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The Risks of Gaining and Losing from Debt According to the Perspective of Men and Women

Theda Renanita

Universitas Ciputra, Faculty of Psychology, Surabaya, INDONESIA
Universitas Gadjah Mada, Faculty of Psychology, Yogyakarta, INDONESIA

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Abstract

Debt is a financial service frequently offered by financial institutions. However, decision to be in debt bear risks. According to the prospect theory, when a person is faced with a risk, they will consider the potential gains and losses. Thus, this research was conducted to explore perceptions regarding the gains and losses of incurring debt among men and women. This study involved 94 respondents, consisting of 35 men and 59 women. All respondents filled out open questions regarding the benefits and drawbacks of owing debt. This study utilized grounded theory and qualitative survey methods. Grounded theory was used to conduct axial coding in arranging response categories, while the qualitative survey was used to identify the diversity of respondents' characteristics. From the result of the analysis, the gain and losses of incurring debt were obtained. The response of women who mentioned the gains of debt had a higher percentage than that of men. Meanwhile, the percentage of men who saw debt as a mean to meet basic needs was higher than that of women. On the other hand, the result showed that there were two types of negative perceptions that formed towards debt, namely psychological loss and financial loss.

Keywords: loss, profit, risk, debt.

1. Introduction

Over the last twenty years, debt has been a source of financial funding in the household economy. The development of debt market, aggressive debt marketing, ease of accessibility to debt products, as well as a positive consumer attitude on the contribution of debt towards the growth of debt use (Raijas, Lehtinen & Leskinen, 2010). Debt is defined as a loan of a sum of money from a bank, accompanied by an agreement on the interest and the duration of repayment time (van Raaij, 2016).

Consumer debt is defined as a loan from a bank or other financial institutions who act as a lender. The loan is accompanied by a contract to repay the borrowed money along with a fixed amount of interest, paid in monthly installments, within a set duration of time (van Raaij, 2016). In any case, where the customer or client cannot pay off the debt, the lender confiscates and sells the agreed collateral in order to gain back the money borrowed.

Debt can be utilized to generate investment income as well as for consumption. Debt for investment occurs when debt is used to buy shares or used to carry out activities that generate

profits. The profit is subsequently used to pay off the debt. Meanwhile, the use of debt to buy long-term goods that are not for investment is called consumption debt (van Raaij, 2016).

There are several types of debt costumers according to van Raaij (2016), namely: Student who borrow money to pay for tuition, books, clothing and accommodation; individuals who take out loans to build a house (mortgage); individuals taking out personal loan with fixed interest; credit cards; and debt in the form of credit instalments such as to buy a car.

- Men see debt as an alternative to fulfil needs.
- Women see debt to ease financial allocations management such as investment allocation, the speed of obtaining desired/needed goods, and ease of taking out a loan as well as becoming a financial solution.
- Two perspective of debt loss are financial loss and conditions of psychological loss.
- Financial losses are felt more by women.
- When men burden to pay off the debt they experience negative emotions

Based on its objectives, there are three types of debt, namely productive, consumer and trade debt. Productive debt is a loan used to produce goods and services. Consumptive debt is loan consumed personally, such as for rent, housing, and home furniture. Trade debt is defined as debt used to buy trade commodity. The profit earned from the sale of these commodities is used to pay off the debt (Kasmir, 2010). The focus of this research is consumer debt.

According to the life-cycle theory of consumption (Modigliani & Brumberg, 1954), people must borrow to maximize the utility of their life cycle as a whole. Debt increases with age until the age of 40, then begins to decline. Subsequently, debt is also related to marriage because of the emergence of needs that require large funds after marriage. Also, the presence of children is also a factor that adds to the list of necessities. The use of debt is divided into two, namely to the maintenance of lifestyle and improvement of lifestyle (Norton, 1993). Customers who have financial difficulties will tend to incur debt. Meanwhile, customers with better economic conditions and materialistic tendencies will take out a loan or incur debt to meet their consumer needs.

Debt decision making is categorized as intertemporal decision making. Customers agree to borrow money now and pay it off later. When someone owes a debt, an agreement is made between the customer and the lender about the number of installments, time and interest (Ranyard, McHugh & McNair, 2018).

Debt decision making through three stages (Kamleitner & Kirchler, 2007). The first stage is the process of identifying needs leading to information-seeking before taking out a loan. The second stage is the process of selecting the type of debt instrument. The last step is the debt payment strategy.

In the first stage, prospective customers decide whether to borrow, delay purchases or use existing savings to buy a particular product or service. In the second stage, the customer evaluates and decides on several attributes such as the amount of loans, which lenders, the fees, loan security, fixed or continuous debt installments and the level of payment and duration of payment. The third stage is the stage where the customer repays the debt.

In the process of making debt decisions, customers are faced with a variety of choices that contain risks. Risk itself is associated with profit/gains) and losses. According to the prospect theory, a person's primary motivation in behaving is to avoid loss aversion and gain seeking, where avoiding loss is a stronger motivation than seeking profit. This is because losing is valued twice as more negative than the positive value when obtaining an equivalent profit (van Raaij, 2016).

Meanwhile, when faced with the probability of making a profit, an individual tends to take risks (risk-seeking).

According to the prospect theory, a person's preference depends on the framing of the choices available. In an uncertain situation, someone will tend to choose a choice that has a large expected utility. In addition to the framing of choices, a person also performs mental accounting where an individual frames the consequences of his choices (Kahneman, 2003).

Financial markets such as stock market and debt market involve a process of rational valuation and decision making (Gärbling, Kirchler, Lewis & van Raaij, 2009). Debt decision making pertains risky decision making because customers will face severe and long-term consequences. During the repayment process, customers will experience uncertainty.

On an individual level, risk-taking is domain-specific. For example, when an individual takes a risk in the financial domain, there will not exist or have a shallow relationship with risk-taking on other domains such as the social domain (Weber, Blais & Betz, 2002). Research by Weber et al. (2002) shows that risk-taking is mediated by risk perception, risk attitude and risk propensity.

This risk-taking behavior can be explained through prospect theory (Kahneman & Tversky, 1979). According to prospect theory, decision making involves the function of values, namely valuation of gains and losses. The value of a loss weighs higher than the value of gains. Conversely, the value of gaining something weighs less than when losing something. For example, the loss of one million rupiah weighs more significant loss than the weight of happiness when receiving one million rupiah. Thus, whether someone will take risks (risk taking) or avoid risk (risk averse) can be explained through the function of profit and loss.

Previous studies have examined the influence of gender on financial behavior. In regards to the perception of financial situations, there are no differences between men and women in looking at the past, current and future projections of financial situation. However, there are differences in some aspects of financial satisfaction between men and women. In regards to saving aspects, women convey that they are more satisfied than men. On the other hand, men are more satisfied than women when they can fulfill long-term goals and emergency needs (Hira, Tahira & Mugenda, 2000). From a risk standpoint, men and women are different when making financial decisions. Men tend to take risks when faced with gains while women will choose to take risks when faced with losses (Schubert, Brown, Gysler & Brachinger, 1999).

Risk taking can be maladaptive and adaptive. It is considered maladaptive if the potential profit is smaller than the potential loss. Likewise, it is adaptive if the potential benefits outweigh the disadvantages (Byrnes, Miller & Schafer, 1999). An individual is not necessarily considered successful in adapting when they manage to avoid risks. However, they will take into account which risk of success should be pursued and which risk of losses should be avoided.

In financial behavior, risk plays an important role. Men and women have different debt decision-making strategies. Women tend to avoid risk. Meanwhile, men try to earn big profits and tend to choose to face risks. Financial decision making for men is driven by the desire for achievement, investment, promotion and is success-oriented. For women, financial decision making is driven by loss aversion and is oriented towards communication and harmony (van Raaij, 2016).

Based on the explanation above, this research was conducted to understand what is perceived as the gains and losses of debt according to men and women. It is hoped that this research can be useful for financial consultants in helping clients recognize the risk of profit and loss of debt so they can make appropriate financial decisions. The research question is: What are the risks of gaining and losing from debt according to men and women?

2. Method

2.1 *Participants*

The data collection was carried out using purposive sampling. The respondent was selected based on the criteria of having been or currently in debt, where the loan is used for consumption. The results of the data collection indicate that 102 respondents filled out the survey. However, after checking the respondents' answers, only 94 participants adhered to the respondent selection criteria. Eight respondents were considered irrelevant due to taking out a loan for business capital purposes. Based on gender, respondents consisted of 59 women and 35 men. The age range of participants is between 21 to 60 years.

2.2 *Instruments*

The instrument of this study consists of two parts, namely demographic data and open-ended questions that inquire the respondent's opinion of the benefits and losses of incurring debt (taking out a loan). Based on a survey conducted by We Are Social, in 2018, 132.7 million Indonesians were internet users, 177.9 million used some form of electronic devices and 130 million were users of social media. To send messages, as many as 40% of social media users used the Whatsapp application. Based on these considerations, researchers conducted an online data retrieval through the Whatsapp application. The duration of data collection was two weeks.

