



Uniwersytet
Wrocławski

Faculty of Pedagogical and Historical Sciences
Institute of Psychology

Polish Journal of Applied Psychology

Editor: Bożena Janda-Dębek

Volume 14, Number 3, 2016

Published by the University of Wrocław
Faculty of Pedagogical and Historical Sciences
Institute of Psychology

Institute of Psychology
Faculty of Pedagogical and Historical Sciences
University of Wrocław
ul. Dawida 1, 50-527 Wrocław, Poland
WWW: <http://www.pjap.psychologia.uni.wroc.pl>
e- mail: malgorzata.wlodarczyk@uwr.edu.pl
bozena.janda-debek@uwr.edu.pl

Online access: <http://www.bibliotekacyfrowa.pl/publication/82401>

Polish Journal of Applied Psychology

Editor: Bożena Janda-Dębek

EDITORIAL BOARD

Editor-in-Chief:

Bożena Janda-Dębek, University of Wrocław, Poland

Secretary:

Małgorzata Włodarczyk, University of Wrocław, Poland

Editorial Advisory Board:

Augustyn Bańka, University of Social Sciences and Humanities,
Faculty in Katowice, Poland

Maria Beisert, Adam Mickiewicz University, Poznań, Poland

Paweł Boski, Polish Academy of Sciences, Warszawa, Poland

Romuald Derbis, Jan Długosz Academy in Częstochowa, Poland

Jolanta Kowal (Assistant to Statistic), Wrocław, Poland

Barbara Kożusznik, University of Silesia, Katowice, Poland

Barbara Krahé, University of Potsdam, Germany

Alicja Kuczyńska, University of Zielona Góra, Poland

Eugenia Mandal, University of Silesia, Katowice, Poland

Zofia Ratajczak, Katowice School of Economics, Katowice, Poland

Piotr Sorokowski, University of Wrocław, Poland

Laura Šeibokaitė, Vytautas Magnus University, Kaunas, Lithuania

Maria Straś-Romanowska, University of Wrocław, Poland

Paul A. Toro, Wayne State University, Detroit, USA

Stanisław Witkowski, Copper Region Vocational College, Lubin, Poland

Language Editors:

Elaine Horyza (English Language Editor), Wrocław, Poland

Technical Editors:

Bartłomiej Siedlarz, Tomasz Kalota, Publishing House eBooki.com.pl, Poland

Editor Cooperation:

Katarzyna Prokopowicz, University of Wrocław, Poland

Anna Juszkiewicz, University of Wrocław, Poland

© Copyright by **Institute of Psychology, Faculty of Pedagogical and Historical Sciences, University of Wrocław, Poland**

ISSN 2354-0052

Publishing House eBooki.com.pl

ul. Obornicka 37/2, 51-113 Wrocław

tel.: +48 602 606 508

e-mail: biuro@ebooki.com.pl

WWW: <http://www.ebooki.com.pl>

LIST OF REVIEWERS

Prof. dr hab. Augustyn Bańka
Dr Bogna Bartosz
Dr Przemysław Bąbel
Dr Beata Bajcar
Prof. dr hab. Maria Beisert
Prof. dr hab. Eleonora Bielawska-Batorowicz
Prof. dr hab. Jan Blecharz
Dr Bogna Błoch
Prof. dr hab. Danuta Borecka-Biernat
Prof. dr hab. Aneta Borkowska
Prof. Wilma Bucci
Prof. Laima Bulotaitė
Prof. dr hab. Mieczysław Ciosek
Katarzyna Chapman, Ph.D.
Dr hab. Jan Chodkiewicz
Dr Teresa Chirkowska-Smolak
Prof. dr hab. Agata Chudzicka-Czupała
Prof. dr hab. Mieczysław Ciosek
Prof. dr hab. Lidia Cierpialkowska
Prof. dr hab. Czesław Czabała
Doc. dr Alina Czapiga
Kandydat nauk psychologicznych doc. A.W. Danilenko
Prof. dr hab. Romuald Derbis
Prof. Martin Drapeau
Prof. Ian M. Evans
Dr Dorota Frydecka
Dr Agnieszka Fornalczyk
Ferdinando Fornara, Ph.D.
Prof. dr hab. Barbara Gawda
Dr Agata Gąsiorowska
Prof. dr hab. Andrzej Grzybowski
Prof. dr hab. Michał Harciarek
Prof. dr hab. Paweł Izdebski
Dr Sławomir Jabłoński
Prof. dr hab. Ewa Jackowska
Prof. dr hab. Iwona Janicka
Prof. dr hab. Bożena Janda-Dębek
Dr Elżbieta Januszewska
Prof. dr hab. Zygfryd Juczyński
Dr hab. Alicja Maria Kalus
Prof. dr hab. Maciej Karwowski
Prof. Dianna Kenny
Prof. dr hab. Dorota Kornas-Biela
Prof. dr hab. Małgorzata Kościelska
Prof. dr hab. Stanisław Kowalik
Prof. dr hab. Barbara Kożusznik
Prof. dr hab. Dorota Kubicka
Prof. dr hab. Alicja Kuczyńska

Prof. dr hab. Kinga Lachowicz-Tabaczek
Dr hab. Bogusława Lachowska
Prof. dr hab. Maria Ledzińska
Prof. dr hab. Hanna Liberska
Prof. Helena Lindskog
Prof. dr hab. Mariola Łaguna
Prof. dr hab. Władysław Łosiak
Prof. dr hab. Eugenia Mandal
Dr. Markšaitytė Rasa
Alan Mead, Ph.D.
Ciarán Mc Mahon, Ph.D.
Abby L. Mello, Ph.D.
Dr hab. Barbara Mróz
Prof. dr hab. Nina Ogińska-Bulik
Prof. dr hab. Włodzimierz Oniszczenko
Dr Marta Kochan-Wójcik
Prof. dr hab. Krystyna Ostrowska
Dr Małgorzata Olejarz
Prof. dr hab. Anna Oleszkowicz
Dr Olga Sakson-Obada
Prof. dr hab. Beata Pastwa-Wojciechowska
Prof. dr hab. Władysława Pilecka
Dr Joanna Piskorz
Prof. dr hab. Katarzyna Popiołek
Dr Ryszard Poprawa
Prof. dr hab. Maria Porębska
Marcel Post, Ph.D.
Prof. dr hab. Teresa Rostowska
Prof. dr hab. Katarzyna Schier
Laura Seibokaite, Ph.D.
Dr hab. Alicja Senejko
Prof. dr hab. Andrzej Sękowski
Prof. dr hab. Małgorzata Siekańska
Byron L. Stay, Ph.D.
Prof. dr hab. Stanisława Steuden
Prof. dr hab. Maria Straś Romanowska
Prof. dr hab. M.W. Strielec
Prof. dr hab. Maria Strykowska
Dr Małgorzata Szarzyńska
Prof. dr hab. Andrzej Szmajke
Dr hab. Małgorzata Święcicka
Dr Jakub Traczyk
Dr hab. Zenon Uchnast
Prof. dr hab. Bohdan Włodzimierz Wasilewski
Dr Agnieszka Widera-Wysoczańska
Prof. dr hab. Stanisław Witkowski
Dr Dorota Włodarczyk
Prof. dr hab. Ludwika Wojciechowska
Prof. dr hab. Ewa Wysocka
Dr Adrianna Zagórska
Prof. dr hab. Anna Zalewska

Contents

Aleksandra Dembińska

Childlessness – psychological consequences of decisions taken
while experiencing infertility.....9

Marek Kolařík, Martin Lečbych, Maria Luca, Desa Markovic, Martina Fülepová

How Czech supervisors engage in the supervisory process
on sexual attraction and strategies used to supervise sexual
attraction in the work of supervisees27

Magdalena Ślazyk-Sobol

Young adults in corporations – psychological labour costs
and their correlates based on some empirical research studies.....43

Ewa Sokołowska, Lidia Zablocka-Żytka, Sylwia Kluczyńska, Joanna Wojda-Kornacka

What mental health promotion do university students need?53

Katarzyna Skok

Gamification in education – practical solutions for educational courses73

Magdalena Błazek

Parental attitudes and parentification of children in families
with limited parental care competencie93

Aleksandra Dembińska
Uniwersytet Pedagogiczny w Krakowie¹

Childlessness – psychological consequences of decisions taken while experiencing infertility

Abstract

The aim of this article is to present the results of original research into psychological consequences for women choosing intentional childlessness as a way of coping with infertility. The study included 87 women who decided to remain childless. Tools used in the study were: the original Attitudes towards Own Infertility Scale; the HDS-M Scale (Zigmond, Snaith); the original Scale for Assessment of Hope as an Emotional State; the Satisfaction with Life Scale SWLS (Diener et al.); the Rosenberg Self Esteem Scale (SES). Significant correlations were found between variables included in the study were found. The analysis comparing psychological variables with sociodemographic variables showed that only the length of time since diagnosis is related to the level of hope. The analysis comparing childless women with those undergoing infertility treatment revealed statistically significant differences in the level of acceptance of one's infertility (higher in childless women) and in the perception of social support and its types (women undergoing infertility treatment perceived a higher level of support) The cluster analysis indicated that there are three characteristics on which the effectiveness of coping with infertility depend. The conclusions of the study are extremely important in the process of preparing preventive psychology programs for women who make a conscious decision to remain childless.

Keywords

infertility, childlessness, effectiveness of coping

Streszczenie

Celem artykułu jest przedstawienie wyników autorskich badań nad psychologicznymi konsekwencjami dla kobiet decydujących się na wybór świadomej bezdzietności jako sposobu radzenia sobie z niepłodnością. Badaniem objęto 87 kobiet, które zdecydowały się pozostać bezdzietnymi. Użyte narzędzia to: autorska Skala Ustosunkowania do Własnej Niepłodności; Skala HDS-M (Zigmond, Snaith); autorska Skala Oceny Nadziei jako Stanu Emocjonalnego; Skala Satysfakcji z Życia (SWLS) (Diener i wsp.); Inwentarz Samooceny (SES) Rosenberga. Analiza wyników badań wykazała, że istnieją istotne korelacje pomiędzy wyróżnionymi zmiennymi. Ponadto, po kolejnych analizach korelacyjnych pomiędzy zmiennymi psychologicznymi oraz socjodemograficznymi, ustalono, że jedyny istotny związek zachodzi pomiędzy czasem wiedzy o własnej niepłodności a poziomem nadziei. Po dokonaniu

¹ Aleksandra Dembińska, Pedagogical University of Cracow, Department of Psychology, ul. Podchorążych 2, 30-084 Kraków, mail: aleksandra@dembinska.pl

niu porównań wyników kobiet bezdzietnych z kobietami leczącymi bezpłodność, stwierdzono statystycznie istotne różnice w poziomie akceptacji własnej niepłodności (wyższy poziom u kobiet bezdzietnych) i percepcji wsparcia społecznego oraz jego rodzajów (wyższy poziom wsparcia spostrzegany jest przez kobiety leczące niepłodność). Wyniki analizy skupień wskazują, że istnieją trzy grupy kobiet bezdzietnych charakteryzowanych poprzez skuteczność radzenia sobie z niepłodnością. Wnioski z badania są niezwykle istotne dla planowania programów psychoprophylaktycznych dla kobiet świadomie decydujących się pozostać bezdzietnymi.

Słowa kluczowe

bezdzielnosc, niepłodność, efektywność radzenia sobie

Introduction

Experiencing infertility is a situation resembling a psychological crisis. It represents a groundbreaking turning point in one's life as it influences one of the most crucial aspects of human existence, namely the drive for procreation (Holas, Radziwoń, Wójtowicz 2002; Bielawska-Batorowicz 1990; 1991; 2006; Baor, Bickstein 2005; Dembińska, 2014a).

Infertility is a problem not only for an individual experiencing it, but also for the whole of society. There are 9 million women of childbearing age in Poland. Taking into account the fact that in our area of civilization the infertility rate among couples amounts to approximately 15% (i.e. one in every six marriages), it can be estimated that over one million couples in Poland are faced with reproduction problems. Diagnosing and treating infertility is a long-term process and there is no guarantee of success. No individual prognoses are made – when assessing the chances of a given couple to fall pregnant and give birth, doctors use so-called statistical approximation, i.e. a percentage probability, depending on the cause of infertility and the treatment method used. Therefore, uncertainty seems to hover in the background in a situation of infertility. Infertility is a challenge for couples (including women) experiencing this condition. It is a crisis situation that triggers remedial action. This action follows three different strategies: 1. adoption, 2. treating infertility, 3. giving up on having children, i.e. conscious infertility (Bielawska-Batorowicz 2006). Each of the above-mentioned strategies provide experiences accompanying the decision making process.

The majority of people who learn about their procreation problems make a decision about starting treatment. Adoption and conscious infertility are only secondary choices. Many studies have revealed the psychological consequences of infertility treatment in women. Women deciding to start it are exposed to many negative consequences related to different aspects of their lives. Negative emotions appear (anxiety, sadness, a sense of guilt, shame, anger, lability of hope as a state, mood swings). The whole situ-

ation may pose risks to good marital relations (deteriorating relations, reduced satisfaction with sex life) and relations with other people (a sense of loneliness). It can also become a source of moral dilemmas, especially in the case of religious women (a sense of violating norms established by God and the Catholic Church). Women experiencing infertility lose self-confidence and their sense of dignity due to medical procedures related to their bodies and sexuality. They subordinate their lives to treatment, and their professional career is often affected by the necessity to attend numerous medical appointments, which results in a fear of losing their job and getting into financial danger (Domar, Gordon, Garcia-Velasco et al., 2012; Dembińska, 2014a; Dembińska, 2014b). Among women treated for infertility, psychological stress is perceived as the main reason for early abandonment of medical therapy (Olivius et al., 2004; Rajkhowa et al., 2006; Brandes et al., 2009; Van den Broeck et al., 2009; Domar, Gordon et al., 2012).

We still know very little about the consequences of long-term infertility, also among those who decided to remain childless (Wischmann, Korge, Scherg et al., 2012).

Data from these studies show that when it comes to coping with infertility, the best indicators of a positive prognosis, especially for women, are an acceptance of the condition and an ability to give it a positive meaning, actively searching for alternative solutions, and, most importantly, not cutting oneself off from the society (Lechner et al., 2007). On the other hand, the situation of being childless may have a negative impact on a couple's future if the couple constantly mention the condition and discuss it, together with its causes, and if both partners are overwhelmed by a feeling of helplessness and if they believe that children are the only thing that can make their lives meaningful (Verhaak et al., 2007a,b; Kraaij et al., 2008).

The goal of this work is to present the results of original research into psychological consequences for women choosing the third strategy – intentional childlessness. In order to present the scale of the problem and the predispositions of Polish women experiencing procreation issues towards certain treatment choices, the study subjects were asked about accepting or not accepting respective infertility treatment methods and about the probability of them not taking up treatment as the first decision in the process of struggling with this condition (Dembińska, 2013b). The aim of the study was to learn about infertile women's opinions regarding the most controversial issues connected with assisted reproduction, and to compare opinions of women at different stages of infertility (women being treated for infertility, but also women going through adoption procedures, women raising a child – born thanks to treatment or adopted, and women who decided to remain childless and gave up medical treatment or adoption).

Table 1. Acceptance and admissibility of various types of assisted reproductive techniques

Types of assisted reproductive techniques	“YES” – acceptance and willingness to use this technique in the future	“NO” – rejection and lack of willingness to use this technique in the future
Artificial partner insemination	765 (86.5 %)	119 (13.5%)
Artificial insemination by a donor	538 (60.9 %)	346 (39.1%)
In vitro fertilization with a patient’s own cells	714 (80.8 %)	170 (19.2 %)
In vitro fertilization with donor sperm	390 (44.1 %)	494 (55.9 %)
In vitro fertilization with donor egg cells	363 (41.1 %)	521 (59.9%)
In vitro fertilization with an adopted embryo	358 (40.5 %)	526 (59.5 %)
None of the above	32 (3.6 %)	852 (96.4 %)

Source: the author’s own research (Dembińska 2013b)

The results of the study of infertile women’s opinions regarding their acceptance of various assisted reproduction techniques. Techniques where the partner’s cells are used were very widely accepted (over 80% both in the case of insemination and IVF), contrary to the techniques where a donor’s cells are used (accepted by approx. 40% of the subjects). In the study, 32 subjects, i.e. 3%, claimed to accept no ART. Therefore women who were against ART probably did not start any treatment and instead chose adoption or gave up on having a child (Dembińska, 2013b).

Materials and methods

The study group included 88 women who decided to remain childless. The results of childless women will be compared with the results of 470 women treated for infertility (Dembińska, 2014b). The sociodemographic variables that diversified the study group were: treatment time, time since diagnosis, treatment method, infertility factor and type of infertility (Table 2).

Table 2 Characteristics of the subject group

Variables	N	Percentage	
	89.		
Treatment method	Pharmacological treatment/diagnosis	24	21.12
	Artificial partner insemination	22	19.36
	IVF/ICSI	24	21.12
	Becoming an egg recipient	2	1.76
	Does not undertaketreatment	15	13.2
Time since diagnosis	– less than year	5	5.7
	2–5 years	30	34.1
	– over 5 years	53	60.2
Infertility factors	Female infertility	28	31.8
	Male infertility	14	15.9
	Infertility in bothpartners	15	17
	Undiagnosed Infertility	31	35.2

Source: Own research

The following tools were used:

1. Acceptance of one's own infertility Scale (AOIS) – an original tool based on the Acceptance of Illness Scale (AIS) The. reliability of this scale, measured by Cronbach's alpha, is 0.844. Because of the peculiarity of infertility as an illness, i.e. in most cases it is hardly experienced outside of procreation activities, some of the AIS items were removed and replaced with questions that concerned the experience of infertility. High scores on the AOIS scale represent worse acceptance of one's own infertility, while low scores are achieved by people who are better at dealing with their condition.
2. The HDS-M Scale (Zigmond, Snaith; Polish version by: M. Majkowicz, K. de Walden-Gałuszko, G. Chojnacka-Szawłowska, 1994) measuring anxiety, depression and aggression/irritation.
3. The Scale for Assessment of Hope as an Emotional State (an original tool). Hope as an emotional state at the same time encompasses the fear that things are going to get worse and the yearning for improvement (Lazarus, 1994). It is a bimodal characteristic spanning from joy to sadness. When the yearning to achieve a desirable goal becomes a certainty, the hope turns into joy, while when this target moves away, the hope becomes despair. Hope is measured here by means of an original questionnaire determining the level of hope now and a month ago (cf. Dembińska, 2013a).
4. The Satisfaction with Life Scale (SWLS) prepared by Diener et al. (1985). The Polish version is by Jurczyński (2001). Satisfaction with life is defined as a general assessment of quality of life in relation to criteria set by oneself (Shin, Johanson, 1978). Subjective well-being comprises three elements: level of satisfaction with

life, positive feelings and lack of negative feelings (Diener, 1984; Pavot, Diener, 1993). The assessment of satisfaction with life is the result of a comparison of one's situation with standards set by oneself. If the result of the comparison is satisfactory, a feeling of satisfaction ensues.

5. The Self-Esteem Scale SES by Rosenberg (Polish version: Dzwonkowska, Lachowicz-Tabaczek, Łaguna; 2008). Self-esteem is a relatively constant predisposition understood as a conscious (positive or negative) attitude toward oneself.
6. The original Scale of Perception of Social Support in Infertility takes into account emotional, informational and instrumental support from one's family and friends and medical personnel. Perception of Social Support is the individual's ability to perceive the supportive, i.e. the desired support, the nature of other people's behaviors. The individual compares the desired support with the support received. It is a type of interaction or exchange taken up by one or two parties and resulting in an exchange of emotions, information, action tools and material goods (Kahn, 1979, Sęk, 1986; 1993). The reliability of this scale as measured by Cronbach's alpha is 0.81.

Procedure

The study group was recruited by the Infertility Treatment and Adoption Support Society "Nasz-Bocian". The studies were anonymous, participation was voluntary, and each participant could quit at any time. It was also possible to contact the researcher after answering the study questions to discuss objections and concerns – some participants used this opportunity. The study did not violate the principles of ethical research.

The study results were subjected to statistical analysis. To carry out this analysis, the following methods were used: the Spearman's correlation coefficient, the Mann-Whitey test and cluster analysis. The significance level of $p < 0.05$ was used to determine the existence of statistically significant differences or relations.

Results

The author conducted a statistical analysis to look for relations between the perception of social support and other variables included in the study (Table 3). It indicated positive correlations of the perception of social support with self-esteem and hope. It also indicated negative correlations with levels of depression as well as acceptance of one's infertility. (Because of the reversed scale in the questionnaire measuring this item, this relation shows that higher social support means better acceptance of one's infertility). There was no correlation between the perception of social support (and its types) and anxiety & irritation. Relations between

satisfaction with life and the perception of social support (and its types) show that this satisfaction is correlated only with perception of support from significant others. What seems important is the fact that institutional support is not correlated with any of the variables.

Table 3 Correlations of perception of social support (and its types) with psychological variables: acceptance of one's infertility, self-esteem, satisfaction with life, anxiety, depression, irritation, hope.

	Spearman's Rho												
	2	3	4	5	6	7. Acceptance of one's infertility	8. Self-esteem	9. Satisfaction with life	10. Anxiety	11. Depression	12. Irritation	13. Hope	
1. Perception of social support	0,891**	0,900**	0,730**	0,703**	0,671**	-0,246*	0,414**	No correlation	No correlation	-0,251*	No correlation	0,327**	
2. Perception of emotional support		0,796**	0,503**	0,726**	0,603**	No correlation	0,320**	No correlation	No correlation	-0,299*	No correlation	No correlation	
3. Perception of informational support			0,511**	0,734**	0,634**	-0,233*	0,414**	No correlation	No correlation	-0,268	No correlation	0,292**	
4. Perception of material support				0,841**	0,671**	-0,246**	0,330**	No correlation	No correlation	No correlation	No correlation	0,243*	
5. Perception of the support from the family and friends					No correlation	-0,293**	0,440**	0,236*	No correlation	-0,332**	No correlation	0,294**	
6. Perception of the support from medical personnel/ adoption						No correlation	No correlation	No correlation	No correlation	No correlation	No correlation	No correlation	

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

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

Source: Own research

Analysis of correlations between the variables included in the study (Table 4) also indicated positive relations between the following variables:

- self-esteem vs. satisfaction with life;
- levels of anxiety and depression (and both these variables) vs. acceptance of one's infertility.

Negative relations were identified between the following variables:

- acceptance of one's infertility vs. self-esteem, satisfaction with life and hope,
- anxiety and depression vs. self-esteem and satisfaction with life.

No correlations were found between:

- irritation vs. other variables,
- hope vs. self-esteem and satisfaction with life.

Table 4 Correlations between variables included in the study: acceptance of one's infertility, satisfaction with life, self-esteem, depression, anxiety, hope.

Spearman's Rho	2	3	4	5	6	7
1. Acceptance of one's infertility	-0,638**	-0,355**	0,464**	0,551**	No correlation	-0,472**
2. Self-esteem		0,413**	-0,464**	-0,623**	No correlation	No correlation
3. Satisfaction with life			-0,586**	-0,576**	No correlation	No correlation
4. Anxiety				0,720**	No correlation	-0,250**
5. Depression					No correlation	-0,452**
6. Irritation						No correlation

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

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

Source: Own research

The author also searched for relations between psychological variables and sociodemographic variables used to characterize women who decided to remain childless, i.e. the type of infertility and the reason for infertility (Table 5). The analysis indicated no statistically significant differences in the levels of psychological variables in the groups of subjects selected according to the type of and reason for infertility.

Table 5 Intergroup differences in the levels of variables in women taking part in the study, depending on the type and reason of infertility

Psychological variables	Sociodemographic variables	Chi-square	df	Asymptotic significance
Perception of social support	Infertilitytype	1,507	1	0,220
	Infertilityfactor	2,992	3	0,393
Perception of emotional suport	Infertilitytype	0,603	1	0,409
	Infertilityfactor	4,134	3	0,247
Perception of informational suport	Infertilitytype	0,936	1	0,333
	Infertilityfactor	1,097	3	0,778
Perception of material support	Infertilitytype	2,028	1	0,154
	Infertilityfactor	1,098	3	0,760
Perception of the support from the family and friends	Infertilitytype	2,506	1	0,113
	Infertilityfactor	1,090	3	0,0701
Perception of the support from medical personnel/ adoption	Infertilitytype	0,006	1	0,939
	Infertilityfactor	1,081	3	0,700
Acceptance of one'sinfertility	Infertilitytype	3,566	1	0,059
	Infertilityfactor	7,267	3	0,064
Self-esteem	Infertilitytype	0,484	1	0,484
	Infertilityfactor	1,536	3	0,674
Satisfaction with life	Infertilitytype	0,911	1	0,340
	Infertilityfactor	0,937	3	0,816
Depression	Infertilitytype	0,677	1	0,411
	Infertilityfactor	5,586	3	0,134
Anxiety	Infertilitytype	1,498	1	0,221
	Infertilityfactor	1,646	3	0,649
Hope	Infertilitytype	1,176	1	0,278
	Infertilityfactor	3,991	3	0,262
Irritation	Infertilitytype	1,306	1	0,253
	Infertilityfactor	0,384	3	0,943

Source: Own research

The analysis of psychological variables in relation to the length of time since diagnosis revealed differences only in the level of hope (Table 6). In women deciding to remain childless, the shorter the time since diagnosis, the higher the level of hope. The analysis

indicated no relations between the length of time since diagnosis and the level of the other psychological variables in the group of women taking part in the study.

Table 6. Intergroup differences in the levels of variables in women taking part in the study, depending on the time since diagnosis

Variables	Chi-square	df	Asymptotic significance
Perception of social support	0,683	2	0,711
Perception of emotional support	3,043	2	0,218
Perception of informational support	0,496	2	0,780
Perception of material support	0,479	2	0,787
Perception of the support from the family and friends	1,255	2	0,534
Perception of the support from medical personnel/ adoption	0,015	2	0,993
Acceptance of one's infertility	0,595	2	0,743
Self-esteem	5,224	2	0,073
Satisfaction with life	0,947	2	0,623
Depression	0,541	2	0,763
Anxiety	0,897	2	0,693
Hope	6,610	2	0,037
Irritation	2,534	2	0,282

Source: Own research

The statistical analyses which were carried out comparing women undergoing treatment with women deciding to remain childless revealed statistically significant differences (Table 7) in: the acceptance of one's infertility ($\alpha = 0.000$); the perception of social support ($\alpha = 0.000$) and its types identified during the study: support from significant others ($\alpha = 0.003$), institutional support ($\alpha = 0.000$), emotional support ($\alpha = 0.000$), informational support ($\alpha = 0.001$) and material support ($\alpha = 0.002$). There were no significant differences ($\alpha > 0.05$) in relation to the levels of hope, anxiety, depression, irritation and satisfaction with life. Women who decide to remain childless are more willing to accept their infertility, but declare a lower perception of social support than women undergoing infertility treatment.

Table 7. Psychological variables in the group of women treated for infertility and the group who decided to remain childless (Mann–Whitney U test)

Variables	U Manna-Whiteya	Z	Asymptotic significance
Perception of social support	15259,500	-4,054	0,000
Perception of emotional support	14886,500	-4,365	0,000
Perception of informational support	16527,500	-3,178	0,001
Perception of material support	16658,500	-3,084	0,002
Perception of the support from medical personnel/adoption	15439,500	-3,941	0,000
Perception of the support from the family and friends	12692,000	-1,738	0,082
Acceptance of one's infertility	15527,500	-3,859	0,000
Hope	18210,500	-1,951	0,051
Anxiety	19286,500	-1,170	0,242
Depression	19014,000	-1,364	0,172
Irritation	20792,000	-0,099	0,921
Self-esteem	20278,000	-0,457	0,648
Satisfaction with life	19878,500	-0,743	0,458

Source: Own research

In order to characterize the group being studied in more detail, the author performed a cluster analysis (Table 8) during which the group of infertile women was divided into three subgroups, with different psychological factors representing the effectiveness of the coping process:

A subgroup of women ineffectively coping with the infertility problem comprised women perceiving little support from significant others. This group was also characterized by lower acceptance of their infertility, lower self-esteem, lower satisfaction with life, lower hope, and higher levels of anxiety and depression. This subgroup consisted of 33 people.

