

# PSYCHOLOGY IN RUSSIA: STATE OF THE ART

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## Special Issue

# WHAT MAKES A FAMILY WORK: CURRENT PROBLEMS OF FAMILY PSYCHOLOGY AND PSYCHOTHERAPY (15 (03), 2022)

## The Association Between Family Social Capital and Female Entrepreneurship

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**Background.** Following the new line of research on Family Social Capital, this work focused on the adaptation and application of the Family Social Capital questionnaire to studying the association between Family Social Capital (FSC) and the intention of Russian females to start a business.

**Objective.** This study investigated the relationship between three dimensions of Family Social Capital (Structural, Cognitive, and Bonding) and components of Entrepreneurial Intention (EI) operationalized via Ajzen's Theory of Planned Behavior among females in Russia.

**Design.** Online survey participants (N=222) were assessed with 1) an adapted version of the FSC questionnaire (Álvarez et al., 2019); and 2) the EI questionnaire previously verified on a large Russian sample within Social Capital research (Tatarko & Schmidt, 2015).

**Results.** The study confirmed the positive relationship of EI with two dimensions of FSC: Structural FSC (namely, the frequency of time spent with significant family members) and Bonding FSC (namely, family resources that can be activated in various life situations). Both positive relationships are mediated by Perceived Behavioral Control (PBC) — one's feeling of being capable to act upon one's intentions. The third dimension of FSC — Cognitive FSC (namely, family cohesion and intra-family trust) — showed no association with the intention to start a business among Russian females.

**Conclusion.** Russian women with higher levels of EI demonstrated higher investment in family time with significant family members (Structural FSC) and reported exposure to larger intra-family resources (Bonding FSC). These two factors, even though not strengthened with a supportive and trustworthy family atmosphere (Cognitive FSC), provided the sense of confidence and control, which empowered the women with the courage to take preliminary actions with the intention of starting their own businesses.

### Keywords:

Entrepreneurial intention (EI), family social capital (FSC), female entrepreneurship, perceived behavioral control (PBC), theory of planned behavior (TPB)

## **Introduction**

### ***Female Entrepreneurship***

Entrepreneurship is a major driver of an economy (Carree & Thurik, 2010). A high potential for driving up entrepreneurship both in Russia and worldwide lies within the current gender breakdown among entrepreneurs: only 31% of business owners in Russia are female (Mastercard, 2020). Compared to men, potential female entrepreneurs are more sensitive about their competence and experience (Global Entrepreneurship Monitor, 2021), and “relational capital” becomes an important source for them at the start-up stage and beyond (Dal Mas & Paoloni, 2019). This is particularly the case in collectivistic societies where women employ the power of family and close circles for their entrepreneurial efforts (Katz & Williams, 1997; Yetim, 2008).

A new stream of research that allows for in-depth exploration of these strong, “bonding” ties is Family Social Capital: “social capital developed among family members” (Arregle et al., p.76). However, this recently developed construct has not yet been explored in gender-related contexts, nor in relation to Entrepreneurial Intention.

### ***Entrepreneurial Intention***

Intention is a conscious state of mind that directs attention towards a specific object or pathway of achievement (Bird, 1989). Consequently, behavior is best predicted by an intention, despite complications or time delays in its realization (Kautonen et al., 2015; Krueger et al., 2000).

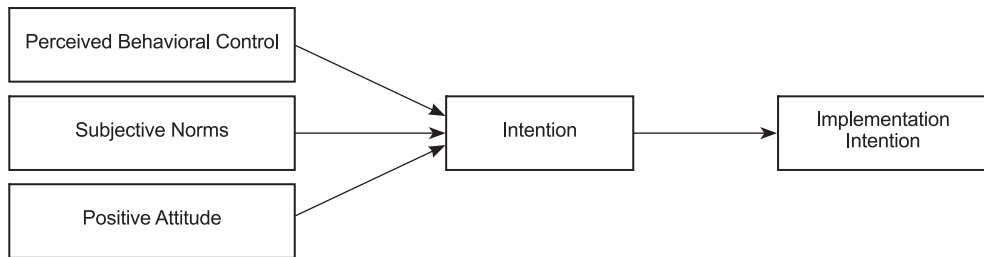
One of the most influential lines of research on Entrepreneurial Intention (EI) is Icek Ajzen’s Theory of Planned Behavior (TPB), which approaches EI as a non-spontaneous, cognitive decision, or behavioral intention, driven by three forces: behavioral attitude, subjective norms, and perceived behavioral control (Ajzen, 2002; Fishbein & Ajzen, 2010).

Behavioral attitude reflects the person’s perception of the desirability of either performing or withholding a behavior or, in the entrepreneurial context, “the degree to which the individual holds a positive or negative personal valuation about being an entrepreneur” (Liñan & Chen, 2009, p. 596). The TPB implies that a more favorable, positive attitude signifies a stronger intention towards launching a business. This has been confirmed by an extensive meta-analysis (Schlaegel & Koenig, 2014) and a more recent specific meta-analysis on social entrepreneurship (Zaremohzzabieh et al., 2019).

Subjective norms (SN) constitute a contextual social situation, *i.e.*, approval of one’s peer group and family. Subjective norms represent the extent to which an individual perceives his or her behavior as correlating with the norms of his/her reference groups. A specific study on subjective norms, covering multiple ways to measure them and cross-cultural contexts (Heuer & Liñán, 2013) has confirmed that subjective norms have a positive effect on EI.

Perceived behavioral control (PBC) refers to the perceived ease or difficulty of action. Out of the three components constituting EI, PBC has demonstrated the strongest and the most stable positive relationship with EI across different research (Schlaegel & Koenig, 2014; Steinmetz et al., 2021).

According to the TPB, the three above-mentioned components form the grounds for “behavioral intention,” which, in the context of this work, will be further referred to as Entrepreneurial Intention (EI). However, as intention only signifies the direction of action without measuring any actions in the direction of the chosen activity, one more component — “Implementation Intention” — has been proposed to measure the actual steps that an individual is ready to undertake to realize the intention (Gollwitzer, 1999). The extended TPB model including Implementation Intention is shown in *Figure 1* (Ajzen, 2002; Gollwitzer, 1999).



*Figure 1.* Extended Entrepreneurial Intention model of the TPB (Ajzen, 2002; Gollwitzer, 1999)

### ***Social Capital as Antecedent of Entrepreneurial Intention***

Intentions in general, and EI as such, are powerful predictors of behavior, as they require prolonged cognitive activity (analyzing, planning, etc.) and thus are more likely to occur under favorable conditions of one’s social structure: availability of role-models, peer-group encouragement, and support, etc. (Krueger et al., 2000). A supportive social environment within the nearest community of family and friends is strongly associated with the probability one would launch a business (Davidsson & Honig, 2003).

Social Capital (SC) is a unifying concept, encompassing the complexity of one’s social relations, thus serving as a reliable antecedent of EI (Liñan & Santos, 2007). By definition, SC is a “stock of social good will... upon which individuals may draw in their efforts to achieve collective or personal objectives” (Furstenberg & Kaplan, 2004, p. 221).

A study based on World Values Survey data discovered that social capital significantly correlates with the self-employment rate, an equivalent of entrepreneurship (Doh & Zolnik, 2011). Research on individual SC has also demonstrated that it acts as a facilitating force to start a new business (Fouratti & Afes, 2011). Recent research in Russia revealed that an intention to start a business correlates with higher individual social capital (Tatarko & Schmidt, 2016).

### ***Family Social Capital***

SC is a complicated concept which can be measured on different levels (societal, group, and individual); however, the shift of research focus to the family and the level of one’s closest networks is a relatively recent development. There is still lack of agreement on a single definition of Family Social Capital (FSC).

The line of research inherited from Coleman (1988) defines FSC as bonds solely between parents and children, the sum of parental attention and time invested into children's activities and well-being (Hoffmann & Dufur, 2018). However, in Pierre Bourdieu's "The Forms of Capital" (1986), family is treated as a "united body" with a "solidarity of interests." Bourdieu's "network" concept invites a broader understanding of family and definition of FSC as social capital developed among family members (Arregle et al., 2007). Russian scholars define FSC as an intra-family socio-psychological resource which, albeit prone to fluctuations, is foundational for family well-being (Dubrov, 2019). This range of interpretations posits the question of defining the family itself.

Family or "family systems" are undergoing rapid change due to the development of medical technology, increasing social stratification, and cultural changes (Furstenberg, 2019).

A nuclear family — married adults with their offspring — has become too narrow a concept as it excludes elderly relatives, in-laws, and other extended family members whose social "stock" adds up to the social capital of the family in Bourdieu's understanding. Thus, the focus should be shifted towards "significant" family members, or those whom a person perceives as such. This approach was explored in a series of qualitative studies among families bringing up children with disabilities: participants were asked to spontaneously list all individuals whom they considered family; the resulting lists included distant living relatives and non-related helpers (Widmer et al., 2013).

Thus, as a compromise between the conceptual treatment of family as a nuclear household and any close friendly circle perceived as family, for the purposes of this work, FSC will be defined as social capital developed among family members (Arregle et al., 2007), where "family" will be treated as a subjective construct as perceived by an individual, or "significant family" extending beyond the nuclear family and household, yet limited to blood relatives and in-laws.

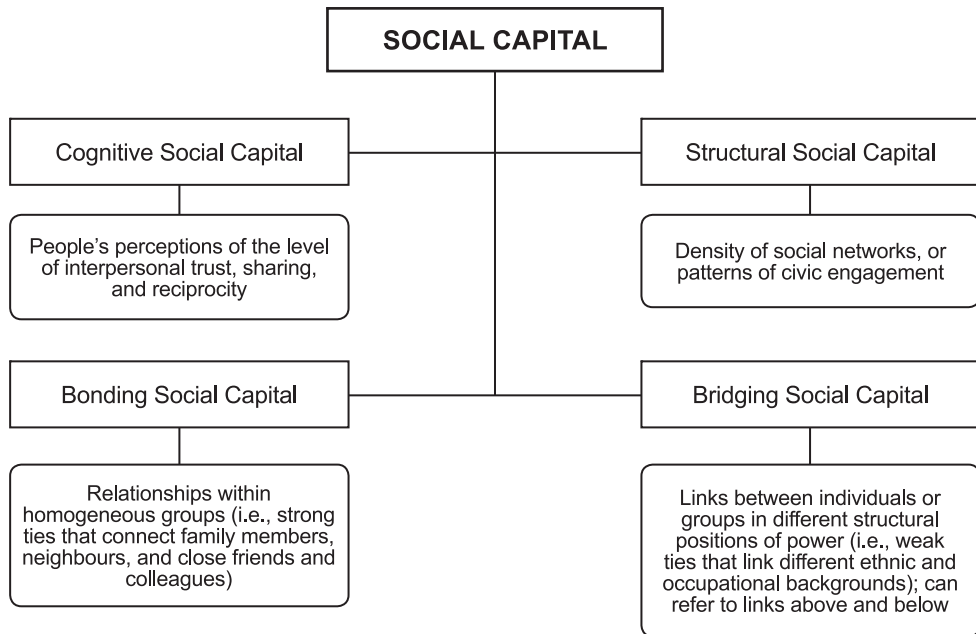
### ***Family Social Capital Operationalized***

As FSC is a more recent outgrowth of SC studies, it inherits the earlier conceptual framework describing SC operationalization.

One of the foundational distinctions of SC is its division into Structural and Cognitive (Uphoff, 2000). Cognitive SC is comprised of perceptions people have regarding their networks, such as cohesion and control, trust, and reciprocity, whereas Structural SC refers to the frequency of network communication and its morphology: density, connectivity, and hierarchy (Nahapiet & Ghoshal, 1998).

Additionally, SC has been divided into the categories of bonding and bridging (Putnam, 2000). Strong, or bonding, ties originate in the closest community of friends and relatives, whereas weak, or bridging, ties link more distant societal connections with individuals of dissimilar social identity. *Figure 2* depicts a conceptual schema of SC (Islam et al., 2006; Murayama et al., 2012).

This schema became the foundation for a line of research on SC and health, which primarily dealt with adolescents and their well-being; it brought the innovative



*Figure 2.* Conceptual schema of Social Capital (Murayama et al., 2012, p.180)

Family Social Capital (FSC) approach to the field and resulted in the development of the first FSC Questionnaire (FSCQ) (Álvarez et al., 2019) which validated the constructs and their reliability. However, the decision was taken to omit the originally developed sections measuring Bridging and Bonding SC from the final version of the FSCQ, because adolescents, the age group that was selected for the purposes of research, had difficulties identifying the economic and positional circumstances of their family members.

Widely used tools for measuring Bridging and Bonding SC include the Position Generator (Lin, 2001), and the Resource Generator (Van der Gaag & Snijders, 2005). The latter focuses on specific domains of domestic activities — skills, advice, and help that can be gained from close connections. Developed specifically to study individual SC (Van Der Gaag & Webber, 2008), the Resource Generator is a relevant tool to apply to family networks. Thus, to compensate for the excluded section within the original FSCQ, our study used the Resource Generator section to re-introduce the measurement of Bonding SC. Bridging SC was not studied as, by definition, family is one's closest circle, or strongest tie, whereas Bridging SC, or weak ties, represent distant, non-family related connection. The previously introduced concept of "significant" family members also narrows down the network in question to close ties, or Bonding SC.

### ***Study Hypotheses***

The studies on TPB within the entrepreneurial context have shown that antecedents of EI originate in the wider social environment (Liñan & Santos, 2007; Santos et al,

2016). As family plays a more important role in women's social networks than men's (Moore, 1990; Yetim, 2008), this makes FSC a relevant concept to study in relation to the three dimensions of EI specifically for the female population.

The purpose of our study was to investigate the relationship between three dimensions of Family Social Capital (Structural, Cognitive, and Bonding) and components of Entrepreneurial Intention (EI) operationalized via Ajzen's Theory of Planned Behaviour among females in Russia.

This study first aimed to verify the extended Ajzen's TPB model. As confirmed by a meta-analysis on TPB applied to EI (Shlaegel & Koenig, 2014), perceived behavioral control, subjective norms, and positive attitude serve as reliable grounds for higher EI. Thus, we formed the following hypotheses:

- H1.1. The higher the level of perceived behavioral control in relation to entrepreneurship, the higher is the level of entrepreneurial intention.
- H1.2. The higher the level of perceived subjective norms in relation to entrepreneurship, the higher is the level of entrepreneurial intention.
- H1.3. The higher the level of positive attitude in relation to entrepreneurship, the higher is the level of entrepreneurial intention.

Also, as suggested within an extended model of EI (Gollwitzer, 1999), a higher implementation intention, or the sum of the actual active steps taken toward opening a business, indicates a higher conversion of intention into behavior. Thus, the following hypothesis was added:

- H2. The higher the level of behavioral intention towards entrepreneurship, the higher is the level of implementation intention.

High individual SC has been confirmed to correlate with high perceived behavioral control (Tatarko & Schmidt, 2016). Stronger, more supportive, and more approving social connections of an intender correlate with a positive attitude, subjective norms, and perceived behavioral control in relation to entrepreneurial action (Liñan & Santos, 2007). Bonding SC has been confirmed to correlate with both subjective norms and a positive attitude toward entrepreneurship among students (Vukovic et al., 2017). A new line of research on Family Social Capital, which distinguishes Structural, Cognitive, and Horizontal (Bonding) dimensions (Álvarez et al, 2017), allows us to form the following hypotheses:

- H3.1 The higher a woman's Structural FSC, the higher is her perceived positive attitude, level of subjective norms, and perceived behavioral control as part of her entrepreneurial intention.
- H3.2 The higher a woman's Cognitive FSC, the higher is her perceived positive attitude, level of subjective norms, and perceived behavioral control as part of her entrepreneurial intention.
- H3.3 The higher a woman's Bonding FSC, the higher is her perceived positive attitude, level of subjective norms, and perceived behavioral control as part of her entrepreneurial intention.

*Figure 3* represents the conceptual arrangement of the FSC and EI concepts researched within the study.



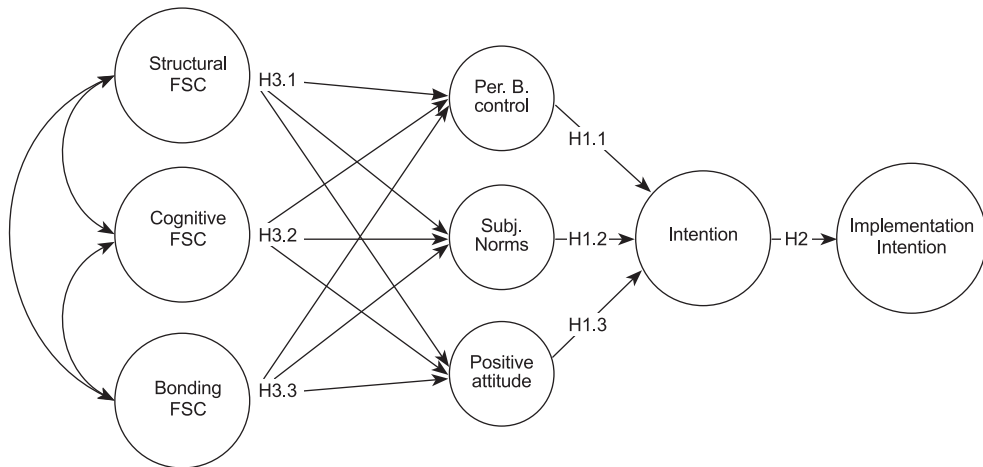


Figure 3. The structural model of the influence of three dimensions of FSC on the Entrepreneurial Intention and Implementation Intention

## Methods

### Participants

The total original sample consisted of 226 females of Russian citizenship, 21 to 70 years of age. Four completed questionnaires of respondents 68 to 70 years of age were excluded as outliers (the women were older than the official Russian retirement rate). Thus, the final sample consisted of 222 women who were 35.6 years of age on average ( $SD=8.28$ ); most had a higher education (86%); most were currently employed (49%) or unemployed (21%), with only a minor percentage of self-employed / freelance workers (7%); their average incomes ranged within 25000 to 60000 RUB per household member (57%).

### Procedure

The data for the study was collected via an online questionnaire applying the “snowball” technique. The questionnaire was hosted on the 1ka electronic platform ([www.1ka.si](http://www.1ka.si)) and was circulated in social networks, and among public groups of Russian-speaking females devoted to education, as well as general interest students’ communities. The completion time averaged 13 minutes. The subjects were given an overview of the study and provided informed consent before taking the questionnaire. Participation in the study was voluntary with no financial reward.

### Materials

#### Entrepreneurial Intention Questionnaire

The Entrepreneurial Intention Questionnaire was developed and verified based on Ajzen’s TPB questionnaire (Ajzen, 2002) and covered five components of Entrepreneurial Intention: 1) behavioral intention; 2) behavioral attitude; 3) subjective norms;

4) perceived behavioral control; and 5) implementation intention (Tatarko, 2013; Tatarko & Schmidt, 2016). Below is a description of the scales within each dimension.

Behavioral intention ( $\alpha = .87$ ) was measured using a two-item questionnaire on a six-point Likert scale. Example: "How likely is it that you will start a business within the next two years?"; answers ranged from 1 (*very unlikely*) to 6 (*very likely*).

Positive attitude ( $\alpha = .90$ ) was measured using two statements. Example: "The idea of starting a business within the next two years is for me . . ."; answers ranged on a six-point Likert scale from 1 (*very inappropriate*) to 6 (*very appropriate*).

Subjective norms ( $\alpha = .36$ )<sup>1</sup> was measured using two items. Example: "Most people who are important to me think I should start my own business within the next two years." For both statements, answers ranged on a six-point Likert scale from 1 (*strongly disagree*) to 6 (*strongly agree*).

Perceived behavioral control ( $\alpha = .75$ ) was measured using two items. Example: "For me to start a business within the next two years is . . ."; the answers ranged on a six-point Likert scale from 1 (*very difficult*) to 6 (*very easy*).

Implementation intention ( $\alpha = .82$ ) was measured using three items. Example: "Are you currently saving money for your intention to start a business?"; the answers ranged on a six-point Likert scale from 1 (*No, I am not*) to 6 (*I have been actively doing this/have already done this*).

#### *Family Social Capital Questionnaire*

The Family Social Capital Questionnaire was constructed for three dimensions of Social Capital: Structural, Cognitive, and Bonding. Structural and Cognitive Social Capital measurement were based on the recently developed FSCQ (Álvarez, et al., 2019). Structural SC was grouped into four components: communication, shared food, and shared leisure (both within and outside the household). Cognitive SC was grouped into three dimensions: cohesion within the household, cohesion outside the household, and conflicts. Bonding Social Capital was measured with the Resource Generator (Van der Gaag & Snijders, 2005).

#### ***Structural social capital***

The communication dimension of Structural FSC ( $\alpha = .73$ ) was measured using three items. Example: "Frequency of going for a walk with my household family members," with the answers on a six-point Likert scale ranging from 1 (*never*) to 6 (*twice a week or more often*).

The Shared Food dimension of Structural FSC ( $\alpha = .81$ ) was measured using three items. Example: "Frequency of preparing food with my household family members," with answers on a six-point Likert scale ranging from 1 (*never*) to 6 (*twice a week or more often*).

The Shared Leisure (within the household) dimension of Structural FSC ( $\alpha = .65$ ) was measured using three items. Example: "Frequency of practicing sport with my household family members," with answers on a six-point Likert scale ranging from 1 (*never*) to 6 (*twice a week or more often*).

<sup>1</sup> Low Cronbach's alpha will be addressed in Discussion section as research limitation

The Shared Leisure (outside the household) dimension of Structural FSC ( $\alpha = .75$ ) was measured using three items. Example: "Frequency of visiting the cinema / museum with my outside-of-household family members," with answers on a six-point Likert scale ranging from 1 (*never*) to 6 (*twice a week or more often*).

### ***Cognitive social capital***

The Cohesion dimension (within the household) of Cognitive FSC ( $\alpha = .92$ ) was measured using three items. Example: "We work well as a family," with answers on a six-point Likert scale ranging from 1 (*never*) to 6 (*all the time*).

The Cohesion dimension (outside the household) of Cognitive FSC ( $\alpha = .88$ ) was measured using three items. Example: "If there is a problem, we act collectively and cooperate to solve it," with answers on a six-point Likert scale ranging from 1 (*never*) to 6 (*all the time*).

Conflicts as part of Cognitive FSC ( $\alpha = .66$ ) was measured using three items. Example: "Frequency of conflict of personal goals within the family," with answers ranging on a six-point Likert scale from 1 (*never*) to 6 (*all the time*).

### ***Bonding social capital***

Bonding Social Capital ( $\alpha = .92$ ) was measured using 19 items. Example: "How many significant family members who do not share the household with you, can help you move heavy items while moving to a new location?," with answers on a six-point Likert-scale ranging from 1 (*never*) to 6 (*five and more*).

## **Results**

According to the proposed hypotheses, Structural Equation Modelling (SEM) was used to first test Ajzen's TPB model on the Russian female sample. Consequently three further models assessed each dimension of SC in relation to the TPB model.

### ***Testing the Extended TPB Model on a Russian Female Sample***

Testing the extended TPB model on the Russian female sample (see *Figure 4*) demonstrated good model fit ( $\chi^2/df = .502$ ; CFI = 1.000; RSMEA = .000; PCLOSE = .590). Perceived Behavioral Control (or feeling in control of one's entrepreneurial actions) was a major contributor to the intention to open a business ( $b = .66$ ,  $p < .001$ ). A higher positive attitude toward entrepreneurship also directly affected behavioral intention, although to lesser extent, but with high statistical significance ( $b = 0.23$ ,  $p < 0.001$ ). Subjective Norms was the only component demonstrating no effect on intention. Still, the model explained up to 71% of intention to launch a business and up to 67% of implementation intention, which was addressed while testing the extended TPB model within Hypothesis 2. Implementation Intention (or the actual active steps taken toward opening a business) related positively to both Behavioral Intention ( $b = .31$ ,  $p < .001$ ) and PBC ( $b = .55$ ,  $p < .001$ ). Thus, out of the three TPB components, it was PBC, or feeling in control of her actions, that provided for a woman's successful intention to launch a business.

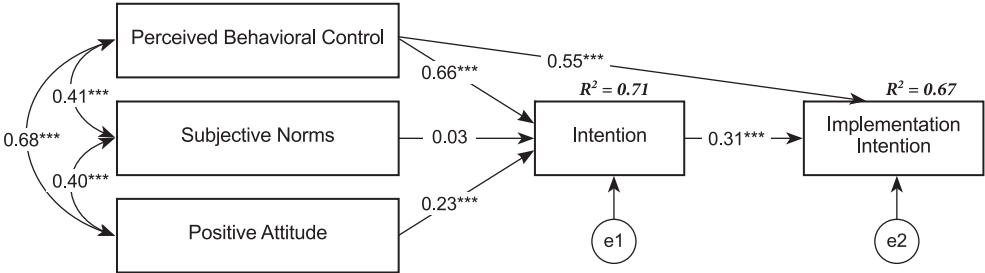


Figure 4. The structural model of the influence of Perceived Behavioral Control, Subjective Norms, and Positive Attitude on Entrepreneurial Intention and Implementation Intention

Note. Only standardized weights are presented

\* $p < 0.05$ ; \*\* $p < 0.01$ ; \*\*\* $p < 0.001$ .

### Testing Structural FSC in Relation to TPB

Figure 5 demonstrates how the model verified H3.1, our hypothesis that the higher a woman's Structural FSC, the higher is her perceived positive attitude, level of subjective norms, and perceived behavioral control. The overall model fit was good ( $\chi^2/df = 2.315$ ; CFI = 0.993; RSMEA = 0.076; PCLOSE = 0.203). The structural FSC (or the frequency of various types of activities spent together both within household and with significant family) correlated positively with PBC ( $b = 0.15$ ,  $p < 0.01$ ). The same applied to Subjective Norms ( $b = 0.20$ ,  $p < 0.05$ ), but there was no direct effect on Positive Attitude. Thus, Structural FSC did have a positive impact on EI through mediation of Perceived Behavioral Control and explained 6% of the dispersion on EI.

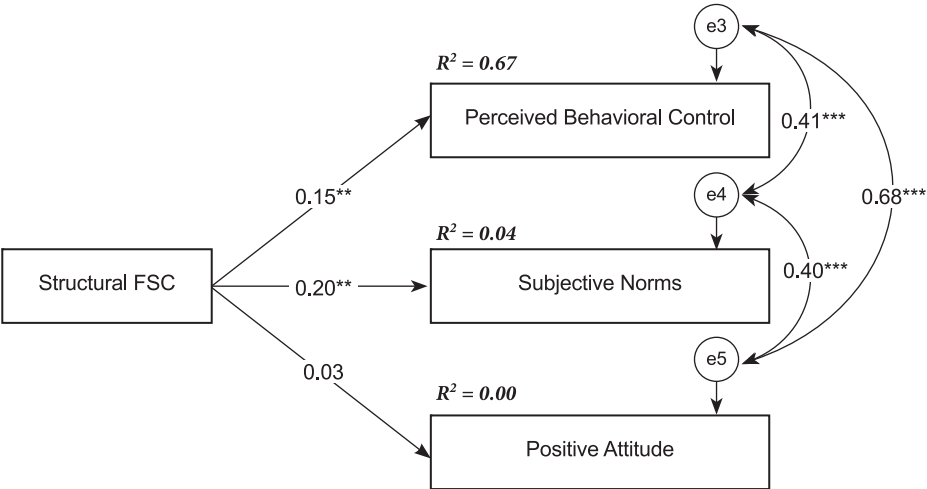


Figure 5. The structural model of the influence Structural Family Social Capital on components of Entrepreneurial Intention

Note. Only standardized weights are presented

\* $p < 0.05$ ; \*\* $p < 0.01$ ; \*\*\* $p < 0.001$ .

### Testing Cognitive FSC in Relation to TPB

Figure 6 shows how the model verified H3.2, the hypothesis that the higher the Cognitive FSC, the higher the perceived positive attitude, level of subjective norms, and perceived behavioral control as part of entrepreneurial intention. The overall model fit was good ( $\chi^2/df = .502$ ; CFI = 1.000; RSMEA = 0.000; PCLOSE = 0.881). Cognitive FSC measures the cohesion and overall quality of relations within the family. This dimension of FSC had no significant impact on any of the components of EI: PBC ( $\beta = 0.05$ ,  $p > 0.05$ ), SN ( $\beta = -0.02$ ,  $p > .05$ ), PA ( $\beta = -0.04$ ,  $p > .05$ ). These results suggest that mutual understanding and a friendly family atmosphere do not impact entrepreneurial intention for Russian women.

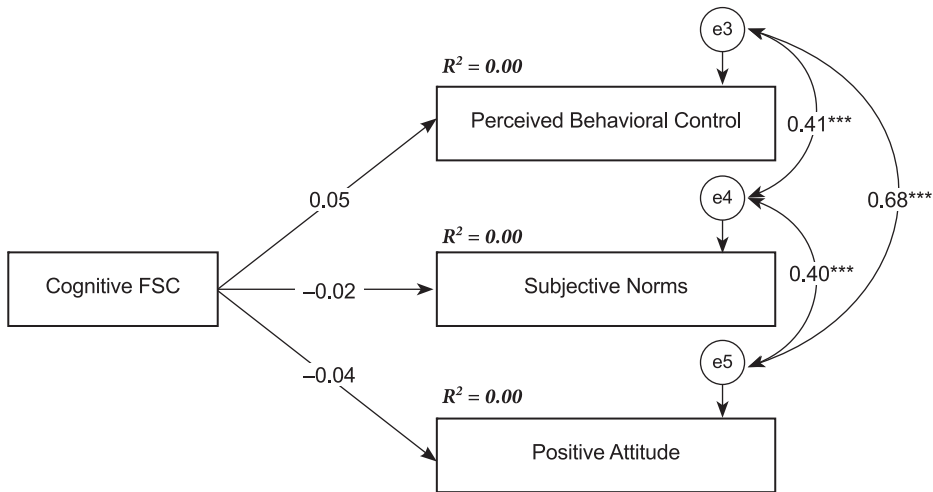


Figure 6. The structural model of the influence Cognitive Family Social Capital on components of Entrepreneurial Intention

Note. Only standardized weights are presented

\* $p < 0.05$ ; \*\* $p < 0.01$ ; \*\*\* $p < 0.001$ .

### Testing Bonding FSC in Relation to TPB

Figure 7 demonstrates how the model verified H3.3, the hypothesis that the higher the Bonding dimension of FSC, the higher a woman's perceived positive attitude, level of subjective norms, and perceived behavioral control. The overall model fit was good ( $\chi^2/df = 0.485$ ; CFI = 1.000; RSMEA = 0.000; PCLOSE = 0.888). Bonding FSC is the sum of resources that one can mobilize in difficult life situations. It correlates positively with PBC ( $\beta = 0.15$ ,  $p = 0.02$ ). The same applied to Subjective Norms ( $\beta = 0.23$ ,  $p < 0.001$ ), with no effect on Positive Attitude. The findings indicate that a larger, more resourceful family network generally approving of entrepreneurship created conditions for the women feeling in control and starting their own business projects.

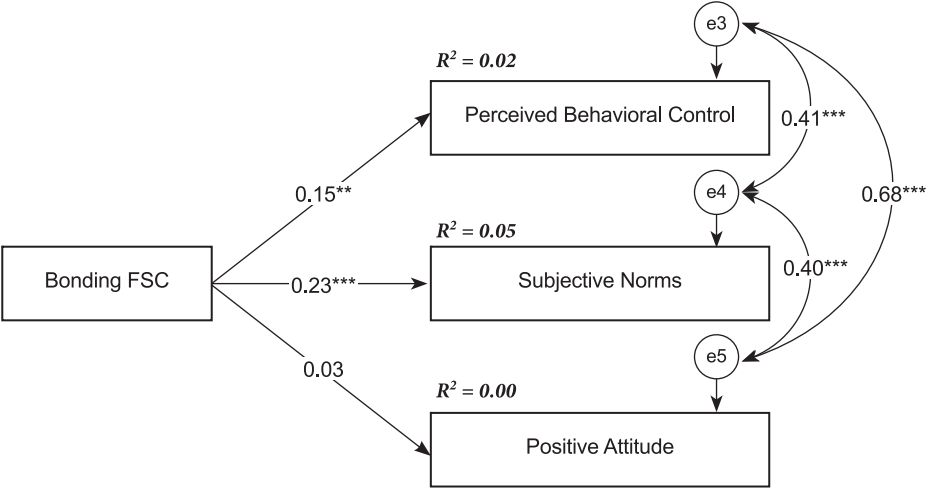


Figure 7. The structural model of the influence of Bonding Family Social Capital on components of Entrepreneurial Intention

Note. Only standardized weights are presented  
\* $p < 0.05$ ; \*\* $p < 0.01$ ; \*\*\* $p < 0.001$ .