2.3 *Data analysis*

There are several stages of qualitative data analysis according to Hayes (2000): (1) data preparation for the analysis, (2) identification of specific information from the responses, (3) categorizing data/responses based on appropriate themes, (4) checking themes and defining definitions, (5) re-checking the theme that has been created based on the categorization of the data/responses, and (6) utilization of all references or materials related to the theme in order to arrange a construct that contains the category.

The grounded theory approach was then used to construct a conceptual coding of empirical indicators derived from participant responses (Strauss, 2003). The researchers of this study then performed axial coding. From the response that emerged from the coding, the researcher then composed the categories. Axial coding itself is defined as cumulative knowledge that arises from relationships between categories as well as the relationship between categories and sub-categories (Strauss, 2003). Axial coding was done in two response groups that is the response regarding the gains and the losses of debt. In conducting the coding, researchers of this study used the MAXQDA program. A qualitative survey was conducted to analyze the diversity of characteristics of respondents (Jansen, 2010). In this study, researchers looked at the diversity of risks of gains and losses in incurring debt based on gender.

3. Results

3.1 *Demographic data*

The results of the statistical analysis show the participants' demographics as follows:

Table 1. Participant demographics

Demographic Data	Number of Respondents	Percentage (%)
Age (years)		
< 31	46	48.94
31-35	20	21.28
36-40	11	11.70
41-45	6	6.38
51-55	5	5.32
46-50	5	5.32
> 55	1	1.06
Total	94	100
Occupation		
Private sector employee	57	60.64
Civil servant	16	17.02
State-owned enterprise employee	4	4.26
Lecturer	4	4.26
Entrepreneur	3	3.19
Other	3	3.19
Unemployed	7	7.45
Total (Valid)	94	100
Marital Status		
Married	73	77.66
Single	19	20.21
Divorced	2	2.13
Total	94	100
Education (most recently obtained)		
Bachelor's Degree	51	54.26
Master's Degree	26	27.66
Doctoral Degree	5	5.32
Diploma Degree (D3)	8	8.51
High School	4	4.26
Total	94	100
Frequency of taking out a loan (debt)		
Often	11	11.70
Occasional	34	36.17
Rarely	49	52.13
Total	94	100.00
Amount of loan (debt)		
Sufficient	37	39.36
Substantial / large	29	30.85
Scant / Small	28	29.79
Total	94	100.00

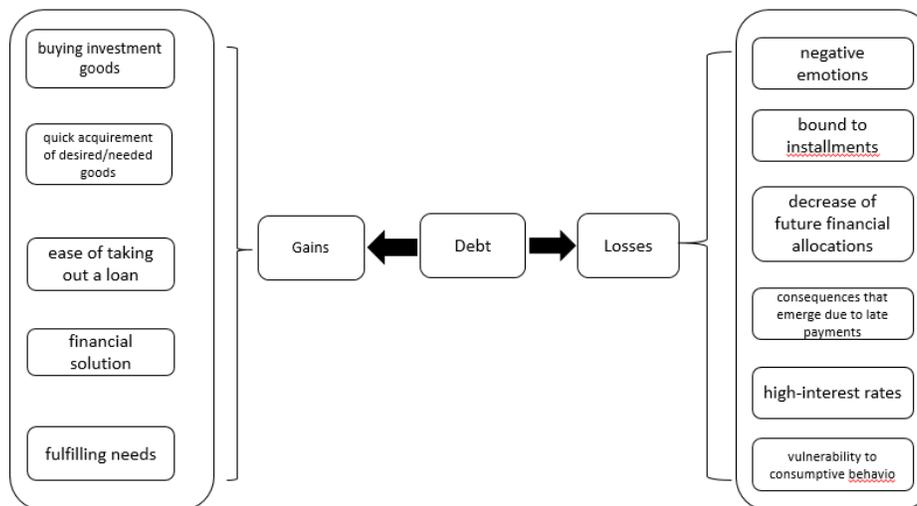


Figure 1. Result analysis of the gains and losses of debt

3.2 Result analysis of debt gains

The analysis shows that from 94 respondents, 83 responses were obtained from the question regarding the debt gains. These responses then form five bigger categories, that is: “fulfilling needs,” “financial solution,” “ease of taking out a loan,” “quick acquirement of desired/needed goods” and “buying investment goods.”

The “fulfilling needs” category can be explained as the use of debt to meet needs. Needs here refers to necessities that must be met right away. Some example of the respondents’ responses is: “assistance in an emergency,” “can be used during a sudden situation,” “urgent needs can be fulfilled,” and “help to pay for something important.”

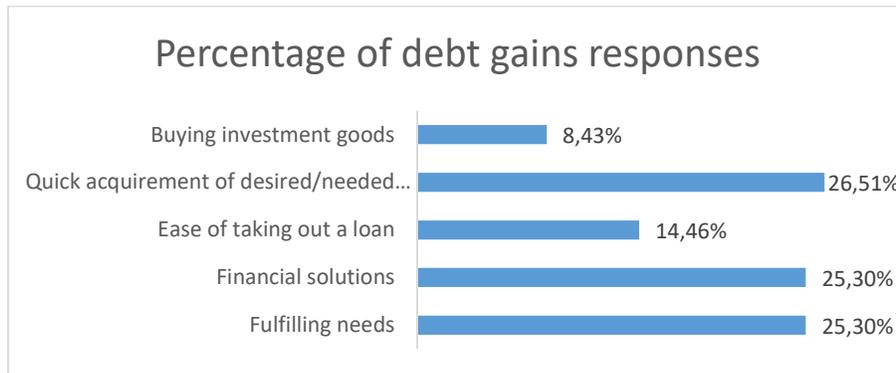
The “financial solution” category can be explained as the use of debt as a way to resolve temporary financial problems. Some example of the respondents’ responses is: “problems solved temporarily,” “getting bailouts,” and “short-term financial solutions.”

The “ease of taking out a loan” category contains three elements – first, an easy procedure to obtain for funds. Examples of the respondents’ responses are: “instant funding” and “quick way to acquire funds.” Second, the ease of repayment due to the option of paying in instalments. Examples of the respondents’ responses are: “can be paid in instalments,” and “can be repaid little by little (while the rest of the money is used) for necessities.” Third, the gains that take the form of discounts when making a purchase using instalments/credit cards. Examples of the respondents’ responses are: “there is a discount” and “there are promotions that are more economical.”

Debt is useful to help customers quickly acquire goods they want or need. Examples of the respondents’ responses are: “getting the desired good quickly,” “can have something quickly,” and “get what we want quickly.”

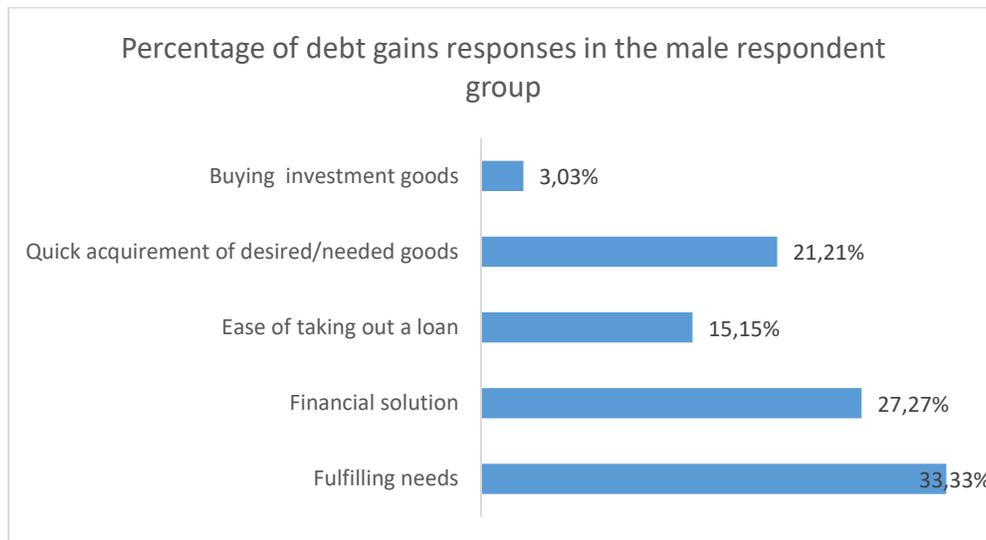
Buying investment goods is defined as debt that can be used to buy goods of a long-term nature, such as property. Examples of the respondents’ responses are: “the purchase of high price goods is easier,” “for future investments” and “can have a home by paying in instalments.”