A subgroup of women coping moderately well with the infertility problem. This subgroup consisted of 22 people. They demonstrated average levels of analyzed variables compared to other participants.

A subgroup of women effectively coping with the infertility problem comprised women perceiving a lot of support from significant others. This group was also characterized by higher acceptance of one's infertility, higher self-esteem, higher satisfaction with life, higher hope, and lower levels of anxiety and depression. This subgroup consisted of 34 people.

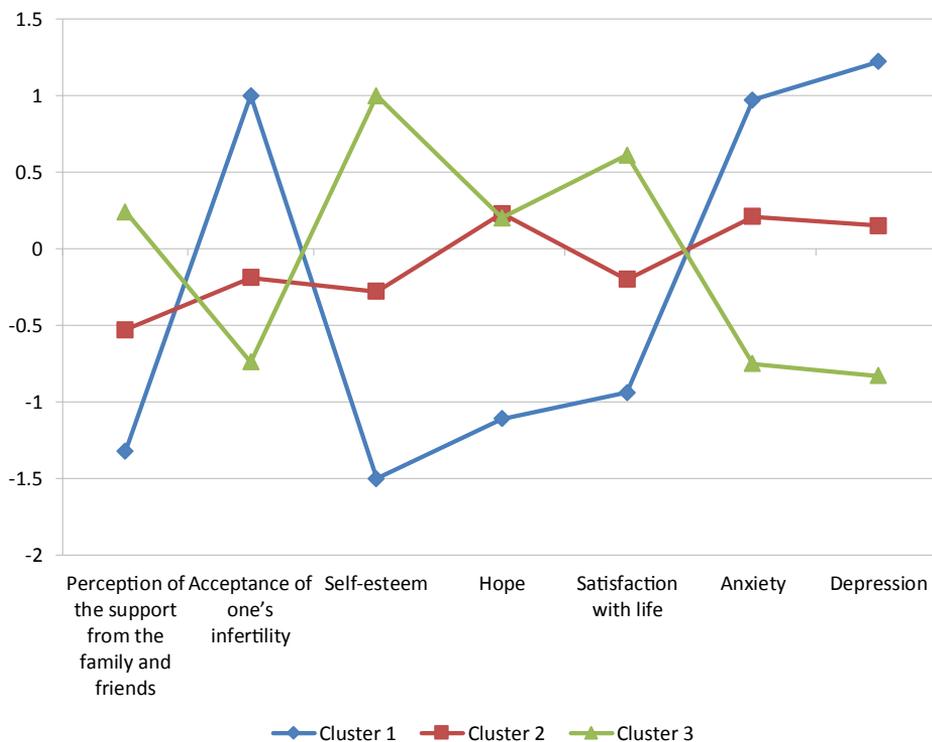
No statistically significant differences were found in relation to the following variables: age, perception of institutional support, irritation.

Table 8. Analysis of variance for the clusters found in the group of childless women

Variables	Average Cluster 1 (n=33)	Average Cluster 2 (n=22)	Average Cluster 3 (n=34)	F	significance
Age	0,40	0,81	0,26	2,35	0,101
Perception of the support from the family and friends	-1,32	-0,53	0,24	22,01	0,001
Perception of the support from medical personnel/adoption	-0,71	-0,40	-0,23	2,14	0,124
Acceptance of one's infertility	1,00	-0,19	-0,74	35,75	0,001
Self-esteem	-1,50	-0,28	1,00	94,19	0,001
Hope	-1,11	0,23	0,20	21,93	0,001
Satisfaction with life	-0,94	-0,20	0,61	28,43	0,001
Anxiety	0,97	0,21	-0,75	37,01	0,001
Depression	1,22	0,15	-0,83	57,11	0,001
Irritation	-0,34	0,15	-0,13	2,06	0,134

Source: Own research

Figure 1. Analysis of variance for the clusters found in the group of childless women



Source: Own research

Discussion

For most women taking part in the study, childlessness treated as one of the strategies for coping with infertility is a decision made only after a period of ineffective treatment. Only 15 women out of 89 constituting the study population (= over 13%) have not started any infertility treatment. It may mean that this small group of women is troubled by different problems than the ones faced by women undergoing treatment, as these problems constitute mostly experiences from the recent and more remote past that this group has had to deal with. This hypothesis is backed up by the analyses quoted in this study – childless women do not differ from women undergoing treatment when it comes to levels of depression, anxiety, hope, irritation, self-esteem and satisfaction with life. The only identified differences concerned acceptance of one's infertility and the perception of social support and its types.

Childless women are more willing to accept their infertility, which is hardly a surprise – their decision to stop or renounce treatment and to give up on adoption can be interpreted as a sign of higher acceptance of one's life without a child. The cluster analysis facilitated the division of the study group into subgroups depending on the individual's effectiveness in coping with infertility – one of the variables characterizing these subgroups is acceptance of one's infertility. Moreover, the established correlations indicate that women accepting their infertility have lower levels of anxiety and depression, and higher levels of self-esteem, satisfaction with life and hope. The above findings are crucial for professionals providing psychological help for infertile people, as the goal of this help is to make the customers accept their situation in every possible way.

When it comes to social support, childless women perceive less support than those undergoing treatment. Infertility, being a condition related to procreation, concerns not only individuals and couples, but also family and social relations in general. When partners have procreation problems, their parents cannot become grandparents. It may also be a difficult situation for the couple's friends – they may have problems showing compassion or sharing experiences with the infertile couple, as at the same time they often become parents themselves. The social relations of an infertile couple may influence their decision about further treatment. It cannot be excluded that social relations place another burden on couples struggling with infertility. The results of Danish studies (Vasard, Lund, Pinborget al., 2012) indicate that for both women and men a low level of family support, especially in relation to infertility, was connected with quitting the treatment. Moreover, frequent conflicts with partners and friends also increase the risk of stopping the therapy. The above-mentioned Danish studies may explain some differences between Polish women undergoing treatment and those deciding to remain childless. Still, we need to remember the specific nature of Polish society when it comes to the

perception of the infertility problem. On one hand, the Catholic Church restrictively opposes assisted reproduction techniques (cf. Radkowska-Walkowicz, 2012; cf. Dembińska, 2012) and cultivates an image of the Polish Mother; on the other, it perceives family as a powerful social force and a source of tradition. This is also a reason for the stigmatization of infertile people – couples feel social pressure to have a biological child. People struggling with unplanned childlessness very often internalize social norms and stigmatize themselves for not having a child (Przybył, 2003). On the other hand, adoption, although it is a difficult and challenging choice, is perceived as a natural and commonly accepted remedy for fertility problems. It is widely believed that adoption is a very positive act, because it helps a disadvantaged child. Rejecting adoption as a way of coping with unwanted childlessness is perceived as a sign of selfishness (Dolińska, 2014). Therefore, in Poland a decision to remain childless is extremely difficult. It very often results in a sense of being condemned by others and a sense of opposing social norms and traditions. It may suggest that in Poland the lower perception of social support by women deciding to remain childless (compared to women undergoing treatment) is a consequence of their decision, not the reason behind it.

Another important issue connected with social support concerns institutional support. In the case of adoption, this is provided, under applicable laws, by adoption centers, while in the case of infertility treatment, medical personnel can be the source of the support. Moreover, clinics offer psychological consultancy for those interested in such services. However, people consciously deciding to remain childless cannot count on any organized help and support. This finding is also supported by the study results – no variables are correlated with the perception of institutional support, and it also does not differentiate subgroups in the cluster analysis.

The results obtained through his study constitute important guidelines for designing support programs for women consciously deciding to remain childless, and also for women undergoing infertility treatment who need to prepare themselves for the necessity of making such a decision and bear its consequences. If we want to solve the problem of psychosocial burdens of patients treated for infertility, it is also crucial to make medical personnel aware of the importance of social support and the quality of a couple's relationship. Both partners should be given an opportunity to fully engage themselves in the therapy (Boivinet al., 2012; Vassard, Lund, Pinborg et al., 2012). Taking care of a partner relationship and gathering social support from significant others during infertility treatment may serve as prevention measures against possible problems connected with a decision to remain consciously childless.

References

- Baor L., Blickstein I. (2005). Psychosocial aspects of the direct path from infertility to the „instant family”: are all risks known, *Harefuah*. May; 144(5):335-40, 382
- Boivin J., Domar A.D., Shapiro D.B., Wischmann T.H., Fauser B.C.J.M, Verhaak C. (2012). Tackling burden in ART: an integrated approach for medical staff. *Hum Reprod*. 27:941–950.
- Brandes M., van der Steen J.O., Bokdam S.B., Hamilton C.J., de Bruin J.P., Nelen W.L., Kremer J.A. (2009). When and why do subfertile couples discontinue their fertility care? A longitudinal cohort study in a secondary care subfertility population. *Hum Reprod*. 24:3127–3135.
- Bielawska-Batorowicz, E. (1990). Psychologiczne aspekty rozpoznawania i leczenia płodności. [Psychological Aspects of Infertility Diagnosis and Treatment]. *Ginekologia Polska*, 61, 12, 629-633
- Bielawska-Batorowicz, E. (1991). Psychologiczne aspekty płodności [Psychological Aspects of Infertility]. *Przegląd Psychologiczny* 34 (1), 103 -119
- Bielawska-Batorowicz, E. (2006). *Psychologiczne aspekty prokreacji [Psychological aspects of procreation]*. Katowice, Wyd. Naukowe Śląsk
- Dembińska, A. (2012). Rola personelu medycznego we wsparciu kobiet poddawanych leczeniu niepłodności. [The role of the medical staff in women's coping with infertility.] *Medycyna Ogólna i Nauki o Zdrowiu*, 4(18), 366-370
- Dembińska, A. (2013a). Rola nadziei w pomocy psychologicznej kobietom leczącym niepłodność. [The role of hope in psychological help for women undergoing infertility treatment.] *Sztuka Leczenia*, 1-2/2013 (tom: XXVI), 9-20
- Dembińska, A. (2013 b). Experiencing infertility and opinions regarding problems connected with assisted procreation. *First National Conference “SOCIOLOGY OF MEDICINE – PROMOTION OF HEALTH – BIOPOLITICS”*, The Department of Sociology of Politics and Morality, Institute of Sociology, University of Łódź, Łódź (7–8 March)
- Dembińska, A. (2014a). Psychological costs of life crisis in Polish women treated for infertility. *Journal of Reproductive and Infant Psychology*, 1(37), 96-107
- Dembińska A. (2014b). Akceptacja własnej niepłodności – kluczem skutecznego radzenia sobie? [Acceptance of one's own infertility – a successful coping strategy?] *Bezdzietność jako problem współczesnego świata. Styl życia – niepłodność – adop-*

cja [Infertility as a problem of the contemporary world. Style of life – infertility – adoption], I Ogólnopolska Konferencja Interdyscyplinarna [The 1st Polish Interdisciplinary Conference], Instytut Nauk o Rodzinie [Family Sciences Institute], Instytut Psychologii Uniwersytetu Opolskiego [Psychology Institute of the Opole University], Instytut Pedagogiki Uniwersytetu Wrocławskiego [Pedagogy Institute of the Wrocław University] and Wyższa Szkoła Pedagogiczna im. Janusza Korczaka w Warszawie [Janusz Korczak Pedagogical University in Warsaw], Kamień Śląski (20-21 October)

Diener, E. (1984). Subjective well-being. *Psychological Bulletin*, 95 (3), 542-575

Diener, E., Emmons, R.A., Larson, R.J., Griffin S. (1985). The Satisfaction With Life Scale. *Journal of Personality Assessment*, 49, 71-75

Dzwonkowska, I., Lachowicz-Tabaczek, K., Łaguna, M. (2008). *Samoocena i jej pomiar. Polska adaptacja skali SES M. Rosenberga. [Self-esteem and its measuring. Polish version of M. Rosenberg's SES scale]*, Warszawa, Pracownia Testów Psychologicznych

Dolińska B. (2014). *Bezdziwność [Childlessness]*. Sopot, Smak Słowa

Domar A., Gordon K., Garcia-Velasco J., La Marca A., Barriere P., Beligoti F. (2012). Psychology and counselling Understanding the perceptions of and emotional barriers to infertility treatment: a survey in four European countries. *Human Reproduction*, Vol.27, No.4 pp. 1073–1079, 2012

Holas, P., Radziwoń, M., Wójtowicz, M. (2002). Niepłodność a zaburzenia psychiczne. [Infertility and Mental Disorders]. *Psychiatria Polska*, 36 (4), 557- 566

Juczyński, Z. (2001). *Narzędzia pomiaru w promocji i psychologii zdrowia [Measurement tools in health promotion and psychology]*. Warszawa: Pracownia Testów Psychologicznych Polskiego Towarzystwa Psychologicznego, 168–172

Kahn, R.L. (1979). Age and social support W: M.W. Riley, (ed.) *Aging from birth to death: Interdisciplinary perspectives*. Boulder, CO: Westview Press, 77-91

Kraaij V, Garnefski N, Vlietstra A. (2008). Cognitive coping and depressive symptoms in definitive infertility: a prospective study. *J Psychosom Obstet Gynecol*. 29:9–16.

Lazarus, R.S. (1994). *Universal antecedents of emotions* W: P. Ekman, R.J. Davidson *The nature of emotion: Fundamental question* New York: Oxford University Press, 1963-2171

- Lechner L, Bolman C, van Dalen A. (2007). Definite involuntary childlessness: associations between coping, social support and psychological distress. *Hum Reprod.* 22:288–294.
- Majkowicz, M., Chojnacka- Szawłowska, G.(1994). Metodologiczne problemy badania jakości życia.[Methodological problems in quality of life measurement] In: de Walden- Gałuszko, K., Majkowicz, M. (eds.). *Jakość życia w chorobie nowotworowej. [Quality of life in cancer patients]* Gdańsk: Wydawnictwo Uniwersytetu Gdańskiego, 65, 84–147.
- Olivius C., Friden B., Borg G., Bergh C. (2004). Why do couples discontinue in vitro fertilization treatment? A cohort study. *FertilSteril.* 81:258–261.
- Przybył I. (2003). Naznaczenie społeczne i samonaznaczenie osób niepłodnych [Social stigmatization and self-stigmatization of the infertile]. *Roczniki Socjologii Rodziny*, 12, 83-96
- Rajkhowa M., McConnell A., Thomas G.E. (2006) Reasons for discontinuation of IVF treatment: a questionnaire study. *Hum Reprod.* 21:358–363.
- Radkowska- Walkowicz M. (2012). The creation of ‘monsters’: The discourse of opposition to in vitro fertilization in Poland. *Reproductive Health Matters*, 20, 30-37
- Sęk, H.(1986). Wsparcie społeczne- co zrobić, aby się stało pojęciem naukowym? [Psychological support – what should we do to make it a scientific term?], *Przegląd Psychologiczny*, 3, 191-199
- Sęk, H.(1993). Wybrane zagadnienia psychoprofilaktyki [Selected issues of psychological prevention] In: Sęk H. (eds.): *Społeczna psychologia kliniczna [Social clinical psychology]*, Warszawa: PWN,
- Shin, D.C., Johanson, D.M. (1978). Avowed happiness as an overall assessment of the quality of life. *Social Indicators Research*, 5, 475- 492
- Van den Broeck U., Holvoet L., Enzlin P., Bakelants E., Demyttenaere K., D’Hooghe T. (2009). Reasons for dropout in infertility treatment. *Gynecol Obstet Invest* 68:58–64.
- Verhaak C.M., Smeenk J.M.J., Evers A.W.M., Kremer J.A.M., Kraaimaat F.W., Braat D.D.M. (2007a). Women’s emotional adjustment to IVF: a systematic review of 25 years of research. *Hum Reprod Update.* 13:27–36.
- Verhaak C.M., Smeenk J.M.J., Nahuis M.J., Kremer J.A.M., Braat D.D.M.(2007b). Long-term psychological adjustment to IVF/ICSI treatment in women. *Hum Reprod.* 22:305–308.

Vassard D., Lund R. , Pinborg A., Boivin J. , Schmidt L.(2012). The impact of social relations among men and women in fertility treatment on the decision to terminate treatment *Human Reproduction*, Vol.27, No.12 pp. 3502–3512

Wischmann T., Korge K. , Scherg H., Strowitzki T. , Verres R. (2012). A 10-year follow-up study of psychosocial factors affecting couples after infertility treatment. *Human Reproduction*, Vol.0, No.0 pp. 1–7, 2012

Marek Kolařík, Martin Lečbych

Palacky University in Olomouc, Czech Republic¹

Maria Luca, Desa Markovic

Regents University London²

Martina Fülepová

Palacky University in Olomouc, Czech Republic³

How Czech supervisors engage in the supervisory process on sexual attraction and strategies used to supervise sexual attraction in the work of supervisees⁴

Abstract

Our study investigated how Czech supervisors understand, engage with and supervise therapists in handling sexual attraction. Qualitative interviews were carried out with 13 volunteers in the Czech Republic. Transcripts were analysed using constructivist grounded theory (GT). Findings show that in reflecting on their experience as supervisors, participants stepped into their experience as therapists first. Data shows various factors mediating and influencing the supervision process: the historical and political impact of sexual tabooism and sexual attraction in training and practice; supervisors' personal experience of sexual attraction provoked shame; gender and trust impact on which supervisor to choose; male and female differences in supervisory needs; and a clear contract facilitates disclosure of sexual attraction.

Keywords

sexual attraction, supervision, psychotherapy

¹ Marek Kolařík, Martin Lečbych, Department of Psychology, Faculty of Arts, Palacky University in Olomouc, Vodární 6, 771 00 Olomouc, Czech Republic; marek.kolarik@upol.cz; martin.lečbych@upol.cz

² Maria Luca, Desa Markovic, Regents School of Psychotherapy & Psychology, Regent's University London, Inner Circle, Regent's Park, London, NW1 4NS, United Kingdom; lucam@regents.ac.uk, markovicd@regents.ac.uk

³ Martina Fülepová, Department of Psychology, Faculty of Arts, Palacky University in Olomouc, Vodární 6, 771 00 Olomouc, Czech Republic; martina.fulepova@upol.cz

⁴ This article was supported by grant "Sexual Attraction in Psychotherapy" at Palacky University in Olomouc in the Czech Republic, SPP: 452110021, 30.

Streszczenie

Celem tego artykułu było zaprezentowanie badań jakościowych dotyczących problemu rozumienia, zaangażowania się w proces terapeutyczny i nadzorowania terapeutów w radzeniu sobie z zaangażowaniem seksualnym w relacjach z pacjentami, przez czeskich superwizorów. Badania przeprowadzono w grupie 13 ochotników, superwizorów z wieloletnim doświadczeniem w pracy. Uzyskane stenogramy analizowano przy wykorzystaniu ugruntowanej już teorii GT. Analiza wyników wskazała, że na proces superwizji wpływa wiele czynników. Z jednej strony jest to określony kontekst historyczno-polityczny związany z tabuizacją seksualności człowieka, z drugiej osobiste doświadczenia superwizorów związane z doznawaniem napięcia seksualnego w relacjach terapeutycznych. Te ostatnie doświadczenie wywoływały poczucie wstydu u superwizorów. Okazało się także, że płeć terapeutów i poziom zaufania jaki odczuwali w stosunku do określonych superwizorów wpływały na ich wybory. Co także istotne mężczyźni i kobiety różnili się w potrzebie superwizji, a klarownie sformułowany kontrakt pomagał w ujawnieniu problemów z zaangażowaniem seksualnym w relacji z klientami.

Słowa kluczowe

pociąg seksualny, superwizja, psychoterapia

Introduction

The sexual or erotic has a conflictual status in psychotherapy. While it is widely recognised as a commonly occurring phenomenon in therapy relationships, neither training, nor the literature give it the attention it demands. As Shlien (1984) suggested, the therapeutic process *'not only permits but encourages intimacy, privacy, trust, frequent contact, revelation of precious secrets....in this way both the content of the revelations and the process of revealing is a form of erotic, or erotically charged, activity'* (p. 171). Yet, as Mann (2011) observed, *'passions of all kinds such as hate, anger, aggression, envy are well documented in the therapeutic setting and well researched. Eroticism, however, has been marginalized, never quite making it to the acceptable family of feelings and ideas in psychotherapeutic theory and practice'* (p. 4-5). The growing recognition in the 1960s that sexual feelings between therapists and clients was widely occurring led to several studies focussing on sexual transgressions, their meaning, consequences and the harm they cause clients and therapists (Gabbard, 1997; Gabbard, 1995; Gabbard, & Lester, 2003; Kernberg, 2004; Thomson, 2006; Valerio, 2004), while little attention was placed on the handling and positive aspects of the erotic. As a result, ethical guidelines by professional bodies place emphasis on boundary violations eroding clients' trust and causing them harm (Gabbard, 1997).

Abstinence from sexual involvement with clients is traced back to Freud's papers on technique (1911-1913) where he set out prerequisites for professional analytic relationships designed to protect analysts from acting out unprofessionally. Abstinence, evenly suspended attention, neutrality, confidentiality and anonymity were designed to encourage

the transference and help patients overcome resistance. Abstinence is reflected in ethical codes stipulating that therapists must abstain from using clients for their own personal gratification (Simon, 1991). Despite the defensiveness in most literature, more recent research indicates that 96% of psychologists never acted out sexually, only 12% never felt attracted to a client, 76% felt inadequately prepared to handle sexual attraction in their therapeutic work, 50% failed to consult a supervisor, almost half reported that their feelings of attraction benefited the therapy process, and 43% reported negative consequences (Rodolfa et al, 1994, p. 168). Similarly Giovazolias and Davis (2001) found that 77.9% of counselling psychologists felt attracted to at least one client, 39% reacted with shock and guilt upon realising their sexual feelings, 27.4% did not seek consultation, 50.5% reported that their attraction had a positive impact on therapeutic process and 45% normalised their feelings. The results from these research studies suggest that a growing number of therapists normalise their sexual feelings for a client and increasingly seek consultation. However, a substantial number of practitioners avoid seeking supervision.

Gelso, Rojas & Marmarosch (2014) state that intimate feelings in therapy may just as well be linked to an actual relationship as to transference or counter-transference. The authors conceive an actual relationship as a personal relationship between the therapist and the client, in which both perceive sexual attraction from the first contact, which becomes increasingly powerful during the therapy, and in which it is not merely in one party's imagination. They see the origin of transference and counter-transference rather in unresolved conflicts and traumas, in which sexual attraction itself need not necessarily grow from these roots. These authors further state that it is important for the therapist to understand that: a) sexual feelings may appear both within the context of an actual relationship and within the context of transference and counter-transference configurations; sexual feelings are common within the context of a real relationship, primarily in long-term work, in which greater intimacy appears and the parties in the therapy develop a deeper understanding of one another; b) for successful therapeutic work it is important to distinguish the patient's and therapist's intimate and sexual feelings, between those that are based on a real relationship and those that are based on transference and counter-transference. A similar view is stated by Pope, Sonne & Greene, (2006) and White (2005).

Pope, Sonne and Holroyd (1993) intimated that therapists' sexual attraction is a difficult, long neglected area because there is a tendency to confuse such experiences with sexual misbehaviour towards clients. This may explain how numerous therapists avoid seeking consultation, and of these only 9% reported that their training or supervision was adequate (Pope, Tabachnick and Keith-Spiegel, 1986). Ladany et al., (1997) a decade later found that *'only half of the participants disclosed their sexual attraction to supervisors, and supervisors seldom initiated the discussion. Furthermore, trainees found it help-*

ful when supervisors normalized the sexual attraction and provided the opportunity to explore feelings in supervision' (p. 413). Although research findings show differences in supervisory use and experience, literature agrees on the therapist's prevailing sexual feelings for a client. Using supervision as an avenue to explore and learn how to handle sexual attraction remains under-researched. This is what our study set out to explore.

Supervision in the Czech Republic became a requirement for accreditation in the 1990's and is optional post-qualification, whilst in most European countries supervision is still a requirement for accredited therapists as well.

The study

Our study set out to research how Czech supervisors understand, engage with and use supervision to help therapists handle sexual attraction. The research method used was grounded theory (GT) which traditionally is rooted in post-positivism (Glaser and Strauss, 1967). Given that the research aim was to explore experiences, processes and meanings, GT within the social constructionist paradigm (Charmaz, 2006) was used. Constructivist GT acknowledges the subjectivity and inter-subjectivity of experience, and generates theory that is context-specific. The research participants' accounts and the ways they choose to present themselves are viewed as shaped by the research context.

Participants

Thirteen supervisors (eight women and five men) were recruited through purposive and snowball sampling methods. Twelve were psychologists specialising in psychotherapy and one was a medical doctor specialised in psychiatry, who is at the same time a main supervisor in a dominant psychotherapeutic discipline. The study criteria included five years' post-accreditation as a supervisor. They were experienced in their fields and worked in different contexts. Researchers tried to recruit participants from diverse training backgrounds to enrich data. Participants undertook various types of long-term psychotherapy trainings, namely, Gestalt therapy, cognitive-behavioural therapy, psychoanalysis, family and systemic therapy, integrative psychotherapy, dynamic psychotherapy, logotherapy, and Rogerian therapy. Some attended several training sessions. Six underwent supervision training. Our goal was not to identify the difference between the groups with and without supervision training, so the training was not an important criterion for us. We sought to find supervisors who were respected and supervised actively. Participants' age varied between 42 and 60. Participation was anonymous and all consented to data being used for publication. Because of sensitive topic and sharing very personal experiences, we guaranteed full anonymity to our respondents. So we cannot provide more concrete information about their gender, age and type of training in individual cases. So we provide this information

for all samples as a whole (for example if we write that the respondent is a woman aged 65 and a certified trainer for psychoanalysis, the potential identification is very easy).

Two men and one woman recruited respondents so that each gender combination was covered: man researcher (R) to man respondent (RE), man (R) to woman (RE), woman (R) to man (RE), woman (R) to man (RE). The interview was conducted face to face, always at a single session in the supervisor's office, or in another appropriate, tranquil location according to the respondent's suggestion. Recruiting participants was completed upon reaching theoretical saturation, when new interviews brought neither new findings nor changes in the established categories.

Method

Our research design was set out as a combination of a multi case study (Yin, 1994) and a qualitative experiment (Miovsky, 2006). Data were generated through individual semi-structured interviews which were audio recorded. We adopted the phenomenological attitude of openness and curiosity (Finlay, 2008) and also we co-created a new reality with each respondent every time (Finlay, Evans, 2009). We sought to catch a subjective live experience using postmodern epistemology (Cutcliffe, 2000; Polkinghorne, 1992). The first part focused on the supervisor's own experience of sexual attraction as a therapist, factors prompting them to seek supervision of sexual attraction during their work as therapists. The second part involved supervisors being presented with five specific scenarios and exploring how they would handle each⁵. As researchers we rejected any objectivity which refers to ideas that phenomena exist out there and that if we are consistent with our observations and rigorous with our methods we could discover the truth.

We consider ourselves as subjects who exercise our agency uniquely. Researcher knowledge and preconceptions are part of agency, and how agency is managed has become the subject of several publications (for example in Rennie & Fergus 2006, Finlay, 2008). It is now considered good practice for researchers to apply reflexivity by critically examining their knowledge, stepping back and considering alternative perspectives whilst revealing their agency (Rennie, 2004). Open coding, axial coding, and selective coding were used to identify key categories and analyse their mutual relations. Our con-

⁵ *Example Scenario*

Aneta has worked as a supervisor for more than 10 years. Three weeks ago, while celebrating her birthday, she met a former client by chance in a bar – the last time they met was more than two years earlier when the client had had 15 meetings with Aneta, during which they had been working on his relationship with his father. The client invited her for a drink as a thank you for everything she had done for him during therapy. Aneta accepted the invitation – she was curious about how the client's life story had developed – and they had a very nice chat. Aneta had completely forgotten how charming and funny the former client could be. Two days ago the client contacted Aneta through her work e-mail and invited her to lunch. Aneta accepted.

What would you say to Aneta? What are your key points in this case? How would you proceed in this case of supervision, and is it, in your opinion, a case for supervision at all when it is about a former client?

stant comparative analysis involved gathering accurate evidence through generating conceptual categories, which then led to generalised relations between the categories and their properties.