## Discussion

The hypotheses of this research were partially confirmed.

Higher levels of both Perceived Behavioral Control (H1.1) and Positive Attitude (H1.3) in relation to entrepreneurship signified a higher intention to start a business. This is fully in line with previous meta-analytical research on Ajzen's TPB model applied to Entrepreneurial Intention (Haus et al, 2013; Steinmetz et al., 2021). Thus, out of all the TPB components, Perceived Behavioral Control, or the perceived ability to be in control of one's actions, may be the driving force empowering women to start their own businesses, supported by an overall positive perception of entrepreneurial activity. Moreover, this applied to both behavioral intention and implementation intention, as tested within the extended TPB model (H2) and previously confirmed for Russian entrepreneurs (Tatarko & Schmidt, 2016). Women feeling in charge of their abilities were more likely to actualize their intentions, *i.e.*, save money toward launching a business.

On the contrary, hypothesis H1.2 (concerning the positive correlation of Subjective Norms with EI) was not confirmed for this Russian female sample. Subjective Norms refer to overall societal approval of certain behavior. The positive and significant impact of SN has been re-confirmed for an international sample in a meta-analysis on Ajzen's TPB (Steinmetz et al., 2021). But no such correlation was observed within the current study; interpretation was also limited by low Cronbach's alpha. However, our findings coincided with those of previous research specific to Russian potential entrepreneurs (Tatarko, 2013; Tatarko & Schmidt, 2016); these non-gender related studies detected no significant effect of Subjective Norms in relation to EI. Recent female-specific research in Pakistan confirmed that perceived national culture

had no significant influence on business performance (Shakeel et al., 2020); and as explored in the Spanish environment, a supportive regional entrepreneurial culture did matter for involvement in entrepreneurship, but only for women with a masculine type of gender-role orientation (Liñan et al., 2020).

In Russia this result may possibly be explained by the conflicting attitude toward entrepreneurship, due to the Soviet socialist political paradigm which denounced individual financial profit-seeking. Recent long-term integration into the market economy created a different set of ideals; however, the diversity of attitudes regarding running one's business, both within different age groups and social classes, does not allow the creation of a pronounced correlation of SN to EI. Thus, the lack of support within her peer group may not play a significant role for a woman considering launching a business.

The last group of hypotheses related to three dimensions of Family Social Capital as predictors of components of EI. These hypotheses were partially confirmed. While the hypothesis related to Cognitive FSC (H3.2) was not confirmed, higher Structural FSC and higher Bonding FSC (tested within H3.1 and H3.3) did predict higher EI.

Structural FSC, or frequency of family time, can take different forms, from joint cooking to video phone-calls. Despite being mostly unrelated to discussing business-related matters, these occasions may provide a sense of foundation and ensure a feeling of stability and being grounded. A Japanese four-year longitudinal study on FSC and self-reported health discovered that more frequent contact with relatives correlated with higher levels of life satisfaction (Jhang, 2019). Thus, higher frequencies of various family interactions resulted in more confidence, more belief in oneself, and more readiness even for such risky actions as entrepreneurial activities.

Bonding FSC is the sum of family resources that one can activate in cases of difficult life circumstances: the number of relatives one can approach to get help. The Resource Generator consisting of 19 items (Van der Gaag & Snijders, 2005) was used to reintroduce the Horizontal dimension, which unites the Bridging and Bonding dimensions of SC, which were not measured within original FSC questionnaire designed for teenagers. Bonding SC significantly impacted Subjective Norms, which in turn positively impacted both EI and II. These findings coincided with those of research on Bonding SC which measured the EI of students in Macedonia and Croatia (Vukovic et al., 2017): Bonding SC positively impacted SN and PBC (for one out of two samples). However, as SN had no direct effect on EI, it was the number of relatives capable of providing assistance and support that impacted EI through generating the feeling of being in control (PBC). Knowing that family will be there for you, even if they have no business experience of their own, creates an important feeling of being supported, and consequently provides grounds for the ability to make the complicated decisions related to running a business.

Interestingly, neither PBC, nor Subjective Norms, nor a Positive Attitude toward entrepreneurship, had any correlation with Cognitive FSC. This dimension concerns family cohesion, the amount of conflict, or ability to work together in difficult situations, shared values, and language; it can be reframed as an overall atmosphere of mutual understanding and shared narratives within the family. The current study

revealed that neither a high nor low quality of Cognitive FSC impacted a woman's intent to pursue her entrepreneurship project. Research on the SC of organizations (Rodrigo-Alarcón, et al., 2018) has emphasized the significance of Cognitive SC for a company's dynamic capabilities, or continuous entrepreneurial effort. However, shared narratives and mutual understanding within families do not seem to provide any useful background for individual business activities.

Our study focused participants' attention to their perceived family or significant family members. These relations are often maintained irrespective of positive or negative emotional background. Thus, the desire to launch a business may not be defined by a supportive family atmosphere. Further investigation may explore what women understand as significant family, and whether different types of families, specifically the overall supporting atmosphere within them, influence their entrepreneurial effort.

## **Conclusion**

The purpose of our research was to verify the recent findings within Family Social Capital theory and adapt the new questionnaire (FSCQ) for the Russian female population in relation to their Entrepreneurial Intention, operationalized as an extended model of Ajzen's Theory of Planned Behavior.

TPB proved to be a working concept, with components of Perceived Behavioral Control and Positive Attitude predicting EI. The third component, Subjective Norms, appeared insignificant in line with previous research specific to Russia, which suggests that societal approval is not taken into consideration when launching a business, or that other measures need to be adapted to testing Subjective Norms within a female entrepreneurship context. Further investigation is also required due to the diversity of opinions regarding entrepreneurship as a socially approved activity in light of Russia's Soviet anti-capitalist heritage.

The extended TPB model's testing of the component of Implementation Intention, or actual active steps like saving for initial investment, also proved to be sustainable for this Russian sample, once again emphasizing the importance of Perceived Behavioral Control. This important feeling of being in charge of one's ability to perform an action is closely related to self-efficacy and can be called the most significant contributor to a woman's entrepreneurial intention.

Our findings confirmed that to a small but significant extent, Family Social Capital, especially its Structural and Bonding dimensions, provide the foundations for higher Perceived Behavioral Control. More time spent with significant family members both within and outside the household (Structural FSC), and more connections with family members who can provide help in difficult circumstances (Bonding FSC), served as foundations of PBC and consequently ensured confidence for entrepreneurial intention. Interestingly, shared narratives and overall trust (Cognitive FSC) played no significant role in impacting entrepreneurial action, suggesting that relations with significant family members have a diverse emotional background. Deeper exploration of what constitutes significant family may shed light on whether its morphology may influence Cognitive SC.



To conclude, exploration of Family Social Capital is a promising step for female entrepreneurship research. As the world develops in the direction of appreciating individuality and unique personal expertise (which entrepreneurship represents at its best), it is important to remember that these qualities are rooted elsewhere. Family time and family connections may seem insignificant or even counter-productive when developing one's individuality. However, investing time in connections with a wider circle of relatives brings valuable benefits through building one's confidence and sense of grounding and, consequently, the ability to make bold individual moves like opening one's own business.

### **Limitations**

The limitations of this study include sampling bias (snowball technique and sample size), which threaten its validity and the ability to extrapolate the results for the general population. The study was correlational with no field or experimental design. Data analysis yielded low reliability and validity within the Subjective Norms component, which may require adoption of different methods to measure this component in future research. Another limitation is that the questionnaire (FSCQ) was developed specifically for adolescents. Thus, the questions were worded and targeted for that specific age group. The adaptation we made for this research was only the minimum necessary; a more extensive approach would require further changes. Thus, this research can be considered a preliminary step toward a more comprehensive adaptation of the questionnaire for adults.

### **Ethics Statement**

All procedures performed in the studies involving human participants were in accordance with the ethical standards of the Commission for Ethical Assessment of Empirical Research Projects at HSE Department of Psychology.

### **Author Contributions**

Anastasia Raevskaya and Alexander Tatarko conceived of the idea. Anastasia Raevskaya developed the theory, ran the survey, and performed the computations. Alexander Tatarko supervised the work, provided expertise on both Social Capital and Entrepreneurial Intention, and verified analytical methods and computations. Both authors discussed the results and contributed to the final manuscript.

### **Conflict of Interest**

The authors declare no conflict of interest.

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## Attachment-Related Anxiety and Religiosity as Predictors of Generalized Self-Efficacy and Dispositional Hope

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**Background.** Attachment-related anxiety and avoidance have a significant impact on self-esteem, optimism, and hope. Moreover, previous studies have shown that religiosity can also be an important factor in promoting hope and emotional regulation.

**Objective.** The first aim of this study was to explore the relationship between attachment-related anxiety, attachment-related avoidance, dispositional hope, generalized self-efficacy (GSE), future time perspective (FTP) as future time opportunities (FTO), and focus on limitations (FOL). The second purpose was to detect the effect of religiosity on hope, GSE, and FTP.

**Design.** The study involved 153 Turkish participants (Females  $n = 81$ , 52.9%), between the ages of 18 and 66, who filled out the Dispositional Hope Scale, and the Experience in Close Relationship-Revised (ECR-R), FTP, and GSE inventories via a Google survey. A Pearson correlation test, multiple linear regression analysis, and an independent t-test were computed.

**Results.** Attachment-related anxiety was inversely related to dispositional hope and GSE, while it was positively associated with FOL. Attachment-related avoidance was negatively related to dispositional hope and FTO, whereas it was positively correlated with FOL. FTO was positively correlated with GSE and dispositional hope. Religious participants had a higher level of dispositional hope and GSE than non-religious participants. A lower level of attachment-related anxiety and religiosity was associated with a higher level of GSE and hope. Females showed a higher level of makeup agency than men, whereas the men reported a higher level of FOL than the women.

**Conclusion.** This study concluded that both attachment-related anxiety and religiosity were predictors of hope and GSE. Gender differences played a significant role in FOL and make-up agency. Moreover, it was found that attachment-related anxiety and avoidance have different functions in GSE and FTO.

**Keywords:** Adult Attachment Styles, Dispositional Hope, Generalized Self-Efficacy (GSE), Focus on Limitation (FOL), Future Time Opportunities (FTO), Experience in Close Relationships-Revised

## Introduction

Attachment theory underlines the importance of the relationship between mothers and children in children's development (Ainsworth et al., 1978). The quality of the interaction between mothers and children shapes children's cognitive skills (O'Connor & McCartney, 2007), emotional regulation (Brumariu, 2015), and attention skills (Clarke et al., 2002). The skills learned during childhood play an important role in a romantic relationship. Some studies reveal that the quality of attachment figures in childhood shapes attachment styles in adulthood (Hasim et al., 2018). For instance, early caregiver experiences have a significant impact on the quality of a person's intimate relationships as an adult (Ainsworth et al., 2015; Mikulincer & Shaver, 2016). Nevertheless, gender differences play a significant role in the parents' impact on romantic relationships. If males are insecurely attached to their fathers, they are more likely to report a higher level of attachment-related anxiety and avoidance in their romantic relationships. On the flip side, if females have an insecure relationship with their mothers, they are more vulnerable to aggressive behavior (Santona et al., 2019).

Furthermore, attachment styles in childhood shape brain development in adulthood. A longitudinal study has examined the brain activity of 59 babies 18 months of age 20 years later. The research found that babies who had an insecure attachment experience at 18 months, had a wider amygdala at 22 years old than babies with a secure attachment experience (Moutsiana et al., 2015).

The continuous scale of adult attachment styles is divided into two dimensions—attachment-related anxiety and avoidance. There is a further classification within the attachment model by Griffin and Bartholomew (1994) which I utilized in this study. Participants with a higher level of attachment-related anxiety and avoidance fall into the fearful group. A higher level of attachment-related anxiety and a lower level of attachment-related avoidance refers to a preoccupied attachment style, whereas a higher level of attachment-related avoidance and a lower level of anxiety indicates a dismissive attachment style. If individuals report a lower level of attachment-related anxiety and avoidance, they are classified as belonging to the securely attached group. However, since measurements on the continuous scale of attachment-related anxiety and avoidance are more reliable (Fraley et al., 2015), I preferred to use the two-dimensional models of attachment styles as attachment-related anxiety and avoidance. However, to understand the concept of attachment styles on other variables, they are further classified into groups as well.

People's attachment styles adjust their social interactions. Securely attached folks are better at having social interactions (Shaver & Mikulincer, 2006). Nevertheless, a high level of attachment-related avoidance and anxiety distorts personal skills. Those people are vulnerable to psychological problems and report a lower level of dispositional mindfulness. It should be noted that participants with a higher level of attachment-related anxiety exhibit behavior that is inversely associated with mindfulness, accepting emotions, quality of life, and self-acceptance than participants with a higher level of attachment-related avoidance (Calvo et al., 2020). Therefore, we can conclude that attachment-related anxiety and avoidance have different effects on psychological dimensions.

There are slight differences in psychological well-being across attachment styles. Both attachment-related avoidance and anxiety are negatively related to psychological

well-being. Promoting a high level of self-esteem may elevate the level of mental well-being, personality traits, and secure attachment style (Marrero-Quevedo et al., 2019). Therefore, it should be highlighted that self-esteem may control attachment styles.

### **Hope**

Negative interactions with attachment figures affect people's thoughts, perceptions, emotional regulations, and hope. It has been found that people with a secure attachment style are prone to trust other people. Securely attached participants with a high level of hope are less likely to suffer from burnout syndrome (Simmons et al., 2009). In addition to that, individuals with a higher level of attachment-related avoidance are likely to feel hopeless (Gnilka et al., 2013).

Hope has two elements. The first one is called the make-up pathway, which is related to anticipation of the future, goal-oriented thoughts, and the perception of self-ability. The second one is the agency thoughts that are relevant to a motivation-orientation and desire to reach certain goals (Snyder, 2000). Hope is interwoven with optimism. Inner and external factors adjust the perception of hope. Hope elevates emotional regulation, psychological well-being (Peh et al., 2016), mindfulness (Munoz et al., 2018), and life satisfaction (Kardas et al., 2019). Hence, it can be specified that the expression of emotions, mental well-being, and thinking patterns are associated with hope.

Hope controls the relationship between psychological disorders and attachment styles. A previous study found that insecurely attached people are vulnerable to psychological disorders such as depression, general anxiety disorder, social anxiety, and eating problems. When people report a higher level of hope, these problems are alleviated (McDermott et al., 2015).

Thus, it should be underlined that hope and insecure attachment styles are inversely correlated. In addition, hope can regulate the negative effects of psychological diseases if people have attachment difficulties. Even though people who are exposed to negative life events may develop symptoms of depression, hope decreases these problems (Visser et al., 2013). Thus, it should be said that hope and attachment styles are related to each other. Having a secure attachment style boosts hope and ego resilience, which results in psychological well-being.

### **Generalized Self-Efficacy (GSE)**

Self-efficacy refers to a person's motivation, goals, and sense of capability (Bandura, 1977). Generalized self-efficacy (GSE) accounts for the capability to find an adaptive solution for unexpected events and/or stressful conditions (Schwarzer, 1994). It has been found that GSE is negatively correlated with depression symptoms, anxiety, and helplessness (Behice, 2006).

A review of the literature has suggested that securely attached children tend to explore the world. They are independent and have a higher level of self-esteem compared to insecurely attached children. As those children grow up, they have a higher chance of becoming resilient and competent. On the other hand, insecurely attached children's self-perception deteriorates. They report more impulsivity. They indicate a higher problem in their social relationships. They are less trustful and skilful compared with securely attached children (Hong & Park, 2012).

The same effect is observed in adulthood. People with a higher level of attachment-related anxiety and avoidance report a lower level of self-efficacy. Having a lower level of attachment-related anxiety and avoidance increases the level of self-efficacy. Those people with a lower level of attachment-related anxiety and avoidance with a higher level of self-efficacy show a higher level of mental well-being (Bender & Ingram, 2018). In addition to attachment styles, hope has a significant impact on self-efficacy. Hope leads people to have a higher level of self-efficacy (O'Sullivan, 2011).

If individuals are hopeful with a high level of GSE, they are more likely to have an optimistic view of the future. It has been suggested that a future time perspective is positively related to GSE. When people have a higher level of self-efficacy, they show an optimistic orientation toward the future (Zebardast et al., 2011). Thus, it should be concluded that hope, and a lower level of attachment-related anxiety and avoidance, promote GSE.

### ***Future Time Perspective (FTP)***

Future time perspective (FTP) theory examines a person's expectations about the future, goals, and perception of the world (Lang & Cartensen, 2002). A previous study has found that when people had a higher level of FTP, they were more likely to have a higher level of consciousness and self-esteem (Akirmak, 2019). The FTP is a cognitive process that shapes how people evaluate their lives. In this case, it has similar features to hope. Hope affects both FTP and life satisfaction (Dwivedi & Rastogi, 2016).

It can be said that hope can control FTP and induce psychological well-being. If people perform at a higher level of FTP, their levels of aggression, depression, and anxiety decrease. Furthermore, those people with a higher level of FTP can manage their impulsivity (Zimbardo & Boyd, 1999). Hence, it can be determined that FTP plays an important role in regulating emotions and cognitive behavior.

Attachment styles play an important role in emotional and cognitive functions. Attachment styles during childhood are vitally important in determining which strategies children will have in the future (Laghi et al., 2009). Hence, it can be said that attachment styles in adulthood will have a significant effect on FTP.

### ***Religiosity***

Attachment styles are related to religiosity values. One study has reported that people who adhered to religious traditions tended to have an avoidant attachment style, while the anxious attachment style was not related to religious rituals (Cobb, 2017).

Religiosity plays a crucial role in creating mental well-being and cognitive skills. Religious people are more hopeful than non-religious individuals (Hasson-Ohayon et al., 2009). The positive effect of religiosity is observed in their level of happiness. Religious participants have been found to be more likely to have a higher level of happiness than non-religious ones (Abdel-Khalek & Lester, 2017).

This result could be due to the fact that religious people are integrated into a group. As individuals engage in church activities, their life satisfaction increases (Leonardi & Gialamas, 2009). The integration with the group helps religious individuals to have good coping strategies for their emotional regulation (Vishkin et al., 2016). When religious people are faced with stressful events, they are better at finding



new coping strategies to deal with them than non-religious people (Agbaria, 2021). Therefore, those cognitive and emotional advances may aid in helping for religious people to have higher levels of hope and GSE.

In conclusion, this study had two aims. The first was to explore the relationship between attachment-related avoidance and anxiety with dispositional hope, GSE, and FTP. The second was to analyze the effect of religiosity on hope, GSE, and FTP.

There were two research questions:

1. What is the relationship between dispositional hope, GSE, FTP, and attachment styles?
2. Does religiosity influence the level of hope, GSE, and FTP?

## Methods

### *Participants and Design*

The study was carried out between December 21, 2020 and January 31, 2021 in Turkey. Participants were contacted through social media portals. There were 153 Turkish participants (Females  $N=81$ , 52.9%). The mean age of the participants was 34.76 ( $SD=13$ ; range 18-66 years). The majority of participants reported that "I am religious" ( $n=103$ , 67.3%). The majority of the participants had secure and preoccupied attachment styles (Secure  $n=57$ , 37.3%; Preoccupied  $n=57$ , 37.3%). Most of the participants had a university degree ( $n=111$ , 72.5%). Detailed information on the sample is shown in *Table 1*.

**Table 1**

#### *Demographic Variables*

Variables	Frequency	Percentage
	<i>N</i>	(%)
Gender		
Female	81	52.9
Male	72	47.1
Education		
Primary	3	2
High school	19	12.4
Bachelor	111	72.5
Master	17	11.1
PH.D.	3	2
Religiosity Status		
"I am religious"	103	67.3
"I am not religious"	50	32.7
Attachment Styles		
Secure	57	37.3
Fearful	57	37.3
Preoccupied	20	13.1
Dismissive	19	12.4

The participants filled out the Dispositional Hope Scale, the Generalized Self-efficacy Scale, the Future Time Perspective scale, and the Experience in Close Relationships scale via a Google form. Individuals did not gain any benefit by participating in the study. Participants had to be older than 18 years old to join. Eight participants were excluded due to their extreme outlier scores.

## ***Procedure***

### ***Dispositional Hope Scale***

The Dispositional Hope Scale (Snyder et al., 1991) measures how people find ways to cope with stress, to what extent they are goal-oriented, and how they handle problems. The scale has three time perspectives: past, future, and present. The hope scale has two components: 1) the make-up of the person's agency (goal-directed energy) and 2) the person's make-up pathway to organize strategies toward goals. In the current study, the Turkish version of the dispositional hope scale (Tarhan & Bacanlı, 2015) was used. The make-up of agency sub-scale had four statements ranging from the past to current times regarding the perception of accomplishment (e.g., "I have been pretty successful in life"). The make-up pathway sub-scale had four statements consisting of descriptions about handling problems in difficult situations (e.g., "I can think of many ways to get out of a jam"). The scale ranged from "1 = Definitely False" to "8 = Definitely True." Higher scores indicated a higher level of hope.

In the current study, the dispositional hope scale showed a good internal consistency reliability score (McDonald Omega's coefficient = .81). Both of the two sub-scales showed an acceptable reliability score, and the internal reliability score for the make-up pathway sub-scale (McDonald Omega's coefficient = .76), and for the make-up agency sub-scale (McDonald Omega's coefficient = .75).

### ***Generalized Self-Efficacy Scale (GSE)***

The generalized self-efficacy scale (GSE) (Jerusalem & Schwarzer, 1995) analyzes the perception of self-efficacy in terms of solving problems in the face of unexpected issues. It includes 10 statements including self-beliefs, strategies, and optimism (e.g., "If I am in trouble, I can usually think of a solution"). In the current study, the Turkish version of the GSE (Erci, 2005) was used. The scale ranged from "1 = Not at all True" to "4 = Exactly True." The scale had a good internal reliability score (McDonald Omega's coefficient = .89).

### ***Future Time Perspective Scale (FTP)***

The Future Time Perspective scale (Cartensen & Lang, 1996) emphasizes people's perceptions and goals towards their prospects in the future. The scale consists of 10 statements about people's thoughts, possibilities, and expectations regarding their future. The scale is divided into two categories: 1) future time opportunities (FTO) with seven statements (e.g., "I expect that I will set many new goals in the future"), and 2) focus on limitations (FOL), which includes three descriptions regarding the perception of limited prospects the future (e.g., "There are only limited possibilities in my future").

The Turkish version of the FTP was used (Ozekes & Soylu, 2019). The scale ranged from “1= Very Untrue” to “7= Very True.” The FTO sub-scale had an excellent reliability score (McDonald’s Omega’s coefficient = .90), while FOL had a high internal reliability score (McDonald’s Omega’s coefficient = .83).

### *The Experience in Close Relationships - Revised Questionnaire (ECR-R)*

The revised version of the Experience in Close Relationships scale (Fraley et al., 2000) was used to determine the anxious and avoidant attachment styles in the adult population. The questionnaire includes 36 questions exploring attachment-related anxiety and avoidance. The attachment-related anxiety scale measures to what extent a person is sensitive to abandonment, fear of being unloved, and the level of trust in the romantic relationship (e.g., “I often worry that my partner doesn’t really love me”).

The attachment-related avoidance sub-scale is defined as having a close, intimate, safe, comfortable relationship with partners, and the quality of communication between partners (e.g., “I find it easy to depend on romantic partners”). The Turkish version of the Experience in Close Relationships scale (Selçuk et al., 2005) was used in the current study. The scale ranged from “1 = Strongly Disagree” to “7 = Strongly Agree.” Both of the sub-scales showed high internal consistency scores. For anxious attachment, the reliability score (McDonald’s Omega’s coefficient) was .85; for the avoidance attachment, that coefficient was also .85.

### **Data Analysis**

The data was computed by SPSS, version 26. Skewness, kurtosis, and standardized scores of skewness and kurtosis were measured to determine whether the study was normally distributed.

Z-scores between -3.29 and +3.29 in the moderate sample between  $50 < n < 300$  qualify results as parametric (Kim, 2013). In this study, the z-scores of all of the sub-scales ranged between -3.29 and +3.29. Pearson’s correlation test was used to analyze the relationship between dispositional hope, FTP, GSE, and adult attachment styles. An independent t-test was computed to measure the effects of gender and religiosity on FTP, GSE, and dispositional hope. Religiosity, attachment styles, and gender were chosen as independent variables, while the dispositional hope scale, GSE, and FTP were dependent variables.

Moreover, the classification of attachment styles as secure, preoccupied, fearful, and dismissive was measured by the median of attachment-related anxiety and avoidance. In this case, the effect of attachment styles on GSE, FTP, and hope was explored using One-Way ANOVA.

Multiple linear regression analyses were computed to explore the effects of religiosity and attachment styles on FTP, GSE, and hope. The internal consistency reliability scores of the scales were computed using the method of McDonald’s Omega coefficient analysis (Flora, 2020).

In addition, G\*Power (Faul et al., 2020) was used to examine whether the study had a large enough sample power size. The type of the power was the bivariate correlation model of the post hoc two tails for Pearson’s correlation test, while in the fixed model, R<sup>2</sup> deviation from zero was measured to reveal the multiple linear regression sample size.

**Table 2***Descriptive Statistics*

Measure	Mean	SD	Kurtosis (SE)	Skewness (SE)	Kurtosis (Z)	Skewness (Z)
FOL	13.5	5.10	.80, (.39)	-.32, (.20)	2.05	-1.6
FTO	33.9	9.27	-.08, (.39)	-.52, (.20)	-.20	-2.60
Hope	51.8	7.32	-.36, (.39)	-.48, (.20)	-.92	-2.40
Make up	27.2	3.97	-.50, (.39)	-.63, (.20)	-1.28	-3.15
Agency	24.6	4.45	-.02, (.39)	-.61, (.20)	-.051	-3.05
Anxious	67.1	18.47	.28, (.39)	.48, (.20)	0.72	2.40
Avoidant	54.3	17.50	-.36 (.39)	14, (.20)	-.92	-.70
GSE	30.0	5.63	.11, (.39)	-.26, (.20)	.28	-1.30

Note. SD=Standard Deviation, SE=Standard Error, Z=Standard Score

**Results**

The results indicated that dispositional hope was positively related to FTO ( $r = .45$ ,  $p = .0001$ ) and GSE ( $r = .73$ ,  $p = .0001$ ), while it was negatively correlated with attachment-related anxiety ( $r = -.22$ ,  $p = 0.006$ ) and avoidance ( $r = -.19$ ,  $p = .02$ ).

FOL was positively correlated with attachment-related anxiety ( $r = .31$ ,  $p = .0001$ ) and avoidance ( $r = .29$ ,  $p = .0001$ ), while it was negatively related to FTO ( $r = -.35$ ,  $p = .0001$ ). FTO was negatively correlated with attachment-related avoidance ( $r = -.17$ ,  $p = .04$ ), whereas it was positively associated with GSE ( $r = .41$ ,  $p = .0001$ ).

GSE was negatively associated with attachment-related anxiety ( $r = -.29$ ,  $p = .0001$ ) and attachment-related anxiety was positively correlated with attachment-related avoidance ( $r = .35$ ,  $p = .0001$ ).

**Table 3***Pearson's Correlation Test between Variables*

Variable	1	2	3	4	5	6	7	8
1. FOL	–							
2. FTO	-.35***	–						
3. Hope	-.11	.45***	–					
4. Makeup	-.05	.40***	.85***	–				
5. Agency	-.14	.38***	.88***	.51***	–			
6. Anxious	.31***	-.06	-.22**	-.21**	-.18*	–		
7. Avoidant	.29***	-.17*	-.19*	-.15	-.18*	.35***	–	
8. GSE	-.07	.41***	.73***	.65***	.62***	-.29***	-.14	–

Note. FOL = Focus on Limitations, FTO = Future Time Opportunities, Hope = Dispositional Hope, Make-up = The make up the Pathway, Agency = Make up the Agency, GSE = Generalized Self-Efficacy.

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

One-Way ANOVA showed that attachment styles had a significant influence on hope:  $F(3, 149) = 4.09, p = .008$ . Participants with a fearful attachment style had a lower level of hope ( $M = 49.26, SD = 7.70$ ) than individuals with a dismissive attachment style ( $M = 52.00, SD = 6.59$ ), preoccupied attachment style ( $M = 52.85, SD = 6.13$ ), or secure attachment style ( $M = 53.81, SD = 6.95$ ).

Attachment styles had a significant impact on GSE:  $F(3, 149) = 3.59, p = .015$ . People with secure attachment styles had a higher level of GSE ( $M = 31.77, SD = 5.60$ ) than individuals with dismissive attachment styles ( $M = 29.95, SD = 4.41$ ), preoccupied attachment styles ( $M = 29.30, SD = 4.82$ ), or fearful attachment styles ( $M = 28.46, SD = 5.88$ ).

Attachment styles had a significant effect on FTO:  $F(3, 149) = 4.29, p = .006$ . Participants with a fearful attachment style had a lower level of FTO ( $M = 30.75, SD = 9.09$ ) than securely attached individuals ( $M = 34.79, SD = 9.73$ ), or those with a preoccupied attachment style ( $M = 37.90, SD = 7.90$ ) or a dismissive attachment style ( $M = 36.32, SD = 7.13$ ).

Attachment styles had a significant influence on FOL:  $F(3, 149) = 6.03, p = .001$ . Participants with a fearful attachment style showed a higher level of FOL ( $M = 15.26, SD = 4.54$ ) than those with a dismissive attachment style ( $M = 14.74, SD = 4.17$ ), preoccupied attachment style ( $M = 13.05, SD = 5.07$ ), or a secure attachment style ( $M = 11.54, SD = 5.30$ ).

The results suggested that religious people significantly demonstrate a higher level of hope than non-religious individuals. The hope score for people who were religious was  $M = 53.00, SD = 7.00$ , as opposed to the hope score for non-religious participants ( $M = 50.00, SD = 7.70$ ); conditions:  $t(159) = 2.20, p = .02$ .

Moreover, religious people showed a higher level of GSE than non-religious individuals. The GSE scores for religious people were  $M = 31.00, SD = 5.30$ , while those for non-religious participants were  $M = 28.50, SD = 7.70$ ; conditions:  $t(151) = 2.20, p = .03$ .

The results indicate that women have a significantly higher level of make-up agency than men. The mean score for women was  $M = 25.3, SD = 4.09$ , while that for men was  $M = 23.8, SD = 4.73$ ; conditions:  $t(151) = 2.07, p = .04$ .

In addition, the men had a higher level of FOL than the women. The mean of FOL for women was  $M = 12.59, SD = 5.09$ ; the mean of FOL for men was  $M = 14.57, SD = 4.94$ ; conditions:  $t(151) = -.243, p = .016$ .

**Table 4**

*Multiple regression analysis measured the effects of attachment-related anxiety and irreligiosity on GSE*

	Unstandardized Coefficients		P	95.0% CI	
	Estimate	SE		LL	UL
Anxious	-.09	.02	.0001	-.14	-.04
Irreligiosity	-2.22	.91	.016	-4.03	-.41

*Note.* DV = GSE,  $R^2 = .12$ , Adj.  $R^2 = .11$ , CI = Confidence Interval, LL = Lower Limit, UL = Upper Li

The first model of the multiple regression analysis data showed that both irreligiosity and attachment-related anxiety are related to GSE:  $F(2, 150) = 10.36$ ,  $p = .0001$ ,  $R^2 = .12$ . Both attachment-related anxiety ( $B = -.09$ ,  $p = .0001$ ) and irreligiosity ( $B = -.222$ ,  $p = 0.16$ ) are negatively correlated with GSE.