The following graph illustrates the percentage of debt gains:



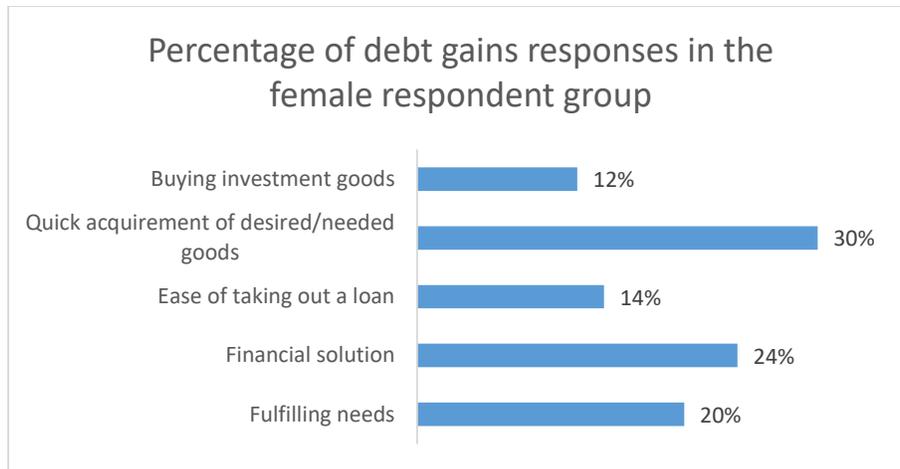
Graph 1. Percentage of debt gains responses

The highest percentage of response for both men and women in the category of “quick acquirement of desired/needed goods,” amounting to 26.51% (22 responses). “Financial solutions” and “fulfilling needs” amounted to the same amount of percentage at 25.30% or 21 responses each. It is then followed by “ease of taking out a loan” at 14.46% (12 responses). The lowest percentage is “buying investment goods” at 8.43% (7 responses).



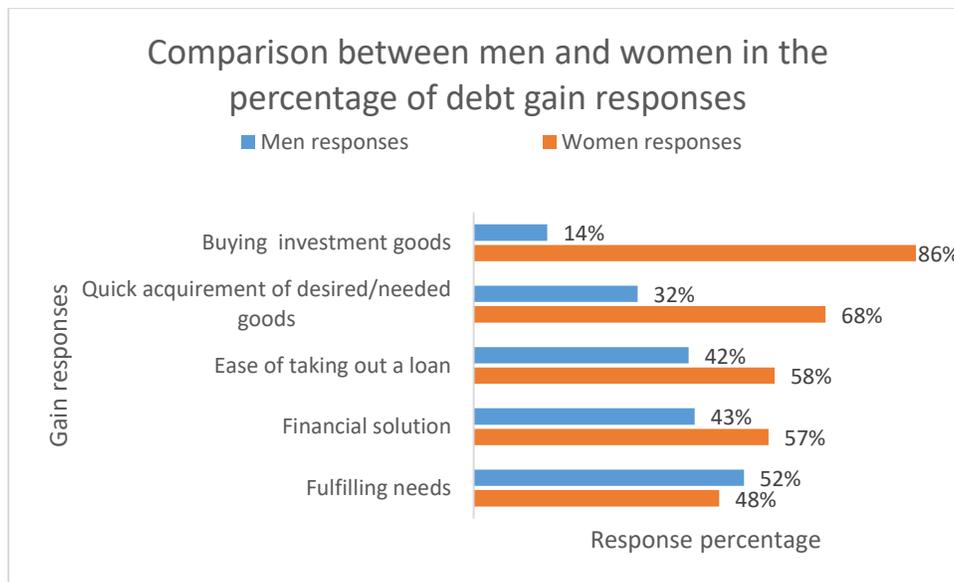
Graph 2. Percentage of debt gains responses in the male respondent group

For the male respondent group, the response with the highest percentage was “fulfilling needs” at 33.33% (11 responses), followed by “financial solution” at 27.27% (9 responses) and “quick acquirement of desired/needed goods” at 21.21% (7 responses). The “ease of taking out a loan” category amounted 15.15% (5 responses). The category with the lowest percentage is “buying investment goods” at 3.03% (1 response).



Graph 3. Percentage of debt gains responses in the female respondent group

As seen in Graph 3, the category that has the highest percentage of response is “quick acquirement of desired/needed goods” at 30% (15 responses), followed by “financial solution” at 24% (12 responses), “fulfilling needs” at 20% (10 responses), and “ease of taking out a loan” at 14% (7 responses). The category with the lowest percentage is “buying investment goods” which amounted for 12% (6 responses).



Graph 4. Comparison between men and women in the percentage of debt gain responses

Graph 4 compares the percentage of responses of both male and female respondents. For the category of “buying investment goods,” “quick acquirement of desired/needed goods,” “ease of taking out a loan” and “financial solutions,” the percentage of women’s responses is higher than that of men. The percentage of women’s responses in the “buying investment goods” category was 86% while the percentage of men’s responses was 14%. In the category of “quick acquirement of desired/needed goods,” the percentage of women’s responses reached 68%, while men’s responses were at 32%. The percentage of women’s responses to “financial solutions” reached 57%, whereas the percentage of men responses is 43%. Meanwhile, the percentage of men who see debt as a means to fulfill needs is higher than women at 52%, which was only 48% for women.

From the 94 respondents, 79 responses were acquired from the question regarding debt loss. The result analysis of the responses produced seven categories of losses that based on the perception of respondents. The seven categories are grouped into two broader categories, namely “risk of financial loss” and “risk of psychological loss.” Forty-four responses were grouped into the “risk of financial loss” category. Thirty-five responses were grouped into the “risk of psychological loss” category.

The “risk of financial loss” category includes “high-interest rates”, “decrease of future financial allocation”, and “consequences that emerge due to late payments”. The “risk of psychological loss” consists of “negative emotions”, “bound to installments”, “usury”, and “vulnerability to consumptive behavior”.

Interest is defined as a return or compensation for the use of a borrowed money of which the amount is agreed upon between the lender and the recipient of the debt. High interest is considered as the risk of losses that must be paid when taking out a loan. Some example of the response is: “the interest is enormous,” “the debt interest multiplies” and “repayments become more expensive.”

Another financial risk is the decrease of future financial allocations. This occurs due to future financial allocations being used to pay current instalments and interest. Some of the responses are: “reduces future income,” “reduces savings” and “reduces future finance.”

The last financial risk is the consequences of late payment, that is, paying a fine. Examples of responses are: “(I) incur losses for unpaid bills (that pile up)” and “(I) incur losses when (I am not) able to pay.”

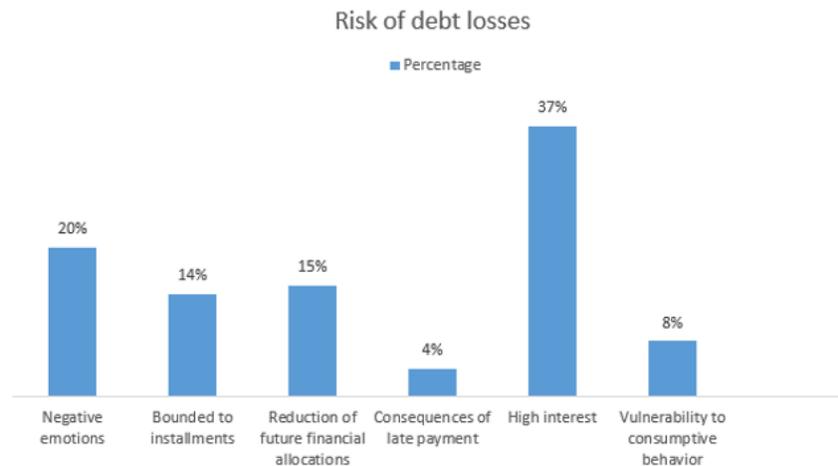
The risk of psychological loss consists of negative emotions, being bound to installments, as well as usury and vulnerability to consumptive behavior. Negative emotions are defined as feelings of discomfort caused by debt ownership. Feelings of discomfort can take the form of shame, unsettled feelings, and moral burden. Examples of responses to uncomfortable feelings are: such as “*does not feel good*,” “living with unsettled feelings,” and “can’t sleep well because (I) have not yet paid off (the debt)”. Whereas examples of responses to moral burdens are: “moral burden” and “It’s a waste because if (someone is) expose to usury, the punishment (from God) is not only wordy punishment (i.e. being chased by debt collector), but (the person will) also experience punishment in the afterlife (hell)”

The second category of risk of psychological loss is being bound to installments, which means that there is a burden to pay monthly installments within a certain duration. Examples of responses are: “(duration of) installment plan is too long,” “long periods of time,” “paying monthly installments,” “lose time to pay off all that (debt).”

Next is the vulnerability to consumptive behavior. The availability of debt facilities to quickly and easily acquire money makes respondents feel vulnerable to consumptive behavior. Example responses from the respondents are: “It is difficult not to refrain from buying,” “become consumptive” and “unconscious of all the plenty installments (that should be paid).”

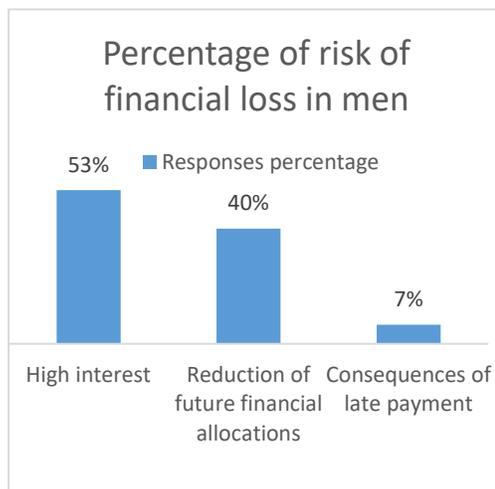
Overall, the category with the highest percentage is “high interest” at 37% (29 responses), followed by “negative emotions” at 20% (16 responses), “future financial allocations” at 15% (12 responses), “bounded to installments” at 14% (11 responses), and vulnerability to consumptive behavior at 5% (6 responses). The category with the lowest percentage is the “consequences of late payment” at 4% (3 responses).