Miovisky (2006) argues that the advantage of grounded theory lies in its ability to qualitatively integrate data gained by diverse methods (in our case, with interviews and through analysing the supervisors’ spontaneous reactions to presented situational scenarios) and in utilising various approaches to the actual data analysis. Grounded theory is a theory which is inductively derived from exploring the phenomenon which it represents – that is, it is formed and verified by systematically generating and analysing data on sexual attraction (Charmaz, 2006). Thus, the data, its analysis, and the theory itself mutually complement each other. Three Czech researchers (Kolařík, Lečbych, Fülepová) conducted their analyses independently. Each researcher read verbatim from all interviews and made a coding process and prepared a working model by grouping these categories with emphasis on identifying the central category. Then the researchers met and discussed together all three working models. They subsequently created a comprehensive model which reflected all three working model main topics. This model was supervised by independent UK researchers (Luca, Markovic) and minor revisions were implemented to the pre-final model. The pre-final model was further analysed by three researchers (Kolařík, Lečbych, Fülepová) with input data, and they reviewed how data corresponded with it. The goal was to create a model which would present individual categories and their relations. We will use this model as a basic frame for presenting our findings (see below).

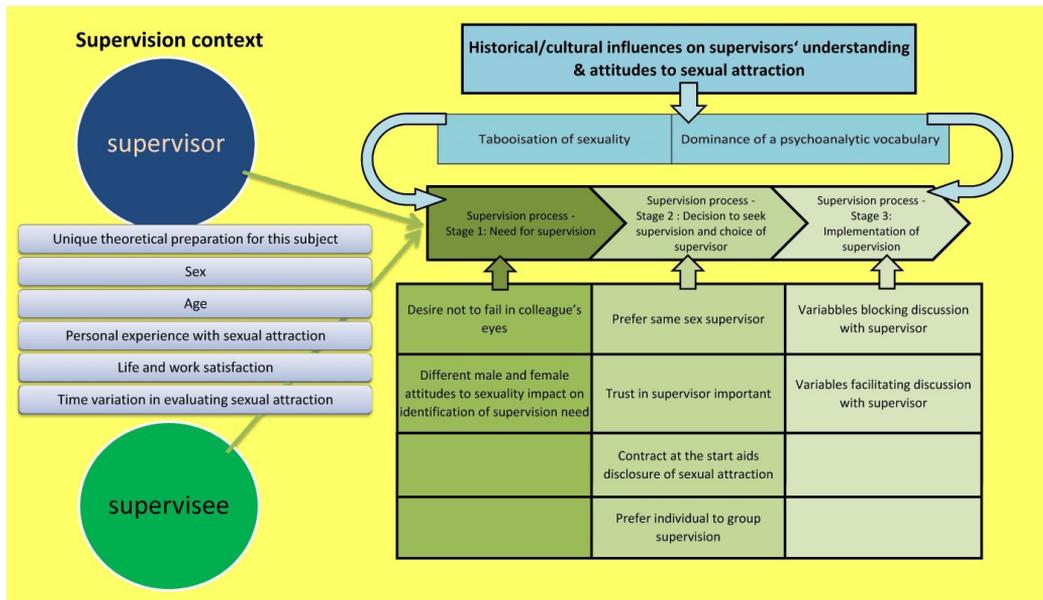


Figure 1: The process of supervision and the experience of the supervisory relationship on sexual attraction in the Czech Republic

Results

How supervisors understand the term “sexual attraction”

Supervisors usually distinguished “sexual attraction” from other “affection” forms and believed that sexual attraction contained physical attraction or a subjectively assessed client sex-appeal which impressed the therapist, such as intellect, ability for self-reflection, admiration of therapist. These factors played a part in developing sexual attraction, but did not define it.

P5: “...every person, including a therapist, is attracted to someone. Some prefer younger people, others intellectuals, for some it is a manually working woman for example. I assume most therapists are intellectually motivated thus attracted to people with whom they also share something...”

Participants differentiated between a client who was sexually attractive, from affection, which was seen more as a parental and caring attitude towards clients (e.g. maternal and paternal transference). For female supervisors sexual attraction had to involve a “love spark”, “love chemistry”, “charisma”, “love aura”. Male supervisors mentioned the need to “impress”. Participants mentioned that if they were sexually attracted to a client, they would want to make him feel special. The most common feelings from their experience as therapists were spontaneous sexual fantasies and projections about a client, being inclined to treat him/her differently, experiencing some sexual arousal in the client’s presence, desire to impress, or thinking about clients outside therapy.

P3: “...it is beyond usual attraction to a person, I can say this is a handsome man but that would not constitute sexual attraction, just a statement that the person has some sex-appeal, it does not do anything to my fantasies... it is when the person starts to stand out among other people, has different chemistry for the therapist... on the therapist’s side, fantasies might appear, flirting, looking forward to meeting the client...”

Data suggested a clear distinction in client sexual attraction, therapist sexual attraction, and mutual sexual attraction. In client sexual attraction, the most frequently observed signals included: giving presents or flowers, fixing himself/herself before the session (i.e. perfume, make-up), dressing provocatively, complimenting or even explicitly seducing the therapist. Salient features in therapist sexual attraction were the tendency to talk about himself/herself, trying to impress the client, tidying up the office before the client arrives, choosing clothes with the client in mind, giving special attention to the client, prolonged or more frequent sessions. We plan to analyse these situations in detail in another study because it is outside our paper’s scope.

A process model for supervising sexual attraction in psychotherapy

We created a process model for supervision stemming from the data. The entire process takes place against a particular historical and cultural background. During “communist

totalitarianism” in former Czechoslovakia before the Velvet Revolution, psychology was suppressed and its training activities were conducted secretly for fear that psychotherapy could be discredited which would contribute to its tabooisation, especially regarding sexuality. We identified two categories capturing the context: *the tabooisation of sexuality in education and the dominance of a psychoanalytic vocabulary*. In discussing these phenomena, participants frequently used “transference” and “countertransference” metaphors despite belonging to modalities different to psychoanalysis. They often referred to sexual tabooisation and sexual attraction in their own education.

P7: “In supervision training: At the most in the transference and countertransference phenomena, which are taken into account between a supervisee and a supervisor. But that the subject of sexual attraction would just pop up, that certainly did not happen.”

Half of those who became supervisors after the Velvet Revolution lacked any systematic training. Many established the training programmes themselves. Passing the psychotherapy model onto the next generation had not been free of the tendency to treat sexual attraction as taboo.

P4: “The school gave me a humble preparation, we only heard one clear sentence, “it is not allowed” without any further discussion ... it was more of a warning that therapy was such a sensitive matter that we could not sleep with a client but I think that people were also ashamed talking about it because it was in the communist era and everyone was avoiding this topic ... I think that even in the 21st century people build many taboos about sexuality and this creates many psychological blocks and problems.”

Supervisors responded to our questions on how they supervise sexual attraction, by first drawing on their own experiences as therapists. They felt that their own professional development permeated the supervisory relationship. When a client would display sexual affection in their early career, therapists experienced tension, fear, concern, insecurity, and felt unprepared. If they found a client sexually attractive, they felt fear of failure, or not knowing how to handle the situation.

There were differences in descriptions between men and women. Women stated more frequently how from the beginning of their career they had experienced clients who tried to seduce them. They remembered this provoked discomfort.

P6: “When I first encountered this subject, it quite petrified me; I was quite embarrassed by it... Now I notice it more in individual sessions, maybe thanks to 25 years of experience, I am not scared or caught off guard by it, I consider it a manifestation of the transference process where it simply belongs. It happens less and less often that I would feel attracted to clients ... I now consider it part of therapy but I only had learnt it in the course of my work. No-one prepared me for it and no-one talked about it much.”

Men were convinced early in their career that they would not encounter this phenomenon. They emphasised that they could “contain sexual attraction” and that “it would pass” and perceived supervision as a last resort. Women on the other hand talked about supervision as an option they would use immediately if they felt attracted to a client.

P11: “I previously believed that sexual attraction did not concern me in any way; I believed that a professional could handle everything... but over time I realized that very pretty women come and it was pleasant to look at them... it also changed with experience because I witnessed several displays of affection from my clients and one direct declaration of love and I know that my first reaction was distress: how do I deal with it here and now?”

All participants agreed that their personal experience with this phenomenon was crucial in supervising others. Over time and with experience, their ability to talk about this topic with a client more naturally and without fear and shame grew and could be used to a therapeutic end.

P12: “Age and experience play a role... I have a lot of grey hair now but when I was 30 or 35, I did not dare to include this subject into my therapy because it could be misunderstood. I would be very afraid to include it as a topic in the first ten years of my development...”

In a therapist’s sexual attraction or even feelings of love towards a client, none of the participants used the countertransference concept to explain this. Most explained it as stemming from the therapist’s personal crisis, such as relationship frustration.

P5: “I was in a situation when I was strongly attracted to my client. Of course, as it happens in those bad novels and films, it was during my life crisis after a break-up, looking back, searching for new balance and looking for new, safer relationships.”

With age and experience the pressure to instantly interpret everything decreased. The more experienced therapists did not rush with interpretations; they stated in some cases it was best not to open the subject of sexual attraction with a client immediately because it could disappear by itself.

P7: “A client can enchant you at the beginning of therapy, so it can make it difficult to work together; however, as the work progresses, enchantment can evaporate. It happens to me a lot. Giving it some time helps.”

One respondent also stated that young, unattached therapists deal with sexual attraction towards the client better than therapists in a long-term partner relationship, who often do not adequately reflect upon these feelings.

Supervision process: need-decision-implementation

In the data analysis we divided supervision into three stages. The first stage, “need for supervision”, captures factors influencing supervisees to seek supervision on sexual attraction. The second stage “decision to seek supervision and choice of supervisor”

is linked to specific supervisor choice and to topics that the supervisee contemplates discussing in supervision. The third stage, “implementing supervision”, represents the actual supervisory meeting and strategies that supervisors would use if sexual attraction was the focus.

Stage 1: Need for supervision

In the Czech Republic it is left to therapists’ discretion to identify a need and seek supervision. Participants’ need for supervision was more urgent in private practice and individual psychotherapy. They were pressured by their own sense of responsibility and their private practice reputation. The transition into private practice with direct payment brought clients with higher social status whom therapists could find more impressive, thus creating potential for sexual attraction. They ascribed the least urgent supervision need to public sector consulting and to therapeutic institutions where clients could be referred on and team supervision was available.

Participants’ desire not to fail in the eyes of others if they experienced sexual attraction appeared to be bound up with self-judgements. If therapists’ judgements depended on what others thought, they experienced their own failures and shortcomings more sensitively and downplayed the need for supervision. Their reservations in discussing sexual issues also seemed to significantly limit their need to turn to a supervisor. Participants agreed that during their training they rarely discussed sexual attraction and believed this contributed considerably to feelings of shame. Situations when a client was attracted to a therapist were discussed without much shame, whereas in the therapist sexual attraction shame was central. This led to avoiding supervision.

Women identified the need for supervision when a client became part of their fantasies and if they felt that they did not have the situation under control. Men on the other hand tended to normalise sexual fantasies and not connect them with any need for supervision. In men’s view, supervision would be more needed if they engaged in boundary deviations (e.g. giving their phone number, going out for a drink with a client). All participants recognised the need for supervision if there was a higher degree of engagement with, or an aversion to, a specific client.

Stage 2: Decision to seek supervision and choice of supervisor

This stage summarises categories linked to the choice of supervisor. Almost unanimously, participants stated that the fundamental variable in selecting supervisor was the *same sex of the supervisor and supervisee* and *trust in a particular supervisor*.

A same sex supervisor was usually preferred when discussing sexual attraction, in the belief that there would be more non-judgmental acceptance than with an opposite sex supervisor.

P6 (woman): "...I would probably choose a woman ... it is about being comfortable... I would expect that with a woman it will be more natural ... it really might be about shame; that is the reason why people don't talk about these things."

P12 (man): "I would go to a man, a woman did not even cross my mind. I would probably expect understanding, that he would not judge me, to find male solidarity... I would need to have it confirmed that it is not that big a deal."

Trust in a supervisor emerged after long-term cooperation, a positive relationship, and professional contract.

P4 (woman): "I probably would not care if I chose a male or a female supervisor; I would mostly care about my trust in the supervisor and my experience with him/her."

Participants felt that if the *supervision contract* included disclosure of sexual attraction it would make it safer to discuss.

P12: "If we had a contract that said we would talk about various issues including sexual attraction, then in the event of the disclosure that as a supervisor I thought might be unethical, there would be a framework for addressing it."

Participants preferred individual to group supervision for discussing sexual attraction as supervisees.

P12: "I think that it is a more delicate topic in group supervision where people may feel more exposed and more often may bring clients' sexual attraction than their sexual attraction towards clients."

Participants stated that in group supervision there was a greater vulnerability to shame and expressed fear that they would be judged by other group members.

Stage 3: Implementation of supervision

In this stage variables which facilitate or block the supervision process and strategies used in supervision are identified. Facilitating and blocking variables are based on analysing semi-structured interviews with participants, while supervisors' strategies are based on analysing their solutions to scenarios presented at the interviews.

Variables **blocking discussion** with a supervisor were:

- Supervisor's apparent lack of preparedness and reluctance to discuss this topic;
- Inflexibility in the supervisor to open up the sexual attraction theme at the initial supervision relationship stage and the theme emerges only during the course of the supervision;
- Supervisor's theoretical focus on overly analytical interpretation;
- Supervisor's non-verbal communication interpreted as discomfort;
- Verbally rejecting this topic or the supervisee as a person;
- Supervisor's moralism and excessive sternness;

- Supervisee's awe of the supervisor leading to supervisee not wishing to fail in his/her eyes;
- Group supervision where opening this subject is more difficult than in individual supervision, for instance, due to relations between group members;
- Long-term partner relationship in the case of the supervisee – those in a long-term relationship are worse at reflecting and detecting sexual attraction to the client in supervision than those not in a long-term relationship.

The **variables facilitating discussion** with a supervisor were:

- Individual rather than group supervision;
- Previous positive experience with the supervisor and trust in him/her;
- If the supervisor also considers sexual attraction important;
- Supervisor's readiness to facilitate an introduction to and an open discussion about the subject;
- Mutual openness of the supervisor and the supervisee to challenge and be challenged;
- The supervisor and supervisee's personal resilience.

Among these factors, emphasis was placed on the importance in being open to sexual attraction and initiate discussion.

P10: "... as a supervisor, I should be open to talking about the subject of sexual attraction."

P4: "If it isn't brought up, I would initiate discussion about it if I feel from how (s) he talks, acts, behaves there is sexual attraction; I would open the subject myself, in order to open the door and (s)he can enter, but it is not compulsory. If (s)he told me there wasn't any, I would let it go for the time being."

Strategies participants identified based on scenarios presented during the interviews are organised in three levels.

Level 1 is **situation mapping**. Here supervisors provided examples of questions which explored the frequency and intensity of the therapist's attraction to the client and vice versa – whether it happened regularly, seldom, and so on. Supervisors tried to understand the therapist's perspective. They considered this level obvious and described it briefly. Other questions were directed at clarifying participants' views.

Level 2, **supporting self-reflection** was the most frequently mentioned strategy. It involved supervisors focussing on reflections concerning the therapist's emotional stability and how rooted (s)he is in their personal life, distinguishing between personal motives, therapeutic goals and their limits. These strategies were directed towards understanding the therapist's own needs and their influence on the therapy process.

Level 3, **ensuring safety** involves alerting the supervisee to possible power abuse; supervisors stated that they would recommend therapy termination if therapy goals were compromised and the client was at risk of harm. They also advised therapists to consult ethical codes.

Discussion

In understanding sexual attraction, supervisors often distinguish between sexual attraction and other affection forms. Therapist's sexual attraction contained sexual fantasies, sexual arousal, and the need to impress the client and make them special. Client sexual attraction was identified as the need to impress the therapist. The former evoked discomfort and shame and led to avoiding seeking supervision. The latter was easier to address. The historical-cultural context had a major impact on sexuality perceptions and sexual attraction in psychotherapy, perpetuating the taboo from the communist period. During their early career mostly female supervisors experienced tension, fear, concern and insecurity in encountering sexual attraction; if they found a client sexually attractive, they experienced failure or not knowing how to handle it. This suggests that women carry self-blame. As Lester (1985) suggests, female therapists do not explore sexual issues with male patients due to fear of appearing seductive or vulnerable to seduction. Male supervisors on the other hand believed they would not encounter sexual attraction, which suggests denial. When they did, they felt they could contain it and that it would pass -- attitudes linked to men experiencing themselves as being in control. Men felt that supervision would be a last resort, an attitude which perpetuates the notion of men's independence and self-sufficiency. Participants' view that therapist sexual attraction is associated with personal crisis or personal relationship frustration reinforces the psychoanalytic idea that frustrated sexual impulses have destructive power, rendering the sexual as belonging outside therapy, an idea challenged by recent literature (Luca, 2014).

Supervisors felt that therapists seek supervision mostly when they practice privately due to the need to protect their practice. Women sought supervision when they fantasised about a client. Men on the other hand tended to normalise sexual fantasies and perceive them as common. They did not so much connect them with the need to turn to a supervisor. They also believed that therapists tend to choose same sex supervisors or that trust in a particular supervisor was fundamental in their choice. This reflects the gender divisions and ideas that only someone from the same gender can be truly empathic. Our findings also confirmed the literature suggesting that the majority of therapists avoid discussing sexual attraction in supervision (Ladany et al., 1997; Pope, Tabachnick and Keith-Spiegel, 1986; Rodolfa et al., 1994). Supervisors emphasised that

key strategies in helping therapists handle sexual attraction are their own openness to the subject of sexual attraction and their ability to initiate discussions about it. This is in accordance with the respondents' statements in which we recorded that supervisors (woman and man) who were less open to the sexual attraction theme stated that this theme did not appear in supervision. We found that it is possible to divide supervision into three stages, and in each stage there are important different factors. In our opinion factors are described that are necessary for supervision and should be reflected by supervisors. It seems easier to work with these topics in individual supervision than in group supervision. We also identified variables that could block or facilitate discussion about this topic in supervision. In our opinion this topic is crucial for psychotherapeutic training and also for preparation of professionals for supervision practice. Sexual attraction between supervisor and supervisee could also have an impact on the supervision process and this could be another important topic for further research.

Implications

Our research concentrated on drawing a portrait of Czech supervisors' interpretation of sexual attraction, giving centre stage to the way communism impeded psychotherapeutic growth and led to the tabooisation of sexuality and sexual attraction, which still permeates in today's attitudes among some supervisors. To the extent that all participants enact their realities, the model constructed in our research may have relevance in describing the evolving cognitions through which supervisors come to understand and adapt to a changing social and political context. Further research is needed to determine if this model of supervisors' understanding and supervision of sexual attraction in the supervisees' work also has potential for wider applications to different socio-political contexts.

References

- Charmaz, K. (2006) *Constructing grounded theory: a practical guide through qualitative analysis*, London: Sage.
- Cutcliffe, J. R. (2000). Methodological Issues in Grounded Theory. In *Journal of Advanced Nursing*, 31(6), 1476-1484. London: Blackwell Science Ltd.
- Epstein, R. S. (1994). *Keeping boundaries: Maintaining safety and integrity in the psychotherapeutic process*. Washington: American Psychiatric Press.
- Finlay, L. & Evans, K. (2009). *Relational-centred Research for Psychotherapists: Exploring Meanings and Experience*. John Wiley & Sons.

- Finlay, L. (2008). A dance between the reduction and reflexivity: explicating the “phenomenological psychological attitude”. *Journal of Phenomenological Psychology*, 39, 1-32.
- Freud, S. (1915). *Observations on transference love*. Standard Edition, (1958). London: Hogarth Press.
- Gabbard, G. O. & Lester, E. P. (1995). *Boundaries and Boundary Violations in Psychoanalysis*. New York: Basic Books. . N. Y.: Basic Books.
- Gabbard, G. O. & Lester, E. P. (2003). *Boundaries and Boundary Violations in Psychoanalysis*. Washington: American Psychiatric Publishing.
- Gabbard, G. O. (1993). Once a patient, always a patient: Therapist-patient sex after termination. *The American Psychoanalyst*, 26, 6-7.
- Gabbard, G. O. (1997). Lessons to be learned from the study of sexual boundary violations. *Australian and New Zealand Journal of Psychiatry*, 31, 321-7.
- Gelso, J., Rojas, A., Marmarosh, Ch. (2014). Love and Sexuality in the Therapeutic Relationship. *Journal of Clinical Psychology*, 70 (2), s. 123-134.
- Giovazolias, T. & Davis, P. (2001). How common is sexual attraction towards clients? The experiences of sexual attraction of counselling psychologists towards their clients and its impact on therapeutic process. *Counselling Psychology Quarterly*, 14(4), 281-286.
- Glaser, B. & Strauss, A. (1967). *The Discovery of Grounded Theory*. London: Weidenfeld and Nicolson.
- Kernberg, O. F. (2004). *Contemporary Controversies in Psychoanalytic Theory, Techniques and their Applications*. New Haven: Yale University Press.
- Ladany, N., & O'Brien, K. M., & Hill, C. E., & Melincoff, D. S., & Knox, S., & Petersen, D. A. (1997). Sexual attraction towards clients, use of supervision, and prior training: a qualitative study of predoctoral psychology interns. *Journal of Counselling Psychology*, 44(4), 413-24.
- Lester, E. (1985). ‘The female analyst and erotised transference’. *Journal of Psychoanalysis*, 66, 283-293.
- Luca, M. (2014) *Sexual Attraction in Therapy: Clinical Perspectives on Moving Beyond the Taboo – A Guide for Training and Practice*. London: Wiley.
- Mann, D. (ed.) (2003). *Erotic transference and countertransference: clinical practice in psychotherapy*. Hove: Brunner-Routledge.
- Mann, D. (ed.) (2011). *Love and Hate: Psychoanalytic Perspectives*. London: Brunner-Routledge.

- Miovský, M. (2006). *Qualitative approach and methods in psychological research*. Prague: Grada Publishing.
- Polkinghorne, D. E. (1992). *Postmodern Epistemology of Practice*. In S. Kvale, (Ed.). *Psychology and Postmodernism*. London: Sage.
- Pope, K. S., & Sonne, J. L., & Greene, B. (2009). *What Therapists Don't Talk About and Why: Understanding Taboos That Hurt Us and Our Clients*. Kindle edition. American Psychological Association.
- Pope, K. S., & Sonne, J. L., & Holroyd, J. (1993). *Sexual feelings in psychotherapy*. Washington: American Psychological Association.
- Pope, K. S., Tabachnick, B. G., & Keith-Spiegel, P. (1986). Sexual Attraction to Clients: The Human Therapist and the (Sometimes) Inhuman Training system. *American Psychologist*, 41(2), 147-158.
- Rennie, D. L. (2004). Reflexivity and Person-Centered Counseling. *Journal of Humanistic Psychology*, 44, 182-203.
- Rennie, D. L., & Fergus, K. D. (2006). Embodied Categorizing in the Grounded Theory Method. *Theory and Psychology*, 16 (4), 483-503.
- Rodolfa, E., & Hall, T., & Holms, V., & Davena, A., & Komatz, D., & Antunez, M., & Hall, A. (1994). The management of sexual feelings in psychotherapy. *Professional psychology: research and practice*, 25 (2), 168-172.
- Shlien, J. M. (1984). A countertheory of transference. In R. Levant & J. Shlien (Eds), *Client centred therapy and the person centred approach*. New York: Praeger.
- Simon, R. I. (1991). Psychological injury caused by boundary violation precursors to therapist patient sex. *Psychiatric Annals*, 21 (10), 614-619.
- Thomson, P. (2006). Psychotherapy with Helen: Negotiating boundary issues with a patient with MS. *Psychodynamic Practice*, 12,(2), 205-210.
- Valerio, P. F. (2004). Broken boundaries: perverting the therapeutic frame. In M. Luca (Ed.). *The Therapeutic Frame in the Clinical Context*. (pp. 116-127). Hove: Brunner-Routledge.
- White, K. (ed.) (2005). *Attachment and Sexuality in Clinical Practice*. The John Bowlby Memorial Conference Monograph, 2004: Karnac Books.
- Yin, R. K. (1994). *Case study research: Design and Methods*. London: Sage Publications.

Magdalena Ślęzyk-Sobol
University of Wrocław

Young adults in corporations – psychological labour costs and their correlates based on some empirical research studies

Abstract

This article raises the issue of psychological labor costs comprehended – in line with the conceptualization by Maslach and Leiter – as symptoms of occupational burnout: emotional exhaustion, cynicism, low self-efficacy as experienced by young adults employed in one of the Lower Silesian biotechnological corporations. The author presents some correlative research studies and their results based on research conducted on a group of 80 specialist employees including 10 managers, covering their experience of burnout symptoms and also its correlates, such as global and organisational self-esteem. The research studies presented here are part of a larger research project which also includes some diagnosis on corporate culture and its organisational climate. Above all their results show an alarming levels of cynicism and emotional exhaustion experienced by these employees, together with their high global self-esteem and medium organisational self-esteem .

Keywords

burnout, global self-esteem, organizational self-esteem, psychological labor costs.

Streszczenie

W zaprezentowanym artykule podjęto problematykę oceny psychologicznych kosztów pracy, jakimi według koncepcji Maslach i Leitera są doświadczane przez ludzi symptomy wypalenia zawodowego, do których należą: wyczerpanie emocjonalne, cynizm, obniżone poczucie skuteczności. Przedstawione w publikacji wyniki badań są częścią większego projektu badawczego, którego celem było również diagnozowanie kultury i klimatu organizacyjnego firmy. W badaniach przeprowadzonych wśród młodych dorosłych, zatrudnionych w dolnośląskich korporacjach z branży biotechnologicznej, wzięło udział 80 pracowników specjalistycznych oraz 10 menadżerów. Wyniki analiz wskazały na alarmujący poziom cynizmu wśród pracowników przy jednocześnie wysokim poziomie samooceny globalnej oraz średnim poziomie samooceny organizacyjnej.

Słowa kluczowe

wypalenie zawodowe, samoocena globalna, samoocena organizacyjna, psychologiczne koszty pracy.

Introduction

„Work is a barrier against sadness”

Cicero

This paper aims to show the results of empirical research studies conducted among staff employed in one of the dynamically developing companies operating in the Lower Silesian market since 2012. The studies focused on occupational burnout which – according to the author – should be considered as a symptom and a cause of staff incurring very high psychological costs due to their work. Occupational burnout is a serious threat to the mental and physical health of Polish employees and may result from constantly changing realities as well as sharply increasing (intensely growing) market requirements and expectations that they face (work under time pressure, in vaguely professional conditions, in surroundings which do not provide them with job safety and security). Professional work, which consumes a huge part of our daily energy, is bringing more and more disappointments, problems and negative experiences. Taking into account the labor market and its requirements, it can be stated that factors which ‘are within’ an organisation itself variously affect the people employed there (depending on their nature and character) and such factors have become increasingly relevant. The psychological literature (Sęk, 2004, Maslach, 2001) suggests that burnout symptoms are more intensely experienced by younger employees, who have less seniority and less professional and life experience. For this reason, as the researchers believe, they may ‘use’ fewer of the remedial strategies and interpersonal skills required to deal effectively with difficult situations in their organisational surroundings. According to the author, the case study presented here is also interesting due to the fact that these employees are aged 30.5 on average. They are young, well-educated, fluent in foreign languages (as they manage international issues on a regular basis) and are focused on their development within the organizational structures.

