosure will be a securityscape. On the contrary, if an LGBT person considers that identity disclosure will result in physical injury and potentially lead to death, they will consider concealing the stigmatized identity as a securityscape. (The fear of death here is provided as an example, and considerations can revolve around other givens of existence as well.) Figure 2 graphically illustrates the extent to which disclosure or concealment of stigmatized identity (from complete invisibility to a wide public visibility) is considered as securityscape by LGBT people. LGBT people may also consider partial identity disclosure a securityscape within certain circles of socialization, i.e., spatial and psychosocial dimensions.

In a family environment, parents usually are not considered confidants for the primary stages of disclosure, at least not for cisgender gay, lesbian, and bisexual people in a nonaffirming society. For transgender people, however, family may play a different role in the disclosure process because for transgender people, there are also nonverbal identity disclosure strategies. For them, disclosure may not necessarily be a proactive verbal disclosure, as was evidenced by Zimman (2009); at certain points verbal disclosure will transform into nonverbal disclosure and vice versa. At an early age, transgender people may nonverbally display behaviors of a gender identity they identify with without consciously and deliberately verbalizing it. Moreover, the disclosure of transgender identity may be even further complicated in some instances, with two entirely different stages of disclosure, as some respondents have experienced: initially as homosexual people and only later as transgender people; in other instances, immediate disclosure as a transgender person is also possible. There are also other transgender people who attempt to forget their past after transition and completely integrate into the heteronormative world if they identify as heterosexuals.

For Daniel, the transgender man, Kyrgyzstan has failed to provide a safe and decent life even after his disclosure event, and therefore he does not consider his home country to be able to provide any favorable conditions for him to live a free, socially fulfilling life in an environment that would defend him from physical injury and provide meaning to his life (existential givens). Ultimately, the goal for Daniel is to leave Kyrgyzstan, his current spatial dimension, and relocate to another country where his identity is more accepted.

Involuntary disclosure of a stigmatized identity (also called “outing”) cannot be considered a securityscape. However, this definitely has an impact on the state of other securityscapes prior to and after such an involuntary disclosure event.

And finally, one effective way of advocating for LGBT rights in a nonaffirming society is to raise public awareness through educating the population and organizing nonviolent protests and demonstrations (Carroll, 2010), which is nearly impossible if LGBT people lean toward complete or partial concealment of their stigmatized identity as a securityscape. Therefore, from a sociopolitical perspective of advocating for LGBT rights, it might be important that more and more LGBT people start considering identity disclosure as a securityscape, as in the case of Azat, for example. This would be plausible if antecedents develop that allow LGBT people to consider their sexual orientation and gender identity as central to their self-conceptions.

Limitations

The concept of securityscapes from a psychological perspective is an underexplored topic, and very little theory is available that could back up some of the findings of the research. Securityscapes have mainly been considered from conventional security paradigm and to a lesser extent from a psychological human-agency paradigm, and there is still a significant number of research questions that need more investigation.

Parents of LGBT children may experience different securityscapes in addition to dealing with their children's identity disclosure. Parents need to consider whether the fact that their children have disclosed their stigmatized identity can be a securityscape for them, especially when transgender children decide to go through transition, which is visible to relatives and friends. Similarly, siblings may face the same challenges as parents. Research could be launched to explore the securityscapes of parents and siblings of LGBT people, as well as their friends.

The geography of the research was limited to a relatively conservative society and therefore the responses given by respondents may be limited to the environment they live in, whereas there are assumptions that identity disclosure as a securityscape could have other, different approach and avoidance motivations as antecedents in societies with more open attitudes and perceptions of LGBT people.

The findings of this research, however, provide scholars with an additional theoretical framework to understand the emerging concept of securityscapes. This study enriches the research about the disclosure of stigmatized identities, and particularly in conceptualizing the strategies of identity disclosure by LGBT people.

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Developing an affirmative position statement on sexual and gender diversity for psychology professionals in South Africa

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Background. Against the background of the dominance of patriarchy and heteronormativity in Africa and the resultant stigma, discrimination and victimisation of sexually and gender-diverse people, this article reports on the development of an affirmative position statement by the Psychological Society of South Africa (PsySSA) for psychology professionals working with sexually and gender-diverse people. The position statement is an attempt to contribute positively to the de-stigmatisation, amongst psychology professionals, of all people with diverse sexual and gender identities.

Objective. In documenting and reflecting on the process of developing the statement — a first on the African continent — the article aims to contribute to the potential resources available to others in their work on similar projects around the world.

Design. Although initially intended to be relevant to the African continent, the position statement is appropriate to the South African context specifically, but developed in consultation with a range of stakeholders, also from other African countries.

Results. Concerns expressed during stakeholder consultations, and thus taken into account in the development of the statement, include relevance to other African countries, negotiating the politics of representation and language, the importance of including gender and biological variance in addition to sexuality, and the need to be sensitive to how Western influence is constructed in some African contexts.

Conclusion. Other national psychology organisations stand to benefit by ‘lessons learned’ during this country-specific process with global implications, especially with respect to broadening the lens from lesbian, gay, bisexual, transgender and intersex (LGBTI) to sexual and gender diversity, as well as an acknowledgement of the multiple and fluid developmental pathways around sexuality and gender, in general.

Keywords: affirmative stance, LGBTI psychology, position statement, PsySSA, sexual and gender diversity

Introduction

Over the past few years, dramatic advancements in lesbian, gay, bisexual, transgender and intersex (LGBTI) rights have been visible across much of the globe. In many African countries, though, discrimination, persecution and in some cases criminal prosecution have continued. In comparison to elsewhere on the continent, the situation in South Africa differs significantly, given this country's progressive constitutional and legal framework protecting the rights of all, and driving reform aimed at preventing discrimination and promoting equality, amongst others, based on gender, biological sex and sexual orientation¹ (Nel, 2014).

Nevertheless, there are stark discrepancies between constitutional and legal equality based on gender and sexual orientation, and the continued stigma, discrimination and violence still faced by many South Africans. Similarly, practices in mainstream mental healthcare often reflect a lack of an affirmative approach and instances of secondary victimisation of LGBTI persons. Against this background, the Psychological Society of South Africa (PsySSA) African LGBTI Human Rights Project was launched in 2011. One overall aim of this project was the development of affirmative psychological practice guidelines that can be applied or adapted throughout Africa. A first step in this journey was the development of a position statement regarding sexual and gender diversity, including LGBTI concerns (Victor, Nel, Lynch, & Mbatha, 2014).

¹ A comprehensive glossary of terms can be found in Victor et al. (2014), including the following:

Biological sex. The biological and physiological characteristics that are socially agreed upon as informing the classification of a person as male or female.

Cisgender. A term describing a person whose perception and expression of her or his own gender identity matches the biological sex she or he was assigned at birth.

Gender. The socially constructed roles, behaviour, activities and attributes that a society considers appropriate for either men or women.

Gender diversity. The range of different gender expressions that spans across the historically imposed male–female binary. Referring to ‘gender diversity’ is generally preferred to ‘gender variance’ as ‘variance’ implies an investment in a norm from which some individuals deviate, thereby reinforcing a pathologising treatment of differences among individuals.

Intersex. A term referring to a variety of conditions (genetic, physiological or anatomical) in which a person's sexual and/or reproductive features and organs do not conform to dominant and typical definitions of ‘female’ or ‘male’. Such diversity in sex characteristics is also referred to as ‘biological variance’, a term which risks reinforcing pathologising treatment of differences among individuals, but which is used with caution in this document to indicate an inclusive grouping of diversity in sexual characteristics, including, but not limited to, intersex individuals.

Sexual diversity. The range of different expressions of sexual orientation and sexual behaviour that spans across the historically imposed heterosexual–homosexual binary.

Sexual orientation. A person's lasting emotional, romantic, sexual or affectional attraction to others (heterosexual, homosexual/same-sex sexual orientation, bisexual or asexual).

Transgender. A term for people who have a gender identity and often a gender expression that is different to the sex they were assigned at birth by default of their primary sexual characteristics. The term is also used to refer to people who challenge society's view of gender as fixed, unmoving, dichotomous, and inextricably linked to one's biological sex. Gender is viewed more accurately as a spectrum, rather than a polarised, dichotomous construct. This broad term encompasses transsexuals, gender queers, people who are androgynous, and those who defy what society tells them is appropriate for their gender. Transgender people can be heterosexual, bisexual, homosexual or asexual.

In this article, an initial focus is placed on the process of developing the position statement and the institutional and social background against which the statement was conceived of, before providing a brief introduction to the affirmative stance informing the statement. Specific attention is given to concerns raised during the consultation process by stakeholders, also from other African countries. These concerns, among others, relate to –

- relevance to other African countries;
- negotiating the politics of representation and language;
- the inclusion of gender diversity in addition to sexuality;
- sensitivity to multiple and fluid sexual and gender identities; and
- the need to be sensitive to how Western influence is constructed in some African contexts.

The discussion is rounded off by highlighting the ways in which the position statement has been disseminated and some reactions from practitioners and others in the broader healthcare environment in South Africa, and elsewhere. By reflecting on the process of developing and disseminating the statement the hope is also to contribute to the potential resources available to others globally in their work on similar projects.

The PsySSA African LGBTI Human Rights Project

PsySSA is a non-profit, professional association of persons involved in the academic, research and practical application of the discipline of psychology. PsySSA, established in 1994, is the nationally representative learned society for psychology in South Africa, and is recognised as such by the International Union of Psychological Science (IUPsyS). As per its constitution, PsySSA is committed to the transformation and development of South African psychology to serve the needs and interests of all the people of South Africa, and it aims to advance psychology as a science, a profession and as a means of promoting human wellbeing (PsySSA, 2011).

As part of its efforts to achieve these aims, PsySSA is a member of the International Psychology Network for Lesbian, Gay, Bisexual, Transgender and Intersex Issues (IPsyNET).¹ IPsyNET is comprised of national, multinational and international psychological associations. These associations are cooperating to increase international collaboration and knowledge amongst practitioners concerned with LGBTI issues, stimulate and apply psychological research and guidelines that address the needs and concerns of LGBTI populations, and increase the number of psychological associations that reject the notion of same-sex sexuality as a mental disorder and promote affirmative mental health practice for LGBTI people (IPsyNET, 2013).

¹ The American Psychological Association's (APA) Lesbian, Gay, Bisexual, and Transgender Concerns Office (LGBTCO) has served as the secretariat of IPsyNET since its inception in 2001, then known as the International Network for Lesbian, Gay, and Bisexual Concerns and Transgender Issues in Psychology (INET). Through funding provided by the Arcus Foundation, the LGBTCO has been able to provide financing and technical expertise to PsySSA. Limited additional funding support by HIVOS MAGI (Multi-agency Grants Initiative) and the University of South Africa enabled the launch of the PsySSA African LGBTI Human Rights Project in 2011.

The objective of the PsySSA African LGBTI Human Rights Project is to assist PsySSA in becoming a regional hub to promote capacity and membership of other psychological associations throughout Africa in the work of IPsyNET and to foster active and vocal regional participation in debates around LGBTI issues and concerns (Victor et al., 2014).

Context and aim of the position statement

South Africa has seen significant socio-legal and policy developments in the protection of the human rights of all people in the country, and respect for diversity and concomitant non-discrimination based on, amongst others, gender and sexual orientation (Republic of South Africa, 1996). These developments have brought about changes at an institutional and disciplinary level with, for instance, the ethical code for health professionals, including a focus on human rights, diversity and non-discrimination within a general do-no-harm framework (Department of Health, 2006).

However, the aforementioned developments have not necessarily effected changes at a broader societal level. Sexualities remain heavily influenced by patriarchal systems that privilege heterosexuality (Jackson, 2006). A patriarchal and heteronormative model of gender and sexuality perpetuates unequal power relations between men and women, and entrenches male privilege, contributing to high levels of sexual- and gender-based violence against women in South Africa (Dartnall & Jewkes, 2013). Further to this, such a rigid and oppressive model of gender and sexuality limits the courses of action available to men, in that a normative male identity is associated with expectations of invulnerability and self-reliance, contributing to risky sexual behaviour and low rates of health-seeking behaviour among many South African men (Lynch, Brouard, & Visser, 2010). Public attitudes in South Africa to same-sex sexuality remain overwhelmingly negative, with a nationally representative survey indicating that 84 % of the population say that it is always wrong for two adults of the same sex to have sexual relations (Smith, 2011). Human rights violations and hate crimes against sexual and gender non-conforming minorities are also increasingly being reported (Human Rights Watch, 2011).

Current healthcare provision in South Africa is generally based on the assumption of similarity rather than acceptance of diversity (Rispel & Metcalf, 2009). Given the prevalence of discrimination at public health facilities, LGBTI people are less likely to access healthcare in the public sector (Stevens, 2012; Wells & Polders, 2003). In recognition of this, and to assist psychology professionals in South Africa in their related endeavours, an affirmative position statement on sexual and gender diversity, including LGBTI concerns, was developed. This position statement supplements the harm-avoidance approach present in the South African Health Professions Act (Department of Health, 2006) by outlining specific themes for psychology professionals to consider in assuming an affirmative stance.

Exploring an affirmative stance

The development of a South African position statement that is affirmative of sexual and gender diversity follows similar initiatives by other professional associations. These include:

- the American Psychological Association *Practice guidelines for lesbian, gay and bisexual clients* adopted in 2000 and updated in 2011 (American Psychological Association [APA], 2011);
- the British Psychological Society *Guidelines and literature review for psychologists working therapeutically with sexual and gender minority clients* (British Psychological Society [BPS], 2012);
- the World Professional Association for Transgender Health (WPATH) *Standards of care for the health of transsexual, transgender, and gender non-conforming people* (WPATH, 2011);
- the *Statement of the Psychological Association of the Philippines on non-discrimination based on sexual orientation, gender identity and expression* (Psychological Association of the Philippines, 2011); and
- the Hong Kong *Position paper for psychologists working with lesbians, gays, and bisexual individuals* (Hong Kong Psychological Society: Division of Clinical Psychology, 2012).

The term 'affirmative psychotherapy' was initially developed in relation to sexual orientation (thus lesbian, gay and bisexual [LGB]), only), and it is therefore firstly discussed in this article from such a position only. Although with different emphases, some common elements in affirmative approaches to LGB sexualities are apparent in the work of a variety of authors, such as Davies (1996), Milton, Coyle, and Legg (2002), and Ritter and Terndrup (2002). These authors concur that an affirmative approach includes that sexual diversity, per se, should not be seen as the cause of psychological difficulties or pathology; the perspective is rather one of recognition of LGB sexualities as normal and natural variances on human sexuality. It is important that the practitioner takes contextual factors into account, in particular how homophobia, heteronormativity, prejudice and stigma influence mental health and wellbeing, and acknowledges the influence of society and significant others on the LGB client. Practitioners also need to be able to empathise with the experiences of LGB clients, including being knowledgeable about LGB sexualities, diversity of identities and experiences within LGB communities, and lifestyles. An affirmative approach implies that practitioners ought to be comfortable in exploring their own sexualities to avoid their potential personal biases affecting their practice. Taking an actively positive view of LGB lives includes assuming that LGB clients have the potential creativity and internal resources to deal with their difficulties and problems (Davies, 1996; Milton et al., 2002; Ritter & Terndrup, 2002).

Practitioners need to focus on the way their clients describe themselves, rather than imposing technical language. Practitioners furthermore need to provide a space for clients to explore their possible identities, instead of assuming a particular endpoint. In addition, therapeutic efforts aimed at such a specific endpoint, for instance gender conformity or a heterosexual orientation, are potentially harmful, dangerous and in conflict with medical ethics and should be avoided (Academy of Science of South Africa, 2015). As is later indicated, such an affirmative lens could be applied to all people who walk through a professional's door, and implies a cultivated and ongoing sensitivity to and acceptance of sexual and gender diversity.

Establishing the working group

The development of the South African position statement serves as a first step in achieving the longer-term goal of the PsySSA African LGBTI Human Rights Project to establish affirmative psychological practice guidelines that may or may not also be relevant elsewhere in Africa. Towards this objective, representatives from across Africa were identified and recruited to attend a pre-congress workshop at the International Congress of Psychology held in Cape Town South Africa in July 2012. The pre-congress workshop, attended by 38 people, provided an ideal platform to bring together experts and interested parties to discuss the possibility of developing affirmative practice guidelines in relation to sexual and gender diversity in Africa (Victor, 2012).

The workshop culminated in the establishment of a working group of 24 members, constituted of stakeholders and mental health professionals spanning South Africa, Nigeria, Cameroon, Uganda and Tanzania, tasked with the development of the guidelines. The workshop highlighted several issues that would be important to consider in developing practice guidelines for Africa and prompted discussions regarding the advantages and disadvantages associated with first developing a position statement for South Africa before proceeding to practice guidelines with relevance for the continent (Victor, 2012). The main debates emerging from the workshop are discussed below.

The challenges and debates in developing African guidelines

Debating the guidelines development process commenced with agreeing that psychology as a discipline is significantly underdeveloped in Africa. On the African continent, psychological wellbeing is often achieved through avenues other than professional services, including traditional healers and clergy (Campbell-Hall et al., 2010). A first challenge thus presented itself: in this context, focusing only on guidelines for the discipline of psychology can be exclusionary as there is a need to consider other healthcare and mental health workers, such as volunteers, traditional healers and related healing systems. Accordingly, it was agreed during the workshop that, whilst this was an initiative from the discipline of psychology, an opportunity presented itself to develop guidelines for professionals within a broader mental health arena. In developing the guidelines, the suggestion was thus that care be taken to ensure that the document reflected this wider target set, both in theory and application.

An important conceptual concern raised during the workshop was that the privileging of individual human rights is not universally accepted in all parts of Africa (Academy of Science of South Africa, 2015). In developing the guidelines, inclusive of LGBTI concerns, different regions and countries in Africa would need to be sensitive to whether a human rights perspective would necessarily provide the most acceptable entry point. An alternative stance is that of positioning LGBTI concerns within a mental health and wellbeing framework. It was agreed that such a framework, which emphasises competent healthcare service provision, could be particularly valuable in contexts where same-sex practices remain subject to constitutional and legal discrimination.

A further conceptual theme centred on the utility of framing affirmative practice guidelines for the African context in relation to identity politics. Identity politics often rely on self-identified categories of sexual orientation and gender identity to raise consciousness around experiences of oppression related to particular identities (Mertus, 2007). In the United States, identity politics has provided a valuable frame for the development of affirmative practice guidelines in that LGB rights advocates within the APA had to assume an activist role to motivate why, despite homosexuality being declassified as a disorder in 1973, there remained a need for the discipline to formulate an affirmative stance on LGB concerns. The relevance of dominant Western analytical categories when researching African sexualities has however been questioned, and in the African context, the argument has been raised for the fluidity of sexuality and gender, instead of focusing on fixed notions of identity (Epprecht, 2006). Following from this, it was important to broaden the LGB focus when developing guidelines for African contexts to attend to sexual and gender diversity in general.

Accordingly, in developing the PsySSA position statement, the aim was to extend such an affirmative stance regarding sexual orientation to represent a wider inclusiveness of sexual and gender diversity with specific reference to LGBTI concerns, i.e. sexual orientation, gender identity and biological variance. This expanded lens also reflects similar global developments such as that of the 5th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) (American Psychiatric Association, 2013) moving away from pathologising positions around transgender concerns to a more affirmative approach, as well as the APA's *Guidelines for psychological practice with transgender and gender nonconforming people* (APA, 2015).

Related to the above, participants at the workshop suggested that expanding the view from single-identity politics to multiple dimensions of identities would also bring to the fore the interaction of various forms of oppression, such as those based on race and socio-economic status, which result in different forms of oppression affecting a person in interrelated ways. A lens that is sensitive to intersectionality (see APA, 2015) could not only potentially highlight the way heteronormative and patriarchal contexts have harmful consequences for LGBTI persons but also constrain the courses of action available to all people. Such contexts contribute to stigma, discrimination and victimisation, based on power differentials along varied lines of oppression. Acknowledgement of relevant intersectionalities could potentially avoid the pitfalls of taking an 'othering' stance and, instead, allow for reflection on how psychology professionals could challenge stigma and discrimination informed by unequal systems of sexuality and gender broadly.

Another concern raised during the workshop was that South Africa's leading role in the development of the sexual and gender diversity-related affirmative guidelines might be perceived as neo-colonialist and as furthering the aims of an imperialist agenda in other African countries. This concern was predominantly based on the way political leaders in several African countries have at times drawn on a discourse of same-sex sexuality being a 'Western import' and consequently regarded it as 'un-African', to substantiate a construction of an African identity separate from Western influence (Hoad, 2007). Following from this, guidelines that are

affirming same-sex sexuality could potentially be resisted based on being regarded as un-African if their development is perceived as predominantly serving a South African agenda, a country at times associated with Western influence.

Sexuality and gender remain under-researched in Africa and there is a dearth of scientific evidence that could be drawn on to support the development of affirmative guidelines relevant to Africa (PsySSA, 2013). Discussions during the workshop reflected the view that, following the developmental path of more than twenty years, which culminated in establishing affirmative guidelines in the United States, was not tenable in the face of urgent concerns in the African context: the window of opportunity to develop guidelines presented itself at the time. This window was evidenced by the International Congress of Psychology held on African soil for the first time in 2012, as well as by the launch of the Pan-African Psychology Union (PAPU) in 2014 (Nel, 2014). PAPU is a professional body that could provide an opportunity for the development of a mutual Africa agenda around gender and sexuality, which is not driven by one country. In addition, establishing an African evidence base had to take into account different perspectives, particularly within indigenous contexts, of what constitutes knowledge and evidence. The group concurred that international research should be used as relevant and that gaps for further research in African contexts had to be identified and appropriate funding mechanisms developed to address such gaps.

In summary, reflections from the workshop shaped the focus of the PsySSA African LGBTI Human Rights Project to be cognisant of the broader healing systems drawn on in African contexts. The workshop sensitised the group to the following:

- the need for contextual sensitivity to the strategic benefit of a human rights position or a mental health and wellbeing position in advancing the interests of LGBTI persons;
- the relevance of framing this work in relation to fluidity in sexual and gender diversity;
- the importance of recognising the intersectionality of identities and experiences of discrimination and victimisation;
- the need to be sensitive to how Western influence is constructed in some African contexts; and
- the need to advance an affirmative view of sexual and gender diversity, while at the same time expanding the African body of knowledge available to inform such work.

A position statement for South Africa

Following the workshop, it became clear that creating practice guidelines for Africa, as a first step in this process, was neither realistic nor desirable. Different countries within Africa have vastly different understandings of human rights and the acceptance of sexual and gender diversity. Ideally, different African regions or countries would therefore need to develop their own guidelines to suit their local contexts. The involvement of a broader range of constituents at the development stage of the guidelines was however deemed critical, as this would ensure increased agreement with and acceptance of the process. In the face of these challenges, lim-

ited financial and time resources and recognising the development and support in the discipline already available in South Africa, it was decided to redefine the aim of the project as constructing an affirmative position statement on sexual and gender diversity aimed at psychology professionals in South Africa and developed by PsySSA. The working group elected a core team to prepare this statement (see *Acknowledgements* for names). A period of intense activity followed between October 2012 and August 2013 with the team developing draft statements, presenting it to the working group and inviting further commentary and feedback from a wider group of stakeholders, mainly through e-mail communication with personal lists and known individuals in sexual and gender diversity work in South Africa. These efforts culminated in the draft statement being presented to the PsySSA Executive Committee and PsySSA Council for ratification — in effect, the highest decision-making body of the learned society for psychology in South Africa, thus serving as ethical clearance — and finally launched at the PsySSA Congress in September 2013 (PsySSA, 2013; Victor et al., 2014). In the following, sections of the position statement (PsySSA, 2013, pp. 8–10) are quoted verbatim.

“Recognising the harm that has been done in the past to individuals and groups by the prejudice against sexual and gender diversity in South African society as well as in the profession of psychology, PsySSA hereby affirms the following. Psychology professionals –

1. Respect the human rights of sexually and gender diverse people, and are committed to non-discrimination on the basis of sexuality and gender, including, but not limited to, sexual orientation, gender identity, and biological variance;
2. Subscribe to the notion of individual self-determination, including having the choice of self-disclosure (also known as ‘coming out’) of sexual orientation, gender diversity, or biological variance;
3. Acknowledge and understand sexual and gender diversity and fluidity, including biological variance;
4. Are aware of the challenges faced by sexually and gender diverse people in negotiating heteronormative, homonormative, cisgendered (see section ‘Glossary’), and other potentially harmful contexts;
5. Are sensitised to the effects of multiple and intersecting forms of discrimination against sexually and gender diverse people, which could include discrimination on the basis of gender; sexual orientation; biological variance; socio-economic status, poverty, and unemployment; race, culture, and language; age and life stage; physical, sensory, and cognitive–emotional disabilities; HIV and AIDS; internally and externally displaced people and asylum seekers; geographical differences such as urban/rural dynamics; and religion and spirituality;
6. Have an understanding of stigma, prejudice, discrimination and violence, and the potential detrimental effect of these factors on the mental health and well-being of sexually and gender diverse individuals;
7. Recognise the multiple and fluid sexual and gender developmental pathways of all people from infancy, childhood, and adolescence into adulthood and advanced age;

8. Understand the diversity and complexities of relationships that sexually and gender diverse people have, which include the potential challenges:
 - (a) of sexually and gender diverse parents and their children, including adoption and eligibility assessment;
 - (b) within families of origin and families of choice, such as those faced by parental figures, caregivers, friends, and other people in their support networks, for example, in coming to terms with the diversity, non-conformity, and/or minority status of their sexually and gender diverse significant other; and
 - (c) for people in different relationship configurations, including polyamorous relationships.
9. Adhere to an affirmative stance towards sexual and gender diversity in policy development and planning, research and publication, training and education (including curriculum development, assessment, and evaluation of assessment tools), and intervention design and implementation (including psychotherapeutic interventions);
10. Support best practice care in relation to sexually and gender diverse clients by:
 - (a) using relevant international practice guidelines in the absence of South African-specific guidelines;
 - (b) cautioning against interventions aimed at changing a person's sexual orientation or gender expression, such as 'reparative' or conversion therapy;
 - (c) opposing the withholding of best practice gender-affirming surgery and treatment and best practice transgender healthcare as outlined by the WPATH; and
 - (d) encouraging parents to look for alternatives to surgical intervention in the case of intersex infants, unless for pertinent physical health reasons.
11. Are, if it be the case, aware of their own cultural, moral, or religious difficulties with a client's sexuality and/or gender identity, in which case they should disclose this to the client and assist her or him in finding an alternative psychology professional should the client so wish; and
12. Are committed to continued professional development regarding sexual and gender diversity, as well as to promoting social awareness of the needs and concerns of sexually and gender diverse individuals, which includes promoting the use of affirmative community and professional resources to facilitate optimal referrals."

Issues considered in developing the position statement

The process of developing the position statement brought with it renewed consideration of emphasis, contextual sensitivity and the anticipated utility of the document in the South African context. The statement itself outlines various positions in relation to sexual and gender diversity and moves from the general to the specific. It firstly addresses issues of human rights and self-determination, which is followed by –

- introducing the idea of diversity and fluidity in sexuality and gender identity;
- challenges faced by sexually and gender-diverse people in negotiating heteronormative contexts;
- the influence of multiple and intersecting forms of discrimination on sexually and gender-diverse people;
- the influence of stigma, prejudice and discrimination on mental health;
- the recognition of multiple and fluid sexual and gender developmental pathways of all persons; and
- the complexities of relationships within a sexually and gender-diverse context.

The final components of the statement deal with assuming an affirmative stance, following best practice care, continued professional development, and the promotion of social awareness around sexual and gender diversity (PsySSA, 2013; Victor et al., 2014).

The decision to adopt an affirmative stance in the position statement was made early in the process and it remained a foundation against which the document was checked. As the draft position statement progressed, it was found that the understanding of an affirmative stance developed to include a broader area of sexual and gender diversity. This manifested in the statement by expanding references to 'LGBTI concerns' to refer to 'sexual and gender diversity' instead, in line with the views advanced during the workshop discussion. The decision to adopt this terminology was, firstly, based on an understanding that a broader set of people are facing the potentially negative effect of a heteronormative and homonormative, patriarchal society, which implies a shared struggle. Secondly, the affirmative statement could potentially hold increased utility and relevance for colleagues wanting to develop similar position statements in their respective African countries.

Some previous efforts in psychology, internationally, to develop position statements or guidelines on sexuality and gender have at times excluded transgender persons, and intersex concerns have seldom, if ever, featured (see for instance APA, 2011 and the Hong Kong Psychological Society: Division of Clinical Psychology, 2012). Following from this, where the position statement does make mention of LGBTI concerns specifically, it was ensured that gender identity and biological variance were attended to in addition to sexuality.

An implication of expanding the focus of the statement beyond LGBTI concerns to attend to sexuality and gender more broadly was the aim to avoid various forms of othering or exclusion. In doing so, it was not assumed that the practitioner is from a non-sexed/non-gender/non-raced/non-classed position, such as is often the case in existing ethical codes. Questions had to be asked around the difficulties faced by practitioners in working in predominantly heteronormative contexts and how the statement could assist them in dealing with societal prejudice related to sexuality and gender. In addition, the focus moved from the individual user only to the individual and his/her significant others and how stigma and discrimination affect them as well.

The affirmative stance also had implications for the way language was treated in the document. The group felt it was important to use non-essentialist language as this provided a more open framework that recognises diversity. Essentialist language such as 'normal people' and 'normal preferences' were rephrased, and this also meant that the focus was placed more on affirmation of diversity and fluidity of gender and sexuality and less on specific minority groups. It was however felt that in some instances, it was still needed to include what might be thought of as essentialist terms, such as references to 'lesbian', 'gay', 'bisexual', 'transgender' and 'intersex' as categories of sexuality or gender identity. The reason for inclusion was that these terms would possibly be familiar to many and would also ensure that the positions of minorities and the specific stigma, discrimination and trauma they experience were not erased.

Considering the emphasis of an affirmative stance on contextual awareness, a key challenge in developing the position statement was to ensure that it was grounded in a South African body of knowledge. To this end, the small but growing body of work that constitutes South African LGBTI psychology was consulted during this process. Research on LGBTI people's experience with health providers in South Africa that was drawn on included –

- studies on gay men's experiences in psychotherapy groups (Nel, Rich, & Joubert, 2007);
- the experience of LGB people with psychological therapy and counselling (Victor, 2013; Victor & Nel, 2016);
- transgender people's experience with sexual health services (Stevens, 2012); and
- perceptions of healthcare providers around sexual orientation and treatment refusal due to sexual orientation (Rich, 2006; Wells, 2005; Wells & Polders, 2003).

Local policy and practice guidelines that were consulted included –

- healthcare provision for victims of hate crime (Nel, 2007);
- guidelines for service providers working with lesbians and gay people (OUT LGBT Well-being, 2007);
- guidelines when working with men who have sex with men (MSM) in an HIV/AIDS health service context (Anova Health Institute, 2010); and
- indigenous comments on the WPATH's Standards of Care (Gender DynamiX, 2011).

The structure and format of the position statement were driven by the practical utility of the document for psychology professionals in South Africa. While this may be different in other contexts, it was felt that information needs to be provided around the topic under discussion in the form of, for example, a comprehensive glossary that accompanies the statement. Knowing that the position statement would be followed by a more comprehensive guidelines document also provided the opportunity to ensure that the initial document outlined the position or view of PsySSA on the topic of sexual and gender diversity in the form of clear, succinct statements, rather than providing detailed practice guidelines.

Dissemination of, and reaction to, the position statement

After the official launch of the position statement at the PsySSA Congress in September 2013, several other dissemination-related activities followed, including:

- publication in an academic journal (Victor et al., 2014);
- electronic distribution to all members of the PsySSA Sexuality and Gender Division;
- publication on the PsySSA website at www.psyssa.com;
- several related presentations at both local and international conferences and other forums, as well as handing out a printed version at these meetings; and
- training postgraduate master's students at several local universities.

The reaction to the statement has been exceptionally positive, both within the discipline of psychology, as well as in healthcare more generally. The statement is being used, amongst others –

- as a base to design training curricula for health professionals, ranging from nursing to psychiatry;
- as key input into the policy recommendations for African leaders regarding diversity in human sexuality (Academy of Science of South Africa, 2015);
- in the design of global core competencies for psychiatrists working with sexually and gender-diverse people under the auspices of the World Psychiatry Association in 2016; and
- to inform several related opinion pieces by the PsySSA Sexuality and Gender Division.

PsySSA itself considers this document a significant contribution to the discipline's efforts in ensuring the mental wellbeing of all South Africans, as well as a good benchmark for the development of position statements on other topics by the Society.

Conclusion and the way forward

The sexual and gender diversity position statement is the first to be developed by PsySSA on any issue in psychology and is also the first statement on sexual and gender diversity developed by a psychological association on the African continent. The statement is a much needed and important point of engagement for psychology professionals with the intricacies and complexities of human lived experience understood from an affirmative stance that is consciously inclusive of sexual and gender diversity. This is a stance of openness, acceptance and affirmation of diversity, and a respect for the unique and fluid lived experience of the client, service user or participant, which is open to adaptation and change, rather than an effort to force or coerce change according to preconceived notions and categories. The PsySSA African LGBTI Human Rights Project is currently in the process of developing South African practice guidelines for psychology professionals working with sexually and gender-diverse people. This will potentially be followed by collaboration with colleagues from the rest of Africa in developing statements and practice

guidelines suited to their unique contexts. It is furthermore trusted that this article will contribute positively to the de-stigmatisation, amongst psychology professionals, of all people with diverse sexual and gender identities, including assisting in developing a sensitivity to the continuous, fluid and lifelong development of sexual and gender identity that can be experienced by a person.

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Internalized homophobia in Russia

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Objective. The goal of this study was to empirically verify that the combination of negative attitudes of LGB people towards homosexuality in general and to their own personal characteristics associated with a gay orientation has a negative impact on their self-esteem.

Design. To test this hypothesis we adapted and standardized the Russian version of the personal homonegativity scale (Mayfield, 2001). Using the adapted measure, we studied how personal homonegativity affects the self-esteem of LGB people. We explored the reliability and validity of the adapted measure with 92 gay respondents aged over 21. Confirmatory factor analysis revealed a two-scale structure — the method was proved. The modified measure includes ten statements divided into two scales: Homonegativity (internalized homophobia; Cronbach's $\alpha = 0.96$) and Acceptance of one's own homosexuality (Cronbach $\alpha = 0.88$). The results indicated that the adapted measure was suitable for assessing internalized homonegativity among gay individuals in Russia.

Results. More than a half of the respondents (55.4 %) had a rather low level of internalized homophobia which was related to fewer neurotic symptoms and emotional discomfort in comparison with other respondents. However, a higher level of internalized homophobia in remaining respondents (44.6 %) was related to a more positive emotional acceptance of their own homosexuality and to a higher level of self-esteem.

Conclusion. The results of the analyses of the original hypothesis were confirmed only partially. Internalized homophobia of LGB people appeared to adversely affect the severity of neurotic symptoms and subjective well-being.

Keywords: homonegativity, personal homonegativity, standardization, adaptation, homophobia

Introduction

Internalized homophobia manifests itself when LGB people internalize societal attitudes towards homosexuality which results in negative self-perception, negative self-attitude and discomfort with certain aspects of their sexual orientation (Cher-

nish, 2010). Overall, heterosexual and LGB people do not differ in terms of mental health (Huhlina, 2000). However, in Russian society, there is a widespread conviction that homosexuality is a disease which requires treatment (Chernish, 2010). We held a sociological study of the attitudes towards homosexuality that can be attributed to the measurement of homophobia in the society. According to the study conducted on a sample of 800 people, 37 % of the surveyed consider homosexuality an illness (Levada-center, 2015).

As a consequence, LGB people also consider their orientation unhealthy and abnormal and believe it should be treated. In face of discrimination of LGB people in the Russian society, Russian LGB people often feel guilty and shameful about their sexual orientation. The presence of internalized homophobia (IH) may impact how they feel about themselves and contribute to low self-esteem and relationship difficulties (Chernish, 2010).