The following is a graph of the percentage of the response categories:

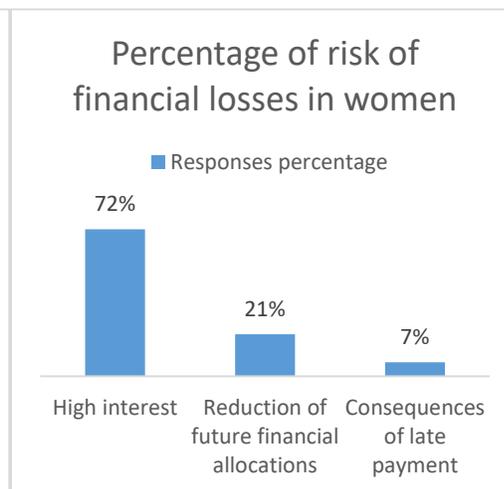


Graph 5. Risk of debt losses

In the male respondent group, the risk of financial debt loss with the highest percentage is “high interest” at 53% (8 responses), followed by “reduction of future financial allocations” at 40% (6 responses). The category with the lowest percentage is the “consequences of late payment” at 7% (1 response). The female respondent group also showed the same pattern. The category with the highest risk percentage is “high interest” at 72% (21 responses), followed by “future financial allocations” at 21% (6 responses) and “consequences of late payment” at 7% (2 responses). Below is a graph of the percentage of each response based on the two gender groups.



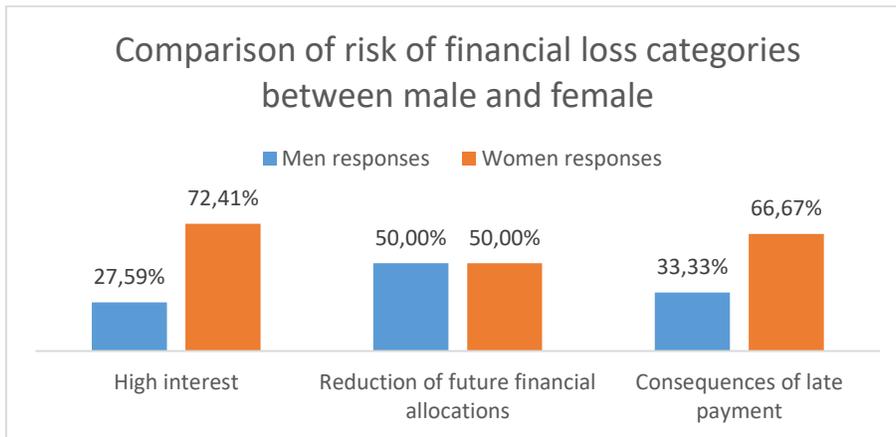
Graph 6. Percentage of risk of financial loss in men



Graph 7. Percentage of risk of financial losses in women

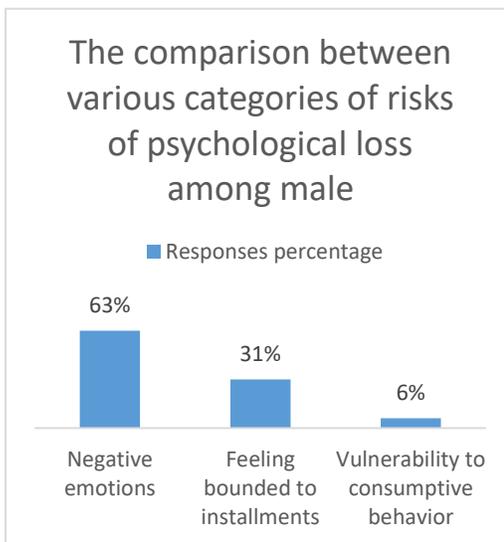
The researchers of this study also compared the percentage of each category between male and female. The results show that the risk of “high interest” and “consequences of late payment” are felt more strongly by female respondents. The percentage for the “high interest” was 72.41% (21 responses) in the female respondent group and 27.59% (8 responses) for the male respondent group. The percentage of “consequences of late payment” for the female respondent group was 66.67% (2 responses), and only 33.33% (1 response) for the male respondent group. Meanwhile the “reduction in future financial allocations” has an equal percentage of 50% (each of

which amounts to 6 responses). The following is a graph that describes the percentage of each category.

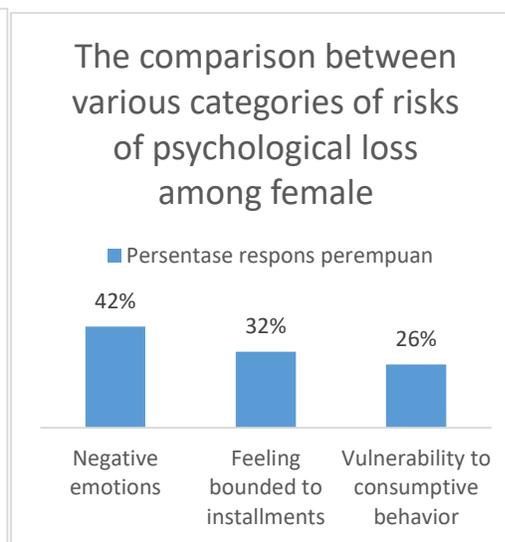


Graph 8. Comparison of risk of financial loss categories between male and female.

The category with the higher percentage for risk of psychological loss due to debt among men is “negative emotions” at 63% (10 responses). The category with the second highest percentage is “feeling bounded to installments” at 31% (5 responses). The last category is the “vulnerability to consumptive behavior” at 6% (1 response). Female respondents also showed the same pattern. The category with the highest percentage among all the categories, is negative emotions at 42% (8 responses), followed by “feeling bounded to installments” at 32% (6 responses), and “vulnerability to consumptive behavior” at with 26% (5 responses).



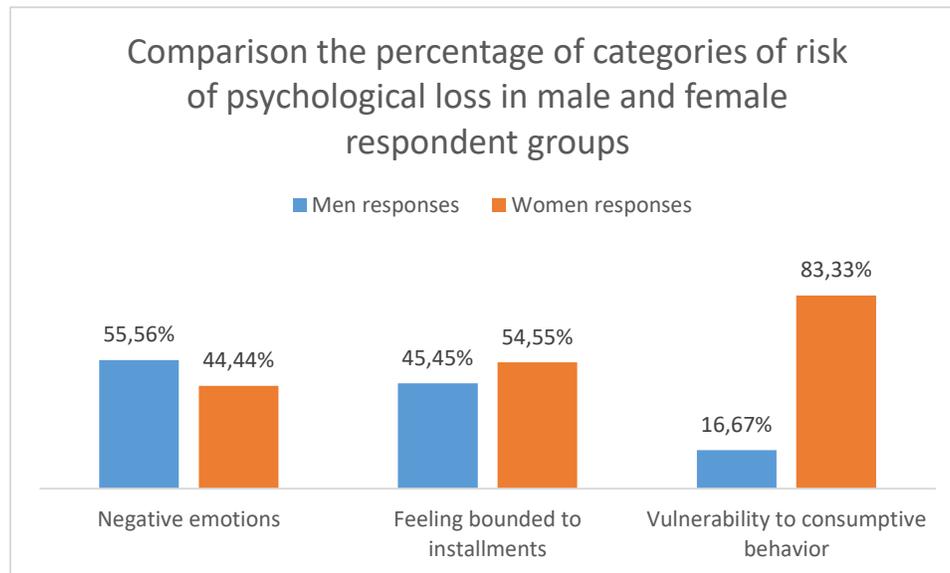
Graph 9. The comparison between various categories of risks of psychological loss among male



Graph 10. The comparison between various categories of risks of psychological loss among female

We also compared the percentage of categories regarding the risk of psychological losses due to debt in both gender groups. The percentage of men who experienced “negative emotions” (55.56%; 10 responses) was higher than women (44.44%; 8 responses). Conversely, the percentage for women was higher than men in the “bounded by installment” category and “vulnerability to consumptive behavior.” The percentage of women who experienced the risk of loss from debt in the form “bounded to installment” burden is 54.55% (6 responses) while the risk

of loss for men is 45.45% (5 responses). The percentage of women who experienced “vulnerability to consumptive behavior” is 83.33% (5 responses) while the percentage of men having the same experience is 16.67% (1 response).



Graph 11. Comparison the percentage of categories of risk of psychological loss in male and female respondent groups

4. Discussion

The demographic data shows that 77.66% of respondents are married. It seems that this marital status effects respondents’ responses. In household financial decision making, there are alpha and beta roles. The person who plays the alpha role take on a more significant role in the household and are tasked with earning/collecting money. On the other hand, the person who take on the beta role have smaller financial responsibilities and more spending roles (Wood, Downer, Lees & Toberman, 2012). In Indonesia, it is more common for men to take the alpha role and women as the beta role. Men are considered as breadwinners while women are more likely to carry out domestic tasks.