Theoretical backgrounds

The definition of occupational burnout developed by Maslach and Susan Jackson (Maslach, 2004) is the one that is most commonly applied. The authors treat occupational burnout as a psychological syndrome of emotional exhaustion, depersonalization and a low sense of personal self-realization which may occur in people working with other people. The recent approach to occupational burnout – according to Maslach and Leiter – focuses on ‘matching’ a person and his/her professional work (and not just „a giver and a recipient” in social professions) and indicates that this phenomenon com-

bines elements associated with personality-based predispositions such as stress that is suffered together with socially-driven elements such as excessive demands exerted by professional work. And – according to the authors – occupational burnout affects not only people who assist others. It occurs in various professions as it derives from a poor ‘matching’ of an employee (worker) and his / her workplace, resulting in emotional exhaustion and other symptoms (Maslach, Leiter, 2008, 2010, 2011). Occupational burnout in this context is the opposite of commitment to work. In terms of involvement, the authors took into consideration the following three dimensions (analogous to burnout): (1) energy is the opposite of exhaustion, (2) engagement is the opposite of cynicism and non-personal attitudes and (3) conviction of one’s self-efficacy is the opposite of a low sense of accomplishment of personal achievements. According to the revised concept by Maslach and Leiter, occupational burnout is not only problematic to people but – above all – to the social surroundings in which they work. This is simply a given workplace, its structure and operational mechanism, which shape interpersonal relationships and affect the ways people do their work. The authors also argue that occupational burnout is a work-related problem and not a „*personality defect or clinical syndrome*” (Maslach, Leiter, 2011, p. 54). It results – in their opinion (according to them) – from a lack of harmony between a person and his/her work. They define occupational burnout as: „*a psychological syndrome of emotional exhaustion, cynicism and low sense of personal accomplishments which may occur at people working with other people in their specified operational surroundings*”. According to the researchers (Maslach, Leiter, 2010, 2011), business units should seriously tackle this problem because it directly affects their performance. They point to the huge costs incurred when their staff experience such burnout . They enumerate some of them: absenteeism, sick leave, staff frauds, lower productivity and quality of work, higher losses, more frequent failures and mistakes, the abuse of illicit psychoactive substances, and mental illnesses. The research studies provided in this paper were aimed at verifying correlations between employees’ global and organizational self-esteem as well as the intensity of symptoms felt by them to be treated as emotional exhaustion, cynicism and low efficiency. Global self-esteem is often understood as „a sense of one’s value” and this meaning is valid in everyday language (Fila-Jankowska, 2009). It constitutes the most generalized level of one’s self-esteem. This is a measure of how positive or negative our general attitude to ourselves is (Fecenec, 2008). Rosenberg (1965, following: Dzwonkowska, Lachowicz-Tabaczek and Łaguna, 2008) defines self-esteem as: „a positive or negative attitude towards one’s ‘Self’, a sort of a global assessment of oneself”. Currently this is the most popular definition of self-esteem. There is much empirical evidence that the level of self-esteem affects both well-being, health and emotions as well as an individual’s operations in social relationships

or task-related situations (review: Fecenec, 2008), including those at work (e.g. Pierce et al., 1989; Pierce and Gardner, 2004). In turn, organizational self-esteem is a specific counterpart of global self-esteem, which depends on the perceived level of one's competences in the scope of professional tasks accomplished. Pierce and his colleagues (1989) define organizational self-esteem as the degree to which members of a given organization believe that they can satisfy their needs by taking roles offered to them by this organization (Pierce et al., 1989). According to the theory by Korman (1970, 1976, Swann, 1996, following: Sekiguchi, Burton, Sablynski, 2008), which was a vital inspiration for Pierce and his colleagues, people have a strong need to uphold their existing standing / image of themselves. In line with this assumption, individuals take actions which allow them to maintain their self-esteem. Accordingly, it is expected that in organizations, people who are characterized by high self-esteem will have a more positive approach to work and will be more productive because such behavior is consistent with their convictions about themselves. Organizational self-esteem reflects the individual value felt by this person as a member operating in the organizational context. Therefore, people who are characterized by a high level of detailed self-esteem should see themselves as relevant, important, effective and valuable to their company (Pierce et al., 1989; Pierce and Gardner, 2004). These employees are more active and engaged, more willing to solve problems, even in uncertain situations; they are also more responsible and self-controlled, with a (higher) internal sense of control.

Methods and procedure

The research studies were correlational in their character and included a quantitative part (all willing employees) and a qualitative part (extra interviews with a group of 10 managers, which will be presented in the next article). The research sample was gathered in a random way – employees who decided to take part in the research attended a research meeting and completed questionnaires. The research studies were aimed at examining dependencies between global and organizational self-esteem as well as felt occupational burnout. The following research questions were formulated:

1. What are the levels of occupational burnout and its components among the people taking part in the survey as measured by means of the Maslach Burnout Inventory tool?
2. What are the levels of general self-esteem among the respondents?
3. What are the levels of organisational self-esteem among the respondents?
4. What are the dependencies between burnout / general and organizational self-esteem correlates and the burnout indicators referred to as burnout: emotional exhaustion, cynicism and low self-efficacy?

The research studies were conducted at the end of 2014 and the beginning of 2015 in the customer service unit of one of Wrocław's biotechnological companies (logistics, purchasing, accounting). This is an international company which has outlets in 30 countries and employs several thousand people. The Wrocław branch has been in operation since 2012, hence it should be stressed that both in terms of its market standing and the HR processes implemented the company has been developing rapidly. The division of its organizational structure within various countries is a relevant feature of this company. It calls not only for frequent business trips, but also for virtual communication. 80 people participated in the research studies (including 10 team leaders) – 60 women, 13 men and 7 people who declined to state their sex. Although statistical analysis concerning the variable "sex" is not presented later in this article, it is worth underlining that it turned out, there are no statistical differences emerged between women and men with regard to the variables that were measured (level of burn out, global self-esteem and organizational self-esteem).

31 people declared their marital status to be 'single', 24 – 'in a relationship' and 15 – 'divorced'. 14 people declared that they have children, 57 people stated that they have no offspring. The seniority in the company of the respondents who participated in the survey is as follows : M = 1.96 years – from 0.16 up to 4 years and their overall seniority: M = 4.12 years, from 1 up to 16 years. The surveyed respondents were aged 26 – 35 years, M = 30.5. The following research tools were used: the Maslach Burnout Inventory – GS (initial tool adaptation license by M. Ślęzyk – Sobol, 2012), the Self-Assessment Questionnaire SES by Rosenberg (adaptation: Dzwonkowska, Łaguna, Lachowicz – Tabaczek), the Organizational Self-Assessment Questionnaire by Pierce (initial adaptation by Lachowicz – Tabaczek). All the socio-demographic data and information on employment was collected through questionnaires / data sheets.

Results

Below there are some descriptive statistics on the variables that were studied (taking into consideration the sten scale). Only the organizational self-assessment questionnaire has no sten normalization (only raw result figures are presented). Referring to the preliminary study by Lachowicz – Tabaczek (2010) it should be clear that this is a result similar to the average results, which amounted to 54%??? in the population of all people employed in Polish organizations.

Table 1. Descriptive statistics for the examined group of employees.

Individual Variables	N	Minimum	Maximum	M	D
Exhaustion	80	1	10	5.58	3.07
Cynicism	80	0	10	7.32	2.60
Sense of Efficacy	80	1	10	6.22	2.79
Burnout Global Result	80	1	10	7.25	2.65
Global Self-Esteem	80	3	10	6.78	1.91
Organisational Self-Esteem	80	21	70	50.24	10

The results were referred to the normalization standards developed by the author in her unpublished doctoral dissertation (2012). As for the psychological labour costs in the people that were surveyed, the following were diagnosed in the group of employees: medium emotional exhaustion, high cynicism and a medium sense of efficiency. Global self-esteem can be regarded to have registered high results (6.28 sten) and organizational self-esteem – medium levels.

The dependent and independent variables together with their relations are shown below:

Table 2. Dependencies of organizational and global self-esteem, together with components of occupational burnout.

	Organizational Self-Esteem	Emotional Exhaustion	Cynicism	Sense of Efficiency	Global Burn-out	Global Self-Esteem
Organisational Self-Esteem	1	-.189	-.441**	.503**	-.101	.365**
Emotional Exhaustion	-.189	1	.661**	-.254*	.766**	-.177
Cynicism	-.441**	.661**	1	-.411**	.700**	-.265*
Sense of Efficiency	.503**	-.254*	-.411**	1	.183	.354**
Global Burnout	-.101	.766**	.700**	.183	1	.005
Global Self-Esteem	.365**	-.177	-.265*	.354**	.005	1

** – Correlation is significant at the level of 0.01 (bilaterally)

* – Correlation is significant at the level of 0.05 (bilaterally)

Attention should be paid to the strongest relationships between the variables. They relate to organizational self-esteem and the sense of efficacy ($r = 0.503$). A higher level of efficacy stands for a higher level of organizational self-esteem, which is so much desired by employers. A sense of efficiency is also moderately positive, strongly linked to the level of global self-esteem held by the respondents ($r = 0.354$). In turn, higher organizational self-esteem is inversely related to the level of cynicism ($r = -0.441$). Students' t-

distribution and variance analyses were conducted in order to verify possible differences between groups of employed men and women, managers and specialists as well as representatives of various departments in this particular company. No statistically significant variances were found when it comes to a level of burnout symptoms that were experienced and levels of global and organizational self-esteem. In addition, the groups were not divided equally .

Discussion

The results presented here are part of a larger-scale research project conducted in this ‘customer shared service’ company which is part of this international biotechnological corporation. As part of the research studies Its organizational culture and climate were diagnosed as part of the research study. Levels of global and organizational self-esteem as well as felt burnout symptoms were also determined. In addition, these research studies – through questionnaires – were deepened by structured interviews with senior managers on their experience of occupational stress and management activities aimed at preventing burnout among their subordinates. The study group seems to be homogeneous as far as the symptoms of burnout they have experienced. No statistically significant variances were found among people employed in various departments or between employees and managers. Occupational burnout in the light of the literature is somehow a consequence of very high costs incurred by an individual, especially concerning his/her relations with their surroundings (Mesjasz, Zaleski, 2001). The respondents showed a medium level of emotional exhaustion, which is treated as a kind of first „warning” signal associated with the body’s physiological and mental reaction to an overload of work (Maslach, Leiter, 2008). Based on the information received from the management and their employees, it can be concluded that at this company they are very often required to work overtime; moreover, many of them work a second shift, because they provide accounting services for American companies. Heavy pressure to accomplish the tasks that are assigned and the hierarchical organizational culture create a work-place where their compliance with procedures and rules, also in the international context, counts most. It should be emphasized that the Wrocław branch provides services to the central office in Germany as well as a number of other foreign branches. For this reason, the work is primarily conducted in virtual surroundings, which requires communication with superiors and customers in a foreign language. This can be very aggravating, but it primarily affects the quality of interpersonal relationships. According to the research study, a high level of cynicism (defined as a consequent burnout symptom significantly weakening teamwork and generating distance and distrust in the organization) was found

in the company. This cynical attitude is perceived chiefly by managers at the branch, because it affects projects that are implemented, the managers' effectiveness and their daily work environment. The medium sense of efficiency can attest to the fact that employees do not feel fully causative and decision-makers when working on their tasks. It should be considered that this dominant – hierarchical organizational culture favors strengthening learned helplessness and passivity among its employees. Cameron and Quinn (2003) suggest that this type of culture weakens staff commitment and self-reliance. A sense of efficiency among the respondents seems to stay in line with the level of organizational self-esteem, i.e. their perception of their own value in the workplace. Although employees with high self-esteem also often have a high sense of self-efficacy (Bandura, 1977, following: Pierce et al., 1989) (they have high expectations towards themselves in terms of behaviors which guarantee success in doing tasks), these two concepts should be differentiated. Organizational self-esteem refers – according to the theorists – to self-observable competence in the organizational context. Therefore self-efficacy reflects their conviction that an individual's felt competence may be 'transformed' into actions to ensure effective task implementation (Bandura, 1977, 1982, following: Pierce et al., 1989). Study results (e.g. Chen et al., 2001, 2004, following: Gilad, Goddard, Casper, 2004) confirm that staff behaviors are more strongly connected with a sense of feeling their own value at work (e.g. organizational self-esteem) rather than with other cognitive forms of auto-valuation such as self-efficacy. The correlation analysis indicates that when staff organizational self-esteem is strengthened, it can weaken cynicism but support a sense of efficiency and thus prevent „work fatigue” syndrome symptoms. People with high levels of organizational and global self-esteem as well as a sense of efficacy are the ones needed by companies if they want to be competitive in today's highly variable and uncertain global market. The application of the conclusions derived from this research study refers primarily to activities related to the so-called „change in the course correction” – making changes in the organizational culture to create more adhocratic, 'clan-based' and market-driven surroundings (Cameron, Quinn, 2003). The proposed action strategies were presented to managers and other executives in the company, along with demands for changes in the delegation of tasks and responsibilities, team building and development of intergroup cooperation. Training-coaching proposals were also presented, which could strengthen the interpersonal skills of staff in connection with their resistance in difficult situations, the organisation of their work and their operating in the inter-cultural environment. According to the author, at the present developmental stage of the company, which suffers from a high staff turnover and uncertainty in terms of keeping its competitive position in the face of other market players, drawing attention to the management of the human resources of young adults

(aged 30.5 on average) is particularly relevant. People employed in the company complain about a lack of time, task overload, and a highly depersonalizing work atmosphere in the context of virtual relations with other branches of the company. People employed in this branch are young, ambitious, well-educated, and oriented at work in a reputable international organization. On the other hand, they include people who usually do not have their own families or other relationships, are childless, declare deficits of time and energy for their private life, experience emotional exhaustion derived from work and manifest a rather cynical approach to the organizational environment. Measures aimed at strengthening a sense of agency, responsibility and organizational self-esteem could contribute to increased efficiency of work and improve cooperation between departments, even though it raises some reflections on the psychological and also the social consequences to be borne by „young adults” employed in such corporations.

References

- Cameron K.S., Quinn R.E. (2003). *Organisational culture – diagnosis and change*. Cracow: Economic Publishing House.
- Dzwonkowska, I., Lachowicz-Tabaczek, K. and Łaguna, M. (2008). *Self-esteem and its measurement. The Polish adaptation of the SES scale by M. Rosenberg*. Warsaw: PTP Psychological Tests Laboratory.
- Fecenec, D. (2008). *Multi-dimensional Self-Assessment Questionnaire*. Warsaw: PTP Psychological Tests Laboratory.
- Fila-Jankowska, A. (2009). *Self-authentic self-esteem*. Warsaw: Publishing House of the University of Social Sciences and Humanities „Academica”.
- Gilad, C.; Goddard, T.G.; Casper, W.J. (2004). *Examination of the Relationships among General and Work-Specific Self-Evaluations, Work-Related Control Beliefs, and Job Attitudes*. *Applied Psychology: An International Review*, (53), 3, 349-370.
- Kopeć H, Kotzian Joanna (2009). *Pros and cons of outplacement*. In: *Personnel and management*, 6, 32-36.
- Lachowicz-Tabaczek, K. (2001). *Work motivation and satisfaction versus efficiency of performance of professional tasks*. Unpublished data
- Pierce, J.L.; Gardner, D.G.; Cummings, L.L. and Dunham, R.B. (1989). *Organisation-based self-esteem: Construct definition, measurement, and validation*, *Academy of Management Journal*, 32, 622-648.

- Pierce, J.L., Gardner, D.G. (2004). *Self-esteem within the work and organisational context: A review of the organisation-based self-esteem literature*, Journal of Management, 30, 591-622.
- Sekiguchi, T.; Burton, J.P.; Sablinski, C.J. (2008). *The role of job embeddedness on employee performance: the interactive effects with leader-member exchange and organization-based self-esteem*. Personnel Psychology, Vol. 61 Issue 4, pp. 761-792.
- Sęk H. (1996). *Occupational burnout. Psychological mechanisms and conditions*. Poznań: Domke Publishing House.
- Sęk H. (2004). *Burnout. Causes and prevention*. Warsaw: the PWN Publishing House.
- Maslach Ch. (2001). *What have we learned about burnout and health*. Psychology and Health. 16, 607-611.
- Maslach, C., Leiter, M. (2008). *Early predictors of job burnout and engagement*, Journal of Applied Psychology, 3, 498-512.
- Maslach Ch., Leiter M.P. (2010). *Beat burnout. Six strategies to improve relationships with work*. Warsaw: Wolters Kluwer Business Publishing Office.
- Maslach Ch., Leiter M.P. (2011). *Truth on burnout professional. What to do with stress in the organisation*. Warsaw: PWN Publishing House.
- Mesjasz J., Zaleski Z. (2001). *Costs of success in management*. In: S. Witkowski, T. Listwan (eds.). *Success in management. Organisational-management and psychosocial issues*. Wrocław: Publishing House of the Oskar Lange University of Economics, 362-377.
- Ślęzyk-Sobol M. (2012). *Subjective and organisational conditions of the phenomenon of occupational burnout*, Wrocław, the University of Wrocław, Institute of Psychology, unpublished thesis.

Ewa Sokołowska¹
Lidia Zabłocka-Żytka² – corresponding author
Sylwia Kluczyńska³
Joanna Wojda-Kornacka⁴
The Maria Grzegorzewska University

What mental health promotion do university students need?

Funding information:

This work was supported by the Ministry of Science and Higher Education in order to maintain the research potential of The Maria Grzegorzewska University in 2013 [BSTP 25/13-1].

Abstract:

Our aim was to find out what university students expect of mental health promotion. 610 young people were asked a few open questions. 81% of respondents expressed an interest in mental health promotion activities. They associated promotional activities with physical, social and/or emotional health care. Basically, these positive expectations are in agreement with the biopsychosocial model of mental health formulated by the WHO (2005). No interest in the idea of promotion (11%) is caused by the erroneous assumption that mental health promotion is targeted at people with mental disorders; therefore, a mentally healthy person does not benefit from participating in such a programme.

Keywords

mental health promotion, students, expectations, qualitative research

¹ The Maria Grzegorzewska University, Institute of Applied Psychology, Warsaw, Poland; ul. Szczęśliwicka 40, 02-353 Warsaw; esokolowska@aps.edu.pl; (+48) 607640644, (+48) 22 589 36 00 ext. 3623

² The Maria Grzegorzewska University, Institute of Applied Psychology, Szczęśliwicka 40, 02-353 Warsaw, Poland; telephone number: +48(22) 5893600 ext. 3609 fax number: +48(22)6581118 and e-mail: lزابlocka@aps.edu.pl

³ The Maria Grzegorzewska University, Institute of Applied Psychology, Szczęśliwicka 40, 02-353 Warsaw, Poland; telephone number: +48(22) 5893600 ext. 3609 fax number: +48(22)6581118 and e-mail: skluczynska@poczta.onet.pl

⁴ The Maria Grzegorzewska University, Institute of Applied Psychology, Szczęśliwicka 40, 02-353 Warsaw, Poland; telephone number: +48(22) 5893600 ext. 3609 fax number: +48(22)6581118 and e-mail: joanna.wojda@poczta.fm

Streszczenie:

W celu poznania oczekiwań studentów uczelni wyższych względem promocji zdrowia psychicznego, przeprowadzono ankietę składającą się z pytań otwartych. Do analiz przyjęto odpowiedzi 610 młodych osób studiujących na 8 warszawskich państwowych uczelniach o różnym profilu. 89% ankietowanych wyraziło zainteresowanie wobec promocji zdrowia psychicznego. Działania promocyjne wiązali z dbałością o zdrowie fizyczne, zdrowie społeczne i/lub zdrowie emocjonalne. Zasadniczo można owe oczekiwania wpisać w model biopsychospołeczny zdrowia psychicznego sformułowany przez WHO (2005). Odrzucanie idei promocji (11% ankietowanych) zazwyczaj argumentowane było nieuprawomocnionym założeniem, iż odbiorcami promocji zdrowia psychicznego są jedynie osoby z zaburzeniami psychicznymi, stąd zdrowy psychicznie człowiek niczego nie zyska z udziału w tego typu programie.

Słowa kluczowe

promocja zdrowia psychicznego, studenci, oczekiwania, badania jakościowe

Introduction

According to the WHO definition (2001), mental health is a state of well-being in which an individual makes full use of his or her abilities, successfully copes with stress in daily life, works efficiently and fruitfully, and is capable of making a positive contribution to society. Mental health is an inseparable part of one's general health, reflecting a balance between an individual and the environment. Mental, emotional, social and somatic well-being enable an individual to act effectively in his or her environment, achieve goals and develop his or her personality (WHO, 2005). All these areas are listed as important aspects, worth caring about if one wants to build and improve one's mental health (WHO, 2001; Keyes, 2005; Lehtinen, 2008; Saving and Empowering Young Lives in Europe, 2013). Mental health promotion has a lot in common with the prevention of mental health disorders. Promotion basically concentrates on protective factors (see Verhaeghe et al. 2012; Weare and Nind, 2011). The aim of prevention is primarily to prevent behavior that may be risky or the development of mental disorders by concentrating on risk factors (see Bolier et al. 2013; Kelly et al. 2011; Kieling et al. 2011; Rosenberg, 2011).

Over the years, governments as well as other European and international institutions have issued dozens of documents listing recommendations and regulations that stipulate how mental health promotion programs should be established and implemented⁵. Follow-

⁵ Recommendations as to the need for mental health promotion can be found in the WHO resolution of 2002 (*Strengthening Mental Health, Resolution of the Executive Board of the WHO*, see: http://apps.who.int/gb/archive/pdf_files/EB109/ceb109r8.pdf) and the EU proposals of 2005 (Green Book. Improvements in mental health. Mental health strategies for the European Union, European Commission, Brussels 2005, see: http://www.ec.europa.eu/health/archive/ph_determinants/life.../mental_gp_pl.pdf). In Poland mental health promotion is one of the mission statements of universities (Minis-

ing the WHO recommendations, mental health protection and developing one's true potential should be taken as seriously as medical treatment. There are different groups of people who benefit from such programs, including university students (Białkowska et al. 2014; Ghodasara et al. 2011; O' Brien et al., 2008; Ostaszewski, 2014; Reavley et al. 2012; Stallman, 2010). The reason why this particular group should be given special attention and care is because of the responsibility which lies with educated people and general expectations of their important contribution to social, intellectual and cultural life and to technological progress. Admittedly, higher education is no longer elitist and the number of university graduates is growing rapidly, but it is still hoped that educated people will live up, at least partly, to these expectations. Promoting and protecting students' mental health gives young people the chance to progress and undertake new developmental tasks. At the same time it prevents them from developing mental disorders. Young adults starting university are exposed to a variety of psychological problems. It seems that the major problem facing students is their inability to cope with stress. In fact, students are a high risk group for mental disorders, which include depressive, anxiety, emotional and personality disorders (Farrer et al., 2016; Hunt and Eisenberg, 2010; Ibrahim et al., 2013; Leahy et al., 2010; Stallman, 2010; Szafranec, 2011). Feelings of depression (26,4%), general anxiety disorder (21,1%), and anxiety attacks (13,9%) are the problems most often declared by young Polish adults (Moskalewicz and Boguszewska, 2012). Mental health and emotional problems as well as a difficulty in coping with stress result in missing classes as well as failing to meet academic requirements such as getting credit for classes or passing exams (Storrie et al., 2010). Thus, it is essential that we promote mental health and design such programs that will be in line with students' expectations and needs.

Many universities in the world carry out programs promoting mental health (see Doctor's Mental Health Program; Health Promoting Universities; Keeping Your Grass Greener; Open Mind Project; Suicide Prevention Grant from the Substance Abuse and Mental Health Service; following AMSA, 2014; Fowler and Lebel, 2013; Garraway, 2011; Mitchella et al. 2012; Morris, 2011; Tsouros et al. 1998). These programs are preceded by research into the needs of the students and the academic community. In Poland there is no recommended health promotion program (or programs) which would be carried out at all the universities and planned in such a way as to involve mental health indices. Few universities launch programs or undertake activities aiming at mental health promotion or mental disorder prevention (see Czarnecka, 2011; Sokołowska et al., 2015; Uniwersytet Jagielloński, 2014; Uniwersytet Śląski, 2014). Large universities in Poland

terstwo Zdrowia, 2011; Moskalewicz and Boguszewska, 2012; Narodowy Program Ochrony Zdrowia Psychicznego, 2010).

run mental health centres, which offer workshops or other forms of mental health empowerment. However, schemes based on research into students' current mental state are not common practice. What is more, the initiatives that are introduced are not always evaluated and, unfortunately, are not long-term in character.

Description of the research

Reasons for undertaking the research.

Firstly, promotional activities targeted at students should be based on existing models of mental health – mainly those which emphasize their positive aspects, such as the ability to cope with problems, emotional well-being, full personal development and the successful realization of developmental tasks (Keyes and Lopez, 2002; Keyes, 2005; Lehtinen, 2008; Peterson and Seligman, 2004). In this case, the aim (of a promotion) is not merely preventing mental disorders (negative aspects of mental health). Secondly, new programs should refer to the contents of existing ones that have proved effective. They should also make use of practical suggestions included in empirical reports which point to factors promoting mental health (positive aspects of mental health). For example, it is reported that mental health promotion has a positive influence on educational achievements (Dix et al. 2012). Our study is based on a third rule which stipulates that before a program for promotion is implemented, initial diagnosis should be made as to what the community at which such a program is to be directed actually needs (Greacen et al. 2012). A program – even if it is theoretically well-grounded and draws on empirical research results- seems to be fully useful only when it meets its addressees' expectations. The findings presented here come from research project BSTP 25/13-1/, funded by a grant from the Ministry of Science and Higher Education in order to maintain the research potential of The Maria Grzegorzewska University in 2013. It was accepted by the ethics committee.

Participants

The research was conducted among over 610 students from state universities in Warsaw. The universities which took part in the study were: Uniwersytet Warszawski (UW), Uniwersytet Kardynała Stefana Wyszyńskiego (UKSW) and Warszawski Uniwersytet Medyczny (WUM); the academies and colleges were: Akademia Pedagogiki Specjalnej (APS); Szkoła Główna Gospodarstwa Wiejskiego (SGGW); Akademia Wychowania Fizycznego (AWF); Wojskowa Akademia Techniczna (WAT); Szkoła Główna Służby Pożarniczej (SGSP). In total we accepted 610 written statements including 14 sheets which had not been completed and which were hence rejected.

Table 1.

Shows the percentage share of students from the aforementioned universities who took part in the study.

University	Number of respondents	Percentage
Akademia Pedagogiki Specjalnej (APS)	166	27
Akademia Wychowania Fizycznego (AWF)	34	6
Szkoła Główna Gospodarstwa Wiejskiego (SGGW)	119	19
Szkoła Główna Służby Pożarniczej (SGSP)	47	8
Uniwersytet Kardynała Stefana Wyszyńskiego (UKSW)	20	3
Uniwersytet Warszawski (UW)	89	15
Wojskowa Akademia Techniczna (WAT)	91	15
Warszawski Uniwersytet Medyczny (WUM);	44	7

The following tables present the percentage and number share of students with reference to their gender (Table 2.) and the year of studies they were in (Table 3.). The differences in the number of people in the tables result from the fact that not all the respondents specified their gender (606 out of 610 people did so).

Table 2.

Percentage and number tabulation of students with reference to their gender

Gender	Number	Percentage
Women	401	65.7
Men	205	33.6
Not disclosed	4	0.7

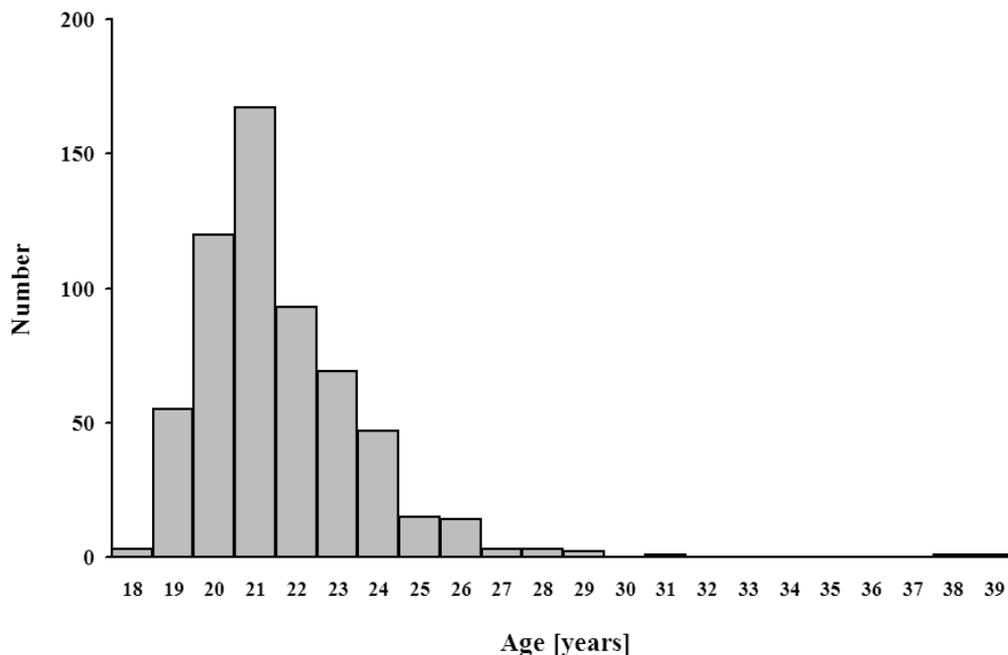
Table 3.