Thus, for example, Russell (2007) encouraged therapists to see IH as the result of the process of social and individual exchange and not as the result of a personal characteristic or trait. The social context of IH is also emphasized in Meyer's (2003, 2007) theory of minority stress, which provides a coherent explanation of the impact of homonegativity, or heterosexism, on LGB people, arguing that the heightened vulnerability of LGB persons originates from their exposure to stressors that are unique to their minority status. Meyer (2003, 2007) identified five such stressor types (experiencing prejudicial events, expectations of rejection, hiding and concealing one's sexual orientation, internalized homonegativity, and ameliorative coping processes), based on their proximity to the self. For example, the internalization of societal heterosexist attitudes is seen as a key proximal stressor, while experiences of discrimination are an example of more distal stressors. As this subjective stressor is formed in cultural contexts that are sometimes characterized by extreme stigma toward same-sex romantic, emotional, and sexual behavior, Meyer (2003) noted that IH is unique, chronic, and socially based. Inevitably, most LGB people are likely to have some level of IH related to their status as members of a stigmatized group.

Considering the importance of IH in mental health of LGB individuals, Western psychology offers a range of methods to assess IH (Moradi, Mohr, Worthington & Fassinger, 2009). One measure as an attempt to improve upon prior versions is the Internalized Homonegativity Inventory (Mayfield, 2001) often used cross-culturally in non-English speaking countries.

In Russia empirical studies of homonegativity are scarce. Moreover, there are no valid measures of the psychological health of the LGB people. In fact, there are only a few studies providing theoretical foundations of the development of IH in Russia (Voronov, 2012). Therefore, it is necessary to develop methods to assess the level of IH among the LGB people in Russia.

Goal of the study: an empirical test of the hypothesis that there is a link between internalized homonegativity and LGB self-esteem and the attitudes toward homosexuality. Object of the study: assessment of homosexual orientation, subjective well-being, self-esteem, and social desirability. The hypothesis of the study: homonegativity will be negatively associated with the levels of subjective well-being, self-esteem and social desirability.

Method

Objectives of the study. Exploration of the adapted measure of the IH Inventory (Mayfield, 2001); a study of the reliability of the scale and verification of factorial validity of the modified measure; development of test standards for the modified measure; a study of the relationship between internalized homonegativity, subjective well-being (emotional discomfort), self-esteem and social desirability.

Participants. The research was conducted with 92 participants (57 men and 35 women) from different cities of Russia. The average age was 29.6 for men and 27.9 for women. More than a half (72.5 %) of respondents had a bachelor's or a master's degree, 16.9 % — vocational education, 10.6 % — complete secondary education. In terms of income, 62.8 % of respondents estimated their income as "average", 4.8 % — as "low", 2.4 % — as "high". 28 % of all the respondents reported having seen a psychologist.

Procedure. We have created a website to facilitate access to test materials. It contained socio-demographic and measure forms for participants. The site had age restrictions (only for people over 21) and sexual orientation criteria for inclusion (only those who identified themselves as "homosexual" in the sexual orientation column). It should be pointed out that respondents were given an opportunity to define their sexual orientation themselves. If the respondent defined his/her orientation as heterosexual or bisexual, he could not continue the survey. Links to the site were posted on social networks and major online LGBT communities.

Measures. The study used the following tools:

1. A modified questionnaire to assess the level of homonegativity using Internalized Homonegativity Inventory for Gay Men (INHI (Mayfield, 2001), provided by the author for research purposes. INHI questionnaire was created in 2001. It consists of 23 items and 3 subscales: Personal Homonegativity, Gay Affirmation, Morality of Homosexuality. The distribution of IHNI scores and subscales scores were positively skewed; the inventory was constructed so that higher scores were indicative of greater internalized homonegativity. For each of the subscales coefficient alpha was .70 or greater; coefficient alpha for the entire 23-item inventory was .91. With respect to subscale correlations, all the subscales were significantly positively correlated.
2. Scale SCL 90-R (Symptom Check List-90-Revised) is aimed at the assessment of mental disorders (L. Derogatis et al., 1971). The scale contains two indices, one reflects the degree of severity of symptoms, and the other indicates the presence of symptomatic distress. This scale was chosen to explore possible anxiety, depression and obsessive disorders among the respondents related to their own attitude to themselves as well as the attitudes of their social circle. The entire array of data obtained on samples of the normal population of professionals, whose activity is connected with constant risk to life and health, as well as populations exposed to potentially traumatic events (veterans of the war in Afghanistan, liquidators of the Chernobyl disaster, refugees) was used to determine the reliability indices of the SCL-

90-R subscales. In addition, data for two samples of psychiatric patients diagnosed with schizophrenia and somatoform disorders were included. The study used the integral indicator scale Symptomatic manifestation index (Cronbach's $\alpha = 0.89$).

3. Scale of social desirability (Marlowe-Crowne Social Desirability Scale) was used to assess the degree of respondents' desire to produce a favorable impression through the demonstration of compliance to cultural norms present in society. The higher the score on this scale, the more the respondent is attempting to appear favorable even if his/her answers to morally controversial or sensitive questions are not completely honest. Accordingly, the higher the score, the more the subject endorses cultural normativity in his responses (Rajgorodskij, 2001). This scale was used in the study to assess the impact of social desirability on the respondents' answers for all methods.
4. The self-esteem scale (Rosenberg, 1972) measures overall self-esteem, assessing the level of positive and negative feelings toward oneself. The scale is one-dimensional, it does not assess multiple components that constitute self-esteem. It is based on IRT (item response theory) — the theory of latent psychological traits and psychometric concepts; that is, each test question has a different level of difficulty of responses when measuring the same construct. So according to IRT, it is supposed to consider the general effect of the answers to the test questions rather than to use different questions to assess single components. Self-esteem is understood as a holistic construct with scores ranging from low to high (A. Bodalev et al., 2000).
5. The Subjective Well-being Scale (emotional comfort), created by French psychologists (Badoux, & Mendelsohn, 1994), was adapted by M. V. Sokolova and published in Psychodiagnostics in Russia (Sokolova, 1996)). Well-being embraces the following criteria: 1) external, normative criteria (the virtuous, "right" life); the person experiences well-being, if he has some socially desirable qualities; the criterion of well-being is the system of values accepted by a given culture; 2) life satisfaction (associated with subjective standards of "the good life" test); 3) a general understanding of happiness measured by the superiority of positive emotions over the negative. The scale consists of 17 questions related to emotional conditions, social behavior and some physical symptoms. The higher the resulting score, the lower the level of subjective well-being. Hereinafter this dimension is referred to as emotional discomfort.
6. The questionnaire also explored the following background questions: the level of identification of respondents with a homosexual identity, the number of friends among heterosexuals as well as the LGBT community; educational background, political views, income level, prior consultations of respondents with psychologists or psychiatrists concerning their homosexuality. Respondents were asked the following questions: what are your political views, what is your level of education, what is your level of income? The answers were given in free form.

Analysis of data was performed in the following sequence:

1. An analysis of the frequency distribution for each statement was explored to identify items that cannot be used in the study sample due to a low discriminative value.
2. Exploratory factor analysis (method: Principal components) to combine the items into factors (scales).
3. Confirmatory factor analysis to test hypotheses about the factorial validity of the identified constructs.
4. Scale reliability analysis of the internal consistency of the items that make up the adapted measure. The Cronbach's alpha method was used. In addition to the calculation of Cronbach's alpha (α) for each scale, this ratio was calculated for the scale if each item deleted. This showed the potential improvement in the scale reliability if particular items were removed.
5. Analysis of the relationship between homonegativity scales and psychological measures (i.e. subjective well-being, anxiety, symptoms of depression and self-esteem) via correlation analysis and SEM (structural equation modeling).
6. Development of test standards for homonegativity scales.

To perform an analysis of data, we used IBM SPSS Statistics and AMOS software (St. Petersburg State University Department of Psychology).

Results

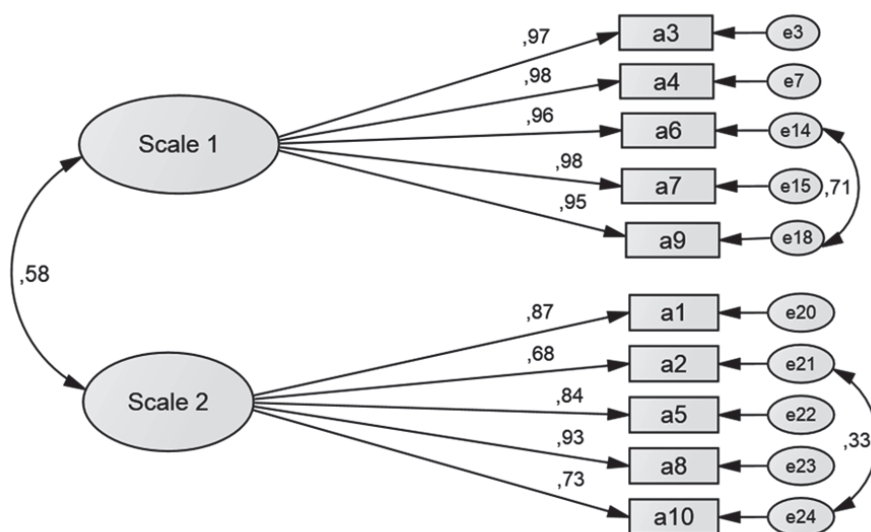
When adapting the IH measure (Mayfield, 2001), the method was translated by three different specialists: a psychologist, a linguist, and a native speaker. The three translations were used to compile the stimulus material of 70 statements. When the identical content was discarded (62 out of 70 items remained), we assessed the suitability of the questionnaire to determine the discriminatory power of each statement. Discriminatory power is understood as the number of similar responses, expressed as a percentage. The statement was considered suitable if the proportion of positive responses ranged from 10 to 90 %. Thus, low discriminatory power was found in 13 statements. As a result 59 statements remained.

To verify the adequacy of the Russian version and sustainability of the original factor structure, the data obtained during the test were subjected to exploratory factor analysis (method: Principal components). A 3-factor solution provided the best fit. The first factor (18 items) included statements which captured: a) negative emotions experienced by homosexuals towards their orientation (e.g., shame, depression); b) negative attitudes toward their orientation (e.g., hatred towards the sexual orientation and a need to control feelings of same-sex people). The second factor (6 items) included statements of homosexuals who described their orientation as an important and positive part of themselves with the belief that being gay is normal. The third factor (4 items) included statements which reflected negative attitudes toward same-sex relationships from a moral perspective.

If the factor analysis confirmed the presence of three factors, factorial validity of the method scales was assessed using confirmatory factor analysis as a special

case of SEM methodology. The results of an exploratory factor analysis (3 factors, 28 items) were used as an a priori hypothetical structure of the scales.

When applying SEM, two conditions of applicability of the method were tested: sufficiency of the sample size and multivariate normality of the distribution of variables. The sample is considered to be an acceptable number (N) if $N > 5T$ where T is the number of estimated parameters (Nasledov, 2013). In our case, $N = 92$ and $T = 23$ (i.e., for our model, the number of people was smaller than the recommended number). In this case, the model can be trusted only if it is consistent with the original data on the computed indexes of model fit. To examine the multivariate distribution and normality of variables, multivariate kurtosis and the Critical Ratio (C.R.) were applied. The calculations were performed with the AMOS software. Multivariate normality is considered fulfilled if the C.R. slightly exceeds 5 (Nasledov, 2013). In our case, the C.R. = 18.43, indicating a significant deviation in the multivariate distribution of variables; thus, the standard SEM analysis methods were deemed unacceptable. However, the AMOS software offers a parameter estimation method which met our needs — the Asymptotically distribution-free method allows for a significant deviation from the multivariate normality. The final model of the method is presented below, see Figure 1.



CMIN=33.984; df=32; $p=0.372$; GFI=0.953; CFI=0.993; RMSEA=0.026; $P_{close}=0.689$

Figure 1. The final model of the homonegativity diagnostic method

As the diagram in Figure 1 shows, the final model of the homonegativity diagnostic method included only two scales. The model is considered consistent with the original data on fit indexes (Nasledov, 2013); the main ones are listed at the bottom of the diagram. They indicate very high level of consistency with the original data; all fit indexes are significantly better than the recommended values. Equally important for the compliance of the models with the original data is the statistical significance of the estimated parameters: regression coefficients, variances of latent variables, and covariances. All the estimated parameters for the final model are statistically significant ($p < 0.01$). The statistical significance of the latent variables in

scales 1 and 2 shows that the variance is reliably different from zero (i.e., they have sufficient discriminatory power).

Scale 1 ("Personal homonegativity") included statements 3, 4, 6, 7, 9 of the original scale (see Appendix). Scale 2 ("Acceptance of homosexuality") included statements 1, 2, 5, 8, 10 of the original scale list (see Appendix).

Further, the scale reliability was tested for internal consistency by Cronbach's alpha method: for the entire sample and separately for men and women. We assumed that none of the scale items were "superfluous" as its reliability decreased once an item was discarded. Let us examine the Cronbach's alphas: Scale 1: $\alpha = 0.96$ (for men: $\alpha = 0.96$, for women: $\alpha = 0.95$); scale 2: $\alpha = 0.88$ (for men: $\alpha = 0.87$, for women: $\alpha = 0.90$). The results suggest high reliability of the scales on the internal consistency of items.

Further, the relationship of homonegativity scales with socio-demographic indicators was examined: age, sex, political views, prior consultations of respondents with psychologists or psychiatrists concerning their homosexuality, education. The correlation analysis (Spearman correlation) showed no statistically significant relationships between age and homonegativity scales. The relationship of other indicators to IH was analyzed using multivariate analysis of variance (dependent variables were the two homonegativity subscales; the explored factors: gender, political views, consultations with a psychologist, education, income). We examined the main effects and all two-factor interactions. There were no significant effects on homonegativity scales by sex, political opinions, consultations with a psychologist (yes/no), education, and material well-being.

Table 1. Pearson correlations (r) of the variables (N = 92)

		Scale 1	Scale 2	R	SPI	SBS	SDS
Scale 1	R	1	.504**	.466**	.199	.275**	.001
	P		.000	.000	.057	.008	.990
Scale 2	R	.504**	1	.229*	-.072	.103	.108
	P	.000		.028	.495	.329	.308
R	R	.466**	.229*	1	.446**	.462**	-.138
	P	.000	.028		.000	.000	.191
SPI	R	.199	-.072	.446**	1	.596**	-.096
	P	.057	.495	.000		.000	.365
SBS	R	.275**	.103	.462**	.596**	1	-.179
	P	.008	.329	.000	.000		.088
SDS	R	.001	.108	-.138	-.096	-.179	1
	p	.990	.308	.191	.365	.088	

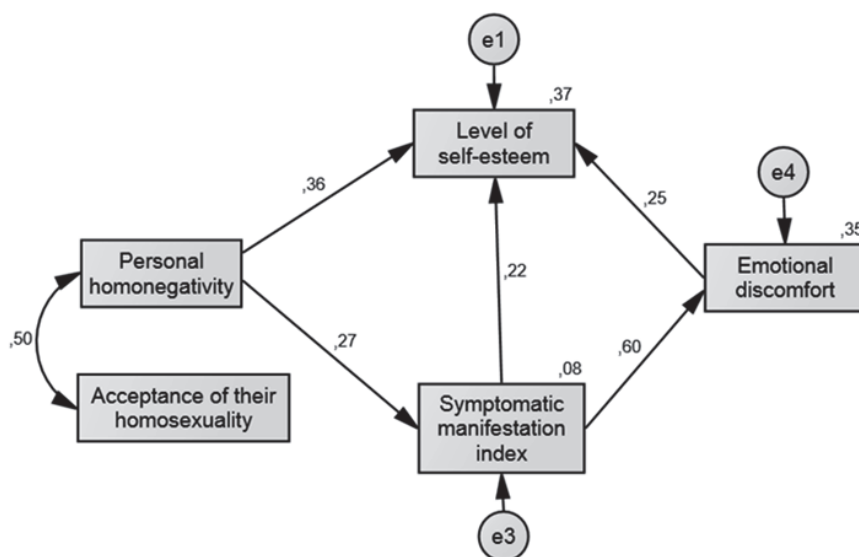
** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Scale 1 — Personal homonegativity; Scale 2 — Acceptance of their homosexuality; R — Level of self-esteem; SPI — Emotional discomfort; SBS — Symptomatic manifestation index on SCL-90; SDS — Marlowe-Crowne Social Desirability Scale

Analysis of the relationship between homonegativity scales and psychological measures was conducted by correlation analysis with indicators taken from a number of tests (social desirability by Crowne Marlowe, the scale of subjective well-being adapted by Sokolova (emotional discomfort), self-esteem scale of Rosenberg, the scale of positive responses on SCL-90). Correlations between these indicators are shown in Table 1.

To test direct and indirect effects the structural model was tested, supposing that Scale 1 (Personal homonegativity) affects Level of self-esteem, Symptomatic manifestation index on the SCL-90 and Emotional discomfort. The final structural model (SEM) is presented below, in Figure 2.



CMIN=5,222; df=4; p=0.265; GFI=0.978; CFI=0.989; RMSEA=0.058; Pclose=0.375

Figure 2. Interconnection scales as diagnostic methods of homonegativity with indicators of the self-attitudes

The number of parameters to be estimated $T = 11$, therefore, the sample size ($N = 92$) is sufficient as it is more than 5 times the T . Multivariate normality was considered fulfilled: the Critical Ratio for Multivariate kurtosis C.R. = 2.65 (less than 5). The model is considered consistent with the original data on fit indexes. All of the estimated parameters for the final model (regression coefficients, variances of latent variables, and covariances) were statistically significant ($p < 0.05$).

In accordance with the model (Figure 2) Scale 1 (Personal homonegativity) relates most strongly to level of self-esteem: the total effect is 0.459 (direct effect 0.359 plus indirect effect = 0.100). Personal homonegativity relates to the Symptom checklist index (direct effect 0.275) to a lesser extent and to Emotional distress (indirect effect 0.164) — to the least.

New standardization of the diagnostic method for homonegativity scales was performed on a sample of $N = 92$. The algorithm of nonlinear standardization was used (Nasledov, Slavinskaya, Dvoretzskaya, 2015). Results of the standardization are presented in Table 2.

Table 2. Test norms of modified scales (Mayfield) (table of conversion from raw scores to stan)

Scale 1 ("Personal homonegativity")								
Stan	–	–	5	6	7	8	9	10
%	–	–	55.43	16.30	11.96	9.78	4.35	2.17
Raw scores	–	–	5	6–10	11–16	17–22	23–24	>24
Scale 2 ("Acceptance of their homosexuality")								
Stan	3	4	5	6	7	8	9	10
%	15.22	14.13	19.57	19.57	16.30	10.87	2.20	2.20
Raw scores	5–7	8–10	11–14	15–18	19–23	24–26	27	>27

It should be pointed out that on Scale 1 ("Personal homonegativity"), 55.43 % of the respondents have a minimum possible value of 5. This, in fact, means an almost complete denial of Personal homonegativity. In this regard, this part of the sample (Scale 1 = 5) was compared with all the others who reported Personal homonegativity (value Scale 1 > 5). Results of the comparison are presented in Table 3.

Table 3. Comparison of polar results on the "Personal homonegativity" scale

	Scale 1:	N	Mean	Std. Deviation	t	df	Sig. (2-tailed)
Scale 2	= 5	51	12.6667	6.31401	–4.494	90	.000
	> 5	41	18.5610	6.17677			
R	= 5	51	16.569	4.5880	–3.198	90	.002
	> 5	41	19.610	4.4659			
SPI	= 5	51	34.039	23.5525	–2.898	90	.005
	> 5	41	47.146	18.7797			
SBS	= 5	51	57.863	17.1208	–2.614	90	.010
	> 5	41	66.268	12.7456			

Scale 1 — Personal homonegativity; Scale 2 — Acceptance of their homosexuality; R — Level of self-esteem; SPI — Emotional discomfort; SBS — Symptomatic manifestation index on SCL-90.

The results of the comparisons (Table 3) confirm the results presented earlier: the presence of "Personal homonegativity" is statistically and significantly associated with higher values on the variables: Acceptance of their homosexuality, Level of self-esteem, Emotional discomfort and Symptomatic manifestation index on the SCL-90.

Discussion

At the beginning 59 statements with sufficient discriminatory power were selected. Then the method of factor analysis (principle component analysis) was applied. The results of factor analysis were of interest since the selected factors coincided in meaning to the subscales in the original IH. However, the CFA revealed a two-factor structure of the adapted questionnaire for the Russian sample. Dispersion of factors (scales), which were statistically significantly different from 0 ($p < 0.01$), suggested the existence of these two constructs and their differentiating ability. The absence of “intersections” of constructs was also evident in the factorial validity of the scales — each statement (question) of the questionnaire statistically and significantly associated with only one factor, the other factor is indistinguishable from 0. This convinced us of the sufficiency of latent constructs selected by these scales. These scales had high reliability in the internal consistency of statements ($\alpha > 0.9$).

Scale 1 “Personal homonegativity (Internalized homophobia)” included 5 statements from the original measure (see Appendix), which characterize: a) negative emotions experienced by homosexuals towards their orientation (e.g. shame, depression); b) negative attitude to their orientation (e.g. hatred towards the sexual orientation, need to control feelings of same-sex people).

Scale 2 “Acceptance of their homosexuality” included 5 statements of the final measure (see Appendix), which assessed the level of self-acceptance by homosexuals who perceived their orientation to be an important and positive part of themselves and believed that being homosexual is normal.

Correlations of scales 1 and 2 with the Marlowe-Crowne Social Desirability Scale were close to zero, which testified to the sincerity of respondents' answers.

It should be said that 55.43 % of the sample had a minimum possible value on the scale of homonegativity, i.e. more than half of the respondents denied that they had any IH. These respondents also reported lower levels of neurotic symptoms according to the Symptom Check List-90-Revised and higher levels of subjective well-being and emotional discomfort. However, it was a quite unexpected result that self-esteem was lower in this group as well as the indicator of self-estimation. It may be that this group of respondents in the beginning of understanding of their orientation. It can be illustrated by their more negative emotional estimation of their homosexual orientation (Scale 2).

The rest of the respondents (45 %) reported the presence of IH to a greater or lesser extent, negative attitudes to their own orientation (according to Scale of Homonegativity) and negative emotions connected with IH. As it was hypothesized, they had higher levels of neurotic symptoms, and lower level of subjective wellbeing and emotional comfort. At the same time they had a higher level of emotional acceptance and self-esteem in spite of their marked homonegativity.

Structural equation modeling (SEM) was used to find out which of the effects of the reciprocal influence of the studied constructs are direct and which are indirect. The structural model (SEM) was based on the assumption that homonegativity and acceptance of one's homosexuality is associated with level of self-esteem, subjective distress and the index of severity of psychological symptoms. The final model (Fig. 2) confirmed several important facts. First of all, paradoxically, personal homonegativity and acceptance of one's own homosexuality were correlated positively: the higher the level of IH, the higher the positive emotional evaluation

of their own homosexuality. Secondly, emotional acceptance of own homosexuality related directly to homonegativity, and had no direct influence on the other studied constructs: apparently, this effect was mediated by indirect homonegativity. Thirdly, homonegativity affected most strongly the level of self-esteem (directly and indirectly through other constructs), and again, paradoxically, the higher the level of IH the higher the level of self-esteem. The relationship of IH to neurotic symptoms appeared somewhat weaker: the higher the level of homonegativity, the higher the neurotic symptoms. And finally, an indirect effect of IH on subjective distress was weak and mediated by neurotic symptoms which, however, was also expected: the higher the level of homonegativity, the lower the feeling of emotional well-being. Fourth, neurotic symptoms and emotional discomfort affected directly and positively the level of self-esteem.

Thus, the structural model confirmed only partly the assumptions about the negative impact of IH on the psychological status of LGB people: this influence was shown in relation to neurotic symptoms and, with their increase, indirectly — in relation to subjective feelings of well-being (emotional comfort). Self-esteem was the main dependent variable of the model, a positive feeling about oneself. Paradoxically, in contrast to initial assumptions, self-esteem was positively related to IH, which, as expected, was associated with increased neurotic symptoms as well as a subjective sense of emotional distress. But the latter, again, paradoxically, increased self-esteem.

We can try to explain the observed contradiction between IH and self-esteem with the well-known theory of cognitive dissonance of Festinger (Heckhausen, 1986). The basic postulate of this theory is the human desire for harmony, coherence and congruence of cognitive representations of the external world and themselves. This theory considers the relationship between the content of cognitive elements and motivational effects arising from the tendency for coherence if two elements are in contradiction (Heckhausen, 1986). It is obvious that IH and the neurotic symptoms associated with it, on the one hand, and positive emotional evaluation of one's own homosexuality, on the other hand, are in a dissonant relationship. According to the research it can be assumed that the reduction of cognitive dissonance of LGB people is as follows: the higher the level of external IH, the harder these people are trying to reduce the negative, strengthening the emotional appeal of their homosexual orientation and reduce negative feelings about themselves, raising self-esteem and self-respect. An alternative approach to the reduction of cognitive dissonance shows that a majority of the respondents (55.4 %) reported no internalization of external homophobia, thus eliminating the need to report positive aspects of their homosexuality and self-esteem in general, resulting in lower neurotic symptoms and feelings of emotional discomfort.

Conclusion

It is desirable to clarify the construct validity of the modified scales of diagnostic methods of homonegativity with a wider set of external criteria and psychological constructs and on a bigger sample. There are reasons to believe that the meaningful interpretation of the scales will be more relevant once the method is put into practice.

The finding of the non-trivial positive link between IH and the attractiveness of one's own homosexuality and self-esteem require further investigation. For this purpose it is recommended that external criteria and a broader set of psychological constructs in a larger group of respondents are used.

A limitation of this study is that the affiliation of respondents to LGB people was determined by self-report and the constructs were based mainly on self-assessment.

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Appendix

Standardized diagnostic method of homonegativity of Mayfield (in modification of A.A. Yanykin, A.D. Nasledov)

Instructions: please answer the following questions by checking the response number that best reflects your opinion.

- 1 — Strongly disagree
- 2 — Rather disagree
- 3 — Slightly disagree
- 4 — Slightly agree
- 5 — Rather agree
- 6 — Strongly agree

The text of the questionnaire (the male version)

1. I am grateful for the sexual orientation that I have.(6)	1 2 3 4 5 6
2. I'm proud that I'm a LGB person.(21)	1 2 3 4 5 6
3. When I think of my homosexual orientation I get upset.(3)	1 2 3 4 5 6
4. I feel sometimes that homosexuality is cause for shame.(5)	1 2 3 4 5 6
5. I am grateful to my fate for my orientation.(6)	1 2 3 4 5 6
6. It upsets me sometimes that I'm sexually attracted to men.(7)	1 2 3 4 5 6
7. When I think about my homosexuality I feel dejected.(3)	1 2 3 4 5 6
8. I accept my homosexuality.(1)	1 2 3 4 5 6
9. I'm ashamed of my homosexual orientation.(5)	1 2 3 4 5 6
10. I treat my homosexuality as a gift.(9)	1 2 3 4 5 6

Assertion numbers from the original techniques Mayfield (2001) are in parentheses.

Processing and interpretation of results

For each scale, the "raw score" was calculated as a sum of constituent items:

Scale "Personal homonegativity", statements: 3,4,6,7,9.

The subscale includes: (a) the negative emotions that LGB people have for their own orientation (e.g., shame, depression, and shame) and (b) negative attitude to their own orientation (e.g., anger on their sexual orientation, the desire to control their feelings towards people of the same sex).

Scale "Acceptance of own homosexuality", statements: 1,2,5,8,10.

This subscale consists of 5 items that measure the extent to which LGB people feel that their orientation is an important and positive part of themselves and that being a LGB person is normal.

The "raw scores" are recommended to use for research purposes. Standard scores on a scale of "Stan" should be used to interpret the results of individual testing. The translation of raw scores to the "Stan" is carried out using Table 3.

GENDER-RELATED INDIVIDUAL DIFFERENCES

Androgyny in dentists: The contribution of masculinity and femininity to mental health and well-being

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Background. A dentist's professional activity requires a high level of personality traits that are usually regarded as a combination of both female and male traits. Androgynous gender identity corresponds to dentists' professional requirements and allows the dentists to retain mental stability and psychological well-being.

Objective. The goal of this study is to determine the specificity of the androgynous identity in dentists in the context of gender differences as indicators of mental health and subjective well-being.

Design. The first stage of the research covered 129 dentists of both sexes to reveal their androgynous gender type using the Bem Sex Role Inventory. During the second stage, 117 androgynous dentists were studied using the SCL-90-R and Brief Subjective Well-being Questionnaire in an effort to reveal the specificity of the dentists' mental health and self-esteem.

Results. According to the results, individuals with an androgynous type of gender identity constitute the largest part of dentists (90.70%), regardless of their biological sex. The expression of masculinity does not statistically differ from the expression of femininity within the androgynous sample. Regardless of their sex, these dentists are characterized by a higher level of mental health. No significant differences were revealed between androgynous men and androgynous women in their subjective well-being indicators — self-estimation of health, satisfaction with material status and success motivation.

Conclusion. We concluded that androgyny is the most common type of gender identity in the men and women engaged in dentistry. The basic gender characteristic in the structure of androgynous identity in dentists is masculinity, which is closely inter-related with mental health and subjective well-being regardless of biological sex.

Keywords: gender identity, androgyny, masculinity, femininity, mental health, well-being, dentists

Introduction

The research into gender issues at different levels of social interaction is one of the perspective scientific areas of psychology and sociology today (Kletsina, 2013). Gender research tends to be more and more significant not only in the sphere of the humanities, but also in medicine (Kovaleva & Barkovskaya, 2012).

Simultaneously, the growing interest in the category of gender and gender role is seen in clinical psychology, which is closely linked to medicine (Gartfelder & Nikolaev, 2015; Glidden, Bouman, Jones, & Arcelus, 2016). It is quite logical that it has many roots in Lev Vygotsky's ideas of cultural-and-historical approach, which can significantly contribute to the understanding of a great number of psychological phenomena of standard and pathological behaviour (Zinchenko & Pervichko, 2013; Tkhostov, 2016).

One of the basic categories of gender psychology is the concept of androgyny, according to which every person, regardless of whether that person is a man or a woman, combines both traditional and culturally determined feminine and masculine qualities, and a simultaneous identification of a person with either masculine or feminine qualities corresponds to their androgynous identity (Bem, 1974; Bem, 1985). According to a modern perception of androgyny, a person's masculine and feminine characteristics do not contrast each other; they complement each other, which ensures a wider variety of behaviour and better adaptation to the social environment (Lipińska-Grobelny, 2007).

Optimal manifestation of androgyny suggests a more adaptive, hence healthier, behaviour of a person regardless of their sex or age (Shimonaka, Nakazato, Kawaai, & Sato, 1997; Vafaei, Alvarad, Tomás, Muro, Martinez, & Zunzunegui, 2014), which may be associated with higher self-esteem in androgynous men and women. This also refers to more stable indicators of mental health in people of androgynous gender identity (Vafaei et al., 2014).

However, there is some ambiguity here. There are data pointing out that androgyny in elderly people is associated not only with better mental health, but also with better physical health and mobility (Vafaei et al., 2014). Another study revealed that only elderly androgynous women, as compared to their peers, reveal a higher level of general wellness and life satisfaction. Their male peers' wellness and physical activity are not affected by gender role (Gale-Ross, Baird, & Towson, 2009).

The role of androgyny tends to be less positive in reference to occupational stress. Androgynous men, along with masculine women and undifferentiated individuals, more often perceived their workplace as stressful (Lipińska-Grobelny, 2008). It was also established that androgyny in its pathological expression can be correlated with personality disorders, particularly with antisocial and borderline personality disorders (Howard, 2015).

Nonetheless, androgyny is considered an important psychoprotective factor, which may have a therapeutic effect if intentionally encouraged (Prakash, Kotwal, Ryal, Srivastava, Bhat, & Shashikumar, 2010).

Thereupon, the contribution of masculinity and femininity, as basic gender characteristics, to people's health and well-being is not so evident. There is an opinion that higher levels of both masculinity and femininity are associated with higher

levels of optimal mental health (Lefkowitz & Zeldow, 2006). However, what is the individual role of these gender characteristics?

Feminine characteristics are correlated with a person's increased susceptibility to stress and weaker health (Prakash et al., 2010). Femininity turned out to be the main trait of gender identity in patients with eating disorders (Behar, de la Barrera, & Michelotti, 2002). There are data speaking of the association of expressed masculinity with a high risk of somatic diseases (Juster & Lupien, 2012). In other words, the assessment of the role of masculine and feminine characteristics in people's health and well-being is not so obvious.

Dentistry is one of the career areas in which gender research proved to be significant. In the course of their daily work, dentists experience occupational stress (Mazharenko, 2012; Maslak, Naumova, & Filimonov, 2014). While still in university, some dentistry students reveal substandard psychological well-being (Chistopolskaya, Enikolopov, Ozol, Chubina, Nikolaev, & Gorodetskaya, 2016).

Some dentists tend to be more susceptible to anxiety and depression (Kulkarni, Dagli, Duraiswamy, Desai, Vyas, & Baroudi, 2016). Many of them have somatic diseases (Maslak et al., 2014; Bessonova, Shkatova, & Oksuzyan, 2016). Another consequence of stress is burnout (Mazharenko, 2012; Maslak et al., 2014; Vered, Zaken, Ovadia-Gonen, Mann, & Zini, 2014; Kulkarni et al., 2016). The most significant factors in the burnout experienced by dentists are younger age, male sex, high job strain, excessive working hours and certain personality characteristics (Singh, Aulak, Mangat, & Aulak, 2016). The risk of developing burnout in dentists is essentially reduced by high self-esteem (Vargina, 2007).

One of the activities that reduces the adverse effect of occupational stress on both male and female dentists is leadership. The key personality characteristics encouraging leadership in all people, including dentists, are a high-level of professionalism and strong ethics (Chambers, 2016). The number of such professionals is constantly growing. According to the American Dental Association, 40 % of male and female dentists exercise their leadership in their local communities and 32 % in their professional organisations (Forest, Taichman, & Inglehart, 2013).

Gender specificity of dentistry is reflected in its steady deviation from masculine dominance. Today, more and more women are working in dentistry (Whelton & Wardman, 2015). This phenomenon has been called the "feminization of dentistry". Having begun in North America, this process is eventually covering the whole world (McKay & Quiñonez, 2012). The number of female dentists in Russia actually exceeds the number of male dentists (Vargina, 2007; Maslak et al., 2014).

However, the process of feminization in dentistry may lead to certain changes that society and the dentists may not be ready to encounter (McKay & Quiñonez, 2012). It is not a secret that there are some differences concerning male and female dentists' work patterns and their attitudes towards work (Ayers, Thomson, Rich, & Newton, 2008; McKay & Quiñonez, 2012).

For example, male dentists work more hours per week than female dentists (Ayers et al., 2008). Men more often have their own practice (Ayers et al., 2008; McKay & Quiñonez, 2012). They study professional literature more often (Newton, Thorogood, & Gibbons, 2000) and are more willing to continue their education (Ayers et al., 2008). Male dentists show a higher career satisfaction score than female dentists (Ayers et al., 2008). However, male dentists are more susceptible

to occupational stress than women (Vargina, 2007). In their relationship with patients, male dentists are more reasonable, relying more on objectivity, logic and consistency. They show better control of their emotions. When dealing with male dentists, patients more often believe that a dentist expects the patient to be able to tolerate pain (McKay & Quiñonez, 2012). While working, male dentists run more risks due to not wearing protective gear (gloves, masks, eye shields) and hence get injured more often (McKay & Quiñonez, 2012).

Female dentists more often work part time (Newton et al., 2000; McKay & Quiñonez, 2012) employed on salary or as an associate in a private practice (Ayers et al., 2008; McKay & Quiñonez, 2012). Female dentists have a lower average yearly income than men (McKay & Quiñonez, 2012). They take more career breaks than men, and their career breaks are much longer and largely accounted for by child rearing (Newton et al., 2000). Female dentists experience higher strain than men, but their job burnout is developing more slowly (Vargina, 2007). Female dentists admit the men's leading role in dentistry; however, they do not regard it as optimal (Vargina, 2007). In their relationship with patients, female dentists reveal more empathy and communicative skills. They are more caring, humane and tactful, and they aim for harmony. In decision-making, they tend to rely on feelings (McKay & Quiñonez, 2012). Female dentists are sure that they have a better, deeper understanding of their patients and a greater ability to empathize as compared to male dentists, and they believe that their patients put more trust in them than in male dentists (Vargina, 2012). When working, female dentists adhere to conservative practice more — they are more inclined to restorative and preventive approaches in treatment, especially at the initial stage of their work (McKay & Quiñonez, 2012).

To summarize, it is worth noting that the professional activity of a dentist is very stressful, causing extreme mental strain, and, therefore, requires a strong personality. These requirements are correlated with some characteristics that are regarded as either female (responsiveness, cordiality, empathy, communicability, etc.) or male (determination, ability to work in a highly competitive environment and quickly master new professional technologies, etc). It is not surprising that gender identity plays a very important role in a dentist's prospective professional activity, determining the choice of not only a profession, but also a certain dental specialty, where the main role is played by the type of an applicant's gender identity along with their personality traits (Kim, Kim, & Moon, 2015).