The second model of the multiple linear regression analysis showed that both irreligiosity and attachment-related anxiety are associated with hope;  $F(2, 150) = 6.78$ ,  $p = .002$ ,  $R^2 = .08$ . Both attachment-related anxiety ( $B = -.09$ ,  $p = .005$ ) and irreligiosity ( $B = -2.87$ ,  $p = 0.19$ ) were negative predictors of hope.

**Table 5**

*Multiple regression analysis measured the effects of attachment-related anxiety and irreligiosity on dispositional hope*

	Unstandardized Coefficients		P	95.0% CI	
	Estimate	SE		LL	UL
Anxious	-.09	.03	.005	-.15	-.03
Irreligiosity	-2.9	1.2	.02	-5.3	-.47

*Note.* DV = Dispositional Hope,  $R^2 = .08$ , Adj.  $R^2 = .07$ , CI = Confidence Interval, LL = Lower Limit, UL = Upper Limit

**Table 6**

*Multiple regression analysis measured the effects of attachment-related anxiety and avoidance on FOL*

	Unstandardized Coefficients		P	95.0% CI	
	Estimate	SE		LL	UL
Anxious	.07	.22	.004	.02	.11
Avoidant	.06	.24	.012	.01	.11

*Note.* DV = FTL,  $R^2 = .13$ , Adj.  $R^2 = .12$ , CI = Confidence Interval, LL = Lower Limit, UL = Upper Limit

The third model of the multiple linear regression analysis found that attachment-related avoidance and anxiety were positively associated with FOL:  $F(2, 150) = 11.5$ ,  $p = .0001$ ,  $R^2 = .13$ . Attachment-related avoidance ( $B = .06$ ,  $p = .01$ ) and anxiety ( $B = .07$ ,  $p = .004$ ) were positively related to FOL.

## Discussion

This study had two main objectives. The first one was to detect the relationship between attachment-related dimensions, hope, GSE, and FTP. The second one was to analyze the effects of religiosity on FTP, GSE, and hope.

Previous findings indicated that when individuals have a higher level of hope, they tend to have a higher score on GSE (Feldman & Kubota, 2015). Both self-efficacy and hope promote mental health (Liu et al., 2018). In addition, a previous study sug-

gested that GSE and hope are strongly related to each other ( $r = .98$ ) and are inhibitors of a higher level of depression (D'Souza et al., 2020). Moreover, hope adjusts FTP (Adelabu, 2008). The current study found that hope and GSE are strongly related to each other ( $r = .73$ ), and both are associated with FTO, while they are not correlated with FOL. Hence, it should be highlighted that both hope and GSE might promote a positive orientation toward the future.

Another variable that is related to mental well-being and hope is religiosity. Being religious has a positive influence on hope and mental health (Al Eid et al., 2021). This study found that religiosity has a significant impact on GSE and hope. When participants report that they are religious, they are more likely to have a higher level of hope and GSE than non-religious participants.

On the other hand, having a higher level of attachment-related anxiety and avoidance distorts hope (Shorey et al., 2003). Nevertheless, attachment to God plays an important role in the regulation of hope and self-esteem (Ren, 2020). When people are religious, their level of hope increases (Pahlevan Sharif et al., 2021). Not just attachment to God, but also adult attachment styles regulate self-efficacy (Bender & Ingram, 2018). Securely attached participants exhibited a higher level of hope than insecurely attached individuals (Demirtaş, 2019). Attachment-related anxiety was inversely related to hope (Blake & Norton, 2014). In the current study, both attachment-related anxiety and irreligiosity were inversely related to GSE and hope. It should be noted that those variables affect hope more than GSE does.

A systematic review found that mental well-being and goal-oriented behaviors were related to FTP (Kooij et al., 2018). In the current study, FTP was divided into FTO and FOL. FTO is a protective element against depression symptoms, while FOL is related to the stress system. However, FOL is not associated with subjective mental health (Kozik et al., 2015). A study on a Turkish sample showed that FOL was negatively associated with psychological and physical health (Soylu & Ozekes, 2019).

Furthermore, since FTP refers to a thinking orientation toward the future, it is related to the individual's self-perception. Individuals with a high level of self-efficacy have a higher level of FTP (Dutt & Wahl, 2019).

Moreover, a secure attachment style controls GSE (Bender & Ingram, 2018). Therefore, it can be hypothesized that attachment-related anxiety and avoidance are negatively associated with GSE and FTP. Nevertheless, in this case, the role of attachment-related avoidance should be highlighted. Individuals with a higher level of attachment-related avoidance are autonomous and self-reliant. They might feel better when they are alone (Wardecker et al., 2020). In this case, the current study revealed that attachment-related anxiety was negatively associated with dispositional hope and GSE, and it was positively correlated with FOL. However, attachment-related anxiety was not significantly correlated with FTO. On the other hand, attachment-related avoidance was negatively related to hope and FTO but positively correlated with FOL. However, attachment-related avoidance was not significantly associated with GSE. Thus, it can be concluded that attachment-related anxiety and avoidance have different functions on GSE and FTO. Attachment-related avoidance is a style related to FTO, whereas attachment-related anxiety is associated with GSE.

When attachment styles were classified into secure, dismissive, preoccupied, and fearful groups, we found that participants with fearful attachment styles were prone to score lower on hope, GSE, FTO, and higher score on FOL. Having a secure relationship promotes a higher level of hope, GSE, and a lower level of FOL. Nevertheless, participants with dismissive and preoccupied attachment styles were more likely to have a higher level of FTO that should be detected in the future.

A previous study showed that the level of hope was higher in men than in women (Naik & Yadav, 2017). Furthermore, a recent study after the pandemic suggested that women were more vulnerable to generalized anxiety disorder and stress (Chima et al., 2022). However, the current study indicated that males were more likely to feel that their future was limited and were less likely to engage in goal-directed behavior than the female participants. Therefore, cultural factors should be taken into account in examining the effects of gender.

## Conclusion

This study has several conclusions. The first is that attachment-related anxiety is positively associated with FOL and inversely correlated with dispositional hope and GSE. Attachment-related avoidance is positively related to FOL and negatively associated with dispositional hope and FTO. Attachment-related avoidance is not significantly associated with GSE and the make-up pathway. Dispositional hope is positively related to FTO and GSE, while it is not significantly correlated with FOL. GSE is positively correlated with FTO, while it is not correlated with FOL.

The second major conclusion is that religiosity has a significant impact on hope and GSE. Religious individuals have a higher level of dispositional hope and GSE than non-religious people.

The third finding is that women perform a higher level of makeup agency than men, whereas men have a higher level of FOL than women.

The fourth is that both irreligious and attachment-related anxiety are negatively predicted to be related to GSE and dispositional hope.

The fifth is that attachment-related anxiety and avoidance are positively predicted to be related to FOL.

Sixth, when attachment styles are divided into categories, it can be concluded that having a secure attachment style is advantageous for hope, GSE, FOL, and dispositional hope, whereas a fearful attachment style impairs those skills. It should be noted that individuals with a dismissive and preoccupied attachment style have a higher level of hope than securely attached participants, which should be considered in the future.

## Limitations

The present study had several limitations. First, the levels of hope, GSE, FTP, and attachment styles might have been sensitive to the outbreak of COVID. For instance, it was found that the level of attachment-related anxiety and avoidance was higher than in the study conducted in 2019 in Turkey (Koç et al., 2019). Previous studies demonstrated that the mental well-being of people deteriorated during the COVID-19



pandemic, and that age is a significant predictor of mental well-being (O'Connor, et al., 2020).

Second, the study did not focus on any specific age group, and age differences might be an important factor in these scores. Third, the study was based on a Turkish sample; it would be interesting to generalize these scores to other cultures. The fourth limitation was the sample size. The correlation between attachment-related anxiety and FTO (.56) and the relationship between attachment-related avoidance and dispositional hope (.66) had a lower sample size than 80%. Moreover, the study was a cohort study so that the results indicated the relationship between variables rather than determining causal effects.

A specific religious behavioral scale might be used in the future rather than simply asking the binary question, Are you religious or not? Nevertheless, the present study was the first study to examine the relationship between religiosity, FTP, attachment styles, and dispositional hope in a Turkish sample.

### **Ethics Statement**

This study did not present any risk for the participants. Therefore, no special ethical approval was required. However, all subjects gave their informed consent for inclusion before they participated. Participation in the study was entirely voluntary.

### **Author Contributions**

The idea of the article, the theory, the introduction, the statistical data, and the results were all conceived, carried out, and written by Emrullah Ecer.

### **Conflict of Interest**

The author declares no conflict of interest

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## Family Perfectionism among Russian College Students

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**Background.** Research documenting the consequences of perfectionism on psychopathology and academic achievement across diverse cultures proliferates. This paper situates the multidimensional model of perfectionism and the role of family perfectionism within a Russian context.

**Objective.** The main purposes are to investigate the psychometric properties of the Family Almost Perfect Scale (FAPS) among Russian college students and to explore whether the different types of perfectionistic families found in past studies are replicated in the sample. The impact of both personal and family aspects of perfectionism on psychological and academic outcomes is investigated.

**Design.** The psychometric properties of a Russian family perfectionism measure were examined using 169 students (50 men, 119 women), recruited at a national university in Perm, Russia. Their overall average age was 19.60 ( $SD = 0.63$ ), ranging from 18 to 23 (Men:  $M = 19.72$ ,  $SD = 0.76$ ; Women:  $M = 19.55$ ,  $SD = 0.56$ ).

**Results.** Results indicated that the adjusted 15-item Russian Family Almost Perfect Scale (FAPS) yielded adequate factor structure, construct validity, and internal consistency reliability. The distinctively adaptive and maladaptive natures of the Family Standards and Family Discrepancy subscales were supported through correlations with psychological distress measures, as well as the three different types of perfectionistic families that were replicated through cluster analyses. The adaptive, maladaptive, and non-perfectionistic families mirrored the groups found in past studies. In comparing individuals of various family types, those from maladaptive perfectionistic families reported higher levels of depressive mood and anxiety than those from adaptive perfectionistic families.

**Conclusion.** Findings implicate the relevancy of this construct to college students' psychological well-being. The Russian FAPS could be used in future research to further explore perceived family perfectionism among Russian-speaking populations.

**Keywords:**  
Perfectionism,  
family,  
Russian,  
college  
students,  
achievement,  
psychometric  
evaluation

## Introduction

Recent decades have witnessed an explosion in research documenting the deleterious consequences of perfectionism on psychopathology and academic achievement across racially and ethnically diverse cultures and countries (Methikalam et al., 2015; Ortega et al., 2014; Wang et al., 2012; Wang et al., 2018). Perfectionism is defined as a tendency to set high standards for performance with unremitting efforts to attain these standards, where one may measure their own self-worth in terms of their accomplishments, often resulting in critical self-evaluation (Shafran et al., 2002; Stoeber & Otto, 2006; Wang et al., 2019). Research suggests that the development of perfectionism relates to experiences within one's family, particularly the parental influence (Walton et al., 2020). Many studies have linked perfectionism to a range of psychological concerns including depression, anxiety, obsessive-compulsive disorder (OCD), and eating disorders (Hu et al., 2019; Jun et al., 2022; Limburg et al., 2017; Methikalan et al., 2015), as well as negative public health outcomes like suicide (Smith et al., 2018). Additionally, perfectionism has been negatively linked with indicators of academic achievement such as Grade Point Average (GPA), self-reported academic satisfaction, and academic-related anxiety (Filippello et al., 2019; Osenk et al., 2020; Wang et al., 2018; Yang et al., 2019), impacting elementary to college age students. As a result of the familial development of perfectionism and long-lasting deleterious consequences, research on perfectionism within families is sorely needed to inform education, prevention, and intervention efforts. In this article, we provide an overview of the multidimensional model of perfectionism and situate the role of family perfectionism within a Russian context. This is followed by an evaluation of the psychometrics of the Russian version of the Family Almost Perfect Scale and an examination of the personal and familial aspects of perfectionism among Russian students. Finally, we illuminate the importance of this measure for cross-cultural perfectionism theory and describe the practical value for psychologists, interventionists, and educators working with Russian students and families.

The Hamacheck theory of perfectionism (1978) provides a conceptual framework for understanding the antecedents, characteristics, and behavioral symptoms of a multidimensional model of perfectionism. In terms of antecedents, the development of perfectionism stems from family environments with parent-set performance standards for children and related conditional or unconditional approval. Family environments foster the development of adaptive and maladaptive forms of perfectionism, termed "normal perfectionism" and "neurotic perfectionism," respectively (Filippello et al., 2019; Hamachek, 1978; Wang et al., 2018). Normal perfectionists set realistic standards for themselves and enjoy striving towards such standards; neurotic perfectionists, on the other hand, set unrealistic standards of achievement and are critical of the discrepancy between their actual performance and desired level of achievement resulting in dissatisfaction, self-criticism, and suffering (Hamachek, 1978; Stoeber, 2006). Non-perfectionists show low levels of perfectionism as they are less prone to strive towards high standards. The dual nature of perfectionism was hypothesized to differentially impact domains of functioning related to health and academia, underscoring the need to understand perfectionism as having adaptive and maladaptive effects (Stoeber et al., 2020).

Over thirty years of factor analysis research supports the multidimensional model of perfectionism as a construct with adaptive and maladaptive components that differentially impact individual psychological health and achievement (Frost et al., 1990; Herman et al., 2011; Hewitt & Flett, 1991; Slaney et al., 2001; Vacca et al., 2020). The components are termed perfectionistic striving (PS) and perfectionistic concerns (PC). PS refers to demanding perfection of oneself and setting high personal standards, while PC refers to the tendency to be overly focused on imperfections, mistakes, criticism, and perceived discrepancies between ideal and actual achievements (Stoeber & Otto, 2006; Wang et al., 2016). While PC is consistently positively associated with maladaptive outcomes such as negative affect and academic difficulties, PS often positively relates to adaptive outcomes such as positive affect and academic achievement (Frag, 2020; Stoeber et al., 2020).

The multidimensional perfectionistic model is reflected in a range of scales. Notable examples include Frost's Multidimensional Perfectionism Scale (FMPS; Frost et al., 1990) and Hewitt and Flett's Multidimensional Perfectionism Scale (HFMP; Hewitt & Flett, 1991). However, following critique of both scales in the context of family perfectionism (Wang, 2010), the development of the scale for measuring family perfectionism proceeded from a different scale. Namely, The Almost Perfect Scale-Revised (APS-R; Slaney et al., 2001). It has a track record for measuring perfectionism in the international context (Wang et al., 2012) and contains three subscales. The Standards and Order subscales measure the positive aspects of perfectionism. The Discrepancy subscale assesses the negative aspect of perfectionism, or an individuals' tendency to perceive a gap between their standards and actual performance. Based on the combination of these APS-R subscale scores, participants have been classified into adaptive, maladaptive, and non-perfectionist categories (Grzegorek et al., 2004; Rice & Slaney, 2002). Rice and colleagues (2014) refined the APS-R to measure the major dimensions of perfectionism as Standard (high performance expectations) and Discrepancy (self-critical performance evaluations), reflecting the PS and PC domains via the Short Almost Perfect Scale (SAPS; Rice et al., 2014). The SAPS demonstrates good psychometric features as a brief and strong measure of major perfectionism factors and types (e.g., non-perfectionists and adaptive and maladaptive perfectionists; Rice et al., 2014). An accumulation of evidence suggests that these types of perfectionists are differentially associated with important outcomes such as psychological distress and academic achievement (Grzegorek et al., 2004; Mobley et al., 2005; Ocampo et al., 2020; Osenk et al., 2020; Rice & Ashby, 2007; Rice & Dellwo, 2002; Rice & Slaney, 2002).

The developmental nature of perfectionism within families suggests that several variables are related to the transmission of perfection. An important variable concerns the level of discrepancy children perceive between their family's high expectations and their actual performance. When a child perceives a high levels of discrepancy between what is expected by the family and the child's own perception of their performance, distress may occur and manifest in psychological difficulties such as depression, anxiety, and suicidal ideation (Rasmussen & Troilo, 2016). When individuals perceive discrepancies between family expectations (e.g., "I'm not meeting X expectation in my family"), it is significantly and positively associated with individ-



ual's personal experience of discrepancy (e.g., "I'm not meeting X expectation I have for myself either") (Rasmussen & Troilo, 2016; Wang et al., 2013). In other words, difficulty meeting the high expectations of one's family may result or is reflected in difficulty meeting one's own expectations, highlighting the importance of considering family variables when studying individual perfectionism outcomes.

The Family Almost Perfect Scale (FAPS; Wang, 2010) was developed to expand the personal adaptive and maladaptive perfectionist literature to include perceived family perfectionism. The FAPS, consisting of three subscales – Family Standards, Family Order, and Family Discrepancy, mirrors the multidimensional framework of perfectionism literature by differentiating parallel types of perfectionistic families (e.g., adaptive, maladaptive, and non-perfectionist). Though the FAPS was initially developed to study perfectionism among populations with strong family values in a collectivist context, the model has been validated among various culturally and ethnically diverse groups such as Asian and European Americans (Carrera & Wei, 2017; Methikalam et al., 2015; Wei et al., 2013), Latino/a Americans (Ortega et al., 2014), Asian Indians (Wang et al., 2012), Chinese students (Deng et al., 2012), Italians (Filippello et al., 2019), and Greek students (Diana & Spyridon, 2018). With growing interest in understanding developmental antecedents, moderators, and mediators of perfectionistic outcomes, the FAPS has been translated into multiple languages including Chinese, Greek, Italian, Korean, Lithuanian, and Russian. Given that the FAPS demonstrates adequate psychometric properties and cross-cultural construct validity, it is a highly relevant measure for examining other culturally and ethnically diverse populations with demonstrated perfectionistic tendencies and outcomes.

Previous studies indicate that Russian individuals demonstrate perfectionistic tendencies and may be at a unique risk for negative affective and academic outcomes. The majority of studies highlight the effects of maladaptive perfectionism on psychological well-being (Wang et al., 2016) and have found a positive relationship between maladaptive perfectionism and suicide attempts (Sokolova & Tsygankova, 2011), hostility and stress (Kholmogorova et al., 2009), depression and anxiety (Garanyan & Yudeeva, 2009), foreign language learning and classroom anxiety (Wang et al., 2018), and imposter syndrome (Wang et al., 2019). Yasnaya and colleagues (2011) translated the Almost Perfect Scale-Revised and found that the factor structure of Russian translated scales coincided with the original scale. More recently, Wang and colleagues (2016) translated and evaluated the psychometric properties of a Russian version of the Short Almost Perfect Scale (SAPS; Rice et al., 2014) and found that the factor structure was supported and construct validity was established through its relationship with anxiety and depression scores among Russian college students. These studies provide evidence for deleterious outcomes associated with maladaptive perfectionism. Yet, further research is needed to understand the antecedents of perfectionism and to better inform intervention efforts that may reduce negative outcomes for students.

In line with the developmental understanding of perfectionism, research indicates that Russian students with high levels of perfectionism may come from families with high expectations (Evenko, 2014; Volikova, 2012). A few Russian studies

have examined how parental perfectionism impacts children. Kovalenko (2012) argues that parents' perfectionist attitudes influence the psychological health of a child from as early as elementary school. Larskikh & Shiryayev (2016) found correlations between family perfectionism and personal perfectionism in students. Namely, students from families with high family perfectionism demonstrated perfectionism, and female students faced significantly higher levels of family perfectionism than male students (Larskikh & Shiryayev, 2016). Volikova (2012) found an association between perfectionism and emotional problems in children and adolescents, stressing that parental perfectionism has a negative influence on excessive criticism, pressure, and rejection. In a sample of 68 teenagers and their mothers, Evenko (2014) found higher levels of perfectionism among authoritarian parents (12%) and lower levels among liberal parents (73%). Further, Tarkhanova (2014) found that family perfectionism is closely linked to high levels of appearance perfectionism and emotional problems among young females. According to Yakimova and Kravtsova's (2015) study, family perfectionism can be characterized by patriarchal attitudes that require strict fulfillment of home duties. Andreeva (2015) also found that patriarchal attitudes are associated with higher family perfectionism and traits like high expectations, controlling parenting styles, and a strong concern for self-image. These studies suggest that family perfectionism is related to high expectations and controlling behaviors that may lead to low self-esteem and psychological distress in children.

Little is known about how varied types of Russian perfectionistic families (e.g., non-perfectionistic, maladaptive perfectionistic, and adaptive perfectionistic) are associated with varied perfectionism styles in young people and the related maladaptive and adaptive outcomes (Evenko, 2014). In other words, research is limited on how non-perfectionistic, maladaptive, and adaptive family perfectionism relates to non-perfectionistic, maladaptive, and adaptive perfectionism among the Russian youth (Andreeva, 2015). Thus, the main purposes of this study are 1) to investigate the psychometric properties of the Family Almost Perfect Scale (FAPS) among Russian college students, as this scale is unavailable in Russia; 2) to explore whether the different types of perfectionistic families found in past studies are replicated in this sample; 3) to examine the impact of both personal and family aspects of perfectionism among Russian students on psychological and academic outcomes. To accomplish these goals, a cross-sectional survey was designed. First, a confirmatory factor analysis to examine the factor structure of the Russian FAPS. Second, establishing construct validity via a comparison of the correlations between FAPS subscales scores with SAPS subscales and those of other variables. To this end, we hypothesized that family discrepancy is positively associated with depression symptoms and anxiety. Third, a cluster analysis to classify individuals into different types of perfectionistic families. These groups of perfectionistic families are to be compared on psychological distress variables to establish their adaptive and maladaptive natures. Based on previous cluster analysis studies (Wang et al., 2016), we believe that there would be three groups of perfectionistic families: adaptive, maladaptive, and non-perfectionists. We also hypothesized that students from adaptive perfec-

tionistic families would report better psychological outcomes than those from maladaptive perfectionistic families. We also compared the groups on their academic performances.

## Methods

### *Participants*

Participants were 169 college students (50 men, 119 women) at a national university in Russia, recruited as part of a larger study. Their overall average age was 19.60 ( $SD=0.63$ ), ranging from 18 to 23 (Men:  $M=19.72$ ,  $SD=0.76$ ; Women:  $M=19.55$ ,  $SD=0.56$ ). These students majored in various fields: 32% in management, 27% in economics, 17 % in business informatics, 12% in law, and 11% in program engineering. After indicating active consent and being informed that their participation in the research was voluntary, participants included in the present study chose to stay after class to complete this pen-and-paper questionnaire. The research survey was presented in Russian and took 20–30 minutes to complete. No financial compensation nor additional incentives were provided for participation. The study procedures complied with the research ethical code of the institution in which the participants were recruited.

### *Procedure*

*Family Almost Perfect Scale (FAPS; Wang, 2010).*

The FAPS was used to measure the participants' level of perceived perfectionism within their family. The FAPS consists of three subscales — Standards (6 items), Order (4 items) and Discrepancy (7 items). The Family Standards subscale measures the perceived degree of high standards for achievement and performance set by one's family; a sample item states, "My family sets very high standards for me." The Family Order subscale measures the perceived family preference for neatness and orderliness; a sample item states, "My family expects me to be an orderly person." The Family Discrepancy subscale measures the perception of falling short of family expectations for performance; a sample item states, "Doing my best never seems to be enough for my family." Participants rated each item on a seven-point Likert scale: 1 (strongly disagree) to 7 (strongly agree). The FAPS was translated into Russian on the basis of Brislin's (1980) three-step back-translation guidelines. Cronbach's alpha coefficients for the FAPS subscale scores ranged from 0.78 to 0.94 in samples of Asian Americans and European Americans (Wang, 2010). In the current study, Cronbach's alpha for Family Standards, Family Order, and Family Discrepancy scores was 0.84, 0.78, and 0.89, respectively.

*Short Almost Perfect Scale (SAPS; Rice et al., 2014).*

The SAPS was used to measure participants' own perfectionism level. The SAPS is an 8-item brief version of the Almost Perfect Scale-Revised (Slaney et al., 2001), and consists of two subscales — Standards (4 items) and Discrepancy (4 items). The Standards subscale measures the level of one's striving for perfection by setting extremely high expectations. A sample Standards item states, "I have a strong need to strive for

excellence.” The Discrepancy subscale measures one’s tendency of feeling inadequate by a constant focus on a perceived gap between one’s standards and performance. A sample Discrepancy item states, “Doing my best never seems to be enough.” Participants rated each item on a seven-point Likert scale: 1 (strongly disagree) to 7 (strongly agree). In a prior study, the SAPS was translated into Russian on the basis of Brislin’s (1980) three-step back-translation guidelines, and Cronbach’s alpha was 0.79 for Standards and 0.78 for Discrepancy in a different Russian college student sample (Wang et al., 2016). In the current study, Cronbach’s alpha for Standards and Discrepancy scores were 0.81 and 0.80, respectively.

#### *Depression Anxiety Stress Scale-21 (DASS-21; Lovibond & Lovibond, 1995).*

The DASS was used to measure psychological distress through three subscales — Depression (7 items), Anxiety (7 items), and Stress (7 items). A sample Depression item states, “I couldn’t seem to experience any positive feeling at all.” A sample Anxiety item states, “I felt scared without any good reason.” A sample Stress item states, “I tended to overreact to situations.” The DASS is rated on a four-point Likert scale: 0 (did not apply to me at all) to 3 (applied to me very much, or most of the time). We used a Russian version of the DASS obtained from the DASS website ([www.psy.unsw.edu.au/dass/](http://www.psy.unsw.edu.au/dass/)). Cronbach’s alpha for the Depression, Anxiety, and Stress subscale scores ranged from 0.77 to 0.87 in a previous sample of Russian students (Wang et al., 2016). In the current study, Cronbach’s alpha for the Depression, Anxiety, and Stress scores was 0.84, 0.83, and 0.84, respectively.

#### *Grade Point Average*

Participants self-reported their academic grade average. The grade scaling at the institution of their study was as follows: 8–10 = excellent (A equivalent), 6–7 = good (B equivalent), 4–5 = satisfactory (C equivalent), below 4 = unsatisfactory (D equivalent, or fail).

#### *Data Analytic Plan*

Missing data was examined, and participants ( $n = 3$ ) with any missing data were not included in the study. First, a confirmatory factor analysis (CFA) was conducted to examine the factor structure of the Russian FAPS. The construct validity and reliability of the Russian FAPS was then investigated. Finally, cluster analysis was used to identify different types of perfectionistic families and the cluster types on psychological distress and academic performances were compared using ANOVA. CFA was conducted by Mplus and all other analyses by SPSS.

## **Results**

We first examined the factor structure of the Russian FAPS. As the FAPS is an established measure with psychometric evaluations completed on various populations, confirmatory factor analyses (CFA) were carried out first to examine its factor structure with this Russian sample. Normality of the items was considered first; skewness ranged from  $-1.31$  to  $1.28$  and kurtosis ranged from  $-0.82$  to  $1.99$ . Due to the slight

deviation from normality, we used Robust Maximum Likelihood estimation for CFA. The following indices were used to assess model fit: comparative fit index (CFI), the standardized root-mean-square residual (SRMR), and the root-mean-square error of approximation (RMSEA). CFI above 0.90 (Byrne, 1998) or 0.95 (Hu & Bentler, 1999) indicates an acceptable data to model fit. Lower RMSEA values indicate better fit, values less than 0.05 suggest a close fit, between 0.05 and 0.08 a fair fit, between 0.08 and 0.10 a mediocre fit, and over 0.10 a poor fit (MacCallum et al., 1996). Similarly, lower SRMR values suggest better fit, and a value below 0.08 is desired (Hu & Bentler, 1999).

The initial CFA model for FAPS constrained the 6 Family Standards items, 7 Family Discrepancy items, and 4 Family Order items to load onto their corresponding factors. In this oblique model using Robust Maximum Likelihood estimation and Geomin rotation, the factors were permitted to correlate with one another. The model yielded the following fit statistics:  $MLR\chi^2(116, N = 169) = 209.96, p < .001$ , CFI = .856, SRMR = .092, RMSEA = .094. These results were less than ideal. Thus, we made step-by-step modifications based on the modification indices. Two items (#10 "My family sets very high standards for me." and #11 "Nothing short of perfect is acceptable in my family.") were removed due to substantial cross loading on a second factor. The adjusted FAPS for this Russian sample included 15 items and yielded the following model fit statistics:  $MLR\chi^2(87, N = 169) = 182.52, p < .001$ , CFI = .901, SRMR = .064, RMSEA = 0.081, indicating adequate fit. Standardized factor loadings ranged from .64 to .82 for Family Standards items, 0.57 to 0.78 for Family Order items, and .57 to .87 for Family Discrepancy items. The factor correlations were as expected. Family Standards and Family Order were strongly correlated with each other ( $r = .63$ ), as they were both viewed as positive aspects of perfectionism. Family Discrepancy was weakly correlated with Family Standards ( $r = 0.19$ ) and minimally correlated with Family Order ( $r = .07$ ). See *Figure 1* for CFA diagram with each factor loading.

*Table 1* presents means, standard deviations, reliability coefficients, and inter-correlations. All measures used to assess study variables had adequate internal consistencies, with Cronbach's alphas ranging from 0.72 to 0.89. Overall, the personal perfectionism and family perfectionism dimensions correlated in the expected directions. Pearson's correlation coefficients between the APS-R and FAPS corresponding subscale scores were 0.47 for Standards and 0.42 for Discrepancy, providing evidence for convergent validity. In contrast, correlation coefficients across non-corresponding subscales of the APS-R and FAPS (i.e., FAPS Standard with APS-R Discrepancy and FAPS Discrepancy with APS-R Standards) were minimal, ranging from -0.04 to -0.09, providing support for divergent validity. Family Discrepancy was positively correlated with depressive mood, anxiety, and stress, whereas Family Standards was not significantly correlated with any of these three psychological distress variables. These trends provide support for the adaptive and maladaptive nature of Family Standards and Family Discrepancy, respectively. However, there were some interesting differences between how family and personal standards correlated with other variables. For example, Family Standards were negatively but weakly correlated with GPA, whereas personal Standards were positively but weakly correlated with GPA.

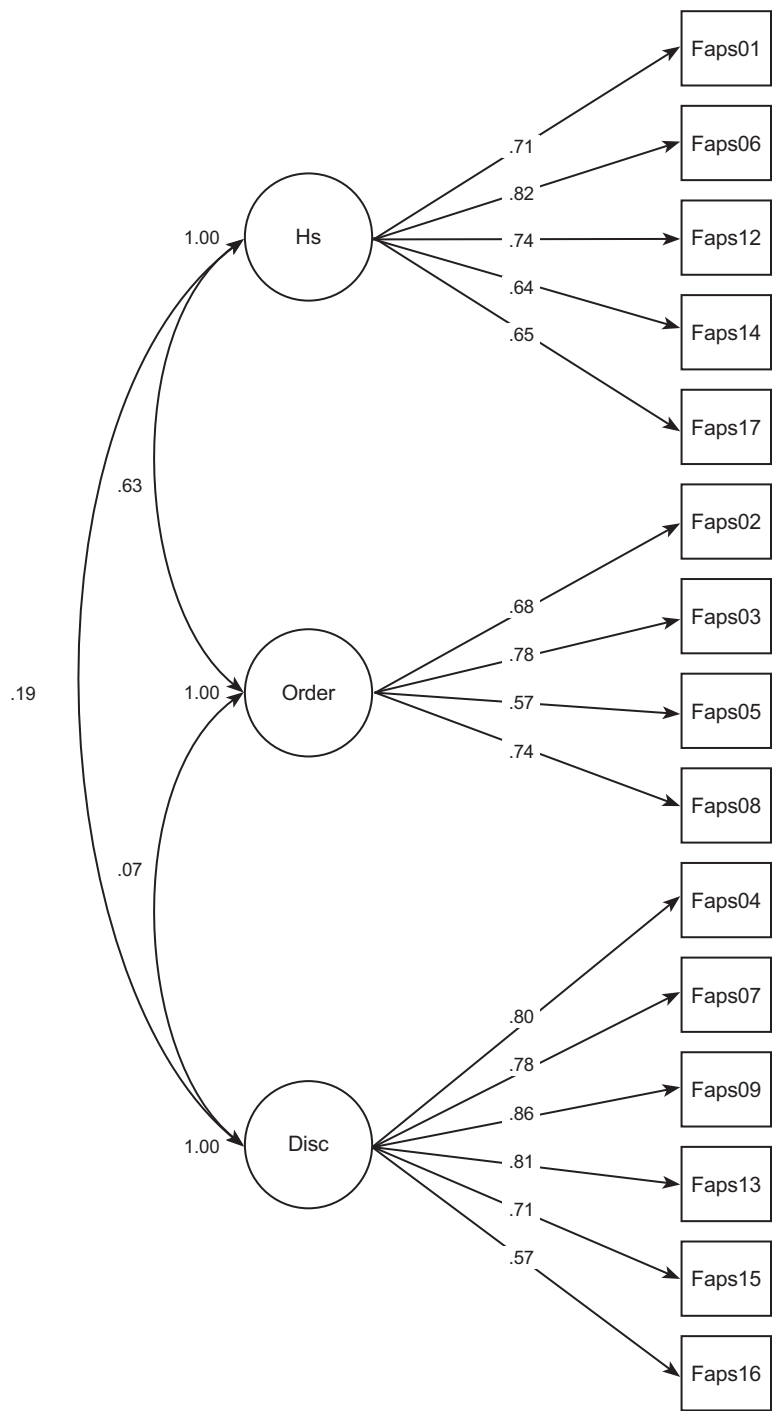


Figure 1. Confirmatory Factor Analysis (CFA) Diagram

**Table 1***Means, Standards Deviations, Correlations, and Alphas of Study Variables (N = 169)*

Variables	1	2	3	4	5	6	7	8
1. Family Standard s								
2. Family Order	0.51***							
3. Family Discrepancy	0.19*	0.06						
4. Personal Standards	0.47***	0.27***	-0.09					
5. Personal Discrepancy	-0.04	-0.02	0.42***	0.00				
6. Depressive Mood	-0.12	-0.17*	0.43***	-0.25**	0.44***			
7. Anxiety	-0.02	-0.06	0.29***	-0.12	0.28***	0.63***		
8. Stress	0.06	0.02	0.30***	-0.08	0.29***	0.59***	0.71***	
9. Grade Point Average	-0.17*	-0.05	-0.10	0.18*	0.06	-0.07	-0.11	-0.06
<b>Mean</b>	25.67	20.69	15.75	21.06	15.66	6.33	5.05	9.33
<b>S.D.</b>	5.07	4.21	6.23	4.24	4.81	4.66	4.38	4.79
<b>alpha</b>	0.84	0.78	0.89	0.81	0.80	0.84	0.83	0.84

Note. \* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$ .