Percentage and number tabulation of students with reference to the year of studies.

Year of studies	Number	Percentage
1	86	14
2	105	17
3	290	48
4	96	16
5	33	5

Figure 1 presents the students' age. They were people in early adulthood; the average age of the respondents was 22 (the median age was 21).

Figure1. Tabulating the number of students with reference to their age.



Method

The students who participated in the study had to complete a questionnaire by answering two open questions. The questions were formulated in such a way as to enable the participants to use their own words and create their own personal space. These kind of questions constitute an act of respect and give a sense of control. Also, they may initiate the restoration of a student's sense of competence.

1. What would you expect of a program for mental health promotion?
2. What would be the optimal time, intensity and methods of realizing work within a program for mental health promotion?

The respondents were told that the questionnaire had been specially prepared to provide a basis for such a mental health promotion program that would satisfy all their expectations.

Procedure for analyzing responses

We analysed the students' responses in several stages:

First, we examined whether a student formed positive expectations of a mental health promotion program and considered it useful. We determined that a lack of positive expectations means that a respondent either might not have any expectations of such a program, or has only negative expectations; in other words he or she has doubts as to the benefits of such a program or its effectiveness.

The next step was to determine (a) whether positive expectations concern the way a promotion program is to be carried out and/or (b) what its subject matter should be and/or (c) who is to participate in it. We chose the following one-sentence statement as an example of a response which concerns merely the organization of a promotion program: '[I expect] an in-depth and thorough realization of the subject, the right attitude and commitment on the part of the trainer.' Another example is a statement which concentrates on the type of subject to be dealt with: '[I expect] Workshops, training sessions which would enable participants to acquire skills useful in everyday life, such as assertiveness, auto-presentation, communication, time management, relaxation and negotiation techniques, achieving goals, and motivation. Instructions on how to fare effectively in my environment.'

Next, we analyzed the students' responses in terms of the subject matter they expected from a mental health promotion program. We selected the answers in which the subject matter related to: (a) somatic health, with the stress on promoting physical well-being and/or (b) psychological health, identified as optimizing emotional well-being and developing cognitive skills and/or (c) social health, defined as an area of interaction which helps students to improve their interpersonal relationships. Also, we determined that the subject matter of a promotion program might be merely signalled by using an appropriate synonym. Then an expectation is formulated in a very general way. Here is an example of such a statement: '[I expect] Meetings/email messages/a Fan Page on Facebook with useful information on how to look after one's mental health.' In their statements the students brought up the question of what the subject matter of a mental health promotion program should be. They found it synonymous with looking after or improving mental health, but they did not expand on it.

Finally, we analyzed whether activities proposed by the students as a way of promoting mental health were presented as beneficial to the whole academic community and concerned the whole university. One of the respondents wrote: 'A university should treat their students as adult people who must be responsible for themselves. Additionally, all the rules which are applicable should be straightforward and clear. They should be readily available for inspection. University staff members whose responsibility it is to attend to student matters, for example, people working in the dean's office, should be com-

petent and helpful. If any of the aforementioned aspects is neglected, it is highly likely that such a university will degrade its students' mental health. That's what the program should deal with.' We also selected the statements where the addressee of a promotional program was explicitly a student himself/herself or a student community as such, as well as those where the addressees were both a student/students and university staff. The final target group of a promotional program was young adults. The anticipated program addressee was a young person, but there was no requirement that he or she must be a student. In the respondents' opinion, young non-students also need support and specific competences. The following statement is an example of the last type: [I expect] A consideration of the real problems a young adult has to tackle, for example the problem of finding a job, supporting themselves, choosing the right career path, coping with the pressures of their social roles, satisfying social expectations, and so on. [I expect] proper standards of behavior and possible solutions would be shown. Creating places where young adults can acquire and develop competencies which will boost their confidence (flexibility, assertiveness, auto-motivation, time management, enterprise, obtaining EU funds, taxes, self-employment, etc.),' All the four categories of promotion addressees which have been singled out and highlighted can be directly related to the respondents, who were students, young people or members of a narrower or broadly defined academic community.

Results

Expectations about introducing a mental health promotion program.

The vast majority of respondents (89%) formulated positive expectations, even if at the same time they made objections to the choice of activities, the target group or the goals to be pursued. At the same time, a small percentage of students (11%) did not hold any expectations of mental health promotion, or even emphasized their disapproval of the very idea of promotion. It should be noted that they naturally assumed that if a person is mentally healthy, he or she does not need such a program at all. Below are a few examples illustrating this sceptical or negative attitude:

I do not need psychological help, so I do not have any expectations [SGSP, 3rd year, M – a man].

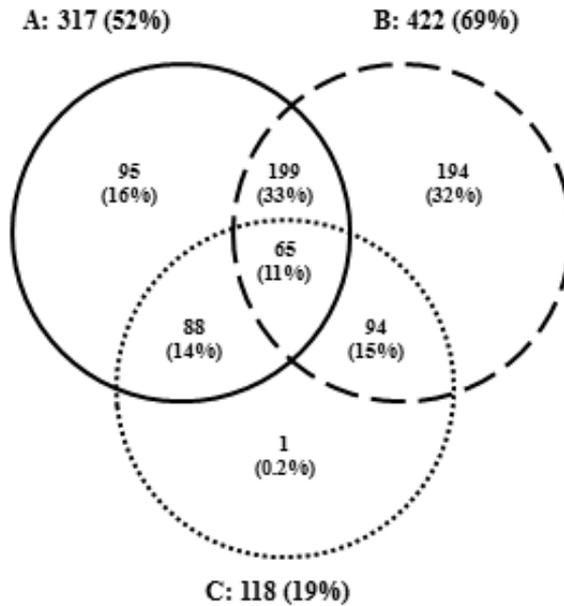
I do not know, because actually it is the first time I have come across something like this. I do not feel I have any problems with my mental health, so I have never thought about it. I do not think I need mental health promotion because I look after my health myself [SGGW, 3rd year, M].

I do not think my mental health needs improving [SGSP, 3rd year, M].

Expectations concerning the organization, subject matter and addressees of such a promotion

The students' positive expectations of a mental health promotion refer to the way a promotion should be carried out and/or the subject matter and anticipated beneficiaries of promotional activities. These issues were not always presented separately – a lot of participants discussed a few questions simultaneously – which we illustrated in Figure 2:

Figure 2. Share of students' expectations with reference to comments on: the method of organizing a promotion (A: 52%), the subject matter (B: 69%), the group of future beneficiaries (C: 19%).



We selected the following statement as an example in which a number of issues are addressed at the same time: ‘Attaining a sense of mental well-being during my studies (especially psychological studies). Learning through active participation in workshops which should teach how to maintain or improve mental health, for example workshops on coping with stress, on assertiveness, communication, and so on. Gaining not only factual knowledge but also some ‘hands-on’ experience. Receiving help in choosing my educational and professional path.’

52 per cent of respondents expressed expectations concerning the organization of a promotion. The most constructive suggestions related to the type of people who should be in charge of a promotion. Namely, these people should have relevant experience, professional competence and desirable personal qualities. Many expectations referring to the organizational aspect of a promotion were formulated in a way that was not specific to mental health promotion as such. They might as well apply to activities of a different

type, as hardly anyone would dispute that a meeting should be interesting, well-organized and nicely illustrated. Here are some examples of such non-specific expectations:

Instructions, should be provided in an attractive way, for example at workshops. There should be a balance between simplicity and professionalism. Feedback is essential. Additional materials for self-use should be distributed. [APS,5th year (psych.), W – a woman].

It should be readily accessible and free of charge. It should be able to correctly identify people who require treatment or diagnosis. The waiting time should be short. The program should be widely advertised in the media. It should propagate prophylaxis. [WUM,3rd year, M].

I would expect the following: a short film, an interesting and energetic presenter, well-chosen information and slogans, possibly a presentation on a given subject. This program should be implemented not only in schools (especially lower secondary schools) but also in the media, for example on radio and television. [SGSP,3rd year, M].

A programme should consist of a theoretical and practical part (for example a workshop) as well as individual consultation whenever possible [UKSW,3rd year (psych.), W].

Only some students (19%) directly identified the people at whom a mental health promotion program should be aimed. The expectations formulated by the respondents usually concentrated on a group of students as a program's addressee (7.7%), or they mentioned both students and university staff as beneficiaries (1%), or young adults who are not students (2.3%). It can be reasonably assumed that students perceive themselves as part of a larger community and therefore do not have to specially 'dedicate' a promotion to their group, namely a group of young adults who study at university. Most probably this means that they are acknowledging the fact that, like other people, they need every aspect of mental health promotion .

In this context the most valuable suggestion seems to be a call for the systemic implementation of a promotional program at a university by involving academic staff and other employees as programme beneficiaries. The students who participated in the study did not focus exclusively on themselves, or on a group they could be directly identified with, but they also considered interactions with people who are outside academic circles. The respondents also pointed to the value of working outside the university through social campaigns which raise public awareness about the importance of mental health care. This broad outlook is reflected in the following statement:

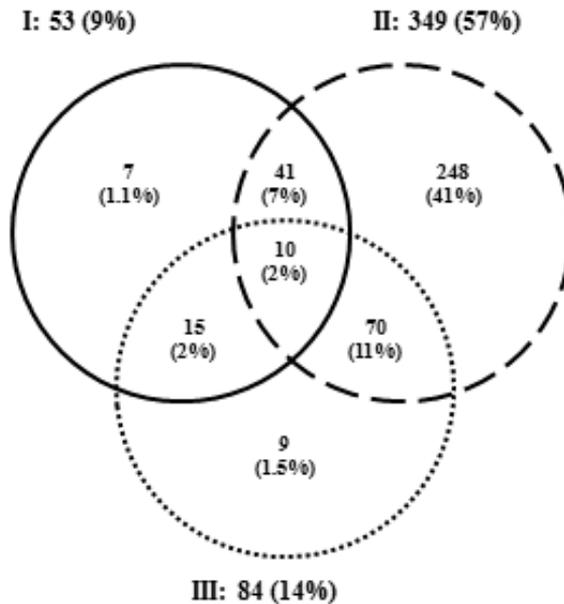
It should advise students, and freshmen in particular, on how to cope with stress and overwork. It should help students build up their self-esteem and self-confidence [WUM,3rd year, W].

It is noteworthy that the question of who should benefit from participating in a program was always discussed in connection with the question of what subjects should be dealt with and what methods should be employed. None of the respondents referred exclusively to program addressees – their statements were more elaborate and thus more useful to people who would like to develop a mental health promotion program by following the guidelines that were obtained. It is also interesting to note what proportion of students chose which specific pro-health activities to be promoted.

Expectations about methods of somatic, psychological and social health care

Students' expectations concerning the subject matter of a promotional program were raised most frequently (69%). Respondents voiced the need to receive guidelines, advice and knowledge as well as to acquire competence in (a) looking after one's physical well-being (b) looking after one's mental well-being, with particular emphasis being placed on effective learning strategies and coping with examination stress as issues of the utmost importance (c) developing close relationships and effective cooperation with others as well as receiving care. Figure 3. presents the percentage of the subject matter which the students expected of a mental health promotion with reference to these three types of activities.

Figure 3. Students' expectations with reference to the subject matter about looking after physical health SOMA (I: 9%), mental health PSYCHE (II: 57%) and social well-being POLIS (III: 14%).



Mental health understood as mental well-being and intellectual ability

Sometimes the students discussed all three categories of the subject matter important to a mental health promotion at the same time; promoting not only mental but also physical and social well-being (2%). The respondents found it the easier to indicate taking care of emotional, cognitive or social health as the primary aim of a promotion. Apparently, this category was an obvious choice, or of the utmost importance. As has already been stressed, evident concentration on two areas of activity or even a single area of activity is not surprising; it is unrealistic to expect a statement that would cover all possibilities.

The majority of positive expectations which focused primarily on the subject matter of a program related to promoting emotional well-being, a good state of mind, creativity, the ability to solve problems and achieve personal goals, and so on (57%). The students mostly raised the question of handling emotions and strongly emphasized a chance to receive guidance on how to cope with stress and stress-related illnesses as well as how to solve problems. The respondents also stressed the importance of being able to study effectively and cope with examination stress. The statements about the need for promoting psychological health are very precise:

I would expect to learn how to fare in everyday life, how to deal with daily stress, how to develop and use my abilities. How can I discover my talents? How can I improve my physical and mental state so as to be efficient, full of energy and feel good all day? Besides, I would like to find out how to get rid of persistent headaches, which I think are related to my poor mental state [APS, 3rd year, W).

It should teach methods of coping with school-related stress or, more precisely, fear of failure. Still more precisely, it is related to the fear that I don't have enough competence and motivation to master the required material within the appointed time [UW, 1st year, M].

Physical health

Only a small minority of students (9%) explicitly mentioned physical health care. They emphasized looking after their bodies and physical well-being, somatic health, physical fitness, and a healthy lifestyle, as well as following a balanced diet, having a good night's sleep and taking enough rest. This aspect was not considered a top priority and was mainly brought up together with other dimensions of mental health. Few people (1.1%) raised this aspect without referring to at least one of the remaining two categories of health. The following statements indicate that students attach real importance to taking care of the proper functioning of the human body:

A program should raise young people's awareness of how important it is to care about one's health, for example having a regular medical check-up. Therefore, var-

ious health awareness campaigns should be launched, for example mammography. Besides, in order to promote sport, free physical activities could be organized, such as fitness and aerobics classes. Vending machines and canteens should offer discounts on healthy dishes and snacks, which would encourage students to buy more healthy food [APS,3rd year, W].

Physical health is connected with mental health so it would be worthwhile involving students in sporting activities, maybe by opening new gyms and organizing fitness classes [APS, 3rd year, W].

Social health

As in the case of somatic health, young people did not seem to regard the following as questions of the utmost importance: social well-being, close relationships and effective cooperation with others, taking care of others (14%). When writing about their expectations of a mental health promotion, the respondents did not omit the question of social interaction or the character of communication. However, few people mentioned the aspect of social well-being exclusively without referring to the remaining two categories of health (1.5%). The following expectations clearly indicate the need to build meaningful relationships and to go beyond looking solely after oneself. They recommend caring about others (also in the context of caring about oneself) and combining non-personal and personal perspectives:

I would like to learn how to deal effectively with people in my immediate environment, and how to overcome my shyness. What should I do in the situation when I would like to get involved in some activities but I can't pluck up enough courage (I am inhibited by the thought: I won't manage) [APS,3rd year, W].

I would like to acquire some techniques for establishing friendly relations with people, making a good impression, feeling comfortable when talking with strangers, which is crucially important in medical practice and functioning in medical circles [WUM, 3rd year, W].

There should be classes in creativity, training in effective verbal and non-verbal communication – how to talk and understand each other [AWF,1st year, W].

Expectations which go beyond mental health promotion.

Some suggestions formulated by the respondents went far beyond the confines of a promotional program and concerned necessary reforms in higher education. They stressed the necessity to change the structure of the university and some established rules and regulations, which could positively influence students' mental health (7.5%).

Discussion

This study belongs to the type of research which aims at finding out the expectations of students as a group of mental health promotion addressees (Fish and Nies 1996; Dunne and Somerset 2004). The respondents highly valued the very idea of implementing a mental health promotion. They appreciated its content and form.

Our review of the responses points to the need for activities concerning three areas: physical, emotional and social. We can safely propose that students' expectations of mental health promotion at the most general level are in agreement with the classical biopsychosocial model of mental health (already specified in the WHO documents). It also shows the classic Aristotelian division into soma-psyche-polis. Among the skills mentioned by the students in the study were:

- in the social area: interpersonal skills, solving problems;
- in the emotional area: coping with stress, among others. The students also emphasised their expectations that memorizing strategies and effective methods of learning would be presented;
- in the physical area: among other expectations, the students stressed the need for caring about their physical health.

Developing young people's skills is crucial to realizing their developmental tasks. An analysis of eighty three interventions made in the United States and directed to student groups indicated that the most effective programs are those designed to teach skills (Cleary et al. 2008; Conley et al. 2013). Also, Burriss et al. (2009) emphasize developing students' individual traits and skills as part of mental health promotion. Here we would like to point to a question which will be elaborated on in another article, namely the need to determine what it means when respondents raise the problem of gaining certain competencies. The fact that such expectations are formulated might reflect a real lack of a competence/ the need to learn it, or something that has not been discussed in this article, namely it might signify inner doubt as to the value of the competences already achieved/the need to recover a sense of competence.

Apart from the subject matter, the participants also stressed how important it is to choose the right form in which a mental health promotion is to be realized. Young people expect interesting and engaging activities, illustrated with examples, which offer opportunities for discussion and getting feedback. This is important information for those who draw up mental health promotion programs: they should be implemented in accordance with young people's expectations and possibilities (Greacen et al. 2012; Morris, 2011; Sokołowska, 2010).

The participants also voiced the need to address promotional activities to university staff and to organize awareness campaigns outside the university. This need is in agree-

ment with the concept of the overall environmental impact on an individual's mental health, as presented by Lehtinen (2008). The author postulates that mental health determinants include not only factors and experiences of an individual nature, but also cultural factors as well as social interactions, structures and resources. Cultural factors embrace social values, the rules of social life, a social definition of health, illness and diversity as well as the tolerance level for diversity and contrast which is acceptable in a given culture. Social interactions understood as mental health determinants are relationships built up within one's immediate sphere: personal, family and professional, in the school or academic environment and the local community an individual belongs to. The final group of mental health determinants, namely social resources, is understood as social policy or a structure connected with the areas of education, work and level of economic functioning. According to the author, the ability to make use of individual and institutional support provides a basis for building mental health.

The impact of mental health promotion programs realized in other European countries indicates the importance of mental health psycho education, including physical health promotion (see Health Promoting Universities, after Tsouros et al. 1998). Similar areas were pointed highlighted by the Polish students who participated in our study. The programs which have been launched and applied to students in Poland so far seem to respond to only some aspects of students' needs as described in the article. Existing mental health programs are usually directed to students who are already suffering from mental disorders or are at risk of mental illness. Their goal is, among others, to help young people experiencing a mental crisis to continue studies, develop and gain experience (cf. 'The Constellation of Lion' and its modified version, 'Leo', implemented by the Bureau for People with Disabilities after: Czarnicka, 2011, Uniwersytet Jagielloński, 2014). This corresponds to important topics reported by the respondents such as developing the ability to cope with daily stress, effective interpersonal communication and problem-solving skills. Actually, these are abilities that are useful to everyone at any time, not only to those who are experiencing a mental crisis. An interesting example of a mental health promotion program responding to the needs of the students who were surveyed is the campaign 'What drives us up the wall? Students, take care of your mental health!' (Uniwersytet Śląski, 2014). The campaign involves film shows, psychology workshops, psychological counseling and art workshops which all aim at promoting mental health. To make the campaign more effective, an educational platform has been launched where students can find a lot of materials and articles on mental health as well as current information about free psychology workshops for students. Also, the need for attractive and diverse forms of activities was identified by the respondents as being important.

The mental health promotion program which takes account of the needs mentioned by the respondents to the greatest extent is the programme „PsychoŻak”, implemented

by the Maria Grzegorzewska Academy of Special Education in Warsaw (Sokołowska et al., 2015). An analysis of students' expectations provided the basis for the program. „Psychożak” is realized in the form of workshops, in different forms, during which students can gain new information and practice new skills. The topics discussed at ten 3-hour meetings refer to social, emotional and physical areas. These topics are in order: (1) Mental health – what is it? what determines it? (2) How to speak, listen, talk and build closeness with others? (3) How to study to learn things? (4) In a healthy body there lives a healthy mind... (5) What are mental disorders? Where to find help? (6) Feelings and me. How to relax and rest? (7) Stress and me. (8) How to deal with stress? How to deal with difficult situations? (9) I take care of my mental health. My strengths and weaknesses; (10) A summary of mental health promotional activities. What's next after the workshop? Program evaluation (see: Description of a mental health promotion program, Sokołowska et al., 2015 p. 6).

Translated by Małgorzata Bieleń

References

- AMSA (2014). Keeping Your Grass Greener. Retrieved from <https://www.amsa.org.au/projects/wellbeing/keeping-your-grass-greener>
- Białkowska, J., Moroczowska, D., Zomkowska, E., & Rakowska, A. (2014). Ocena zdrowia psychicznego studentów na podstawie Skróconego Kwestionariusza Zdrowia Pacjenta. [Evaluation of students' mental health based on the Patient's Abridged Health Questionnaire]. *Hygeia Public Health*, 49(4), 365-369.
- Bolier, L., Haverman, M., Westerhof, G. J., Riper, H., Smit, F. & Bohlmeijer, E. (2013). Positive psychology interventions: a metaanalysis of randomized controlled studies. *BMC Public Health*, 13(119), 1-20.
- Burriss, J. L., Brechting, E., H., Salsman, J. & Carlson, C. H. (2009). Factors associated with the psychological well-being and distress of university students. *Journal of American College Health*, 57(15), 534-544.
- Czarnecka, K. (2011). W stronę efektywnego wsparcia studentów chorujących psychicznie – zaskakujące rezultaty programu „Konstelacja Lwa.” [Towards effective support for mentally ill students – surprising results of the programme ‘The Constellation of Lion’]. *Biuletyn Biura ds. Osób Niepełnosprawnych Uniwersytetu Jagiellońskiego*, 3.

- Dunne, C., & Somerset, M. (2004). Health promotion in university: what do students want? *Health Education*, 104 (6), 360-370.
- Cleary, M., Matheson, S. & Happell, B. (2008). Evaluation of a transition to practice programme for mental health. *Journal of Advanced Nursing*, 5, 844-850.
- Conley, C. S., Durlak, J. A. & Dickson, D. A. (2013). An Evaluative Review of Outcome Research on Universal Mental Health Promotion and Prevention Programs for Higher Education Students. *Journal of American College Health*, 61(5), 286-301.
- Dix, K. L. Slee, Ph. T., Lawson, M. J. & Keeves, J. P. (2012). Implementation quality of whole-school mental health promotion and students' academic performance. *Child and Adolescent Mental Health*, 17(1), 45-51.
- Farrer, L. M., Gulliver, A., Bennett, K., Fassnacht, D. B., Griffiths, K. M. (2016). Demographic and psychosocial predictors of major depression and generalised anxiety disorder in Australian university students. *BMC Psychiatry*, 16, 241.
- Fish, C. & Nies M. A. (1996). Health Promotion Needs of Students in a College Environment. *Public Health Nursing*, 13(2), 104-111.
- Fowler, H. S. & Lebel, M. (2013). *Promoting youth mental health through the transition from high school – Literature review and environmental scan*. Ottawa: The Social Research and Demonstration Corporation.
- Garraway, M. (2011). Zintegrowane podejście w zakresie wsparcia studentów z zaburzeniami psychicznymi na londyńskim uniwersytecie Imperial College. [Integrated approach to supporting students with mental disorders Imperial College]. *Biuletyn Biura ds. Osób Niepełnosprawnych Uniwersytetu Jagiellońskiego*, 3, 40-52.
- Greacen, T., Jouet, E., Ryan, P., Cserhati, Z., Grebenc, V., Griffiths, Ch., Hansen, B., Leahy, E. da Silva, K. M. Šabić, A., de Marco, A., & Flores, P. (2012). Developing European guidelines for training care professionals in mental health promotion. *BMC Public Health*, 12, 1114.
- Green Book. Improvements in mental health. Mental health strategies for the European Union*. European Commission, Brussels (2005). Retrieved from http://www.ec.europa.eu/health/archive/ph_determinants/life.../mental_gp_pl.pdf
- Hunt, J. & Eisenberg, D. (2010). Mental health problems and help-seeking behavior among college student. *Journal of Adolescent Health*, 46, 3-10.

- Ibrahim, A. K., Kelly, S. J., Adams, C. E., Glazebrook, C. (2013). A systematic review of studies of depression prevalence in university students. *Journal of Psychiatric Research, 47*, 391–400.
- Kelly, C. M., Mithen, J. M., Fischer, J. A., Kitchener, B. A., Jorm, A. F. Lowe, A., & Scanlan, Ch. (2011). Youth mental health first aid: a description of the program and an initial evaluation. *Journal of Mental Health Systems, 5*(4), 1-9.
- Keyes, C. L. M. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology, 73*, 539–548.
- Keyes, C.L.M., & Lopez, S. (2002). *Toward a Science of Mental Health: Positive direction in diagnosis and interventions*. In: Snyder C.R. and Lopez S. J. (Eds.), *The Handbook of Positive Psychology*. New York: Oxford University Press, 26-44.
- Kieling, C., Baker-Henningham, H., Belfer, M., Conti, G., Ertem, I. Omigbodun, O., Rohde, L.A, Srinath, S., Ulkuer, N., & Rahman, A. (2011). Child and adolescent mental health worldwide: evidence for action. *Lancet, 378*, 1515-1525.
- Lehtinen, V. (2008). *Building up good mental health*. Stakes Gummerus Printing, Jyväskylä.
- Leahy, C. M., Peterson, R. F., Wilson, I. G., Newbury, J. W., Tonkin, A. L., Turnbull, D. (2010). Distress levels and self-reported treatment rates for medicine, law, psychology and mechanical engineering tertiary students: cross-sectional study. *Australian and New Zealand Journal of Psychiatry, 44*(7), 608-615.
- Mitchella, S. L., Darrowa, S. A., Haggertya, M., Neilla T., Carvalhob, A., & Uscholda, C. (2012). Curriculum Infusion as College Student Mental Health Promotion Strategy. *Journal of College Student Psychotherapy, 26*(1), 22-38.
- Ministerstwo Zdrowia (2011). *Priorytety promocji zdrowia psychicznego w ochronie zdrowia* [Mental health promotion priorities in health care]. Ministerstwo Zdrowia, Warszawa.
- Moskalewicz, J., & Boguszewska L. (2012). Poprawa stanu zdrowia psychicznego Polaków. Diagnoza i rekomendacje. [Improvement in the state of Poles' mental health. Diagnosis and recommendations]. In: J. Szymborski (Ed.). *Zdrowie publiczne i polityka ludnościowa* [Public health and population policy]. Warszawa: Rządowa Rada Ludnościowa, 101-109.

- Morris, C. (2011). Open Minds: towards a 'mentally well' university. In: Marshall, L. and Morris, C. (Eds.), *Taking wellbeing forward in higher education. Reflections on theory and practice* (pp. 10-20). Brighton: University of Brighton Press.
- Narodowy Program Ochrony Zdrowia Psychicznego. [National Programme of Mental Health Protection] (2010). Rozporządzenie Rady Ministrów z dnia 28 grudnia 2010. Retrieved from http://www.mz.gov.pl/wwwfiles/ma_struktura/docs/npoz_zdrpub_03112011.pdf
- O' Brien, A. P., Cho, M. A., Lew A-M., Creedy, D., Man R. H., Chan M. F., & Gordon D. A. (2008). The Need for Mental Health Promotion and Early Intervention Services for Higher Education Students in Singapore. *International Journal of Mental Health Promotion*, 10 (3), 42-48.
- Ostaszewski, K. (2014). Ochrona zdrowia psychicznego w Polsce. Stan i pilne potrzeby. Promocja [Mental health protection in Poland. Condition and urgent needs. Promotion]. In: J. Wciórka (Ed.). *Ochrona zdrowia psychicznego w Polsce: wyzwania, plany, bariery, dobre praktyki. Raport RPO*. [Mental health protection in Poland: challenges, plans, barriers good practises The RPO Raport]. Warszawa: Biuro Rzecznika Praw Obywatelskich, 34-38.
- Peterson, C., & Seligman, M.E.P. (2004). *Character strengths and virtues: A handbook and classification*. Washington: American Psychological Association, DC.
- Reavley, N. J., McCann, T. V., & Jorm, A. F. (2012). Mental health literacy in higher education students. *Early Intervention in Psychiatry*, 6, 45–52.
- Rosenberg, L. (2011) Mental Health First Aid: A 'Radical Efficiency' in Health Promotion. *The Journal of Behavioral Health Services & Research*, 38(2), 143-145.
- Saving and Empowering Young Lives in Europe (2013). Retrieved from <http://www.pubfacts.com/detail/23679917/The-saving-and-empoweringyoung-lives-in-Europe-SEYLE-randomized-controlled-trial-RCT:-methodologica>
- Sokołowska, E., Zabłocka-Żytka, L., Kluczyńska, S., Wojda-Kornacka, J. (2015). *Zdrowie psychiczne młodych dorosłych. Wybrane zagadnienia*. [Mental health of young people. Selected problems]. Warszawa: Difin.
- Sokołowska, M. (2010). Jak opisywać problem i formułować cele programu – wskazówki praktyczne. [How to describe the problem and formulate the aims of a programme – practical guidelines]. In: *Przewodnik metodyczny po programach promocji zdrowia psychicznego i profilaktyki*. [Methodological guide to mental health promotion programmes and prophylaxis]. Warszawa: Fundacja ETOH, 17-28.