Therefore, the results of the conducted review assume that the gender identity associated with androgyny will prevail in dentists, regardless of the feminization in dentistry, since, on the one hand, androgyny corresponds more to the professional requirements, and on the other hand, it allows the dentists to retain mental stability and psychological well-being.

At the same time, it is not clear what psychological qualities underlie a higher level of mental health and well-being in male and female androgynous dentists. That is exactly the reason why the ultimate *goal* of our research is to study the specificity of androgynous identity in dentists in the frame of gender differences in the indicators of mental health and well-being. Under androgynous gender identity within this research, we mean a high level of acceptance by a person of being not one sex-type gender identity, but having both masculine and feminine qualities.

Method

Study design and participants

This research was conducted in two stages involving all the dentists who had taken the qualification programme course at the Medical Faculty of the Chuvash State University throughout 2016.

Prior to the research, each respondent received an explanation of the study and its goal in an initial interview with all of the respondents approving their participation in the study. Subsequently, the respondents completed the printed questionnaires that were offered to them in their free time. Based on the results, another interview was held with the respondents aimed at clarifying the obtained results and correlating them with certain characteristics.

The first stage of the research covered 129 dentists (64 males and 65 females) with their mean age of 30.95 ± 6.99 . At this stage, the goal was to reveal androgynous dentists.

The second stage of the experiment included 117 dentists (59 males and 58 females) with their mean age of 30.86 ± 6.80 . The goal was to find out the specificity of their mental health and self-esteem according to certain parameters.

Because it was difficult to statistically compare the number of both sex respondents working in each dental specialty (therapeutic dentistry, surgical dentistry, orthopedic dentistry, orthodontics, pediatric dentistry, etc.), the research disregarded the factor of the dentists belonging to a certain professional area.

Research methods

Personality gender characteristics were revealed using a *Bem Sex Role Inventory* (BSRI), which is the most commonly used tool for conducting similar research across countries and age groups (Vafaei, Alvarad, Tomás, Muro, Martinez, & Zunzunegui, 2014). In this research, the BSRI perfectly suited the task of revealing the extent of expression of androgynous personality traits, and had the ability to demonstrate feminine and masculine qualities in different real-life situations (Bem, 1974). The Russian analogue of BSRI (Lopukhova, 2013) revealed the extent of femininity and masculinity expressed in each of the respondents. A certain correlation of these traits made it possible to diagnose one of the four types of gender identity — masculine, feminine, androgynous or undifferentiated.

The *SCL-90-R Symptomatic Questionnaire* (Derogatis, 1994), which is widely used in clinical and healthy samples, helped assess the level of mental health of the respondents. It was possible to detect common mental disorders in the respondents and identify the intensity of their expression — manifestation of somatization, obsession, interpersonal sensitivity, depression, anxiety, hostility, phobias, paranoid ideations or psychoticism. Summed up, the indicators of certain scales helped calculate the integral indexes of the state gravity, distress and the total number of pathological manifestations. The picture of the respondent's mental health was completed by using seven additional *ADD* questions (Tarabrina, 2001).

All the respondents were also offered a *Brief Subjective Well-being Questionnaire*, which was based on the *Sociocultural Questionnaire* (Nikolaev, 2006) and comprised three questions on self-estimation of physical health, material well-being satisfaction, and achievement motivation. The first question asked a respondent to self-

estimate their own current health by choosing one of the following answers: incurably ill, desperately ill, ill as many people around, rarely ill, having temporary health problems, generally healthy or absolutely healthy. The second question asked them to estimate their own material status. A respondent was to choose one of the three possible answers: I lack money for my basic essentials; I have enough money, but I would like to have more or I am fully satisfied with my material status. The third question concerned achievement of success. The respondents were asked to choose from the following answers: I do not think about success, I am not sure I can be successful, I am trying to become successful or I will necessarily achieve success. Regarding the increasing value of each answer's content they were assigned a number of points corresponding to the sequence number of the answer on the questionnaire. The research did not calculate the integral quantitative score as each question was assessed separately. Presumably, the answers to the questionnaire reflected one of the aspects of well-being — physical, material or associated with success.

Statistical analysis

The primary statistical analysis was aimed on calculating the number of cases, arithmetic average and standard deviation for discrete indexes, percentage ratio for category indexes. Considering that most of the obtained results allowed us to define the value corresponding to normal distribution, *Student's t*-criterion was calculated to assess the validity of the differences with confidence level $p < .05$ and $p < .01$. To compare the indexes distribution among groups, the value of *chi-square* (χ^2) criterion was defined. To reveal valid interconnections between the indexes, *Pearson's linear correlation r-coefficient* was calculated with confidence level $p < .05$.

All the calculations were done with the help of Microsoft Office Excel 2010 and special GNU CRAN R 3.3.2 software.

Results

Results of gender identity indicators analysis

The analysis of the gender identity structure in the first sample of dentists (129 people), made by using the *BSRI* at the first stage of the research, revealed that the majority of the respondents (117 people, 90.70 %) are correlated with the androgynous type of gender identity. The remaining 12 people (9.30 %) corresponded to gender characteristics of feminine (10 people), masculine (1 person) and undifferentiated (1 person) types (Table 1). Also, the male (50.43 %) and female (49.57 %) dentists are equally represented ($p > .05$) within the group of androgynous dentists.

Thus, the empirical finding of the research done during the first stage of the study establishes that individuals with an androgynous gender identity type constitute the largest part of dentists regardless of their sex.

Based on these data and aimed to achieve the goal of the given research, 59 male and 58 female androgynous dentists were selected into the second sample group (117 people), which will further be referred to as the androgynous sample.

This stage of research allowed us to reveal the indicators of masculinity and femininity in the whole sample of androgynous respondents, as well as the diffe-

Table 1. Structure of gender identity types in the first sample (n = 129)

Sex	Type of Gender Identity				Total
	Masculine	Feminine	Androgynous	Undifferentiated	
Male	1	3	59	1	64
Female	–	7	58	–	65
Total	1	10	117	1	129

rences regarding the sex factor (Table 2). Thus, the results showed that the expression of masculinity does not statistically differ from the expression of femininity within the androgynous sample ($t = .50$; $p = .62$). At the same time, the separate sex analysis showed that androgynous women revealed a stronger expression of feminine characteristics ($t = 6.15$; $p = .00$), whereas androgynous men revealed a stronger expression of masculine traits ($t = 3.53$; $p = .00$). On the one hand, the findings can be regarded as quite logical because of equal representation of men and women in the sample. On the other hand, they may be reflecting some differences in the proportion of androgynous characteristics in men and women, the interrelation of which with certain indicators of the respondents' mental health is specified in further research.

Table 2. Indicators of masculinity and femininity in the second sample (n = 117)

Respondents	N of people	Masculinity	Femininity	t	p
Second sample including:	117	7.62 ± 4.38	7.89 ± 3.79	.50	.62
Men	59	9.08 ± 4.50	5.73 ± 2.99	3.53	.00
Women	58	6.12 ± 3.72	10.09 ± 3.21	6.15	.00

A second look at Table 2 shows that with respect to the value of Student's criterion (3.53 vs 6.15), the discrepancy between mean values of masculinity and femininity in men is significantly less than the similar discrepancy in women (9.08 and 5.73 vs 6.12 and 10.09). To our mind, it may reflect a greater polarity of masculine and feminine gender traits in androgynous women. In androgynous men, it can speak of greater smoothness of transition from the masculine gender role to the feminine one.

Table 3. Indicators of masculinity and femininity in men and women

Indicators	Men, n = 59	Women, n = 58	t	p
Masculinity	9.08 ± 4.50	6.12 ± 3.72	3.89	.00
Femininity	5.73 ± 2.99	10.09 ± 3.21	7.59	.00

The analysis of mean values of masculinity and femininity in male and female respondents (Table 3) also revealed similar differences with respect to the value of Student's criterion (3.89 vs 7.59). It is evident that a greater discrepancy in these

values in men and women is obviously seen on the femininity scale (5.73 и 10.09). This finding can serve as testimony that feminine traits are expressed in an androgynous personality more obviously than masculine characteristics.

Results of mental health indicators analysis

Based on the analysis of availability and manifestation of psychopathological symptoms and with the goal to identify the state of the respondents' mental health, we compared the results obtained in the androgynous sample by means of the *SCL-90-R* method with similar standard measurement data. Standard measurement data have been obtained after studying the sample of healthy people of both sexes in the course of adaptation of the *SCL-90-R* method in Russia (Tarabrina, 2001).

When compared to women, the male respondents have lower indicators on the scales of somatization ($p = .00$), depression ($p = .00$), interpersonal sensitivity ($p = .00$) and anxiety ($p = .01$). In other words, androgynous men feel less concerned about their somatic health; they are more oriented towards productive communication, more interested in life, more vigorous, calm and self-confident.

The comparison of general distress indexes obtained by means of the *SCL-90-R* method generally characterizes the sample as having a high level of mental health (Table 4). Thus, all the three general *SCL-90-R* indexes have reliably lower values as compared to the standard group ($p < .01$). All this statistically confirms that, even as compared to the standard, androgynous dentists reveal a minimal number of symptoms (PST) and intensity of pathological symptoms (GSI), have a weak expression of personality symptomatic distress and lack motivation for overestimation and disguise of the available symptoms (PSDI).

A deeper analysis of the results on major *SCL-90-R* scales helped identify the psychological characteristics that ensure a high level of mental stability in androgynous dentists (Table 5). First, they include a statistically lower level ($p = .00$) of interpersonal sensitivity, depression, hostility and phobic anxiety. Overall, it characterizes the respondents as people who are sufficiently balanced, friendly and open, but also highly motivated, vigorous, reasonable and greatly interested in life and communication.

Table 4. General *SCL-90-R* distress indexes in androgynous sample as compared to the standard

General distress indexes	Androgynous sample, n = 117	Standard, n = 500	t	p
GSI	.52 ± .45	.64 ± .43	2.74	.01
PSDI	1.34 ± .37	1.45 ± .39	2.72	.01
PST	31.15 ± 20.08	36.64 ± 17.28	3.00	.00

What type of gender constituent may be characteristic for such indicators of the androgynous respondents' mental health? Whose psychic and emotional state is more stable — men's or women's? To answer these questions, it is necessary to look into the data of Table 6. According to the results, androgynous men have a lower global severity index GSI ($p = .00$) score and a fewer number of positive an-

swers concerning the availability of certain pathological symptoms PST ($p = .00$) than androgynous women do. However, the level of symptomatic distress (PSDI) in the given subgroups is equally low ($p = .08$).

Table 5. Indicators of major *SCL-90-R* scales in androgynous sample as compared to the standard

Scales	Androgynous Sample, $n = 117$	Standard, $n = 500$	t	p
Somatization (SOM)	.57 \pm .53	.55 \pm .46	.40	.69
Signs of Obsession and Compulsion (O-C)	.75 \pm .58	.78 \pm .54	.53	.60
Interpersonal Sensitivity (INT)	.67 \pm .57	.95 \pm .65	4.35	.00
Depression (DEP)	.52 \pm .52	.72 \pm .55	3.55	.00
Anxiety (ANX)	.48 \pm .52	.58 \pm .53	1.76	.08
Hostility (HOS)	.49 \pm .57	.74 \pm .65	3.85	.00
Phobic Anxiety (PHOB)	.19 \pm .37	.32 \pm .37	3.37	.00
Paranoid Ideation (PAR)	.59 \pm .51	.73 \pm .59	2.30	.02
Psychoticism (PSY)	.35 \pm .52	.44 \pm .45	1.96	.05
Additional questions (ADD)	.48 \pm .53	.43 \pm .33	1.41	.16

Table 6. General distress indexes based on the *SCL-90-R* in men and women

General distress indexes	Men, $n = 59$	Women, $n = 58$	t	p
GSI	.42 \pm .39	.62 \pm .48	2.52	.01
PSDI	1.28 \pm .35	1.40 \pm .38	1.76	.08
PST	26.29 \pm 17.05	36.09 \pm 21.81	2.71	.01

Table 7. Major scales indicators based on the *SCL-90-R* in men and women

Scales	Men, $n = 59$	Women, $n = 58$	t	p
Somatization (SOM)	.39 \pm .35	.75 \pm .62	3.89	.00
Signs of Obsession and Compulsion (O-C)	.68 \pm .55	.82 \pm .60	1.37	.17
Interpersonal Sensitivity (INT)	.52 \pm .44	.82 \pm .65	2.89	.00
Depression (DEP)	.35 \pm .39	.69 \pm .58	3.69	.00
Anxiety (ANX)	.37 \pm .42	.61 \pm .58	2.57	.01
Hostility (HOS)	.49 \pm .61	.49 \pm .52	.05	.96
Phobic Anxiety (PHOB)	.16 \pm .42	.22 \pm .33	.79	.43
Paranoid Ideation (PAR)	.53 \pm .50	.66 \pm .52	1.47	.15
Psychoticism (PSY)	.30 \pm .56	.40 \pm .48	1.03	.30
Additional questions (ADD)	.42 \pm .54	.55 \pm .52	1.25	.22

The analysis of additional questions based on the SCL-90-R also turned out to be very useful. As shown in Table 5, the mean indicator of ADD questions in the androgynous sample does not differ from its standard value ($p = .16$). Neither does this indicator differ in men's and women's subgroups ($p = .22$) (Table 7). However, according to the analysis of the ADD scale structure, women revealed indicators of reliably higher ($p = .00$) values in that they have difficulty falling asleep (Question 44). This symptom was typical for more than half of the female respondents (60.34 %).

Results of subjective well-being analysis

The analysis of the answers given by the androgynous respondents to the Brief Questionnaire on Subjective Well-being showed that the majority of the dentists (52.99 %) assess their health positively (generally healthy; absolutely healthy). As for the material status, only a third of the respondents were satisfied with their material status (38.46 %). Most of the dentists are sure that although they have enough money for their current lifestyle, their unrealized needs are still much higher (58.12 %). This is the factor that may be associated with the deliberate motivation towards success shown by more than half of the respondents (53.91 %). Although the other part of the respondents (43.48 %) are absolutely confident that they will actually achieve their lofty goals, which they associate with their achievement.

The comparative analysis of the questionnaire results based on sex revealed no valid difference between androgynous men and androgynous women concerning their subjective well-being indicators — self-estimation of their health ($\chi^2 = 1.08$; $p = .58$), satisfaction with their material status ($\chi^2 = 9.53$; $p = .09$), achievement motivation ($\chi^2 = 4.65$; $p = .10$).

Results of correlation analysis

A correlation analysis of the results obtained during the research was made to specify the character of the correlation of the androgynous sample respondents' gender identity indicators with their mental health and some other parameters of their self-estimation — separately for men and for women. The analysis made use of statistically significant data with confidence level $p < .05$.

Common characteristics of correlations in men and women. It was found out that both male and female respondents have the following common intercorrelations:

- inverse interrelations between masculinity and depression and interpersonal sensitivity;
- indirect inverse interrelations between masculinity and the GSI global severity index, PSDI positive symptom distress index and health self-estimation; and
- inverse interrelations between depression and health self-estimation.

Thus, it has been established that masculinity, as one of the basic constituents of gender identity, is a universal psychological characteristic of the dentists, which is involved in forming important interrelations typical for androgynous men and women. Particularly, it is characteristic for all of them that a stronger expression of masculinity correlates with a decrease in the signs of depression and interpersonal

sensitivity. Indirectly, their health self-estimation will be more positive and their general state of mental health higher. Thus, it can be pointed out that a higher level of masculinity in androgynous dentists, regardless of their sex, is accompanied by better mental health, more emotional stability, more confidence in their health and more pragmatism in communication, which creates the necessary conditions for successful professional activity.

The analysis of correlations of masculinity made separately for male and female dentists revealed the following.

The specificity of masculinity correlations in male dentists. As it may be seen in Fig.1, masculinity in androgynous male respondents is directly related to only two psychological categories — depression ($r = -.28$) and interpersonal sensitivity ($r = -.27$). Thus, the generic scheme described above will be fully repeated in the behaviour of male dentists. However, here it will be complemented by indirect inverse interrelation between depression and interpersonal sensitivity via satisfaction with their material status ($r = -.26$ and $r = -.29$), which is typical only of men.

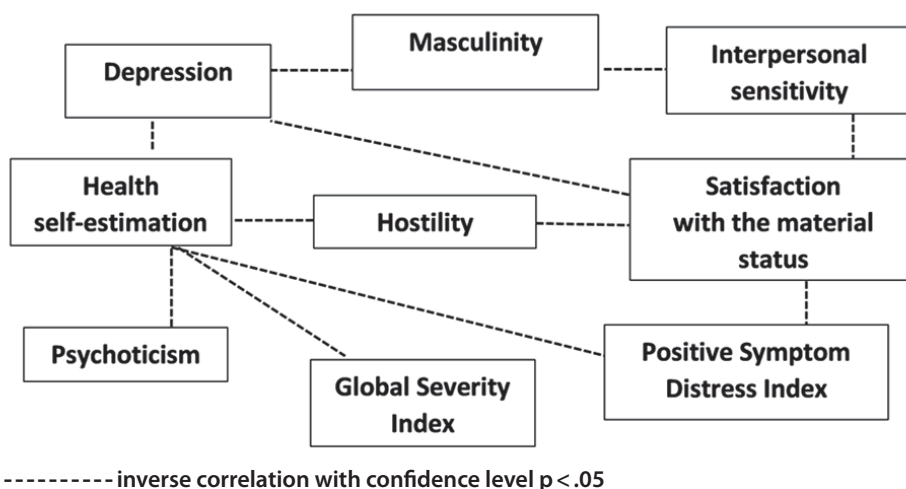


Figure 1. Correlations of masculinity in male dentists

Figure 1 obviously shows that the most specific elements of masculinity interrelations in men are hostility, psychoticism and satisfaction with their own material status. All these are interrelated with masculinity indirectly via health self-estimation ($r = -.34$), depression ($r = -.28$) and interpersonal sensitivity ($r = -.27$).

Overall, the key psychological characteristics with the largest number of valuable correlations are *health self-estimation* (five interconnections), *satisfaction with the material status* (three connections) and, linked to them, *depression* (three connections). Based on this, it can be assumed that a higher level of masculinity in androgynous male dentists is accompanied by a more stable emotional mood and an appropriate positive self-estimation of their health with minimal value indicators of psychological ill-being. In its turn, a higher level of satisfaction with material status is correlated in them with reduced alertness and hostility in communication with people, which reflects growing stability of their mood and positive self-estimation of their health.

It is worth noting that if higher satisfaction with material status and higher predictability and adequacy of their behaviour completely correspond to a higher level of masculinity in androgynous men, reduced hostility in more masculine men may seem to be quite unexpected, as it is quite contrary to the image of traditional masculinity. We connect this discrepancy with the fact that high competition in dentistry can force male dentists to deliberately control their aggressive impulses, which leads, in this case, to a general reduction of hostility.

The specificity of masculinity correlations in female dentists. Masculinity in androgynous female dentists is indirectly interrelated to more than twice as many psychological variables than in men (Figure 2). A higher level of masculinity in females will be accompanied by not only low indicators of depression ($r = -.30$) and interpersonal sensitivity ($r = -.33$) as mentioned above, but also by weaker signs of obsession and compulsion ($r = -.26$), lower PSDI index ($r = -.29$) scores and a growth in success motivation ($r = .30$).

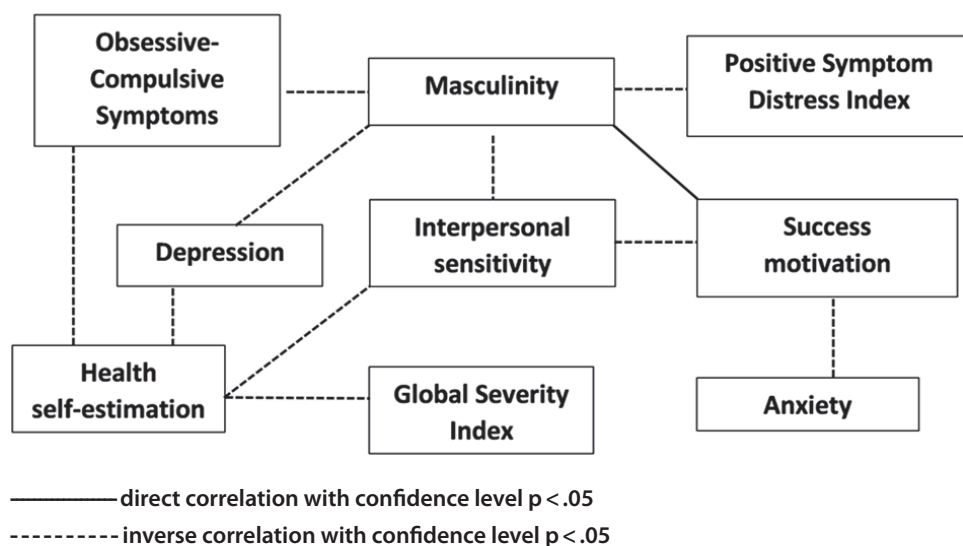


Figure 2. Correlations of masculinity in female dentists

The most specific elements of interrelations of masculinity in women are signs of obsession and compulsion ($r = -.32$), self-estimation of their successfulness ($r = .30$) and, interrelated with it, anxiety ($r = -.27$). The key psychological categories with the maximum number of significant correlations in the given system are *health self-estimation* (four connections), *success motivation* (three connections) and *interpersonal sensitivity* (three connections), linking the two previous categories.

Thus, higher masculinity in a female dentist makes her more motivated towards success, less anxious, more confident and less inclined to depression and obsession. In this case, she will also over- or underestimate the available symptoms less, and, like male dentists, she will be less geared to the emotional side of interpersonal relations. Correspondingly, a higher level of masculinity in androgynous female dentists is correlated with minimal psychopathological manifestations correspond-

ing to a higher self-estimation of their health. Reduced anxiety in such situations is correlated with pragmatic interpersonal communication and more confidence in achieving success.

Discussion

The research of the specificity of the androgynous identity in dentists produced interesting and unexpected results. It was found that the androgynous identity is common among primarily tested dentists regardless of their sex. It is the dominating type of gender identity that is characteristic of nine out of ten dentists, which revealed that the expression of masculinity organically complemented with the feminine traits.

This is the fact that explains the high level of mental health in the androgynous sample. The study results fully correspond to the data showing that the androgynous model of gender identity may be regarded as a distinctive indicator of an optimal level of mental health, as one of its unconditional determinants (Vafaei et al., 2014), which stays actual in its value throughout the life span of a person (Shimonaka et al., 1997).

When speaking of the correlation between gender identity and mental health, it is necessary to remember that, in similar research, scientists often take into account the factor of sexual identity, which is closely interconnected with the gender factor. And this is exactly the reason that we can explain the lack of correspondence of the results obtained in our research to the data of other researchers. For example, the study of women belonging to a sexual minority group did not reveal any interconnection between gender identity and mental health indicators (Levitt, Puckett, Ippolito, & Horne, 2012).

On the other hand, the issue of personal identity can receive a broader consideration since the state of a person's mental health can be associated with not only the character of their personal identity, but also with their relationships with people whose gender and sexual identity differ from theirs. Thus, the formation of internalized heterosexism perceived as a negative attitude to the representatives of sexual minorities is directly related to psychological distress, with such people often being in need of psychological assistance (Puckett, Levitt, Horne, & Hayes-Skelton, 2015).

In reference to the governing role of masculinity in the structure of androgynous identity in dentists, it is worth noting that the results we obtained are similar to earlier research based on the study of military personnel (Dimitrovsky, Singer, & Yinon, 1989), which distinctly showed that men and women with a high level of masculinity have a higher self-esteem and higher assessment on the part of their colleagues concerning their achievement and suitability for army service.

Evidently, the categories of estimating health, material status and achievement, the indicators of which have been studied in dentists within the given research, can be regarded as important factors, which determine the system of masculinity interconnections within the context of androgynous identity. The comparison of the results obtained during our study of androgynous dentists, namely, the indicators of their health self-estimation and the extent of their satisfaction with their material status, with similar data revealed by Maslak et al. (2014), proved once again a

higher level of subjective well-being of the androgynous respondents. Our results not only confirm the idea that self-esteem and personal health are the most effective predictors of successful adaptation, but also significantly broaden this theory by revealing different systems of interconnections for men and women.

Conclusion

Androgyny is the most common type of gender identity in men and women engaged in dentistry, and, in different contexts, it is revealed differently in representatives of the two biological sexes. Thus, as compared to androgynous male dentists, androgynous female dentists reveal a greater range of manifestation of masculine and feminine traits. The subjective estimation of well-being by androgynous male dentists shows higher mental stability, which is associated with a more obvious expression of their calmness, self-confidence, a greater interest in life, a reduced concern about their own health, sound sleep and an orientation towards productive communication.

At the same time, it is established that feminine traits are more obviously expressed in androgynous dentists, both men and women. Regardless of their biological sex, androgynous dentists are characterized by a higher level of mental health, which is revealed in their friendliness, openness, vitality and rationality and a similar subjective estimation of well-being and with a positive estimation of their health, obviously expressed motivation for a higher level of material well-being on condition of covering their basic material needs and a higher level of success motivation.

However, the research shows that the key gender characteristic in the structure of androgynous identity in dentists is masculinity, which is closely interrelated with mental health and subjective well-being, regardless of biological sex. Masculinity in androgynous male dentists is correlated with emotional stability and constructiveness of their communication with people. Higher satisfaction with their material status corresponds to their better mood, their resistance to stress and less hostility and distrust in communication. A higher manifestation of masculinity in androgynous female dentists is accompanied by their susceptibility to stress and their growing confidence in achieving success due to reduced anxiety. Masculine traits in them are closely connected with the indicators of their mood, their inclination for doubts, their easiness of communication their self-estimation of physical and mental health.

We suggest that it is important to keep in mind this specificity of androgynous gender identity of dental professionals not only when planning preventive measures against job burnout, but also when dealing with medical school entrants, i.e. prospective dentists.

Limitations

This research was based on studying the specificity of androgynous identity in dentists, averagely aged 31. Obviously, androgyny can reveal different manifestations in the given occupational group in other age periods. To gain a deeper understanding of the role that androgyny plays in dentistry, it would be reasonable to do similar research in groups of dentists belonging to different dental specialties.

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Specifics of interpersonal trust among people with different gender identities

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Background. This study addresses a current problem relating to trust and the identification of gender differences in trust/mistrust manifestation. Gender identity is associated with cultural stereotypes and social roles, which facilitate the formation of trust in people. It acts as a significant integral meaning-based component of an individual's "I"-conception, which contributes to the formation of trust in himself and the world around him.

Objective. To study features of trust/mistrust towards others in young people with different gender identities.

Design. The cross-gender-typical sample consisted of 179 representatives, 83 males and 96 females, ages 17 to 23 ($M = 19.34$ and $SD = 1.79$). The techniques for collecting data included the MMPI, the Sex-Role Inventory by S. Bem, and the Trust/Mistrust towards Others questionnaire by A. Kupreychenko. The results were processed via the Mann-Whitney U Test, the Kruskal-Wallis H criterion, and cluster analysis.

Results. Criteria of trust/mistrust among the youth with different gender identities were identified, and basic types of trust — categoric, irrational-emotional, ambivalent-contradictory, and non-differentiated — were singled out. Irrespective of biological sex, bearers of different gender identities do not exhibit the same criteria to determine trust/mistrust.

Conclusion. This study makes it possible to enrich our understanding of the role of social gender in the formation of interpersonal trust and differences in the foundations of trust toward others, in people with different gender identities. The empirical typology of trust in youth with different gender identities allows for using the typology in organizing psychological diagnostics, and for support and improvement of their interpersonal relations.

Keywords: gender identity, trust, trust/mistrust identity, gender differences, social roles

Introduction

An individual's gender identity is built upon meanings and social categories attributed to males and females in his or her culture. When these cultural meanings are embedded into people's pictures of the world, gender identification becomes a part of their personalities. Thus, gender identity is the part of a multi-faceted "I"-conception and a key aspect in the psychology of the personality (Epstein, 1973; Stets & Burke, 2000).

The reasons for gender differences have been studied theoretically from different angles.

1. The *socio-cultural approach* to gender differences implies that gender differences result from social, cultural, psychological, and ecological factors. So, according to the biosocial construction model of W. Wood and A. Eagly (Wood & Eagly, 2012), two factors determine gender differences: physical and socio-cultural.

Gender division of labor is important since it contributes to the formation of cultural beliefs which are reflected in the process of socialization, social stereotypes, and social expectations. Female leaders, for example, are evaluated more negatively than male leaders, especially when the former demonstrate such masculine features such as domination, decisiveness, or self-confidence (Koenig et al., 2011). Men are not encouraged to show submission, compliance, and lack of egoism (Judge et al., 2012). As a result, men and women with pronounced gender identities have higher self-esteem, if these identities correspond to the gender standards accepted in their society (Witt & Wood, 2010).

2. *Evolutionary theory* focuses on the impact of biological factors, in particular, on the formation of the mechanisms which man uses to adapt to a number of ecological problems. The idea is that natural selection stimulated the human brain so that it could develop various approaches appropriate for settling the problems which faced our ancestors (Tooby & Cosmides, 2005): matchmaking, reproduction abilities, child-raising and protection, etc. These approaches differed according to sex.

From the perspective of the evolutionary approach, some factors that cannot be explained in terms of biology (for instance, culture) can also affect human development (Kenrick & Luce, 2000).

This theory inspired studies into consumer behavior. Men, for example, are more likely to borrow money for immediate satisfaction of their needs, in order to attempt to enhance their status in the eyes of their rivals (Griskevicius et al., 2012), whereas women tend to purchase beauty goods to make themselves more attractive to the opposite sex (Hill et al., 2012).

Evolutionists assume that marital problems are also connected with certain encrusted gender differences, namely, a greater aggressiveness and proneness to risk-taking by males. According to the arguments of A. Fisher, P. Mosquera, and B. Ellis, such behavior used to be more functional for men than for women in their evolutionary past (Fischer & Mosquera, 2001; Ellis et al., 2012).

Aggressiveness and acceptance of risk favor the formation of not only physical competence but also social status and men's sense of dignity. This behavior pattern heightens men's status by increasing their control over valuable resources, thus

contributing to crucial male objectives: restriction of male competition and greater access to more females.

3. The *physiological approach* based on the study of sex hormones also provides insight into gender differences in behavior.

Research shows that testosterone, which is predominant in males, plays a significant role in the production of gender differences. Ethical norms prohibit the manipulation of sex hormones to study their impact on humans, so the majority of findings on this matter result from observations. However, there are novel approaches, including the study of fluctuations in the population's hormone level, which can be estimated by measuring the hormone level in blood serum or amniotic fluid (Cohen-Bendahan et al., 2005).

The most convincing evidence of the fact that hormones promote gender differences was obtained through observing children's play. For instance, V. Pasterski and his colleagues found that girls with inborn adrenal hyperplasia (a disorder characterized by an excessive androgen production) play games more typical of boys (Pasterski et al., 2005).

Thus, hormones affect gender identity and sexual orientation (Hines, 2006). Women with a higher androgen level are more aggressive (Mathews et al., 2009) and enjoy advantageous spatial orientation (Mueller et al., 2008).

Gender identity research was initiated in 1936 by the American psychologists L. Terman and C. Miles, who developed the bipolar Masculinity/Femininity scale in which male/female ratios were contrasted and interpreted dichotomically (Terman & Miles, 1936).

Then, in the landmark paper on gender psychology, "Masculinity-femininity: An exception to a famous dictum?", Anne Constantinople criticized the treatment of masculinity and femininity as independent autonomous dimensions, and thus laid the foundation for the development of a new approach to understanding gender identity (Constantinople, 1973).

In 1974, S. Bem and J. Spence (Bem, 1974; Spence et al., 1975; Spence & Helmreich, 1978) formulated a new theory of personality structure which offered several psychological variations of gender identity. This made it possible to avoid making the choice inherent in a bipolar dimension (i.e. either/or). At the end of the 1970s this approach suddenly became popular and stirred interest in gender identity studies (Eagly et al., 2012).

Scales to evaluate masculinity and femininity were worked out; they exploited personal traits borrowed from cultural male/female stereotypes. These models of gender identity were based on the evidence that gender stereotypes embrace both male and female characteristics (Broverman et al., 1972). The fact is that treating gender identity on the basis of traits is in many respects connected with the fact that the perception of the masculine and the feminine is often created by observing people's behavior (Uleman et al., 1996). Besides, male and female characteristics are easy to perceive (Broverman et al., 1972; Deaux & Lewis, 1984). A. I. Dontsov and his co-authors stated that "social stereotypes reflect the typification of habitual estimates, expectations, viewpoints and prejudices. Such concepts of social bonds and relations are formed within a single culture and are stably shared by its members" (Dontsov & Kabalevskaya, 2013).

Following this research tradition, people were classified into four groups:

- (a) *masculine* type — people with high values of masculinity and low values of femininity;
- (b) *feminine* type — characterized by low values of masculinity and high values of femininity;
- (c) *androgynous* type — high values of masculinity and femininity;
- (d) *non-differentiated* type — low values of masculinity and femininity.

S. Bem promoted androgyny, arguing that the androgynous model of gender-role behavior provides for behavioral flexibility and guarantees success in realizing diverse social roles, which is beyond the capability of people with expressed exclusively male or female identity (Bem & Lenney, 1976).

In addition, J. Spence and R. Helmreich (Spence & Helmreich, 1978; Spence & Helmreich, 1980) offered conditions for assessing masculinity and femininity, namely: instrumentality and expressiveness (emotionality). The gender-role model was also complemented with new scales which estimated the negative aspects of masculinity (for instance, ascendance) and femininity (for instance, easy crying and passiveness) (Spence et al., 1979).

Other popular personality models also considered gender differences. For example, measured according to the Big Five Personality Traits (extroversion, agreeableness, conscientiousness, neuroticism, and openness to experience) women, as a rule, are more friendly, more emotionally unstable, and can reach a consensus more quickly than men. Women's tendency to compassion is also markedly greater (Chapman et al., 2007; Costa et al., 2001; Weisberg et al., 2011).

Further research on gender identity has been done using other structures by which psychologists can evaluate an individual. Personal traits and human interests associated with sex, occupation, hobbies, etc. are actively explored. Thus, R. Lippa and S. Connelly (Lippa, 1991; Lippa & Connelly, 1990) developed a method to diagnose gender identity using interest preferences. Gender identity acts as a significant integral meaning-based component of the "I"-conception, and is linked with cultural stereotypes and social roles (Eagly & Wood, 2012; Wood & Eagly, 2010). The male/female division of labor in society (Koenig & Eagly, 2014), in turn, contributes to the formation of self-esteem and the level of trust in the world and one's self.

The view of B. Meyers-Levy, a consumer-demand researcher, who identifies differences in information processing, is worthy of attention (Meyers-Levy, 1989; Meyers-Levy & Maheswaran, 1991; Meyers-Levy & Sternthal, 1991). In her words, women process information more completely than men, whereas men perceive information in a more selective manner.

In analyzing non-verbal manifestations of trust in men and women, T. P. Skripkina notes that men's expressions of trust can display "negative emotions" and ostentation; such specific elements as "expression of joy and active mimicking," as well as coquettishness, relate to female trust behavior. Androgynous women demonstrate trust through use of non-verbal characteristics typical of androgynous and masculine men, while non-verbal manifestation of trust by

feminine women is seen via a relaxed posture and expression of admiration. The authors concluded that differences in non-verbal characteristics showing trust between masculine and feminine men and women are insignificant (Skripkina & Bandourina, 2007).

Gender differences are also associated with moral judgments. In the opinion of Russian scholars A. Dontsov and E. Perelygina, "hierarchy is necessary because of the impracticability of a situation in which every person can be trusted at any time in accordance with secretly understood rules of ethics" (Dontsov & Perelygina, 2014). Thus, women are more likely to follow those they perceive as having moral principles and ethical behavior (Jaffee & Hyde, 2000; Walker, 2006). Women are more tolerant (Miller et al., 2008) and emphatic (Fehr et al., 2010). Moreover, women, as a rule, demonstrate a greater interest in participating in ecologically responsible actions (Zelezny et al., 2000), and activities that deal with ethical problems (doPaço & Reis, 2012).