Cluster analysis was used to classify participants into different family types based on their FAPS Family Standards and Family Discrepancy scores. Following Wang's (2010) two-step cluster analyses procedure, both hierarchical and nonhierarchical analyses were conducted. As a first step, hierarchical cluster analysis was performed with standardized Family Standards and Family Discrepancy scores using Ward's linkage method with the squared Euclidian distance measure. A relatively large increase in the agglomeration coefficient (40%) occurred when the solution decreased from three to two clusters, indicating that the two clusters joining at that particular step resulted in a less homogeneous joint cluster (Hair et al., 2000). Thus, the three-cluster solution was used for the second step. This involved a nonhierarchical k-means cluster analysis using the standardized means of each cluster's Family Standards and Family Discrepancy scores as starting values.

Participants were classified into three groups — adaptive perfectionistic families (high-Family Standards and low-Family Discrepancy;  $n = 75$ ), maladaptive perfectionistic families (high-Family Standards and high-Family Discrepancy;  $n = 41$ ), and non-perfectionistic families (low-Family Standards and low-Family Discrepancy;  $n = 53$ ). To examine the influence of gender, a chi-squared test was conducted. No significant gender distribution differences were found across the three family types [ $\chi^2(2, N = 169) = 3.16, p = 0.21$ ]. The three perfectionistic family types were then compared on study variables (see Table 2). Participants in the maladaptive perfectionistic family group reported significantly higher levels of depressive mood and anxiety symptoms than the adaptive perfectionistic family group. There were no significant differences between the two perfectionistic family groups regarding stress and GPA.

**Table 2***Means and Standard Deviations by Perfectionistic Family Groups*

Subscale	Adaptive Perfectionistic Families <i>n</i> = 75		Maladaptive Perfectionistic Families <i>n</i> = 41		Non- Perfectionistic Families <i>n</i> = 53		F	$\eta^2$
	M	SD	M	SD	M	SD		
Family Standards	28.84 <sup>a</sup>	2.92	27.02 <sup>b</sup>	3.36	20.15 <sup>c</sup>	3.88	108.57	0.57
Family Order	22.21 <sup>a</sup>	3.66	20.76 <sup>a</sup>	3.59	18.49 <sup>b</sup>	4.48	14.01	0.14
Family Discrepancy	13.41 <sup>a</sup>	3.40	24.05 <sup>b</sup>	5.36	12.64 <sup>a</sup>	3.87	111.65	0.57
Personal Standards	22.60 <sup>a</sup>	3.66	20.44 <sup>b</sup>	3.78	19.36 <sup>b</sup>	4.63	10.77	0.12
Personal Discrepancy	14.36 <sup>a</sup>	4.40	18.07 <sup>b</sup>	5.08	15.64 <sup>a</sup>	4.51	8.61	0.09
Depressive Mood	4.95 <sup>a</sup>	3.74	8.76 <sup>b</sup>	5.54	6.40 <sup>a</sup>	4.37	9.80	0.11
Anxiety	4.15 <sup>a</sup>	3.73	6.32 <sup>b</sup>	5.20	5.36 <sup>ab</sup>	4.34	3.55	0.04
Stress	8.96 <sup>ab</sup>	4.60	10.85 <sup>a</sup>	4.85	8.66 <sup>b</sup>	4.84	2.88	0.03
Grade Point Average	7.04	1.03	6.99	1.17	7.35	0.89	1.86	0.02

*Note.* All univariate ANOVA *F* tests were significant at  $p < 0.05$ , except for *Stress* ( $p = 0.059$ ) and *Grade Point Average* ( $p = 0.157$ ). *F* tests were based on  $df = 2,166$ . Values with different superscripts indicate significant within-row differences between the clusters using Tukey HSD post hoc comparisons, significant at  $p < 0.05$ .

## Discussion

The aim of the current study was to determine the psychometric properties of the Russian FAPS and to examine the impact of both personal and familial aspects of perfectionism on psychological and academic outcomes. Although several perfectionism studies have provided evidence of the impact of family perfectionism on students (Filippello et al., 2019; Methikalam et al., 2015; Ortega et al., 2014; Wang, 2012; Wang et al., 2012), the current paper is the first to examine the psychometric properties of a family perfectionism measure and its relationship to psychological and academic outcomes among a Russian population. Results indicated that the adjusted 15-item Russian FAPS yielded adequate factor structure, construct validity, and internal consistency reliability. The distinctively adaptive and maladaptive nature of the Standard and Discrepancy subscales were also supported through the correlations with psychological distress measures, as well as the three different types of perfectionistic families that were replicated through cluster analyses. Namely, the adaptive, maladaptive, and non-perfectionist families mirrored the groups found among Asian American (Wang, 2010) and Latinx (Ortega et al., 2014) samples.

In line with previous research (Ortega et al., 2014; Wang, 2010), when comparing individuals of various family types through ANOVA, those from maladaptive perfectionistic families reported higher levels of depressive mood and anxiety than those from adaptive perfectionistic families. In other words, families that expect high standards (e.g., adaptive perfectionistic families) do not necessarily facilitate psychological distress for students. However, our findings indicate that students from



maladaptive perfectionistic families experience more psychological stress. Based on participant perceptions, these students' families not only expect high performance, but also constantly indicate that the students' performances are not good enough. Students from maladaptive perfectionistic families also reported higher levels of depressive mood and stress compared to those from non-perfectionistic families. There are several potential explanations for this finding. In line with previous research, students who experience discrepancy between the family's standards and their ability to meet those standards (e.g., maladaptive perfectionists) may experience feelings of shame and imposter syndrome that could trigger their depressive and anxious experiences (Hu et al., 2019; Wang et al., 2018; Wang et al., 2019; Wei et al., 2020; Yoon & Lau, 2008). It may also be that maladaptive perfectionist students strive to excel and seek high personal and familial standards more than non-perfectionists. As a result, they might be more heavily impacted by differences between their standards and their ability to meet those standards, resulting in graver mental health difficulties than non-perfectionistic students (Nelsen et al., 2021).

Despite experiencing more psychological distress, the academic performance of the students from maladaptive perfectionistic families, measured by GPA, did not differ from those in the two other groups. Therefore, the consistent feeling of not measuring up to family expectations was not due to poorer performance, at least in the academic domain. Only a few studies have highlighted links between maladaptive family perfectionism and poor academic performance (Haddadi & Tamannaefar, 2022; Kawamura et al., 2002; Yang et al., 2016). In fact, one explanation for this non-significant finding might be that family perfectionism is more tied to academic distress and worry than academic performance (Jun et al., 2022). Academic distress (e.g., feelings of motivation and worries about academic ability) may differ from academic performance, such that students who feel highly distressed in school may still perform objectively well (Akgun & Ciarrochi, 2003; Bedewy & Gabriel, 2015). Thus, future studies should examine the impact of family perfectionistic types on academic distress and performance, as well as factors which may mediate the relationship between the two variables. Nevertheless, one's perception of never being good enough in their family's eyes is an important issue for individuals' psychological well-being that deserves more attention and further examination.

This study was an important first step in providing support for the relevance of family perfectionism in the development of individual perfectionism, especially among students within Russian culture. As such, the findings of the study may hold important practical implications for instructors, clinicians, counselors, and advocates working with Russian individuals and families. First, the study suggests that individual and intrinsic perfectionism may stem from familial influences, such as how one perceives perfectionistic expectations and criticisms from their family. To tend to the well-being of students and individuals struggling with perfectionism, providers should consider how an individual's feelings of inadequacy are influenced by familial factors. Thus, it may be helpful to explore the source of an individual's sense of inadequacy, as well as the contextual factors which might maintain such feelings. For example, mental health providers and educators could help perfectionists examine whether they fall short of their own standards or external standards from their family, or both. Additionally, perfectionists could be guided on how to determine whether

their own sense of personal inadequacy and distress stems from messages implicitly or explicitly received from their family, especially since both maladaptive individual and family perfectionism appear to be associated with psychological distress (e.g., depression and anxiety). In this regard, Russian SAPS and FAPS may be useful tools for providers and educators working with Russian individuals and students.

The findings also indicate that it is important to consider familial variables in working with Russian students and individuals who struggle with perfectionism. While not all individuals are influenced by their families in the same way, the perception that one's family has high standards and that there is a discrepancy between their family's high expectations and their actual performance may have a great impact on distress levels. In other words, problems may arise if individuals perceive that they are not able to attain the high standards others have of them.

Finally, these findings hold implications for how to prevent the negative impact of perfectionism. Russian parents and families who hold high expectations of their children and pressure them to do well could be made more aware of the potential negative impact of placing these expectations on their children. It might be helpful to educate Russian parents and families on the importance of setting healthy and reasonable expectations for their children, as well as teaching them how to support a child who is dissatisfied with their perceived discrepancy between their standards and performance. At the same time, families who work with counselors or educators could be reminded that some types of perfectionism may be beneficial. As seen in the group comparison of perfectionistic categories, the adaptive perfectionistic families still have high standards but low discrepancy. Families can learn to retain the positive benefits of helping their children strive for high achievement, while also teaching them to cope with any perceived gaps between their performance and expectations.

## **Conclusion**

Although we found evidence of the different types of perfectionistic families in this population and acceptable psychometrics properties of the Russian family perfectionism measure, it is important to note that the sample size was small, of a student population, and imbalanced by gender. Thus, the findings should be interpreted with caution. While our hypothesis that individuals from adaptive and non-perfectionistic families would report less distress as measured by depression symptoms and anxiety was correct, we did not find support for any group differences related to academic performance. However, there was initial evidence that FAPS is a relevant construct for understanding the psychological well-being of perfectionistic college students in Russia. Importantly, the psychometric evaluation of the conducted Russian FAPS suggests that this scale could be used in future research to further explore the relationships between perceived family perfectionism and individual perfectionism among Russian-speaking populations. In fact, the FAPS may support future family interventions and academic evaluations of perfectionism in Russia. Perfectionism is certainly a multidimensional construct with personal and familial considerations, but much more work is needed to better understand how perfectionistic striving can be leveraged within families to enhance the well-being and performance of children and students.

## **Limitations**

Despite having generated useful findings related to the development of the FAPS and understanding the effects of family perfectionism in Russia, the present study is limited in ways common among survey research. First, the data were cross-sectional, and therefore we are unable to determine causal relationships between family perfectionism and the psychological outcomes measured. Future studies should utilize longitudinal methods to better understand how types of perfectionistic families and individuals predict outcomes related to well-being and academic performance. Relatedly, the sampling (e.g., size and distribution of gender) of the study may have limited the detection and generalizability of effects. Namely, the sample size was limited to 169 participants, which could inhibit detection of small effects. Despite this limitation, the sample size was sufficient for the analyses conducted. However, future research should determine if these findings hold with larger samples. Participants in this study were from a single university in Russia and were predominantly females. Thus, caution is necessary when interpreting the findings, especially relating to generalizing the effects to males or other college students in Russia. Findings from this study may also not be generalized to other populations that might differ in characteristics such as age, geographic location, vocation, etc. Another important limitation is that family perfectionism was measured through self-report from students. Self-reporting of family perfectionism captures merely the student's perception of family perfectionism rather than the actual levels of family perfectionism or parent's perception of their imposed perfectionism. Future studies could examine family perfectionism from multiple perspectives and make comparisons on their levels and impact. Finally, the mechanism between family perfectionism, personal perfectionism, and how they impact one's well-being can be further explored and examined. In addition to the need for longitudinal studies, future studies may also incorporate qualitative methods to gain a more in-depth understanding regarding the interplay among these constructs. Despite the limitations of the current study, the results provide preliminary information regarding the performance of FAPS among this sample, how perceived types of perfectionistic families may vary, and the impact on college student well-being in Russia.

## **Ethics Statement**

The preparation of the manuscript was in accordance with the APA ethical and publication standards, and the treatment of research participants was in accordance with the ethical and legal requirements of the Russian Federation.

## **Author Contributions**

The conceptualization and methodology of the study were done by K.W. Data collection was performed by M.S. and T.P. K.W. did the computations and analyses. Overall draft preparation and edits were done by E.C. All authors discussed the results and contributed to the final manuscript.

## Conflict of Interest

The authors declare no conflict of interest.

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## Special Characteristics of the Resilience of Russian Families in the Face of Modern Challenges (A Preliminary Study)

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**Background.** A challenge is considered a “wake-up call” for family resilience, requiring a proper response (willingness to evaluate, understand an event and its signals, and also give an adequate response). Family resilience is defined as an adequate response to challenges, that is, the ability to cope with them based on the cultural-historical context and family resources, such as clear and open family communication and connectedness, the use of social resources, a broad system of values and senses, the ability to derive meaning from adversity, acceptance, and flexibility.

**Objective.** This article reports on a study which aimed to analyze components of the resilience of Russian families in response to life circumstances that have become challenges for them.

**Design.** The study was conducted from March 20 to May 7, 2022. Participants took an online survey on Yandex-forms; the link to the survey was distributed through social networks on public pages and in private messages. Two hundred seventy-four (274) representatives of Russian families responded, including 234 women and 40 men (14.6%) ranging from age 17 to 65 (cf. 34.1+12.5). After removing the data of 15 participants who did not report a negative event in their families, the final sample consisted of 259 people.

**Results.** Challenges for modern Russian families can be categorized as loss challenges, relationship challenges, global challenges, challenges of illness, and challenges of financial well-being. The challenges of loss stimulate flexibility of response, acceptance, and overcoming suffering through mutual understanding. Global challenges and the challenges of illness awaken family spirituality. The ability to discuss problems together and share decision making becomes a resource to meet the challenge of families' financial well-being. Confidence in solving problems and a positive outlook become resources to face relationship challenges. The intensity of events is a signal for a family to evoke communication and connectedness, acceptance, and flexibility, as well as family resilience as a whole.

**Conclusion.** There is a connection between the difficulties that respondents regard as challenges and the characteristics of their family resilience; the most adequate response to challenges is to increase family resilience.

**Keywords:** loss challenges, relationship challenges, global challenges, challenges of illness, challenges of financial well-being, family resilience



## Introduction

The challenges that families are facing today are becoming more intense and global in nature. They require conceptualizing the category of challenge itself and the situations associated with it. Back in 1935, A. Toynbee formulated the law of challenge and response in his book *A Study of History*. His chapter entitled “Challenge and response” asserted that this law determines the development of history and society.

Toynbee highlighted the following external types of challenges: nature, history, and religion; strike (war); pressure and punishment (discrimination); a new environment (the challenge of change) (Toynbee, 1934/2001); time (Vodyakha et al., 2021); uncertainty; achievements; threats (Leontiev, 2011); and the challenges of everyday life (Odintsova, 2019). The internal ones Toynbee identified were as follows: existential (Grishina, 2011); self-design (personal reflection, creative identity, cognitive-personal style, belief in the ability to cope with a creative task, facilitated communication) (Vodyakha et al., 2021); adaptation, pre-adaptation, and multiple identities against the backdrop of uncertainty; complexity; and diversity (Asmolov, 2015).

The family itself also faces challenges to its structure and reality (Minukhin, & Fishman, 1998; Dobrokhleb, & Ballaeva, 2018) as follows: challenges in the context of illness/disability (Vikström et al., 2020; Chew, et al., 2018; Fitryasari, 2018) and the role of raising children with disabilities in such families (Qiu et al., 2021); the challenge of cultural identity in building family resilience (Pudjiati et al., 2021); the challenge of family identity that reinforces the sense of belonging to a group (“we are a family”) and protects the well-being of its members (Muldoon et al., 2019); migration (Valade, 2021); poverty (Silva et al., 2021; Erdem et al., 2021); natural disasters (Sadia et al., 2020); trauma and loss in the pandemic (Walsh, 2020); illness and death of close relatives; family relationships’ challenges, and financial difficulties (Gonzalez-Mendez et al., 2022).

In a broad sense, a challenge is a trial in the context of a sharp deterioration of society’s living conditions, a problem that people must solve in order to survive and develop (Toynbee, 2001). This is a demand that “is made by some external (in relation to our Self) situation” (Leontiev, 2011, p. 450), a demand calling for one or another kind of active response. N.G. Grishina defines challenges as existential problems related to age, significant changes in life situations, and an increasing need for internal changes that requires a constant response at different stages of life (Grishina, 2011).

Based on the linguistic interpretation of the word “challenge,” M. Tashlykova summarizes: “the noun ‘challenge’ is increasingly detached from the description of the initial situation of interpersonal interaction and acquires the ability to be used to characterize such a situation, which is generated by interaction of other forces” (Tashlykova, 2015, p. 92).

Thus, a challenge is a message, a test, a problem, a contradiction, or psychological task that includes different situations and events as well as requirements to grow in response to this task, and to properly respond at the right time (willingness to assess, perceive, understand the situation and its signals, and also to give an adequate response). Obviously, when a person himself cannot provide an adequate response

to challenges of our time, the response can be made by a microsocial group to which he belongs. After all, “the ability of an individual to adapt to challenges depends on their connections with other people and systems external to the individual through relationships and other processes” (Masten, & Barnes, 2018).

One such group is a family as a community of similarities (Kaufman, 2007; Prien, 2004). A family as a living system (Bowen, 1978; Chernikov, 2001; Sameroff, Mackenzie, 2003), united by common feelings, goals, consonance of views, mutual responsibility, the need to feel connected with others, and, finally, common history and culture, can “endure the most severe forms of suffering and loss, and with time and joint efforts recover and become stronger,” and more resilient (Walsh, 2020, p. 910).

Adaptability is considered one of the most important properties that ensure the normal functioning of the family as a system. Maladaptation as a mark of dysfunction, expressed in inadequate responses to challenges, can lead to decline and degradation of the family as a microsocial system (Chernikov, 2001). Even though cultural patterns are changing more slowly in family life than in society, general changes in the family sphere are becoming more noticeable today. The instability of family structure (Kovalyova, 2021), more frequent divorces (Kharitonova, 2021), the increasing optionality of marriage (Kobleva, 2021), the decreasing birth rate (Vartanova, 2021), etc. are also responses to the challenges of our time, although not adequate. They are caused by “unexpected disturbances and/or... disruptive changes, and/or... chronic mismatch between life and expectations” (Evans, 2019); impoverishment of the family environment (unfavorable family climate, defects in raising a child, blurring of boundaries, etc.) (Bystrova, & Khizhnaya, 2018); family disorders (functional, structural, role-playing, communicative, systemic) (Nikolskaya, 2010); and dysfunctions in parental families (parental criticism, anxiety induction, elimination of emotions and fixation on negative emotions, etc.) (Kholmogorova et al., 2016).

Thus, a family is sensitive to a system of external and internal conditions for its functioning that affect how family members perceive, understand, and transform specific situations and challenges; how they conceptualize them as a whole; and how they search and find opportunities to mitigate and overcome the impact of challenges throughout family life (Walsh, 2020). A family develops in an interconnected set of different external conditions (cultural and historical conditions, situations, events, environments) and internal prerequisites (family functionality, readiness to act and overcome, resilience, etc.). The diversity of internal prerequisites contributes to adequate family responses to challenges; poverty contributes to inadequate responses. But even the absence of challenges leads to stagnation and slow degradation.

At the same time, the family’s potential for adaptation to one situation is transferred to others, thereby allowing families to show resilience in a new environment, that in its turn can become a new challenge. Otherwise, developmentally inappropriate, insufficiently supportive, and culturally incongruent environments become threatening, exacerbate stress, and hinder the development of family resilience (Walsh, 2020). E.V. Kuftiak enlarged this idea: “Life difficulties experienced by a family can be metaphorically compared to a wake-up call, focusing on what is important. A critical event encourages family members to pay more attention to relationships, values, and life goals” (Kuftyak, 2014).

As one can see, the main answer to modern challenges is family resilience, which can be defined as

- the path that the family follows, adapting to difficulties and rising to overcome them; positively responding to challenges in unique ways, depending on context, developmental level, an interactive mix of risk and protection factors, as well as the common position of family members (Valade, 2021);
- the ability to reduce the impact of stressful situations through relationships that allow the impact of demands, helping people to find resources, and to expand or to create them over time;
- the ability to successfully overcome difficulties that threaten its functioning and development as a system (Southwick, 2014); and
- a “dynamic systemic characteristic of a family able to respond to stresses of various origins using its own protective factors and family resources (individual, of family as a system, environmental), suggesting that a family is able and willing to cope, change, adapt, and develop” (Makhnach, & Laktionova, 2021).

All these definitions emphasize the dynamism of family resilience: it is a process that cannot be considered separately from some event or situation. However, the definitions of family resilience do not always take into account cultural and historical aspects, although it is recognized that a resilient family, better than other institutions of society, can provide stable reproduction of culture and values, emotional and spiritual communication, connectedness, security, safety, and resourcefulness. Family resilience has been proven to be related to individual resilience (Bourbeau, 2018) and to the resilience of society and culture (Zuev, 2018). Culture is one of the key factors in shaping family resilience, since the cultural and historical context of society shape how people understand the value of family resilience.

Historical events of the past (Linchenko, 2020), and values, traditions, and beliefs (Artsiomenka, 2019), conditioned by the cultural and historical context, can become powerful means of resisting adversity. This foundation allows families to solve problems of cognitive dissonance (clashes between conflicting ideas, values, and beliefs); overcome crises that families inevitably face at different stages of their functioning; accept events that make them vulnerable if it is impossible to change circumstances; and adapt to them, becoming more flexible or restructuring their views and goals so that they are compatible with those that exist in society.

At the same time, families' rigid attitudes towards the cultural and historical context of the past can become an obstacle to meeting modern challenges. Family resilience leads to an adequate response to challenges and provides the ability to cope with them based on the cultural and historical context and family resources. Thus, family resilience can be seen as the ability to cope with both everyday and exceptional challenges based on the cultural-historical context and family resources: clear and open family communication and connectedness; the use of family social resources; the ability to unite and use all their resources when faced with an adverse event; sharing a broad system of values and meanings; ability to make meaning of adversity; and acceptance and flexibility.

Research on the modern challenges and factors of family resilience in the face of these challenges has revealed a wide range of both internal and external factors determining family resilience. Meanwhile, there has been insufficient study of how special characteristics of family resilience relate to various types of challenges.

Research has also shown that family resilience is not absolute: in relation to some challenges, a family can show high resilience, while another challenge can turn into a family disaster. Coping with some challenges becomes an opportunity for the family to grow, while coping with others becomes hard and fruitless work. In this regard, it is especially important to study what life difficulties families regard as challenges, since the world is rapidly changing under conditions of transition and, accordingly, the subjective picture of life difficulties as challenges to family resilience is changing in the minds of family members.

So, what resources of resilience do Russian families have, depending on the specifics of the life circumstances that become challenges for them? This problem is especially important in the context of providing psychological assistance to families, since the content of the challenges for which families seek help can be a heuristic for exploring their resilience resources and further work on their development.

**Objective.** This study aimed to analyze components of the resilience of Russian families as responses to life circumstances that become challenges for them.

Our research goals were:

- 1) to identify events and difficult life situations that representatives of Russian families see as challenges;
- 2) to assess the level and intensity of the family's resilience components; and
- 3) to analyze the correlation between the challenges faced by Russian families and the components of family resilience mobilized as responses to these challenges.

Our hypotheses were that family members united by similar adverse events that have become challenges for them will evaluate the intensity of experienced events and changes in family relationships differently than those experiencing different types of adverse events, as well as utilize different components of family resilience.

## Methods

### *Participants*

Anyone could take part in this study, and from the start, potential respondents were informed about our goals and objectives. The study was conducted from March 20 to May 7, 2022. Respondents took the online survey on Yandex-forms; the relevant link was distributed through public pages and private messages in social networks. The study recruited 274 Russian people, including 234 women and 40 men (14.6%) ranging in age from 17 to 65 (cf. 34.1+12.5).

The sample was not balanced by gender, which is due to the greater willingness of women to participate in such surveys. In answering the questions, the respondents characterized their families as microsocial systems. Biographical information about the respondents is presented in *Table 1*.

**Table 1***Biographical data of the study participants*

Education:	Secondary (high school)	Secondary specialized	Higher	
	55 (20.1%)	46 (16.8%)	173 (63.1%)	
Occupation:	Working	Studying	Both working and studying	Other (maternity leave or retired)
	131 (47.8%)	97 (35.4%)	16 (5.8%)	30 (10.9%)
Marital status:	Single	Married	In relationship or in unregistered marriage	Other (divorced, widow/er)
	94 (34.3%)	116 (42.3%)	47 (17.2%)	17 (6.2%)
Disability	Parents of a child with disability	Parents	Number of children 59 parents (21.5%) have 1 child; 56 (20.4%) – 2; 21 (7.7%) – 3; 3 (1.1%) – 4; 1 (0.4%) – 6.	
43 (15,7%)	23 (8.4%)	146 (53.3%)		

### Questionnaires

1. Biographical questionnaire (sex, age, education, occupation, disability, marital status, children, including children with disabilities, number of children).
2. Family Resilience Assessment Scale (Gusarova et al., 2021). Before evaluating statements about their family experience, the respondents were asked to indicate one of adverse events in their family and the level of intensity of this event for the family, and answer the question: “After this event, did you feel that the relationship in your family (choose the answer that is most typical for your family): 1) became more distant (you moved away from each other); 2) remained the same; or 3) became closer (you became closer to each other).” These questions pertained to the respondents’ families (for those who have created a family) or to parental families (for single people).

Data processing included descriptive statistics,  $\chi^2$  test, the non-parametric Kruskal–Wallis test to assess the significance of differences between groups, Cronbach’s  $\alpha$  to assess the internal consistency of the Family Resilience Scales, and correlation analysis (Spearman’s  $\rho$ ).

### Results

Many participants reported having experienced at least one major negative experience in their family life. Fifteen people (5.5%) wrote that there were no adverse events in their families, including six men. This group turned out to be the “youngest” (average age 24.5+8.1) who marked non-existent events with one point of intensity and was therefore removed from the subsequent statistical analysis. Thus, the final sample consisted of 259 people. The events that the respondents identified as challenges were sorted into five groups. (See Table 2) In order of frequency, they were:

1. Death of close relatives (parents, grandparents, husband, wife, brothers, sisters) — Loss challenges (24.7%).
2. Negative family relationships (conflicts, quarrels, scandals, divorce, etc.) — Relationship challenges (23.6%).
3. Many problems in the family at the same time (moves, loss of relatives; divorce, job loss, birth of a child with a disability; divorce and death of close relatives; military special operation in Ukraine, participation of a spouse in hostilities; financial difficulties, death of a child, etc.) — Global challenges (22.8%).
4. Illnesses of close relatives, including severe diseases of children — Challenges of illness (5.1%).
5. Economic difficulties (lack of funds; job loss; home loss, etc.) — Challenge of financial well-being (13.9%).

**Table 2**

*Average age and average estimates of the events intensity among representatives of groups united by similar events/challenges*

Challenges	Average group age				Intensity of events	
	N	%	M	SD	M	SD
Loss	64	24.7	33.2	13.1	8.6	2.2
Relationship	61	23.6	30.9	12.7	7.5	2.7
Global	59	22.8	37.7	11.7	8.9	1.8
Illness	39	15.1	38.0	11.4	8.6	2.0
Financial well-being	36	13.9	34.8	11.7	7.2	3.3
Total	259	100	34.1	12.5	8.2	2.5

People in these different groups differed in age ( $F=3.263$ ;  $p=.012$ ) and in estimates of the intensity level of the adverse events ( $F=4.837$ ;  $p=.001$ ) in their families. Those who noted many adverse events in the family (global challenges) and events associated with severe diseases in families (challenges of illness) were on average about 40 years old; those who experienced loss (death of close relatives), as well as relationship challenges, on average just over 30 years old; those who indicated events associated with serious financial difficulties were about 35 years of age. All events were rated quite high in terms of their intensity: on average, from 7.2 to 8.9 points out of a possible 10. However, global challenges (8.9 points), loss challenges (8.6 points), and challenges of illness (8.6 points) scored the highest.

There were no statistically significant differences in types of challenges between the group with children and the childless one ( $\chi^2=8.763$ ;  $p=.067$ ); between families with and without disabilities ( $\chi^2=5.3373$ ;  $p=.254$ ); or between groups with different employment statuses ( $\chi^2=15.460$ ;  $p=.217$ ). At the same time, there were statistically significant differences in the types of events/challenges between groups with different marital status ( $\chi^2=31.586$ ;  $p=.002$ ). Challenges of illness were marked more by

married respondents; relationship challenges by unmarried/single respondents and respondents in unregistered marriages; global challenges and loss challenges by widows/widowers and divorced respondents (group “Other”). (See Table 3)

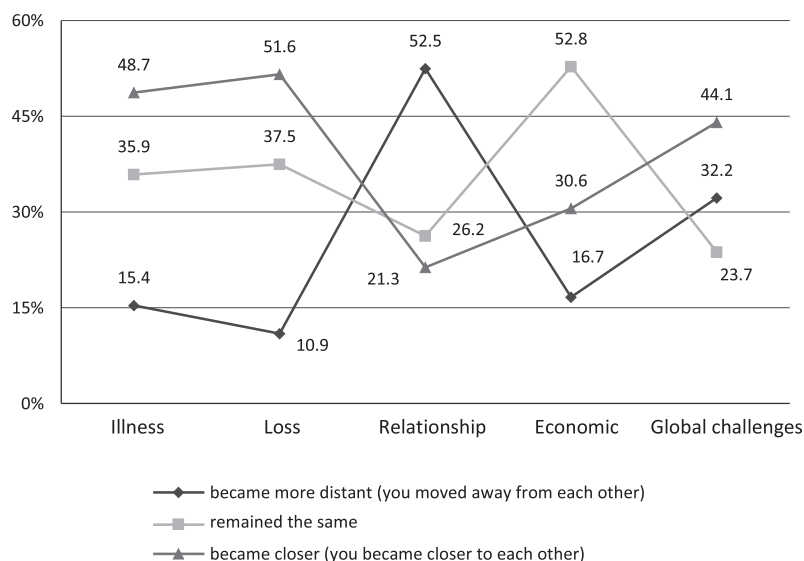
**Table 3**

*Types of challenges in groups of respondents with different marital status*

	Illness	Loss	Relationship	Economic difficulties	Global challenges
Unmarried/single	10.1%	24.7%	33.7%	12.4%	19.1%
Married	22.0%	24.8%	11.0%	19.3%	22.9%
In a relationship	13.6%	22.7%	34.1%	9.1%	20.5%
Other	0.0%	29.4%	23.5%	0.0%	47.1%

Next, we analyzed the respondents’ answers to the question: “After this event, did you feel that the relationship in your family (choose the answer that is most typical for your family): 1) became more distant (you moved away from each other); 2) remained the same; of 3) became closer (you became closer to each other).