- Stallman, H. M. (2010). Psychological distress in university students: A comparison with general population data. *Australian Psychologist*, 45 (4), 249–257.
- Storrie, K., Ahern, K., Tuckett, A. (2010). A systematic review: Students with mental health problems – A growing problem. *International Journal of Nursing Practice*; 16, 1–6.
- Szafraniec, K. (2011) *Młodzi 2011*. [Youth 2011]. Warszawa: Kancelaria Prezesa Rady Ministrów.
- Tsouros, A. D., Dowding, G., Thompson, J., & Dooris, M. (Eds.) (1998). *Health Promoting Universities*. Kopenhagen: World Health Organization. Regional Office for Europe.
- Uniwersytet Jagielloński (2014). *Zasady uczestnictwa w inicjatywie* [Rules of participation in initiative]. Retrieved from http://konstelacjalwa.home.pl/klew/pl.zasady_uczestnictwa_w_inicjatywie.html
- Uniwersytet Śląski (2014). *Więc Jestem – Studencki Serwis Rozwoju* [So I am – Student Bulletin of Development]. Retrieved from <http://www.wiecjestem.us.edu.pl>; <https://www.us.edu.pl/kampania-co-nas-spina-studencie-zadbaj-o-swoja-psychike>
- Verhaeghe, N., Maeseneer, J de., Maes, L., Heeringen, C. van, Bogaert, V., Clays, E., De Bacquer, D., & Annemans, L. (2012). Health promotion intervention in mental health care: design and baseline findings of a cluster preference randomized controlled trial. *BMC Public Health*, 12 (431), 1-13.
- Weare, K., Nind, M. (2011). Mental health promotion and problem prevention in schools: what does the evidence say? *Health Promotion International*, 26 (Suppl 1), 29–69.
- WHO (2005). *Promoting mental health: Concepts, emerging evidence, practice*. WHO, Geneva. Retrieved from http://www.who.int/mental_health/evidence/MH_Promotion_Book.pdf
- WHO (2002). *Strengthening Mental Health, Resolution of the Executive Board of the WHO*. Retrieved from http://apps.who.int/gb/archive/pdf_files/EB109/eeb109r8.pdf
- WHO (2001). *Mental Health Report 2001. Mental health: new understanding, new hope*. Geneva: World Health Organization. Retrieved from http://apps.who.int/iris/bitstream/10665/42390/1/WHR_2001.pdf

Katarzyna Skok
Uniwersytet w Białymstoku¹

Gamification in education – practical solutions for educational courses

Abstract

Gamification can be defined as the use of game design elements in non-game contexts. The aim of this article is to present practical solutions for a gamified educational course. The solutions are based on mechanisms used in online games and on the results of empirical research on motivation. The first part of the article analyzes theories of intrinsic and extrinsic motivation. The second part discusses the motivational aspects of one of the most popular games (World of Warcraft). The final part presents a detailed sample project for a gamified educational course. It proposes that – among classical solutions – a monetary schedule of reinforcement as well as a number of features based on the natural needs to cooperate and compete be included.

Keywords

gamification, intrinsic motivation, extrinsic motivation, MMORPG, e-learning

Streszczenie

Gamifikacja oznacza wykorzystanie elementów gier w kontekstach niezwiązanych z grami. Celem artykułu jest przedstawienie projektu zgamifikowanego programu edukacyjnego. Projekt ten opiera się na mechanizmach wykorzystywanych w grach online oraz na wynikach badań empirycznych dotyczących kształtowania motywacji. W pierwszej części artykułu zaprezentowane są teorie dotyczące motywacji wewnętrznej oraz zewnętrznej. W dalszej części przedstawione są mechanizmy wykorzystywane w grze World of Warcraft ze szczególnym akcentem położonym na ich funkcję motywacyjną. Artykuł kończy rozbudowany projekt zgamifikowanego programu edukacyjnego, uwzględniający zarówno elementy gry jak i specyfikę sytuacji edukacyjnej. Proponowane jest – obok klasycznych rozwiązań – wprowadzenie stałego rozkładu wzmocnień w postaci nagród pieniężnych oraz szeregu mechanizmów wykorzystujących naturalną potrzebę rywalizacji i współpracy pomiędzy graczami (uczniami).

Słowa kluczowe

gamifikacja, motywacja wewnętrzna, motywacja zewnętrzna, MMORPG; e-learning

¹ Katarzyna Skok, Zakład Psychologii Ogólnej I Klinicznej, Wydział Pedagogiki I Psychologii, Uniwersytet w Białymstoku, ul. Świerkowa 20, 15-328 Białystok; kskok488@gmail.com

Introduction

Gamification can be defined as the use of game design elements in non-game contexts (Deterding, 2011). On the one hand, it is based on the implementation of game mechanics – using achievement badges, points, levels, individual or group missions, and rankings. On the other hand, it utilizes game ‘thinking’ – the user of a gamified program should experience his or her activity as a kind of play and not a duty, should be fully engaged and immersed. Although some game elements have long been used (frequent-flyer and other loyalty programs), only the publication of the book by Reeves and Reed (2009) started the purposeful and planned application of game rules in all possible contexts. We have gamified business (DevHub, Fango mobile application), health (Fitocracy), household chores (Chore Wars), city traffic (the Speed Camera Lottery in Sweden), devices and interfaces (Eco Score in Toyota Prius), scientific and marketing research (Foldit, Brand Bang!). Even prominent personalities from thematically distant fields emphasize the role of games: ‘Games are the new normal’ (Al Gore at the Games for Change Festival, 2011). Critics of the phenomenon note however that gamification is often reduced to mere pointsification (Robertson, 2010) – achieving levels and rewarding in various scoring systems, which in the end leads to undermining intrinsic motivation and ultimately reducing interest in an activity (Nicholson, 2012). For example, after a gamification experience, customer service staff may start to treat customers instrumentally – solely as means to gain points, and students who have gained levels for analyzing problems may never again return to the discussed issues. The aim of the current article is a theoretical analysis of gamification in the educational context in light of research on intrinsic and extrinsic motivation as well as an attempt to answer the question if the only acceptable alternative to boredom and discouragement is intrinsic engagement. Proposed solutions are presented in the form of a gamified social psychology course.

Gamified Education – Examples

Gamified education examples range from multi-course across-the-board immersive programs, through narrow single-course application of basic game elements, to use of playful features enhancing engagement and enjoyment.

Multi-course programs and complex layers to single courses

The first category includes Just Press Play which is a result of a collaboration between Rochester Institute of Technology (RIT) and Microsoft (Microsoft, without date). The program started in 2011 when 750 students of school of Interactive Games and Media began their quests in the narrative game which used the real world as a gaming platform

(narrative aims: reveal the secret history of RIT, overcome conflict between individual and group, art and technology). The players freely chose paths they would follow in their tasks. The paths were based on a combination of Explore/Master and I/We factors and encouraged pro-academic and pro-social behaviors. For example, a collective work on a 3D game engine would be a Master/We quest. Apart from narrative and structure features, Just Press Play included also standard game elements: achievements (e.g. Pulp Fiction – “Check out the book from the recreational reading section of Wallace Library”), challenges (e.g. coding duel), badges, likes and rankings. Additionally, special electronic keychains carried by students enabled recording and monitoring where, when and with whom every player was spending time.

Similar concept was developed by Joey J. Lee. His Scholar’s Quest aimed at helping graduate students succeed academically and socially (Lee, 2014, Noer, 2011). His game-based program included such elements as battling (in-class challenges), crafting (writing a paper), completing quests (making projects), customization (choosing a game/learning track), badges (different cards for different tasks) or final “boss level” (final game design project).

Single-course application of basic game elements

The second category includes application of simple game design to single courses. The design can be universal (so its elements can be implemented elsewhere) or dedicated to a given course (customized). The first group embraces general game rules and their application (also in non-educational contexts); the second one is tailored to a given course and includes the subject specifics.

Simple elements were introduced to students of Software Engineering course at Lublin University of Technology (Poland). They included points for attending classes, completing test, final project and bonus voluntary task; final marks depended on the final score and place in the ranking (Borys and Laskowski, 2013). This points-only gamification increased class attendance and number of bonus tasks completed although final results showed that the gamified students’ motivation was decreasing. Another simple example is *ClassDojo*, a classroom management tool, that introduces instant feedback for positive behavior. The reinforcement is immediately visible on students’ mobiles (Chou, 2015). The program provides also behavior tracking analytics. *Brainscape* uses algorithms to create flashcards (mobile or web-based), whose presentation depends on a student’s progress. The progress is displayed as a percentage in the way to Mastery (Brainscape, 2015). Similar feature is the key element also in other spaced repetition applications (e.g. *SuperMemo*). Cristina Ioana Muntean and Strada Mihail Kogălniceanu (2011) propose general rules that can be applied to any (e-learning) course: avatar/profile customization, cascading information flow, feedback, points, levels, achievements, leaderboard.

Dedicated gamifying programs are designed to suit the needs of particular classes/ subjects, they respond to special features of the learned material. For example, *Jigsaw* is a game helping to master *Adobe Photoshop* by trial-and-error method: users are asked to match the target image by manipulating puzzle pieces (color adjustment, scalding etc.). The game provides clear goal, multiple paths to success, feedback on progress and different types of hints (Dong *et al.*, 2014). Similarly, Microsoft's *Ribbon Hero* (Microsoft Office Labs, 2010) is an addon using points, badges and levels to learn *Microsoft Office* tools (Microsoft, 2015).

Playification

Gamification is sometimes interpreted as playification (van Turnhout, 2012). The main idea of playification is free play (opposed to structured game). Instead of concentration on scoring mechanisms (which may be stressing to users forced to participate) van Turnhout proposes offering people toys (not games) which would rather focus on story and free play. Surprise and curiosity are the core of playification. Educational examples of this approach include audience response systems where students anonymously answer questions related to a lecture by clicking wireless keypads and their answers (saved as clicker numbers, not real names) are tracked and displayed on competition slides (no grades associated) (Pettit *et al.*, 2015). Another case relates to the use of random rewards (free choice of: (1) virtual coin toss – 0 or 2 points or (2) 1 granted point for correct answer in a mathematical quiz) in reinforcing school children engagement (Howard-Jones, Demetriou, 2008).

Intrinsic Motivation and the Need for Autonomy

At first sight it seems that intrinsic motivation and compulsory education (or the social pressure to graduate) stand in conflict. According to self-determination theory (Deci and Ryan, 1985) this can not be the case. Intrinsic motivation is possible if three innate needs are satisfied: competence, autonomy (the sense of not being controlled), and relatedness. The state experienced when undertaking intrinsically motivated activity is similar to flow (optimal experience, Csikszentmihalyi, 1990). An individual's action is not instrumental but autotelic; it has purpose (fun, curiosity) in itself. In the gamification context, it is useful to mention organismic integration theory (Deci and Gagné, 2000), which (in frames of self-determination theory) moves accents from the motivation source (intrinsic or extrinsic) to the sense of control or autonomy (Ryan and Connell, 1989). According to this theory individuals can experience autonomy even when they receive external rewards. The motivation is not treated bipolarly (intrinsic vs extrinsic; internalized vs not internalized) but understood as a continuum of a degree to which external control is integrated. Behaviors can be based on (1) external regulation (compulsory classes), (2) in-

trojected regulation ('a good student attends classes'), (3) identified regulation ('since I am a student, I should attend classes'), (4) integrated regulation ('since I am a student, I want to attend classes') and (5) intrinsic motivation ('I'd want to attend classes even if I were not a student'). The last category is considered the purest kind of motivation – no external pressure is needed to undertake an activity. Of course, not every behavior is originally rooted in extrinsic motivation. The overjustification effect explains how internally driven behavior can become extrinsically motivated after being rewarded externally (Lepper *et al.*, 1973).

Teaching without any form of control is not useful in educational systems. Assuming that some degree of control is needed, it is important to answer the questions: What kind of rewards can undermine intrinsic motivation to the lowest degree? Under what conditions will an intrinsically motivated student NOT lose internal interest in learning?

Meta-analyses of research on the effects of rewards on intrinsic motivation have not produced consistent results. On the one hand, it is indicated that rewards have a moderate negative effect (Cameron and Pierce 1994; Eisenberger and Cameron, 1996; Cameron *et al.*, 2001); on the other – that this effect is pervasive (Deci *et al.*, 1999; Deci *et al.*, 2001). From both perspectives, tangible, expected (offered beforehand), and loosely-tied-to-the- level-of-performance (completion-contingent) rewards are harmful, while positive feedback is enhancing. Other conditions however have brought controversy. According to Cameron *at al.* (2001) in the case of low-interest tasks, rewards enhance free-choice intrinsic motivation. On high-interest tasks, positive or neutral effects can be observed in the case of verbal rewards or ones linked to the level of performance. On the other hand, Deci *at al.* (1999) argue that performance-contingent rewards significantly undermine intrinsic motivation. The controversy has been partially resolved by Houliort (2004) who showed the undermining effect of performance-contingent rewards on the affective experience of autonomy (enhanced feelings of pressure and tension) but not on the intrinsic motivation of college students (school children's motivation was increased). The theoretical and practical implications of the above findings can be addressed in the context of gamification of education. First, it can be expected that external rewards may raise the intrinsic motivation of students who are not interested in learning – which may ultimately lead to increasing the degree to which external control over learning is integrated. Second, verbal rewards are not always enhancing. The way positive performance feedback is presented may influence the experience of autonomy (Ryan, 1982). Verbal feedback for doing very well on a task and the usefulness of the data to researchers suggests a controlling aspect and undermines intrinsic motivation. The mere 'you are doing very well at the task' has an informational character and brings no negative effects (Pittman *at al.*, 1980; Deci and Ryan, 1982).

Extrinsic Motivation

Extrinsic motivation is best explained by conditioning mechanisms within a behavioristic approach. The classical experiment with cats by Thorndike (1932, p. 176) gave an empirical base to his law of effect: behaviors that produce satisfying consequences in a particular situation become more likely to occur again in that situation, and behaviors that produce unpleasant consequences become less likely to occur again in that situation. This rule determines the theoretical framework of operant conditioning and its development by Skinner (Ferster and Skinner, 1997) which is particularly interesting in the context of education. Skinner introduced the terms of positive and negative reinforcement or punishment, and analyzed schedules of reinforcement. Reinforcement is an event that strengthens or increases the behavior that it follows. Positive reinforcement occurs when a favorable stimulus is presented; negative, when an aversive stimulus is removed as a result of an operant behavior. Punishment, on the other hand, causes a decrease in the rate of the behavior that it follows. Positive punishment involves the presentation of an aversive stimulus, and negative, the removal of a favorable one. In the educational context, particularly important are schedules of reinforcement, i.e. rules determining which instances of a behavior will be reinforced. An effective way of increasing the rate of a behavior is using continuous reinforcement when every occurrence of the operant response is followed by the reinforcer. In education this might mean a reward (praise, points, or a grade) for a student every time a desired response (depending on the applied rules: a correct answer, completion of a task, or uttering an opinion) takes place. When it is difficult to use continuous reinforcement – which may happen in a school environment – partial reinforcement can be applied. In partial schedules not every desired reaction is reinforced. Behaviors are acquired more slowly, but they are also more resistant to extinction. There are four types of partial schedules: (1) fixed ratio – reinforcement delivered after every n th response (points for a class activity after every five statements); (2) variable ratio – behavior reinforced after on average every n th number of responses (points for a class activity after on average every five statements – a student is rewarded randomly but the number of rewards is related to the rate of reacting); (3) fixed interval – reinforcement delivered after every n th amount of time (points for a class activity only after a student's statement taking place at least 15 minutes from the beginning of every class – the next point can be expected only during the next class); (4) variable interval – behavior reinforced on average every n th amount of time (point for a class activity can be rewarded on average during every class, but it is possible to receive two or no rewards during any specific class). A ratio schedule is more motivating since in this case the number of reactions directly impacts the number of reinforcements. An interval schedule, on the other hand, prompts individuals to wait. A variable ratio schedule creates a high and steady rate of responding and is resistant to extinction. Some additional notice can be given to this type of re-

inforcement since it is characteristic to gambling. Gamblers are not paid to gamble; their activity is based on a mix of extrinsic and intrinsic motivation. They gamble to win external rewards but are driven internally and feel autonomous. This phenomenon can be interpreted in biochemical terms: uncertain rewards expectation causes extra dopamine activity (Howard-Jones, 2008) which is usually associated with rewarding experiences (food, sex). In other words, uncertain rewards – although motivating externally – arouse such emotions as curiosity or excitement which are characteristic to intrinsic motivation. This observation may be particularly useful in an educational context.

Motivation in Games

It is useful to describe specific solutions when discussing motivation in games. An exemplary game analyzed in this article is ‘World of Warcraft’, one of the most successful and strongly motivating MMORPGs of the last decade.

A typical player of ‘World of Warcraft’ begins playing after being lured by game advertisements or the enthusiastic opinions of friends¹. He is like a child who receives a favorite toy. For the start he can choose and customize his character (an avatar), a moment later he is presented his first goals and quests. After several minutes his character has killed a couple of virtual enemies and talked to a couple of virtual allies, and has also reached a new level. Thanks to this he now has new skills and can inflict more damage, which helps in confrontations with more powerful opponents. After several hours the player can test his skills in PvP² competition (battlegrounds where ten player teams fight against each other) or – together with other players – test himself against more demanding monsters (elites and bosses in dungeons³). He has more and more pricey loot in his bags which can be sold to NPC vendors or to other players through an auction house. As a freshly invited member of a guild he meets new friends and chats with them between monster fights. He explores new zones, visits new towns and cities. He learns to cook and fish, sews his own clothes as a tailor, or forges weapons from metals gathered by himself. He challenges to a duel a player character of a much higher level and loses after a single stroke of a sword. But he knows that his character will be equally powerful within several days. But when more powerful, the player begins to feel a little tired. Reaching the next levels takes longer and longer, his favorite combination of spells, repeated hundreds of times, becomes wearying. Fortunately, destroying an enemy in PvP is still exciting, as well as chatting with guild mates on a guild channel.

When a player character finally reaches the maximum level, a new stage of gameplay begins. Further progress is possible within a PvP or PvE framework. If the player wants to be really successful, he must undertake multiweek tedious farming⁴. In PvE

mode this means killing monsters in 10 or 20-person player groups (raids). In PvP mode it is competing on battlegrounds or in arenas (solo or in a group). PvE activity takes at least 10-15 hours a week; PvP – from one hour to more than 10 hours. In ‘free’ time the player can till and gather crops (10 minutes – one hour, a daily task) or progress in ‘reputation’ with various factions (usually less than one hour, also a daily task). He may also try to gain points in so called achievements⁵.

The game is structured in such a way that each off-game week means a loss. In PvE mode, it makes it less likely to receive the dreamed-of loot from dungeons (which is given to those who attend more often); in PvP – it takes longer to buy the perfect gear (due to the weekly limit of collectible points). Ungathered crops mean the loss of serious funds available in other cases. When, after a multiweek effort, the player has gained everything he planned to, the play starts from the beginning: new, more powerful weapons become available and new, more difficult challenges appear.

A typical player of ‘World of Warcraft’, begins playing with curiosity and an expectation of fun. Soon, however, his strong intrinsic motivation is replaced by the need to receive rewards. The game structure described above shows – paradoxically – that it is extrinsic motivation (and not an intrinsic one) that underlies the majority of players’ motivations. For example, after reaching the weekly *conquest cap*⁶, players usually stop participating in PvP fights (because it does not bring them any further profit). They also usually do not organize PvE raids ‘for fun’, when the loot is not attractive. This effect is depicted by the afore-mentioned overjustification effect (Lepper *et al.*, 1973). And when the border between fun for itself and the race for rewards is crossed, another mechanism starts to regulate players’ behavior – psychological entrapment (Brockner and Rubin, 1985). Players become motivated not by the rewards *per se* but by the aversion to resigning from the activity in which they have invested time and effort. Every day spent on a game makes their dream goal closer.

To sum up, extrinsic motivation is shaped by the use of linear progress and point rewards. The following reinforcements can be observed:

- continuous reinforcement – points for killing monsters (to increase the experience level determining the base power of a character), points for killing a player character or for a victory in standard battlegrounds (to gain currency exchanged for better equipment), progress in developing a profession (in the case of production of more difficult items)
- variable ratio schedule – the value of the loot taken from NPCs (from poor to epic⁷), progress in developing a profession (in the case of production of less difficult items), points of reputation with some factions

- fixed interval schedule – points for a victory in arenas and on rated battlegrounds (the currency exchanged for the best equipment), crops from patches of soil, points of reputation with most factions, rewards for daily quests.

On the other hand, the intrinsic motivation is shaped by:

- features satisfying the need for affiliation – the possibility of associating in guilds, group quests, the need for cooperation between characters with different skills or professions, communication channels and discussion forums
- exploration of game content and immersion
- domination and competition – competing against other players or NPCs

Some game features increase both intrinsic and extrinsic motivation: PvP rankings, PvE progress (the comparison of guild accomplishments), achievements and badges.

It is important to note that, according to self-determination and flow theories, in many cases players are rewarded relatively to a task's difficulty level: from no reward for too easy tasks to large rewards (more points) for more difficult challenges.

Gamification in Education Problems

It is a common mistake to assume that players are motivated, above all else, intrinsically. The overjustification effect (Lepper *et al.*, 1973) causes that external rewards (points or better equipment) move the driving force: an individual still experiences autonomy but his or her behavior is regulated externally. In terms of organismic integration theory, it can be said that external control has been integrated. However, comparing the integration of external control by students and players is inadequate. If, in the case of students, a gradual increase in the autonomy level is observed, in the case of players that autonomy level decreases. Applying game features in order to motivate students may result in failure if their starting motivation is too low.

General critical comments about gamification apply also to its use in education. For example, 'mandatory fun' (individuals engage in game without consent, gamification rules are imposed) decreases positive affect (Mollick and Rothbard, 2014) and may lead to zombification – senseless pursuit of external rewards (Conway, 2014). Steve Lopez (2011) uses the term 'electronic whip' to describe this situation. It is worth mentioning that in case of lack of autonomy or competence students may perceive gamification programs as additional source of stress. Instead of experiencing safe art of failure (Juil, 2013, p. 7) or freedom to fail (Stott and Neustaedter, 2013) they will fear extra pain of not levelling fast enough or not being high in rankings.

External rewards in games are used to support engagement when initial interest decreases. They provide tools for managing game content in a more efficient way. How-

ever, if a student is not interested in obtaining knowledge or skills, tools that help do so will not motivate him. When autonomy is lacking, external rewards (e. g. small monetary ones) obtained by safe trial and error method may serve the purpose of raising intrinsic interest. Apart from the possibility of earning funds, students might convince themselves (according to forced compliance effect (Festinger and Carlsmith, 1959)) that their activity was fun.

Practical examples of a gamified educational program are presented below. They address the problems mentioned above. Also, the underlying rules are explained.

Assumptions

1. Initially, the student's motivation (intrinsic and extrinsic) is low or there is no motivation.
2. In the case of lack of interest in obtaining knowledge, mechanisms which increase initial motivation should be applied. Not assuming this might cause that features provided to shape intrinsic and extrinsic motivation will be ineffective.
3. Intrinsic motivation can be shaped by mechanisms facilitating social interactions, exploration of game content and immersion in it, as well as competition between students.
4. Extrinsic motivation can be shaped by a structurization of knowledge (goals and tasks, challenges, badges, linear progress and reaching experience levels, rewards which help to gain an advantage over other students in competition)
5. Low motivation can be increased by using monetary rewards paid according to a continuous, variable ratio and fixed interval schedules. Inserting a coin into a slot machine is not a fascinating activity unless accompanied by the thrill of imagining the potential win. The possibility of winning motivates gamblers to take action that would not arouse interest otherwise. Using 'gamblification' and a variable ratio schedule in an educational program should serve sustaining engagement in the case of no other motivation. Using a fixed intervals schedule would be a guarantee of keeping motivation on a level that would enable further progress.
6. It is the decision of those who coordinate an educational program to decide how much control over students is needed. The possibility of cheating is one of the most important issues in gamified programs. No control over who actually plays may cause possible abuses: more advanced students may perform tasks for less advanced or unmotivated ones. The problem is even more serious in the light of the fifth assumption. A desire for profit might cause unintended cooperation – using the assistance of more competent students to accelerate earnings. It seems that there is no uncompromised solution to this. Possible partial solutions are the following:

- playing can take place exclusively under the control of a coordinator at certain hours and in places designed for it (e. g. a computer lab) – this provides full control over players, but a significant decrease in autonomy
- playing can take place anywhere and anytime – grants full player autonomy but the possibility of abuse
- most of the game content can be played anywhere and anytime, but certain levels can be reached only after performing tasks under the control of a game coordinator (in terms of the coordinator, this would be a control test to verify if a student has dealt with the course material personally; in terms of a game it would be a kind of difficult quest, or a dungeon) – large control over the player and a minimal decrease in autonomy

From the point of view of learning effectiveness the third option seems the most interesting. Of course, other intermediate solutions are also acceptable.

Solutions

The sample gamified program described in this section covers the field of social psychology. Problems include attribution theory, cognitive dissonance, group processes, and others. The game would be available online.

Beginning the game

The student receives an e-mail with information about the game and a link to the home page, where he can log into his account. His first task in the game is to determine his preference settings. For example, a player profile may be a consequence of choices based on Bartle's taxonomy (1995): socializer (more group quests), achiever (wider availability of badges, better exchange rate of game currencies, more options to create one's own objects – for example, the research centers described below), killer (more competition quests, more points for critical approaches to problems, i.e. advantages while taking control of research centers owned by other players), explorers (more educational materials available, more help from a coordinator). For the first completed quest (reading a short text and answering questions to it) the player receives rewards (set up in advance): monetary, experience points, and game currency. Monetary rewards are based in this case on a continuous schedule and are not high. Depending on both the number of quests available in the program and on financial resources, they may vary from 1-2 cents to 1 dollar. From the psychological point of view the importance of small funds is large, as indicated by research on free products (Dooley, 2012)⁸. The payout of funds would be possible after some conditions are met (after a specific time, after a specific amount of funds are collected, etc.)⁹.

Experience points determine a player's level. A higher level allows the creation of research centers and gives access to new content. Game currency may be exchanged

for real funds or spent on a fee for various game features (for example, building research centers and hiring assistants, creating challenges for other players, access to new content). Additional currency may be dominance points or cooperation points earned by defeating other players or working with them. These currencies would give the same opportunities as the main currency, but would not be exchanged for real money (an option depending on the program's volume of financial resources).

Gameplay

The gameplay is about reaching the highest level, creating the best network of research centers, and gathering the greatest volume of real and virtual resources (currencies). Game progress indicates an increase in acquired skills and knowledge. Didactic materials should have a clear structure: from simple problems which would be worked on in simple quests – reading or watching the material and answering questions about it (for example, what are the ways to reduce cognitive dissonance?) – through more sophisticated issues (for example, conformity or research methodology), by which it is possible to build a research center, to the most advanced ones requiring not only studying didactic materials available within the program, but also independent searching among education resource databases and analyzing of the problem (for example, agentic state theory (Reicher & Haslam, 2011)).