Men lie more often than women, especially when it comes to their own financial gains (Dreber & Johannesson, 2008; Erat & Gneezy, 2012), while women lie more often in situations when telling a lie can be beneficial for another person (Erat & Gneezy, 2012). Women prefer greater altruism in their relationships with others (Gneezy et al., 2003; Gneezy & Rustichini, 2004).

E. Kemp and his co-thinkers noted (Kemp et al., 2013) that women donate more willingly than men when a charitable event appeals to sympathy. Men, however, are more likely to take part in charity if their pride is involved.

Unlike men, women tend to overreact when corporate moral misconduct is discussed. They are more outraged by unethical corporate behavior, and their indignation can take the form of a corporate boycott (Lindenmeier et al., 2012). Compared to men, women more often accuse a company in a case where the company's product is harmful (Laufer & Gillespie, 2004).

The results of trust research showed that women are more credulous than men (Feingold, 1994) and are more likely to trust in others, perhaps due to their greater striving for social affiliation (Beck et al., 2010; Buchan et al., 2008; Kosfeld et al., 2005).

However, gender differences in trust assessment in the context of e-mail correspondence and online games, which include a short and anonymous interaction, indicate greater trust by men (Midha, 2012). The women's lack of trust in online relationships is associated with their concerns about observation of confidentiality on the Web (Midha, 2012). Women are more anxious about the misuse of online information (Garbarino & Strahilevitz, 2004).

The data from brain MRT show that, when participating in online trust-based relationships, more brain areas are activated in women than in men (Riedl et al., 2010). This conclusion coincides with the idea that women can process information in a more comprehensive manner. Men can place confidence in a person more often than women if they expect something in return.

It is worth mentioning that individuals who belong to groups that have been targets of discrimination historically (for example, minorities) are less likely to trust the majority of people (Terrell & Barrett, 1979; Alesina & La Ferrara, 2002; Glaeser et al., 2000).

The study of psychological settings with the use of Rotter scale (Rotter, 1967) showed that a wide range of situations and potential groups in which people could develop trust, where people had more confidence in women than in men (Wright & Sharp, 1979). A survey of auditors found that male clients were seen as less trustworthy than female clients. In Mexico, governmental officials formed female units of traffic cops, hoping that female officers would accept bribes less often than men (Treaster, 1999). Other international studies testify to the fact that corruption is not as widespread in countries which have greater participation of women in public life (Swamy et al., 2001; Dollar et al., 2001).

However, S. Jeanquart-Barone and U. Sekaran wrote (Jeanquart-Barone & Sekaran, 1994) that male civil officers are trusted more than female leaders. In principle, the impact of gender differences on trust remains unclear; there are few papers where the given effects of interaction have been examined.

This brings the ambiguity of the male/female role in trust-based behavior to the fore. In addition, taking into account that each of the papers cited explored just one or two aspects of trust-based behavior, our insight into the degree of gender impact on trust is incomplete.

It should be noted that the complexity of this phenomenon resides in the fact that gender identity evolves and changes throughout an individual's life span (Tobin et al., 2010). Although many aspects of this study are applicable to all stages of life and development, we focused on the specifics of trust among young people with different gender identities. Youth is an important period in gender identity formation and gender personality socialization. Yet, this phenomenon is understudied theoretically and practically. "Self-perception is a powerful phenomenon that requires continual self-expression and discharge, but, simultaneously, it is indefinite, filled with the experiences of other people: parents, older friends, and other reputable people" (Zinchenko et al., 2016).

Method

The aim of this study was to explore the peculiarities of trust/mistrusts attitudes toward other people among young people with different gender identities. In order to realize the aim, the following tasks were set out to be addressed:

1. To correlate criteria of trust/mistrust in others among the youth with different gender identities;
2. To assess the intensity of ambivalent attitudes towards other people in people with different gender identities;
3. To design an empirical typology of trust/mistrust in others among the youth with different gender identities.

Sample

The sample was comprised of young people ages 17–23 ($M = 19.34$ and $SD = 1.79$), with permanent residence in Yekaterinburg and the Sverdlovsk region. The total number was 179, including 83 males and 96 females. Seventy-four percent of the sample were students, and 26 % were income-earning youth.

Tools and techniques

The following tools were used to determine gender identity:

- Method of Multifaceted Personality Study (MMPS) — a variant of MMPI, adapted and standardized by F. B. Berezin — 5 scale;
- Sex-Role Inventory (S. Bem, adapted by M. V. Burakova and V. A. Labuns-kaya).

To identify the specifics of trust/mistrust attitudes toward other people, the Trust/Mistrust in Others questionnaire by A. B. Kupreychenko was used.

The data obtained was processed with the use of SPSS 20.0 package: descriptive statistics, the Mann-Whitney U Test, the Kruskal-Wallis H criterion, and the cluster analysis K-means method.

Results

The diagnostics of gender identity types showed the dominance of an androgynous personality type among the youth. In addition, one identity type— namely, non-differentiated identity type — was not found in the sample examined. The results are presented in *Table 1*.

Table 1. Distribution of gender identity types in the sample, %

Biological sex	Gender Identity Types			
	Masculine	Feminine	Androgynous	Non-differentiated
Male (n = 83)	37.7 %	9.3 %	53 %	0 %
Female (n = 96)	8.75 %	31.88 %	59.37 %	0 %

The application of Mann-Whitney statistics made it possible to identify significant differences in the criteria used to make assessments of interpersonal trust by groups of the opposite biological sex (*Table 2*). It was found that male participants'

Table 2. Comparative analysis of the significance of various criteria used to establish trust in others for male (n = 83) and female (n = 96) groups

Biological sex	Criteria of Trust				
	Reliability	Knowledge	Friendly Feeling	Unity	Calculation
Male	M = 2.614; SD = 1.06	M = 2.205; SD = 0.62	M = 2.012; SD = 0.63	M = 1.928; SD = 0.73	M = 2.42; SD = 0.885
Female	M = 2.052; SD = 1.059	M = 2.10; SD = 0.85	M = 2.833; SD = 0.816	M = 2.093; SD = 0.995	M = 1.875; SD = 0.886
UMann-Whitney value	2839.000	3665.500	1977.000	3752.000	2620.000
Level of significance	.001	.184	.000	0.472	.000

building of trust-based relationships was mainly guided by such criteria as Partner's Reliability and Calculation, while for young women, Fellow Feeling, — i.e. emotional attitude toward a partner—played the role of a fundamental trust factor. The results obtained correlate with A. B. Kupreychenko's findings.

Breaking up the male sample into masculine and feminine groups allowed us to detect the following differences in trust criteria estimates. At the statistically significant level ($p < 0.05$), we found that, in shaping trust, masculine males rely more on Knowledge (U Mann-Whitney value = 64.000 with $p = 0.000$) and Calculation (U Mann-Whitney value = 68.500 with $p = 0.001$), and less on Friendly Feeling (U Mann-Whitney value = 84.500 with $p = 0.004$) than feminine males. Matching of masculine and feminine subgroups did not produce statistically significant differences in the criteria of trust in other people.

The splitting-up of the female sample according to gender identity type also indicated differences in the criteria that feminine and masculine women use as basis for building up trust. We found that feminine women are mostly guided by the criteria of Friendly Feeling (U Mann-Whitney value = 73.500 with $p = 0.001$) and Unity (U Mann-Whitney value = 74.000 with $p = 0.004$), and less by the factor of Calculation (U Mann-Whitney value = 66.500 with $p = 0.000$) than masculine females. As in the case of the male sample, correlation of masculine and feminine women subgroups with the androgynous female subgroup did not produce any differences at the statistically significant level.

Further analysis provided the opportunity to single out criteria for building up trust-based relations with others in groups with different gender identities (Table 3). In line with the results obtained, trust criteria for masculine-type respondents are Reliability, Knowledge, and Calculation; for feminine-type respondents — Friendly Feeling, Unity, and Reliability; for androgynous type respondents — Reliability, Knowledge, and Friendly Feeling.

Table 3. Comparative analysis of the significance of the criteria determining trust in others in groups with different gender identities

Gender identity type	Trust criteria				
	Reliability	Knowledge	Friendly Feeling	Unity	Calculation
Masculine	M = 2.951; SD = 0.630	M = 2.707; SD = 0.602	M = 2.122; SD = 0.748	M = 1.780; SD = 0.852	M = 2.707; SD = 0.750
Feminine	M = 2.378; SD = 0.492	M = 1.757; SD = 0.641	M = 2.892; SD = 0.906	M = 2.622; SD = 0.893	M = 1.595; SD = 0.551
Androgynous	M = 2.476; SD = 0.823	M = 2.396; SD = 0.801	M = 2.267; SD = 0.760	M = 1.940; SD = 0.936	M = 2.198; SD = 0.883
Value χ^2	18.976	30.337	15.837	18.170	33.499
Level of significance	.000	.000	.001	0.000	.000

The analysis of the spread of indicators on the scale “Weaknesses of the Person You Trust in Most” in the groups under consideration showed trust ambivalence

in representatives of the androgynous identity type. In this group this indicator made up 3.24 points, while in the respondents with feminine and masculine identities, it constituted 0.89 and 1.24 points correspondingly. This result testifies to the fact that the bearers of an androgynous identity whom we studied evaluated the person they trusted in the most as unreliable, unpredictable, and one who stirs up ill feeling.

With the help of cluster analysis K-means method, we designed a typology of trust in others among the youth with different gender identities.

Type 1 singled out those in the sample who had the highest differentiation of trust indicators with regard to a person who deserves to be trusted, and the person who is not worthy of confidence. Characteristic of this type is a reliance on high level of knowledge of people deserving trust, and those not justifying confidence—i.e. this type's representatives consider themselves able to understand and to envisage other people's behavior. The person who failed to justify confidence is evaluated rather negatively in terms of his drawbacks, whereas the person enjoying trust lacks practically any weaknesses, and is considered reliable on the whole. This type can be conventionally named "Categoric." This type of trust was found in 31 % of the respondents.

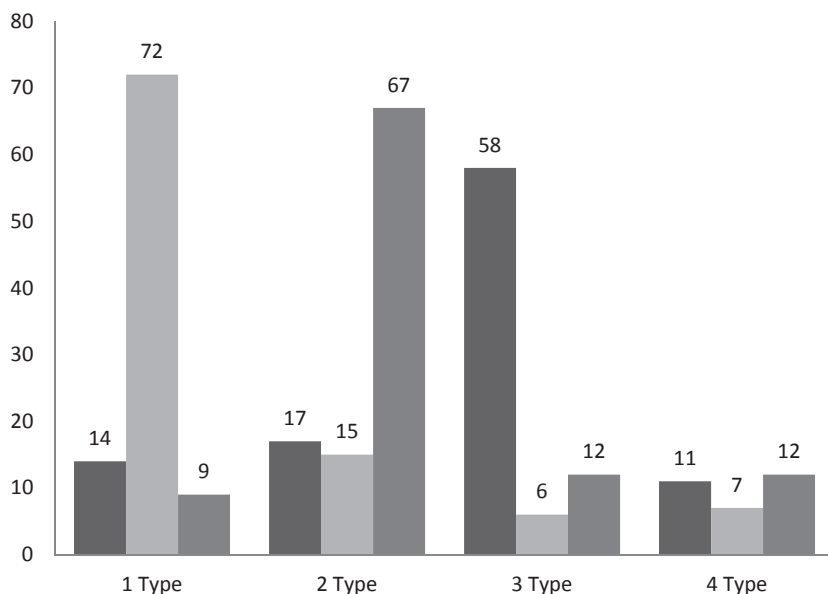


Figure 1. Representation of the types of trust in others among the groups of young people with different gender identities, %

Type 2 was noted for giving the greatest significance to the trust criteria of Friendly Feeling, Reliability, and Unity. In other words, this type establishes trusting relationships on the basis of affection and emotional attachment. A confidence-inspiring person is seen as a personality with common interests, values, and world view. Representatives of this type are characterized by low indicators of Knowledge about the given person, i.e. the perceived similarity and common-

ality are the result of affection, not of the objective state of things. Completely non-contradictory trust-based relations are typical of this type. Thus, this type can be labeled as “Irrationally Emotional.” One-third of the sample fell under this category.

Type 3, the “Ambivalent-contradictory” type, represented a certain counterposition to Type 1. The man who deserves trust is, at the same time, assessed as a person who is pleasant (Affection) and also as stirring up ill feeling (Weaknesses): as well-known and familiar (Knowledge) and also unfamiliar, unpredictable, and unreliable. One quarter of the sample belonged to this type.

Type 4, the “Non-differentiated,” was characterized by the lack of differentiation between persons deserving and non-deserving of trust. All indicators in these categories have close values. This type was found in 11 % of the sample.

The distribution of the youth with different gender identities according to types of forming trust in others is shown in *Figure 1*.

Discussion

The survey was based on results from a sample which included three gender groups: masculine, feminine and androgynous. The sample was cross-gender typical, i.e. there were masculine females and feminine males. It is necessary to note that the data obtained showed the dominance of androgynous personality type among the youth. This is likely to be linked with the fact that this type is more adaptive to social reality, with its contradictory dictates and ever-changing conditions.

It was found that defining groups showing different criteria of trust in others according to social sex (gender identity) demonstrated more agreed results than the defining groups according to their biological sex. In other words, masculine males have more in common with masculine females in the criteria they use to shape trust-based relations than with feminine males. Thus, the results of the study make it evident that differences in the behavior of men and women, and features of their social positions, arise from differences in social sexual identification, not from biological sexual differences.

Bearers of different types exhibit different sets of criteria to establish underlying trust in others, irrespective of their biological sex. So, representatives of a feminine-type identity tend to substitute Trust for Faith in their attitude toward a partner, and their level of trust is defined on the basis of feelings rather than the cognitive aspect. This type’s representatives have the lowest number of significant trust criteria, compared with masculine and androgynous groups.

By contrast, representatives of the masculine identity type build up trust in others based on certain knowledge about them, their past acts, and mutual interest in establishing trust-based relationships. In this case, the relations are the result of rationalization. In other words, these representatives also fall back upon some substitute for trust—Calculation—rather than reliance on trust itself.

The androgynous identity type has a system of criteria synthesizing the criteria of the two above-mentioned groups. This system is represented by both rational grounding — Calculation, Knowledge — and emotional bonding — Affection. This can probably explain why an ambivalent, contradictory type of trust in others is more characteristic of representatives of this type of gender identity.

Conclusion

Trust reflects confidence in the honesty and positive intentions of the people around you. Trust/mistrust is fundamental for shaping friendship, love, and respect. Trust acts as a basic premise of interpersonal, intra-group, and inter-group relationships. It is the condition for building up forms and types of relationships between people.

The results obtained with respect to trust criteria, as well as the empirical typology of trust in others among young people with different gender identities, enable us to take them into account in interpersonal interaction, and to use them in organizing psychological diagnostics, and providing support for an individual's interpersonal relations in a way adjusted for the individual's gender identity.

Limitations and future research

This study allowed us to gain a certain understanding of the social sex role in building interpersonal trust, and of differences in trust in others among people with different gender identities. However, this research does not exhaust all aspects of the problem of gender differences in the context of trust. The prospects for further study reside in considering and examining trust specifics among bearers of different gender identity types in various periods of their lives, i.e. searching for intra-generational differences. While analyzing interrelations between gender identity type and specifics of interpersonal trust, it is necessary to consider such factors as the individual's experience of trust-based relations, family status, and value-motivation spheres.

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Psychological and legal aspects of the offensiveness of male and female cartoons and collages

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Background. In contemporary social life, caricatures and collages have not only become a type of art but also a specific means of damaging a person's honor and dignity. However, proper criteria have not been developed for the evaluation of such images in terms of their impact on insulting honor and dignity, so the offended have no justified legal grounds to see damages.

Objective. The objectives of this study are to define possible degrees of offence inflicted by political cartoons and collages, to set criteria that will make it possible to classify a certain image as having a particular degree of offensiveness, and to define the gender and status aspects of the perception of political cartoons and collages.

Design. An experimental analysis was carried out of caricatures and collages of politicians that were published in the world press.

Results. During this research, differential assessment criteria were set to identify the degree of offensiveness caused by insulting images, which can serve as a basis for psychological court examination in cases of personal offence. Four degrees of image offensiveness were defined: high offensiveness, medium offensiveness, minor offensiveness and ambivalent. Obscene images are generally referred to as highly offensive. Ambivalent images do not contain any elements that are perceived by the public as offensive, although they can be subject to judicial review if it is demonstrated that the victim has certain individual characteristics that make this person suffer when denigrated.

Conclusion. It was found that the criteria for the assessment of insulting political cartoons and collages that depict female politicians are different from the assessment criteria of images that feature male politicians. It was also found that the higher the social status of the depicted person, the wider the range of the image elements perceived by the public as offensive. The results of the study have certain limitations, as image evaluation criteria may differ in different cultures.

Keywords: forensic, psychological, expert opinion, insult, cartoon, collage, politics, social status, gender

Introduction

Political caricatures have always been a means of political struggle. However, different methods of criticism through cartoons carry different psychological messages for an individual. The most socially acceptable cartoons are those that mock negative social phenomena or actions (Laskova & Zueva, 2016), whereas caricatures that deliberately insult a particular person do not receive any similar social approval as they violate the individual's legal right to honor and dignity. In Russia, such acts are prohibited by the Constitution. In literature sources, we have found some evidence that even friendly caricatures can be perceived as an insult to the person because they intentionally accentuate negative aspects of the person's appearance or character flaws (Emelyanov, 2011), which is perceived by a person as painful.

Various studies have made attempts to identify a list of offensive caricature techniques, but due to the delicacy of the topic, they analyzed mostly non-insulting caricatures or only slightly offensive drawings. For example, the analyzed caricatures of President Barack Obama showed him as a showman, an unlucky businessman, a drunkard, an old nag, etc. (Shustrova, 2014). The study of caricatures of President V. V. Putin was limited to the drawings that pictured him as a judo wrestler (Devyatkova, 2016). However, to protect the honor and dignity of an insulted person, it is necessary to identify a full list of offensive means and techniques.

The increased importance of the research aimed at the identification of the caricature and collage insult markers is caused by the social and political situation in the world, where caricatures and collages have become not only a means of political struggle but also a way of provoking ethnic, religious and state conflicts. In recent decades, the number of offensive methods and techniques has begun to grow. Therefore, the cartoons of the Prophet Muhammad (published in 2005, 2006 and 2014) led to serious unrest in the Muslim world. Similarly, the reaction of Russian society to the caricatures showing bomb explosions in the Moscow metro (2010) and the Sinai air crash (2015) was utterly negative. Russian media did not even reprint those pictures because for the Russian people their mere distribution was equivalent to a serious personal insult.

The attack on the editorial office of the French *Charlie Hebdo* on January 7, 2015 became a type of a psychological boundary that sharply increased the importance of research into insult marker identification and the impact of such markers on the person. That tragic event showed us all that caricatures can become a cause of a terrorist attack.

According to Encyclopedia Britannica, the purpose of political cartoons is to express editorial commentaries on politics, politicians and current events and to ensure the freedom of speech and of the press¹. According to this definition, political caricatures are not aimed at insulting a person. However, the reference to freedom of speech and the press denotes the general tendency of the Western media not to indicate the insult limits of the published cartoons and collages. Therefore, the public Paris demonstration to support *Charlie Hebdo*, apart from the call to speak out against terrorism collectively, contained an implicit appeal to defend the permissiveness of the press. It should be noted, however, that *Charlie Hebdo* caricatures published after the terrorist attack were considered purely outrageous by the public in many countries.

¹ <https://www.britannica.com/topic/political-cartoon>.

A.N. Baranov (2007) proposes that the evaluation of the abusiveness degree of non-verbal texts (including cartoons and collages) ought to be the subject of juridical psychological expert opinion. However, an evaluation cannot be carried out without a preliminary psychological analysis or without answering the question about how different people react to insulting pictures.

Some psychologists propose that most often, the most painful suffering of the insulted victim is caused by the indecency of a picture (Austin & Joseph, 1996). It was also found that the criteria of offensiveness depend upon sociocultural factors (Dov, Richard, & Bowdle, 1996). However, since the criteria of decency change with the development of society, one of the objectives of the present research has become the determination of pictures and their elements, which, in the consciousness of modern people, are particularly considered to be the most insulting images from the social point of view.

The topicality of the psychological research of abusiveness in cartoons and collages in Russia can be explained by the fact that comparatively recently (starting approximately since 1990) in the Russian press, one could often see caricatures of famous people: officials, politicians and others, which are insulting in their form and content. In scientific literature, this phenomenon later became known as "The Image War" (Churashova, 2012). Psychological and linguistic studies have researched the problem of identifying the medium (artistic mode) of offensive cartoons and collages (Medhurst & DeSousa, 1981, Shustrova, 2014). However, until now, there has been no research on the degree of offensiveness of different graphic tools and techniques.

When it became possible to take legal actions to have honor and dignity protected in connection with an insult by means of a cartoon or a collage, it was necessary for Russian court practice to have criteria with which to evaluate abusiveness in cartoons and collages.

M.S. Andrianov (2005) notes that a modern legal psychological expert must use subjective criteria if he has no objective criteria for the evaluation of the degree of abusiveness in cartoons and collages. The lack of objective criteria often results in the inability of psychological experts to convincingly prove the abusiveness of any given element of the picture.

There have not been any research studies devoted to the types of cartoons, collages and their elements that are insulting, the degree of their abusiveness for the honor and dignity of different sorts of personalities, what can be considered an indecent form of insulting, etc. The present psychological research is devoted to the settlement of these and other problems.

As some special terms will be used in the study, it is appropriate to give their definitions and to explain their meaning.

CARTOON is a picture in which a comic effect is created by the unity of some real and imagined facts, hyperbolizing and underlining some peculiar features, unexpected comparison and likening; it is the main pictorial form of satire.

CARICATURE is a humorous picture (usually a portrait) in which a person's peculiar features are emphasized and changed in a funny way though the resemblance is observable.

COLLAGE is a picture drawn by means of combining some fragments of different pictures; it is a sort of creative art work.

The definitions show that cartoons and collages are a type of creative art work. Studies of cartoons in Russia are generally aimed at revealing artistic but not psychological aspects of such images (Belova & Shaklein, 2012). Therefore, very often when an artist or mass media that publishes the insulting cartoon or collage is called to account, they refer to the freedom of their creative work as an argument in their favor. However, the psychological research studies have demonstrated that while perceiving an art picture, a person not only has some aesthetic feelings but also 'realizes' the author's point of view on the depicted event or person. He also realizes an insulting emphasis that is placed by the author of the cartoon or collage (Anikina, 2013). It is clear that if the picture is aimed at insulting some personality, the depicted person has a feeling of insult, and not aesthetic feelings. The legal argument against using cartoons and collages with the purpose of insulting a personality is also meaningful. There is a general principle in the law: the freedom of one person (including his freedom of creating art works) comes to an end where the freedom of another person begins. Modern psychological studies in the field of cartoon perception show that the degree of their impact on individuals is determined by particular permutations of graphic methods (Mikhailova, 2011). Further research in this area has become the subject of our experimental study.

Method

Research objectives:

1. Evaluation of possible degrees of abusiveness in political cartoons and collages and determination of criteria with which to divide pictures into categories based on degrees of abusiveness.
2. Determination of gender aspects of the perception of political cartoons and collages.
3. Determination of the dependence of the perception of the abusiveness of a picture on the hierarchic status of the insulted person.

Reasoning for the research methods

The Method of Expert Opinion was chosen as the main method. It has been used in psychology for a long time. Another method used in this research was a psychological experiment. The necessity of an experiment can be explained by the peculiarities of the research material. The pilot research has demonstrated that when the participants were to evaluate the degree of the picture abusiveness for the person depicted in the cartoon or collage, they often did not solely assess the abusiveness of the form of some concrete picture but also the moral qualities of the person who became the object of the cartoon or collage. For example, if the participant did not like a politician, the expert found the picture of him less insulting even if it contained some elements of indecency. To avoid similar mistakes in perception, the participants were asked either to play the role of the depicted man's solicitors or to imagine themselves in the place of his relatives or friends, or the insulted person, i.e., an element of role play was used. The results after the introduction of the experimental form became much more grounded.

Research hypotheses:

- it is possible to single out some special elements of pictures that can make a political cartoon or collage insulting;
- there are gender differences in the perception of female and male political cartoons and collages based on social stereotypes.

Description of the research methods

Participants. There were 120 participants in the study, 40 people of them took part in the first series, the rest of them were used in the second and third series. Age: 52 people were 20–25 years old, 36 people were 26–40 years old, and 32 people were 41–55 years old. Gender: 74 women, 46 men. Social status: 52 students, 16 workers, 5 businessmen, 47 representatives of the intelligentsia, executives of different ranks, 4 people who became the objects of the cartoons in mass media.

Research material. A total of 210 political cartoons and collages. All cartoons and collages were published in the world press.

Research methods. The Method of Expert Opinion and Experiment.

The statistical processing of the material was realized with the usage of the non-parametric Binominal Test.

The experiment was carried out in 3 parts.

Part 1 was conventionally called “the Kukryniksy”.

The research tasks of part 1. 1) to single out the elements of pictures that make them insulting; 2) to arrange the elements of cartoons and collages due to the degree of their abusiveness.

While performing the research tasks of this part, the initial premise was the culturological data about the fact that in the former USSR, the use of purposeful insults in official papers was considered legal only for political purposes towards the enemies of the Motherland, traitors and state criminals. This fact helped to choose the experimental material. The participants were instructed to assess two groups of pictures. The first group consisted of the political cartoons drawn by the Kukryniksy from the series “The Enemy’s Face” and “The Enemies of the World”. All these pictures were created purposely to insult someone. Therefore, the material in this series became ideal in the process of the assessment of modern cartoons. The authors of modern cartoons and collages can deny the accusation of a purposeful insult by means of the picture created by them. However, the usage of some insulting elements of pictures typical of this culture can serve as an acknowledgment of the fact that the purpose was to humiliate the honor and dignity of the depicted person. There were 46 cartoons in this group.

Instructions for the participants. “What elements of cartoons are insulting for a person who became the object of the cartoon (collage)? Arrange (divide into groups) the cartoons and collages according to the degree of abusiveness of their elements”. After this work had been done, the participants were given an additional instruction only when the assessment of some certain pictures was vividly subjective: “Imagine that you have become a solicitor of the person depicted in the cartoon (collage) or you are his relative. How can you evaluate the degree of abusiveness in the cartoon now from these points of view?”

Part 2 was conventionally called “Male Cartoons and Collages”. It was necessary to analyze the cartoons and collages in which the main characters were male politicians.

Research tasks. 1) to determine the peculiarities of the modern language of insults by means of cartoons and collages; 2) to compare modern cartoons according to the degrees of abusiveness with the ideal criteria determined in Part 1; 3) to study how the prototypes of cartoons assess them.

Instruction for the participants. 1) The participants arranged the elements of modern political cartoons and collages according to the degree of abusiveness: “Will you please determine what elements of these pictures may make the person who became the object of the picture have equally strong emotions?” In addition, the participant was to include each of the cartoons (collages) into one of the groups generated in Part 1. 2) The second part of the instruction was only given to the participants who became the objects of cartoons themselves: “What elements of the cartoons where you are depicted do you dislike more and what ones less?”

Materials. The participants were shown all 150 modern political cartoons and collages in Part I divided into the corresponding groups according to the degree of abusiveness, the main characters of which were men.

Part 3 was conventionally called “Female Cartoons and Collages”. It was necessary to study the gender aspect of cartoons and collages. The participants were shown cartoons and collages in which the main characters were female politicians.

Research task. To determine if there is a difference in the perception of female cartoons by men and women.

Instructions for the participants. The same as in Part I.

Materials. A total of 14 cartoons and collages in which the main characters were female politicians.

Results and discussion

Results of Part 1 “The Kukryniksy”

All elements of the cartoons with a touch of abusiveness were characterized by most participants into 4 groups (see Table 1).

Thus, 95 % of the participants considered that the most insulting pictures were those in which a certain person is shown as a sadist, an executioner, etc. (e.g., see Fig. 1). Rather insulting images were those in which an image of a criminal was used (e.g., a thief) and the authors depicted some negative traits of character allegorically (greed, vanity, etc.) (75 % of the participants).

The pictures in which an emphasis was made on less attractive individual features of appearance of the insulted person were considered less insulting (e.g., brows, bald patch, etc.) (70 % of the participants). As for the fourth group of elements, many participants (25 %) did not find them insulting, and the rest of the participants (75 %) proposed that under these conditions only people with certain individual peculiarities, e.g., those of character, temper, breeding, etc. could consider themselves insulted.

The findings concerning the fourth group of elements are confirmed indirectly by our previous research (Budyakova, 2001). It has shown that there is a special

Table 1. Arrangement of cartoon elements according to the degree of their abusiveness (based on the material in Part I "The Kukryniksy").

Group of pictures arranged according to the degree of abusiveness	Approximate characteristics of insulting elements in pictures (Part I "The Kukryniksy")	Number of participants who included the picture into this group (%)	Difference from the uniform distribution (χ^2)
Group 1 — the most insulting elements of cartoons	<ul style="list-style-type: none"> • obscene elements; • negative allegoric images: Judas, executioner; • zoomorphic images: a jackal, a pig, a donkey; • a criminal image: a murderer; • an image of a transvestite; • an image of a sadist (elements of violence: blood, an axe, a gibbet) 	95	3.35 $p < 0.05$
Group 2 — rather insulting elements of cartoons	<ul style="list-style-type: none"> • an emphasis on physical defects (short height, figure parameters); • zoomorphic images: a rat; • an allegoric image of negative traits of character — greed, vanity; • an image of a criminal: a thief 	75	0.178 $p < 0.05$
Group 3 — less insulting elements of cartoons	<ul style="list-style-type: none"> • an emphasis on peculiar features of a certain person (moustache, brows, features, bald patch); • an emphasis on old age; • a person's head in the shape of an object (a pot, a purse); • an image of negative emotions (malice, aggression) 	70	0.97 $p < 0.05$
Group 4 — less significant (ambivalent) elements of cartoons	<ul style="list-style-type: none"> • positive zoomorphic images but with insulting elements, e.g., a tiger but mangy and lean; • positive images but with a touch of irony: a great martyr, an emperor, etc. 	75	0.178 $p < 0.05$

group of verbal insults that are realized very specifically by a person who is the object of them. For example, when a person is ironically called some lofty names and he has ambivalent feelings, on the one hand, he should take offence at the irony, and on the other hand, he is compared with the acknowledged positive figures, for example, Cicero, Napoleon, etc. The quasi-victim is proud of the fact that he is placed in the same row with the similar people.

The elements placed into the fourth group in this series are of an ambivalent character. Thus, a picture of a tiger is a positive image of the zoomorphic character. In culturology this is a symbol of courage, strength, dexterity, etc. A touch of irony that can be seen in one of the caricatures (a lean mangy tiger) almost makes the image not insulting.



Figure 1. The Kukryniksy. The series “The Enemies of the World” (a cartoon of the Chilean Dictator Pinochet).

Results of Part 2 “Male Cartoons and Collages”

Table 2 shows how the elements of modern political cartoons and collages are distributed according to the degree of abusiveness. To the first group (the most insulting elements), in addition to the elements that were evaluated in Part I, the participants added some more obvious elements of obscenity present in modern political cartoons, depictions of private elements of life (e.g., functions of a human body), comparison with some odious people (Hitler, Himmler), etc. (98 % of the participants). The second group (rather insulting elements) contains zoomorphic images of a snake, allegoric images of a buffoon, a gofer, a Fascist, a whore, etc. (79 % of the participants). Less insulting elements were considered images of a person’s head in the shape of a scalp, a beer mug, a branded sole, zoomorphic images of a monkey, a peacock, a crow, etc. (74 % of the participants). The fourth group contains the elements of an ambivalent character, for example, the image of a shark is associated with a strong personality; the defenseless fish make the viewer like them (see Fig. 2).

The results of Part 1 and Part 2 led us to the conclusion that the number of insulting elements of pictures is not relatively large. It changes over the course of time (though not principally), when the social and political situation changes. Thus, an image of a snake was considered positive during the reign of the Russian Emperor Peter I, as it was a symbol of wisdom and immortality. A picture of a snake was stamped on the memorial medal issued on the occasion of Peter’s death. At present, a visual image of a snake is an analog of the word “bastard”, i.e., it has a negative meaning. Insults of religious content typical of the past have practically disappeared from our everyday speech, except comparisons with Judas. A range of insulting elements has been enriched due to the consideration of some historic

personalities or literary characters as odious figures, or vice versa. For example, Hitler and Himmler in the cartoons drawn by the Kukryniksy were the objects of insult, which was demonstrated in Part 1 of the present research, but at present the use of these images in pictures is a way of humiliating the honor and dignity

Table 2. Arrangement of cartoon elements according to the degree of their abusiveness (based on the material of Part 2 “Male Cartoons and Collages”).

Group of pictures arranged according to the degree of abusiveness	Approximate characteristics of insulting elements in pictures (Part 2 “Male Caricatures and Collages”)	Number of participants who included the picture in this group (%)	Difference from the uniform distribution (χ^2)
Group 1 — the most insulting elements of cartoons	<ul style="list-style-type: none"> • more obvious elements of obscenity — an emphasis on intimate elements of life (e.g., functions of a human body as an element of a caricature); • insulting images: Hitler, Himmler 	94	7.83 $p < 0.05$
Group 2 — rather insulting elements of cartoons	<ul style="list-style-type: none"> • an image of a criminal: a swindler, a perpetrator of war crimes, a traitor; • an image of a drunkard or a drinker; • zoomorphic images: a snake; • allegoric images: a buffoon, a gofer, a Fascist, a whore; • negative traits of character: dissipation; • an image of a transvestite (except caricatures of I. Stalin) 	82	1.87 $p < 0.05$
Group 3 — less insulting elements of cartoons	<ul style="list-style-type: none"> • an emphasis on peculiar features of a certain person (a chin, freckles); • a person's head in the shape of an object (a beer mug, a scalp, a branded sole); • a person in the shape of an object: a fir tree, a snowman; • zoomorphic images: a monkey, a peacock, a crow 	76	0.42 $p < 0.05$
Group 4 — less significant (ambivalent) elements of cartoons	<ul style="list-style-type: none"> • positive zoomorphic images but with an emphasis on their problems (e.g., a lion is depicted but it is ill); • positive images but with a touch of irony: an image of pompous Napoleon, a reckless tsar, a capricious child, etc. 	30	23.26 $p < 0.05$

Note: The table contains only those elements that were determined in addition to the results of Part 1.



Figure 2. V. Putin pictured as a shark. Western leaders B. Obama, A. Merkel and F. Oland shown as defenseless fish (<http://dz-online.ru/article/2773/>).

of other people. On the contrary, in modern Mongolia, for example, Mamay and Batu Khan are considered national heroes, though quite recently they were regarded as negative historic personalities in the USSR.

People with a different political orientation assess the same picture in a different way and this phenomenon of variable polarity has been revealed vividly in Part 2. In particular, neither of the participants considered that the leader of the Russian Communist Party, G.A. Zyuganov, was insulted in the collage in which he was drawn in the image of Lenin, although the caption under it mentioned the author's intention to humiliate him. Apparently, there is a factor of subjectivity in the process of forming negative personal figures (e.g., an image of an enemy) that was determined in Holsti's research (Holsti, 1972).

During the evaluation of the results of Part 2, it was noted that the main tendency in modern caricature art is the intensification of an emphasis on forbidden intimate sides of a human life; these aspects were previously too obscene to reveal, even in cartoons of the enemies.

Some interesting data in Part 2 were found in the process of interviewing the participants who became the caricature objects. In general, their evaluation of their own cartoons approximately coincided with the evaluations that were provided by other participants. However, there was an essential difference. First, these people evaluated not the caricature content, but the attractiveness of their appearance. It is amazing that none of the other participants paid attention to this detail. In addition, this finding supports the research results of American psychologists, according to whom the factor of attractive appearance is important for both women and men (Aronson, 1995). Our study confirmed other researchers' evidence on the existence of images that are considered ambivalent in terms of the ability to insult (Ulyanov & Chernyshov, 2015). Therefore, depictions of a person as a matryoshka (a small Russian doll encapsulating other dolls), a lion, or a bear were considered inoffensive despite the blatantly insulting context of the captions.

Results of Part 3 “Female Cartoons and Collages”

The results are presented in Tables 3 and 4, and allow us to reveal the peculiarities in the evaluation of abusiveness of the cartoon elements concerning female politicians determined by both men and women. While analyzing the pictures, participants considered the most insulting elements those in which the only method of abusiveness was the depiction of a woman in an image of a pig or a monkey. This comparison aroused the associations that depicted a female politician as dirty, untidy, smelling bad, etc. It did not correspond with the cultural standards in the perception of a woman and aroused sharp indignation.