The analysis showed that different types of events influenced family relationships in different ways ( $\chi^2 = 41.063$ ;  $p = .000$ ). Relationship challenges made connections with the family more distant (people moved away from each other); in case of challenges of financial well-being, they often remained the same; challenges of illness, loss, and global challenges made relationships in family closer. (See Figure 1)



*Figure 1. Changes in family relationship after adversity (% of respondents)*

Next, we analyzed differences in the characteristics of family resilience under different types of challenges. Initially, the internal consistency of the family resilience

assessment scale and its subscales were checked with the Cronbach's  $\alpha$  coefficient. Previously, this scale had been adapted by us, and adequate psychometric properties had been identified. However, in this study, the response range was expanded to five options (Always = 5 points; Often = 4 points; Sometimes = 3 points; Rarely = 2 points; Never = 1 point).

It is generally accepted that the 4-point scale does not allow respondents to express a neutral answer; therefore it is called the "forced" scale (forced Likert scale) and is more often used in marketing research to force respondents to make up their minds. This approach results in more questions going unanswered. Some researchers (Krosnick, 1991; Østerås, 2008) also consider scales with an odd number of alternative answers to be the most optimal. On the one hand, the larger the scale in terms of range, the higher its reliability, validity, and discrimination; on the other hand, wider scales in terms of range are more difficult for respondents (Preston and Colman, 2000; Taherdoost, 2019).

Therefore, we struck a balance between informativeness and ease of filling out the questionnaire. In addition, the feedback we received from respondents when testing the psychometric characteristics of the questionnaire showed the limitations of the 4-point scale. The range from 1 to 5 turned out to be the most acceptable, as it included the intermediate answer "Sometimes." A family spirituality scale was also added. In the previous version (Gusarova, 2021), this scale did not pass the test, since in the original version it was focused mainly on a narrow (religious) understanding of spirituality, and not spirituality in the understanding of F. Walsh. Other researchers have also noticed this (Chiu, 2019; Chow, 2022; Gardiner, 2019).

Following aforementioned authors' recommendations, and especially those of E. Gardiner et al., we formulated the following seven statements: 1) "We focus on common family moral principles;" 2) "We support common family traditions;" 3) "We create new family traditions;" 4) "Art, music and literature help our family to cope with difficulties and stress;" 5) "The experience we had has made us able to sympathize with others;" 6) "Common meanings and values help us to overcome difficulties;" and 7) "To cope with adversity, we rely on the spiritual resources of our family." The Cronbach's  $\alpha$  coefficient for each subscale indicated a high level of consistency: family communication and connectedness —  $\alpha=0.966$ ; positive outlook and problem solving —  $\alpha=0.937$ ; acceptance and flexibility —  $\alpha=0.891$ ; family social resources —  $\alpha=0.913$ ; and family spirituality —  $\alpha=0.921$ ). The Cronbach's alpha for the summative scale was 0.976, which is very high.

The Kruskal-Wallis test was used to detect differences in the components of family resilience for different types of challenges, since the distribution on some scales differed from the normal one. It was found that people grouped according to different types of events/challenges differed in the following characteristics of family resilience: family communication and connectedness ( $H=15.242$ ;  $p=0.004$ ); acceptance and flexibility ( $H=22.050$ ;  $p=0.000$ ); family spirituality ( $H=10.638$ ;  $p=0.031$ ) and family resilience as a whole ( $H=11.338$ ;  $p=0.023$ ). (See Table 4, Figure 2.)

Table 4 presents the mean values and standard deviations for all characteristics of family resilience. The data was preliminarily normalized through z-values. Figure 2 reflects how the studied characteristics determined the key resources of the resilience

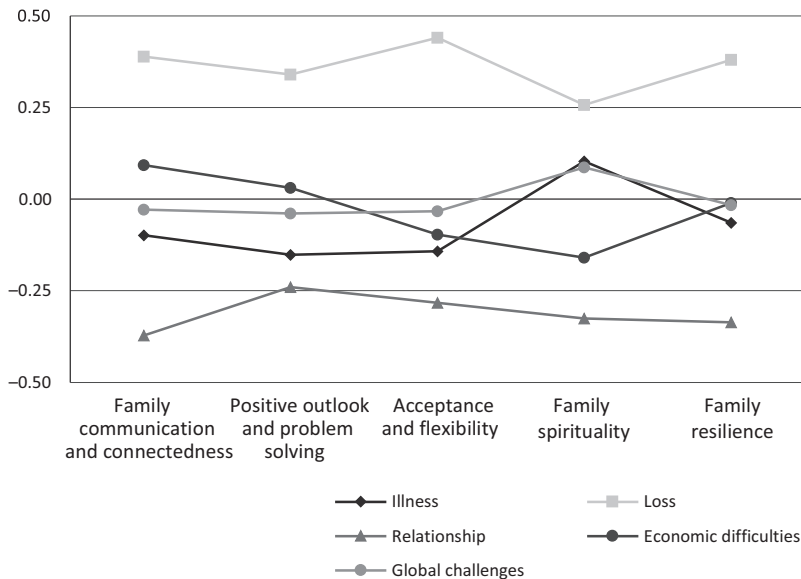


of each family group. Data standardization allowed us to eliminate the possible influence of deviations in properties and to highlight the dominant characteristics in the family resilience profile of each group.

**Table 4**

*Average rates of family resilience among representatives of groups united by various challenges*

	Challenges										H	P
	Illness		Loss		Relations-hip		Economic difficulties		Global challenges			
	M	SD	M	SD	M	SD	M	SD	M	SD		
Family commu- nication and connectedness	56.9	11.4	63.1	9.2	53.5	15.1	59.4	12.2	57.8	12.2	15.24	.004
Positive outlook and problem solving	30.2	5.9	33.2	4.8	29.7	7.4	31.3	5.8	30.9	5.4	8.87	.064
Acceptance and flexibility	18.7	3.5	20.9	3.3	18.2	4.1	18.9	4.4	18.7	3.0	22.05	.000
Family spirituality	25.9	6.1	26.8	4.9	23.3	6.9	24.3	5.4	25.8	5.5	10.64	.031
Family resilience	153.9	27.8	166.9	22.5	145.9	36.5	155.5	27.2	155.3	26.5	11.34	.023



*Figure 2. Family resilience by challenge types (normalized data)*

All components of family resilience were most highly rated by the group united by the challenge of loss (death) of close relatives. This group was especially flexible in responding to unforeseen circumstances, recognizing the unexpectedness of events, accepting them as part of life, and overcoming suffering through mutual understanding. Family spirituality (common values, meanings, moral principles, life experience) was the dominant resource for two groups: the one united by global challenges as adverse events, and the other by challenges of illness. The group that indicated events related to economic problems (lack of funds, job loss, home loss, etc.) expressed the ability to discuss problems together and to share decision making in the family, but the indicators of family spirituality were lower. The group united by relationship challenges as adverse events (conflicts, quarrels, scandals, divorces, etc.) turned out to be the most vulnerable. However, their confidence about solving problems and positive outlook stand out in contrast to other lower components of family resilience.

The relationship between the subscales of family resilience and age, number of children, intensity of events, and changes in family relationships were analyzed. The correlation analysis revealed significant results: family spiritual resources increased with age ( $\rho = .253$ ;  $p < .01$ ) and correlated with family connectedness ( $\rho = .353$ ;  $p < .01$ ). Families with many children showed higher scores of family spirituality ( $\rho = .287$ ;  $p < .01$ ). Such families had more resources of family communication and connectedness ( $\rho = .161$ ;  $p < .01$ ), a positive outlook toward solving problems ( $\rho = .205$ ;  $p < .01$ ), and higher resilience scores ( $\rho = .188$ ;  $p < .01$ ). The higher the intensity of an adverse event, the closer family communication and connectedness became ( $\rho = .176$ ;  $p < .01$ ). The family accepted the event and reacted flexibly to it ( $\rho = .192$ ;  $p < .01$ ); in general, family resilience increased ( $\rho = .153$ ;  $p < .05$ ). Finally, going through adverse events made family relationships closer, which, in turn, enhanced all the resources of family resilience: family communication and connectedness ( $\rho = .385$ ;  $p < .01$ ); positive outlook and problem solving ( $\rho = .324$ ;  $p < .01$ ); acceptance and flexibility ( $\rho = .341$ ;  $p < .01$ ); family social resources ( $\rho = .182$ ;  $p < .01$ ); family spirituality ( $\rho = .353$ ;  $p < .01$ ); and the general level of family resilience ( $\rho = .384$ ;  $p < .01$ ). The results of the correlation analysis are presented in *Table 5*.

**Table 5**

*Relationship between components of family resilience, age of respondents, number of children, intensity of events and family relationship (Spearman's rho)*

Components of resilience	Age	Number of children	Intensity of events	Family relationships
Family resilience	.131*	.188**	.153*	.384**
Family communication and connectedness	.109	.161**	.176**	.385**
Positive outlook and problem solving	.149*	.205**	.101	.324**
Acceptance and flexibility	.030	.084	.192**	.341**
Social resources	.045	.093	.053	.182**
Family spirituality	.253	.287**	.106	.353**

Note: \*\* =  $p < .01$ , \* =  $p < .05$

The Family Resilience Assessment Scale (Gusarova et al., 2021) has one open question: “Is there anything else that was not described or discussed above that helped your family to overcome the adverse event?” This question was not mandatory; however, 29 people answered it. The most frequent answers were the following:

1. “We are together” (unity; joint activities and cares; mutual assistance, valuing each other; common traditions and family values passed down from generation to generation; respect for each other; our connection) (N = 11);
2. Personal qualities and feelings (tolerance; willingness to change lifestyle and social circle; maturity and disillusionment of youth; faith, hope, and love; trust, empathy, understanding, and self-confidence) (N = 10);
3. Philosophical view of the world and life (faith in God; time, knowledge) (N = 5);
4. Self-sacrifice (avoiding an open discussion of a negative event; unwillingness to remember a negative event, hiding the truth from family members to preserve their well-being) (N = 3).

## Discussion

Our study is one of the few in which the characteristics of the resilience of Russian families are considered in relation to the events and difficulties that became challenges for them. The legitimacy of combining the research participants into groups according to the events that they identified as challenges was confirmed by the following positions.

1. Loss challenges, relationship challenges, global challenges, challenges of illness, challenges of financial well-being – these are what our respondents wrote about, and they are the foci of most research on family resilience (most often each challenge is considered separately). Thus, special characteristics of family resilience have been analyzed in relation to illness in the family (Saltzman, 2016); to loss (Barboza, 2021; Khatib, 2022); conflicts in the family and divorce (Mashego, 2014; Strizzi, 2022); financial difficulties (Kholostova, 2018; Orthner, 2004; Raniga, 2016); to global challenges, including various problems, for example, military operations, natural disaster, migration (Denoy, 2019; Mawarपुरy, 2017); and low income, together with potentially fatal disease (Naidoo, 2022).

2. The generalized analysis of family challenges presented in the work of M. Lin et al. (Lin et al., 2016) partially corresponds to what we have done. Among the challenges families face, the M. Lin et al. also highlighted: 1) developmental problems of children and 2) family members’ hesitation to share family duties. They also distinguished: 1) familial financial problems and breadwinner’s unemployment, and 2) unexpected medical crises of family members and chronic illness of children. Since our study was preliminary and the sample was small, we highlighted more generalized groups of challenges.

3. Global challenges, loss challenges, and challenges of illness were rated with the highest estimates of the intensity of events experienced by our study’s participants. The potentially high intensity and stressfulness of such events in family life produces negative experiences and a decrease in the quality of life of widows and

widowers (Hasida Ben-Zur, 2012), and the quality of life and the severity of post-traumatic symptoms in family members of chronically ill patients (Wintermann, 2016).

4. It is quite natural that unmarried/single respondents and those who are in an unregistered marriage more often spoke about relationship challenges. They perceived the difficulties that create risks for relationships with loved ones as a challenge. The more frequent mention of this challenge by these groups is due to:

- a) The instability of their marital status. After all, an unregistered marriage, being an intermediate form of marital status between legal marriage and loneliness, absorbs all the difficulties of a marriage union, and exacerbates them (for example, problems of fidelity), as well as the difficulties of a lonely existence (Rean, 2009);
- b) dissatisfaction with their marital status. For example, it has been established that there are significantly fewer happy men and women among singles and in a civil marriage than among those who are married. Although, of course, cohabitation partially relieves the feeling of loneliness, it does not always bring a feeling of happiness (Sinelnikov, 2018).

In general, our research has shown that, despite challenges, families tend to cope with them using exactly those resilience resources that best help the family to respond to a particular challenge. This is supported by Muriel Lin's research (Lin et al., 2016). However, Lin et al. used a different model for assessing family resilience, and the results of the two studies are not completely comparable. Thus, the economic strength of the family, which turned out to be associated with confidence in overcoming crises related to health problems, was not assessed by the Family Resilience Scale. Family cohesion is highly correlated with participants' confidence in resolving intrafamilial conflicts, while our results showed the importance of a positive outlook and confidence in solving problems as a useful response to relationship challenges. At the same time, both studies confirmed the importance of the ability to discuss problems together.

Flexibility in responding to and accepting the unexpectedness of life events helps with loss challenges (an event that cannot be changed). Family spirituality helps to cope with global challenges and challenges of illness. The ability to solve problems together becomes the leading resource in solving financial problems. A positive outlook and confidence in solving problems are effective responses to relationship challenges. This does not contradict the functional-dynamic scheme for the formation of family resilience developed by A.V. Makhnach, but only empirically confirms it. That author noted: "Each newly emerging need in the family will trigger a mechanism for restructuring the available internal and external resources that are adequate to the situation, providing one or another process (coping, adaptation, etc.) that allows it to achieve a certain goal at a specific period throughout its life cycle. If a different need arises, the same process will occur again, but the resources attracted by the family may be different, used in a different combination, in a different sequence." (Makhnach, 2016, p.162).

The results of our research also showed the importance of family ties and family cohesion as resilience factors. Thus, family bonding remains the same when the fam-

ily's financial well-being is challenged, which is confirmed by the research by D.K. Orthner et al. (Orthner et al., 2004). That work described the potential sources of strength for low-income American families, one of which is cohesion. The connection becomes closer after challenges of illness, loss challenges, and global challenges. For example, recent research on family resilience in the face of loss shows that family cohesion is a key resource for family resilience (Khatib, 2022).

This is also evidenced by how the subscales of family resilience correlated with changes in family ties, and the answers of the respondents to the question of what helped their families survive the adverse event. It is illustrative that the most common responses were the characteristics of the family as a cohesive system. It is reasonable to say that the personal qualities listed by the respondents in response to this question are precisely those that allow an individual, as a member of a microsocial group, to grow as a person through overcoming difficulties and creating the preconditions for such growth of other family members. In turn, self-sacrifice as avoiding and building internal obstacles to meet communication needs and to openly discussing problems turned out to be the least mentioned. Overall, it can be said that close relationships in the family as a system, and the resources for personal and spiritual growth of its members, are what helps Russian families to cope with modern challenges.

Our results are significant for family counseling practice. Information about modern challenges and Russian families' responses to them helps in developing consultative strategies aimed at updating and strengthening family resilience resources.

## **Conclusion**

1. Theoretical analysis of the problem showed that most researchers consider a challenge to be a psychological task that includes various events and the requirement to grow in order to solve the problem and give a timely adequate response; the challenge is seen as a "wake-up call" for family resilience. Our research confirmed this thesis. It has been found that the intensity of events becomes a signal for awakening family communication and connectedness, acceptance and flexibility, and family resilience as a whole.

2. The challenges for modern Russian families are loss challenges, relationship challenges, global challenges, challenges of illness, and the challenge of financial well-being. The highest intensity scores were given to global challenges, loss challenges, and challenges of illness. At the same time, the types of the indicated challenges weren't related to such biographical facts as having children, disability, or certain type of occupation, but were related to marital status (challenges of illness were mentioned more often by married people; relationship challenges by unmarried/single persons and those in unregistered marriage; and global challenges by divorced and widowed people) and to age (the respondents who wrote in global challenges and challenges of illness are on average about 40 years old; those who survived loss and relationship challenges were on average of just over 30 years old; and those who indicated events associated with serious financial difficulties were about 35 years old).

3. Different types of challenges affected family relationships in different ways: family relationships remained as close as they were previously when the financial well-being of the family was threatened; family members were more likely to move

away from each other when their relationships were challenged; family members became closer to each other in the face of illnesses, loss, and global challenges.

4. Family resilience turned out to be an adequate response to modern challenges. Loss challenges stimulate flexibility of response, acceptance, and overcoming suffering through mutual understanding. Global challenges and challenges of illness awaken family spirituality (common values, meanings, and moral principles). The resources which help families overcome challenges of financial well-being are things like the ability to discuss problems together and to share decision making.

### **Limitations**

Our sample was not balanced by gender, since the study was voluntary, and women were more willing to participate. Therefore, it is necessary to continue the research with a larger and more balanced sample. The duration of the experienced adverse events was not taken into account, which could also affect the evaluation of their intensity. At the same time, the number of participants was sufficient for a pilot study, considering the life context of Russian families and dealing with nomothetic and idiographic approaches. All these factors ensure the reliability of our data and determine the prospects for further research.

### **Ethics Statement**

This study was conducted according to the ethical standards of the Russian Psychological Society and was approved by the Ethics Committee of the MSUPE (Minutes of the meeting of the Ethics Committee of the MSUPE No. 12, dated March 15, 2022. The Chairman of the Ethics Committee was N.N. Tolstykh.)

### **Informed Consent from the Participants' Legal Guardians (if the participants were minors)**

Written informed consent to participate in this study was provided by the participants' legal guardian/next of kin.

### **Author Contributions**

M.O. and D.L. conceived of the idea. M.O. and E.G. developed the theory and performed the computations. D.L. and P.I. verified the analytical methods. All authors discussed the results and contributed to the final manuscript.

### **Conflict of Interest**

The authors declare no conflict of interest.

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## Coping with the Forced Separation of Close Relationships during the COVID-19 Pandemic

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**Background.** Issues regarding close relations became especially prevalent within the context of the pandemic, due to the forced separation of these relationships. This is now seen as a significant stressor that influences emotions and subjective perceptions of the relationship.

**Objective.** The current study aims to investigate the specifics of coping with the forced separation of partners with varying types of closeness.

**Design.** The study was carried out with quantitative and qualitative methods. The sample included 43 women and 42 men (aged 21–47); all were involuntarily separated from their partners by impacts of the pandemic.

**Results.** Three scenarios of romantic relationships were identified based on a balance of love components (intimacy, passion, commitment) and prevalent feelings (closeness or distance). The authors concluded that certain coping strategies (positive reassessment, acceptance, distraction) can help the individual to cope with the separation, but do not contribute to the closeness of the partners and the strengthening of the relationship. Coping primarily through active support was typical for partners with intense and balanced feelings based on closeness (Scenario 3). Ambivalent feelings toward a partner (Scenario 1) were associated with passive coping, which increased the risk of detachment. The moderate manifestation of balanced love components and closeness (Scenario 2) focused on acceptance of the situation, positive reassessing, and distraction, all of which reduce the stress of separation, but cause anxiety regarding the future of the relationship.

**Conclusion.** The type of close relationship has been found to correlate to the coping strategy adopted by the couple following forced separation during the COVID-19 pandemic. However, further studies are required to investigate separation in various social contexts, not only in isolation due to the pandemic, as well as its connection to psychological well-being.

### **Keywords:**

Forced separation, close relationship, stresses, coping behavior

## Introduction

### *Close relationships in the contemporary social and cultural context*

Contemporary challenges (large-scale migration processes, the rapid development of cyberspace, globalization, digitalization, pandemics, etc.) are leading to the transformation of close relationships, including family relations, from conservative and conventional (familialism) (Revillard, 2006) to post-modern (McDaniel, 2015; Muniruzzaman, 2017; Accordini et al., 2018; Harris et al., 2020; Luetke et al., 2020). The latter involve a wide range of partnership forms, including amorphous relations with an unstable system of rules and an absence of rigid norms and the algorithms with which to build them (Henslin, 2004).

Despite transformational processes, close relationships remain an important social resource for the development, psychological well-being and stress resistance of a person in the context of modern life (Cavallo et al., 2014). On the one hand, they have a positive effect on the psychological and physical state of the individual through the satisfaction of his needs for affection, love, acceptance, care, trust, support, a sense of happiness, and the accumulation of positive life experience (Kawamichi et al., 2016)

On the other hand, close relationships are sensitive to the broader social context. Their preservation, development, and stabilization in conditions of high social tension and uncertainty require additional resources, such as motivation, strong-will, and skills for solving relationship problems and coping with external stressors.

We understand close relationships as a special kind of interpersonal relationship that is both meaningful, aimed at satisfying the human need for love and belonging. Close relationships are based on affiliative feelings and attachment to a partner, characterized by intimacy, informality, significance, long-term co-existence, and emotional depth (Aron, 1992; Sternberg, 1996; Kryukova et al., 2019, Saporovskaya, 2021).

The identification of common categorical features of close relationships (mutual attachment to the other; the bringing together of emotions and feelings; psychological distance; trust; value-semantic unity of involvement) forms the basis for the study of romantic and marital relationships.

The construct of relationship quality is of particular importance. It is the quality of close relationships that largely determines the well-being of a person (a sense of fullness of being, health, joy, or, conversely, alienation, loneliness, unhappiness) and the success/failure of group functioning (for example, a family). However, the quality of close relationships depends on a large number of factors: personality and its self-awareness (identity), emotional intelligence, patterns of interaction with other people, and the support and responsiveness of a partner. A special place in this system is occupied by an external factor: the socio-cultural context. This includes constant distraction and life changes that cause tension or uncertainty and can act as stressors.

The rapidly changing world, the increase in its complexity, information overload, lack of security and the impossibility of predicting the future has become a meta-trend in human life, society and the socio-cultural context of close relationships.

### ***The COVID-19 pandemic and forced separation of close relationships***

The problem of stress and coping in close relationships has gained particular importance against the backdrop of the COVID-19 pandemic. Restriction of freedom of movement, narrowing of interpersonal contacts, the transition to a remote work format, limited eventfulness of everyday life, misinformation, financial losses, and stigmatization became a source of additional stress in close relationships (Brooks et al., 2020; Everett et al., 2020; Yip et al., 2020). The quality of relationships was strongly influenced by the fear of infection, forced self-isolation and the uncertainty of the future, associated with an increase in anxiety (Brooks et al., 2020; Everett et al., 2020; Qiu et al., 2020).

In general, the pandemic has become associated in the cognitive field with the problem of separation in close relationships. Due to the risk of infection and the introduction of social distancing norms, interpersonal relationships, even within a couple or family, have undergone great changes (Bowen, 2021; Jones et al., 2021; Pi-etromonaco et al., 2022; Montanaro et al., 2022).

On the one hand, under the condition of living together, couples and families found themselves cut off, isolated from the wider system of social ties. Researchers emphasize the ambiguity of the consequences of such a situation in the following:

- Convergence, integration of resources, formation of an effective dyadic coping system, mutual enrichment, reduction of anxiety associated with potential loneliness.
- Satiety with relationships, growing conflicts, loss of interest in a partner, accumulation of irritation, breakup of relationships.
- Manifestation of destructive tendencies in a couple, such as violence, psychological pressure, sexual dysfunction (Luetke et al., 2020; Yang et al., 2020; Candel et al., 2021).

On the other hand, especially at the beginning of the pandemic, many partners and families were separated geographically, which contributed to the search for ways to continue communication and maintain closeness at a distance. At this time, internet communication and other means of mediated interaction were intensified.

In this article, our attention is focused on the forced separation of close relationships, which, in the context of the pandemic, has acquired an uncertain character in terms of the duration of the separation. E.W. Burgess pointed to the importance of long-term separation of family members among the factors that can cause a family crisis, along with economic depression, family shame, and unjustified expectations (Burgess, 1956). At the same time, the long-term spatial separation of the subjects of close relationships (living in different cities and countries, the impossibility of crossing borders, the rotational method of professional activity with an extension for an unlimited period of stay at the place of work, distance learning in educational institutions, and self-isolation of people over 65), as well as uncertainty regarding the point of reunification during the COVID-19 pandemic became part of everyday life for a large number of people around the world. This was associated with the perceived need to solve important personal and social problems. The pandemic became a test for people and their feelings for each other (Sweeny et al., 2020; Qiu et al., 2020).

Attempts have already been made to understand the phenomenon of forced temporary separation due to various other factors in modern human life, namely population migration as a result of a difficult geopolitical situations (Silver, 2006; Moskal, 2016; Martin, 2017); the possibility of building a career and getting a higher salary in other countries (Kariuki, 2014); service in the army and other enforcement bodies (Holland, 1997); and now the need to minimize contact during the COVID-19 pandemic (Montauk et al., 2020; Goldberg et al., 2021).

The main consequence of separation is a change in the microsocial situation, which can lead to both stabilization and destabilization of the system of close dyadic relations. Researchers note possible negative consequences such as a weakening of trust, increased anxiety, the development of relationship toxicity, interpersonal addiction, communicative discomfort during the transition from personal to indirect communication and vice versa, ruin of sexual relations, and reduced fertility (Hong, 2020; Nie, 2020; Ojeda, 2020). At the same time, scientists are inclined to believe that separation can also become a facilitator of positive changes in relationships.

What makes separation a destabilizing or stabilizing factor?

The analysis of studies of this problem enabled us to identify three main factors:

1. Personal meaning and cognitive assessment of the situation of separation.
2. The quality of close relationships prior to separation.
3. Coping resources and the specifics of partners' coping with the situation of forced separation from each other.

Firstly, the dynamics of the relationship and the propensity of separation to cause stress depend on the personal perception, cognitive evaluation and implied meaning of the situation. Is separation a threat to welfare and stability in the relationship? Is separation a part of everyday reality to which the partners are well adapted through the carefully developed system of individual and dyadic coping?

If the separation is stressful, then this can negatively affect the perception of a partner and the interpretation of information about the quality of the relationship (Karney, 2004). Separation from a partner can also create an environment for cheating and infidelity (Dowdle, 2016). Thus, the situation of separation can become a facilitator of other stresses in close relationships of partners.

The most sensitive to the situation of separation are such variables as: self-perception and self-disclosure (Horn et al., 1997); characteristics and patterns of communication (Dainton et al., 2009); cognitive assessment (for example, idealization) of relationships (Acosta-Rodas et al., 2021); obligations (Reader, 2003); closeness (Holmes, 2010).

One of the important positive effects of separation can be the experience of being bored, which can motivate partners to strengthen the relationship. When people miss each other, they try to be active in communication, maintain their relationship and avoid behavior that threatens the well-being of the relationship e.g., infidelity (Le et al., 2010).

To understand the complexity of separation, its variety and polymodality, we focused on a long-term forced separation in close dyadic relationships resulting from the COVID-19 restrictions. This separation has been found to be accompanied by a

number of negative psychological effects; increased inner tension, increase in personal and social loads, negative emotional reactions, the feeling of subjective loneliness, jealousy, and fear for the future of the relationship (Démurger, 2015). Therefore, it needs studying separately. The situation of forced long-term separation is characterized by uncertain duration and postponed reunions. Hence, this lack of control tends to increase the partners' stress load. (Gallagher et al., 2014).

Secondly, the dynamics of the relationship during separation are related to the quality of the relationship prior to separation. The actualization of the experience is a major resource to cope with separation and associated stress. The quality of the relationship (perceived value of the partner, distance/closeness, level of trust) before separation will influence the cognitive evaluation of the stress-inducing situation and the ability to cope with accompanying negative states (fear, anxiety, emotional exhaustion, mistrust, jealousy, loneliness, etc.). It will also predict the dynamics of the relationship after the separation in terms of relative closeness/distance.

The factor theory by R. Sternberg identifies three basic features of love: intimacy (sexual closeness as an emotional feature), passion (the attractiveness of a partner as a motivational feature), and commitment (the behavioural aspect, reflecting care for the partner and for the development of the relationship) (Sternberg, 1996). The ratio of these features (degree and balance) does not only define the specifics of the relationship, but also estimates the intensity of any stressful influence, including separation (Sternberg et al., 2001). The quality of the relationship is manifested in the need (or its absence) to maintain and strengthen the relationship, its subjective value, the range of feelings (bonding or distancing) and the emotional states that emerge during separation.

The initial perceived emotional responsiveness of partners and assessment of closeness play an important role as they can minimize the destabilizing effect of external stressors on relationships (Balzarini et al., 2020).

Negative previous experience of relationships and individual and group vulnerability enhance destructive dyadic processes and reduce the quality of relationships in a couple, making them even more "fragile" (Karney et al., 2021).

Thirdly, the system of coping resources and strategies used by close partners becomes extremely important in the context under investigation. Standing behind intense and often negative human responses to stress is an inadequate development of coping mechanisms (Uchino, 2009, Cohen, 2004). Therefore, coping in the relationship is actualized within problems related to the dyadic functioning (Bodenmann et al., 2010). There is evidence that separation from a partner and positive changes in the quality of the relationship are possible if partners support each other and meet regularly online, provided these meetings are not just a formal exchange of information, but emotional communication and an experience of closeness (Hong, 2020). It means that relationship-oriented coping performs a regulatory function; cognitive and behavioural efforts to establish and maintain connection (Bodenmann et al., 2010).

It should be noted that in most studies, attention is focused on changes in the qualitative parameters of close relationships during separation, and the interaction of factors of its cognitive assessment. In this way, coping with the separation and the

quality of the relationship does not fall into the focus of attention of researchers. But it is precisely the relationship of these three factors that determines the positive or negative dynamics of close relationships during separation.

Thus, when defining a forced long-term separation as stress, it must be emphasized that it is not necessarily followed by regress, destabilization, or the deterioration of the relationship. The dynamics are related to both the quality (type) of close (romantic) relationship and the specifics of the perception of separation, as well as the specifics of coping.

The research question: what are the coping specifics during the separation of partners with different types of close relationships?

## Methods

### *Participants*

The research aimed to study the specifics of coping behavior in the context of a long-term forced separation with different types of close relationships.

The study was carried out in the cities of the Central Federal District of the Russian Federation (Kostroma, Yaroslavl, Ivanovo, Vladimir) and Yamalo-Nenets autonomous area of the Russian Federation during the period of lockdown in place due to the COVID-19 pandemic from January 15 — May 15, 2021.

The participants were adult men and women who found themselves forcibly separated from their partner for a long period (more than one month).

The sample included 85 adults in total:

- Group 1: 42 men aged 22–45 ( $M=35.74$ ,  $SD=3.78$ ); 69% of whom were married and had their own children born in marriage, 31% were in a close relationship with a female partner; the relationship duration varied from 2 to 21 years; 88,1% had a degree, 11,9% had a vocational education. Participants permanently lived in cities of the Central Federal District (30,9%), North-Western District (26,2%), Privolzhsky District (23,8%) and Siberian District (19,1%); 100% of the respondents at the time of the study worked on a rotational basis in the regions of the Far North on natural gas fields (Yamalo-Nenets Autonomous Region);
- Group 2: 43 women aged 21–47 ( $M=33.86$ ,  $SD=6.95$ ); 86% of whom were married and had their own children born in marriage, 14% were in a close relationship with a male partner; the relationship duration varied from 1 year to 15 years; 74,4% had a degree, 25,6% had a vocational education. Participants permanently lived in the cities of the Central Federal District of the Russian Federation (Kostroma — 48,8%, Yaroslavl — 34,9%, Ivanovo — 11,7%, Vladimir — 4,6%); 100% of the female sample were employed in the education, healthcare and social spheres and were partners of male shift workers who, due to the closure of borders between regions during the pandemic, were forced to remain indefinitely at the workplace.

The samples were not interconnected i.e., the respondents from Group 1 were not romantically related to those from Group 2.