The gameplay includes the following features:

1. Progress (the need for achievement)

- individual quests (mentioned above); there is the possibility of creating personal quests
- group quests (in the case of more complicated problems)
- daily quests – for example: requiring the answering of a question from a specific subject
- simple research centers – materials created by a player, based on sources available in the program (short essays or presentations). They should also include questions and indicate problems or difficulties. Each day of maintaining a research center gives an owner experience points and real funds (fixed intervals schedule). It is possible to hire other players as assistants. Additional points and funds are given for helping other players who seek information about the issue analyzed in the center. Centers are approved and observed by a program coordinator. There is the possibility to take over an already built center owned by another player (additional competitive motivation) – by defeating an owner and meeting specific conditions (for example, filling in materials). Battles between players (described below) may be judged by a coordinator or based on specific rules.

- advanced research centers – these operate according to similar rules as simple research centers, but require greater in-depth analysis of more specific issues. To build an advanced research center, it is required to first own a simple one. For example, a player can build a simple center of obedience to authority and on its base create an agentic state theory center.
 - access to free and paid (in game currency) content that helps building and maintaining research centers
 - achievements, badges and titles – for example: for completing at least one quest in ten consecutive days¹⁰, for defeating another player, for building a research center.
 - rankings – for example: rankings of player levels, earned domination points, number of forum posts, battles won
 - free questions – reading materials on a randomly chosen topic and answering questions (independently of quests); rewarded with real funds and game currency
 - gambling – investing owned currency points to win a bigger prize (for answering closed-ended questions from different topics)
 - ‘you are lucky’ – completing a mission or answering a question may be unexpectedly rewarded with an extra prize (for example, instead of 2 cents a player receives 1 dollar; variable ratio schedule)
 - experiments and questionnaire research – prepared in research centers and rewarded with points
 - challenges – quests made by a player for other players
 - GM¹¹ challenge – defeating a program coordinator during a dungeon quest; it would be followed by a big monetary and virtual reward
 - progress bar – linear and numerical representation of points and currencies earned (owned) by a player
 - statistics – diagrams, graphs and tables presenting a player’s achievements; it is possible to ask for automatic help to find out how to invest currencies and time in the most profitable way at the moment
 - dungeon – consultations with a coordinator (a verification of game progress)
 - rewards for winning the game – financial or material reward (a voucher to a cinema, hotel, spa, or restaurant; a holiday trip)
2. Competition, cooperation and other social needs
- battles – questions and answers on a specific topic (duels or group battles)
 - cooperation tasks – points earned by two players giving exactly the same answer (a description of a situation presented in a text or shown in a picture¹²)
 - group quests (in the case of more complicated problems)

- taking over and defending research centers
- discussion forums and chat rooms
- player appraisal – penalty points for cheating or appreciation points for providing help or competence, given a player by other players
- guilds – associations of players who undertake challenges or work together on specific topics (the feature includes better communication tools – a personal forum, chat room, and conference system (e. g. Skype))
- stock exchange – players can exchange their currency points at a standard rate (different currencies earned by a single player) or in an auction system (between players)

Rewards for completing a mission would be available only once and their value would depend on the level of difficulty. A player would receive more points for higher level tasks and less points for lower level tasks. For a low level player some quests and features would be available only after reaching a higher level. Similarly, completing some quests might give access to extra possibilities (e. g. reviewing the forum posts of other players, or creating challenges).

It should also be mentioned that some features would be available automatically (simple quests, rankings, cooperation tasks) and some would require coordinator assistance (building research centers, experiment review, resolving disputes). The coordinator assistance would also be needed to verify a player's progress and eliminate cheating. Further progress would be possible only after completing dungeon quests.

Some tasks would be performed in real time (short time limit for answering a question in a quest or during a battle); some however would require preparation (writing an essay necessary to build or take control of a research center).

The gameplay would be generally open since there are no limits in broadening knowledge. However, the end of the game could take place within a time limit (the academic year) or by reaching the limit of available funds (a player could continue 'for free').

Difficulties

Designing the program mentioned above is not an easy task. Success depends on creating a good logical structure for the didactic material. It is important to divide content into logically connected portions; obtaining the basic knowledge should give skills for coping with more difficult problems. Another difficulty is related to coordinator assistance. S/He should not only be expert in the gamified field, but should also have the ability to notice and resolve conflicts and make decisions based on objective judgement. Technically difficult may be balancing the rewards and assigning them to tasks. The reward value should be determined in advance and should accommodate possible abuses (for example, a conspiracy by players to refrain from attacking each others' research centers).

Of course, the option of a ‘free’ game (where financial motivation and earning real funds would be removed) is possible, but it might implicitly lower students’ motivation in general. A final difficulty is related to creating a clear, intuitive, graphically pleasant interface, clear information about tasks and rewards, and an easily accessed help system. It should be mentioned here that the audio-visual design and easy access to game features may decide about players’ level of immersion. Simple animations (e. g. after competing a quest or reaching a level) and sounds (e. g. during a battle) may become the conditioned stimulus triggering positive emotions.

Summary

The article presents practical solutions for a gamified educational course. It proposes using mechanisms that increase both intrinsic and extrinsic motivation. One novelty in relation to existing programs is the introduction of financial reinforcement. This solution may seem controversial, but has strong empirical support in research on operant conditioning. Additionally, in the proposed sample program, more attention is paid to mechanisms involving the natural human need to compete and cooperate.

Where and how this program could be implemented? Firstly, the full gamification of a short academic course (15 or 30 hours) might be ineffective as the psychological costs and educational benefits of transition from standard learning to the one described above would be disproportionate. The proposed gamification might be useful if a group of courses were regulated by the same rules (similarly to the mentioned before Just Press Play project) or the single content-rich course was run year-long. Fluency in using appropriate game instruments is crucial and students should be given time to get used to them (just like in games – extra options and additional features are introduced gradually as a player progresses). In case of shorter courses some gamification reductions might be considered.

Secondly, the final shape of the program depends on initial intrinsic motivation. This relates to attitudes to both taught subject and gamification. Low interest in learning might require the use of tangible rewards (e. g. monetary ones) and – on the other hand – aversion to role-playing or to any forms of ‘unserious’ activities might undermine initial intrinsic motivation. That is why complex gamification systems are used in game/technical studies (e. g. Just Press Play). The safe implementation of the project proposed in this article should involve voluntary participation in non-obligatory courses or – in case of obligatory ones – possibility of choosing either gamified or standard mode of learning.

Thirdly, the solution described in this article would suit open, web-based, non-academic educational programs (for example, related to enhancing different types of com-

petences or broadening knowledge in adolescents). Additionally, the project might be using Facebook as starting point or a thought exchange platform, which in the era of technology and social media savvy Generation Z would serve as a sneaky way of bringing educational aspect to social or entertainment activities.

References

- Bartle, R. (1995). *Hearts, Clubs, Diamonds, Spades: Players Who suit MUDs*. Retrieved May 4, 2016 from <http://www.mud.co.uk/richard/hcdfs.htm>.
- Borys, M., & Laskowski, M. (2013). *Implementing game elements into didactic process: A case study*. Retrieved May 4, 2016 from <http://www.toknowpress.net/ISBN/978-961-6914-02-4/papers/ML13-326.pdf>.
- Brainscape (2015). *Brainscape | Find, Create, & Study Smart Flashcards*. Retrieved May 4, 2016 from <https://www.brainscape.com/>.
- Brockner, J., & Rubin, J. Z. (1985). *Entrapment in escalating conflicts: A social psychological analysis*. New York: Springer-Verlag.
- Cameron, J., Banko, K. M., & Pierce, W. D. (2001). Pervasive Negative Effects of Rewards on Intrinsic Motivation: The Myth Continues. *The Behavior Analyst*, 24, 1–44.
- Cameron, J., & Pierce, W. D. (1994). Reinforcement, reward and intrinsic motivation: A meta-analysis. *Review of Educational Research*, 64, 363–423.
- Chou, Y. (2015). *Gamification in education: Top 10 gamification case studies that will change our future*. Retrieved May 4, 2016 from <http://yukaichou.com/gamification-examples/top-10-education-gamification-examples/>.
- Conway, S. (2014). Zombification?: Gamification, motivation, and the user. *Journal of Gaming & Virtual Worlds*, 6(2), 129–141.
- Csikszentmihalyi, M. (1990). *Przepływ. Psychologia optymalnego doświadczenia*. [Flow: the psychology of optimal experience]. Taszów: Biblioteka Moderatora.
- Deci, E. L., & Gagné, M. (2005). Self-determination theory and work motivation. *Journal of Organizational Behavior*, 26, 331–362.
- Deci, E. L., Koestner, R., & Ryan, R. M. (1999). Meta-analytic review of experiments examining the effects of extrinsic rewards on intrinsic motivation. *Psychological Bulletin*, 125, 627–668.

- Deci, E. L., & Ryan, R. M. (1982). *Curiosity and Self-Directed Learning: The Role of Motivation in Education*. In: Katz, L. (Eds.). *Current Topics in Early Childhood Education*, Ablex Publishing Co., 75–91.
- Deci, E. L., & Ryan, R. M. (1985). *Intrinsic motivation and self-determination in human behavior*. New York: Plenum.
- Deci, E. L., Ryan, R. M., & Koestner, R. (2001). The Pervasive Negative Effects of Rewards on Intrinsic Motivation: Response to Cameron. *Review of Educational Research*, 71, 43–51.
- Deterding, S. (2011). *Situated motivational affordances of game elements: A conceptual model*. Retrieved May 4, 2016 from <http://gamification-research.org/wp-content/uploads/2011/04/09-Deterding.pdf>.
- Dong, T., Dontcheva, M., Joseph, D., Karahalios, K., Newman, M. W., & Ackerman, M. (2014). Discovery-based games for learning software. Retrieved May 4, 2016 from <http://web.eecs.umich.edu/~ackerm/pub/12b72/jigsaw.final.pdf>.
- Dooley, R. (2012). *Brainfluence: 100 ways to persuade and convince customers with neuromarketing*. Hoboken, New Jersey: Wiley.
- Eisenberger, R., & Cameron, J. (1996). The detrimental effects of reward: Myth or reality? *American Psychologist*, 51, 1153–1166.
- Ferster, C. B., & Skinner, B. F. (1997). *Schedules of reinforcement*. Acton: Copley Publishing Group.
- Festinger, L., & Carlsmith, J. M. (1959). Cognitive consequences of forced compliance. *Journal of Abnormal and Social Psychology*, 58, 203–211.
- Houlfort, N. (2004). *The impact of performance-contingent rewards on perceived autonomy and intrinsic motivation*. Retrieved December 12, 2013 from http://digitool.library.mcgill.ca/webclient/StreamGate?folder_id=0&dvs=1386272181353~844.
- Howard-Jones, P. A., & Demetriou, S. (2008). Uncertainty and engagement with learning games. *Instructional Science*, 37, 519–536.
- Juul, J. (2013). *The art of failure: An essay on the pain of playing video games*. Cambridge: MIT Press.
- Lee, J. J. (2014). *Scholar's Quest – a gamification layer to a course*. Retrieved May 4, 2016 from <http://www.slideshare.net/TeacherTinker/scholars-quest-drjlee-36321820>.

- Lepper, M. R., Greene, D., & Nisbett, R. E. (1973). Undermining children's intrinsic interest with extrinsic rewards: A test of the "overjustification" hypothesis. *Journal of Personality and Social Psychology*, 28, 129–137.
- Lopez, S. (2011). *Disneyland workers answer to "electronic whip"*. Retrieved May 4, 2016 from <http://articles.latimes.com/2011/oct/19/local/la-me-1019-lopez-disney-20111018>.
- Microsoft (without date). *Just Press Play. Intrinsic motivation via gameful education*. Retrieved May 4, 2016 from <http://research.microsoft.com/en-us/projects/justpressplay/>.
- Microsoft Office Labs (2010). *Play Ribbon Hero and hone your Microsoft Office skills*, Retrieved May 4, 2016 from <http://web.archive.org/web/20100123140625/http://www.officelabs.com/Lists/Posts/Post.aspx?ID=88>.
- Mollick, E. R., Rothbard, N. (2014). *Mandatory fun: consent, gamification and the impact of games at work*. Retrieved May 4, 2016 from http://papers.ssrn.com/sol3/papers.cfm?abstract_id=2277103.
- Muntean, C. I., & Kogălniceanu, S. M. (2011). *Raising engagement in e-learning through gamification*. Retrieved May 4, 2016 from http://icvl.eu/2011/disc/icvl/documente/pdf/met/ICVL_ModelsAndMethodologies_paper42.pdf.
- Nicholson, S. (2012). *A User-Centered Theoretical Framework for Meaningful Gamification*. Retrieved May 4, 2016 from <http://scottnicholson.com/pubs/meaningfulframework.pdf>.
- Noer, M. (2011). *Education Meets 'World Of Warcraft'*. Retrieved May 4, 2016 from <http://edlea.org/index.php/news/185-education-meets-world-of-warcraft>.
- Pettit, R. K., McCoy, L., Kinney, M., & Schwartz, F. N. (2015). *Student perceptions of gamified audience response system interactions in large group lectures and via lecture capture technology*. Retrieved May 4, 2016 from <http://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-015-0373-7>.
- Pittman, T. S, Davey, M. E., Alafat, K. A., Wetherill, K. V., & Kramer, N. A. (1980) Informational versus controlling verbal rewards. *Personality and Social Psychology Bulletin*, 6,228–233.
- Reeves, B., & Reed, J. L. (2009). *Total engagement: Using games and virtual worlds to change the way people work and businesses compete*. Boston: Harvard Business School Press.

- Reicher, S., & Haslam, S. A. (2011). After shock? Towards a social identity explanation of the Milgram ‘obedience’ studies, *British Journal of Social Psychology*, 50, 163–169.
- Robertson, M. (2010). *Can't Play, Won't Play*. Retrieved May 4, 2016 from <http://www.hideandseek.net/2010/10/06/cant-play-wont-play/>.
- Ryan, R. M. (1982). Control and information in the intrapersonal sphere: An extension of cognitive evaluation theory. *Journal of Personality and Social Psychology*, 43, 450–461.
- Ryan, R. M., & Connell, J. P. (1989). Perceived locus of causality and internalization: examining reasons for acting in two domains. *Journal of Personality and Social Psychology*, 57, 749–761.
- Festinger, L., & Carlsmith, J. M. (1959). Cognitive consequences of forced compliance. *Journal of Abnormal and Social Psychology*, 58, 203–210.
- Stott, A., Neustaedter, C. (2013) *Analysis of Gamification in Education*, Retrieved May 4, 2016 from <http://clab.iat.sfu.ca/pubs/Stott-Gamification.pdf>.
- Thorndike, E. L. (1932). *The Fundamentals of Learning*, New York: Teachers College, Columbia university.
- van Turnhout, K. (2012). *On Playification*. Retrieved May 4, 2016 from <https://koenvanturnhout.wordpress.com/2012/04/26/on-playification>.

Footnotes

1. The gameplay description is a result of an analysis of ‘World of Warcraft’ made for the purpose of the current article.
2. Player versus Player, a term used in multiplayer online games to describe a part of gameplay when players compete against each other. The term is in opposition to PvE (Player versus Environment) when players fight against non-player characters (NPCs).
3. Dungeon (for instance), a term in game jargon denoting a closed location generated directly for a player or group of players. The challenges players meet in such locations are usually very demanding and often require cooperation.
4. Farming: a term in game jargon to denote a boring and longlasting repeated pattern of behavior to gain certain profits.
5. Achievements (World of Warcraft): the classification of a player’s accomplishments. Achievements are reflected by point scales and can be compared between players.
6. Conquest cap (World of Warcraft): the weekly limit of currency earned in arenas or battlegrounds. Conquest points are spent for the best available PvP equipment.
7. In most MMORPGs items may be classified according to their value which is graphically represented by using specific colors in their description. For example, in World of Warcraft the least valuable are gray items (*trash loot* or *vendor drop*) and the most valuable are purple (*epic*) or orange (*legendary*) ones.

8. Studies quoted by Dooley (2012) indicate significant preferences for free low value products over more valuable ones with their price reduced to 1 cent (chocolates). The difference between a free product and the one costing 1 cent is important from the psychological point of view. In the case of monetary rewards in an educational program the issue would not be a loss (1 cent vs free) but a gain (no reward vs small funds). An example of the motivating force of small funds may be the possibility to earn money in 'Second Life' (1 cent for a caught fish).
9. Paying players for progress in learning might raise some objections about undermining a potential initial intrinsic motivation according to the mechanisms of cognitive dissonance reduction and external justification (Festinger and Carlsmith, 1959). These objections can be dismissed by indicating that small funds do not give sufficient justification. The aim of using them is to arouse motivation – not to convince a player that he plays solely for money.
10. Performing a task for an amount of consecutive days may motivate according to the mechanism of psychological entrapment (Brockner and Rubin, 1985). This mechanism is used not only in games but also in business to increase customers' engagement.
11. GM (Game Master) – a term used in multiplayer online games to denote a person who moderates a game, answers questions and resolves disputes. Terminology used in a gamified educational program may be consequently taken over from games (GM for program coordinator) or – alternatively – program's own terminology could be created (e.g. problem instead of quest).
12. This task is based on mechanisms used in *games with a purpose* (GWAP). For example, ESP game (<http://www.gwap.com/gwap/gamesPreview/espgame/>) is about giving the same name to an object presented in a picture by two players independently of each other.

Magdalena Błazek¹
University of Gdansk

Parental attitudes and parentification of children in families with limited parental care competencies

Summary

Parentification describes the taking on of an adult role by a child or adolescent before they are emotionally and developmentally ready to face the tasks and challenges that come with it (Boszormenyi–Nagy & Spark, 1973). It is viewed in the literature from the perspective of the functioning of the family system in the context of development, and as a pathology of parental functioning (Schier, 2014). The consequences of parentification on the functioning of a child can be particularly seen in the emotional sphere and in the area of mental disorders (Hooper et al., 2011). The research presented in the article involves 272 families facing the limitation or termination of parental rights. Analyses focused on the sociodemographic features of the family, such as the parents' addictions and psychological problems and their psychological functioning in terms of parental attitudes which resulted in the parentification of the children. The results show that there is a connection between pathological functioning of parents, characteristics of their parental attitudes and the parentification of the first child.

Keywords

parentification, limitations of parental rights, parental attitudes

Streszczenie

Parentyfikacja opisuje podejmowanie przez dziecko (czy adolescenta) roli dorosłej osoby zanim jest emocjonalnie i rozwojowo zdolne do podłożenia zadaniom i wyzwaniom z niej wynikającym (Boszormenyi–Nagy i Spark, 1973). Zjawisko to rozpatrywane jest w literaturze przedmiotu z perspektywy funkcjonowania rodziny jako systemu w kontekście rozwojowym oraz jako patologia funkcjonowania rodzicielskiego (Schier, 2014). Konsekwencje parentyfikacji dla funkcjonowania dziecka mogą być widoczne przede wszystkim w sferze emocjonalnej oraz w sferze zaburzeń psychicznych (Hooper et al., 2011). W badaniu zaprezentowanym w artykule wzięły udział 272 rodziny uczestniczące w procedurze sądowej o pozbawienie lub ograniczenie władzy rodzicielskiej. Analizie poddano zarówno zmienne socjodemograficzne, w tym uzależnienia i choroby rodziców, jak i psychologiczne aspekty funkcjonowania rodzicielskiego, jak również postawy rodzicielskie i ich związek z parentyfikacją dziecka. Wyniki wskazują na istnienie zależności między dysfunkcjonalnością rodziny a parentyfikacją dzieci.

Słowa kluczowe

parentyfikacja, ograniczenie władzy rodzicielskiej, postawy rodzicielskiej.

¹ Magdalena Błazek, Department of Psychology, Faculty of Social Sciences, University of Gdansk, ul. Bażyńskiego 4, 80-952 Gdansk, psymb@ug.edu.pl

Introduction: Parentification—conceptualization of the phenomenon

The term “destructive parentification” describes a situation in which a child or an adolescent takes on an adult role before they are emotionally and developmentally ready to face the tasks and challenges that come with it (Boszormenyi–Nagy & Spark, 1973). Chase (1999) defines parentification as a role reversal, in which the child sacrifices its own needs in order to fulfill the emotional and instrumental needs of the parent. This phenomenon is viewed in the literature from the perspective of the functioning of the family system in the context of development, and as a pathology of parental functioning (Schier, 2014). Researchers studying this phenomenon usually refer to family system models and attachment theory, examining them in the context of the trauma that the child experiences because the family system makes a specific pattern of functioning necessary or even forces it (Schier, 2010). As Hooper noted (2007), using the attachment model in order to understand parentification is useful because it allows a description of a parent–child relationship, while the system models make it possible to see the phenomenon in the wider context of the functioning of an entire family as a dynamic system that conditions the development of specific behaviors and reaction styles. Family systems that foster parentification are characterized by certain properties, such as: chronic mental or physical illness in one or both parents (Stein, Riedel & Rotheram–Borus, 2004; Dur-yea, 2007; Tompkins, 2007; Wallerstein, 1985); a divorce in the family or the death of one of the parents resulting in parental care being exercised by one person (Jurkovic, Thirkield & Morrell, 2001; Peris & Emery, 2005; Liet al., 1995); a social pathology in the family, usually alcohol or narcotics abuse and the use of violence against children associated with it (Chase, Deming, & Wells, 1998; Wells, Glickauf–Hughes & Jones, 1999); a chronically ill sibling, growing up in foster care or immigration (Oznobishin & Kurman, 2009). Parentification can also be seen as child neglect, as it prevents the child’s proper development and brings negative consequences such as lower life achievements, disrupted interpersonal functioning and emotional adaptation, and as Grzegorzewska & Cierpiałkowska (2014) indicated, the externalizing of problems. Moreover, from the point of view of self–regulatory mechanisms, it is a way of functioning that is exhausting for a child, and which—as a consequence—contributes to the deterioration of a child’s general psychosocial functioning. Research conducted all over the world shows that mothers are more likely to parentificate their children, and that girls are more susceptible to it than boys, especially the eldest girls (Schier, 2014).

Study findings also indicate the existence of so–called “healthy parentification” (adultification), when the taking up of adult tasks by a child can have a positive influence on the development of the child’s empathy, responsibility or self–efficacy, despite the fact that the adult role is taken up prematurely (Burton, 2007; Garber, 2011). Garber

(2011) indicates the need to distinguish between parentification and adultification, arguing that they are qualitatively different. According to this author, adultification is a parental behavior that puts the child in the position of a partner–peer. This situation happens most often during severe parental conflict (often a divorce), but also in families that face poverty, violence, or those that are functioning in a foreign culture (often the child is the only link to the outside world, being the person who speaks the language). According to Burnet and colleagues (2006), this role is usually taken on by the first child. Those children usually develop one of the three attitudes, which can be distinguished based on studies by Koscielska (2007): responsibility, avoidance or defiance. As noted by Jurkovic (1997), when analyzing the phenomenon of role reversal in a family, the following factors should be taken into consideration: openness in the process of delegating tasks to the child; the type of work that the child undertakes; the extent of responsibility; whether the task is appropriate for the age and developmental abilities of the child; the person who the child has to look after; the extent to which the child internalizes the needs of the caretakers; family boundaries between different systems and people, and the legitimacy of the activities assigned to the child from the socio–ethical perspective. Based on that, we can distinguish two types of parentification: emotional and instrumental (Jurkovic, Thirkield, & Morrell, 2001; Byng–Hall, 2008). When making this distinction, Jurkovic and colleagues (2001) focused on children who experienced their parents’ divorce. Their research demonstrated that instrumental parentification comes down to taking care of the household: earning money, looking after family members, cooking, etc. Emotional parentification concerns meeting the emotional and social needs of the parents or caregivers (this often occurs in foster families) and, according to Byng–Hall (2008), it is more painful and aggravating for the child than instrumental parentification. It can be said that in addition to being a burden, it also helps shape the competencies and skills of the child.

An important question asked by Schier (2014) is what happens in the mind of a parent who expects his/her child to fulfill their needs. The author indicates the existence of transgenerational transmission: the parentifying parents did not experience care and concern in their own childhood; moreover, they frequently suffer from personality disorders which are expressed through a lower ability to empathize, shallow feelings, and difficulty in building intimate relationships. Joyce (2005), in turn, lists several factors contributing to difficulties in implementing parental functions: the problems experienced by the parents in the past or present, traumas, mental illness, an ambivalent attitude towards the child and an inability to accept changes occurring in the child.

The consequences of parentification on the way a child functions can particularly be seen in the emotional sphere (emotional adjustment disorder) and in the area of men-

tal disorders (Hooper et al., 2011). A meta-analysis of 12 studies conducted by Hooper and colleagues (2011) including 2472 participants showed a significant albeit not very strong relationship between parentification in childhood and mental disorders in adulthood. The disorders most commonly reported by the participants were: mood disorders, personality disorders, and psychoactive substance abuse.

Parental care competencies

One of the important questions is the impact of parental influence on the psychological functioning of the child, analyzed within the broader context of the influence of the environment on a person and that person's development (Holden & Edwards, 1989). As part of this problem, psychologists research the parental care competencies of parents as a basis for their parental functioning and for how they shape family relations in both emotional and practical terms. These are described in the literature as parental attitudes and they are an important aspect of the assessment process during court proceedings related to the limitation or termination of parental authority. Proper competencies are expressed through an ability to maintain a proper distance in the relationship with a child (not overly concentrated, but without excessive distance). It can be thus said that this is a style where the parent is oriented towards the child and their approach is balanced and focused on the child's needs. It is characterized by the ability to maintain the internal autonomy of the parent and to accept the autonomy of the child, which—in the context of making demands on children—means consistent and systematic behavior that provides the child with support. Parental autonomy and emotional balance provide the opportunity for proper contact with the child; an emotional exchange in which the child learns to recognize and accept their own and their parents positive and also negative emotional states. Maria Ziemska (1979, 1982), as the author of a method of measuring parental attitudes based on research conducted with her research team, indicates that appropriate parental attitudes are manifested by:

Accepting the child – accepting the child as he or she is; with their traits, their temperament, mental capacity etc.; accepting parents like their child and they do not hide this from him/her; contact with the child is a pleasure for them and gives them satisfaction.

Cooperation with the child – parents' interest in the child's work and play, involving the child in household matters appropriate to the child's developmental abilities; the parents are active in making the contact, they are alert and sensitive.

Giving freedom, appropriate to the child's age – as the child grows, the parents' trust grows, increasing the extent of the child's freedom; parents take care of the health and safety of the child, but they retain their objectivity when evaluating his/her current abilities and they adapt their behavior accordingly.

Recognition of the child's rights – without over or underestimating the child's role. The parents' attitude towards the child's activities is relaxed; they are not meddlesome or too formal. They show respect for their child's individuality and allow him/her to suffer the consequences of his/her actions. They explain and clarify, and the child knows what the parents' expectations are.

Among negative attitudes, Ziemska distinguishes (1982):

- 1. An attitude of rejection** –the child is perceived as a burden. The parents do not like their child; they express the feelings of disappointment, displeasure and resentment. They consider taking care of the child as an unpleasant chore, they do not show positive feelings towards the child, they demonstrate negative feelings, they show disapproval, they criticize the child, they do not try to uncover the motives for the child's behavior, they use severe punishment or intimidation and sometimes they are even openly violent.
- 2. An attitude of avoidance** – a poor emotional relationship between the parents and the child; spending time with the child does not bring the parents any pleasure; the contact with the child is loose or seemingly good, hidden behind gifts, excessive freedom or supposed parental liberalism. The parents ignore the child, they are passive, they disregard potential threats, neglect the child, they are reckless, and do not react to the child's attempts at initiating contact.
- 3. An excessively protective attitude** – the parents are uncritical of the child, they consider him/her as a model of excellence, they treat the child like a little baby, they are overly indulgent, fix all of the problems for the child and carry out tasks that the child can manage by him/herself; they do not accept the child's independence, they are nosy, they limit the child's mobility ("he'll get sweaty"), they restrict the child's freedom to interact with and to contact others.
- 4. An excessively demanding attitude** – the child is bent to an imaginary ideal without taking into consideration his/her individual traits and abilities. The parents assume that the child will adjust to their expectations and will be a high achiever; they impose their authority, try to manage the child, limit the child's decisions and freedom. Parents' statements are often judgmental; they express anger and disapproval when the child does not meet their high expectations.