From Graph 4, it can be seen that the responses from men who emphasize one of the gains of debt being a mean to meet needs are higher than the responses from women. In eastern culture, men are identical to breadwinners. Men are in charge of making money to meet the family’s needs. Men make the financial decision regarding matters such as vehicle purchases, investment, financial decision making related to children, savings, retirement plans and decisions related to home purchases (Lim, Teo & Leng, 2003). Therefore, the gains of debt being a means to fulfill needs are of higher value for male respondents.

In the same graph, the percentage of profit risk towards debt in women is generally higher than that of men. Judging from the categories that emerged from the responses, women give more weight to buying investment goods, quick acquirement of desired/needed goods, ease of taking out a loan, and financial solutions as the gains of debt. The categories that emerge places more emphasis on money management efforts. This is closely related to the role of women in the eastern culture. Women are synonymous with the role of managing finances. Money management such as paying installments, shopping for necessities, or allocating and managing monthly expenditures. That being said, shopping for daily needs are decisions mostly done by women (Alsemgeest & Grobberlaar, 2015). Therefore, facilities that offer the quick acquirement of funds,

ease of debt repayment, benefits of discounted rates, as well as solutions to financial problems currently receive particular attention from women.

In Graph 8, the percentage of women who rate “high interest” and “consequences of late payment” category as debt losses is higher than men. Meanwhile the percentage of men and women who stated decrease of future allocation as a risk of financial loss is equal at 50 %. Women in comparison to men very much felt the risk of debt towards finance. When looking at the roles of men and women in household financial management, it seems reasonable that women emphasize “high interest” and “consequences of late payment” as debt risk. Men play a role as breadwinners while women manage the finances of the family’s daily needs. High installments and the consequences of late payments will affect family financial arrangements.

Relative to men, women are more concerned with matters related to the budgeting (Lim et al., 2003). Women will be happy when they can save, manage money well, use money carefully and save money in case of any emergency needs. High interest and the risk of paying penalties due to late payment make them uneasy as the money they have saved become reduced. Moreover, women also care more about money. Women can understand the difficulty of earning money (Lim et al., 2003). Therefore, they are reluctant to pay high interests and late fees.

The risk of psychological loss from debt that is most felt by women is vulnerability to consumptive behavior. Women generally have a lot of interest in shopping (Sereetrakul, Wongveravuti & Likitapiwat, 2013). With easy access to debt facilities (such as credit cards), customers can shop at any time. However, they become less aware of how much money has been used for shopping (van Raaij, 2016). Therefore, they are vulnerable to over-buying through credit purchases.

The next risk of loss is the feeling of being bound to installments, which includes the burden of paying monthly installment and the duration of the installment plan. Installments that must be paid each month creates a burden on customers. The longer the debt period, the higher the psychological burden felt by women. This is possibly because women deal a lot with daily budgets. Therefore, setting aside money to pay installments and interest is perceived as an unpleasant matter for women.

Conversely, negative emotions are felt more strongly by men relative to women. For men, money or income is a tool for evaluating one’s success (Lim & Teo, 1997). For men, owing debt is a cause of shame, living with unsettled feelings and moral burden. The moral burden in question is because in Indonesia there are religions which consider debt as usury, leading the customer to feel guilty.

5. Conclusion

In considering debt as an alternative payment, the customer provides an assessment of the gains and losses they will face. Assessment of the gains of debt is influenced by the social roles of men and women within society. Because men play the role of breadwinners, men see debt as an alternative to fulfill needs. Whereas women who engage in many money management activities assess debt as a means to ease financial allocations management such as investment allocation, the speed of obtaining desired/needed goods, ease of taking out a loan as well as becoming a financial solution.

Assessment of debt losses is divided into two perspectives, namely conditions of financial loss and conditions of psychological loss. Financial losses are felt more by women. This is indicated by the percentage of women's response which indicated high interest and the consequences/penalties of late payments as debt losses. Women also give weight to psychological losses of debt, namely being bounded to installments and vulnerability to consumptive purchases.

The feeling of being bound to paying installments is closely related to the role of women as money managers. Meanwhile, women are also afraid to become consumptive because they realize that they love shopping. Ease of taking out a loan will encourage them to shop leading them to have difficulty controlling expenses. Psychologically, men assess that debt can lead them to experience negative emotions. These negative emotions arise because they have the burden to pay off the debt as well as the moral burden of debt.

The focus of this research is the risk of debt ownership. The concept of debt used is still too broad, namely credit card debt, housing development loan (mortgage) and bank debts. Therefore, the respondents who participated in this study varied. In future studies, more specific research, i.e., on certain types of debt ownership, can be conducted. For example, in collateral debt (e.g., mortgage) and unsecured debt (credit card), thus a description of the debt risks of each type of debt can be obtained.

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Relation between Autism Spectrum Disorder and Parenting Styles

Silva Ibrahimi

*Albanian University, Faculty of Social Sciences, Tirana, ALBANIA
Department of Psychology and Research Center*

Lindita Durmishi

*Aleksander Xhuvani University, Elbasan, ALBANIA
Department of Psychology*

Ervin Ibrahimi

Klik Ekspo Group Italia, Ancona, ITALY

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Abstract

The present paper, through a theoretical research and an explorative research with the primary objective to investigate the two macro-areas of empathy and coping in parents of children with typical development and of children with ASD, verifying their differences. Another objective was based on an in-depth analysis of the characteristics of the parents of children with typical development, also taking into account parental stress, levels of attachment and the perception of the child's temperament by the parents, continuing the comparison between mothers and fathers in their psychosocial, personality, family and systems relationships.

Keywords: Autism Spectrum Disorder (ASD), parenting style, coping strategies, coping skills.

1. Introduction

The birth of a child triggers significant changes in parents, both to the person and to the family. As individuals, it represents a moment of growth and personal maturity that is reflected on the way of thinking of oneself as a parent, partner, employee and family member. Pancer, Pratt, Hunsberger and Gallant (2000) have argued that thinking about these aspects becomes more complex with the birth of disabled child, as a result of the changes that parenting entails. The birth of a child influences the marital relationship. On one hand, it can consolidate the identity of the couple and increase the sense of competence and mutual trust. On the other hand, it can increase tensions and conflicts by bringing out fears and anxieties about the inability to perform adequately the parenting role.

According to the tripartite model of parental involvement of Lamb, Pleck, Charnov and Levine (1987), parental commitment consists of three distinct aspects:

- Interaction: it refers to the parent's interaction with the child, one by one, concerning activities such as play, nutrition, etc.;
- Accessibility: the parent is physically and psychologically available for the child;
- Responsibility: the parent takes responsibility for the welfare and care of the child.

However, there are different ways of relating to the children: generally, mothers tend to be a constant presence in the lives of young children, to be a source of comfort, performing caring tasks, speaking more than their fathers and using a richer language in emotional references; as for their sense of well-being is important to feel desired by their children and that these depend on them (Labbrozzi, 2005). As a result, the woman is faced with a greater challenge in adapting to the new tasks connected with her role as a mother, especially if she is in career, as she is required to make a significant change in lifestyle due to the considerable tasks that she must do. Therefore, women can more easily experience the feeling of incapacity and not powerful to achieve all the requested targets (Cusinato, 2005). The fathers seem to be a less stable presence, although research revealed that today fathers spend more time with their children than in the past, they prefer play and physically demanding activities, encouraging exploratory and autonomous behaviors and frequently using language to give information or giving orders.

2. Parenting styles and developing strategies within ASD

The modern evolution of the family system in the Western culture has changed the concept of parenting; the parent, beyond the biological dimension, is also the one who exercises parenting, or that set of behaviors that pertains to the ability to protect the child and support his development. Parenthood is, therefore, the ability to perform the role of parent, through the adoption of a behavioral structure aimed at nourishing, caring for, protecting, affection and support, educating, after the 1970's the idea that it was necessary to consider the role of child behavior in the interactive parent-child dyad and studying their interaction sequences (Bell & Harper, 1977). Authors highlighted how the child's behavior guide the relationship with the adult to a greater extent than the parenting behavior itself (Kuczynski & Kochanska, 1990; Lytton, 1990; Patterson, 1986). Parenting, therefore, is viewed as a bi-directional process, as a social relationship, defined by the parental characteristics of the child and by the contextual background in which the interaction takes place (Belsky, 1984). The beliefs about the needs and evolutionary goals of the child and how it should be educated influence the parental strategies and, if these are adequate, can favor the development of the child's skills and modify unacceptable behaviors; on the contrary, if the strategies are inadequate or inadequate, they can favor frameworks characterized by psychological distress and dysfunctional behavior (Patrizi, Rigante, De Matteis, Isola & Giamundo, 2010).

Various research, which have attempted to describe parenting within Western societies, refer to Diana Baumrind (1991) *parenting style* conception, which identifies two fundamental aspects in the definition of parenting:

- (a) Responsiveness or the ability to respond to the needs of one's child; it refers to the emotional warmth and ability to support the child, intentionally promoting his individuality, self-regulation and affirmation;
- (b) Demanding or requirement-ability to place limits; it refers to the control of behavior. It is defined as the demands that parents make on children so that they become an integral part of the family; parents request their children maturity, control, discipline and expressions of will.