Table 3. Arrangement of political cartoons and collage elements according to the degree of their abusiveness made by the male participants (based on the material of Part 3 “Female Cartoons and Collages”).

Group of pictures arranged according to the degree of abusiveness	Approximate characteristics of insulting elements in pictures as determined by the male participants	Number of participants who included the picture in this group (%)
Group 1 — the most insulting elements of cartoons	<ul style="list-style-type: none"> • zoomorphic images: a monkey, a pig 	84
Group 2 — rather insulting elements of cartoons	<ul style="list-style-type: none"> • depiction of negative emotions when a person's face is drawn ugly; • a face in the shape of a barely decent sign “a fig”; • a zoomorphic image: a snake; • negative images: images of a madwoman, a scarecrow 	76
Group 3 — less insulting elements of cartoons	<ul style="list-style-type: none"> • an emphasis on a person's unattractive appearance; • negative traits of character: malice, aggressiveness, etc. 	76
Group 4 — less significant (ambivalent) elements of cartoons	<ul style="list-style-type: none"> • zoomorphic images: a frog, a cow; • positive images but with a touch of irony: Admiral Nelson, a hostess; • unaesthetic poses and gestures (e.g., “to stand with one's hands on one's hips”; • an emphasis on age: a grandmother 	84

According to the psychological literature, women are more sensitive to mockery than men (Radomska & Tomczak, 2010). It was also found that during gender identification, teenage girls tend to place more emphasis on image perception, as they consider it very important to pursue certain images of their ideal role models while forming their own gender identities (Lopukhova, 2015). Special studies of cartoons that feature women revealed the most common methods of depicting women (Ivanova, 2013). However, our research has determined more differentiated criteria for women's perception of insults compared with men. The main difference in the analysis of pictures by the participants of a different gender was that

Table 4. Arrangement of political cartoons and collages elements according to the degree of their abusiveness made by the female participants (based on the material of Part 3 “Female Cartoons and Collages”).

Group of pictures arranged according to the degree of abusiveness	Approximate characteristics of insulting elements in pictures as determined by the female participants	Number of participants who included the picture in this group (%)
Group 1 — the most insulting elements of cartoons	<ul style="list-style-type: none"> • zoomorphic images: a snake, a monkey, a pig; • negative emotions making a person's face ugly; • an emphasis on unattractive appearance: a shape of a nose, a “triple” chin; • a face in the shape of a barely decent sign “a fig”; 	92
Group 2 — rather insulting elements of cartoons	<ul style="list-style-type: none"> • negative traits of character: malice, aggressiveness, etc. • negative images: an image of a madwoman, an image of a scarecrow 	84
Group 3 — less insulting elements of cartoons	<ul style="list-style-type: none"> • an emphasis on gender inequality (“a woman's place is in the kitchen”) 	80
Group 4 — less significant (ambivalent) elements of cartoons	<ul style="list-style-type: none"> • an emphasis on age: a grandmother; • zoomorphic images: a frog, a cow; • positive images but with a touch of irony: Admiral Nelson, a hostess; • unaesthetic poses and gestures (e.g., “to stand with one's hands on one's hips”; 	92

the main indicator of abusiveness of the picture for women was an insult to their appearance. All cartoons in which a woman is drawn as ugly were placed in the group of the most insulting ones. Those pictures in which a woman looks attractive were evaluated as rather insulting. For example, images of a madwoman and a scarecrow were considered rather insulting concerning a motive because it was “a beautiful mad woman” and “a very nice scarecrow”. While evaluating these pictures, the men chose a different criterion: a correspondence of an image with the social stereotypes — a picture of an angry and irritated woman is bad not because her face becomes ugly but because she should be kind. The same concerns an image of a madwoman: it is insulting because a woman should be balanced.

The research has revealed some other differences in the perception of female political cartoons and collages. Thus, an image of a housewife was not considered insulting by the men. However, the women placed it in the group of less insulting pictures. This finding corresponds with the social stereotypes described in different research studies. From the point of view of the tested women, the fact that the female politicians who became cartoon objects pointed to their traditional place in the family and social life was an insult, but it was considered not very offensive due to the social conditions. In this respect, our study confirmed the data obtained by other researchers who believe that the correspondence of an image to sociocultur-



Figure 3. The president of Lithuania Dalia Grybauskaitė shown as a dim-witted woman with a strong personality ([http:// politikus.ru](http://politikus.ru)).

al stereotypes, even if the latter are criticized, is considered inoffensive to women (Croft, Schmader, & Block, 2015). Thus, both groups of participants considered the image of Lithuanian President D. Grybauskaitė almost not offensive. The image of “just a woman” with a typical feminine character is a sociocultural stereotype that does not cause any negative emotions (Fig. 3.).

The research has also demonstrated that a female obscene image is perceived not only as the most serious but also as an intolerable insult. Cartoons and collages of female politicians that contain some obscene elements were considered by nearly all participants to be the most insulting and some participants even refused to work with these pictures because of ethical reasons.

Conclusion

1. All elements of the cartoons were divided into four groups according to the degree of abusiveness, which we have called: a) the most insulting picture elements, b) rather insulting ones, c) less insulting ones, d) ambivalent ones in terms of abusiveness. The most insulting elements were present in all images of obscene content and in images in which the authors compared people with some odious personalities: Judas, Hitler, etc. The rather insulting images were considered those of transvestites, criminals, etc. The less insulting images were caricatures and collages in which an emphasis was placed on some defects of appearance or on age, problems with health, etc. Ambivalent elements were those not usually considered by a person as insulting, but in a number of cases they are regarded as a peculiar compliment. For instance, comparing an individual with some famous historic personalities (Admiral Nelson, Napoleon and others), positive characters of folk epic literature (matreshka, a bear, Frog-Princess, etc.)

2. We have determined the difference in the criteria of evaluation of male and female political cartoons. For female politicians, the most insulting images were considered those ones in which the subjects are drawn either obscenely or they look ugly. A male character presented in the same way was not regarded as the most insulting picture. In addition, drawing a woman in the image of a monkey or a pig turned out to be the most serious insult for a woman but it was generally not very important for a man.
3. The images that were considered by the experts to be most insulting can be regarded not only as obscene concerning the form but were also created with the purpose of insulting the depicted person.
4. Male politicians may be seriously affected because they are drawn ugly but social principles forbid a man to suffer because of his unattractive appearance. As a result, caricaturists who draw a male politician do not feel confused because when a man says that he considers himself insulted in this respect, it harms his political authority. Additionally, when a certain insulted person has his subjective sufferings, it makes interpersonal relations with the person who was allowed to publish the ugly picture strained and unconstructive.
5. Further study of the assessment of the offensive impact of cartoon and collage elements, in our opinion, should be directed towards the compilation of detailed sets and syntaxes of graphic tools that have a certain psychological impact on the person and their ranking according to their degree of offensiveness. This will help courts make fair judgments in lawsuits concerning the honor and dignity of people in cases of abuse by means of cartoons and collages.

Limitations

Our study has certain limitations. The investigation of the way cartoons and collages influence individuals was carried out without taking into consideration any ethnographic perception peculiarities of the representatives of different cultures. All participants were Russian. Therefore, the expert assessment of the way an image influences the honor and dignity of the representative of a different (non-Russian) nationality may not be based on the reported data only and requires further study and explanation.

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Changing the image of a conflict situation while training school students in mediation skills

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Background. This paper analyzes students' changing perceptions of conflict after training them in mediation skills. The theoretical basis of this paper is an ontological approach of studying conflict, in which the image of the conflict situation determines the specific behavior. This allowed for the development a training program aimed at changing conceptual structures. The processes of constructing conceptual structures are understood not only as explanatory models that are used for the construction of the outer world in social cognition but also as a manifestation of the internal picture of the world and an inducement to control this world as well as certain actions in the conflict. Our training program was designed by considering ontological mechanisms of conflict behavior regulation. Consequently, the most important result of the program efficiency assessment is the change in participants' image of the conflict situation.

Objective. This study aims to change the images of the conflict situation in school students learning the basics of mediation.

Design. This study involved 360 students (grades 7-9; average age of 14 years and 8 months). During the preparatory stage, we tried to identify the characteristics of a conflict situation in 360 school children using the association experiment, which used the word "conflict" as a stimulus. To study the structure of the conflict situation image, we used Kelly's repertory. The method of the training program regarding the basics of mediation was based on communication techniques used to resolve complex issues, including the involvement of students, a free personal statement, problem discussion and a joint search for solutions.

Results. We recorded significant changes in all of the structural components of the conflict situation image before and after training, as well as in their interrelated underlying categorization. One of the results of the program was an increase in the variability of behaviors in conflict. Before the program began, teenagers considered themselves and other conflict participants to be oriented to only meet their own interests. Upon completion of training, they developed an efficient model of behavior in conflict that included various forms of behavior, such as agreement, concession and withdrawal. The teenagers saw good reason to take a qualitatively new, organizational position in the conflict. In this regard, they described themselves as being more active in conflict and as initiat-

ing conflict resolution more often than before the training program. Educational videos and the experience of being involved in the conflict as a third party made the teenagers believe in the possibility of constructive conflict resolution based on having respect for the other participant.

Conclusion. Analysis of structural changes in the conflict situation image during the learning process demonstrated the effectiveness of training students in mediation skills. This study contributes to the better understanding of conflictological competence in general and that of school students in particular. This study describes the mechanism of conflictological competence development.

Keywords: mediation, person's conceptual structures, constructive behavior in conflict, image of conflict situation, training in constructive behavior in conflict

Introduction

Today, the practical approach to conflict focuses on ways to escape from this extreme situation since the resolution of a conflict must be accompanied by favorable effects and personal benefits rather than by a depressive withdrawal from reality or disappointment. The school reconciliation service is an organization in an educational institution in which young volunteers led by an adult supervisor help to resolve conflicts in a civilized manner through mediation (Konovalov, 2010). One of the stages in creating a school reconciliation service involves training students in the basics of mediation. The importance of this study is that there is limited knowledge of the structural changes that occur during the training process and the impact of these changes on the effectiveness of training in mediation skills.

Considering the structure of the conflict, N. V. Grishina (2008), M. A. Yemelyanov (2005), N. I. Leonov (2002), and L. A. Petrovskaya (1977) singled out the image of the conflict situation as a component of the conflict structure. Distinguishing the inadequate perception of a conflict by an individual as a subjective cause is based on the opinion of L. A. Petrovskaya (1977) on the image of opportunities and interests that result from understanding a conflict situation. The most comprehensive description of the concept and structure of a conflict situation is given by N. I. Leonov (2002), who defined a conflict situation as an organized representation of the situation in the subject's system of knowledge, which has two aspects: structural and dynamic. The structure of the conflict situation is composed of images of yourself and the other person (conflict participant) as well as the conceptuality of the conflict situation. The dynamic aspect is characterized by the following phenomena: integrity — incompleteness, interconnectedness — autonomy, being static — being dynamic, and typicality — individuality (Leonov, 2005).

G. M. Andreeva (2000), M. M. Glavatskikh (2006), N. I. Leonov (2006), and V. L. Sitnikov (2001) have described the schemes and mechanisms of the construction of the image of social reality. The specific characteristics of the formation of a child's worldview have been described by V. V. Abramenkova (2008) and G. M. Andreeva (2000), with social institutions being the leading factor in the formation of children's perceptions since social institutions create a special social situation during a child's development. The Russian researchers A. V. Filippov (1986) and S. V. Kovalev (1986) note that the use of a situation as an element that adequately represents the subject-object relationship in the psychological thesaurus is possible

only if it is understood to be the product and result of the interaction between the individual and environment. Together with prototypes, stereotypes and standards, the conflict situation has a special place in the representation of the social world (Leonov, 2002) and has a predictive function. Particularly, it allows the individual to develop a certain attitude about the communication partner. Therefore, it is logical that the image of the situation can determine human behavior and should be the focus of attention when training specialists in constructive behavior in conflict.

When designing the training program, we relied on works by S. L. Rubinstein (1997), G. M. Andreyeva (2000), S. Moskovichi (1995), and N. I. Leonov (2005), in which a person is considered to be actively constructing the social reality. The result of a man entering the world and the world entering the man is the image of the conflict situation. Consequently, the images are the mediating link between the participants' characteristics and objective conditions of the conflict and may determine the characteristics of conflict behavior. Conflict behavior is understood to be the spatio-temporal organization of the subject's activity, the regulation of which is mediated by the conflict situation image (Leonov, 2002). In this connection, the objective of this research is to study the change in the conflict situation image in students after training them in the basics of mediation.

Adolescence is of interest for studying conflict representations because this is the age when ideas about the complex and contradictory phenomena of the social world are formed, and adolescence is full of interpersonal and internal conflicts. Issues regarding the conflict situation image and social perceptions of schoolchildren were explored in publications by M. M. Glavatskikh (2003) and N. I. Leonov (2013). The authors found conflict situation images of high school students with different conflict behavioral strategies vary in terms of their structural and dynamic characteristics. I. Yu. Leonova (2014) analyzed the relationship between the components of the I-image and Other-image in youngsters with different levels of trust in the world in a conflict situation. M. M. Glavatskikh and D. Ye. Lvov (2014) found that there is little differentiability and filling of the nucleus of the social perception of a conflict between schoolchildren with a power means of its resolution (fight, enmity, scream, resentment). Therefore, the school-based mediation program was developed. School-based mediation, introduced by the Research Center for Mediation and Law, is a tool to develop students' understanding of their desires, interests and feelings. According to Ts. A. Shamlakashvili and M. A. Khazanova (2014), student's perception becomes broader, more voluminous and less stereotyped. The result of self-learning can be a holistic approach to one's experience, creating preconditions for changing attitudes to oneself and others, allowing one to reach a realistic understanding, as suggested by M. Gellin (2012). In the process of remediation learning, the individual must look back and understand the consequences of his or her own actions, as well as understand the other person involved in the conflict. Conceptual changes and awareness-raising occur at all of the stages of remediation learning during the meditative process. E. Poikela (2010) developed the theory of reflexive learning based on the reflexive interaction, leading to a sense of involvement in the conflict situation. Along with reflection, dialog and interaction, this sense contributes to a growing ability to behave in a new way in similar situations.

In our view, by giving new meaning to the conflict situation, participants of the reconciliation meeting not only reach a constructive resolution on their own

but also begin to understand the intermediary action algorithm. Reliance on the ontological approach to studying conflicts, in which the image of the conflict situation determines a specific behavior, enabled us to develop a training program that was designed to change semantic structures. Practical training at all stages was designed to meet the ontological mechanisms of conflict behavior regulation since the target was not the development of tolerance and self-control of students, as in the “Positive interaction skills development” program (Oborotova, 2012); was not the development of students’ communication skills or rebuilding of relations between conflicting parties, as in the restorative mediation program (Konovalov, 2012; Kolechenko, 1997; Osipova & Chumenko, 2007); and was not the procedural component of mediation (Shapiro, 1999), but was the conflict situation itself. Analyzing the above-mentioned programs, we noted that they mostly aim to develop conflict competence rather than conflictological competence. Improving the mediation skills of students remains the least developed, and sometimes neglected, aspect because of the complexity of this task. The authors did not validate the psychological mechanisms of their findings and did not present the results of studying their effectiveness. In this regard, we note the importance of the initial stage of knowledge regarding the development of students’ conflictological competence.

Practical classes at all stages of training are designed with regard to the ontological mechanisms of conflict behavior regulation since the object of exposure is not the opponent but the conflict situation itself. By giving new meaning to the conflict situation, the participants of the reconciliation meeting reach a constructive resolution. Reliance on the ontological approach to the study of conflict, in which the image of the conflict situation determines a specific behavior, allowed us to develop a training program that was aimed at changing conceptual structures.

Method

This study aims to change conflict situation images in school students learning the basics of mediation. This study included 360 students (grades 7-9; average age of 14 years and 8 months). During the preparatory stage, we tried to identify the characteristics of the conflict situation in 360 school children by using the association experiment, which used the word “conflict” as a stimulus.

Research methods

To study the structure of the conflict situation image, we used Kelly’s repertory grid, which allowed us to characterize individual attitudes to the object by using the main evaluation factors, semantic distance between objects’ values, and analysis of the “conceptual structure” of the study participants (Leonov & Glavatskikh, 2011). The semantic differential was used to measure the value that different objects (or concepts) to a person that result from his/her individual development as well as the lessons learned.

Furthermore, to study changes in the structural characteristics of the image of the conflict situation, we enrolled 35 school students in grades 7-10 who underwent school reconciliation service training. The psychodiagnostic procedure of this study was that students evaluated the structural components of the conflict (I am

in a conflict; what I want to be in the conflict; the other party to the conflict; a rival in the conflict situation; a person who makes concessions in the conflict situation; a person avoiding conflict; a person working towards an agreement in the conflict situation; a person acting neutral; a reconciling party to the conflict) by using a set of bipolar seven-point scales, the poles of which were defined using the adjectives from the Fiedler-Yasyukovasef test (2006): responsibility — irresponsibility, initiative — lack of initiative, faith in good result — lack of faith in good result, independence — dependence, purpose — lack of purpose, tolerance — intolerance, balance — imbalance, high self-esteem — low self-esteem, activity — passivity, self-confidence — lack of self-confidence, respect for others — lack of respect for others, communicativeness — isolation, responsiveness — irresponsiveness, and optimism — pessimism.

The mediation training program is based on communication techniques that are used to resolve complex issues, including involvement of students, free personal statements, problem discussion and a joint search for solutions.

The first stage of training aimed to introduce students to a variety of conflict resolution techniques. Considering the crucial role of the conflict situation image and based on the works by S. Bishop (2001), I. B. Dermanov (2001), and N. I. Kozlov (1997), we developed eight one-hour practical sessions. During each session, students dealt with conflict situations of school life and discussed the possibility of using constructive dialogue at different stages of the conflict.

During the second stage, students learned about a modified scheme of the conflict situation structure described by N. V. Grishina (2008) and S. M. Yemelyanova (2003). Analyzing videos of school conflicts, students practiced the skills of conflict situation analysis to identify the structural and dynamic characteristics of the conflict. During this stage, students studied the role of the third party to the conflict as well as the limitations of mediation.

The main purpose of this stage was to replace destructive methods with constructive ones by realizing their inefficiency as well as to obtain experience with communicating in the intersubjective space and dialogue space, which allows the other participant to have their own vision of the situation.

During the process, we used interactive methods, such as analysis of videos and role playing. Assessing the behaviors of the conflict participants, we relied on students' life experience and identified three courses of action: force (fighting, insults, name-calling), withdrawal (taking offense) and agreement (discussion, debate). To assess behaviors in conflict, we introduced the concept of efficiency by answering the questions: "What will the actions of the conflict participants lead to?" and "What will the result of the actions be?" The next stage was training in mediation and conflict resolution. As a result of the program, credible changes in the values of the selected categories were achieved.

Results

The study identified four groups of associations; see Fig. 1 for the percentage breakdown.

The first association was the most pronounced strategy regarding the intention to join the fight and have a destructive effect on the other participant with psycho-

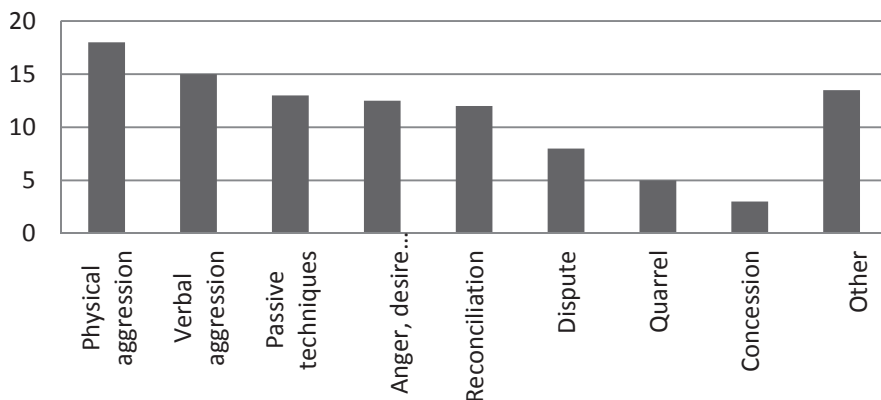


Figure 1. Ways to resolve a conflict as viewed by school children aged 14–17

logically incorrect actions, namely, physical (fight, attack, blow, etc.) and verbal aggression. Physical and verbal aggression accounted for 18 % and 15 % of associations, respectively. We can assume that teenagers, who lack the skills of analyzing and constructively resolving conflict, begin to replace the richness of communication and the various ways to control it with the actions of force.

The next group accounted for 13 % of associations and included passive methods (resentment, loneliness, sadness, etc.). A marked constructive method was reconciliation (12 %), which had an external manifestation (a smile, a handshake, a bar of chocolate) and did require analyzation or elimination of the conflict contradictions. In this regard, it is necessary for researchers to focus on the development of non-violent conflict resolution techniques and their implementation in the educational environment as well as to assess the results of this implementation. S. L. Rubinstein (1997) was one of the first researcher to recommend studying children by teaching them. He also explained the advantages of this method for the genetic principle of the study of the psyche. Rubinstein's (1997) practical position was that teaching must become a part of an experimental study.

Then, we analyzed the interrelations in the association network. Interrelations are central elements that enable one to describe any semantic system underlying the categorization process. Categorization is the ability to identify the social reality in the system of socially accepted values as well as concepts and in the form of new generalizations, which are the products of individual consciousness (Abulkhanova-Slavskaya, 1994; Leonov & Glavatskikh, 2006)

To identify the categories of teenagers' perceptions of conflict, we used factor analysis by applying principal component analysis and the Varimax rotation method (Leonov & Glavatskikh, 2011). This type of analysis integrates statistical methods to identify key basic values or factors that determine the framework that links a large number of variables. We factored seventeen of the most common associations scored by students by using a five-point scale to reflect the degree of the conflict severity. The Kaiser-Meyer-Olkin (KMO) measure of sample adequacy (0.745) demonstrates an acceptable sampling adequacy for factor analysis with Bartlett's criterion of specificity ($p < 0.05$). Using factor analysis, we identified three categories of perception of conflict by teenagers with a total variance of less than

75%. The first factor — “Communication in Conflict” (33.3% of the total variance) — is formed with bipolar characteristics of conflict — “Silence” and “Discussion”. The factor loadings were: search for a compromise (0.86), search for a good way out (0.83), converse (0.82), dispute (0.74), silence (–0.72), and loneliness (–0.69). “Insult” and “Fight” are the second factor (54.5% of the total variance) — “Aggression Types”. The second factor comprises the following associations: rudeness (0.81), insults (0.74), cheekiness (0.69), shouting (0.65), fighting (–0.62), and striking (–0.45). Two poles — “Solution” and “Hopelessness” — form the “Conflict Resolution” factor (69.5% of the total dispersion). The third factor is composed up of the associations of solving a problem (0.73), giving a gift (0.47), hopelessness (–0.50), and sadness (–0.47). Thus, we identified the components in the structure of the conflict situation image of teenagers. Changes in the representation of the perception categories in the process of learning mediation were measured using one-dimension scaling. In this study, students assessed six paired categories that characterized conflict on a seven-point scale.

After training, there was a reliable shift (identified using the shifted criterion in the values of the Wilcoxon T test) in the “Communication in Conflict” category. The proportion of the “Silence” category decreased from scores of 4.7 to 2.7 after the third stage ($T = 5.16$, $p < 0.05$). Silence may indicate a destructive or conformist orientation of the individual if it is associated with passivity and inertia in favorable situations.

There were changes in the “Aggression Types” bipolar category as represented by the “Fight” and “Insult” poles. Fight embodies physical aggression. It is one of the brightest concepts of conflict among teenagers. At the first stage of this study, we analyzed free association, and this category was presented by a respondent’s answer to many synonyms (kicking, shoot-out, punch-up, broken nose, etc.). After the second stage of training, there was a sharp drop in the mean values from scores of 3.66 to 2.00 ($T = 3.75$, $p < 0.05$). This drop indicates an increase in respondents’ reflection on violence and their awareness of the possible destructive consequences of conflict development. The mean values of the “Insult” pole decreased from 4.3 at the first level to 3.8 at the second one. This change occurred because students were taught the basic principles of conflictology from the very beginning. Respect for the opposite side as well as the effectiveness of the techniques, methods and ways — the combination of these factors drove out previous behaviors and stereotypes and helped to address teenagers’ inner experiences. Upon completion of training in the constructive methods of behavior in a conflict, the “Aggression Types” bipolar category became less important for teenagers. This indicates that there was no redistribution between the poles, but there was a general decrease in aggression.

There was a marked reduction in the “Hopelessness” category from scores of 5.5 to 2.5 ($T = 7.45$, $p < 0.001$). This category includes emotions such as resentment, loneliness, isolation, detachment and so on. This category had the the most striking change in mean values with a decrease of more than two times. This change confirms that, under the influence of targeted training, the conceptual structure can vary dramatically. After the second stage, teenagers may have become trained in managing and resolving conflicts on their own. However, the main reason for this change lies in the effect of learning the basics of mediation, which took place during the third stage. An increase in the “Solution” pole value from scores of 4.1

to 6.6 ($T=4.47$, $p<0.01$) was recorded after the second stage of training. This occurred when the “Insult”, “Fight” and “Hopelessness” values reduced significantly. At the same time, the importance of conflict discussion increased. The share of the “Conflict Resolution” bipolar category did not change, but there was a redistribution between the “Solution” and “Hopelessness” poles. This reduction in “Hopelessness” in favor of the increase in “Solution” proves that the entire training process was a success.

We then addressed the change in the structural components of the conflict situation image. The greatest changes occurred in “I am in the conflict,” “a person working towards an agreement in the conflict situation,” “a person acting neutral,” and “a reconciling party to the conflict.” To assess the shifts, we used the Wilcoxon test. Tables 1, 2 and 3 present the reliable quality shifts in these components.

Table 1. Reliable shifts in the component “I am in the conflict” in the teenagers learning mediation

Indicator	Mean value		Shift	
	Before training in mediation	After training in mediation	Wilcoxon	p
Initiative — lack of initiative	5.2	6.5	3.99	<0.001
Lack of faith in good result — faith in good result	4.8	5.7	2.98	<0.01
Lack of self-confidence — self- confidence	4.1	5.5	3.45	<0.001
Lack of respect for others — respect for others	4.2	5.2	2.65	<0.01
Isolation — communicativeness	6.2	5.7	2.51	<0.05
Passivity — activity	4.7	5.5	2.03	<0.01
Irresponsiveness — responsiveness	3.5	4.4	2.73	<0.01

Table 2. Reliable shifts in the component “a person working towards an agreement in the conflict situation” in the teenagers learning mediation

Indicator	Mean value		Shift	
	Before training in mediation	After training in mediation	Wilcoxon	p
Dependence — independence	5.7	4.5	4.0	<0.001
Lack of purpose — purpose	3.8	5.1	3.3	<0.001
Lack of initiative — initiative	2.7	4.2	4.1	<0.001
Lack of self-confidence — self- confidence	2.5	4.4	4.5	<0.001
Passivity — activity	4.8	5.8	3.9	<0.001
Isolation — communicativeness	4.4	3.2	3.4	<0.001
Pessimism — optimism	6.0	6.5	2.9	<0.01

Table 3. Reliable shifts in the component “a reconciling party to the conflict” in the teenagers learning mediation

Indicator	Mean value		Shift	
	Before training in mediation	After training in mediation	Wilcoxon	p
Lack of faith in good result — faith in good result	4.1	5.7	3.3	<0.001
Lack of self-confidence — self-confidence	5.1	6	3.3	<0.001
Lack of respect for others — respect for others	5.0	5.8	2.7	<0.01
Imbalance — balance	5.4	6.2	3.1	<0.01
Passivity — activity	3.8	4.7	3.7	<0.001
Irresponsiveness — responsiveness	4.8	6.1	3.3	<0.001
Pessimism — optimism	5.7	6.5	2.9	<0.01

The results of the self-assessment showed that the values of the “Communication” indicator decreased because it was emphasized throughout the course that the ability to listen carefully to the interlocutor and analyze the current situation is a necessary element of a successful conflict resolution.

A possible explanation for the decrease in independence is due to the perception that reaching an agreement is based on dialogue and joint discussion of the conflict. Independence is the ability to be independent of external influences and assessments and to adjust one’s behavior by considering the social situation. In the situation of an agreement, the codependent position reduces the possibility of individual control in a conflict situation. At the same time, the value of the “purpose” score goes up. Therefore, an assumption can be made, which requires additional verification, that the conflict participant’s objective changes from the desire to meet one’s own interests to the desire to resolve the conflict by reaching an agreement.

Another skill of that the mediators developed training that affected teenagers was balance, a skill that ensures inner harmony, empathy and reflection in an individual.

We also analyzed the correlations between the structural components of the conflict situation image using Spearman’s rank correlation coefficient. Tables 4 and 5 show that there are significant correlations between the studied objects of the semantic differential method before and after the training program.

The teenagers considered themselves and other conflict participants to be primarily oriented towards meeting their own interests. Due to the poor concept of conflict, the model used to build an ideal image of a person in conflict is another person. Targeting only one’s own interests leads to a deviation from the maximum requirements, even if an agreement is considered to be a concession.

Table 4. Significant correlations between the structural components of the conflict situation image before training in mediation

		The other party	The rival	The person working towards agreement
I'm in the conflict	r		0.636	
	p		0.011	
What I want to be	r	0.500		
	p	0.051		
The other party	r		0.831	
	p		0.000	
The rival	r			
	p			
The person making concessions	r			0.651
	p			0.021

Table 5. Significant correlations between the structural components of the conflict situation image after training in mediation

		The other party	The rival	The person making concessions	The avoiding person	The person working towards agreement
I'm in the conflict	r	0.65	0.74			0.59
	p	0.01	0.00			0.02
What I want to be	r			0.68	0.58	0.54
	p			0.00	0.02	0.03
The other party	r		0.88			0.79
	p		0.00			0.00
The rival	r					0.89
	p					0.00
The person making concessions	r				0.58	
	p				0.02	

The low degree of the structuring of the conflict situation image before training and increased number of correlations after structuring draws one's attention. A successful model of a person in conflict that involves different forms of behavior, such as agreement, concession and withdrawal, is formed. Upon completion of training, teenagers viewed themselves and other participants in the conflict not only as oriented at meeting their own interests but also as working towards an agreement in a conflict situation. We also identified the passive behavior pole, i.e., the interrelated modes of behavior in a conflict, such as withdrawal and concession. This flexibility in deciding how to behave in a conflict appeared after analyzing the situation and seeing the prospects of different behaviors.

Discussion

A possible explanation for the decrease in independence is due to the perception that reaching an agreement is based on dialogue and joint discussion of the conflict. Independence is the ability to be independent of external influences and assessments and to adjust one's behavior by considering the social situation. When reaching agreement, the codependent position reduces the possibility of individual control in a conflict situation. At the same time, the value on the "purpose" score goes up. Therefore, an assumption can be made, which requires additional verification, that the conflict participant's objective changes from the desire to meet one's own interests to the desire to resolve the conflict by reaching an agreement.

Studies in cognitive psychology suggest that there are models of intrinsic meaning organization, such as semantic networks, associative networks, schemes, frames, and scripts. The following steps can be identified in diagnosing these semantic structures: formation of a system of concepts, identification of relations between concepts, and establishing semantic relations. In ordinary consciousness, discussion symbolizes joint, mutually beneficial activities to reach different arrangements and deals.

After learning about the techniques and rules of the organization and management of the negotiation process, young people began to take a qualitatively new, organizational position in the conflict. The training program participants reported that they became more active and more willing to initiate conflict resolution after training. Educational videos and their experience as a third party made them believe in the possibility of constructive conflict resolution based on respect for the other party.

Effective communication is only possible after thoroughly analyzing the conflict situation.

Robert Bush and Joseph Folder (Robert et al, 2007) note that conflict resolution through negotiations provides a person with self-confidence, which in turn makes it possible to build a more open relationship with the other party, who usually responds in the same way. As a result, openness and self-confidence come to replace isolation and powerlessness.

The image of a mediator, the leader of a reconciliatory meeting, is not clear in ordinary consciousness. It is unstructured and depends on the individual's life experience, not only in teenagers but also in adults. The training changes its content, particularly increasing one's involvement in the organization of the conflict resolution process based on dialogue and faith in a positive outcome of the conflict.

Conclusion

According to the study results, the following conclusions can be drawn. Although it is relevant and necessary to implement innovative techniques for training school students in constructive methods of conflict resolution as a basis for school reconciliation services, this area is at an early stage of development. Training in mediation, as well as mechanical transfer of its types, forms and learning techniques, is not effective without considering the socio-psychological characteristics of students. Studies of school conflicts focus on describing their causes and consequenc-

es rather than developing constructive techniques and implementing them in the educational environment.

Our results show that there were changes in the mean values in all of the categories of the structural components of the conflict. Restructuring the components of the image represents the emergence of new interpretations of the world as well as the rules and norms of relations (Yanchuk, 2005). In our view, the relationship between the perception categories and their poles are more complex than a binary division. However, such a task is of undoubted interest for upcoming research in this area and will require analysis of a more complex image of the conflict situation.

Our training program was designed with regard to the ontological mechanisms of conflict behavior regulation. Consequently, the most important result of the program efficiency assessment is the change in participants' image of the conflict situation. The results of the analysis of the structural changes in the conflict situation image during the training process demonstrate the effectiveness of training school students in mediation.

This study contributes to a better understanding of conflictological competence in general and that of school students in particular. It describes the mechanism of conflictological competence development. This study is of practical value since it helps to develop mediation training programs for school students based on the ontological approach.

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Psychological factors of social anxiety in Russian adolescents

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Background. Social anxiety is one of the most common and disturbing conditions of childhood and adolescence. It is defined as an excessive fear of embarrassment or humiliation in social performance situations. Recent studies have identified a number of psychological factors that could explain the maintenance of the condition.

Objective. The *objective* of this study was to investigate psychological factors of social anxiety in adolescents with a multifactor psychosocial model.

Design: The study population comprised 183 Russian-speaking adolescents from Moscow secondary schools, ranging in age from 12 to 16 years. Self-report measures were used to assess social anxiety, symptoms of depression, gender role identification, perfectionism, hostility, family emotional communications, and social support.

Results. The results indicate that social anxiety was positively correlated with symptoms of depression and suicidal thoughts. No quantitative differences in social anxiety between girls and boys were found, while masculinity and undifferentiated gender identification had a strong association with social anxiety. A positive correlation was found between “concern over mistakes” (fear of making a mistake and being negatively compared with peers) and “overdoing” (spending too much time doing homework and too little or none communicating with peers), using the Child Perfectionism Questionnaire (CPQ) subscales and Social Anxiety and Distress Scale (SADS) total score. Positive correlations were found between social anxiety and suppression of emotions and outward well-being subscales, as well as in the Family Emotional Communication (FEC) total score. It is not common to discuss emotions and feelings; it is difficult to share negative experiences; and it is important for the families of socially anxious adolescents to put up a good front. Analysis revealed significant negative correlations between the SADS total score (as well as its subscales) and the Social Support scale total score and emotional support subscale; the Practical Support scale negatively correlated with the SADS total score.

Conclusion. These findings confirm our hypothesis that social anxiety has a complex nature and can be dealt with by a multifactor psychosocial model.

Keywords: social anxiety, adolescents, gender, perfectionism, family

Introduction

Social anxiety is a widespread and rather disturbing condition. It is defined as an excessive fear of embarrassment or humiliation in social performance situations. Its negative impact results in long-term functional impairment, especially in adolescence (Bruch, Fallon, & Heimberg, 2003; Dryman, Gardner, Weeks, & Heimberg, 2016; Peleg, 2012). While it is well known that social anxiety is a highly prevalent condition in Western countries, its epidemiology in Russia remains unclear, partly due to a lack of assessment methods and partly to a lack of research. Epidemiological Catchment Area study data shows a bimodal distribution of age of onset, with the first peak occurring before 5 years of age and a second peak occurring around 13 years (Schneier, Johnson, Hornig, Liebowitz, & Weissman, 1992). Social anxiety in adolescence can result in mood disorders in adulthood. Therefore it is especially important to learn more about factors contributing to this condition in teenagers.