All respondents had the experience of a fixed-duration, voluntary separation from a partner for a period of one month, which men spent on a work shift. During the pandemic, the duration of separation was indefinitely long, since the men, having left for work, were not able to return home and did not know when they could be reunited with their spouse/lover. At the time of the study, the period of separation was more than 2 months. Thus, separation among respondents began as short-term voluntary with a fixed duration of 1 month, but due to the pandemic, it had become long-term and forced, with an indefinite end date (in fact, the period of separation during the pandemic was extended to 5-6 months instead of 1 month).

### ***Procedure***

The study was conducted in an online format. Links to the survey were posted on social networks, on the personal pages of the team of authors, and in the organizational groups of the university. Participation in the study was voluntary, taking into account the principles of confidentiality and environmental friendliness, the respondents were informed about the purpose of the study, about their rights, and were warned that the results would be used exclusively for scientific interests and only in a generalized form

### ***Questionnaires***

The research was conducted using the following tools:

1. The questionnaire to collect social and demographic information (gender, age, education, salary level, length of relationship, place of residence, place of work, duration of shift / separation, length of work on a rotational basis, age of spouse / romantic partner, the frequency of indirect contacts with a partner, the presence / absence of sexual relations with a partner).

2. Scales of self-esteem where the respondents were asked to rate how happy they are in their relationship on a ten-point Likert scale, and to indicate the degree of mutual trust, the degree of intimacy, the degree of anxiety when separated from a partner.

3. Triangular Love Scale, R.J. Sternberg, 1986/1997. 45 items, 3 scales; 9-point Likert scale) (1 — absolutely not, 9 — absolutely). The research results from an American sample by R. Sternberg (1986) are as follows (n=101, Cronbach's alpha ( $\alpha$ ) intimacy 0.94, passion 0.94, commitment 0.97). The research results from a Russian sample by O. Yekimchik (2011) are as follows: (n= 256, Cronbach's alpha ( $\alpha$ ) 0.94/0.93/0.95).

4. Profile of feelings in the relationship questionnaire by L.V. Kulikov (2003). The questionnaire focuses on two types of interaction: bonding feelings (9 feelings) and distancing feelings (9 feelings). Likert scale (1-7): 1 — a very weak feeling, 7 — a very strong feeling.

5. Brief Cope by C.S. Carver (Carver, 1997): 28 items, 14 conceptually differentiable coping reactions, n=126, Cronbach's alpha ( $\alpha$ ) : active coping 0.68 / planning 0.73 / positive reframing 0.64 / acceptance 0.57/ humor 0.73/ religion 0.82/ using emotional support 0.71 / using instrumental support 0.64 / self-distraction 0.71 / denial 0.54 / venting 0.5 / substance 0.9/ behavioral disengagement 0.65 / self-blame

0.69. The instructions asked the respondents to imagine their particular situation of separation from the romantic partner.

6. To study the peculiarities of the separation perception the respondents were asked to complete the sentence: "Separation from my partner is ... to me", and answer the direct question: "What are my worries about the separation?"

The collected data were processed with the software pack SPSS Statistics 22.0.

The preliminary stage involved the assessment of the normality of criteria distribution through calculations in descriptive statistics by using Kolmogorov-Smirnov consent criteria (Kolmogorov-Smirnov Test). To identify the types of romantic relationships in adults we used cluster analysis by the method of K-means. To define the predictions of coping strategies we used regression analysis by step-by-step Ridge Regression. The differences between the groups were assessed using the Kruskal-Wallis H-test and Fisher's F-test.

## Results

The first empirical aim of the research was the identification of the relationship types. They were identified using K-means clustering analysis, based on the following variables: love components (intimacy/closeness, passion, commitment/promises) and dominant feelings (bonding or distancing) (see *Table 1*).

**Table 1**

*Results of Cluster Analysis*

Variables	Cluster No. 1 (17 respondents)	Cluster No. 2 (20 respondents)	Cluster No. 3 (48 respondents)
Intimacy / Closeness	6.83	6.16	8.12
Passion	6.63	5.63	7.32
Commitment/Promises	6.69	5.97	7.78
Bonding	52.82	33.30	51.19
Distancing	31.29	8.45	7.35

*Note.* VP = Valid Percentage. CP = Cumulative Percentage.

The first cluster included 17 respondents: 8 men aged 20–25 ( $M = 26.5$ ,  $SD = 5.15$ ) and 9 women aged 16–29 ( $M = 20.44$ ,  $SD = 3.97$ ).

The second cluster included 20 respondents: 9 men aged 20–29 ( $M = 25.55$ ,  $SD = 2.96$ ) and 12 women aged 19–47 ( $M = 27.33$ ,  $SD = 7.79$ ).

The third cluster included 48 respondents: 25 men aged 19–34 ( $M = 25.56$ ,  $SD = 3.67$ ) and 22 women aged 18–40 ( $M = 23.36$ ,  $SD = 6.84$ ).

The analysis of the differences in the manifested degree of love components revealed higher scores for all indicators in the third cluster: Intimacy ( $F = 14.76$ ,  $p \leq 0.000$ ), Passion ( $F = 7.89$ ,  $p \leq 0.000$ ), Commitment ( $F = 9.77$ ,  $p \leq 0.000$ ).

However, it is worth mentioning that all values lie in the middle, indicating low intensity during a long-term separation (Sternberg, 1996).

As for the differences in the feelings leading to closeness or distancing, all the three clusters differ considerably. Thus, bonding feelings dominate among the respondents from the first and third clusters in comparison with the second ( $F = 64.08$ ,  $p \leq 0.000$ ). At the same time, distancing feelings are more clearly manifested in the first cluster compared to the other two ( $F = 64.76$ ,  $p \leq 0.000$ ).

**Table 2**

*Means (M) and Standard Deviations (SD) for Coping Strategies*

Coping Strategy	Cluster No. 1		Cluster No. 2		Cluster No. 3	
	M	SD	M	SD	M	SD
Self-distraction	5.88	1.83	5.70	1.56	5.73	1.59
Active coping	5.06	1.82	5.10	1.45	6.52	1.25
Denial	3.88	1.62	2.65	1.09	2.98	1.47
Substance use	3.82	1.78	2.40	0.99	2.58	1.30
Search / use of emotional support	5.00	1.50	4.30	1.89	5.04	1.77
Search / use of instrumental support	4.29	1.49	4.10	1.80	4.23	1.98
Avoidance	3.76	1.48	2.40	1.35	2.65	1.25
Venting of emotions	4.53	1.62	3.70	1.75	3.67	1.59
Positive reframing	5.12	1.65	5.75	1.41	6.15	1.71
Planning	5.24	1.56	4.55	1.54	5.96	1.56
Humor	4.65	1.73	5.40	1.67	4.81	1.90
Acceptance	5.24	2.11	6.55	1.47	6.50	1.49
Religion/faith	4.18	1.88	2.65	1.46	2.73	1.12
Self-blame	4.41	1.73	2.85	1.27	3.02	1.23

The clusters were matched according to coping strategies. Interestingly, in all three clusters, the most used strategies were acceptance and positive reframing. However, in addition to this, in the first cluster, the most frequent methods were self-distraction ( $M = 5.88$ ,  $SD = 1.83$ ) and planning ( $M = 5.23$ ,  $SD = 1.56$ ). In the second cluster, the preferred strategies included self-distraction ( $M = 5.70$ ,  $SD = 1.55$ ) and humor ( $M = 5.40$ ,  $SD = 1.66$ ). The third cluster demonstrated strategies of active coping ( $M = 6.52$ ,  $SD = 1.46$ ) and planning ( $M = 5.95$ ,  $SD = 1.55$ ).

Differences were identified for six out of fourteen coping strategies. Those least focused on actively coping with the separation situation ( $H = 15.9$ ,  $p = 0.00$ ) and planning actions were the respondents of the first and second clusters ( $H = 14.2$ ,  $p = 0.00$ ). At the same time, the respondents of the first cluster, more than in the other two clusters, expressed such coping strategies as the use of psychoactive substances ( $H = 14.85$ ,  $p = 0.00$ ), denial ( $H = 6.4$ ,  $p = 0.04$ ), avoidance ( $H = 17.2$ ,  $p = 0.00$ ), religion / faith ( $H = 13.6$ ,  $p = 0.001$ ), and self-blame ( $H = 11.43$ ,  $p = 0.003$ ).

The results of regression analysis indicated an insignificant role of the components of love (intimacy, passion, and commitment) and bonding or distancing feelings in predicting strategies for coping with the stress of separation.

In the first cluster, their cumulative influence allows predicting only two strategies out of fourteen. However, the determination coefficients indicate a high predictive potential of the model: denial ( $F = 3.35$ ,  $p < 0.044$ ;  $R = 0.77$ ,  $R^2 = 0.60$ ) and planning ( $F = 6.09$ ,  $p < 0.006$ ,  $R = 0.85$ ,  $R^2 = 0.73$ ). In the first case, the greatest contribution is made by passion ( $\beta = 0.95$ ,  $p \leq 0.011$ ). In the second case, a positive effect is provided by commitments / promises ( $\beta = 1.27$ ,  $p \leq 0.017$ ), which contribute to systematic coping actions, negative – intimacy ( $\beta = -1.06$ ,  $p \leq 0.047$ ), passion ( $\beta = -0.69$ ,  $p \leq 0.019$ ) and distancing feelings ( $\beta = -0.63$ ,  $p \leq 0.003$ ), which reduces the possibility of planning a solution to the problem. In the second cluster, only two strategies can be predicted with a high degree of probability by the predictors we have identified. Thus, more than 65% of the variance of the “acceptance” variable is predicted ( $F = 5.41$ ,  $p < 0.005$ ,  $R = 0.812$ ,  $R^2 = 0.658$ ) with a significant contribution of the “intimacy / closeness” variable ( $\beta = 1.05$ ,  $p \leq 0.012$ ) and 53% of the variance of the variable “self-blame” ( $F = 3.20$ ,  $p < 0.039$ ,  $R = 0.730$ ,  $R^2 = 0.533$ ) on the part of the variable “commitment/promises” ( $\beta = 1.41$ ,  $p \leq 0.005$ ) and “distancing” ( $\beta = 0.052$ ,  $p \leq 0.015$ ). In the third cluster, the dependence of 36% of the variance of the variable “venting of emotions” ( $F = 4.68$ ,  $p < 0.001$ ,  $R = 0.59$ ,  $R^2 = 0.36$ ) on independent variables was established, with the “commitment/promises” indicator ( $\beta = -0.850$ ,  $p \leq 0.001$ ) playing the leading role.

## Discussion

In this research we verified the hypothesis that partners with different types of close relationships have different strategies of coping with separation.

The results enabled us to describe the specifics of romantic relationship types that manifested themselves in the degree and balance (or harmony) of love and passion. We also described the features of forced separation and the specifics of coping by partners with different types of romantic relationships.

The respondents from the first cluster were characterized according to the moderate manifestation and balance of love components alongside ambivalent feelings (both bonding and distancing feelings were present). Partners within these relationships can experience unity, a sense of value, friendliness, and respect (bonding feelings), but offense, loneliness, and guilt (distancing feelings) may also be present. 74% of respondents with this type of close relationships perceived forced separation negatively: feelings of sadness, loneliness, hopelessness, and proneness to conflict were prevalent. This is often due to drastic changes to the intimate life. The American sample also showed that, since the spread of coronavirus and the associated social distancing measures in the, Americans have experienced escalations in conflict in their romantic partnerships, which were associated with changes to their intimate and sexual lives (Luetke et al., 2020). 26% of participants, however, consider separation as a chance to test mutual feelings, have a rest from each other, anticipate a pleasant reunion, and intensify romantic feelings. It is worth mentioning that 52% of this cluster were not sure whether the reunion would be possible (“I am worried whether we can be together after separation”). We can refer to this cluster as *moderately balanced love with an ambivalence about feelings of closeness*.

Coping with separation was found to be the contradictory phenomenon in all the three clusters. Some partners accepted the situation and tried to draw positives from it, while others denied reality and refused to believe in it. They distracted themselves from the situation by various activities (walking, meditation, sport) and by working harder, seeking emotional support from other people, and/or turning to religion. They were less oriented (in comparison to other respondents) towards active coping strategies; they often turned to substance (alcohol) abuse and were prone to self-blame and self-criticism. They were stuck at the planning stage of their coping strategy, but avoided taking action. Their romantic feelings caused a refusal to believe that the situation was serious, making planned actions uncertain and conflicting. On the one hand, obligations to their partner triggered them to start planning possible steps. On the other hand, feelings of both closeness and distancing prevented their employment of active coping strategies.

The respondents of the second cluster had an average degree and balance of the components of love (intimacy, passion, commitment), with an average degree of intensity of bonding feelings. Feelings of distancing (shame, resentment, contempt, envy) were presented at a low level. This, in our opinion, indicates a balanced state of love with a balanced, not intense emotional background.

57% of respondents with this type of close relationship perceived forced separation from a partner as distancing, loneliness, and anxiety. At the same time, 43% of respondents perceived the separation as a worthwhile experience, an opportunity to test feelings, a pleasant and exciting anticipation, or a neutral situation that does not change the quality of everyday life. At the same time, more than half of the respondents (61%) were worried about a possible breakdown of their relationships ("I'm not sure that he will return to me"; "I am worried that we will break the habit of each other and will not be able to be together"). We can refer to this cluster as *balanced love with moderately close feelings*.

Such a low intensity of feelings leads to a kind of coping, which can also be called "balanced", oriented at the situation: the most pronounced here is the strategy of acceptance. This is predicated by the following: the emotional side of the relationship, primarily by the level of intimacy (1 R); positive reassessment of the situation and a humor-based attitude (2 R); distraction from negative experiences and thoughts by a variety of activities (3 R). Interestingly, high levels of obligation towards a partner and feelings of emotional distancing or withdrawal often led to self-blame: it seems that obligations to maintain love when feeling lonely or hopeless lead to the perception of oneself as the culprit.

In the third cluster, the respondents had high values for all the components of love (intimacy, passion, commitment), with a predominance of feelings of closeness (feelings of distance and withdrawal or detachment were minimally presented, and 15% of respondents did not note distancing feelings at all). This indicates a high intensity of feelings for a partner, a high level of rapprochement, and unity. 42% of respondents in this cluster noted the positive aspects of separation: the joy of each meeting, the value of intimacy, and confidence in a partner. 27% believed that longing for a partner makes it possible to understand the value of the relationship. Only 31% of participants in this cluster perceived this situation as pain, longing, or sad-

ness. Only 21% were worried about the likelihood of the breaking off of relations after the forced separation, and 55% noted an improvement in relations during separation (“we began to love each other more,” “I didn’t know before how caring and gentle he was,” “how he cares about me and understands me”). It correlates with the results of the study that showed that the partner’s perceived responsiveness buffers people from lower relationship quality associated with COVID-related stressors (Balzarini et al., 2020). We can refer to this cluster as *intensely harmonious love with a predominance of close feelings*.

Coping strategies by partners with this type of close relationship was more active. A vibrant sensory background, along with accepting and appreciating the separation experience, led to proactive action and planning efforts. The respondents were not inclined to drink alcohol or avoid the situation, deny its significance or resort to religion. More intense love feelings forced them to express negative feelings about separation more strongly, to actively “throw them out”, to strive to get rid of the emotional load.

It should be mentioned that the respondents of all three clusters noted a preference for separation strategies of acceptance and positive reframing, which can be explained by the peculiarities of the situation, characterized by a low degree of its control, implying the uselessness of using active coping strategies. It is also important to have a previous experience of separation from a romantic partner (previously, separation was short-lived and planned). Forced separation for an indefinite period is poorly amenable to solution (depending on the epidemiological situation in the world) and planning (it is impossible to predict the timing of its completion).

## Conclusion

Thus, forced long-term separation is a stressor to close relationships. Spatial separation of partners, the lack of a sense of subjective control over the situation, and the absence of a stable system of dyadic coping, as well as uncertainty and isolation, result in loneliness, longing, sadness, and possible distancing (or alienation of the partner). Separation is both an external stress, based on the situational context of an intimate relationship, and an internal stressor, since the state of a relationship at the time of separation (the degree of feelings of love and closeness, and beliefs about the quality of the relationship), and the effectiveness of coping strategies can determine the level of stress during the separation and influence the future of the relationship after separation.

Coping strategies become a reliable indicator of the quality of close romantic relationships. Acceptance, avoidance, distraction, positive reframing, and action planning help to cope with separation on an individual level, but do not contribute to the bonding of partners, nor the maintaining and strengthening of the relationship. It is important that coping itself depends on the quality of close relationships (the ratio of intimacy, passion, and commitment, and bonding or distancing feelings), which gives rise to its variability. However, coping focused on emotional and cognitive support, that allows the maintaining of a close connection with a partner during stressful events, is rarely actualized. This largely explains the fragility of romantic relationships and increases the destabilization.

## Limitations

The findings showed that the type of close relationship, and the specificity of its perception are associated with coping strategies in the situation of stressful forced separation during the spread of COVID-19. However, it cannot be argued that the identified trends are rigidly determined by the situational context of isolation and deprivation during the pandemic. This requires further verification. In addition, this study has a number of limitations in the generalization of the conclusions: the relatively small size and inhomogeneity of the male and female groups of respondents, the lack of control measurements (e.g., before or after the pandemic), the lack of comparison with other types of separation (e.g., forced and short-term; or voluntary long-term). The findings confirm the need to study the situation of separation in different social contexts and establish a connection between the experience of this situation and psychological well-being.

## Ethics Statement

The study was approved by the Ethics Committee of the Kostroma State University approval number No.1, on January 14, 2021. Informed consent was obtained from all subjects involved in the study.

## Author Contributions

A.G.S. conceived of the idea. E.V.T. and M.V.S. developed the theory. S.A.K. performed the calculations. S.A.K. and N.S.S. verified the analytical methods. Resources, A.G.S.; data curation, S.A.K.; writing — original draft preparation, M.V.S., E.V.T.; writing — review and editing, A.G.S.; visualization, N.S.S.; supervision, S.A.K.; project administration, A.G.S. All authors have read and agreed to the published version of the manuscript.

## Conflict of Interest

The authors declare no conflict of interest.

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## A Russian Version of the Emotional Autonomy Scale: Primary Adaptation Data

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**Background.** The formation of emotional autonomy in child-parent relations is one of the main developmental tasks of adolescence (Havighurst, 1972). The theoretical framework of our study comes from the Age-Related Cultural-Historical Approach (Vygotsky, 2000; Leontiev, 1978; Bozhovich, 2009; Elkonin, 1972) and the Theory of Emotional Autonomy Formation by L. Steinberg & S. Silverberg (1986). Here we present the results of a test with the Russian version of the “Emotional Autonomy Scale” (EAS) as validated by L. Steinberg & S. Silverberg (1986).

**Objective.** We conducted a substantial psychometric analysis of the EAS scales on a Russian sample.

**Design.** The participants were 222 pupils from the 9th to 11th grades in Moscow schools (age 14–17;  $M = 15.89$ ;  $SD = 0.91$ ). A comparative and structural analysis was conducted to review the reliability of the EAS Russian version, administered by the authors.

**Methods.** The pupils were evaluated with 1) the authors’ Russian version of the EAS by L. Steinberg & S. Silverberg (1986); and 2) the Parent-Child Interaction questionnaire (PCI) by I. Markovskaya (1999).

**Results.** The fit of Steinberg’s original Four-factor model (L. Steinberg & S. Silverberg, 1986) and of the Beyers’ and colleagues’ Seven-factor model (2005) were studied on a Russian sample for the first time. The Four-factor model was chosen as the final model due to better fit indices and Cronbach’s alpha coefficient. The CFA showed the model fit indices to be acceptable ( $RMSEA = 0.07$ ) or slightly less than the good fit values ( $CFI = 0.74$ ). The validity analysis was conducted using the PCI by I. Markovskaya (1999).

**Conclusion.** The aim of theoretical analysis, approbation, and validation of the EAS on a Russian sample was achieved: the authors’ version of the EAS is a valid and reliable instrument to measure adolescents’ emotional autonomy in a Russian sample.

### **Keywords:**

Adolescence, Personality Autonomy, Emotional Autonomy, Cultural-Historical Theory by L.S. Vygotsky, Child-Parent Relationship, Social Situation of Development, Identity

## Introduction

Modern Russian society is characterized by rapid, visible dynamic social transformations, with low predictability (Akulich & Melnik, 2018; Martsinkovskaya, 2019). Coping with the situation of uncertainty during the COVID-19 period has become the subject of new studies by Russian scientists (Ermolaev, et al., 2021; Sidyacheva & Zotova, 2020; Shaigerova, et al., 2018). Modern world challenges highlight the crucial importance of developing a young person's personality in a situation of social instability, and helping them become capable of making independent, responsible choices.

Thus, the theoretical and practical significance of the formation of personal autonomy, the central task of development (R. Havighurst) in adolescence, is not in doubt. In modern developmental psychology, adolescence is traditionally characterized as a critical period (Erikson, 1994; Stern & Eichorn, 1989; Prikhodzhan & Tolstykh, 2016; Polivanova, 2016). Multiple changes occur in the life of an adolescent child, reflecting the teenagers' urgent need to take a new position in relations with adults and peers. The problem of self-determination is effectively operationalized within the framework of the Age-Psychological Approach (Vygotsky, 2000; Leontiev, 1978; Bozhovich, 2009; Elkonin, 1972). The relationship between a child and a parent is an important condition affecting the development of an adolescent's autonomy.

The concept of the social situation of development (SSD) was suggested by L.S. Vygotsky (1956) to define the determinant of a child's development (Vygotsky, 2000). Vygotsky developed the SSD theory by studying the structure and dynamics of psychological age as a macro unit of development periodization. The notion of SSD has been enriched in the works of his colleagues and followers (Bozhovich, 2009; Elkonin, 1972; Leontiev, 1978; Karabanova, 2010). The contexts for the SSD lie in child-milieu interaction, particularly in the interaction with adults (Karabanova, 2010).

The social situation of development (SSD) of modern Russian adolescents significantly changed in comparison with the SSD of their peers during the 1990s, 2000s, and 2010s (Dubrovina, 2020; Karabanova & Bukhalenkova, 2016; Martsinkovskaya, 2019; Polivanova, 2016; Sobkin & Kalashnikova, 2019). The adolescents' problems of self-determination in different life areas are related to the features of this psychological age (Vygotsky, 2000; Leontiev, 1978; Bozhovich, 2009; Elkonin, 1972). The empirical studies done in 2000-2010 confirm the complication of the SSD of modern adolescents, as reflected in the intercorrelation between the adolescents' perception of the nature of success, and their evaluation of own success, their sense of self-esteem (Bukhalenkova & Karabanova, 2018; Konshina & Sadovnikova, 2018; Sobkin & Kalashnikova, 2020), the lengthening of the period of childhood, and infantilism as a common trait representative of modern youth (Martsinkovskaya, 2019; Tolstykh, 2015). The connection between the autonomy of the individual and the motivation for volunteer activities in adolescence is also evident (Molchanov et al., 2022).

In the cohort of modern Russian adolescents there are groups that differ in the level of personal autonomy, opinions about freedom and responsibility, separation from the parental family, career aspirations, and the type of orientation to personal success, etc. (Karabanova & Bukhalenkova, 2016; Lianguzova, et.al., 2018; Malenova & Potapova, 2018; Sadovnikova & Dzukaeva, 2017).

In the Age-Specific Approach, the transformative features of the adolescent-parent relations are considered to be characteristics of the social situation of development. SSD was defined by L.S. Vygotsky as “the unique, specific for a particular age, inimitable relationship between child and social surroundings” (Vygotsky, 2000, p. 903). The structure of the social situation of child’s development includes two components: the first, the objective component, reflects the child’s objective position in the system of socio-cultural expectations, norms, and requirements; the second, the subjective component, is the system of “orientated images” which defines the child’s interaction and cooperation with peers and adults (Karabanova, 2010).

The subjective component is shared by the participants in their communication and interaction. The child builds up his relations with an adult in the process of active orientation (Galperin, 1989; Podolsky, 2012, 2017; Podolsky & Idobaeva, 2014) and on the basis of his personal images in communication and cooperation. Adolescents’ emotional experiences influence the way their development is affected by features of their social surroundings. Their communication with parents and peers and joint activity in different contexts of SSD (family, school, friends, etc.) allow them to realize the different trajectories and patterns of personal autonomy development and individuation in adolescence and youth (Dzukaeva & Sadovnikova, 2014; Kins, et. al., 2013; Litvinova, 2020; Poskrebysheva & Babkina, 2020; Ryan & Lynch, 1986).

The central developmental tasks of adolescence are the formation of an identity, the development of value orientations, the creation of an autonomous morality on the basis of a new level of teenagers’ intellectual opportunities, the development of reflection, and the construction of life plans (Havighurst, 1972). The “main age activity” (Leontiev, 1978) of adolescence is vocational self-determination (Elkonin, 1972; Klimov, 2004; Pryazhnikov, 2007).

There is an objective necessity for parental involvement in the process of modern adolescents’ professional future orientation. This need can be explained by the insufficient development of the adolescent’s autonomy and the need to attract the resources of the parental family under the conditions of educational system modernization in the Russian Federation (Asmolov & Guseltseva, 2019; Karabanova, 2018; Klimov, et al., 2021; Konshina, 2018; Konshina & Sadovnikova, 2018; Molchanov, et al., 2019).

The process of personal autonomy formation in adolescence, and the process of psychological separation from parents, are long and complex processes mediated by child-parent relationships (Dzukaeva & Sadovnikova, 2014; Litvinova, 2020; Malenova & Potapova, 2018; Poskrebysheva & Kremenchustkaya, 2018; Rean, 2017; Thoenissen, et al., 2010; Zimmer-Gembeck & Collins, 2003). They have been widely explored for both early and senior adolescence in Russian psychology at the beginning of the 21st century by Burmenskaya (2005), Pupyreva (2007), Poskrebysheva (2010), Stankovskaya (2014), Leontiev & Sulimina (2015), Dzukaeva (2016), and Molchanov et al., (2017). The concept of personal autonomy has a long history of development and been specified within the framework of various theoretical approaches: the psychoanalytic approach, the epigenetic concept of Erikson (1994), the theory of social learning (Bandura, 1977), the existential-humanistic theory of human motivation of Maslow (1962), Rogers (1959), etc. O.A. Karabanova and N.N. Poskrebysheva em-

phasize that the term “autonomy” is an umbrella-term: “Its definition is reflected in the existence of different concepts that describe the phenomenology of individual autonomy and of its development in adolescence” (Karabanova & Poskrebysheva, 2013, p. 621).

Modern research shows the importance of emotional autonomy for solving developmental age tasks in late adolescence (Kins et al., 2013; Parra, et al., 2015; Poskrebysheva & Kremenchustkaya, 2018; Poskrebysheva & Babkina, 2020; Puklek & Gril, 2010; Thoennissen et al., 2010).

The separation-individuation process refers to specific developmental challenges in early childhood and adolescence. According to M. Mahler (1977), in early childhood separation-individuation can be considered a “psychological birth” process. The adolescent establishes a sense of individualized self and becomes less psychologically dependent on his parents, disengaging from the relations and representation of parental family that was formed in the infancy period. The concept of “emotional autonomy,” as proposed in the psychodynamic approach of the mid-1980s in the works of L. Steinberg and S. Silverberg, is based on the idea of a “second phase of separation-individuation,” which was suggested by P. Blos (1962, 1967).

Genuine autonomous functioning does not develop until late adolescence and coincides with the development of a coherent sense of personal identity (E. Erikson). L. Steinberg and S. Silverberg define the term “emotional autonomy” as independence from parents, or individuation. The term was meaningfully connected with the concepts of “deidealization of parents” and “changing the image of parents in the ‘eyes’ of a teenager” (Steinberg & Silverberg, 1986). In the 1990s, L. Steinberg with colleagues (1993) clarified the understanding of the emotional component of autonomy, paying particular attention to adolescents’ changed perception of the parental image. The development of the “mature,” realistic, balanced image of parents, coupled with the adolescent’s growing responsibility for his own decisions and values, are considered the basis for the emotional stability and emotional autonomy of the adolescent’s personality. L. Steinberg’s colleagues, S. Silverberg and M. Baltes, developed the concept of autonomy as the achievement of self-confidence, and the increasing ability for self-regulation, related, among other things, to the learning process and behavioral aspects (Baltes & Silverberg, 1994). The authors also include in the concept of autonomy a person’s own initiative, self-guidance, and independence, contrasting these personality traits with the propensity to obey, an obedience to “external” rules and authorities.

The “Emotional Autonomy Scale” (EAS) questionnaire was created based on this theory. The questionnaire operationalizes two cognitive components — “Parental Deidealization” and “Perceives Parents as People” — and two affective components — “Nondependency on Parents” and “Individuation” (Steinberg & Silverberg, 1986). The EAS permits us to assess features of emotional autonomy from the parents as the adolescents perceive them.

The development of emotional autonomy is an important line of psychological development in adolescence. The task of clarifying the theoretical construct and the need to adapt foreign methods for a Russian-language sample remain relevant (Beyers, et al., 2003; Dergacheva & Leontiev, 2011; Dozortseva & Burykina, 2016; Dund-

arova, 2008; Poskrebysheva & Babkina, 2020). The EAS is widely used by researchers all over the world. T. Fuhrman & G. Holmbeck investigated the relationship between emotional autonomy and adolescents' adjustment as moderated by several individual, familial, and cultural contexts. Their study showed the positive association between emotional autonomy and adolescent adjustment in cases of a more stressful family environment. The findings suggested that higher scores of emotional detachment from parents on the EAS index are detrimental in supportive familial environments but adaptive in less supportive familial environments (Fuhrman & Holmbeck, 1995).

A study of Indian adolescents organized by S. Tung & D. Sandhu showed significant positive correlations between all dimensions of emotional autonomy and well-being in adolescence. The "healthy" identity statuses of achievement and moratorium in the adolescent period also were positively correlated with emotional autonomy (Tung & Sandhu, 2005).

When studying the main family factors for the development of autonomy and separation processes in adolescence, Poskrebysheva and Babkina (2020) used three questionnaires: 1) the well-known SITA questionnaire developed by J.B. Levine with colleagues (Levine et al., 1986); 2) the "Autonomy questionnaire" for studying the autonomy of adolescents by N.N. Poskrebysheva and O.A. Karabanova (2010); and 3) the translation of the EAS into Russian proposed by the authors of this article in our earlier work (Konshina & Sadovnikova, 2018).

Few researchers have examined the factor structure of the EAS. The cross-cultural study of M. Schmitz & J. Baer (2001) showed that the EAS exhibited poor construct validity and behaved quite differently for different grades (6, 8 and 10) and different ethnic groups (African American, European American, and Mexican American). M. Schmitz & J. Baer offered to reexamine the conceptual foundations of emotional autonomy and to develop better measures of those concepts for adolescents (Schmitz & Baer, 2001). In later research W. Beyers and colleagues also showed the lack of construct validity of the existing EAS factor structures on a Belgian sample of adolescents. The scientists suggested a model with seven first-order factors (Deidealization, Nondependency, Non-imitation, Privacy, Perceived Ignorance, Distrust, and Perceived Alienation) and two second-order factors (Separation and Detachment) that proved invariant and equal across gender and grade (Beyers et al., 2005).

Modern Russian psychology has a lack of instruments for measuring autonomy. In spite of this, the issue of the autonomy development is widely studied by Russian researchers (Kharlamenkova et al., 2015; Karabanova & Poskrebysheva, 2013; Dzukaeva & Sadovnikova, 2014; Molchanov, Almazova, Zapunidi, & Poskrebysheva, 2017). Few questionnaires contain "autonomy" subscales (for example, the Russian version of ADOR questionnaire by Wasserman, Gor'kovaya, & Romytsina (2001), and the Parent-Child Interaction questionnaire by I. Markovskaya (Markovskaya, 1999). The "Autonomy questionnaire" was developed by N. Poskrebysheva & O. Karabanova in 2010 as a new method to research four aspects of adolescents' autonomy. The study also contained the Russian version of the EAS. In this research, correlation analysis of the EAS Russian version didn't show significant correlations with valid Russian questionnaires — the ADOR (Adolescents about Parents) by Was-

serman, Gor'kovaya, and Romitsyna (2001) and the PCI (Parent-Child Interaction), by I. Markovskaya (1999).