Baumrind has especially focused on the following styles of parenting:

- Authoritarian style: high level of responsiveness and low responsiveness;
- Permissive style: low demanding and high responsiveness;
- Authoritative style: adequate demanding and responsiveness.

In the same line, Hoffman (1988) identified four *educational parenting styles*; the first two based on constriction (physical or psychic) and the next two based on persuasion (rational or emotional):

- Constrictive based on physical power: there are expiatory punishments where parents control their child by exploiting their power, authority and physical superiority;
- Constrictive by subtraction of affection: it consists in the deprivation of affect, esteem, attention, threatened or actually implemented. Parents can ignore the child, pretend to ignore his explicit or hidden attempts to reconcile with the adult, refuse to talk to him when he is anxious for the parent to make the first step; express feelings of refusal of help or abandonment. This style can work in depth triggering fears of abandonment, separation and in more severe cases in the development of a Borderline Personality Prototype;
- Persuasive (inductive) based on reasoning. It turns to the child's rationality, making him think about the motivation of his actions; punishments are also motivated and explained;
- Persuasive (inductive) based on empathy. It consists of a persuasive dialogue of an empathic-emotional type; the adult provides the child with the information that allows him to understand the feelings of others, making him reflect on the effects of his behavior both on himself and on others.

The parent who adopts an excessive psychological control over the child seems to deny or not recognize the psychological independence and uniqueness of their own child (Barber & Harmon 2002; Kerig, 2003). Control is an educational method of the parent designed to induce the child to achieve particular results, often with intrusive parenting methods as abovementioned, overprotective, inhibiting behavior, encouraging dependency or rejecting through refusing love, making the child feel undesired etc. (Grolnick & Ryan, 1989; Grolnick, 2003; Higgins, Bailey & Pearce, 2005; Pomerantz & Ruble 1998; Pomerantz & Eaton, 2001; Mills, Freeman, Clara, Elgar, Walling & Mak, 2007). When parents adopt controlling modalities, those supportive characteristics proper to parenting are reduced in favor the development of greater autonomy in the child, allowing him to explore the environment on his own way and make decisions independently (Grolnick, 2003, Grolnick & Ryan, 1989; Pomerantz et al. 1998).

When considering the case of a disability child in the family, the issue is a bit different. The way in which a family reacts to difficult circumstances results from the interaction between different factors: family dynamics, the ability to make a correct assessment of the problem, the strategies available to deal with it, the material resources and social support provided from outside. It is necessary to consider families with children with disabilities in this sense, as evolving systems (Harris, Boyle, Fong, Gill & Stanger, 1987). Considering the family as the protagonist in the process of adaptation, as well as being the victim of a stressful situation, means entering it fully into the therapeutic process, both in regards of the psychological and material supports it needs and in the activation of the resources it carries. The birth of a disabled child or the moment of the discovery of the disorder is a disruptive phenomenon within the life cycle of a family, such as to produce a wide-ranging crisis. The event is characterized as highly stressful, also because the sources of gratification are reduced (Harris et al., 1987).

This is clear in situations of atypical development, in which the most frequent forms are Autism Spectrum Disorders (ASD) and Mental Retardation (MR). The deficit in the sphere of social interactions represents, not only a diagnostic criterion of autism (DSM-V) but also one of the most dramatically evident aspects of the pathology. According to recent studies, anomalies in some early forms of social interaction have their early onset in the first year of life (Osterling & Dawson, 1994; 2000) while, the deficit appears at the end of the second year of life.

Despite the development and evolution of the deficit, there is no doubt that it is the parents who are the first to experience the consequences, as well as those who face the difficulties associated with the interaction with a child who is less responsive and socially closed (Venuti, 2007).

When the stages of mourning are not correctly overcome, maladaptive reactions can be implemented in the life of the couple and in relationships with children.

The attitudes that can develop are (Cigoli, 1993):

- Refusal: manifests itself in the act of running from one specialist to another to find a permanent solution to the problem;
- Overprotection: such as to prevent the child from growing;
- Denial of disability: up to a total denial of reality and denial of the need for treatment.

Subsequently, from the initial shock and pain, there would generate feelings of guilt and anger, until arriving at a negotiation phase that would result in an acceptance of the problem and in the elaboration of a plan, which may prove to be positive or negative. Stressful situations for the family can lead parents to experience distress about their parental role, with medium and long term consequences on the parent-child relationship and on the capacity for constructive response to the needs of the child (Kirby, 2005). The child's social, emotional, cognitive and physical health and development are generally optimized when parents play a supportive and sensitive role for their personal needs.

Numerous studies indicate that parents of children with autism spectrum disorder experience well-being difficulties including fatigue, anxiety, stress and depression (Carter, Martinez-Pedraza & Gray, 2009; Glasberg, Martins & Harris, 2007; Lloyd & Hastings, 2008; Giallo, Wood, Jellett & Porter, 2011). Other qualitative studies have documented that exhaustion is common among parents of children with ASD and other disabilities (Benderix, Nordstrom & Sivberg, 2006; Vickers, Parris & Bailey, 2004). However, parents of children with ASD experience greater stress, not only compared to parents of typically developed children, but also compared to parents of children with other disabilities, including Down syndrome (Rodrigue, Morgan & Geffken, 1990).

The burdens faced by parents are particularly heavy if their child poses emotional, behavioral and communicative problems. Many of these difficulties are experienced by the parents of children with autism spectrum disorders. The main burdens faced by parents of children with autism include fears for their children's future driven by the fact that this disorder significantly reduces their chances of independence, disapproval of the child's behavior shown by others, often family members and limited social support (Sharpley, Bitsika & Efremidis, 1997).

Other sources of stress include the difficulty of communicating with the child and the behavioral problems observed in most children with autism (Goin-Kochel & Myers, 2005).

3. Coping strategies in parenting a child with ASD

Several recent studies have considered the impact of having a child with an autism spectrum disorder on the psychological functioning of the parent (Allik, Larsson & Smedje, 2006). The literature argues that being a parent of a child with ASD is associated with higher levels of stress (Sivberg, 2002). The perception of social support has been identified also as an important container of stress that influences the parenting of mothers with an autistic child.

In order for parents to deal effectively with the situation, skills and abilities are required which are not always easily available with *protection factors* such as:

- *Communication styles and positive family climate.* The cohesive and harmonious families have a better socio-emotional functioning, with positive repercussions also on the psychological adaptation of each family member to the situation of disability. Satisfaction and marital cohesion are factors that influence the adaptation and reorganization capacity of the family. Marital and couple conflicts may in turn be exacerbated by the sharing of intense negative emotions and the request for reorganization that a disabled child entails. Positive interactions between mothers and children have been associated with better cognitive and communication skills, both in disabled and non cognitive impaired children.

- *Internal locus of control.* The way in which an individual believes that the events of his life are produced by his behavior or actions rather than by external causes independent of his own will. Indicators of internal Locus of control include the active search for tools, knowledge and skills to deal with situations and problems, considers that each problem can be solved or analyzed, that each goal is achievable with adequate resources, believe in their own potential, take action to develop them, view "of the possible alternatives of an action aimed at the achievement of an objective and the attempt to determine the probability of success of each action.

- *Resilience capacity* and the ability to overcome adversity, survive stress and recover after a moment of difficulty (Valentine & Feinauer, 1992). Family resilience refers to 4 types of attitude involving a positive emphasis on the reasons that gave rise to the situation, absence of concern about why the situation occurred, displacement of the focus from why it occurred to how to handle the requests produced by the situation itself, ability to offer an explanation of the causes of the problem consistent with their belief system.

- *Received social support:* The lack of intimate relationships is associated with a high risk of long-term adverse effects on health and parenting skills. Social support has its greatest effect on the attribution style, that is on the way in which parents judge and evaluate the disability event and the situations connected to it (Jennings, Stagg, Connors & Ross, 1995).

3.1 Functional coping strategies in parental skills within ASD

Research have identified several coping strategies for parents of children with ASD:

- Cognitive (reformulation, individualization of positive aspects);
- Emotional (expressing their emotions and feelings, blocking the tendency to stimulate negative feelings, taking into account the needs of other family members);

- Relational (attention to family cohesion, to the development of adaptive abilities of each member, cooperation, tolerance, personal development, autonomy and independence, time-out for hobbies and for community or spiritual life);
- Sense of mastery and control, an adaptive mode of coping with a potentially stressful situation is frequently linked to a sense of mastery with respect to problems arising from the situation of disability and the high level of self-esteem;
- Positive assessment of the situation. In order to cope with stress, evaluation is very significant, the mental process during which an individual gives an event a subjective and personal meaning. Through the cognitive evaluation of the event (which derives from the combination of objective situational characteristics and subjective dispositions of an individual) it is decided whether a simple event is a stressor or not, strongly influencing the way the problem is managed. It is the assessment of the event as a stressor that makes it so real.
 - *Mindfulness*: the modality of paying attention, at every moment to the here and now in order to resolve and prevent inner suffering and reach an acceptance of oneself through a greater awareness of one's own experience that includes feelings, perceptions, impulses, emotions, thoughts, words, actions and relationships
 - Style of secure attachment regarding four different types of attachment that can be developed from interactions with one's own reference figures during childhood: safe, avoidant, anxious-ambivalent, disorganized-disoriented.
 - Mentalization capacities that allows to regulate the subject's emotional behavior and implies the competence to identify and interpret one's own and others' inner states (Söderström & Skårderud, 2009). It is also intimately related to the reflective function and the possibility of emotional re-elaboration and reorganization of cognitive modulations in facing critical events.