Many factors are known to trigger social anxiety and play a role in its development, and there are several models describing the interaction of these factors. Cognitive models emphasize dysfunctional beliefs and attention bias (Clark & Wells, 1995; Heimberg, Brozovich, & Rapee, 2014). Most typical cognitions for the socially anxious are that others are overly critical and that social situations are inherently dangerous; therefore, perfect social performance is needed in order to avoid rejection. Clark and Wells suggest that self-focused attention is the central issue that generates anxiety during an interaction and that post-event processing is the key process that maintains it over time. Mindfulness is gaining popularity as an important strategy in overcoming social anxiety and shows promising results in reducing post-event processing (Shikatani, Antony, Kuo, & Cassin, 2014; Bockstaele & Bögels, 2014). The interpersonal approach emphasizes a self-perpetuating interpersonal cycle, social developmental experiences, a social skills deficit, and a self-protective strategy that is based in early childhood during communication with significant others (Alden & Taylor, 2004). An evolutionary perspective on social anxiety relies on Nesse's works on adaptive functions of negative emotions in general, and fear and anxiety in particular. While anxiety may be painful and disruptive for those experiencing it, it also helps to anticipate and avoid danger. People are particularly sensitive to social stimuli, as they belong to a social species, and for a long time, survival of the individual depended on affiliation with the group and social status in this group, so some may be overly sensitive to any threat to social status, exclusion from or rejection by the group (Gilbert & Trower, 2001). A parent-child interaction model of social anxiety disorders in youth specifies five risk factors: temperamental characteristics of the child, parental anxiety, attachment processes in the parent-child dyad, information-processing biases, and parenting practices (Ollendick & Benoit, 2012). According to a diathesis-stress model of childhood shyness, the combination of biological diathesis (genetic variation in neurochemical and physiological systems) and psychological stress (family, school,

and peer environment) results in shyness in children, which later sometimes leads to social withdrawal, social phobia, and depression in adolescence and adulthood (Schmidt, Polak, & Spooner, 2005).

S.G. Hofmann (2007) proposed another way of explaining the symptoms and etiology of social anxiety. This model assumes that social fears and anxiety are associated with unrealistically high social standards and poorly defined social goals. When individuals with social anxiety confront social situations, they shift their attention towards their anxiety, create a negative image of themselves as social objects, and overestimate the likelihood and consequences of social mishaps. In order to avoid these expected mishaps, they revert to such maladaptive coping strategies as avoidance and safety behaviors. Social interaction is followed by post-event rumination, which leads to further social apprehension in the future.

A multifactor psychosocial model of affective disorders as a methodological basis for social anxiety research in adolescence. We relied on a recently developed multifactor psychosocial model of affective disorders (Kholmogorova, 2011). A multifactor psychosocial model of affective disorders can serve as a theoretical basis for social anxiety research, as it provides an opportunity to integrate different doctrines in one perspective. So far, a series of studies has been conducted in this framework, whereby factors of mood disorders development are grouped into four levels: macrosocial, family, interpersonal, and personal.

The macrosocial level describes social and economic instability and its consequences, such as a growing number of disadvantaged families and unprecedented growth of social orphanhood, which results in an increasing number of traumatized children who are especially vulnerable to emotional disturbances. Society's high standards of personal success and perfection, exaggerated educational requirements for children that are hardly consistent with their physical and emotional development, elevated standards of physical appearance promoted by the mass media, all play a role in lowering children's self-esteem. Gender stereotypes are still powerful in modern Russian society. The cult of masculinity and male emotional inhibition results in substance abuse, risk-taking behavior, and reluctance to seek professional help among the male population.

The family level is described by the family system's characteristics: structure, macro- and micro dynamics, and ideology. Characteristics such as diffuse personal boundaries, criticism, parental control, perfectionistic standards, perception of the world as hostile and/or disapproving, insecure attachment types, history of severe diseases, sudden death, physical or sexual abuse in the family, may serve as a basis for development of a negative cognitive scheme on the personal level. This scheme is characterized by such dysfunctional beliefs and attitudes as: "the world is dangerous", "I am weak", or "other people are hostile". Therefore a person's own hostility and mistrust are attributed to others, in turn provoking negative expectations from the others.

On the interpersonal level, these beliefs result in a narrowing social network and lack of social support. Consequently anxiety increases even more, serving as an additional factor in developing an anxiety disorder, and therefore creating a vicious circle of anxiety. Social support is a non-specific protective factor for psychological well-being: A deficit in close interpersonal connections and a formal approach to

communication lead to emotional ill-being and social maladjustment. Socially anxious people have been shown to have fewer dating and sexual relationships, fewer friends, and to be less likely to marry than people in the general population or even patients with other anxiety disorders (Hart, Turk, Heimberg, & Liebowitz, 1999).

The present study aimed at addressing these research questions and examined complex psychological factors associated with social anxiety.

We believe that this model of social anxiety can contribute to developing a holistic picture of the condition. Therefore, the aim of this research was a complex investigation of psychological factors of social anxiety in adolescence.

Method

Participants

Participants were 183 teenagers (49 % boys) from seventh to tenth grade from secondary schools in Moscow. They ranged in age from 12 to 16. The children participated voluntarily during their school hours. Filling out the questionnaires took around 50 minutes. A lecture on social anxiety in teenagers was given to participants' parents after the screening.

Measures

The Social Avoidance and Distress Scale (SADS, 1969) is a 28-item self-report inventory with a true/false format. It consists of two separate factors, Social Distress and Social Avoidance. In a sample of university students, internal consistency was high — the Kuder-Richardson formula was 0.94 (Watson & Friend, 1969). Recent studies have demonstrated the reliability and validity of the SADS for the Russian-speaking youth population (Krasnova, 2013).

The Children's Depression Inventory (CDI; M. Kovacs, 1992) is a 27-item self-report measure assessing children's depressive symptoms. Each item consists of three sentences describing a symptom of depression, in increasing severity. Respondents choose the sentence that best describes them during the past week. Each item set is scored from 0 (symptom is absent) to 2 (symptom is always or nearly always present). Scores are summed across all items. Higher scores indicate more depressive symptoms. The questionnaire consists of five scales: "Anhedonia", "Negative Self-Esteem", "Ineffectiveness", "Interpersonal Problems", and "Negative Mood".

Previous studies have demonstrated that the CDI has good internal consistency (a coefficient of 5.86). This study used the Total Depression score as well as subscales scores. Suicidal ideation: Similar to past research (Vinas, 2002), suicidal ideation was assessed using item 9 from the CDI, which requires the respondent to endorse one of the following three choices: (0) I do not think about killing myself"; (1) I think about killing myself, but I would not do it; or (2) I want to kill myself. Scores of 1 or 2 on this item, based on the second or third response, respectively, were used to indicate suicidal ideation.

The Masculinity and Femininity scale (Dvoryanchikov, 2011), modified from S. Bem Sex-Role Inventory (for Russian adaptation see Bessonova, 1994), characterizes individuals as masculine, feminine, androgynous, or undifferentiated. Respondents rate on a 4-point Likert scale the extent to which characteristics (tradi-

tionally masculine or feminine mixed with neutral ones) are descriptive of them. For example, masculine characteristics include “brave”, “determined”, “intrusive”, while feminine ones may be “gentle”, “neat”, “weak”; in addition the list includes N neutral items such as “sensible”.

The Child Perfectionism Questionnaire (CPQ, Volikova, 2012) measures different aspects of perfectionism: children’s attitudes towards their studies, free time activities, peer relationships, and their appearance. This self-report questionnaire includes six scales: high personal standards (e.g., “I aim to be the best student in the class”), parental perfectionism (e.g., “I often hear from my parents that I have to meet their expectations”), concern over mistakes (e.g., “I feel very anxious while completing writing tasks at school, as I am afraid to make a mistake”), success as a main motive (e.g., “I have to be successful in order to feel good about myself”), physical perfectionism (e.g., “I often worry that my appearance is not perfect”), overdoing (e.g., “I do not have free time to hang around with my friends, as I am very busy with my lessons”). Internal consistency was good ($\alpha = .76$).

The Hostility Test (Garanian, Kholmogorova, & Udeeva, 2003) measures hostility, defined as a lasting inclination to attribute negative traits to social objects (e.g., dominating, tending to humiliate others, envious, cold, indifferent, malicious). Respondents are instructed to imagine that they are conducting an anonymous opinion poll; their task is to predict its results, giving the percent of those who agreed with the test statements. It contains three subscales: (1) perceiving others as “inclined to demonstrate their superiority and humiliate”, for instance, “When I see other people’s weaknesses and failures, it makes me feel better about myself”; (2) perceiving others as “despising weakness” (e.g., “One has to hide his weaknesses because other people can take advantage of them to show their superiority”); (3) perceiving others as cold and indifferent (e.g., “I feel it as a burden when someone asks me for help”). Internal consistency was good ($\alpha = .79$), Guttman split-half coefficient was 0.681.

Family Emotional Communications (Kholmogorova & Volikova, 2004) is a 33-item questionnaire designed to access family emotional communications and intensity of negative emotions. Responses are coded on a 4-point Likert scale (ranging from 1 = Absolutely agree to 4 = Absolutely disagree). It contains eight subscales: parental criticism, concern with danger and failure, suppression of emotions, trying to put up a good front, fixation on negative feelings, provoked lack of trust in people, parental perfectionism, parental emotional dependence.

The Social Support Questionnaire F-SOZU-22 (E. Sommer, G. Fydrich, adapted to Russian sample by A. Kholmogorova, G. Petrova (2007)) is a 54-item questionnaire that assesses perceived social support using four subscales: (1) emotional support, (2) practical support, (3) social integration, and (4) social support satisfaction. Reliability coefficients and construct validity show satisfying results. Internal consistency was good ($\alpha = .79$). Translated and adapted to a Russian sample by A. Kholmogorova, N. Garanian, and G. Petrova.

Data analysis

The statistical analysis was performed with the SPSS (version 11.0) program. The differences of mean scores were calculated using Mann-Whitney U nonparametric

analysis. In assessment of correlations between the scales, the Spearman correlation coefficient was used. We also utilized a multiple regression model to test the hypothesized interaction effects.

Results

Prevalence of social anxiety symptoms and their connection with symptoms of depression and suicidal thoughts

In our sample no difference was found in social anxiety symptoms between girls and boys. Sixty-three percent reported moderate SA, 30 % reported medium SA, and high SA was found in 7 % of participants.

Depressive symptoms and social anxiety

The Mann-Whitney U test showed statistically significant differences for depressive symptoms depending on the intensity of social anxiety in groups with low ($M = 48.7$, $SD = 6.5$), medium ($M = 51.7$, $SD = 6.3$), and high ($M = 66$, $SD = 13.9$) SADS scores. It was the same with the CDI subscales and the SADS total score.

Table 1. Mean scores of the CDI subscales in adolescents with low, medium, and high social anxiety

CDI subscales	Group with low social anxiety M (SD)	Group with medium social anxiety M (SD)	Group with high social anxiety M (SD)
Anhedonia	49.7 ^{a,b} (6.5)	51.9 ^c (7.4)	60.7 ^{b,c} (9.3)
Negative self-esteem	52.5 ^b (6.3)	52.6 ^c (9.3)	65.7 ^{b,c} (17.1)
Ineffectiveness	49.7 ^b (9.6)	52 (10.2)	61.1 ^b (14)
Interpersonal problems	46.9 ^b (7)	49.1 ^c (5.3)	58.9 ^{b,c} (11.2)
Negative mood	47.3 ^{a,b} (7.9)	50.8 ^{a,c} (7.9)	63.8 ^{b,c} (15.9)

a — differences between groups with low and medium social anxiety are statistically significant (Mann-Whitney U criterion);

b — differences between groups with low and high social anxiety are statistically significant (Mann-Whitney U criterion);

c — differences between groups with medium and high social anxiety are statistically significant (Mann-Whitney U criterion).

Social anxiety and suicidal intentions

Findings suggest that the social distress and social avoidance scales of SADS, including the total score, were significantly related ($p \leq 0.001$) to the intensity of suicidal intentions (assessed by the CDI item “presence of suicidal thoughts”).

Table 2. Results of multiple regression analyses with parameters of social anxiety and social support as independent variables and suicidal thoughts as the dependent variable

Independent variables	Dependent variable	β	T	R ²
Social distress	Suicidal thoughts	.568	4.386	.000
Social avoidance		.117	.876	.385
Emotional support		-.330	-.788	.080
Practical support		.058	.322	.749
Social integration		.088	.561	.577
Social support satisfaction		-.065	-.633	.530

Gender and social anxiety

The Masculinity and Femininity scale enables us to characterize participants as masculine, feminine, androgynous, or undifferentiated. Gender role orientation distribution was analyzed in boys and girls. In both sexes, the androgynous type was prevalent (48 % of boys and 36 % of girls). As expected, the feminine type prevailed in girls (33 % of girls, 12 % of boys) and the masculine type in boys (26 % of boys, 17 % of girls). The undifferentiated type was found in 14 % of both boys and girls.

Preliminary analysis using Mann-Whitney U nonparametric analysis failed to find a significant difference between the males' ($M = 6.6$, $SD = 4.6$) and females' ($M = 6.7$, $SD = 3.5$) total scores and subscales on the SADS.

Table 3. Mean scores of the SADS subscales in adolescents with masculine, feminine, androgynous, or undifferentiated gender role orientations

Social avoidance and distress scale	Gender role orientation			
	androgynous ($N = 55$)	masculine ($N = 28$)	feminine ($N = 35$)	undifferentiated ($N = 21$)
	M (SD)	M (SD)	M (SD)	M (SD)
Total score	5.9^{a,c} (3.3)	4.2^{a,b,d} (2.5)	8.1^{b,c} (5.1)	8.8^d (6)
Social distress	3^{a,c} (2.1)	1.7^{a,b,d} (1.3)	4.2^{b,c} (3.1)	4.2^d (3.4)
Social avoidance	2.8^c (1.6)	2.4^b (1.6)	3.8^{b,c} (2.4)	4.5 (3.1)

a — differences between groups with androgynous and masculine gender role orientation are statistically significant (Mann-Whitney U criterion);

b — differences between groups with masculine and feminine gender role orientation are statistically significant (Mann-Whitney U criterion);

c — differences between groups with androgynous and feminine gender role orientation are statistically significant (Mann-Whitney U criterion);

d — differences between groups with masculine and undifferentiated gender role orientation are statistically significant (Mann-Whitney U criterion).

Masculinity was found to be negatively correlated with social anxiety ($p \leq 0.001$). Lower social anxiety symptoms referred to a more masculine identity in boys and girls regardless of biological sex. Correlations between femininity and social anxiety did not reach a significant level in either boys or girls.

Mean scores of social anxiety for participants from each group (masculine, feminine, androgynous, or undifferentiated) were analyzed. The total score of the SADS as well as the social distress scale score were significantly higher in adolescents with undifferentiated gender role orientation. The lowest social anxiety scores were found in the group of masculine type.

Perfectionism and hostility as personality factors of social anxiety

A positive correlation was found between “concern over mistakes” ($p \leq 0.05$) and “overdoing” ($p \leq 0.001$) on the Child Perfectionism Questionnaire (CPQ) subscales and SADS total score, as well as “social distress” and “social avoidance” subscales. The CPQ “high personal standards” subscale negatively correlated with the SADS “social avoidance” subscale ($p \leq 0.05$).

In order to test our hypothesis regarding the correlation between social anxiety and perfectionism, and based on the correlation found between perfectionism and social anxiety, a regression analysis was conducted. We regressed the dependent variable, social anxiety, on six Child Perfectionism Questionnaire subscales as independent variables.

As seen in Table 4, the SADS total score was positively associated with the parental perfectionism and overdoing subscales, and negatively associated with success as a main motive scale. Parental perfectionism explained a variance of .36 to social anxiety, overdoing .37, and success $-.48$, creating a total dispersion percent of 33 %.

Table 4. Results of multiple regression analyses with adolescents’ levels of perfectionism parameters as independent variables and social anxiety as the dependent variable

Independent variables	Dependent variable	β	T	R^2
High personal standards	Social anxiety	-.115	-.792	.431
Parental perfectionism		-.360	2.586	.012
Concern over mistakes		-.009	-.059	.953
Success as a main motive		-.486	-2.718	.008
Physical perfectionism		.145	1.057	.294
Overdoing		.370	3.154	.002

Correlational analysis found significant positive correlation between the hostility total score, perception of others as demonstrating superiority, perception of others as despising weakness, and parameters of social anxiety, as well as the SADS total score.

Family emotional communications and social anxiety

Positive correlations were found between the social anxiety and suppression of emotions and outward well-being subscales, as well as the FEC total score. We can conclude that it is not common to discuss emotions; it is difficult to share negative experiences; and it is important to demonstrate for the families of socially anxious adolescents to put up a good front.

Social anxiety and social support

As expected, the total score of the Social Support Questionnaire and emotional support subscale was negatively correlated with the SADS total score and subscales. The practical support subscale was negatively correlated with the SADS total score.

Discussion

The results indicated that emotional disadaptation is present in our sample: 6 % showed high scores for depressive symptoms (which is consistent with Volikova, Kholmogorova, & Kalina, 2011), 12 % of children mentioned suicidal thoughts in their self-report, and 6 % declared that they are ready to commit suicide at any moment.

Moderate social anxiety was found in 63 % of participants, medium anxiety in 30 %, and high social anxiety in 7 %. This study examined the relation between social anxiety and emotional disadaptation. Significant differences were found between depressive symptoms and the intensity of suicidal intentions and social anxiety: In groups with medium and high social anxiety, scores for depression were much higher than in groups with low SA.

Gender factors in social anxiety were studied as macrosocial ones. As was mentioned in the literature review, gender role orientation is one of the key elements of personal identity. It is identified according to the intensity of traditionally defined masculine and feminine characteristics. In our study, a prevalence of androgynous orientation in both boys and girls was found, which is consistent with other current empirical studies (Donnelly & Twenge, 2016) and is undoubtedly typical for modern Western society.

No quantitative differences in social anxiety between girls and boys were found, which is consistent with similar studies (Garcia-Lopez, Ingles, & Garcia-Fernandez, 2008). Our findings support the masculinity model, which alleges that the connection between psychological well-being and androgyny exists primarily due to the masculinity component of androgyny (Basoff & Glass, 1982; Peleg, 2012; Moscovitch, Hofmann, & Litz, 2005). According to this model, femininity does not contribute to psychological health, while masculine traits such as assertiveness, vigor, and aggression influence the reduction of social anxiety. On the other hand, people with a masculine role orientation may tend not to reflect and express their feelings connected with social fears and anxiety. The absence of a difference between social anxiety in boys and girls can also be explained by the fact that gender role orientations were distributed quite similarly in males and females. Social anxiety appears to be connected with gender role orientation, but not biological sex.

Important and theoretically meaningful connections between social anxiety and different parameters of perfectionism were discovered. The “overdoing” and “concern over mistakes” scales positively correlated with both social avoidance and social distress. The “high personal standards” scale was negatively correlated with social anxiety. Regression analysis confirmed that high scores on such scales as “parental perfectionism” and “overdoing” and a low score on the “success as a main motive” scale have a significant effect on social anxiety. In summary, overdoing, concern over mistakes, and parental perfectionism contribute to high social anxiety, while high personal standards and success as main motives are connected to lower social anxiety. In our experience with the Moscow school system, modern children living in a big city tend to be concerned about their marks, spend most of their time doing homework, and therefore don’t socialize with their peers; their parents are emotionally dependent on the children’s marks. Changes in the educational system in Russia, the implementation of state exams, high levels of stress, and social expectations for academic achievement are typical. Overall we found support for the idea that there are two different dimensions of perfectionism contributing to social anxiety: concern over failure and high personal standards (success orientation).

Since perfectionism scales were first developed, researchers have argued that not all aspects of perfectionism are maladaptive, i.e., connected with high stress and social psychological disadaptation. Moreover, it was speculated that some dimensions of perfectionism may contribute to adaptation. According to D.M. Dunkley, D.C. Zuroff, and K.R. Blankstein (2006), the most destructive parameters are socially prescribed perfectionism and self-criticism. At the same time, high personal standards may be related to healthy functioning (Dibartolo, Frost, Chang, Lasota, & Grills, 2004). Our results are in line with those found in the literature on social anxiety; the measure of personal standards had a weak negative relationship with social anxiety (Shumaker & Rodebaugh, 2009); low personal standards and high evaluative concern were associated with the greatest social anxiety in adolescents (Levinson et al., 2015).

In our research, such scales as “suppression of emotions” and “outward well-being” showed positive correlations with social anxiety. It can be speculated that in families of highly anxious children, it is not acceptable to discuss emotions, hard to share problems with other family members, emotional inhibition is rewarded, and there is an emphasis on demonstration of outward well-being.

In this study, social support was studied as an interpersonal factor of social anxiety. Analysis revealed significant negative correlations between the SADS total score (as well its subscales) and the social support scale total score and the emotional support subscale; the practical support scale was negatively correlated with the SADS total score. These findings confirm our hypothesis that socially anxious teens lack social support, especially emotional support.

Conclusions

In this paper we have presented a study of the psychological factors of social anxiety in adolescents. One third of the participants were found to be suffering from high social anxiety, which was connected with symptoms of depression, anxiety,

and suicidal intentions. Social anxiety in adolescents was not related to biological sex but to gender role identity. Suppression of emotions and putting up a good front in the family had an impact on the SA of the children, as well as low social support and such personality traits as perfectionism and hostility.

These findings provide possible psychotherapy targets for treatment of social anxiety in teenagers. They indicate the need to work with parents' emotional schemas, beliefs related to the importance of showing outward well-being, and their perfectionistic standards for their children. Concern over mistakes and a behavioral strategy of overdoing are the targets for psychological assistance for children. Macrosocial factors need further investigation, in order to differentiate where these high standards come from.

Limitations

While it is acknowledged that other factors, including temperamental characteristics and genetic influences, contribute to social anxiety, they are not the focus of this paper.

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Female attitudes towards women in hijabs in South Russia

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Background. This article sets forth the problem of attitudes towards women in connection with the ethno-religious characteristics of their appearance (for example, the hijab [Islamic headscarf]).

Design. There were 200 subjects: at the first stage 50 women and 50 men aged 22 to 30 (mean age 25); at the second stage 100 females, residents of Rostov-on-Don, Russia.

Method. The study used the Cook-Medley Hostility Scale (translated and adapted by Yu.A. Mendzheritskaya), as well as the author's questionnaire, which consisted of stimulus material (two sets of photos of five girls; in the first set, a portrait shot from the front with natural make-up, in the second set, the same girls, but wearing a black hijab). Respondents were asked to rank the girls in the photographs on a scale from friendly to hostile. At the second stage, we added questions about the respondents' religious beliefs and their assumptions about the religious beliefs of the girls with and without the hijab.

Results. The results show that the respondent's level of aggression can lead to a negative, hostile attitude towards a Muslim girl (based only on her external appearance), and more men evaluate the girls wearing the hijab as hostile. We also noted that the color of eyes and hair (even if only the eyelashes and eyebrows could be seen) can form an idea about religious beliefs.

Conclusion. Based on the received data, we can talk about the role of appearance. In the future, we plan to study specific features of the perception of appearance and discrimination against girls with a different appearance, in particular ethno-cultural clothing, because appearance is one of the most important triggers of discriminatory behavior.

Keywords: hijab, female, attitude, clothing, religious beliefs, Islam, Christianity

Introduction

Recent events have led to the emergence of the phrase "Islamic factor". Starting with the terrorist attacks in Moscow, in the Stavropol region, in different areas of the North Caucasus, and ending with the conflict with Islamic State and the terrorist attack in France at the editorial office of *Charlie Hebdo*, the relationship with the Islamic world has been discussed in works on political science, conflict studies, sociology, philosophy, and psychology. F.B. Elashi et al. (2010) reported that nega-

tive stereotypes towards Muslims escalated after the events of September 11, 2001. The 9/11 event was a turning point in attitudes towards Islam all over the world. R. Eid and H. El-Gohary (2015) noted that Muslims make up one of the largest tourist markets in the world, but they still encounter problems with the effect of Islamic religiosity on the relationship between Muslim tourist perceived value and Muslim customers' satisfaction. P. Akhtar (2014) identifies another problem, that some Muslims in Europe (who were born in Europe) are no longer consider themselves representatives of their culture, but are subject to discrimination.

Looking at the history of the South of Russia, it is important to note that proximity to the republics of the North Caucasus, as well as trade and economic and political ties, have provided interaction among people of different nationalities and religions and have formed a relatively positive attitude towards representatives of different religions and cultures. Nevertheless, appearance is becoming the most important component that affects perception of others. V.A. Labunskaya (2013) reported that appearance is becoming one of the most important means of building typologies, allocation and recognition of certain social groups, and describing life-styles. Appearance becomes a means of visual communication and stratification. The issue of the hijab in Russia began to become more of a problem after the conflict in the Stavropol region (2012), when Muslim girls started wearing a scarf to school, and the more recent conflict on the border involving a Russian girl who intended to join the Islamic State of Iraq and the Levant (June 2015–January 2016). Also, in recent years, there has been an increase in the number of students from other regions and countries, including Muslim ones, and of women who wear the hijab.

The purpose of our work was to explore attitudes towards women with the hijab and without, on the part of young people with different levels of aggressiveness, and also to consider attributions of religious belief according to external appearance (head covering).

Discrimination based on physical appearance is a pervasive social problem all over the world. Discussing the essence of the hijab, O.V. Tarasenko (2010) emphasized that under the hijab most mean exclusively a women's attribute, but this concept is broader and includes "external hijab" (clothing covering the entire body except the face and hands) and "internal hijab" (beliefs, behaviors). Internal hijab, the author states, is "*haya* — modesty, shyness." M.G. Dosanova (2010), studying the attitude of modern girls who wear the hijab, found that one of the main reasons that women in Kazakhstan to do so is to claim a certain status. For many girls, the hijab gives them a chance to get married faster, to be accepted in certain social groups, to use religion as a specific resource, and to represent themselves as "having the knowledge of what a real woman should be". Thus, the author emphasized that for the majority of respondents (women aged 17 to 35), the hijab serves not only religious purposes, but also secular ones. N. Hassim (2014) noted that the worldwide spread of Islam inadvertently changed the representation of Muslim women and the hijab and diminish oppressive stereotypes. Y. Mahmud and V. Swami (2010) examined the effects of wearing the hijab on Muslim and non-Muslim men's perceptions of women's attractiveness and intelligence, reporting that there is a significant effect of hijab status, with women wearing the hijab being rated more negatively than women without hijab. Interest in the phenomenon of the hijab today can be

noted at <http://worldhijabday.com>; the basic position presented there is, “Before you judge, cover up for a day”. This resource includes stories of more than 19,000 women from different parts of the world about their feelings and experiences related to wearing of the hijab.

In some works (Brown & Brown, 2015; McDermott-Levy, 2011; Ho, 2007), examined categorization of the “other” and the role of appearance as ethnic discrimination. However, according to some studies, in countries where the number of immigrants is not high, discrimination at the level of “alien” starts from kindergarten (Wagner, 2008). Jelen, B. (2011) showed that in Turkey today, young university-educated *hijabi* are aspiring to higher education, professional careers, as well as more equal gender relations at work and at home. She notes that these women are a pioneer generation.

The problem of immigration and categorizing immigrants by appearance is a key issue for almost all European countries, Canada, and Australia. It is also applicable to Russia and well reflected in the labeling of all immigrants from Central Asia as “tadjik”, as well as the categorization of all the peoples of the Caucasus as “persons of Caucasian nationality”. Islam is perceived as the main religion there, and although a large part of the population in the Caucasus is Muslim, some regions are traditionally Christian (e.g., Abkhazia, Georgia, Armenia). The 19th Article of the Russian Constitution stipulates that the state guarantees equal rights and freedoms to all, regardless of gender, race, nationality, language, origin, property and official status, place of residence, attitude to religion, convictions, membership of public associations, as well as other factors. Thus, the law prohibits any restriction of the rights of citizens based on social, racial, national, linguistic, or religious identity; yet we use a variety of stereotypical judgments to divide people into groups according to appearance. Such stereotypes may be either false or conveying some actual peculiarities of these groups.

In modern psychology there are a lot of works about the role of the hijab in non-Muslim countries (e.g., Webster, 1984; Ruby, 2006; Chaker et al., 2015; Brown, 2006, El-Geledi & Bourhis, 2012; Mirza, 2013), but few works about Russian attitudes toward the hijab as a symbol of Islam.

Method

Participants. There were 200 respondents; at the first stage, 50 women and 50 men aged 22 to 30 years (mean age 25 years); at the second stage, 100 women (the same age), residents of Rostov-on-Don, Russia. Youth is a socio-demographic group based on the aggregate of age characteristics, social situation, and specific social and psychological qualities, different authors identify the age limits of “youth” in different ways; but we can say that in general, it is the period between childhood and adulthood. In our study we took a broad range, from 18 to 30 years of age. All respondents were university students and professional staff. This choice was made because these groups interact with representatives of various religious confessions every day.

Instrument. In the first stage, to study the perception of women in connection with perception of their ethnic appearance, we prepared two sets of photos of five girls; in the first set was a portrait shot from the front with natural-style make-up;

the second set showed the same girl, but with a black hijab. Photographs of girls without headscarves were coded 1–5, girls in in hijabs were coded 6–10; pairs 1 and 6 (2–7; 3–8; 4–9; 5–10) pictured the same girls. The pictures were in black and white, in order to neutralize hair and eye color. The participants had to rate what they thought were the attitudes of the person in the photo, on a scale from friendly to hostile, with friendliness coded as 1 point and hostility as 6 points, so the lower the average score, the more friendly the attitude of the girl. Each picture was displayed on a separate sheet of A5 paper; pictures were presented in a random order, but ensuring that pictures of the same girl (with and without the hijab) are not demonstrated in a row. At the second stage, we added a question about the “religious beliefs” of the girl in the picture to every photo. We also used the author’s questionnaire, where we asked respondents’ attitudes to the representatives of these confessions, using the same rating scale from friendly to hostile, with friendly coded as 1 and hostility as 6.



Figure 1. Example of a photo of a girl with a hijab and without

The same respondents were asked to fill out the Cook-Medley Hostility Scale (translated and adapted to Russian by Yu.A. Mendzheritskaya, 2001), designed to measure the intensity of the respondents’ hostility, aggression, and suspicion. The instrument contains 27 statements; participants are asked to express their attitude to these statements, using a 6-point scale (“always”, “often”, “sometimes”, “occasionally (by chance)”, “rarely”, “never”). The data was analyzed using the Statistical Package for the Social Sciences (SPSS Version 16.0 for Windows) and Statistica 7.0. The reliability of the data was ascertained using the following methods of mathematical statistics: Z-Wilcoxon test to determine a statistically significant shift; Spearman correlation coefficient to identify relationships between variables; U-Mann-Whitney test to detect differences between samples.

Findings and Discussion

We described the first stage in our recent work (2015), where we noted that the average score suggests that the attitude to girls without a hijab was friendly (MF1 = 3.1; MF2 = 2.2; MF3 = 2.3, MF4 = 2.5; MF5 = 3.7, where M is average and

F1, F2 shows the number of photo); the attitude of the girls in hijab rather negative attitude (MF6 = 5.8; MF7 = 5.15; MF8 = 5.32; MF10 = 5.8), in addition to portrait 9 (MF9 = 3.9), which is often judged as more friendly. When rating the portrait of a girl with a typical Slavic appearance (round face, blond hair, big blue eyes) in a hijab, several respondents asked, "Why is there a portrait of a nun among the Muslim girls?"; those respondents described the black headscarf as "not a hijab", due to the appearance of the girl. The girl in picture 5 (without a hijab) was described by most respondents as "artful, stressed and unpleasant", which can be attributed to her stressed look (narrowed eyes, tightly shut lips, etc.); so her score indicated the most hostility on her part. Analysis of these data shows that at the stage of visual diagnostics of a stranger we estimate the score from his/her appearance (clothing, headgear), and this information can play a key role in shaping a positive or negative attitude. In this case, the hijab is such a factor, which, taking into account the information in the media, leads to interpretation of the girl as aggressive, unfriendly, dangerous.

At the second stage, we added the questions about religion. Our respondents were Christian or "not religious", but those who said that they were not religious grew in Christian families and had symbols of religion at home. So we also used a U-Mann-Whitney test and there was no difference, so we analyzed all the results as one group, "females". The lack of significant difference indicates that the data we obtained are homogeneous and can be considered reliable.

We also used the Z-Wilcoxon test to identify whether there are significant differences in the evaluation of the same girls in headscarves and without them, finding significant differences in all five cases (Table 1). Our findings indicate that appearance affects attitudes. Although there is a range of attitudes toward the girls with the hijab and without it, the attitude to the girl in a hijab is worse than to the same girl with an uncovered head.

In the first stage, we checked the stereotypes/representations of the religious beliefs of the girl in the photo. Five possible answers were offered: Christianity, Islam, Judaism, Atheism, Other (the participants could give their own variant). The results (Table 2) show that girls without hijabs were thought to be Christian, the girls in pictures 6, 7, 8, and 10 with hijabs were described as Muslim, except the girl in picture 9. In our first stage, some of respondents noted that she looked like

Table 1. Wilcoxon Matched Pairs Test between the same girls with hijab and without (tests in boldface are significant at $p < 0.05$)

Pair of Pictures	Z
Picture1 & Picture6	5.78
Picture2 & Picture7	4.95
Picture3 & Picture8	5.07
Picture4 & Picture9	4.28
Picture5 & Picture10	4.08

a nun; at the second stage, 77 % said she was Christian, and only 23 % said she was Muslim. Actually the only difference between this picture (9) and the others is the color of eyes (blue, but at in a black-and-white photo, they look gray); her blond hair was covered with the hijab, but the eyelashes and eyebrows were blond. Another girl with blond hair had brown eyes and dark eyelashes and eyebrows, so in a black-white photo with a hijab, she didn't look blond. So we can assume that it was hair color, eyes, eyebrows, and eyelashes which were the main parameters used to judge religious beliefs.

Table 2. Attribution of religious beliefs to girls with out and without hijab without (tests in boldface are significant at $p < 0.05$)

Picture	Christianity	Islam	Judaism	Atheism
Picture1	94	0	1	5
Picture2	96	0	0	4
Picture3	96	0	0	4
Picture4	95	0	0	5
Picture5	87	0	0	13
Picture6	2	98	0	0
Picture7	3	97	0	0
Picture8	2	98	0	0
Picture9	77	23	0	0
Picture10	0	99	0	1

Then we used a Z-Wilcoxon test to determine statistically significant indicators — differences in attitudes towards women with and without the hijab and attitudes towards people professing Islam and Christianity (Table 3). We can see that the attitude towards girls wearing the hijab (except the girl in picture 9) showed no difference, and we can conclude that the assessment of women in the hijab is the same as the attitude towards all Muslims.

Table 3. Wilcoxon Matched Pairs Test between girls with and without a hijab and attitudes towards people professing Islam and Christianity (tests in boldface are significant at $p < 0.05$).

No. of picture	Z (Islam)	Z (Christianity)
Picture1	3.284996	1.646862
Picture2	2.780446	1.763205
Picture3	4.010780	0.324788
Picture4	4.757777	1.591521
Picture5	4.791489	0.806257
Picture6	0.277737	3.591042
Picture7	1.707836	3.243044
Picture8	0.842951	5.487974
Picture9	2.847187	1.293616
Picture10	1.033217	3.332688

Thus, we can say that there is prejudice against persons confessing Islam, who were evaluated as dangerous and unfriendly, and the religious beliefs of the respondents were judged on the basis of appearance. This stereotype is a trigger for the formation of attitudes and the attribution of certain characteristics.

Conclusion

Our findings indicate that appearance affects the formation of attitudes. Although there is a certain range of attitudes towards the girls with a hijab and without it, the attitude towards the girl in a hijab is worse than that to the same girl with an uncovered head. We also found that there is a relationship between the score of representatives of Islam in general and girls in hijabs.

We can conclude from these results that the respondent's level of aggression can lead to a negative, hostile attitude towards a Muslim girl (based solely on her appearance), and that more men say that their attitude to the girls wearing a hijab is more hostile. The attitude can affect both personal stereotypes (as evidenced by evaluation of the women without a hijab, which is closer to the median and with some negative assessment) and difficulties in categorization (e.g., the evaluation of picture 9, when some thought the hijab was a nun's attire).

Our research identified a number of patterns. Respondents were more tense and hostile towards a girl in a hijab than to the same girl without a headscarf. Respondents indicated that most women in a hijab are Muslims, and their attitudes to the abstract representation of Islam and to the girl in the photo have a common modality.