The use of structural analysis to build a factor model has spread widely in the social sciences world (Loehlin, 1998; Hu & Bentler, 1999; Jackson, et al., 2009; Hooper, et al., 2008). Recently this method has also been used extensively among Russian psychologists (Ostapenko, 2013; Krichevec et al., 2018).

*The general objective* of our research was to design tools in Russian that would expand the understanding of the development of emotional autonomy from parents in older adolescence.

The specific objectives were to improve the Emotional Autonomy Scale (Steinberg & Silverberg, 1986) structure on a Russian sample and to validate it using the Parent-Child Interaction Questionnaire (Markovskaya, 1999).

In Russian developmental psychology, the child-adult relationship system is an object of development (Vygotsky, 2000; Venger, et al., 1988), which perfectly meets the goals of our research.

## Method

### *Participants*

The sample consisted of 222 pupils from 9th to 11th grades in Moscow schools (Moscow, Russia): 125 girls (56.3%) ( $M = 15.96$ ;  $SD = 0.83$ ) and 97 boys (43.7%) ( $M = 15.84$ ;  $SD = 0.86$ ) of ages 14–17 ( $M = 15.89$ ;  $SD = 0.91$ ).

The study was conducted on the basis of the principles of voluntary participation, anonymity, and confidentiality. Adolescents were informed about the study protocol beforehand. The teenagers were given the opportunity to meet individually to discuss individual outcomes. Parents of the adolescents were informed of the study design and signed informed consent.

### *Procedure*

Participants completed the Russian version of Emotional Autonomy Scale (Konshina, 2018). The pupils filled out the questionnaire in groups of 20 to 30 persons according to school grades during normal school time. The EAS questionnaire was one of the battery of techniques suggested to study different aspects of interaction with parents in late adolescence.

**Design.** Comparative and structural analysis was conducted by the authors to review the reliability of EAS Russian version. The methods used were the authors' Russian version of "Emotional Autonomy Scale" by L. Steinberg & S. Silverberg (1986) and "Parental-Child Interaction Questionnaire" (PCI) (Markovskaya, 1999).

## Questionnaires

### *Emotional Autonomy Scale*

The EAS is composed of four subscales: "Deidealization of Parents" (5 items) and "Parents As People" (6 items) — the two cognitive components of EA); and "Non-dependency on Parents" (4 items) and "Individuation" (5 items) — the two affec-



tive components of EA. The 20 items of the EAS were rated on the 4-point Likert-type scale that was used in the original EAS procedure suggested by L. Steinberg & S. Silverberg. The scale contained four points, from 1 — “strongly disagree” to 4 — “strongly agree.”

### *Parental-Child Interaction*

The “Parental-Child Interaction” questionnaire (PCI) was developed by I. Markovskaya as an instrument to describe aspects of parent-child interaction (Markovskaya, 1999). The questionnaire contains 60 items distributed among 10 subscales: “Demanding,” “Strictness,” “Autonomy — Control,” “Emotional distance — Intimacy,” “Rejection — Acceptance,” “Cooperation,” “Disagreement — Compliance,” “Inconsistency — Sequence,” “Authority of the Parent,” and “Satisfaction with the Relationship.” The questionnaire was presented in two variants — first, for the adolescent’s perception of relations with the mother and, second, for the adolescent’s perception of relations with the father.

The PCI was used for validation of the EAS on the Russian sample as a sound and secure method reflecting the main aspects of the child-parent relationship in adolescence.

## **Results**

The results were statistically analyzed with IBM SPSS program, ver. 21.0. The factor analysis was built using the EQS program, ver. 6.2, and the structural model was built using AMOS program, ver. 23.0.

### *The reliability measures*

The first step of our study was a comparative analysis of EAS reliability in light of previous research.

The findings of the research organized in 2016–2017 were compared with the results of the original verified EAS (Steinberg & Silverberg, 1986). The internal consistency of the EAS measure of both studies is presented in *Table 1*.

**Table 1**

*Cronbach’s alpha of EAS measure*

Scales of EAS / Research	Parents as People (6 items)	Parental Deidealization (5 items)	Nondependency on Parents (4 items)	Individuation (5 items)	EAS, total
Steinberg & Silverberg, 1986	.61	.63	.51	.60	.75
Konshina & Sadovnikova, 2016–2017	.60	.55	.48	.55	.73

The Cronbach's alpha of the EAS Russian version in the 2016–2017 research was a little less than in the original Steinberg & Silverberg research (Steinberg & Silverberg, 1986) over all subscales. The general measure was characterized by pretty high reliability (Cronbach's alpha = .73), but three of four subscales had a reliability coefficient between .47 and .60 (*Table 1*). Such a result is considered to be acceptable.

The sample size of the study allowed the use of CFA (Krichevec, et al., 2020; Beyers, et al., 2003).

The latest factor research of the EAS was organized in 2005 by W. Beyer and colleagues on a Belgian sample. Beyers' research (2005) showed better functioning with the seven-factor model than the four-factor model. We compare Beyers' results on the Belgian sample and our findings on a Russian sample in *Table 2*.

**Table 2**

*Fit indices for the Four-factor and Seven-factor models — Beyers and colleagues' research, 2005, and author's research, 2016–2017*

Model description	Research	$\chi^2$ (df)	RMSEA	SRMR	CFI	CAIC
Four-factor model	Beyers et al., 2005	2155.47 (164)	.069	.070	.91	2561.98
	Konshina & Sadovnikova, 2016–2017	309.25 (222)	.070	.092	.74	708.21
Seven-factor model	Beyers et al., 2005	884.92 (149)	.044	.049	.96	1423.9
	Konshina & Sadovnikova, 2016–2017	603.81 (163)	.122	.119	.70	491

As can be seen in the table, the four-factor model suggested by L. Steinberg & S. Silverberg (1986) showed better results for the Russian sample than the seven-factor model suggested by W. Beyers and colleagues. The lower RMSEA and SRMR values and higher CFI indicated better fit.

To establish the suitability of the models, the recommended criteria were used: CFI > .90, RMSEA < .08, SRMR < .08 (Kline, 2011; van de Schoot, et al., 2012). It is known that the best solution is determined by a combination of these parameters. Let's consider the results we obtained.

Lower RMSEA and SRMR values and higher CFI indicate better fit (Loehlin, 1998; Hu & Bentler, 1999). The reliability of the model still couldn't be valued as high (RMSEA > 0.5; and CFI < 0.9) but can be considered passable (RMSEA ≤ 0.07; CFI > 0.7).

You can see that the indicators of our model are close to Hu and Bentler's Two-Index Presentation Strategy (1999), where Combinational Rules call for an RMSEA of 0.06 or lower and an SRMR of 0.09 or lower (RMSEA = 0.07; SRMR = 0.092).

The purpose of the S. Cangur & I. Ercan study (2015) was to investigate the impact of estimation techniques and sample sizes on model fit indices in structural equation models constructed according to the number of exogenous latent variables under multivariate normality. It has been shown that the findings of various authors, except for the RMSEA, were quite different from the study results of X. Fan and E.A. Sivo (2007). In addition, S. Cangur & I. Ercan (2015) referred to the work of E.E. Rigdon (1996), who emphasized the need to use RMSEA with large sample sizes and research in which RMSEA and CFI were compared. In CFA results, the model fit indices were acceptable (RMSEA = 0.07) or slightly less than good fit values (CFI = 0.74).

The factor analysis showed that few items influenced more than one subscale, and one item (item 19) could be expected to raise the model reliability (*Table 3*).

### **The Validation**

The next step of our research was to validate the EAS Russian version using an already validated and secure Russian questionnaire.

One instrument most closely related in topic and by instruments used by Russian researchers was the “Parent-Child Interaction” (PCI) questionnaire (Markovskaya, 1999). Adolescents filled out the questionnaire in two variants — one for interactions with the mother and the other for interactions with the father.

### ***The Interrelation of autonomy development with the child-parent relations of adolescents***

Generally, the PCI items are close by sense to the EAS items.

According to the study findings, adolescents’ emotional autonomy components (in relation with mother) negatively correlated (all the correlations mentioned in the present article are significant) with the parameters of child-parent relations (*Table 3*). There was a negative interrelationship between “Deidealization” (EAS) and, respectively, “Emotional Distance — Intimacy” (PCI) ( $r = -0.468$ ), “Rejection — Acceptance” (PCI) ( $r = -0.346$ ), “Cooperation” (PCI) ( $r = -0.305$ ), “Inconsistency — Sequence” (PCI) ( $r = -0.206$ ), “Authority of the Parent” (PCI) ( $r = -0.622$ ), and “Satisfaction with the Relationship” (PCI) ( $r = -0.495$ ). There was a negative interrelationship between “Parents As People” (EAS) and, respectively, “Inconsistency — Sequence” (PCI) ( $r = -0.271$ ), and “Satisfaction with the Relationship” (PCI) ( $r = -0.197$ ). There also was a negative interrelationship between “Nondependency” (EAS) and, respectively, “Emotional Distance — Intimacy” (PCI) ( $r = -0.355$ ), “Rejection — Acceptance” (PCI) ( $r = -0.276$ ), “Cooperation” (PCI) ( $r = -0.326$ ), “Authority of the Parent” (PCI) ( $r = -0.419$ ), and “Satisfaction with the Relationship” (PCI) ( $r = -0.353$ ).

There was a negative interrelationship between “Individuation” (EAS) and, respectively, “Emotional Distance — Intimacy” (PCI) ( $r = -0.458$ ), “Rejection — Acceptance” (PCI) ( $r = -0.505$ ), “Cooperation” (PCI) ( $r = -0.394$ ), “Inconsistency — Sequence” (PCI) ( $r = -0.471$ ), “Authority of the Parent” (PCI) ( $r = -0.524$ ), and “Satisfaction with the Relationship” (PCI) ( $r = -0.485$ ).

**Table 3***The significant correlations between EAS and PCI (mother's variant) subscales.*

Subscales EAS\ PCI	ED-I	R-A	C	I-S	AP	SR
Deidealization	-.468**	-.346**	-.305**	-.206*	-.622**	-.495**
Parents As People	–	–	–	-.271**	–	-.197*
Nondependency	-.355**	-.276**	-.326**	–	-.419**	-.353**
Individuation	-.458**	-.505**	-.394**	-.471**	-.524**	-.485**

Note: ED-I = Emotional Distance — Intimacy; R-A = Rejection — Acceptance; C = Cooperation; I-S = Inconsistency — Sequence; AP = Authority of the Parent; SR = Satisfaction with the Relationship.

\* —  $p < .05$ , \*\* —  $p < .001$

In answering the questions about their relationship with their fathers, the adolescents showed a little different result: more subscales of the PCI were significantly correlated with the EAS subscales. Two of them showed positive correlations: the subscale “Parents as People” correlated with the subscale “Demanding” ( $r = 0.242$ ), and the subscale “Deidealization” correlated with the subscale “Strictness” ( $r = 0.242$ ). The remaining EAS scales had negative associations with the PCI questionnaire (father version) (Table 4).

**Table 4***The significant correlations between EAS and PCI (father's variant) subscales.*

Subscales EAS\ PCI	D	S	ED-I	R-A	C	D-C	I-S	AP	SR
Deidealization	–	.242*	-.525**	-.417**	-.425**	-.228*	–	-.628**	-.599**
Parents As People	.242*	–	–	–	–	–	-.411**	–	–
Nondependency	–	–	-.275**	-.291**	-.268**	–	–	-.324**	-.292**
Individuation	–	–	-.311**	-.409**	-.337**	-.216*	-.385**	-.283**	-.305**

Note: D = Demanding; S = Strictness; ED-I = Emotional distance — Intimacy; R-A = Rejection — Acceptance; C = Cooperation; D-C = Disagreement — Compliance; I-S = Inconsistency — Sequence; AP = Authority of the Parent; SR = Satisfaction with the Relationship. \* —  $p < .05$ , \*\* =  $p < .001$

In other words, our data allowed us to assume the more difficult nature of the links between indicators of the teenagers' emotional autonomy and the features of their relations with their fathers, in comparison with the one with their mothers. Such data corresponds to the results of research on teenagers' separation from their parents done earlier on a Russian sample by T. Syt'ko (2014), V.P. Dzukaeva (2016), and O.V. Sulimina (2016).

## Discussion

Higher levels of PCI estimates mean closer and more intimate relations with one's parents (the "Emotional Distance — Intimacy," "Rejection — Acceptance," "Cooperation," "Inconsistency — Sequence," "Disagreement — Compliance," and "Satisfaction with the Relationship" subscales) and the perception of more controlling parental behavior ("Demanding," "Strictness," "Autonomy — Control," and "Authority of the Parent" subscales). As for the EAS, higher levels of estimates show higher emotional autonomy in four aspects of Parent-Child interaction (the "Deidealization of Parents," "Perceives Parents As People," "Nondependency on Parents," and "Individuation" subscales).

The results show that the predictions were borne out. Those EAS subscales significantly correlated with the PCI subscales.

The "Demanding," "Strictness," "Autonomy — Control," "Rejection-Acceptance," and "Disagreement-Compliance" subscales of PCI (adolescents' perception of their interactions with the mother) didn't show a significant correlation with any of the EAS subscales.

The results reflect, in our opinion, the nonlinear nature of the association between indicators of teenagers' emotional autonomy, on the one hand, and the parameters of the child-parent relationship, on the other.

However, some researchers consider the correlation analysis data as supportive of the emotional autonomy formation hypothesis (Beyers, & Goossens, 1999; Collins, & Laursen, 2004; Parra, Oliva, & Sanchez-Queija, 2015).

Our results show strong negative correlations between EAS and PCI subscales. We can assume that super-autonomous adolescents perceive their relationships with their mothers as more emotionally distant, characterized by more rejection, less cooperation, and more inconsistency. The adolescents with a high emotional autonomy level considered their mothers' authority to be low and were less satisfied with their relationship with her. These findings are quite predictable and can illustrate the development of autonomy in relations with the mother among adolescents (Collins, & Laursen, 2004).

V. P. Dzukaeva's thesis (2016), written under the leadership of T.Yu. Sadovnikova — *i.e.*, that the father and mother play different roles in the teenagers' autonomy formation — has been verified.

In the traditional Russian family, the father figure is perceived as strict and authoritative. Such results can be explained by the phenomenon of adolescents ceasing to perceive their father figure as an authority and now perceiving him as a strict and demanding member of the family. All the following PCI subscales showed negative correlations with the EAS subscales. We can assume, although only for some teenagers, that super-autonomous adolescents perceive their relationships with their father as more emotionally distant and conflict-ridden, and characterized by more rejection, less cooperation, and more inconsistency. The adolescents with the highest emotional autonomy levels considered the authority of their fathers as low, and those teenagers were less satisfied with their relations with their fathers.

The high predictability of the results can be explained by traditional features of adolescence. As was shown, the Russian version of EAS strongly correlates with the CPI questionnaire.

The results can be accepted as a successful approbation and validation of the EAS on a Russian sample.

## **Conclusion**

The Russian version of the EAS was validated on a sample of 222 pupils from different Moscow schools. (Beyers et al., 2005; Fuhrman & Holmbeck, 1995; Schmitz & Baer, 2001; Steinberg & Silverberg, 1986).

This study aimed to create a model that would fit Russian realities. By means of analysis, the authors compared the original model fit (Steinberg, & Silverberg, 1986) to the latest model fit suggested in the W. Beyers and colleagues' research (Beyers et al., 2005). The results showed a better fit for the original four-factor model: Cronbach's alpha for the EAS = 0.73: for cognitive components (Parental Deidealization and Perceives Parents as People) alpha = 0.55–0.60; and for affective components (Nondependency on Parents and Individuation) alpha = 0.48–0.55. The confirmatory factor analysis showed passable fit indices. In general, the reliability of the Russian EAS version is acceptable.

External validity was checked using the PCI Russian questionnaire, and it was shown to be valid and secure. The correlation analysis showed strong correlations between the EAS and PCI subscales. There were indications of a nonlinear nature of the links between indicators of the teenagers' emotional autonomy and the features of their relationships with their parents. The super-autonomous adolescents tended to perceive their relations with their mothers and fathers as more distant and characterized by less agreement. The protest against the father's authority was expressed among super-autonomous teenagers as the perception of the father as strict and demanding. The results were consistent with the theoretical framework of features of the adolescent period. The informative aspects of the correlations can be described by the adolescent age features in the conception of the Age-Related Cultural-Historical Approach.

The Russian version of the Emotional Autonomy scale can be used as a diagnostic method among practicing psychologists in work with teenagers and their families.

This methodology opens up new opportunities for empirical research in the field of developmental psychology and, in a broader context, in the field of personality psychology and psychological well-being. The technique can also be used to solve practical problems of psychological diagnosis, counseling, and psychotherapy in adolescence.

## **Limitations**

The development of emotional autonomy in the child-parent relationship is an important part of adolescent psychological development. The expansion of the Russian methods to measure emotional autonomy will open up to scientists a new way to research this important stage of aging.

The first steps of EAS validation on a Russian sample were realized.

One limitation of the study was the sample size. One of the ways of improving the validation would be expanding the sample in future research.

Another limitation was the nature of the sample used: students from several schools in Moscow, a megalopolis city. We consider expanding participation to include students from more schools in Moscow, as well as their peers from cities and settlements from other regions (not only megacities), as an important task of further research.

Another limitation was the fact that the fit indices were acceptable, but not perfect. The factor model can be reviewed considering the features of Russian sample.

## Ethics Statement

The preparation of the manuscript was in accordance with APA ethical and publication standards, and the treatment of research participants was in accordance with the ethical and legal requirements of the Russian Federation.

## Author Contributions

The conceptualization and methodology of the study were done by both authors. Data collection, as well as the computations, was performed by T. Konshina. The analysis was conducted by T. Konshina and T. Sadovnikova. Overall draft preparation was carried out T. Konshina, and the edits were made by T. Sadovnikova. Both authors discussed the results and contributed to the final manuscript.

## Conflict of Interest

The authors declare no conflict of interest.

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## Appendix

### *The Russian version of Emotional Autonomy Scale*

*(Следующие вопросы будут касаться Ваших родителей. Отметьте степень согласия со следующими утверждениями:)*

<b>Items of the Russian version of Emotional Autonomy Scale (Original Items of the Classic Emotional Autonomy Scale (Steinberg &amp; Silverberg, 1986))</b>	<b>Совершенно не согласен</b>	<b>Скорее не согласен</b>	<b>Скорее согласен</b>	<b>Совершенно согласен</b>
1. Я и мои родители соглашаемся во всём (My parents and I agree on everything)				
2. Я обращаюсь к родителям за помощью перед тем, как попытаться решить проблему самостоятельно (I go to my parents for help before trying to solve a problem myself)				
3. Мне всегда было интересно, как мои родители ведут себя, когда я не рядом с ними (I have often wondered how my parents act when I'm not around)				
4. Даже когда мы с родителями расходимся во взглядах, они всегда правы (Even when my parents and I disagree, my parents are always right)				
5. Для подростка лучше обратиться за советом по поводу некоторых вещей к лучшему другу, чем к родителям (It's better for kids to go to their best friend than to their parents for advice on some things)				
6. Если я сделал(а) что-то не так, моим родителям приходится исправлять это за мной (When I've done something wrong, I depend on my parents to straighten things out for me)				
7. Есть некоторые вещи, которые мои родители обо мне не знают (There are some things about me that my parents don't know)				
8. Мои родители ведут себя со своими родителями по-другому, чем когда они дома со мной (My parents act differently when they are with their own parents from the way they do at home)				
9. Мои родители знают обо мне всё (My parents know everything there is to know about me)				

10. Вероятно, я буду удивлен(а), увидев, как мои родители ведут себя на вечеринке (I might be surprised to see how my parents act at a party)				
11. Я стараюсь придерживаться тех же взглядов, что и мои родители (I try to have the same opinions as my parents)				
12. Мои родители ведут себя на работе так же, как и дома (When they are at work, my parents act pretty much the same way they do when they are at home)				
13. Если у меня возникнет проблема с другом, я обсужу это с мамой или отцом перед тем, как приму решение, что с этим делать (If I was having a problem with one of my friends, I would discuss it with my mother or father before deciding what to do about it)				
14. Мои родители были бы удивлены, увидев, какой(ая) я, когда я не с ними (My parents would be surprised to know what I'm like when I'm not with them)				
15. Когда я стану родителем, я буду воспитывать своих детей именно так, как мои родители воспитали меня (When I become a parent, I'm going to treat my children in exactly the same way that my parents have treated me)				
16. Мои родители, вероятно, говорят о разных вещах, когда я рядом, и когда меня нет поблизости (My parents probably talk about different things when I am around from what they talk about when I'm not)				
17. Есть вещи, которые я буду делать иначе, чем моя мать и отец, когда я сам буду родителем (There are things that I will do differently from my mother and father when I become a parent)				
18. Мои родители вряд ли когда-либо ошибаются (My parents hardly ever make mistakes)				
19. Я хотел(а) бы, чтобы мои родители поняли, кто я на самом деле (I wish my parents would understand who I really am)				
20. Мои родители ведут себя одинаково со своими друзьями и дома со мной (My parents act pretty much the same way when they are with their friends as they do when they are at home with me)				

## The Burnout Concept as a Theoretical Framework for Investigating the Caregiving Impact of Relatives of Patients with Addictive Disorders

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**Background.** Relatives of patients with addictive disorders often face significant difficulties in their daily lives. Although the burnout concept is currently considered a significant and promising theoretical framework for studying family members who care for chronically ill patients, its application has encountered considerable difficulties in the area of addiction treatment.

**Objective.** This article explores the methodology for studying the psychological issues arising in families affected by addictive disorders. We analyzed the social, economic, and cultural conditions of the different study models developed in this field, and identified the difficulties hindering the acceptance of the burnout concept as a theoretical construct for investigation.

**Results.** There are several main obstacles to the burnout concept's application to studying the psychology of addictive patients' families. These obstacles are: 1) a stigmatizing attitude toward the relatives, labelling them as dysfunctional/codependent, or merely passive recipients adjusting to stressful and challenging circumstances; 2) a sole focus on the destructive elements of the "informal caregiver — addicted patient" relationship dynamics; 3) underestimation of relatives' willingness, experience, and knowledge in the care of their addicted family member and failure to recognize their right to participate in treatment decision-making; and 4) lack of specialized tools for assessing burnout and its opposite pole — the engagement of addicts' relatives during the patients' care.

**Keywords:**  
Addictive disorders, codependency, informal caregivers, stress, burden, burnout, engagement, methodology

**Conclusion.** Application of the burnout concept as a theoretical framework allows us to reformulate many psychopathological phenomena described in the family members of addicts, and expands the perspective of psychotherapy by providing the opportunity to conduct interventions to improve relatives' functioning as caregivers. This, in turn, will contribute to the effectiveness of treatment outcomes for both addicts and their families.

## Introduction

Addictive disorders are chronic diseases which often significantly undermine the addict's physical health and can have severe psychological and social consequences both for the patient himself and for his/her social circle. Most addicts (at least in the initial stages of their disorder) have a family. Family members interact with the addict to varying degrees, depending on their position or role in the family. Family members usually make attempts to help the patient cope with the disease and the most involved relatives, who are typically women, experience a greater impact, which results in detrimental effects and suffering for themselves.

Studies have shown that relatives involved in interacting with the addicted patient typically experience severe anxiety and depression. They may experience helplessness, anger, guilt, or constant concern for the patient's physical and mental well-being. A significant reduction in the quality of their social life, disruption of close family communications, and development of somatic illnesses caused by stress in connection with the illness of a loved one, are often studied in addicts' relatives (Coppello et al., 2010b; Orford et al., 2005, 2010; Settley, 2020). However, the contribution of a family caregiver to maintaining the patient's well-being is frequently underestimated due to the attitudes of the professional community which interacts with addicts' relatives. These attitudes can be shown by specialists apparently ignoring, or even disapproving of, family care.

In Russia, relatives of patients with addictive disorders are usually viewed within the framework of the codependency concept. This concept appeared in Russia along with the Minnesota model of addiction treatment. Currently, various adaptations of the 12-step program, based on the Minnesota model, are being used almost everywhere in clinics engaged in the treatment and rehabilitation of addicted patients. According to the codependency model, the relatives' care for a patient is perceived as unconscious compensation of their own personal dysfunction. This means that such care has psychological benefits and should be considered as a psychotherapeutic target.

Stress-oriented models, which are common abroad, consider interaction between the family and the addict as a stress factor that can cause strain on family members, leading in some cases to somatic and/or psychic disorders. Relatives' care in such a context is seen as harmful for their own health, and thus undesirable.

In both theoretical models currently used for the studying of addicts' relatives, the principal orientation calls for increasing the distance, or even urging separation, between informal caregivers and addicts. Thus, the very possibility of a caregiving status for the addict's relatives is questioned.



But actually, “family members are frequently an unpaid and unconsidered resource providing health and social care to their substance-misusing relatives” (Coppello et al., 2010b, p. 67), which defines them as informal caregivers of chronically ill patients.

The term informal caregiver, at the moment, is widely applied in sociology, psychology, and nursing. Its definition varies depending on the application area. Analysis of the literature allows us to give the following definition: an informal caregiver is one who has a social relationship (spouse, parent, child, other relative, neighbor, friend, etc.) with the care recipient (dependent and in need of care due to various circumstances) and provides unpaid care on an ongoing basis or as required (Shishkova, & Bocharov; 2021a).

The alleged incompatibility of kinship relations with the caregiver’s role within the framework of the theoretical models used in the field of addictive disorders, on the one hand, and the actual existence of relatives in this role on the other, represent the main contradiction within the current situation, and call for necessary changes.

Analysis of the literature has shown that one of the important principles that currently explains the psychology of informal caregivers is the concept of burnout (Shishkova, & Bocharov; 2021a). Nowadays this concept is not only applied in the occupational context, but is also used in a wider sense to describe “caregiver–care-recipient” relationships, as in the parent–child or “caregiver–chronically ill relative” area (Gérain, & Zech, 2019; Lebert-Charron et al., 2018; de Souza Alves et al., 2019). The burnout concept is described as a considerable and promising theoretical basis for empirical and interventional studies (Gérain, & Zech, 2019). Actively developing research on the burnout observed in caregivers for somatically and mentally ill patients paradoxically has not been applied to the studies of the psychology of addictive patients’ informal caregivers. Thus, the question arises: what prevents the theoretical concept of burnout from being explored in the study of addicts’ caregivers?

As we already mentioned, non-recognition of relatives as caregivers may be one of the reasons for a significant delay in applying the burnout concept in the field of addictive disorders. In present work we analyze the possibilities and barriers of employing the concept of burnout as a theoretical framework for studying the complex psychological problems experienced by relatives taking care of addicted family members. For better understanding of these possibilities and barriers, we first present a brief overview of the burnout concept, its implementation outside the occupational context, and the main tools of its measurement, as well as the theoretical models that are most often used for studying addicts’ relatives.

## **Methods**

Based on a review of the literature and our own clinical experience, we explored some methodological issues concerning investigation of the caregiving impact of relatives of patients with addictive disorders. A literature search for publications indexed in Cochrane Library, EMBASE, Web of Science, Scopus, and PsycINFO databases was conducted between 2015 and 2021. The gray literature investigation included searches in databases of theses and manuscripts such as OATD and NDLTD. Additional

manual search was based on expert consultations and references in specific journals and books. Articles were analyzed to see if they described the burnout concept and its implementation outside the occupational context, on relatives or families affected by addictive disorders, especially in the aspects of psychological consequences of informal caregiving. The data extraction and following analyses relied on expert knowledge, which allows in-depth understanding and synthesis of theories and links between them (Hannes, 2011).

## Results

### *The concept of “burnout”*

#### *Emergence and development of the burnout construct*

The phenomenon of ‘burnout’ was first described in the works of Freudenberger (1974) and Maslach (1976). They discovered, independently of one another, that social workers as well as customer service workers often feel emotionally exhausted, and develop negative attitudes toward their clients or patients. These observations served as the basis for the subsequent development of the idea of professional burnout, which has become internationally recognized as a concept to describe this particular type of physical, emotional, and mental exhaustion and stress.

It is important to note that the clinical observations on which the original burnout concept were based came from the experiences of volunteers at the St. Mark’s Free Clinic in New York’s East Village — a free clinic for drug addicts and homeless people. Freudenberger used the term to describe the gradual loss of motivation, lowered commitment, and emotional depletion among the volunteers who were caring for illicit drug abusers (Freudenberger, 1974).

Summing up their observations, Maslach and her colleagues developed a tri-dimensional concept of burnout: 1) emotional exhaustion; 2) depersonalization; and 3) reduced personal accomplishment. In addition, the authors created the Maslach Burnout Inventory (MBI), which enabled the assessment of an individual’s experience of occupational burnout (Maslach, & Jackson, 1981; 1998).

Emotional exhaustion refers to feelings of being overextended and depleted of one’s emotional and physical resources and is considered a basic component of the syndrome. Depersonalization (cynicism) represents a negative, cynical, or distant attitude toward people encountered in professional life. This negative, excessively detached response to various aspects of the job represents a motivational, interpersonal dimension of burnout. Finally, reduced personal accomplishment reflects a sense of decrease in one’s own competence and effectiveness, and is a self-evaluative dimension of burnout (Maslach, 1998).

The three-factor structure of the concept developed by Maslach was applied unchanged to different professional groups and cultures (Leiter, & Schaufeli, 1996; Schaufeli et al., 2009; Qiao, & Schaufeli, 2011). However, a number of researchers questioned the presence of any common etiology of the emotional exhaustion, depersonalization, and reduced personal accomplishment and claimed that each of the components could develop independently of the others (Golembiewski, & Boss, 1992; Shirom et al., 2005).

The component of reduced personal accomplishment is particularly subject to criticism. A number of empirical studies have demonstrated that the personal accomplishment scale poorly correlates with the scales of emotional exhaustion and cynicism. Relying on this data, Green, Walkey, and Taylor concluded that exhaustion and cynicism are the core dimensions of burnout (Green et al., 1991; Schutte et al., 2000).

Some other theorists consider burnout a one-dimensional concept (Kristensen et al., 2005; Shirom et al., 2005). According to these authors, exhaustion is the main symptom of burnout; in fact, it is its equivalent.

In recent decades there has been a shift in research focus from burnout towards engagement in work. Although Maslach and Leiter (1999) assumed that engagement and burnout constitute the continuum of work-related well-being, the concept of engagement and its measurement was not sufficiently developed by them. According to Maslach, low scores on the MBI exhaustion and cynicism scales, and a high score on the professional accomplishment scale, reflect engagement phenomena. Subsequent studies have argued that burnout and engagement need to be estimated independently (González-Romá et al., 2006).

At the present time, work engagement is a multidimensional concept. Engagement in work is defined as a positive, fulfilling, work-associated state of mind. It is typically characterized by three features: vigor, dedication, and absorption (Schaufeli et al., 2002). Vigor is characterized by high work capacity and flexible thinking (*i.e.*, creativity) in the work process. Dedication is associated with the feeling of meaningfulness, enthusiasm, inspiration, and pride. Absorption implies complete concentration, such as when a person is so deeply engrossed with his/her work that time passes by unnoticed.

For measurement of work engagement, a self-report questionnaire called the Utrecht Work Engagement Scale (Schaufeli, & Bakker, 2003) is widely used. Research has shown that exhaustion and vigor, as well as cynicism and dedication, each constitute their own continuums, which are dubbed energy and identification, respectively (González-Romá et al., 2006).

Analysis of the concept's current development shows that, in spite of the fact that burnout is well established in psychosocial research and describes a number of important psychosocial problems, its definition and operationalization are still in the process of clarification.

### *Application of the burnout concept in the field of interpersonal relations outside the occupational context*

The issue of the applicability of the burnout concept outside the field of professional activity has been discussed for some time. Some authors believe it can only be applied in a work-related context and is uniquely related to occupational exhaustion (Maslach, 1998; Schaufeli et al., 2009). Others describe the phenomenon of burnout as a condition of physical, emotional, and cognitive exhaustion resulting from continued exposure to emotionally straining situations which can occur in various circumstances, not exclusively in a work environment (Pines et al., 1996; Kristensen et al., 2005).