4. Conclusions

The peculiarity of the manifestations of a pathology that affects the neurological points of the person, such as the ability to communicate or relate is often the cause of disorientation and stress in families, with a consequent difficulty in intervening on the baby effectively. Since the family is the first environment in which every child finds himself living, integration into the family environment is therefore the first educational goal for the autistic child. The effectiveness of a good coping, both at the family level and at the level of the main caregiver of the autistic subject, is therefore fundamental to favor a good family adaptation, ensuring the autistic subject an effective care process. According to the general theory of stress and coping and, according to theories specifically addressed to families of disabled children, specifically those on ASD, have richen the internal balance thanks to the activation of effective individual and/or family coping strategies.

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Psychosocial Antecedents of Psychological Wellbeing of Local Government Employees

Damilare A. Fagbenro & Mathew O. Olasupo

Obafemi Awolowo University, Department of Psychology, NIGERIA

Adekunle A. Kenku

Nassarawa State University, Department of Psychology, NIGERIA

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Abstract

Psychological wellbeing among local government employees has continued to be a source of concern to psychologists and concerned stakeholders in Nigeria. It is in this light that this study examined the predictive role of family dynamics, social support and resilience on psychological wellbeing among local government employees in Ibadan. A total number of two hundred and ninety-six (N=296, Male = 86, Female = 197, M=38.87, SD=9.47) constitute the respondents which were selected using purposive sampling technique. A structured questionnaire consisted of demographics and scales were used to collect data in this study. Result showed that there was significant positive relationship between resilience, social support family dynamic and psychological wellbeing. There was joint prediction of resilience, social support and family support existed on psychological wellbeing. The study therefore recommends that trained Psychologists should develop psychological intervention programs tailored toward resilience, social support and family dynamic which invariably would improve psychological wellbeing.

Keywords: psychological wellbeing, family dynamics, social support, resilience, local government workers.

1. Introduction

Psychological wellbeing of employees have continued to receive increased research attention among scholars (e.g. Adejuwon & Oladeye, 2013; Bada, 2013; Ajala & Bolanriwa, 2015; Saka, Odunjo-Saka & Oladejo 2018; Adejuwon, Adekunle & Ojeniran, 2018; Onuoha & Akintola 2018). This may be because an employee who is not mentally or physically fit at work would contribute negatively to the workplace which in the long run affects the productivity of the organisation. According to Diener (1997) psychological well-being refers to how people evaluate their lives in terms of cognition, emotion or feelings. It expresses the frequency with which people experience pleasant or unpleasant moods and emotions, which have a positive or negative effect. Thus, people experience level of subjective wellbeing even if they do not often consciously think about it, and the psychological system offers virtually a constant evaluation of what is happening to them. Psychological well-being can also be defined in terms of internal experience of the respondents and perception of their lives (Harter, Schmidt & Keyes, 2002).

Psychological well-being is also a subjective term that means different things to different people. Though there are times in most people's lives when they are not mentally and emotionally at their best, but if they experience a positive state of psychological wellbeing, it then means that these people are able to cope with their problems effectively. This state of being has an effect on a person's physical health. These construct (psychological wellbeing) indicators attempts to understand people's evaluations of their minds and lives. Two broad psychological traditions have historically been employed to explore psychological well-being. The hedonic view equates psychological well-being with happiness and is often operationalized as the balance between positive and negative affect (Ryan & Deci, 2001; Ryff, 1989b). The eudemonic perspective, on the other hand, assesses how well people are living in relation to their true selves (Waterman, 1993). Ryff (2014) further conceptualized psychological well-being as a six dimensions of psychological wellbeing namely; self-acceptance, positive relation with others, personal growth, purpose in life, environmental mastery, and autonomy. All of these dimensions can be considered as key components that make up a balanced psychological well-being.

In recent time, the psychological wellbeing of workers of local government employees has continued to deteriorate on a day to day basis (Ajala & Bolanriwa, 2015). cursory observation by the researcher shown that, workers in local government is faced with a lot of challenges, in the course of carrying out their primary assignments. These challenges occur as a result of a sharp rise in job demand, multiple roles played by this set of employees. Many workers are faced with a lot of problem in the course of discharging their duties, which results to work stress, emanating mostly from the tedious demands of their work, and of course, hamper the psychological well-being of local government workers because they struggle to cope with pressure from each angle (Saidu, 2013). According to Emmanuel and Odusanya (2015), the challenges of psychological wellbeing among local government workers still remain a serious issue that need urgent attention, due to the rigorous work load, pressure and multiple roles assigned to them in their place of work which has make most of them unhappy with this situation. Most local government workers always spend a longer time attending to people; and in this process deteriorate their own health condition. The risk attached to the job coupled with the fact that they are not been paid well make them unhappy, and feel unsatisfied which invariable deteriorate their psychological wellbeing. The need to look into the psychological wellbeing of local government workers cannot be overemphasized due to its negative consequences on the individual, organization, community and the country at large.

Family dynamics refers to the patterns of relating, or interactions, between family members. In this study, family dynamics refers to the ways in which family members relate with one another. The family is the basic unit in most social organizations. It may vary in form or nature across cultures but it performs basically the same fundamental functions. According to Maisamari (2006), the institution of marriage which the family is built upon has its origin from God. Families often faced with some challenges especially during interaction with one another. The different in orientation from members of family could affect one interact in the family which invariably can affect the psychological wellbeing of local government workers.

On the other hand, social support is also considered relevant in this study. In this light, social support refers to degree to which a person's basic social needs are met through interaction with other people (Terrence, Amick & Judith, 2004). It has also been defined as the assistance or comfort to other people to help them cope with a variety of problems. Social support as a construct comes from interpersonal relationships, family members, neighbors, religious groups and friends. This support provides positive effect in times of stress (Sambu, 2015). It can be said that when local government workers receive no support either from friends, family and significant others they could experience poor psychological wellbeing at work. DiCorcia and Tronick (2011) define resilience as the capacity to withstand, regulate and cope with ongoing life challenges and succeeds in maintaining equilibrium despite negative effects from stress. Liu Chang, Fu, Wang and Wang

(2012) define resilience as the positive psychological capacity to bounce back from and beyond failure and adversity to achieve success. Resilience is tremendously influenced by a person's environment. According to Kobasa (2014) there are three elements that appear to be essential for an effective stress mindset to exist; these are a challenge, personal control and commitment. Local government workers who is not resilience enough to face job and other related stress in the work place might tends to have negative emotions toward this challenges to the extent that it could make such workers to have an unhealthy psychological wellbeing.it is from this background that this study examine the predictive role of family dynamic, resilience and social support on psychological wellbeing among local government workers.

Studies have investigated factors such as social support, religious affiliation and educational attainment (Bada, Balogun & Adejuwon, 2013), social support and personality traits (Adejuwon, Adekunle & Ojeniran, 2018), organisational justice (Ajala & Bolanriwa, 2015), loneliness and social support (Mefoh & Ezeah, 2016), job attitude (Bakker, 2015), emotional labour (Cheung, Tang & Tanf, 2011), psycho-education intervention (Bada, 2013), personality (Okhakume & Aguiyi, 2012) as an antecedents of psychological wellbeing . However, a cursory observation of these studies, especially in relation to local government workers, revealed that the aforementioned factors such as burnout, personality traits, social support and organizational justice may not be the only important predictors of psychological wellbeing. Other important predictors of psychological wellbeing in Nigeria may include family dynamic, social support and resilience. Hence, a gap exists in literature which this present study hopes to fill. As a result, the aim of this study is to expand the literature in the areas of psychological well-being with regards to other factors that have not been previously and jointly examined as possible predictors of psychological well-being of local government workers particularly in Nigeria. Also, most of the past studies especially in Nigeria (Bada, Balogun & Adejuwon, 2013; Mefoh, Odo Ezeh & Ezeah, 2016; Bada; Okhakume & Aguiyi, 2012; Akindele-Oscar, & Obasan, 2017) that have researched on psychological wellbeing focused on females, prisoners, teachers and undergraduates students with few studies, if any on psychological wellbeing among local government workers especially in Ibadan metropolis.

Drawing upon from the Ryff's Model of Well Being Ryff (1989) which stated that when life experiences are pleasing and satisfying to an individual they tends to be satisfied and happy with themselves, establish and relate well with people. In this context, we argue that local government who is not pleased with his or her life experience would not be happy with self and other around him or her. It is on this note, therefore, that this study sought to examine family dynamic, social support and resilience as predictors of psychological wellbeing among local government employees/workers in Ibadan, Nigeria.