The results of the empirical studies carried out worldwide indicate a significant relationship between parental attitudes (their parental care competencies) and the emotional, social and even cognitive functioning of the child. An analysis of parental attitudes carried out by Błażek, Kazmierczak & Lewandowska-Walter (2010) on 62 families that were undergoing psychological and judicial evaluation because of having difficulties in carrying out their parental responsibilities showed that the parents in this group were characterized by a severe/ an extreme attitude of helplessness arising from an excessive distance and avoidance of contact with their child in the process of bringing the child up.

Deprivation and limitation of parental authority—legal aspects in Poland

Nearly all legal acts that regulate children's legal situation, both international and domestic, consider the right to be brought up in a family—preferably one's own, natural family—as one of the most basic and obvious children's rights. Preamble to the Convention on the Rights of the Child considers it an axiom that "for full and harmonious personality development a child should be brought up in the family environment, in the atmosphere of happiness, love and understanding" (Journal of Laws from 1991 nr 120 section 526, later amended).

In the amended Polish regulation from June 10th 2010 (Journal of Laws nr 125, section 842) which took effect on August 1st 2010 there is a regulation on the extent of influence over a child. The legislator prohibited individuals executing parental authority or taking care of underage children from using corporal punishment against a child. This regulation is closely related to another law, which took effect due to the perceived necessity to protect minors from potential abuse by their caregivers. This is the regulation from June 10th 2010 on the amendment to the law on counteracting violence in the family and a few other legal regulations (Journal of Laws nr 125 section 842). Its main goal, as intended by the legislator, was to ensure that every family member, and minors in particular, is provided with a safe environment for physical and mental development and—in the event that a separation from the family is necessary—to provide a safe place and protection from further harm, to prevent those who inflict violence from using the same place of living and to prohibit them from contacting and approaching the sufferer. By introducing a law against using corporal punishment to The Family and Guardianship Code, the legislator limited the extent of parental interference in order to protect the rights of underage children. From the perspective of this study, the most important legal regulations are included in articles 109–13 of The Family and Guardianship Code (Pietrzykowski & Beck, 2012).

The Republic of Poland executes its obligations towards the child and the family by referring to the authority of the family courts. Their primary concern is to accurately assess a child's situation and—if necessary—to change the extent of parental authority and to establish a means of communication between the child and their closest family. However, it needs to be taken into consideration in the process of psychological assessment for judicial purposes that the extent to which helping a child is possible depends on the engagement of the parents and other aiding institutions. The extent of the court's interference in family life and parental authority is gradable. Therefore, when limiting parental authority as stated in article 109 § 2, the family court can obligate parents of minors to fulfil certain requirements, refer them to family therapy or to other specific institutions in order to obtain advice and help; or the court can list the activities that parents cannot take up without the court's permission. However, the court always indicates a way to monitor the execution of its ruling. In line with the regulation introduced through the amendment on December 21st, 2000 that took effect on January 1st, 2001, the court can assign the execution of parental authority to a court guardian. This solution is often used by guardianship courts in order to ensure the constant control of the court over the execution of parental authority through obtaining regular reports from the court guardian. Sections 4 and 5 § 2 of this article also indicate the possibility of placing a child either partially or completely outside the family environment by sending the child to an institution that provides partial care, to a foster family or to another institution that provides care. Taking into account that it is the child's undisputable right to be raised in their own family, measures such as placement in foster care or an institution should only be implemented when other measures fail (to succeed) or when the threat to the child's best interests is so severe that cannot be prevented in any other way than through separating the child from its parents.

The highest level of interference from the family court is to deprive the parents of their parental authority. This solution is an extreme measure, used when parents abuse their power or glaringly neglect their obligations or when there is a situation that prevents the parent from exercising their authority e.g., severe illness (of the parent). However, as mentioned earlier, courts—as a rule—grade the extent of their intervention and depriving parents of their control is the last resort. In the judicature, this measure is considered drastic enough that keeping the child in their own family should be the priority and separation from the family is considered the last resort. Staying in an institution that provides care completely changes the circumstances for the child and due to its isolating character the consequences of applying this measure are close to depriving parents of their authority (Czech, 2006).

Materials and Methods

Participants

In the current study the participants were 272 families that were involved in legal proceedings that potentially could involve the court's interference with parental authority i.e., limiting or depriving the parents of their authority. The sample included 130 families facing a motion to limit parental authority and 142 facing the motion to deprive the parents of their authority. It needs to be noted that starting the procedure does not automatically mean that a decision to apply any measure will be made, however on each occasion the court makes its decision after analyzing all the material that has been gathered and consulting experts specialized in judicial psychological assessment. Eligibility criteria for families participating in the study included: the presence of both parents during the judicial psychological assessment, and having younger siblings and parents' consent to process the data for scientific purposes. The sample included 544 parents (272 mothers and 272 fathers) and 272 first born children in the family (mean age $M = 14.3$, $SD = 3.1$). The mean age of the mothers was 36.1 years old ($SD = 8.00$) and the mean age of the fathers was 39.7 years old ($SD = 8.90$). The level of the parents' education was as follows: primary education (11%), vocational education (49.3%), secondary education (30.2%), higher education (9.5%). Among the mothers 97 were unemployed (35.7%) and among the fathers 69 were unemployed (25.4%).

Various pathologies were identified in the families included in the study (169 families, 59.9%). These were (listed in descending order of occurrence): alcoholism ($N = 139$ families, 51.1%), psychological violence ($N = 114$, 41.9%), physical violence ($N = 111$, 40.8%), abuse of narcotics by parents ($N = 23$, 8.5%) and sexual violence ($N = 15$, 5.5%). Neglect of parental care which led to motions to limit or deprive of parental authority through legal proceedings was identified in all families.

Measures

The Parental Attitude Questionnaire developed by Ziemska (1983) was used to assess parental attitudes. It is based on the author's concept of parental attitudes, according to which there are four main dysfunctional parental attitudes: rejecting, avoiding, excessively demanding and excessively protecting. They were distinguished based on the main types of disorders in parents—child contact (excessive distance—excessive concentration) and on related personality traits (domination—helplessness). The scale is designed to be filled out by parents (separately by each of them) who assess on a 4-point scale (S—definitely correct, s—rather correct, b—rather incorrect, B—definitely incorrect) the extent to which they agree with the items presented. The basis of the formal analysis is a calculation sheet with a key to score the items that are assigned to each of the factors (scales): domination, helplessness, concentration, distance. The results are then calculated into stens: individuals who obtained low sten scores (1–4) demonstrate attitudes

that are desirable and beneficial for childcare, results in the 5–6 range indicate a moderate extent of undesirable attitudes to childcare and high sten scores (7–8) show that individuals demonstrate undesirable attitudes to childcare.

The set of parentification statements, including instrumental and emotional parentification, was used to assess the extent to which the child is involved in adult activities that go beyond his/her adaptation capabilities. The child was asked to answer using a 5 - point scale ranging from: 1–never, 2–rarely, 3–occasionally, 4–often, 5–almost always. These statements comprised a general measure of the level of parentification and were based on the Parentification Model by Hooper (2011):

1. I feel understood by my family members.
2. I find it hard to trust my parents.
3. I feel inferior in my family.
4. My parents burden me with their problems.
5. I am the only person to whom my parents turn with their problems.
6. I make decisions regarding my family.
7. I look after my siblings or other people in my family.
8. My parents expect me to help them raise my siblings.
9. I often do housework such as cooking, laundry or ironing.
10. I take on jobs to support my family financially.
11. I feel tired because of the problems in my family.
12. My siblings turn to me and not to my parents with their problems.

Hooper's (2009, 2011) conceptualization of parentification is based on the family system theory. This perspective seems very promising because the study presented here was conducted during psychological family assessment concerning parental rights and it involved all the family members. In order to measure the phenomenon and yet not to put too much pressure on the children involved in the study, the number of items was reduced (as compared to the original 22-items method created by Hooper) and rated by three independent psychologists with at least 10 years of clinical experience. As a result of the statistical analyses, 12 items were included in the research, with W- Kendall ranging from 0,80 to 0,93. It must be emphasized that item 1 is reversely scored (the bigger the number chosen, the lower the level of parentification).

Results

Analysis with R-language (2015) were used to assess:

1. The coexistence of pathology and the child's parentification.
2. The relationship between parental attitudes and the child's parentification.

The results of the analyses indicated that there is a relationship between pathology in the family and a child's parentification. The following results were obtained for the coexistence of each form of pathology with parentification: physical violence (OR=0.533, RR=1.28, $p < .025$), psychological violence (OR=0.533, RR=1.28, $p < .025$), sexual violence (OR = 0.37; RR = 1.32; $p < .01$), alcoholism (OR=0.546, RR=1.35, $p < .028$), abuse of narcotics (OR=0.085, RR=1.12, $p < .002$).

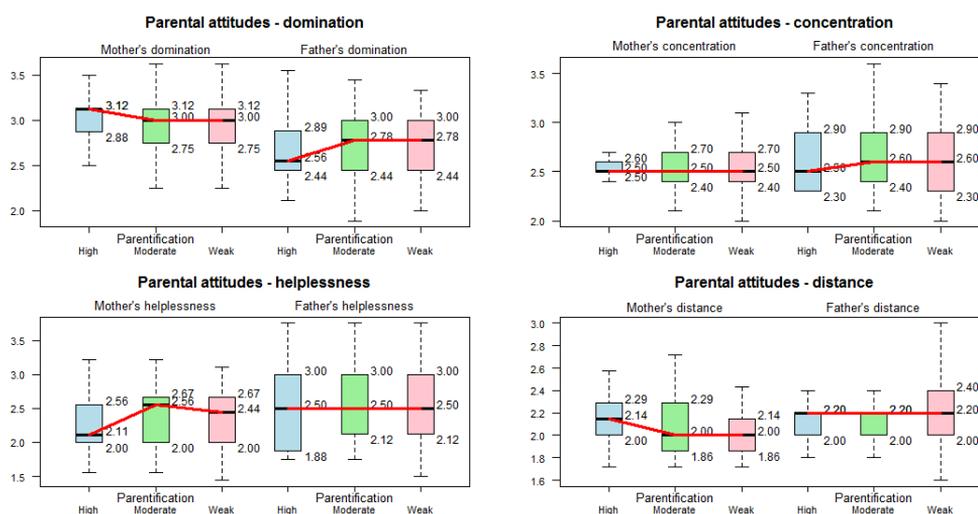


Fig.1. Parental attitudes (mothers' and fathers') and the level of children's parentification.

The results of the analyses carried out in R language (2015) presented in Figure 1 suggest the coexistence of fathers' low level of domination and concentration, and mothers' low level of helplessness and a high level of distance with high parentification of children. These results suggest that, in the case of mothers and fathers, different characteristics of parental attitude facilitate the occurrence of parentification in families facing severe problems with parental rights who are subjected to psychological assessment.

Discussion

The results of the study indicate the coexistence of pathological parentification with various forms of pathologies in the family. Parental violent behaviors and their abusing of psychoactive substances worsen children's emotional states and endanger them, often

forcing them to provide care not only for themselves but also for siblings and often the parents themselves, something which their age and stage of development has not yet equipped them for. Working as a forensic psychologist, I often encounter cases of children who, by functioning in codependency, are actively involved in eradicating the consequences of the abuse of alcohol or other psychoactive substances. They secure the family's needs, employing numerous methods and techniques aimed at preventing violence against themselves, a parent or their siblings. At the same time, similarly to the study by Fitzgerald et al. (2008), children who underwent parentification manifest fewer issues connected with upbringing that would indicate their maladjustment. In the school environment they are perceived as calm, serious, responsible and slightly withdrawn. This perception of a parentified child does not mean that there are no negative consequences on their development related to their premature taking up of adult roles. These children often report somatic problems, periodical difficulties with emotional regulation (e.g., anger or crying attacks), mood swings, and inhibition in activity. These stem from overburdening the child with the emotional consequences of assuming the role of an adult as well as from physically overburdening them with obligations related to the existence of entire family, (Schier, 2014). The results of this study on various forms of pathological family functioning and the parentification of the child supports findings obtained by Tracy and Martin (2007), who discovered that mothers undergoing substance abuse treatment rely on their children not only emotionally (sharing thoughts, difficulties and emotions), but also instrumentally (help with chores). Concrete support was especially reported by children living with their mothers. As the authors indicate, emotional care provided by children can be referred to as parentification.

In the group that was studied, the parentification of children was facilitated by the fathers' attitude of emotional distance and by the mothers' attitude of helplessness. Those attitudes lead to negative parenting which, according to Gunty and Bury (2008), predicts a higher presence of maladaptive schemas which in the long term can influence children's functioning with regard to the regulation of emotions, relationships and achievement. The authors distinguished between mothers and fathers, highlighting that when a father supports his child's autonomy and offers adequate care and a mother does not overwhelmingly control, the child has an opportunity to develop appropriate schemas of dealing with tasks and social life. It can be hypothesized that the emotional distance discovered in fathers in the current study would worsen a child's overall performance, and a mother's low ability to provide a proper upbringing would push it to role reversal.

It can be said that this result confirms a body of findings from studies indicating the particular destabilization of children functioning in families where parents do not support their children and do not provide them with a sense of security. The results obtained in this

study confirm other research findings which indicate that parentification often concerns children from families that experience intensive stress related to a dysfunctional family system such as a parent's illness, divorce, and severe marital conflicts (Barnett & Parker, 1998; Earley & Cushway, 2002; Mayseless, Bartholomew, Henderson, & Trinke, 2004).

There are however several limitations of this study which must be taken into consideration. First of all, the data was gathered during clinical assessments of families facing difficulties in their lives, and who were aware that this assessment could lead to the limitation or termination of their parental rights. These factors could have influenced the self-presentation of all the family members. Secondly, only the first child was taken into consideration and it would be interesting to analyze other children in the family in order to describe the differences in the pattern of behavior due to birth order and the age of children. There is some data (Schier, 2014; Byng-Hall, 2008), which leads to the conclusion that older children and girls tend to be parentified more than younger children and boys. There are some doubts expressed by Schier (2014) that boys may have difficulties expressing their actual involvement in taking care of the adult members of the family. Further analyses should then focus on the differences between the sexes and the nature of the roles played by girls and boys in families. The other factor mentioned above, namely the age of the child, could also be investigated more thoroughly.

The research presented in the article offers a new look at parentification by using the measure of parental attitudes. It must be pointed out that in case of mothers' and fathers' parental attitudes, different features are important in the process of creating an environment which forces the child to function above its emotional and cognitive capacities. In future, following Hooper's (2007) findings and suggestions to include family dynamics for a deeper understanding of the parentification phenomenon, the attachment styles in such families should be analyzed.

References

- Barnett, B., & Parker, G. (1998). The parentified child: Early competence or childhood deprivation? *Child Psychology & Psychiatry Review*, 3, 146–155.
- Błażek, M., Kaźmierczak, M., Lewandowska-Walter A. (2010) Więzi uczuciowe i postawy wychowawcze w rodzinach o ograniczonych kompetencjach opiekuńczo-wychowawczych. [Emotional bonds and parental attitudes in the families with the limited parental care competencies]. W: T. Rostowska, A. Jarmołowska (red.) *Rozwojowe i wychowawcze aspekty życia rodzinnego*. [Developmental and child-rearing features of family life] Warszawa. Wydawnictwo DIFIN, 223-236,

- Boszormenyi-Nagy, I., & Spark, G. M. (1973). *Invisible loyalties: Reciprocity in inter-generational family therapy*. Harper & Row.
- Burnett, G., Jones, R. A., Bliwise, N. G., & Ross, L. T. (2006). Family unpredictability, parental alcoholism, and the development of parentification. *The American journal of family therapy*, 34(3), 181-189.
- Burton, L. (2007). Childhood Adultification in Economically Disadvantaged Families: A Conceptual Model*. *Family Relations*, 56(4), 329-345.
- Byng-Hall, J. (2008). The significance of children fulfilling parental roles: Implications for family therapy. *Journal of Family Therapy*, 30(2), 147-162.
- Chase, N. D. (1999). Parentification: An overview of theory, research, and societal issues. *Burdened children: Theory, research, and treatment of parentification*, 3-33.
- Chase, N. D., Deming, M. P., & Wells, M. C. (1998). Parentification, parental alcoholism, and academic status among young adults. *American Journal of Family Therapy*, 26(2), 105-114.
- Czech, B. (2006). Kodeks rodzinny i opiekuńczy. *Komentarz. [Family and Guardianship code. Commentaries]* Red. K. Piasecki. Lexis Nexis, Warszawa
- Duryea, M. M. (2007). *Mothers with chronic physical illness and the parentification of their children*. (Doctoral dissertation). Retrieved from https://repository.unm.edu/dspace/bitstream/1928/3608/1/Duryea_Dissertation.pdf.
- Earley, L., & Cushway, D. (2002). The parentified child. *Clinical Child Psychology and Psychiatry*, 7(2), 163–178.
- Fitzgerald, M. M., Schneider, R. A., Salstrom, S., Zinzow, H. M., Jackson, J., & Fossel, R. V. (2008). Child sexual abuse, early family risk, and childhood parentification: pathways to current psychosocial adjustment. *Journal of Family Psychology*, 22(2), 320.
- Garber, B. D. (2011). Parental alienation and the dynamics of the enmeshed parent–child dyad: Adultification, parentification, and infantilization. *Family Court Review*, 49(2), 322-335.
- Grzegorzewska, I., & Cierpiąłkowska, L. (2014). Social Support and Externalizing Symptoms in Children from Alcoholic Families. *Polish Journal of Applied Psychology*, 12(4), 9-28.
- Gunty, A. L., & Buri, J. R. (2008). Parental Practices and the Development of Maladaptive Schemas. *Online Submission*.

- Holden, G. W., & Edwards, L. A. (1989). Parental attitudes toward child rearing: Instruments, issues, and implications. *Psychological Bulletin*, *106*(1), 29-58.
- Hooper, L. M. (2007). The application of attachment theory and family systems theory to the phenomena of parentification. *The Family Journal*, *15*(3), 217-223.
- Hooper, L. M., Marotta, S. A., & Lanthier, R. P. (2008). Predictors of growth and distress following childhood parentification: A retrospective exploratory study. *Journal of Child and Family Studies*, *17*(5), 693-705.
- Hooper, L. M. (2009). Parentification inventory. Available from LM Hooper, Department of Educational Studies in Psychology, Research Methodology, and Counseling, The University of Alabama, Tuscaloosa, AL, 35487.
- Hooper, L. M., DeCoster, J., White, N., & Voltz, M. L. (2011). Characterizing the magnitude of the relation between self-reported childhood parentification and adult psychopathology: a meta-analysis. *Journal of Clinical Psychology*, *67*(10), 1028-1043.
- Joyce, A. (2005). The parent infant relationship and infant mental health. *The Practice of Psychoanalytic Parent Infant Psychotherapy*/ed. T. Baradon, C. Broughton, I. Gibbs et al. –London: Routledge, 5.
- Jurkovic, G. J. (1997). Lost childhoods. *The plight of the parentified child*. New York: Brunner-Routledge.
- Jurkovic, G. J., Thirkield, A., & Morrell, R. (2001). Parentification of adult children of divorce: A multidimensional analysis. *Journal of Youth and Adolescence*, *30*(2), 245-257.
- Kościelska, M. (2007). *Sens odpowiedzialności. Perspektywa psychologa klinicznego*. [Sense of responsibility. The perspective of clinical psychologist]. Kraków: Oficyna Wydawnicza IMPULS. [Cracow, IMPULS publishing]
- Maysel, O., Bartholomew, K., Henderson, A., & Trinke, S. (2004). “I was more her mom than she was mine”: Role reversal in a community sample. *Family Relations*, *53*, 78–86.
- Oznobishin, O., & Kurman, J. (2009). Parent–child role reversal and psychological adjustment among immigrant youth in Israel. *Journal of Family Psychology*, *23*(3), 405.
- Peris, T. S., & Emery, R. E. (2005). Redefining the parent-child relationship following divorce: Examining the risk for boundary dissolution. *Journal of Emotional Abuse*, *5*(4), 169-189.

- Peris, T. S., Goeke-Morey, M. C., Cummings, E. M., & Emery, R. E. (2008). Marital conflict and support seeking by parents in adolescence: empirical support for the parentification construct. *Journal of Family Psychology*, 22(4), 633.
- Pietrzykowski, K., & Beck, W. C. (Eds.). (2012). *Kodeks rodzinny i opiekuńczy: komentarz*. [Family and Guardianship Code]. Wydawnictwo CH Beck.
- R Core Team (2015). R: A language and environment for statistical computing. R Foundation for Statistical Computing, Vienna, Austria. URL <http://www.R-project.org/>.
- Schier, K. (2010). Gdy dziecko staje się rodzicem- odwrócona troska, czyli zjawisko parentyfikacji w rodzinie. [When a child becomes an adult- reversed caring, parentification in the family] W: B. Tryjarska (red.) *Bliskość w rodzinie. Więzy w dzieciństwie a zaburzenia w dorosłości*. [Bonding in the family. Bonds in childhood and a pathological functioning in the adulthood]. Warszawa: Wydawnictwo Naukowe Scholar, s. 63-80.
- Schier, K. (2014). *Dorosłe dzieci. Psychologiczna problematyka odwrócenia ról w rodzinie*. [Adult children. Psychological aspects of reversing roles in the family]. Warszawa: Wydawnictwo Naukowe Scholar
- Stein, J. A., Riedel, M., & ROTHERAM-BORUS, M. J. (1999). Parentification and its impact on adolescent children of parents with AIDS. *Family Process*, 38(2), 193-208.
- Tompkins, T. L. (2007). Parentification and maternal HIV infection: Beneficial role or pathological burden. *Journal of Child and Family Studies*, 16, 113–123.
- Tracy, E. M., & Martin, T. C. (2007). Children's roles in the social networks of women in substance abuse treatment. *Journal of Substance Abuse Treatment*, 32(1), 81-88.
- Wallerstein, J. S. (1985). Children of divorce: Preliminary report of a ten-year follow-up of older children and adolescents. *Journal of the American Academy of Child Psychiatry*, 24(5), 545-553.
- Wells, M., Glickauf-Hughes, C., & Jones, R. (1999). Codependency: A grass roots construct's relationship to shame-proneness, low self-esteem, and childhood parentification. *American Journal of Family Therapy*, 27(1), 63-71.
- Ziemska, M. (1979). *Postawy rodzicielskie i ich wpływ na osobowość dziecka* [Parental attitudes and its influence on child's personality] ,(w:) *Rodzina i dziecko*. [Family and a child] (red.) M. Ziemska, Warszawa: PWN.
- Ziemska, M. (1982). *Kwestionariusz dla rodziny do badania postaw rodzicielskich:(podręcznik tymczasowy)*. [Parental attitudes questionnaire - temporary manual] MS.

GUIDELINES FOR CONTRIBUTORS

Papers submitted to the *Polish Journal of Applied Psychology* are to be in English only with the exception of the abstract which should be prepared in both English and Polish. Send an e-mail copy of your submission to Marta Kochan-Wójcik PhD: m.kochan-wojcik@psychologia.uni.wroc.pl.

Maximum article length is to be 20 typed pages (including references, footnotes, figures and figures captions, and tables as well as their caption). References should not exceed six typed pages. Typescripts should be Times New Roman and standard font size 12, double-spaced throughout, with 1.5-4 cm margins left and right. The e-mailed copy should be 1800 ASCII characters per computer page.

Papers should include an abstract (maximum 115 words) in both English and Polish, along with key words, typed text, references, footnotes, figures and tables (on separate pages in that order). Indicate in a separate footnote the address to which requests for reprints should be sent. Tables are to be treated as self-contained: that is, do not repeat in the text data presented in the tables. Keep the number of tables and figures to a minimum. [(Please use quotation marks – not commas – in presenting the data there) – this statement is not understood]. Indicate the placement of these tables in the text.

Following the APA standards we propose using "Podstawowe standardy edytorskie naukowych tekstów psychologicznych w języku polskim na podstawie reguł APA [Basic editorial standards of scientific psychological publications in Polish language according to APA' rules] (www.liberilibri.pl).

For example: for referencing, the most commonly used types of citations are given here:

Book: one, two, or more authors:

Smith, P.B., & Bond, M.H. (1998). *Social psychology across culture*. Hemel Hemstead, UK: Prentice-Hall.

Article in a scholarly journal:

Mączyński, J. (2001). The cultural impact on the leadership style of Polish managers. *Polish Journal of Applied Psychology*, (1), 107-132.

Chapter (or article) in a book:

Sashkin, M. (1998). The visionary leader. In J. A. Conger & R. A. Kamungo (Eds.).

Charismatic leadership:

The exclusive factor in organizational effectiveness. San Francisco: Josey Bass, 122-160.

Titles of publications in languages other than English should be given in English in square brackets after the title of the original:

Wojciszke, B. (2002). Człowiek wśród ludzi. [A man among men]. Warszawa: Wydawnictwo Naukowe „Scholar”.

Taken from the internet: “When writing in APA Style, you can use the first person point of view when discussing your research steps (‘I studied...’) and when referring to yourself and your co-authors (‘We examined the literature...’). Use first person to discuss research steps rather than anthropomorphising the work. For example, a study cannot ‘control’ or ‘interpret’; you and your co-authors, however, can.”

“APA Style encourages using the active voice (‘We interpreted the results...’). The active voice is particularly important in experimental reports, where the subject performing the action should be clearly identified (e.g. ‘We interviewed...’ vs. ‘The participants responded...’).”

“Clarity and conciseness in writing are important when conveying research in APA Style. You don’t want to misrepresent the details of a study or confuse your readers with wordiness or unnecessarily complex sentences.”

Numbers one, two, three and through nine should be written out in longhand. Numbers 10, 11, 12, and through infinity should be written as digits.

Abbreviations like etc., e.g. are used only in parentheses () or brackets []. In the running text, that is, outside parentheses or brackets, these abbreviations should be written out: and so on, for example, such as.

“Of” phrases, proper in Polish but unfortunately not a good carry-over into English style, should not be overused. In their place use gerunds, verbs, or prepositional phrases other than ones beginning with of.

Example:

before: “Further analysis of the test results referred to the assessment of the dependency of...”

after: “Further test results assessed the dependency of...”

Papers submitted to PJAP are assessed by external reviewers according to the double blind principle. A list of reviewers from the last two years is available on the web site of our journal www.pjap.psychologia.uni.wroc.pl.

In order to facilitate the reviewing process, authors are asked to indicate names and e-mail addresses of three persons from their own country and an additional three from other countries, who on the grounds of factual consistence of scientific interest could be called on as potential reviewers of the submitted paper.

To prevent ghostwriting and guest-authorship phenomena¹, the editorial board of PJAP asks authors to indicate (on a separate page) the percent of each author's share in creating the submitted paper (general share, share in the concept, methods, analysis and interpretation of data). We also ask you to follow the financial disclosure principle.

THERE ARE TWO DEADLINES FOR SUBMITTING ARTICLES TO PRINT IN THE
POLISH JOURNAL OF APPLIED PSYCHOLOGY:

30TH OF JANUARY

31ST OF MAY

¹ Ghostwriting – omitting in authorship of a paper any persons who take a significant part in preparing the submitted paper.

Guest authorship – putting down as co-author persons whose share in preparing the submitted paper is negligible or who did not take place at all.

AIMS AND SCOPE

The *Polish Journal of Applied Psychology* is devoted primarily to original investigations that contribute new knowledge and understanding to all fields of applied psychology. PJAP is mainly interested in publishing empirical articles, where quantitative as well as qualitative analyses of data enhance our understanding of individuals, groups or various social systems, and have practical implications within particular contexts. Conceptual or theoretical papers may be accepted if they bring a special contribution into the field for application. Although the paper version of our journal is primary, we are also available on the internet at www.pjap.psychologia.uni.wroc.pl

ISSN 2354-0052