In general, despite the fact that the Southern Federal District is multicultural, and the proximity of Islamic peoples of the Caucasus fosters a certain neutral attitude to various religions, women with a Slavic appearance dressed in traditional Islamic headgear are perceived as significantly more hostile than the same women without a scarf. Considering this issue more broadly, we can note that in this case there was a certain layering of assessments: on the one hand, the assessment of the attractiveness of the girl attributing certain characteristics to her; and on the other hand, the categorization and discrimination against women with a certain appearance. However, considering the problem of Islamophobia in Russia and comparing it to the attitude towards Islam in Europe, North America, and Australia, we can assume that the factor of rapprochement of cultures, discussed in the literature, has a positive effect. Experience with Tatarstan Muslims generates a more positive setting to all representatives of Islam, which could also explain the results.

For our future work, we require an increased sample, and the testing of hypotheses about the relationship of the level of hostility and aggressiveness to attitudes towards girls with "European" and "Muslim" appearance. In the future, in addition to photos without a hijab and with a hijab, we plan to use pictures of girls in colored scarves (the scarf tied under the chin in the "Russian" style) and girls in the typical headgear of Catholic nuns, since these scarves and hats are similar in nature — an open face, the hair and neck covered — but are connected to different stereotypes. And to identify attitudes towards Islam in general and their role in the formation of attitudes towards girls in a hijab, we also believe it is necessary to develop a profile filter to determine the religious beliefs of the respondents, as the present study involved young w who believe (Orthodox), and those who adopt atheistic beliefs, but there were no respondents who practice Islam. A number of works indicate that some differences may be detected. It is also important to note that the assessment can add color and the presence/absence of ornament and pattern on the hijab. We suggest that a hijab with a flower pattern and bright colors can positively influence

the attitude toward the girls. Another important point which we plan to explore is the age of the women wearing the hijab. In our study, the photographs shows girls 20–25 years of age; in the future, we plan to use photos of women aged 45–60, who may be associated with the “mother”, because in Russian Christian tradition it is common for older women to wear headscarves to church, and in everyday life; thus there might be a more positive attitude toward older women with a hijab.

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CLINICAL PSYCHOLOGY

The dynamics of the cognitive functioning and emotional state of cardiac patients during rehabilitation after coronary revascularization

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Background. Coronary artery bypass grafting (CABG) has been one of the most performed surgical procedures for more than 30 years. Recent research has shown severe cognitive disorders accompanying cardiac surgery. However, mild cognitive dysfunction, which is more amenable to prevention and correction, has been less studied because of difficulties in diagnosing it.

Objective. For this reason, we set out to analyze the dynamics of cognitive functioning in CHD patients undergoing CABG. Our study focuses on the main indicators of cognitive functioning and on comparing cognitive functioning with normative data, as well as on the emotional state which accompanies cardiac surgery.

Methods. The present study enrolled 70 patients (of average age 59.71 ± 7.32 years) who underwent CABG with the standard cardiopulmonary bypass technique. Our examination used a pathopsychological test battery (including the WAIS, TMT, Stroop test, TAS, Benton test, etc.), and was performed in three stages: two days before, and both 12–14 days and three months after the surgery.

Results. The results obtained suggest that the majority of cognitive complaints are connected with memory decline after CABG. Patients with CHD experience significant postoperative cognitive decline mostly in verbal memory and attention. A significant cognitive improvement three months after the operation occurred in the following cognitive domains: visual memory, logical memory, and spatial thinking. An analysis of the patients' trait anxiety leads to the conclusion that the highest intensity of anxiety was observed in relation to the following indicators: "emotional discomfort," "asthenic component," and "anxious assessment of the future."

Conclusion. Our research demonstrates negative changes in both short- and long-term memory. Possible reasons for postoperative cognitive decline include the conditions and consequences of the surgery, normal aging, brain injury at the time of coronary surgery, and the emotional state of the patients. A positive trend was discovered in the visual and logical memory, active attention, and thinking activity.

Keywords: cognitive functions, emotional state, coronary heart disease, rehabilitation, cardiac surgery

Introduction

Approximately 16.7 million people in the world die every year from cardiovascular diseases, including coronary heart disease (CHD). CHD is the leading disease in incidence and mortality in the general population (Leal, Luengo-Fernández, Gray, Petersen, & Rayner, 2006; World Health Statistics 2006). One of the most important treatments for coronary heart disease is myocardial revascularization. It is carried out with the use of either coronary artery bypass surgery (CABG) or transluminal coronary angioplasty balloon. However, coronary bypass surgery has been the most commonly performed surgical procedure for more than 30 years.

Numerous studies have demonstrated the effectiveness of CABG in treating coronary artery disease. At the same time, myocardial revascularization is associated with the risk of both operating and postoperative complications. The hospital postoperative period is often complicated by neurological disorders, postpericardiotomy syndrome, and atrial fibrillation (Eagle et al., 2004). In addition, this group of patients frequently experiences cognitive impairment as a result of the operation. The current level of development of cardiac technology has resulted in a significant reduction in the incidence of severe neurological complications. At the same time, mild postoperative neurological disorders (primarily, cognitive decline) remain a widespread problem (Bergh, Backstrom, Jonsson, Havinder, & Johnsson, 2002). Thus, the frequency of neurocognitive deficits after coronary artery bypass surgery remains high, and, according to some research, it reaches 50-80 % (Van Dijk et al., 2000; Mathew et al., 2003). According to other studies, it varies in the range of 20–79 % (Browne, Halligan, Wade, & Taggart, 2003).

In general, the cognitive impairment means a subjectively and/or objectively detectable reduction of cognitive functions (attention, memory, gnosis, praxis, speech, thought, etc.), which affects the efficiency of learning, professional, consumer, and social activities, as compared with the individual's original state, and also with educational and age norms.

In recent years increased attention has been paid to the problem of the cognitive impairment after myocardial revascularization. The need for this is determined by a number of circumstances. First, the vast majority of previous studies evaluating the effect of CABG on cognitive abilities, considered the long-term effects of the operation (Marasco, Sharwood, & Abramson, 2008; Selnes, 2004). However, studies of cognitive status in the early postoperative period are limited and conflicting. For instance, some studies (Hudetz, Patterson, Byrne, Pagel, & Warltier, 2009) describe a deterioration of cognitive and neurophysiological indicators in the early postoperative period. But several other authors report an absence of changes

(Sweet, 2008) and even an improvement of cognitive functioning (Van den Goor et al., 2008) after CABG.

Second, recent studies have shown significant and persistent cognitive impairment in cardiac patients undergoing surgery. At the same time, mild cognitive dysfunction, not reaching the level of dementia but going beyond the norms (Fonyakin, Geraskina, Magomedov, & Atayan, 2011), remains outside the scope of the research.

Finally, most studies (Derevnina et al., 2013; Fonyakin et al., 2011) only identify the presence of certain cognitive disorders which accompany cardiac pathology. Although, according to recent studies, psychological factors contribute significantly to negative outcomes of coronary surgery (Bokeria, Zinchenko, & Kiseleva, 2013), the psycho-social, emotional, and personality factors of cognitive impairment — in particular, the level of anxiety and alexithymia — remain almost uninvestigated.

Thus, the present research aims to carry out a comprehensive study of the peculiarities and disorders of cognitive functioning in CHD patients undergoing CABG. We also aim to evaluate the emotional factors determining these peculiarities and disorders. Our work focuses on studying the following aspects:

1. The dynamics of the main indicators of the cognitive functioning of CHD patients undergoing CABG, including active attention, the rate of psychomotor reactions, mental capacity, mnestic activity, and verbal-logical and spatial thinking.
2. An analysis of the cognitive functioning of CHD patients (measured before the surgery and at different stages of the rehabilitation process) in comparison with normative data.
3. The dynamics of the state anxiety of CHD patients undergoing CABG before the operation and during rehabilitation.
4. Correlation of the dynamics of cognitive functioning with trait anxiety (measured during the preparation for CABG) and state anxiety (measured before the surgery and at different stages of the rehabilitation process).
5. The level of alexithymia of CHD patients in the period of preparation for surgery.

Method

Characteristics of the experimental group and description of methods. This study involved patients undergoing treatment in a rehabilitation unit of Federal Almazov Medical Research Center (Saint Petersburg, Russia). 70 patients of working age who had undergone CABG were studied. Among them were 58 men (82.9%) and 12 women (17.1%); the average age of the patients was 59.71 ± 7.32 years. The testing was performed in three stages: one-two days before CABG, immediately before discharge (12–14 days after CABG), and three months after CABG. Informed consent was obtained from all patients. All patients were medically stable at the point of inclusion in the study.

The methods for studying cognitive functions were selected in line with the bio-psycho-social approach in modern clinical psychology (Wasserman, Trifonova, & Schelkova, 2011), and in accordance with the research purposes and the

“Statement of consensus on assessment of neurobehavioral outcomes after cardiac surgery” (Murkin, Newman, Stump, & Blumenthal, 1995).

For studying cognitive functions (the main characteristics of active attention, rate of psychomotor reactions, mental capacity, mnestic activity, and verbal-logical and spatial thinking) of CHD patients undergoing CABG, the following methods were used:

- 1) “The Trail Making Test” (TMT) was used to study psychomotor speed, attention switching, and mental flexibility. (Examples of the test are given on the slide.) The patients were asked to draw a line through numbered circles in numerical order as fast as possible, and then by alternating between numbered and lettered circles (1–A–2–B– and so on) (Zotov, 1998);
- 2) The subtests “Similarities” and “Block Design” from the Wechsler Adult Intelligent Scale (WAIS) were used to study abstract verbal reasoning and spatial thinking (the patients were asked to use hand movements in rearranging blocks with various color patterns on different sides to match a pattern) (Gilyasheva, 1987);
- 3) A verbal learning test “10 words” was used to study short- and long-term verbal memory. The retained measures were the total number of words immediately recalled, and delayed recall after 50–60 minutes (Bleicher, Crook, & Bokov, 2006);
- 4) The pathopsychological method “Remembering stories” was used to study logical memory. The patients were asked to retell a short story (Bleicher, Crook, & Bokov, 2006);
- 5) The pathopsychological sample “Simple analogy” was used to study verbal-logical thinking. An individual was asked to establish a connection between different concepts by analogy with an example (Bleicher, Crook, & Bokov, 2006);
- 6) “The Benton Visual Retention Test” was used to study visual perception and visual memory. An individual was shown 10 designs. (These designs are shown on the slide.) The patients were asked to reproduce each of the designs on plain paper from memory as precisely as possible (Wasserman et al., 2011);
- 7) “The Stroop Color-Word Test” was used to study two indicators: processing speed, as well as selective attention and resistance to cognitive interference. This test was conducted only before the surgery and three months after it (Zotov, 1998).

The patients’ emotional state in the perioperative period and its dynamics in the rehabilitation process were studied using “The Integrative Anxiety Test (ITT)” (Bizyuk et al., 2005). To investigate the level of alexithymia, we used “The Toronto Alexithymia Scale (TAS)” (Yeresko et al., 1994).

Statistical analysis of study results. The results obtained were processed with the use of the standard statistical techniques included in SPSS 19 and Statistica. We used Wilcoxon signed rank tests for a comparative analysis of the preoperative and postoperative variables of cognitive functioning. The scores obtained versus normative scores were analyzed by using t-tests. Differences were considered significant at $p < 0.05$.

Results

First, in accordance with the research purposes, the dynamics of the main indicators of cognitive functioning of the CHD patients during rehabilitation after CABG were studied (Table 1).

Table 1. Indicators of cognitive functioning of patients undergoing CABG

The main indicators of cognitive functioning	The first stage (before CABG) A	The second stage (12–14 days after CABG) B	The third stage (three months after CABG) C		Significant differences
	M ± m		M ± m	M ± m	
Short-term verbal memory ("10 words"), the number of reproduced words after 5 presentations	7.97 ± 1.58		8.05 ± 1.46	7.24 ± 1.87	AC*** BC**
Long-term verbal memory ("10 words"), the number of reproduced words after 1 hour of presentation	5.44 ± 2.09		5.78 ± 2.05	3.20 ± 1.84	AC*** BC***
Visual memory (Benton test), score	6.64 ± 1.76		7.03 ± 2.05	7.96 ± 1.56	AC* BC**
Logical memory ("Remembering stories"), score	3.98 ± 1.17		4.35 ± 1.06	4.64 ± 0.99	AB** AC* BC**
Verbal-logical thinking (subtest "Similarity"), score	15.72 ± 4.29		17.20 ± 3.88	17.32 ± 3.84	AB**
Verbal-logical thinking ("Simple analogy"), score	7.68 ± 2.13		8.27 ± 1.78	8.04 ± 2.28	AB***
Spatial thinking (subtest "Block Design"), score	29.82 ± 10.47		29.43 ± 11.17	32.0 ± 12.47	AC**
Rate of psychomotor reactions, attention concentration (TMT-A), score	5.18 ± 2.93		5.05 ± 3.33	6.50 ± 3.23	
Attention switching (TMT-B), score	5.17 ± 3.0		4.57 ± 3.41	6.0 ± 3.46	AB*
Processing speed (Stroop-test), score	7.21 ± 2.16			8.29 ± 2.31	
Selective attention (Stroop-test), score	2.97 ± 2.87			5.26 ± 3.67	AC***

Notes. In this and the subsequent tables, the notations *, **, and *** correspond to the statistical significance of .05 < p < .1, p < .05, and p < .01 respectively.

In the TMT and Stroop-test values smaller than 4 points mean that the indicators are less than the normative level (Zotov, 1998).

The results presented in Table 1 show that three months after the operation, the short-term verbal memory span is statistically significantly lower than before CABG. The results also demonstrate the reduction of the short-term verbal memory span in the period from the hospital (second) stage of the study to the third stage. As to the long-term verbal memory span, the same statistically significant trend was also observed. On the contrary, the visual memory indicator increases during post-hospital recovery, and during the whole period of observation (from the first to the third stage). Logical memory improves to a statistically significant extent during both the hospital treatment period (from the first to the second stage of the study) and the entire period of observation (from the first to the third stage of the study). Thus, a reduction in the verbal memory span and improvement in the visual and logical memory as a result of CABG was demonstrated.

The verbal-logical thinking, spatial thinking, and abstract verbal reasoning of the patients were also studied. The indicator of verbal-logical thinking (measured by the subtest "Similarity" and the method "Simple analogy") was statistically significantly higher 12–14 days after CABG than before the operation. A positive dynamic in spatial thinking was also discovered: Namely, the indicator measured three months after the surgery was statistically significantly higher than the preoperative one. These data suggest that CABG can have a positive impact on the CHD patients' mental activity.

The patients' psychomotor speed, attention switching, and mental flexibility were studied by the Trail Making Test. Statistically significant differences in the rate of psychomotor reactions, processing speed, and attention concentration (measured by the TMT and Stroop-test) were not observed. However, the indicator of attention switching (the TMT) was statistically significantly lower after surgery than before. At the same time, three months after the operation, the indicator of selective attention (Stroop-test) was statistically significantly higher than before CABG. This fact indicates an improvement in attention switching and in functioning under the influence of extraneous stimuli, and a reduction in the tendency to be interrupted during mental work.

Table 2. Comparison of cognitive functioning of patients undergoing CABG, with the normative data

The main indicators of cognitive functioning	The first stage (before CABG) A	The second stage (12–14 days after CABG) B	The third stage (three months after CABG) C	The normative data D	Significant differences
	M ± m	M ± m	M ± m	M ± m	
Rate of psychomotor reactions, attention concentration (TMT-A), score	5.18 ± 2.93	5.05 ± 3.33	6.50 ± 3.23	6.75 ± 2.3	AD*** BD***
Attention switching (TMT-B), score	5.17 ± 3.0	4.57 ± 3.41	6.0 ± 3.46	6.31 ± 2.2	AD*** BD***
Selective attention (Stroop-test), score	2.97 ± 2.87		5.26 ± 3.67	5.21 ± 1.8	AD***

Table 2 provides the results of comparative analysis of the normative data of active attention, rate of psychomotor reactions, and selective attention, with the data obtained in this research (the indicators measured before the surgery, 12–14 days after, and three months after).

The data given in Table 2 indicate that, as compared with the normative data (Zotov, 1998), the following differences were obtained. Before the operation and 12–14 days after it, the rates of psychomotor reactions, attention concentration, and attention switching (the TMT) of patients undergoing CABG were statistically significantly lower than normal. The indicator of selective attention (Stroop-test) measured before CABG was statistically significantly lower than the normative data. However, three months after the operation, the indicators of attention and of the rate of psychomotor reactions were not statistically significantly different from the norm. The data obtained confirm the assumption that CABG, which improves the cerebral blood supply, can positively affect patients' cognitive functioning. Thus, the indicators that were lower than the normative data before the operation (perhaps, by virtue of atherosclerosis) were restored to the normal level 3 months after the surgery.

The data reflecting the general level and intensity of various components of state and trait anxiety of CHD patients undergoing surgery were obtained by using "The Integrative Anxiety Test" (ITT). Table 3 shows the results of a comparative study of the intensity of trait anxiety, measured during the preparation for CABG, and the indicators of state anxiety, measured before the operation, 12–14 days before it, and three months after the operation.

Table 3. Indicators of the trait and state anxiety of patients undergoing CABG

Indicators of anxiety components	Trait anxiety	State anxiety on the first stage (before CABG) A	State anxiety on the second stage (12–14 days after CABG) B	State anxiety on the third stage (three months after CABG) C	Significant differences
	M ± m	M ± m	M ± m	M ± m	
General indicator	4.32 ± 2.03	3.23 ± 2.04	3.1 ± 1.94	3.76 ± 2.26	BC*
Emotional discomfort	5.29 ± 2.09	2.97 ± 2.21	2.46 ± 1.95	4.04 ± 2.2	AB* BC***
Asthenic component	5.14 ± 2.1	3.88 ± 2.12	5.59 ± 2.28	4.92 ± 2.53	AB***
Phobic component	2.94 ± 2.22	3.57 ± 2.33	2.49 ± 2.12	3.32 ± 2.37	AB*** BC**
Anxious assessment of the future	4.14 ± 2.34	3.9 ± 2.52	3.03 ± 2.3	4.2 ± 2.12	AB*** BC*
Social defensive reactions	3.74 ± 2.54	4.28 ± 2.55	3.78 ± 2.63	3.68 ± 2.7	

Note. In the ITT method the average anxiety level is 4–6 points. A high level of anxiety (7 points and above) corresponds to general psychological discomfort and disharmony with the environment (Bizyuk, A. P. et al., 2005).

According to the data given in Table 3, most of the indicators of state and trait anxiety correspond to a low level of intensity. An analysis of trait anxiety leads to the conclusion that the highest intensity of anxiety, which actually corresponds to the average level, was observed for the following indicators: "emotional discomfort," "asthenic component," and "anxious assessment of the future." The data show that dissatisfaction with a certain life situation (possibly caused by the current illness) decreases. The results obtained also signify that patients preparing for the surgery demonstrate the following characteristics: fatigue, moderately expressed fears projected on the time perspective, general concern for the future based on increased emotional sensitivity, and, frequently, lack of confidence in the positive outcome of the treatment.

A comparative analysis of the state anxiety in the course of all three stages of the study show that three months after the surgery, the general indicator was statistically significantly higher than 12–14 days after it. Presumably, this effect is related to the fact that under the constant supervision in a hospital, patients are less likely to experience anxiety, particularly for their health. The intensity of the "asthenic component" of state anxiety before the surgery is statistically significantly lower than 12–14 days after it; the increase is mainly caused by the severity of the intervention and general physical discomfort. A statistically significant decrease in the intensity of state anxiety after the surgery (from the first stage to the second) is detected for the following indicators: "emotional discomfort," "asthenic component," and "anxious assessment of the future." Such a dynamic is probably related to the fact that patients have already successfully undergone the surgery, and fears about the effects of anaesthesia and even of death, typical for the situation of surgical intervention, have not been realized. However, the same indicators demonstrate a statistically significant increase in the level of anxiety after discharge from a hospital. This trend can probably be explained by patients' lack of adjustment to living outside a hospital, and fears about their life and health situations, which can appear when patients are without medical supervision.

Table 4 presents the results of a correlation analysis of the dynamics of cognitive functioning, and trait and state anxiety. The dynamic was computed as the difference between the values before the operation and three months after it. Thus, this dynamic reflects changes in cognitive functioning over the entire period of treatment and rehabilitation.

As shown in Table 4, the less the component "Social defensive reactions" is expressed in the structure of the patient's trait anxiety, the better the dynamic of short-term verbal memory. More positive and considerable changes in long-term verbal memory during the process of treatment and rehabilitation are observed in patients with a lower level of general and "Social defensive reactions" indicators in the structure of their trait anxiety, and lower levels of intensity of the "Phobic component" prior to the operation. In other words, before the surgery the patient's sense of strange threats, loss of self-confidence, and worthlessness are less expressed. The dynamic of visual memory during the restorative treatment is better when the component "Social defensive reactions" (in the structure of state anxiety, measured thrice, as well as in the structure of trait anxiety), is less expressed. A correlation analysis shows a positive correlation between the dynamics of verbal-logical thinking with "Social defensive reactions" (in the structure of trait anxiety),

Table 4. Correlation between the dynamics of cognitive functioning, and trait and state anxiety

Indicators of anxiety components	Dynamics of short-term verbal memory ("10 words")	Dynamics of long-term verbal memory ("10 words")	Dynamics of visual memory (Benton test)	Dynamics of verbal-logical thinking ("Simple analogy")	Dynamics of rate of psychomotor reactions (TMT-A)	Dynamics of attention switching (TMT-B)
Trait anxiety						
General indicator		0.480*				
Asthenic component					-0.520**	
Social defensive reactions	0.572**	0.554**	0.754**	0.583**	0.682**	0.433*
State anxiety, measured 1-2 days before the operation						
Phobic component		0.580**				
Social defensive reactions			0.609**		0.653**	
State anxiety, measured 12-14 days after the operation						
Emotional discomfort				-0.487*		
Social defensive reactions			0.452*			

Note 4. In Table 4, the symbol * indicates that the correlation is significant for $p < 0.05$ (two-sided), and the symbol ** that it is significant for $p < 0.01$ (two-sided).

and a negative correlation with "Emotional discomfort" (in the structure of state anxiety 12–14 days after CABG). Such a negative correlation can probably be explained by the fact that dissatisfaction with a certain life situation and emotional tension (the indicator "Emotional discomfort") can stimulate patients to participate in rehabilitation activities more actively, and cope with their own illness. The dynamic of the rate of psychomotor reactions is negatively correlated with the "Asthenic component" in the structure of the patient's trait anxiety, and is positively correlated with the "Social defensive reactions" in the structure of both trait and state anxiety (measured immediately before the surgery).

It should be emphasized that the "Social defensive reactions" component of trait anxiety is statistically significantly correlated with the majority of cognitive functioning indicators observed in Table 4. This means that the worse the dynamic, the more patients are likely to experience anxiety in their social contacts, and to consider their social status as a major source of stress and self-doubt.

In accordance with the purposes of this research, the level of alexithymia was measured by using "The Toronto Alexithymia Scale" (TAS) during the patients' preparation for myocardial revascularization. We treat alexithymia as a complex

of cognitive and affective personality traits, which can influence the development and course of psychosomatic diseases. The average indicator of alexithymia for all patients examined was equal to 71.94 points (64 points and less indicate the absence of alexithymia; 72 points and more indicate the presence of alexithymia). The absence of alexithymia was demonstrated by only 18.6% of patients; 44.3% of patients demonstrate the presence of alexithymia, whereas in the case of about 27.1% of patients nothing definitive can be said. This finding indicates that 44.3% of patients undergoing CABG had difficulties in defining (identifying) and describing their own feelings and in distinguishing feelings from body sensations. Also the latter patients have a reduced ability for symbolization (this reduction is evidenced by the poverty of imagination), and are more focused on external events than internal experiences. Such personality characteristics can lead to an amplification of physiological responses to stress, to a fixation on a somatic component of emotional excitement, and to further formation of hypochondriacal positions and psychosomatic disorders.

Discussion

The impact of CABG on cognitive functioning remains a major source of concern among clinicians. Postoperative cognitive decline is of importance because it can have a negative impact on patients' ability to work. According to previous research findings (Pinna Pintor et al., 1992; McCrone et al., 2001), only 40-60% of patients returned to their work without a reduction in the level of their working capacity and preoperative qualifications. Moreover, postoperative cognitive impairments can result in a decrease in patients' quality of life (Sotaniemi et al., 2001).

Our present research reveals significant and stable changes in cognitive functioning of CHD patients undergoing CABG with cardiopulmonary bypass. In agreement with previous results (Vingerhoets, Van Nooten, Vermassen, De Soete, & Jannes, 1997; Newman, 1993), we observed that patients with CHD experienced significant cognitive deficits three months after the surgery mostly in the memory domain. These results also correspond to those of a variety of studies reporting subjective cognitive complaints, primarily an increase in memory complaints after heart surgeries (Berghet et al., 2002; McKhann et al., 2008; Selnes et al., 2004). Thus, short- and long-term verbal memories are more likely to be affected after the surgery than other cognitive functions.

Some researchers (Vingerhoets et al., 1997) consider cerebral embolization and poor cerebral perfusion the most important agents of this damage. Other authors believe that cognitive dysfunction after CABG is related to microembolization from the heart-lung machine, to prolonged hypoperfusion during CABG or anesthesia, to genetic factors (Jensen, Rasmussen, & Steinbrüchel, 2008), and/or to manipulation of the aorta during cannulation and clamping (Vedin et al., 2006). It should also be taken into account that, in contrast to previous studies (Newman et al., 2001; Vingerhoets et al., 1997; Newman, 1993), no significant decline in both short- and long-term verbal memory was observed immediately after CABG. These results suggest that memory decline is not directly related to the conditions and consequences of the surgery. One of the reasons for memory decline immedi-

ately after CABG is the patient's asthenic state, which accompanies the rehabilitation process after cardiac surgery (Eremina, 2013).

Moreover, in contrast to several previous studies (Newman et al., 2001; Tonera, Taylor, Newman, & Smith, 2008), we found no significant deterioration in attention switching, or in concentration and psychomotor speed, at the time of discharge from the hospital. This can be explained by the fact that the postoperative cognitive variables were measured a week after CABG in Newman et al. (2001) and Tonera et al. (2008), but two weeks after CABG in our study (as a result of different durations of hospital stay after CABG).

At the same time, we found a significant improvement in abstract verbal reasoning and verbal-logical thinking two weeks after CABG. A significant cognitive improvement three months after the operation occurred in the following cognitive variables: visual memory, logical memory, and spatial thinking. This positive dynamic can result from the coronary revascularisation and improved cerebral blood flow. Another possible reason for this dynamic is correction and prevention of risk factors (included in the rehabilitation program after CABG), which can lead to an improvement in cognitive functioning.

The results of our comparative analysis agree with the previous study (Jensen et al., 2008) which showed that, before surgery and 12-14 days after it, the psychomotor speed, attention switching and mental flexibility, as well as selective attention and resistance to cognitive interference of CHD patients, are significantly lower than normal. However, three months after the surgery, the indicators which were lowered before the operation (possibly in consequence of atherosclerosis) improve to the normal level, which agrees with the known results (Knippa et al., 2004). This dynamic is possibly due to the fact that preoperative cognitive variables of surgery candidates are frequently affected by anxiety or depression (Eremina, 2013). This dynamic can also be related to the coronary artery disease itself, some cerebral complications (Marasco et al., 2008), or a specific psychological state accompanying preparation for the surgery. The data obtained confirm the conjecture that CABG, which improves the cerebral blood supply, can positively affect cognitive functioning of patients.

The results from studying the correlation between cognitive functioning and the level of trait and state anxiety showed that the changes in cognitive functioning are statistically significantly correlated with the indicators of emotional state of the patients. Nevertheless, further investigations of the pathopsychological and physiological mechanisms leading to changes in patients' cognitive functioning, are needed.

The present study has several limitations. One is the restricted number of patients studied. In addition, the preoperative level of cognitive functioning of the patients is considered to have been at a basic level, although the preoperative indicators can be distorted, for instance, by the psychological state of patients. Moreover, the follow-up examination mostly involved compliant patients.

Conclusion

The results obtained in this present research open new ways of optimizing the rehabilitation process and setting new psychotherapy goals for patients undergoing

CABG and other cardiac surgeries. The results described in this paper also can contribute to diagnosing changes in the intellectual activity caused by the disease and vascular cognitive impairments in a timely fashion, and to distinguishing them from age-related changes. Our results emphasize the importance of taking into account peri- and postoperative cognitive changes accompanying cardiac surgery in order to prevent long-term cognitive dysfunction, and permit the patient undergoing cardiac surgery to regain the preoperative level of working capacity and qualification.

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Risk factors related to antisocial behavior in teenagers with intellectual disabilities

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Background. Throughout the ontogenic development period and life journey, everyone faces numerous threats and challenges. Certain of these challenges are beyond the individual's control and are caused by social and environmental factors, but others, conversely, are provoked by the individual's own lifestyle and mental and/or physical health condition. This paper considers how the social adaptation of children with intellectual developmental disorders affects the development of various forms of socially dangerous behavior.

Objective. The primary goal of the study described in the article is to identify and analyze the potential risk factors related to antisocial behavior among teenagers with intellectual disabilities (mental retardation) based on a survey of teachers in special (correctional) schools.

The methodological basis of our research uses the provisions of Lev Vygotsky's theory of socialization among children with intellectual disabilities. This article shows the importance of implementing Lev Vygotsky's doctrine of correction and compensation of disturbed psychological, emotional and social development of schoolchildren with intellectual disabilities.

Design. To achieve this purpose, the following methods were used: interviews, questionnaires, and factor analysis. In the first stage of the study, interviews were conducted with teachers working in special (correctional) schools (teachers, child and youth counselors, school psychologists, developmental pediatricians) — of 108 teachers from 10 schools. Analysis of the interviews revealed a list of risk factors related to antisocial behavior among teenagers with intellectual disabilities (only 35 points). The collected data formed the basis for a questionnaire, "Social Safety for Children with Intellectual Disabilities". In the second stage, 83 teachers working in the special (correctional) schools were surveyed. The survey was completed by teachers of children (12-13 years old) who had a diagnosis of F70 (Mild mental retardation) or F71 (Moderate mental retardation). To determine the significance of risk factors, the respondents were asked to assess children's exposure to risk factors on a 5-point scale. In the third stage, the results of the risk factor assessment conducted in relation to socially dangerous behavior of adolescents with intellectual disabilities were processed using the factor analysis.

Results. From the factor analysis of the data collected, as well as an analysis of the relevant theoretical and methodological materials, the following risk factors (with load factors) of socially dangerous behavior among teenagers with intellectual disabilities were identified: antisocial behavior (violation of generally accepted societal norms) (48.7%); asociality (the lack of motivation to engage in social interaction) (7.96%); infantilism (5.9%); social mistrust in the world (4.86%); propensity for victimizing behavior (4.18%); virtual addiction (3.98%); and high self-concept discrepancies (3.14%).

Conclusions. The results of our research may be used to prevent antisocial behavior in teenagers with intellectual disabilities through the implementation of psychological and pedagogical follow-up programs aimed at preventing antisocial and asocial behavior, overcoming infantilism and victimization, forming adequate self-esteem, and forming personality-trusting relationships with significant adults and peers.

Keywords: intellectual disabilities, teenagers, socialization, social safety, risk factors, antisocial behavior, psychological and pedagogical support

Introduction

Recently, a key element of public policy in many countries has been social policy relating to disabled people. Among other things, a primary focus is on providing equal opportunities for a healthy and safe life for everyone, including disabled people and people with health conditions. Social institutions face the challenge of creating the specific conditions that ensure access to health improvement, rehabilitation, social adaptation, education and employment for disabled people and people with health conditions. Achieving this objective should be the primary goal of institutions of education, culture, sports and health care.

One of the most numerous groups of children with health conditions (or special educational needs) includes children with intellectual developmental disorders: children with intellectual disabilities (mental retardation) and children with developmental delay. According to different estimates, the number of children with intellectual development disorders has risen dramatically in recent years, ranging between 5% and 10% of the total child population. In persons with intellectual disabilities, the central nervous system cannot ensure the foundation required for the development of personality but instead creates obstacles that restrict the child's understanding of and conscious attention toward reality, which is the most important prerequisite for the social and psychological safety and welfare of the child. Deficits in general intellectual functioning that adversely affect the social relations of a child with a mental development disorder hinder the child's cognitive development and social integration and adaptation (Ainsworth, 2004; Harvey, 2006; Santo & Buono, 2006; Shmeleva, Pravdov, Kislyakov, & Kornev 2016; Speck, 1999). Vygotsky's (1983) suggestion that we consider the problem of intellectual disability in children as not only a psychological and pedagogical problem but also a social one remains relevant today.

Having left school (typically a special education school), an individual with intellectual development disorder should become a member of society and be ready to live in social environment that is not always supportive but sometimes insecure. Many years of experience in special (corrective) education shows that

when given proper education, training and relevant preparation for future labor activities, the overwhelming majority of intellectually disabled children are, by the age of 15 to 20, able to adapt socially to such an extent that they are almost indistinguishable in everyday life from typically developing individuals (Speck, 1999; Vygotsky, 1983). However, to date, insufficient consideration has been given to ensuring appropriate conditions for the formation of psychological preparedness of intellectually disabled children for overcoming their social communication difficulties, which significantly complicates their further social adaptation and integration.

Throughout the ontogenic development period and life journey, everyone faces numerous threats and challenges. Certain of these challenges are beyond the individual's control and are caused by social and environmental factors, but others, conversely, are provoked by the individual's own lifestyle and mental and/or physical health condition. Any deviations in the development of a child's personality involve real and potential risk factors that affect his/her physical and psychosocial security and cause socialization problems. This phenomenon is observed because the development of a child suffering from intellectual disability occurs in such a way that the child's natural psychical functions — e.g., sensibility, emotional reactivity, and memory — do not transform into sophisticated cultural “mechanisms” of reality reflection (Vygotsky, 1983). A intellectually disabled child's becoming acquainted with various objects and phenomena in the world around him/her occurs rather superficially and fragmentally, sometimes with distorted perception. For this reason, it is difficult for such a child to follow the rules of safe conduct in various spheres of life and to adequately assess social situations involving risk. Children with intellectual disabilities have specific disorders of their mental development: underdevelopment of cognitive processes, unstructured thinking, semantic and associative memory disorders, speech underdevelopment, a lack of attention, disorders in emotional and volitional sphere, as well as behavior disorders. Accordingly, it is difficult for such a child to understand life situations and to behave safely (Davydova, 2009; Fatikhova & Sayfutdiyarova, 2016; Katzl & Singh, 1986). The fragility of the child's psychological defense mechanisms degrades his/her adaptive capabilities (Kolosova, 2007). A intellectually disabled child's disorientation in the surrounding world can lead to unsafe behavior (e.g., victimizing, addictive, delinquent, aggressive behavior, risky behavior). Vygotsky (1983) noted that certain social changes in personality development occur synchronously with corresponding biological shifts. Therefore, if the conditions conducive to the comprehensive development of the child are not established — for instance, if certain personal qualities are not intentionally developed and patterns of safe, defensive and coping behavior are not formed — the child's life is unlikely to be successful (Epstein, 1992; Kolosova, 2007; Nakano, 1991). A multi-aspect approach to security considers security to be a condition that enables the fundamental securitization of personality. This approach therefore makes it possible to consider the condition of personality security a social and normative ideal (Zinchenko, 2011b).

Children with intellectual disabilities, similar to typically developing children, experience the crisis of adolescence and puberty changes. One of the most

common characteristics of the period of adolescence is emotional instability. As Vygotsky (1984) wrote, a teenager's personality structure has nothing stable, completed or rigid. Such emotional instability manifests primarily as mood swings and floating affect (i.e., the emotional lability associated with puberty and the age-related physical changes that adolescents undergo). This personal instability gives rise to conflicting desires and conflicting actions. The teenage years are characterized by moral instability. Teenagers need close friends and seek relational tribes among their peers. These tribes often dictate much of the teen's discretionary time. Following his/her peers' way of viewing and interacting with the surrounding world, a teenager often becomes a conformist. Sometimes, under the influence of their friends or tribes, teenagers do things that they would not otherwise do and may sincerely regret their actions later. Furthermore, the teenage years are characterized by instability of self-esteem (Davey, Eaker, & Walters, 2003). Both teenagers' behavior and their self-consciousness are highly dependent on external influences (De Man & Gutierrez, 2002). Anna Freud (1936) wrote about the time of adolescence: adolescents are excessively egoistic, regarding themselves as the center of the universe and the sole object of interest; however, at no time in later life are they capable of the degree of self-sacrifice and devotion they show in adolescence.

Adolescence is often called a protracted crisis characterized by the manifestation of severe social problems in behavior, such as running away from home; school failures and dropouts; violations of school rules and rules of conduct in public places; alcohol, drug and tobacco use; theft, suicidal behavior; and sexual deviations (Davey et al., 2003; Lewinsohn, Rohde, & Seeley, 1994). In addition, all too often, adolescents commit gang crimes.