The first papers focusing on the study of burnout as a theoretical concept within the analysis of family relations appeared in studies by Ekberg, Griffith, and Foxall (1986). Their studies appeared to indicate that spouses of chronically ill patients had symptoms similar to those of the burnout that was typical of formal caregivers such as nurses. Three years later, Pelsma (1989) stated that parental burnout also existed and offered an adjusted version of an MBI questionnaire to measure it.

However, more extensive and focused research of informal caregivers' burnout started after the millennium year 2000 (Norberg, & Green, 2007).

Prolonged disregard for the need to investigate the psychology of the large group of people exposed to severe stress resulting from their taking care of a chronically ill family member and interacting with them, led to some clear methodological gaps in this field of study. This type of disregard is perhaps to be expected within the usual social and cultural norms of society (Franza et al., 2016). This situation, however, is undergoing significant changes. In particular, the notion that care for a disabled person close to you is a normal duty for a family member that should be performed out of love for them, has been challenged. Also, the belief that care for the disabled relative should be undertaken by a family member, no matter the caregiver's external circumstances, mental state, or ability to cope, is no longer considered dogma.

There have been sociocultural transformations over recent decades which have significantly affected the institution of the family and the role of women in family interactions. Besides this, the ongoing medico-social process of deinstitutionalization has contributed to observable changes. The transfer of disabled people from institutions, such as hospitals, back to their families and communities to help with the reduction of inpatient beds and lengths of hospital stays, has heightened the visibility of informal caregivers' input. In combination, these two tendencies have significantly changed the situation relative to the pressures and social norms of caregiving being the "sacred" duty of a patient's family, and have produced the need to understand and take into account the efforts and costs of relatives caring for a chronically ill family member.

Currently, the theoretical concept of burnout is widely used in the context of the relationship between caregiver and care-recipient. More precisely, it is used in the study of "parent-child" relations and the relationship between the informal caregiver and the chronically ill patient.

In the field of "parent-child" relations, researchers have been focusing on the problem of parental burnout in the process of a child's upbringing, and highlighting an increased risk of burnout among parents caring for children suffering from chronic somatic or mental disorders (Roskam et al., 2018; Norberg, & Green, 2007; Lebert-Charron et al., 2018).

At the present time significant data has also been collected on the burnout of informal caregivers who take care of adults with various somatic or mental disorders. The results of numerous investigations have shown that the burnout syndrome can negatively affect caregivers' quality of life and general health, as well as predict the emergence of emotional disorders (Gerain, & Zech, 2019; De Souza Alves et al., 2019).

*Lack of specialized tools for measuring burnout in the field of interpersonal relations outside the occupational context*

These days, when researchers are assessing burnout among family members caring for chronically ill relatives, the vast majority employ adapted versions of the MBI or the Shirom-Melamed Burnout Questionnaire (Lebert-Charron et al., 2018; Norberg, & Green, 2007; de Souza Alves et al., 2019). Both questionnaires were originally aimed at studying professional burnout. In the available literature, we found only a few studies that were not solely focused on the adaptation, but on the development of specialized tools for measuring burnout in family relationships (Kmit et al., 2018; Roskam et al., 2018; Shishkova et al., 2021a, b).

Analysis of the measuring tools currently used to diagnose burnout in the field of family relations has revealed a number of significant drawbacks. First is the fact that most of them originally came from the professional arena and were re-purposed for the field of interactions between chronically ill patients and family caregivers. To consider burnout a general condition of the psyche without taking into account its causes does not enable one to consider the specific features of family relations. Direct transfer of the burnout concept and its assessment tools from the professional area to family relationships does not seem to be sufficiently substantiated and thus needs to be adjusted in light of different environments and relationship contexts. Secondly, existing methods of analysis are based on the diagnosis-centered approach, where analysts suggest a set of statements representing symptoms of burnout. The assessment score in these cases only represents the summation of destructive behaviors and processes, without relating them to the resources of the caregiver. This is in contrast to the contemporary view on the concept of burnout that points to the significance of investigating its opposite, engagement.

In the caregiving context, vigor, for example, can represent a sense of adequate energy to solve the issues connected to the treatment and maintenance of the well-being of a chronically ill relative. The caregiver's sense of fulfillment and meaningfulness through their care work can accordingly be considered dedication. So, the development of specialized tools could be considered one of the most vital changes required in research of "engagement-burnout" concepts outside the occupational context. The availability of specialized assessment measures, in turn, will allow study of the conditions and factors that contribute to, or prevent, the informal caregivers' burnout and engagement.

Thus, the analysis of the current development of the burnout concept and measuring tools used for burnout assessment reveal significant obstacles to the concept's application to the study of relationships in the families of addicts. These obstacles are primarily related to a certain immaturity of the construct as applied to interpersonal relations outside the occupational context. As we have seen, within the framework of family relations, the burnout construct is focused only on the deficiency component. This limitation determines the inefficacy of the existing assessment tools, as they do not correspond to the burnout concept's current development. The contemporary burnout-theoretical construct requires the inclusion of engagement, which constitutes the opposite of the burnout pole and reflects constructive personal activity. Another problem is the neglect of the specificity of the interpersonal relationships that arise between the caregiver and care recipient.

The immaturity of the construct as used outside the occupational context, and the methodological inadequacy of the applied tools, act as obstacles to integrating the burnout concept into studies of the psychology of the addictive patient's family.

### ***Theoretical models mainly used for studying addicts' relatives.***

#### ***Challenges of burnout concept integration***

##### ***The concept of codependency***

The concept of codependency, which gained popularity in the 1970s, emphasizes the personal deficiencies and destructive behavioral patterns of addicted patients' relatives. These patterns are considered to interfere with the therapeutic and rehabilitation process and are to be overcome by breaking pathological (codependent) relationships with the addicted patient. This approach leads to the disturbed personality and decompensation hypotheses, which were put forward by various authors to interpret some of the psychological characteristics of alcoholics' wives in the 1950s (Futterman, 1953; Kalashian, 1959).

The development of the codependency concept should be considered within the context of the social circumstances at the time. According to Haaken (1993), it originated from feministic ideas of gender equality and a medical concept focused on the presence of an unhealthy process within addicted patients' families.

According to feminist ideas, the negative psychological experiences of women having close relationships with addicts were considered to be caused by gender inequality. The aspects of family living associated with care and dependence were previously perceived as natural and socially approved. However, in the context of new changing social trends, such relations were considered to be inadequate and unhealthy, resulting in personal and micro-social harm, and therefore needing to be eradicated. Due to this, emotionally close, codependent relationships came to be recognized as at the very least inadequate, or even as an unhealthy situation which needed correction.

G. Dear asserts that the codependency concept is demeaning to women (Dear, 1996) in that it describes behaviors traditionally associated with the female role in the family, as that of an inadequate and disturbed personality.

In our opinion, this phenomenon reflects the change in gender roles that has been taking place in the Western World. As suggested by Calderwood and Rajesparam (2014), at the time of the initial conceptualization of the codependency model, the stereotype of a woman implied the presence of such qualities as obedience and dependency, and her social activity was usually associated with taking care of others. The authors believe that nowadays women in Western society are more independent, both financially and emotionally.

As some researchers note, the codependency concept relies on a model that focuses primarily on personal autonomy, which can conflict with the cultural values of those social systems where an individual's behavior is determined by family traditions and where an interdependent caretaking style of family relationship is encouraged (Chang, 2012; Granello, & Beamish, 1998; Kwon, 2001).

During the 1990s and beyond, authors began to pay attention to the stigmatizing terminology of the codependency concept and lack of its empirical support for it (Lee, 2014; Dear, 1996; Harper, & Capdevila, 1990; Orford et al., 2013). The use of this pathologizing and stigmatizing terminology when working with addicts' family members has a negative effect on their psychological and social functioning (Lee, 2014; Orford et al., 2013). Characterizing women as codependent can significantly damage their self-identification, as this presumes their lack of ability to create mature, realistic, autonomy-based independent relationships. Such a characterization is basically a pseudo-objective social assessment of the personal functioning of women. It is perhaps more traumatizing as it is given by an authority figure, an expert in areas of drugs, alcohol, and other addictive substances. This is replicated numerous times in social environments such as self-help groups, which are ideally meant to provide help.

However, as Lee remarks, while displacement of the research focus away from patient's family's role in the development of an addictive disorder, protects the relatives from stigmatization, on the other hand it prevents gaining a coherent view of the family dynamics. This puts much of the blame for what is going on inside the family on the patients themselves (Lee, 2014).

In more recent times, the concept of codependency has become a lot less influential abroad and use of the term itself is becoming increasingly rare. The patients' relatives are more and more often referred to by terms that do not have such an obvious negative connotation, such as "affected family member," "concerned family member," "significant other," and so on. But in Russia, this theoretical construct still occupies a leading position.

### *Stress-oriented models*

Even during the period of the apparent dominance of the codependency concept, there existed alternative approaches to understanding the psychology of the addicted patients' relatives. At the core of these concepts is, first and foremost, the concept of stress. As early as the 1960-70s, studies were performed which focused on the origin of stress and the reversibility of the disorders that were seen in the addicts' relatives. In particular, the studies focused on the wives of those suffering from alcoholism (Edwards et al., 1973; Kogan, & Jackson, 1965).

However, the data that did not fit into the pathologizing notion about addict's relatives' deficiencies — the methodological basis of codependency — were easily assimilated by the stress concept. This resulted in the codependency construct itself becoming less precise and consequently increasing the number of people whose behavior was described in codependency terms. The most radical opinions expressed by authors who agreed with this concept declared all those who interacted with the addict to be codependent, including those who were brought up in a family where one of its members had a marked disorder of a different genesis (Schaefer, 1986; Wegscheider-Cruse, 1985).

Currently, the stress-oriented approach is increasingly determining the theoretical comprehension of the psychology of addicts' relatives internationally. Interaction between a family member and an addict is looked at through the theoretical frame-

work of chronic stress models, where stress, strain, adaptation, and coping serve as the categories analyzed.

Among the evidence-based stress-oriented models widely used in work with addicts' relatives, one should mention the Stress-strain-coping-support model (SSCS). UK policy documents report this model to be effective in decreasing drug and alcohol addiction's negative consequences for society and addicts' families (Velleman, 2010).

Within this model, interaction between a family and addict is considered a stress factor that can cause strain on family members, leading in some cases to somatic and/or psychic disorders. In this case, the social support received by the addict's family serves as a buffer, and such mediation is capable of greatly relieving the negative impact of the addict's disease (Orford et al., 1998; 2013).

One of the central elements of the SSCS model is the typology of the addict's relatives' coping behavior suggested by the authors. In this typology, Orford and his colleagues distinguish three principal different family reactions to the addict's disease. These include standing up to it, "putting up with it," and becoming independent. (Orford et al., 2013).

This typology was originally derived from a cross-cultural study of coping behavior strategies of addicts' relatives carried out by the authors in England and Mexico (Orford et al., 1998). Coping behavior was estimated by Orford and his colleagues according to coping reactions recorded in a previous study. The qualitative and quantitative analysis, and in particular the factor analysis of results achieved by Orford's team, identified different possible reactions of the relatives living with a drug or alcohol addict. The analysis resulted in identifying three main factors called engagement, tolerant-inactive, and withdrawal (Orford et al., 2010).

It is curious to note that the presented construct is closely associated with instinctive theories of response to a threat such as "beat," "standstill," or "run." Such a description of how addicts' relatives cope with the disease seems to be too simplistic.

The factor the authors called engagement combined strategies representing the family members' efforts to change the addict's behavior. This factor included emotional coping — the emotional expression toward the addict; control — the attempt to limit the alcohol and drug use; and assertive reaction — a clear and calm position toward the addiction and support for the addict. A combination of assertive and supporting coping was described by the authors as one reflecting family decisions as to which behavior of addicted family member was acceptable and which was not. Such forms of coping could motivate the addict to stop the substance abuse and/or to seek medical treatment.

According to Orford, tolerance-inactivity factors included strategies such as self-sacrifice and acceptance. Examples include attempts to forgive addicts, inactivity manifested by empty threats, the absence of any demands on the addict, and efforts to keep the peace by any means.

The withdrawal factor which Orford described as bipolar contains strategies aimed at avoidance and independence and represents attempts to keep a distance from the addict by focusing on other interests and needs. Strategies of support are included in this factor with a negative loading (Orford et al., 2010, Velleman, 2010).

While estimating the effectiveness of the interventions based on the SSCS model (known as the 5-Step Intervention), the authors interpreted the total reduction of



the coping used by addicts' relatives as representing positive change. This reduction was primarily due to a decrease in the use of strategies involving active interaction between the family and the addict, such as engagement and tolerance-inactivity (Copello et al., 2000; 2010a; Velleman et al., 2011). In some sampling groups, interventions performed were followed by an increase in withdrawal strategies.

From this we can conclude that spontaneous activity by relatives aimed at fighting the disease and supporting the addict was considered "unhealthy" by the authors (Copello et al., 2000, p. 482). It is important to note that attempts to cope with the disease may look like self-sacrifice when performed in close family relationships, and that family support can play a significant role in the addict's recovery.

At the same time, a family member's increased independence and greater insistence on his or her own needs and rights, which are components of the withdrawal means of coping, are considered by the authors as chiefly positive changes in the dynamic of the caretaking relative-addict relationship.

Such an evaluation is also underpinned by the illustrative material showing the quality analysis data. This is where family members demonstrated how they could withdraw from the addicts regardless of their condition, or even completely separate from them (Copello et al., 2000; 2010a; Velleman et al., 2011). Evidence for the usefulness of the 5-Step Intervention can be seen by the fact that, even when family members considered that their substance-abusing relative had either not improved or had deteriorated, they still showed a significant decrease in symptoms and coping behaviors (Velleman et al., 2011).

The authors conclude that the fewer coping reactions, the more positive changes there are, since most attempts to cope with the situation, particularly by way of engagement and tolerance, are unhelpful for family members' experience and health (Copello et al., 2010a; Velleman et al., 2011).

Orford and his colleagues emphasized the multidimensionality of coping strategies and warned against perceiving any of the strategies as dysfunctional or functional without referring them to a specific life situation. But, as we can see, at the core of the considered program is the assumption of absolute personal autonomy as a tool to obtain self-realization. This proposition should sound familiar because of its similarity to the codependency concept.

It is necessary to note that after the 5-Step Intervention, the relatives' symptom levels had only fallen to the level of those experienced by the sample of psychiatric in-patients and day-patients (Velleman et al., 2011).

One question that arises from this is why the number of symptoms reflecting relatives' distress is still extremely high if non-adaptive coping strategies such as engagement and tolerance-inactivity associated with pathological symptoms, reflect reduced engagement and emotional detachment from the addicted family member.

We believe that the problem lies in the existing methodological gap. When describing family members' reactions, Orford et al. consider the addicts' relatives to be passive recipients adjusting to the stressful conditions of life which are fully determined by the patients' behavior. At the same time, the relatives' behavior is constructive at its base, and is aimed at helping the patient recover from the disease. This reflects the relatives' active role in the transformation of their environment and attempt to eliminate the main source of pathological stress. Underestimation of the relatives'

active position leads to a lack of knowledge about the conditions and the factors associated with the success or failure of their active involvement in the patient's life. This subject is considered to be beyond the scope of the concept.

The contradiction between understanding the relative as a sufferer, a passive recipient in stressful circumstances, and the relative's actual position of a caregiver who gives assistance to his/her addicted relative and struggles with the illness, creates a methodological gap. This gap requires the implementation of a new special category for resolving existing contradictions. In our view, this could be the notion of engagement within the concept of burnout.

Deprecation of informal caregivers' efforts, as observed in the field of addiction treatment, can cause a blockage of personally meaningful activities and become one of the potential sources of the addicts' relatives' burnout. It is precisely this burnout, in our opinion, that results in the remaining psychopathological symptoms that are described in Orford's studies.

In other words, a principal orientation toward separation or withdrawal of relatives from an addicted loved one interferes with those relatives' basic emotional needs to provide love and care for someone close to them. To fulfill this need is at least as important for the addicts' relatives' self-realization as is the need to achieve abstract personal autonomy. Therefore, today's core idea of the necessary transformations in patient-caregiver relations should be revised to take into account the need for the active engagement of relatives in the addict's struggle against the disease, and in maintaining the well-being of an addicted family member.

It is necessary to note that a change in the distance between the chronically ill relative and informal caregiver is not specific for addictive disorders. Increase of the symbiotic tendencies in caregiver/care-recipient relationships is a natural reaction that certainly requires the attention of specialists. However, the presence of symbiotic tendencies is not any reason to deny the constructive personal activity of relatives aimed at supporting chronically ill family members, and cannot be overcome by mechanistically adopting opposite to symbiotic relationship forms of behaviors.

Nevertheless, the important achievement of the stress-oriented approach, compared to the codependency approach, is the partial de-stigmatization of the addicts' relatives, who are no longer considered dysfunctional and decompensated, but as normal people in a difficult life situation. This results in a significant shift of scientific and research focus toward the experiences, difficulties, and requirements of family members caring for addictive patients.

In the framework of the stress-oriented approach, the family experience of caregiving is also frequently conceptualized as a "burden." The term "burden of the family" was first mentioned by the American sociologist Treudley (1946) and refers to the consequences for those who care for severely disturbed psychiatric patients.

In psychiatry and somatic clinical practice, empirical studies of the informal caregiver's "burden" began in the 1960s (Hoenig, & Hamilton, 1966) and are actively ongoing to the present day (Yasuma et al., 2021).

Systematic research of the "burden" of addicts' relatives only began to be undertaken in the first decade of the 21st century (Biegel et al., 2007). Purposefully study-

ing the difficulties resulting from having an addicted family member, the authors described various conditions, including emotional problems, financial difficulties, stigma, violence, and poor mental health (Di Sarno et al., 2021).

Despite the high relevance of studying and systematizing the difficulties experienced by relatives of patients with addictive disorders, the theoretical construct of “burden” does not provide a holistic view of the processes in the lives of people involved in interactions with addicted loved ones. Ignoring the underlying group dynamic relationships of family members and group norms associated with the socio-cultural context and personal characteristics of caregivers, makes it impossible to form a complete picture so that the necessary psychological assistance can be provided. Additionally, the concept of “burden” is poorly defined and can’t be measured accurately (Gérain, & Zech, 2019; Mosquera et al., 2016).

So, the “burden” concept corresponds to the early stages of developing the burnout concept and focuses only on the negative aspects of caregiver/care-recipient interactions. It can be considered a link in the process of working out a comprehensive methodological framework for studying the addicts’ relatives as informal caregivers. The concept of “burnout” can serve as a theoretical basis for such work.

### *Challenges of burnout concept’s integration into the sphere of addictive disorders*

As we have seen, the concept of burnout is considered an important principle in explaining the psychology of family members caring for chronically ill patients. Nevertheless, any research on burnout, besides our own studies (Bocharov et al., 2019; Shishkova et al., 2021a,b,c), has been non-existent in the area of addictive disorders, despite the evidence that family members take an active part in the care of addicts.

In our opinion, the main reason for the lack of studies is a methodological conflict that has not yet been articulated by the scientific community. There is a conflict between the theoretical models which have been used for describing the psychology of addicts’ family members for a considerable time, and the constructs developed to assess the impact of informal caregiving, which have become relevant since the cultural transformations of the last few decades.

In analyzing the described shift in understanding the psychology of addicts’ relatives from codependency models to stress-oriented approaches, we should mention that these changes are due to the influence of various psychotherapeutic paradigms. The popular psychodynamic approach, with which the explanatory codependency models are associated, has gradually been replaced by the dominance of the cognitive-behavioral approach. One of the important foundations of this approach is the concept of stress.

The low economic efficiency of psychoanalysis and its branches was one of the factors leading to ignoring the relatives of addictive patients, as they were seen as needing psychotherapeutic care in their own right. During this period, addicts’ relatives organized various self-help groups such as the “Co-dependents Anonymous” community, an organization which has spread throughout the world.

As the cognitive-behavioral approach advanced, psychotherapeutic care became increasingly economically measurable and affordable. This ultimately led to the pos-

sibility of its use as the main means of working with the family members of addicted patients. This was particularly the case in dealing with their irrational beliefs and maladaptive coping strategies. Currently, the special psychotherapy provided to relatives of addicted patients in many European countries is conceptual (Velleman, 2010).

Our analysis of the existing approaches to the study of relatives affected by addictive disorders allows us to point out changes in perception and attitude toward such relatives. These changes are reflected in the gradual reduction of stigmatization and the consideration of relatives as normal people in a difficult life situation.

Despite the fundamental difference between the initial message of the stress-oriented models, for example the SSCS, and the codependency concept, there is a significant similarity between the two approaches in understanding the causes of the dysfunction of addicts' relatives. In both approaches the root of the problem is located in their loss of autonomy. Accordingly, the restoration of optimal functioning is achieved in the separation of informal caregiving relatives from the care-recipient patients.

In addition, both concepts coincide in postulating the fundamental non-constructiveness of the interaction between the addict and caretaking family members, as well as the tendency to exclude relatives of the addicts from the caregiving process. According to the codependency concept, preoccupation with their own problems (personal dysfunctionality) determines the impossibility of family members performing the functions of caregivers. From the standpoint of the stress approach, the vulnerability of addicts' relatives to the influence of stress also basically excludes them from performing this role. One could agree with this, but given the fact that the real function of caregiving is performed by relatives, and that the anosognosia typical of addicts often leads to a lack of articulation of the very need for care, the family members are actually the only ones who want to and are able to provide care for their chronically ill relative.

The stigmatizing stereotype in perception and attitude toward addicts' relatives has substantially determined the deficit-oriented approach currently observed in the field of addiction research and treatment. This approach is characterized by focusing solely on the destructive elements of the "informal caregiver-addicted patient" relationship dynamic, and underestimation of relatives' willingness, experience, and knowledge in care for their addicted family member. The existing situation causes significant delay in the awareness of the addicted patients' relatives as informal caregivers and prevents integration of the burnout concept, frequently used for evaluation of caregiving impact, into the field of addictive disorders.

The personal activities of relatives in various forms of care directed to the maintenance of the well-being and fight against the disease of the chronically ill family member, are usually supported by specialists in the somatic and even psychiatric clinics. However, in addiction treatment, they encounter significant resistance. This resistance is associated with the stereotypes in the evaluation of interactions between the addict and their relatives. This type of relationship is traditionally considered as a dysfunctional and mutually destructive one.

In the somatic clinic, where the existing patient's illness does not actually depend on the psychological functioning of the family, there is no stigmatizing idea about the impact of relatives on the emergence and maintenance of the pathological process.

The term “caregiver” has become widespread here. This term reflects the social shifts that determine the perception of chronically ill patients’ relatives as those performing socially necessary functions, and their participation in treatment and rehabilitation is regarded as a key element in achieving successful results.

The peculiarities of the course of psychiatric diseases, in particular, the need to maintain compliance with medication and monitor the patient’s condition for their timely hospitalization, have led to acknowledging the importance of engaging families of mentally ill patients as active participants in the therapeutic process. Such engagement is carried out despite the often-expressed stigmatization of this group.

The necessity of providing opportunities for family members to discuss treatment options and acquire awareness and information concerning addiction and the support available is already recognized by addiction service professionals (McDonagh, & Reddy, 2015). However, this should only be considered as an initial step to an effective partnership between relatives and professionals.

For the successful integration of the burnout concept into empirical and interventional studies of the addicts’ relatives, total de-stigmatization of this group of informal caregivers is required; this implies a holistic view that includes not only the dysfunctional aspects, but also a notion of the constructive activity (engagement). In keeping with empowerment ideas, we should recognize the close relatives caring for the addict as equal participants of the treatment process, and enable them to become collaborators in their sick relatives’ treatment decision-making.

## **Discussion**

In recent years, the concept of burnout has assumed considerable prominence in the research of family members caring for chronically ill patients. By applying this concept, one can systematically examine both external factors — such as the burden relative to the severity and duration of the case — as well as the internal ones. Examples would be the social attitude, self-esteem level, and the degree of symptoms of depersonalization. These factors can determine the effect of giving care on the caregiver. Studying the mechanisms of family caregivers’ burnout, as well as development of prevention programs, are important both for caregiver and care-recipient. The chronically ill patient might be left without the assistance of family members because caregiving relatives’ burnout causes them to be negligent. This negligence could cause the patient to succumb to their disease and result in fatality.

The current realities of life, results from continuing deinstitutionalization, increasing life expectancy, and the growth of chronic diseases, make it necessary to support the care provided by relatives of the chronically ill and create conditions for its enhancement and optimization. In this regard, the investigation of informal caregivers’ burnout is an actively developing area, which is reflected in the studies of burnout phenomena in relatives of somatically and mentally ill children and adults (Gerain, & Zech, 2019; Roskam et al., 2018; Norberg, & Green, 2007; Lebert-Charron et al., 2018; De Souza Alves et al., 2019).

Research in the addiction fields is markedly lacking in this respect. In the available literature, our own studies appear to be the only research on burnout in relatives of patients with chemical addictions such as alcoholism, opioid addiction, psycho-

stimulant use disorder, and non-substance addiction such as gambling (Bocharov et al., 2019; Shishkova et al., 2021c). Those investigations were preceded by the development of a theoretical model and specialized assessment tool called the “Level of Relatives’ Emotional Burnout” (Shishkova et al., 2021a,b).

For too long, clinical psychology and addictology have focused solely on the harmful consequences of stress caused by close relations with addicts and have thus confined the understanding of the behavior of addicts’ relatives to a deficit-oriented model.

A significant sign of coming changes in understanding the interactions between an addict and their relatives is the usage of the term “caregiver,” observed in the literature during last decades (Copello et al., 2010b; Maina et al., 2021). In the field of addictive disorders, the need for the direct supervision of the physical or mental health of the patients may be less obvious than that of other groups with chronic diseases. However, the severity and consequences associated with the long-term use of drugs or alcohol may require a strong response from the family members. This would be aimed at ensuring the addict’s physical well-being as well as overcoming the current crisis that the patient is experiencing. Some family members could decide that they have no other option but to take on caring roles, even if they have no desire to (Velleman, 2010).

It is important to note that the reasons for this unwillingness are exhaustion or disappointment in the addict (Velleman, 2010). In our opinion, a similar picture can be observed in the family members of the patients suffering from other chronic diseases and directly reflects the processes associated with burnout.

The use of the term “caregiver” and corresponding theoretical context for understanding the psychological issues arising in the families of addicts are necessary steps to realizing and evaluating the constructive aspect of the activities of addicts’ relatives. In this context, family caregivers are not considered to be obstacles but rather people who assist the professionals in the treatment of the patient.

As researchers in the field of parenting children with chronic illness note, parents bring unique elements to the decision-making process, *i.e.*, “the personal element versus the scientific part” (Jerrett, 1994, p. 1054). Relatives value the healthcare professionals’ expertise. However, they believed that their own experience and knowledge of their child’s care should be recognized too (Coffey, 2006). For the successful achievement of compliance with treatment, informal caregivers’ views and contributions need to be taken into account.

The need of the addicts’ relatives for active engagement in treatment and rehabilitation is not sufficiently supported in the framework of current treatment programs. The constructive personal activities of caretaking relatives are reflected, in particular, in their attempts to unite in peer-based social support communities. An example of such an association is the community named “Learn to Cope” (LTC), which was formed in Massachusetts in 2004 (Kelly et al., 2017) in the context of the increasing epidemic of opiate overdose. LTC was organized by a group of parents of drug addicts who shared their experience of fighting against the disease of a loved one. For example, they shared experiences relating to information about various treatment and rehabilitation programs and the difficulties encountered in the process of obtaining insurance for treatment. They invited specialists to conduct psycho-educational and

training programs. Unlike groups based on the ideological assumptions of codependency models, an active supportive and protective position of the concerned relative towards the patient is encouraged here (Kelly et al., 2017).

On the one hand, application of the burnout concept as an important methodological principle allows us to reformulate many psychopathological phenomena regarding the family members of addicts. On the other hand, it expands the prospects of psychotherapy by giving an opportunity to conduct interventions improving relatives' functioning as caregivers.

Re-evaluation and change of the usual image of relatives formed in the field of addiction treatment, opens up the possibility for a new understanding of the phenomena previously described as pathological manifestations of the personality and family disturbance (codependency). We refer to the family members' cynicism towards the patient, sense of bitterness, hostility, and contempt. Additionally, the relatives' increasing indifference to the outcome of the disease, the sense of uselessness and helplessness and the decrease of vital energy, in our opinion, should be understood as the result of long-term ineffectiveness of the work of an addict's informal caregiver to overcome their loved one's disease in an environment of stigmatization.

Similar phenomena are repeatedly described by various researchers among substance abuse treatment counselors and are interpreted within the framework of the burnout concept (Rapid Response Service, 2019). However, the direct transfer of the symptoms established within the burnout construct in work conditions to the field of the psychology of the addictive patients' family has seemed to be impractical. This is because it does not take into account the various motives that determine the interaction between informal caregiver and addicted care-recipient. In other words, it is necessary to study how the patterns of burnout manifest themselves in the context of the specific group family dynamics.

## **Conclusion**

The main goal of the present work was to identify the barriers and benefits of applying the burnout concept in the context of the relationships between addicts and their relatives. We believe that such implementation will contribute to the improvement of current models for studying the psychological issues arising in families affected by addictive disorders, and will lead to the development of a deeper understanding of the complex problems and needs being experienced by family members taking care of addicts.

The first obstacle to overcome is the stigmatizing image of patients' relatives as dysfunctional, passive recipients merely adjusting to the stressful and challenging circumstances. Such an image is now more or less dominant in the majority of theoretical models that serve as the basis for the development of programs used in addiction treatment. The urgent need for a paradigm shift to destigmatize addicts' relatives does not mean neglecting the specifics of the relationships between the caregiver and the care-recipient, due to the diagnosis-associated picture of the disease. Symbiotic regression manifested in the reduction of the distance between the patient and caregiver is typical for the initial stages of any disease. There is no doubt that such regression can progress and take pathological forms which require correction. This

pathological symbiotic relationship has been described in both the clinical treatment of addictive and mental disorders and has been called codependency and emotional overinvolvement, respectively.

Additionally, approaches that consider the psychology of chronically ill patients' families from the standpoint of the systems theories of family functioning should not be forgotten. Based on the ideas in these systems models, the presence of the disease in one of the family members may be necessary to maintain the family's pathological homeostasis. In this situation, the chronically ill family member acts as a patient who has taken on a difficult role for themselves. However, the implementation of a systemic approach requires the involvement of all the patient's family members in the therapeutic process. This also demands devoting a significant amount of time to reconstruct the family situation before conducting subsequent psychotherapy interventions.

At the present time, clinicians are mainly focusing on reducing the symptoms of informal caregivers' stress and trauma, and have failed to support their relatives in their beliefs and need to give love and care to chronically ill loved ones. Such beliefs and needs, in turn, could serve as protective factors vis-a-vis caregivers' burden and burnout. To form a holistic view of the processes in the family of a chronically ill person, including a patient with addiction, it is necessary to take into account not only such potentially psychopathologizing processes as chronic stress, symbiotic regression, family burden, and burnout. These contribute to the development of the psychological crisis, but it is also important to consider the constructive aspects of the informal caregivers' personal efforts to overcome the illness and maintain the well-being of their relative. This approach will allow us to form a notion about the optimal meaningful activity of the individual, which is necessary to sustain a balance between the desire to provide maximum support to the sick family member on the one hand, and the caregivers need for self-actualization and identity preservation, on the other.

Insufficient research on the constructive personal activity of the addicted patient's family members under conditions of chronic stress is due to the stigmatizing attitudes that lead to a narrow understanding of the psychology of the addicts' caregivers. It is also due to the lack of an appropriate methodological framework and ability to measure how the construct of "engagement-burnout" should be quantified.

In conclusion, we would like to say that the authors of this work do not deny the significance of the phenomena described in other conceptual models, but are striving to provide a fuller context for investigation of the current situation in the families of addicts. The lack of a holistic, consistent understanding of what is occurring with informal caregivers of patients with addictive disorders often leads to significant distortions in treatment goals and methods, significantly reducing the quality of services provided to the patients and their relatives.

### **Author Contributions**

A.Sh. and V.B. contributed to the conceptualization and theoretical analysis of this methodological work. A.Sh. performed the literature review and wrote the first draft of the article. V.B. revised the manuscript. Both authors approved the submitted version.



## Conflict of Interest

The authors declare no conflict of interest.

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