Following Zinchenko (2011a), we use the cultural-historical psychology of Vygotsky as a general methodological basis for the analysis of issues of human security. The child perceives his/her safety or vulnerability in an environment (and in a particular situation). Vygotsky (1983) described the "social situation of development" as the relationship existing between a child and its social environment. According to Vygotsky (1983), social surroundings are a source of development. The social situation of development (e.g., cultural and historical) influences the formation of the individual characteristics that contribute to the development of an antisocial versus prosocial personality (Zinchenko, 2011b). The modern social environment is increasingly characterized as a "risky society" (in the words of Ulrich Beck). The primary local social risks that negatively affect the development of educated and healthy children are social risks in the educational environment (dehumanization and an increase in violence, intensification of the educational process, pedagogical tactics that create stress in students); factors caused by students' staying in a socially risky group (informal youth groups, destructive religious organizations); and negative behavioral characteristics of young people (deviant, addictive, victim-like, antisocial) (Kislyakov, Shmeleva, & Silaeva, 2017; Shmeleva, Kislyakov, Luneva, & Maltseva, 2015).

Because students increasingly spend more time in school than in their family environment, it is difficult to overestimate the degree of influence of the school "microcosm" on the social integration, development, health and behavior of a child or teenager. The characteristics of the educational institution can be considered

environmental factors that determine the psychosocial prosperity (security) of students (Baeva & Bordovskaia, 2015; Kislyakov, Shmeleva, Belyakova, & Romanova, 2016; Noddings, 2003; Suldo, Shaffer, & Riley, 2008).

Vygotsky (1983) stated that an individual's social surroundings (primarily the educational environment) could contribute to complex types of psychic activity, "psychological functions," in children with intellectual disabilities. The educational environment should contribute to the development of adaptive behavior of children. Adaptive behavior includes the age-appropriate behaviors necessary for people to live independently and to function safely and appropriately in daily life. The system of social and psychological security of children with intellectual disabilities must address several related areas. The first is to create a safe social environment. The second is to teach safety rules and life skills. The third is to mitigate risk factors related to antisocial behavior.

Method

To identify the risk factors related to dangerous behavior in adolescents with intellectual disabilities, we consulted educators (teachers, child and youth counselors, school psychologists, and developmental pediatricians) in the Ivanovo region and in the city of Moscow. The study involved three stages: interviews with teachers, questionnaires given to teachers, and factor analysis of the risk factors identified in the first two stages.

In the first stage of the study, interviews were conducted with 108 educators working in 10 different special (correctional) schools. Processing the interviews revealed a list of risk factors related to antisocial behavior among teenagers with intellectual disabilities (35 items). The collected data formed the basis for a questionnaire "Social Safety for Children with Intellectual Disabilities." When designing the questionnaire, we intended to collect information on risk factors related to socially dangerous behavior of schoolchildren with intellectual disabilities affecting both the schoolchildren themselves and their peers (that is, behavior posing a danger to themselves and to others).

In the second stage, 83 teachers working in special (correctional) schools were given the questionnaire developed in the first stage. The questionnaire was completed by teachers of children (12–13 years old) who had a diagnosis of F70 (Mild mental retardation) or F71 (Moderate mental retardation). To define the significance of each risk factor, the respondents were asked to assess how likely students were to experience each risk on a 5-point scale from 1 (student is unlikely to experience this risk) to, 5 (very likely to experience this risk).

In the third stage, a factor analysis was conducted on the results of the questionnaire to determine critical risk factors related to socially dangerous behavior in adolescents with intellectual disabilities.

Results

The results of the survey showed that all of the risk factors were somewhat likely to be experienced by youngsters. Figure 1 shows an analysis of the results of the survey of teachers (arithmetic mean scores).



Figure 1. Assessment of risk factors related to dangerous behavior in adolescents with intellectual disabilities according to the results of a survey of educators. The average likelihood of experiencing each risk factor is represented on a scale from 1 (does not correspond completely) to 5 (corresponds completely).

The leading risk factors identified are noted below:

- low threat sensitivity (inability to identify potentially dangerous situations);
- propensity for virtual addiction (computer and Internet addiction, video game addiction, gadget addiction);
- involuntary emotional displays of mood (destructiveness);
- inability to take responsibility;
- poor/insufficient willpower;
- insufficient level of communication skills;
- low capacity to feel empathy and compassion, or to render assistance;
- inadequate self-esteem.

The results of the assessment of risk factors related to socially dangerous behavior in adolescents with intellectual disabilities were processed using a factor analysis (using Varimax rotation with Kaiser Normalization) in the standardized software package SPSS 22. The contents and percentage of the risk factors are shown in Table 1.

The cumulative percentage (which indicates the informativeness of all factors) constitutes 78.73 %, which is an acceptable result. This finding is an important indication that the risk factors in question can represent this set of characteristics. The result shows the internal consistency of the factor structure and can be interpreted as a tool for the explanation of empirical regularities. When interpreting the factors, we only considered those with factor loadings exceeding 0.5.

Discussion

The following refers to the factors presented in Table 1.

The first factor is a factor of major importance. It can be defined as *socially dangerous (antisocial) behavior* characterized by negativism toward generally accepted rules, a higher propensity for delinquency, vandalism, and vagrancy, the use of psychoactive substances, unreasonable risk-taking along with negativistic behavior and desire to hurt anyone or anything.

The second factor reflects *asociality* (social indifference) of adolescents with intellectual disabilities. Asociality comprises their lack of motivation to engage in social interaction and to avoid failure, low capacity to feel empathy and compassion, unwillingness to render assistance, a lack of tolerant attitudes, and poor communication skills. Failure to communicate effectively often leads to conflict with adults (for instance, with teachers). Such teenagers also have disturbances in social perception (identification, empathy) and are therefore not very sensitive to threats coming from other people.

The third factor reveals *infantilism* of adolescents with intellectual disabilities, that is, their social immaturity, characterized by retardation in their personality development. The primary factors influencing the formation of infantilism in adolescents with intellectual disabilities are a lack of cognitive interests or a steady decline in cognitive abilities and a lack of initiative, necessary social skills and independence. Their communication skills are developed insufficiently, mental activity

Table 1. Structure of risk factors related to dangerous behavior in adolescents with intellectual disabilities (according to the results of the survey of educators)

Num- ber of factor	Specific weight of factor (%)	Risk factors	Factor name
1	48.7	Refusal to comply with generally accepted rules and to adopt universal values (0.849) Addiction to alcohol, drugs and tobacco (0.837) Propensity for delinquency (e.g., theft, extortion) (0.714) A high degree of aggressiveness (0.674) Propensity for kleptomania (0.673) Propensity for vagrancy (0.629) Inability to handle stress (0.588) Negativistic behavior (0.500) Propensity for vandalism (0.533) Propensity for self-injurious and risk-taking behavior (thrill-seeking, e.g., parkour, train surfing) (0.532)	Socially dangerous (antisocial) behavior
2	7.96	Low capacity to feel empathy and compassion (0.772) Lack of motivation for failure avoidance (0.762) Inability to identify potentially dangerous situations (0.749) Lack of tolerant attitudes (0.748) Insufficient level of communication skills (0.602) Proneness to conflict in relationships with teachers (0.596)	Asociality (social in-difference)
3	5.9	Lack of control over emotions (0.777) Higher suggestibility (0.724) Propensity for delinquency (theft, extortion, etc.) (0.694) Infantile attitudes (0.565)	Infantilism
4	4.86	Hard feelings (malice toward and envy of others) (0.775) Anxiety and suspiciousness (ranging from mistrust and prudence in relation to other people to conviction that other people always try to do harm) (0.690) Weakness of efforts of will (0.643) Inability to take responsibility (0.642) Propensity for psychological violence (bullying) (0.568) Verbal aggression (0.552) Low level of social adaptation (adjustment) (0.523)	Social mistrust in the world
5	4.18	Conflicts in relationships with parents (0.625) Propensity for victimizing behavior (0.607)	Victimizing behavior
6	3.98	Propensity for virtual addiction (0.796) Conflicts in relationships with peers (0.508)	Virtual addiction
7	3.14	Inadequate self-esteem (0.842) Higher level of social exclusion (0.592)	Inadequate self-esteem

is disturbed (leading to impulsivity, emotional instability, affectability), moral and social maturation is retarded; they place a priority on the satisfaction of their own needs for entertainment and enjoyment. Such infantilism is indicative of a dependent and subservient personality. A teenager with intellectual disability becomes unexacting, often gullible and credulous, amenable to persuasion by authoritarian personalities, which can lead to the individual being induced to commit criminal offences (e.g., theft and extortion).

The fourth factor represents a personality trait of a teenager with intellectual disability that can be characterized as “*social mistrust in the world*.” Vygotsky (1983) emphasized the role of adults in the cognitive development of a child. Vygotsky observed that children develop and learn cognitive tasks only through their interactions with older peers and adults, with affective reactions and speech playing the fundamental role. Trust in the world is a particular phenomenon that consists of the specific attitude of an individual toward various objects or fragments of the world, which includes the individual’s perception of continuing relevance and a priori safety of these objects or fragments of the world for himself/herself (Simpson, 2007; Dontsov, Zinchenko, Zotova, & Perelygina, 2015). Basic mistrust, then, is a general sense of insecurity of the surrounding world. The desire to avoid any unwanted impacts of the social environment appears at early stages of ontogenesis as a logical result of the basic trust with which a child is born (according to Erikson, 1963). If the crisis of “basic trust/mistrust” is not resolved in a timely and adequate manner, it can affect an individual in the future, taking the form of social mistrust in himself/herself, in other people or in the world (Kjærnes, 2006). The most significant signs of mistrust are immorality, unreliability, destructiveness, membership in a hostile social group, susceptibility to conflict, impoliteness, and withdrawn behavior, which almost inevitably entail a lack of initiative or a sense of responsibility, as well as the occurrence of feelings of injury, frustration and suspiciousness. Such social mistrust in the world can be followed by malice, fantasies about destruction and vandalism. A teenager’s lack of trust can result in his/her social isolation, emotional withdrawal, and therefore result in poor will-power and a low level of social adaptation. The adolescents who mistrust the world around them are not able to build trust-based relationships with other people, or to be flawed. Social mistrust in the world may be manifested in overt behavior via verbal aggression and bullying.

The fifth factor shows the propensity of adolescents with intellectual disabilities for *victimizing behavior* (that is, engaging in behavior of a potential “victim,” provoking other people’s aggression against him/her). Intellectually disabled children have extremely suggestible and less cautious personalities compared to their typically developing peers. According to the classification suggested by Hans von Hentig (1979), adolescents with intellectual disabilities could be included in the “The Young” and “The Mentally Defective and Deranged” typology of crime victims, depending on their specific propensity for victimizing behavior.

The sixth factor shows the inclination of adolescents with intellectual disabilities to *virtual addiction* (video game addiction, gadget addiction) and their susceptibility to conflict and inability to build and maintain constructive relationships with their peers. Real life then becomes a series of problems for many of these adolescents, and they try to escape from reality by immersing themselves

in the virtual world of computer games and social networks. This world enables a young gamer to feel “strong,” “self-confident,” a “winner,” and furthermore, it allows him/her to correct mistakes and failure as many times as he/she wants, removing the responsibility for incorrect decisions and helping him/her disregard problems. A teenager’s passion for computer games may be, in certain respects, a sign of personal troubles. Prevalently, video game addiction is highly common in those teenagers who cannot successfully assert themselves in other activities (Gackenbach, 2006; Mazalin & Moore, 2004; Soldatova & Zotova, 2012). Adolescents with intellectual disabilities constitute a particular risk group in this area. The virtual environment is perceived by children with intellectual disabilities through intellectual and emotional structures that are not only immature but also defective, which leads to disorders of socialization and the occurrence of addictive behaviors (Minyakina, 2008).

The seventh factor reflects the *inadequate self-esteem* of adolescents with intellectual disabilities and their social isolation. In his research, Vygotsky (1983) noted that adolescents with intellectual disabilities have inflated self-appraisal and are rarely dissatisfied with themselves. Such overestimation of their own capacities results in overconfidence followed by inadequate apprehension of potential dangers and an inability to evaluate the reasonableness of their actions and to foresee the consequences thereof. Self-esteem allows children to regulate their own behavior and to self-monitor in their social interaction. The level of self-esteem formation in adolescence is an important factor in the development of the communication skills of a person. Furthermore, self-esteem affects the interpretation of the results of both socialization and social adaptation as a whole (Webster & Sobieszek, 1974).

Conclusion

Numerous research works carried out in Russia and abroad support Vygotsky’s idea that the development of a child with intellectual disabilities requires particular guidance by adults (e.g., teachers, psychologists, special-needs experts). The risk factors described above must be taken into consideration when planning psychological and pedagogical support for the protection and social security of adolescents with intellectual disabilities. The support must be aimed at preventing of antisocial and asocial behavior, overcoming infantilism and victimization, helping the formation of an adequate self-esteem, and helping the formation of personality-trusting relationships with significant adults and peers. It is necessary to note the hierarchy of the significant risk factors related to antisocial behavior among teenagers with intellectual disabilities because every subsequent factor, to a certain degree, depends on and is related to the previous one. For instance, the prevention of antisocial and asocial behavior is not possible without overcoming infantilism and establishing personality-trusting relationships.

The successful solution to this challenge will only be possible if children live in a safe and protective environment. Any educational organization or social institution where formation of the child’s personality occurs must create stable environment, use technologies that pose little or no risk to children and ensure their resilience to potential negative impacts of the social environment. An important component of the program for the prevention of socially dangerous behavior in adolescence is

protection from or mitigation of social or social-psychological threats. This component ensures that adolescents feel psychologically and socially safe and secure, encourages them to conform to standards of appropriate behavior that does not encroach on the freedom, dignity, or physical safety of other people, stimulates their social activity and promotes the development of personality.

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The effect of hypnotherapy on the quality of life in women with breast cancer

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Background. Cancer is a chronic disease that significantly affects the quality of life of patients who suffer from it, because they must face stressful situations, including their diagnosis, surgical procedures, and the adverse effects of chemotherapy and radiotherapy.

Objective. To evaluate the effects of hypnotherapy on breast cancer patients' quality of life during chemotherapy.

Design. A quasi-experimental design was used with a convenience sample.

Method. Two groups of patients with early breast cancer diagnoses were assigned to either a control group that received standard medical care ($n = 20$), or a hypnotherapy group ($n = 20$) that received 12 intensive sessions over the course of 1 month, and 12 additional sessions over the course of 6 months. The patients' quality of life was evaluated using the European Organization for the Research and Treatment of Cancer Quality of Life Questionnaire Core 30 (EORTC QLQ-C30).

Results. The hypnotherapy group showed a statistically significant improvement and a large effect size on the cognitive functioning and social functioning scales compared to the control group. The physical functioning, role functioning, and quality of life scales showed improvement with a medium effect size, but the changes were not statistically significant.

Conclusion. The improvement observed in the cognitive functioning and social functioning scales allows us to suggest that hypnotherapy improves the quality of life of breast cancer patients during chemotherapy.

Keywords: hypnotherapy, quality of life, breast cancer, cognitive functioning and social functioning

Introduction

According to the World Health Organization (WHO, 1948), health is a state of full physical, mental, and social well-being, not simply the absence of an illness or ailment. By contrast, quality of life refers to general well-being, including physical, psychological, social, economic, and political features (Revicki et al., 2000).

Health-Related Quality of Life (HRQOL) describes the quality of life of people who suffer from a specific illness, generally one that is chronic. Quality of life in these cases is affected by the debilitating consequences of the illness itself, or by the side effects of medical treatment. HRQOL can be defined as a subjective and multi-dimensional state that encompasses physical, occupational, emotional, social, and cognitive functioning, as well as levels of vitality, pain, sexuality, and spirituality (Osoba, 2011).

Cancer is a chronic disease that significantly affects the quality of life of patients who suffer from it because they must face stressful situations, including their diagnosis, surgical procedures, and the adverse effects of chemotherapy and radiotherapy (Pocino et al., 2007). Women who have received medical treatment for breast cancer regularly report pain, fatigue, difficulty sleeping, nausea, vomiting, and hot flashes (Ewertz & Jensen, 2011).

Breast cancer patients' quality of life varies according to the type of treatment. With regard to the type of surgery, radical surgery generates the greatest anxiety and self-image problems. By contrast, women who have had reconstructive and conservative surgery exhibit higher quality of life levels, particularly in dimensions such as physical functioning, emotional role, and social role (Roman, Olivares, Martín, Martín & Moreno, 2010; Royo, 2011).

Chemotherapy also negatively affects the quality of life of women who suffer from breast cancer, particularly because of the side effects that affect their physical, functional, and emotional state. Sat-Muñoz et al. (2011) found that the emotional dimension was the most strongly affected in Mexican women with breast cancer.

Longitudinal studies reveal that breast cancer patients' quality of life is affected even 6, 9 or 12 months after the patients have finished treatment. The patients' emotional functioning, role functioning and vitality are the dimensions that deteriorate the most, along with body image and sexual, cognitive, and social functioning (Domínguez et al., 2009; Härtl et al., 2010; Schou, Ekeberg, Sandvik, Hjermland & Ruland, 2005).

Because of the negative side effects that cancer treatment tends to have, a large portion of scientific studies have focused on finding therapeutic techniques and strategies to improve HRQOL in these patients (Fayers & Bottomley, 2002).

Hypnosis is a technique that has been used over the past few centuries to treat chronic diseases, and it has had positive results in providing physical and psychological well-being for patients undergoing it (Montgomery, Schnur, & Kravits, 2013). Hypnosis has also been shown to be effective in managing various physical and psychological symptoms in breast cancer patients, including distress, anxiety, hot flashes, fatigue, quality of sleep, and pain (Elkins, Fisher, Johnson, Carpenter, & Keith, 2013; Jaime, Téllez, Juárez, García, & García, 2015; Montgomery et al., 2014).

Moreover, hypnosis improves the quality of life in patients with metastases (Liossi & White, 2001; Laidlaw, Bennet, Dwivedi, Nait & Gruzelier, 2005). A review by

Cramer et al. (2014) confirms these findings. However, to our knowledge, the direct effects of hypnotherapy on quality of life and the elements of functioning during chemotherapy, have not been studied previously.

The purpose of this study was to determine the effects of hypnotherapy on the quality of life of women with breast cancer during chemotherapy, compared to a control group that received standard medical care.

Method

This paper is a secondary analysis of a broader study of the effects of hypnosis on the well-being of breast cancer patients, in which components of the quality-of-life variable are analyzed. The psychosocial variables studied by this team are available in another publication (Téllez et al, 2017). A quasi-experimental design was used with a convenience sample.

Participants

Fifty-six patients were invited to participate. Of these, 16 rejected the invitation. Thus 40 women with breast cancer were included in the initial stages (I, II, and III). These women had no metastases, no prior cancers, no previous participation in hypnotherapy, and were scheduled to receive chemotherapy within the following 2 weeks. In the second phase of the study, 4 patients left the study voluntarily: 2 from the intervention group and 2 from the control group.

In terms of socio-demographic characteristics, the median age was 52 years for the intervention group and 52.2 years for the control group. With regard to the marital status of the hypnotherapy group, 10 % were single, 45 % were married, 15 % were in a domestic partnership, 15 % were separated, and 15 % were widowed. In the control group, 15 % were single, 65 % were married, 5 % were in a domestic partnership, 10 % were separated, and 5 % were widowed. All those in the hypnotherapy group and 85 % of those in the control group had children. With regard to socioeconomic status, the intervention group was 55 % lower-class and 45 % middle-class, whereas the control group was 25 % lower-class and 75 % middle-class.

Procedure

This study was performed in Mexico, and was approved by the ethics committee in Health Science of Universidad Autónoma de Nuevo León. All of the participants signed an informed consent form prior to beginning the procedure.

The 40 patients were referred by an oncologist who was part of the research group. The first 20 patients referred were assigned to the hypnotherapy intervention group, and the next 20 patients were assigned to the control group with standard medical care only.

The intervention consisted of 24 hypnotherapy sessions, each lasted 90 minutes, and was divided into 2 phases. The first phase involved 12 intensive sessions, with a frequency of 3 sessions per week, over the course of 1 month. The second phase involved 12 sessions, with a frequency of 1 session fortnightly, for 6 months. These sessions occurred throughout the chemotherapy treatment.

Evaluations were conducted before treatment, and at the end of the first and second phase. Evaluations of the control group were conducted in tandem with the evaluations of the intervention group.

Hypnotherapeutic intervention

Hypnotic intervention: In each session, a suggestive technique was used targeting specific symptoms for an average of 20 minutes. After the first hypnotic induction, a 10-minute pause was taken to discuss the experience, and have the patients rated their feeling of relaxation on a visual analogue scale from 1 to 10.

Second hypnotic technique: The Battino and South (2005) technique was used in the 24 sessions. This technique consists of taking the patient's hand and giving her a series of suggestions directed at strengthening the immune system.

Each of the patients in the hypnotherapy group received MP3 equipment to listen to the hypnotherapy techniques at home.

In Phase 1, two sessions focused on physical and psychological relaxation (Field, 1990), and one session focused on facilitating sleep and relaxation (Téllez, 2007). Three sessions focused on strengthening self-esteem (Pelletier, 1979; Torem, 1990; Cobián, 1997), four sessions focused on resolving traumatic events from the past (Watkins & Watkins, 1990; Watkins, 1980; Wright, 1987; Greenberg & Malcolm, 2002), one session focused on physical healing (Dilts, Smith, Halbom &, 1998), and one session was directed at increasing optimism (Korn & Pratt, 1990).

In Phase 2, five sessions were focused on physical healing (Hammond, 1990), two on physical and psychological relaxation (Hammond, 1990; Sacerdote, 1977), two sessions focused on strengthening self-esteem (Gorman, 1974; Pekala & Kumar, 1999), two sessions were used to strengthen positive expectations and motivation for change (Hammond, 1990; Téllez, 2007), and another session was used to facilitate sleep and relaxation (Stanton, 1990).

Measures

The quality of life evaluation was performed using the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ-C30), which is an integrated system used to evaluate the quality of life of patients with cancer diagnoses. The EORTC QLQ-C30 consists of 30 items, 24 of which are organized into 9 multi-item scales that represent various dimensions of quality of life: an overall scale; 5 functioning scales (physical, role, emotional, cognitive, and social); and 3 scales to measure symptoms (fatigue, pain, and nausea) (Aronson et al., 1993). The EORTC QLQ-C30 is considered to be highly sensitive in detecting changes in well-being in cancer patients during chemotherapy (Uwer et al., 2011).

Data analysis

The data were analyzed using SPSS Statistics V. 21.0. A one-way analysis of variance (ANOVA) with a change score was used, as recommended by Huck and McLean (1975), to adjust any possible differences in the pre-test evaluation. Additionally, the size effect was obtained using the formula for pretest/post-test designs with a

control group, using the adjustment to reduce bias (Morris, 2008). The confidence intervals for effect size were obtained using the Campbell collaboration online calculator (Lipsey & Wilson, 2001).

The clinical significance, or practical value, of hypnotherapy was judged by evaluating the size of its effect according to the Cocks et al. (2011) guide. These authors established guidelines for evaluating differences between QLQ-C30 scores. The authors used 4 effect size categories: large (l) = unequivocal clinical relevance; medium (m) = clinical relevance is probable, but to a lesser degree; small (s) = a change that is subtle but clinically relevant; and trivial = situations that are unlikely to have clinical relevance, or in which there were no differences. Likewise, the authors note that these effects sizes are different in each functioning scale: *cognitive* 3–9 (s), 11–15 (m), and >15 (l); *physical* 5–14 (s), 14–22 (m), and >22 (l); *role* 6–19 (s), 19–29 (m), and >29 (l); *social* 5–11 (s), 11–15 (m), and >15 (l); and *overall quality of life* 4–10 (s), 10–15 (m), and >15 (l).

Results

By group

In the first month of intensive treatment, significant differences were observed in the hypnotherapy group, with regard to the scales for physical and social functioning and overall quality of life. The last 2 scales showed a large effect size.

After 6 months, the most notable changes were observed on the scales for cognitive functioning ($p=0.011$, $d=1.18$) and the social functioning scale ($p=0.015$; $d=1.02$), with a large effect size.

Regarding physical functioning, a large effect size was observed ($d=0.91$), whereas for role functioning ($d=0.58$) and overall quality of life ($d=0.51$), a medium effect size was observed, but this was not statistically significant (Table 1). Therefore, if there is a therapeutic effect, its statistical significance would have to be achieved by increasing the sample size (statistical power) (Téllez, García & Corral, 2015).

On the symptom scales, although the patients in the intervention group showed a greater reduction in symptoms, the changes were not significant (Table 2).

Analysis using the Cocks et al. (2011) guide

According to the Cocks et al. (2011) interpretation guide, the scores obtained by the hypnotherapy group revealed an improvement with a small effect size in regard to social functioning at the end of the first month, and at the end of 6 months (8.5 and 10 points, respectively). An improvement was obtained in regard to overall quality of life, with a medium effect size at the end of 1 month (13 points), and a small effect size at the end of 6 months (6 points). Hypnotherapy had a trivial effect on cognitive functioning during the first month; however, there was an improvement with a large effect at the end of 6 months (19 points) (Figure 1).

The control group scores illustrated deterioration in various scales. Cognitive functioning exhibited deterioration with a small effect size after 1 month and after 6 months (–3 and –6 points, respectively). Social functioning also exhibited dete-

Table 1. Change scores for the QLQ-30 functionality subscale

QLQ-C30 Subscale	Intensive Treatment 1 Month				Regular Treatment 6 Months			
	CSM Hypnosis	CSM Control	F value (p)	d [95% CI]	CSM Hypnosis	CSM Control	F value (p)	d [95% CI]
Physical Functioning	4.9 (15.2)	-3.3 (8.8)	4.36 (0.43)*	0.42 [-0.21, 1.00]	0 (16.3)	-15.6 (30.2)	3.69 (0.063)	0.91 [-0.20, 1.60]
Role Functioning	5 (30.1)	-0.83 (23.2)	0.469 (0.497)	0.21 [-0.41, 0.83]	5.5 (30.7)	-8.8 (41.2)	1.37 (0.249)	0.58 [-0.09, 1.25]
Emotional Functioning	14.5 (17.9)	13.7 (22.6)	0.017 (0.898)	0.04 [-0.58, 0.66]	13.8 (18.9)	11.2 (26.1)	0.115 (0.736)	-0.14 [-0.80, 0.52]
Cognitive Functioning	0.83 (15.7)	-3.3 (19.1)	0.563 (0.457)	0.19 [-0.43, 0.81]	19.1 (20.5)	-6.8 (35.2)	7.16 (0.11)*	1.18 [-0.45, 1.89]
Social Functioning	8.5 (30.6)	-11.2 (18.5)	6.11 (0.18)*	0.83 [0.17, 1.50]	10.1 (30.3)	-19.6 (38.2)	6.55 (0.15)*	1.02 [0.30, 1.71]
Global QoL	13.3 (26.6)	-5.8 (29.9)	5.19 (0.28)*	1.0 [0.33, 1.60]	6.9 (23.2)	-5.3 (25.5)	2.23 (0.144)	0.51 [-0.12, 1.14]

Table 2. Score changes in the symptoms subscale of the QLQ-30

Symptoms QLQ	Intensive Treatment 1 Month				Regular Treatment 6 Months			
	Hypnosis	Control	F(p)	d(IC)	Hypnosis	Control	F(p)	d(IC)
Fatigue	-9.4 (17.3)	-2.2 (20.2)	1.46 (0.234)	0.38 [-0.24, 1]	3.7 (17.4)	17.4 (35.5)	0.978 (0.330)	0.33 [-0.33, 1.0]
Nausea/Vomiting	1.6 (15.7)	8.2 (20.3)	1.29 (0.262)	0.35 [-0.26, 0.79]	1.8 (17.9)	1.9 (10.0)	0.002 (0.964)	0.01 [-0.64, 0.67]
Pain	-7.5 (21.2)	-5.8 (19.7)	0.066 (0.799)	0.25 [-0.36, 0.87]	0.92 (28.8)	3.9 (34.6)	0.000 (0.990)	0 [-0.66, 0.66]
Dyspnea	-8.2 (14.6)	-1.7 (31.3)	0.717 (0.402)	0.26 [-0.35, 0.89]	5.5 (23.5)	7.8 (27.2)	0.097 (0.758)	0.1 [-0.55, 0.76]
Insomnia	-13.3 (41)	-6.6 (35.2)	0.304 (0.585)	0.17 [-0.44, 0.79]	-5.5 (52.7)	3.9 (52.5)	0.040 (0.843)	0.21 [-0.45, 0.87]
Loss of appetite	-1.6 (19.9)	2.2 (24)	0.312 (0.580)	0.17 [-0.44, 0.79]	16.6 (28.5)	3.9 (38.8)	1.11 (0.299)	0.35 [-0.31, 1.02]
Constipation	-6.4 (22.5)	-4.9 (30.7)	0.031 (0.861)	0.17 [-0.44, 0.79]	-5.5 (23.5)	12.5 (36.2)	3.03 (0.091)	0.58 [-0.08, 1.26]
Diarrhea	-1.6 (14.7)	2.2 (32.5)	.0136 (0.715)	0.11 [-0.5, 0.79]	24 (19.1)	9.8 (28.2)	3.63 (0.065)	0.64 [-0.03, 1.3]

Abbreviations: CSM — change score mean; d = effect size or the standardized mean difference; SD — standard deviations; CI — confidence interval at 95%; p — significance level; QoL — quality of life

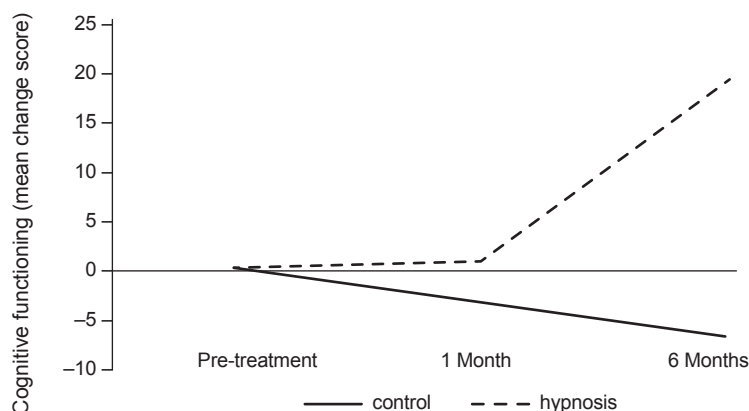


Figure 1. Mean score change in cognitive functioning (QLQ-C30) measured at baseline and after 1 and 6 months in hypnotherapy and control conditions. This figure shows an improvement in cognitive functioning in the hypnosis group and a decline in the control group.

rioration, with a small effect size after 1 month (-11) and a large effect size after 6 months (-19). Overall quality of life deteriorated with a small effect size after the first month and after 6 months (-5.8 and -5.3 , respectively).

Analysis by the number of patients with clinical changes

The results obtained here were similar to the analyses of the group scores. After 6 months, the patients in the control group worsened nearly 8 times more (6 vs 47%) ($p=0.003$, $d=1.04$) in terms of cognitive functioning, and 3 times more in terms of social functioning and overall quality of life, than those undergoing hypnotherapy. All of these factors had a large effect size and were statistically significant. The control group also had a higher number of patients whose physical and role functioning worsened, with a medium effect size that was not statistically significant. No changes were observed with regard to emotional functioning (Table 3).

Table 3. Proportion of patients whose scores worsened on the QLQ-C30 scales (decline in the effect size of $d < 0.50$).

QLQ-C30 Functioning Scale	% Px Worsened Hypnosis	% Px Worsened Control	p-value	Effect size (Cohen's d)
Physical	22	59	0.11	0.66*
Role	28	47	0.12	0.54*
Emotional	16	11	0.38	0.43
Cognitive	6	47	0.003	1.04**
Social	17	59	0.03	0.80**
Global QoL	11	41	0.05	0.80**

* Medium effect size ** Large effect size. Px: patient

Discussion

This study shows that 24 group hypnotherapy sessions over a period of 6 months improved the quality of life for women with breast cancer during chemotherapy treatment. In the three analyses performed, the functioning scales that showed improvement occurred for social, physical, and cognitive functioning, and for overall quality of life based on the QLQ-C30, with medium to large effect sizes. The scales for emotional functioning, role, and symptoms did not reveal significant differences.

The use of different types of analysis, such as Fisher's exact test to measure the number of patients who improve or worsen, as well as the interpreting of QLQ-C30 scores using the Cocks et al. (2011) guide, allowed us to determine whether the treatment, in this case hypnotherapy, makes a real or palpable difference in the patient's daily life (Kazdin, 1999).

One of the most notable effects of hypnotherapy was the improvement in cognitive functioning. Cognitive alterations are among the most common symptoms related to cancer (Janelsins et al., 2011). Evaluations of overall cognitive functioning as well as immediate free recall, delayed memory, verbal memory, selective attention, attention span, and abstract reasoning indicate deterioration during and after breast cancer-treatment-related procedures (Lindner et al., 2014; Biglia et al., 2012; Vearncombe et al., 2009; Ando-Tanabe et al., 2014).

Härtl et al., (2010) found out that after a mastectomy and with the passage of time, all QLQ-C30 functioning scales improve, except cognitive functioning. Indeed, these cognitive deficits can be detected up to 20 years after having finished chemotherapy (Koppelmans et al., 2012).

Although evidence exists of cognitive alterations produced by medical treatment in patients with breast cancer, few studies have demonstrated the effectiveness of psychological techniques in improving or preventing cognitive decline in these patients. Some of the strategies that have demonstrated effectiveness in improving cognitive alterations related to chemotherapy include cognitive training (King & Green, 2015) and neuropsychological rehabilitation (Poppelreuter, Weis, & Bartsch, 2009). However, our study provides the first evidence that hypnotherapy has a positive effect on self-reported cognitive functioning, which suggests that hypnotherapy can be a useful tool in avoiding cognitive decline in patients with cancer. However, it would be advisable to use specific neuropsychological tests to confirm this finding.

Furthermore, although some studies have found that social functioning is not affected during chemotherapy (Recalde & Samudio, 2012; Denieffe, Cowman, & Gooney, 2013), in this study, the control group declined by 20 points on this scale, whereas the hypnotherapy group improved by 10 points. In other words, there was a difference of almost 30 points between the 2 groups. Richardson et al. (1997) also reported an improvement in this type of functioning using guided imagery. Efficace et al. (2006) highlight the importance of social functioning because it is a predictive factor in cancer patient survival.

Likewise, in the hypnotherapy group, trivial changes were observed in physical functioning after the first month, and no changes were observed after 6 months, whereas the control group worsened in this aspect. This indicates that hypnotherapy patients maintained their normal level of physical functioning in spite of the

chemotherapy treatment, and, as Kazdin (1999) has noted, a small change, and even a lack of change, can be clinically relevant.

Physical functioning is important because it allows patients to achieve a certain level of independence in performing their day-to-day activities, including getting out of bed, dressing, and eating. It also increases the likelihood that the patient will be able to reintegrate into work and social life, and improve her quality of life (Campbell et al., 2012).

Compared to the control group, the overall quality of life of patients in the intervention group improved. This is important because the perception of overall quality of life implies a sense of general well-being for patients in their daily lives (Bellver, 2007). Overall quality of life is one of the main factors taken into consideration in developing and implementing effective interventions to promote well-being and reduce the individual and social effects of cancer (Weaver et al., 2012). As such, hypnotherapy can be considered an intervention that promotes quality of life and the perception of well-being in patients with breast cancer.

In regard the role and emotional functioning scales, in the former we observed small changes, although they were not significant, whereas no changes were observed in terms of emotional functioning. One possible explanation for this result could be that this scale was considered informative by the patients reporting, and was not very sensitive to clinical changes (Cocks et al., 2011).

Conclusion

This study described the benefits of hypnotherapy for the quality of life of women with cancer who receive chemotherapy. However, it ought to be mentioned that the convenience sampling, the small sample size, and the lack of follow-up limit the generalizability of the results. For this reason, we suggest that a randomized clinical trial be performed with follow-up and sufficient statistical power to confirm these results. Additionally, it is important to use specific instruments to evaluate the different scales. For example, it is necessary to use neuropsychological tests to measure cognitive functioning, rather than rely on self-reporting.

This study offers preliminary evidence of the utility of hypnotherapy during chemotherapy in increasing cognitive functioning and reducing adverse effects on social and physical functioning and overall quality of life in women with breast cancer.

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