1.1 Empirical review

1.1.1 Family dynamic and psychological wellbeing

Igbolo, Agbor, Jeffrey Salami and Chira (2017) examined the impact of family and social support on the health of people in Calabar Metropolis, Cross River State. Findings from the research showed that there was a significant positive relationship between family and friend's relationship on the health and well-being of individuals. In another circumstance, Uwaifo (2014) examine the effects of family interaction on psychological wellbeing of workers in a manufacturing company. The results showed that there was significant relationship between single-parent family and those from two-parent family structures. Adesehinwa (2013) assess the effects of inter-relationship between family relationship and psychological wellbeing of students. Analysis of the data indicated that significant relationship exists between family relationship and psychological wellbeing. Gilligan, Suito, Nam, Routh, Rurka and Con (2017) examined Family Networks and Psychological Well-Being. The study found a significant relationship between family networks and

psychological wellbeing among the sampled respondents. Adikwu (2014) investigate on how various family factors predict psychological wellbeing among 235 students. The findings show family interaction does not influence psychological wellbeing among the sampled respondents. Adewuyi (2009) examined family relationship and psychological wellbeing in Lagos State civil servants. The study found that there is a significant relationship between family relationship and psychological wellbeing. Uche (2012) carried out a study on family relationship and psychological wellbeing of students. The study found that there is no significant relationship between family relationship and psychological wellbeing.

1.1.2 Social support and psychological wellbeing

Mefoh, Odo, Ezeh and Ezeah (2016) examined the roles of loneliness and social support as predictors of psychological well-being in awaiting-trial inmates. The results showed that loneliness and social support were significant predictors of psychological well-being. In an empirical analysis, Olanrewaju, Leah and Olagoke (2015) investigated into the family social support and socio-economic status as determinants of psychological wellbeing among the aged in Oyo North, Nigeria. The findings showed that the psychological wellbeing among aged is significantly correlated with family social support. Bada, Balogun and Adejuwon (2013) examine the influence of social support, religion and education on psychological wellbeing among 109 female partners of prisoners in Ibadan, Nigeria. The result revealed that there was significant difference between the psychological wellbeing of partners with low social support and high social support among the sampled respondents. Khumsaen, Aoup-Por and Thammachak (2012) examining the relationship between personal characteristics, coping style, and social support on psychological wellbeing among Thai PLWHA, the findings confirmed social support was a statistically significant predictor of psychological wellbeing. Ilevbare, Idehen and Ilevbare (2016) examined the influence of psychosocial factors on the quality of life of diabetics' patients at Obafemi Awolowo university teaching hospital Ile Ife, Osun State, Nigeria. The findings showed a significant relationship between emotional social support and quality of life of the diabetic patients. In another study, Kalpana (2016) examined the association between Perceived Social Support (PSS) and Psychological Well-Being (PWB). The results indicated that PSS has a significant positive correlation with PWB indicating that the higher the level of PSS, the higher the level of PWB. Soulsby and Bennett (2015) examine to what extent this relationship between psychological wellbeing can be explained by perceived social support. The result found that perceived social support did emerge as a significant influence on psychological wellbeing.

1.1.3 Resilience and psychological wellbeing

Tansey, Bezyak and Kaya (2016) examine the impact of resilience on psychological wellbeing. The result revealed that participant who reported high resilience has better psychological wellbeing than participant who report low resilience. Ristevska-Dimitrovska, Rajchanovska, Stefanovski and Dejanova (2015) examine resilience and quality of life. The study found that quality of life was positively correlated with the levels of resilience. Yazdi-Ravandi, Taslimi, Saberi, Shams, Osanlo, Nori and Haghparast, (2013) examine the role of resilience on psychological wellbeing of patients with pain disorders. The result showed that resilience significantly influence psychological wellbeing. Meng-Yao LiuLie and Wang (2016) examined the effects of resilience on quality of life among Chinese bladder cancer patients. The result showed that resilience accounted for 30.3 % variance of quality of life. Olu-Daniels and Nwibere (2014) examined the relationship between resilience on psychological wellbeing. The findings revealed a positive and significant relationship between resilience and psychological wellbeing. Ibe and Olori (2016) examined resilience on psychological wellbeing among selected fast food companies in Port Harcourt, Nigeria. The findings showed that resilience have a strong relationship on psychological

wellbeing. Lian and Tam (2014) examined the role of resilience on psychological wellbeing among Working Females. It was found that positive correlation existed between resilience and psychological wellbeing.

2. Methods

2.1 *Design*

The study adopted the cross-sectional survey research design. The reason why this design was adopted is because the study wants to investigate the relationship between variables with the use of a questionnaire without manipulating the variables. The independent variables are family dynamic, social support and resilience while the dependent variable is psychological wellbeing.

2.2 *Participants*

A total of two hundred and ninety-six (296) participated in the study. Respondent gender showed that majority 197 (66.6%) were females while 86 (29.1%) were males. The mean age is 38.87 with SD of 9.47. In terms of marital status 61 (20.6%) were single, 181 (61.1%) were married, 15 (5.1%) are divorced, 10 (3.4%) are separated while 7 (2.4%) are widowed. Respondent religion affiliation showed that 99 (33.4%) are Muslim while majority 172 (58.1%) are Christian, 12 (4.1%) practice traditional while 4 (1.4%) other religion. Respondent education qualification showed that 7 (2.4%) have Primary/Secondary, 69 (23.3%) have NCE/OND, 142 (48.0%) have Degree/HND, 51 (17.2%) have M.Sc. while 22 (7.4%) have PhD. Respondent monthly income revealed that 13 (4.4%) earn 5,000-20,000, 86 (29.1%) earn 21,000-55,000, majority 159 (53.7%) earn 56,000 – 120,000 while 26 (8.8%) earn 120,000 and above. Their rank showed that 45 (15.2%) are junior staff, 177 (59.8%) are middle staff, 62 (20.9) are senior staff. Finally, respondent length of service revealed that 74 (25.0%) have used 0-5 years, 154 (52.0%) have used 6-10 years, 44 (14.9%) have used 11-15 years, 17 (5.7%) have used above 15 years and above.

2.3 *Sampling technique*

The study used a purposive sampling technique. Purposive sampling is the procedure in which the investigator identifies individuals who are considered to be typical of the population and select them as the sample. Therefore, the researcher only recruits civil servants who volunteer within the study area.

2.4 *Measures*

The instrument for the collection of data was a structured questionnaire, which consist of socio demographic data and four standardized scales.

2.4.1 *Psychological Well-being Scale*

Psychological wellbeing was measured using the 18 item Psychological Well-Being Scale (PWB-S) developed by Ryff (1995). This scale is a structured, self-report instrument based on the six dimensions of psychological well-being: Autonomy, environmental mastery, personal growth, positive relationships with others, purpose in life and self-acceptance. The scale is 18-item scale. Some items on the scale are: “I tend to be influenced by people with strong opinion”, and “I am quite good at managing the many responsibilities of my daily life”. Each item will be responded

using a 5-point Likert scale format ranging from (1) strongly disagree to (5) strongly agree. Some of the items are reversely scored: 1, 5, 9, 10, 12, 13, 15, 18. The psychometric properties of the six dimensions as reported by Ryff which ranges from .86 to .93. Mefoh, Odo and Ezeh (2016) revalidate this scale using 71 prisoners from Nigerian prison Nsukka. The reliability analysis of the pilot study shows Cronbach's alpha of self-acceptance .72, positive relations .50, autonomy .46, environmental mastery .60, purpose in life .62 and personal growth .57. Also, the reliability coefficient of the composite variables is .87. In this study a Cronbach Alpha of .81 was reported.

2.4.2 Family Dynamics Scale

Family dynamic was measured using the 16 item brief family relationship Scale adapted from the Family environment scale that was developed by Moos and Moos (1994). The scale consists of three subscales which are Cohesion, Expressiveness, and Conflict subscales. The scale will be scored on a three semantic anchor Likert – type response format ranging from 3 - a lot, 2 - somewhat, 3 - not at all. The items in the scale include “In our family we lose our tempers a lot” and “in our family we really help and support each other”. The author report a reliability coefficient for each sub scale of Cohesion (M=15.73, SD=2.70, $\alpha = .83$) Conflict (M=13.06, SD=2.51, $\alpha = .80$) and Expressiveness (M=5.97, SD=1.47, $\alpha = .65$) and for the full scale of BFRS (M=34.76, SD=5.53, $\alpha = .88$) was also reported. In this study a Cronbach Alpha of .79 was gotten.

2.4.3 Social Support Scale

This section was measured using the 12 items Multidimensional Scale of Perceived Social Support developed by Zimet, Dahlem, Zimet and Farley (1988). The scale is intended to measure the extent to which an individual perceives social support from three sources: Significant Others (SO), Family (FA) and Friends (FR). The MSPSS is a brief, easy to administer self-report questionnaire which contains twelve items rated on a seven-point Likert-type scale with scores ranging from “very strongly disagree” (1) to “very strongly agree” (7). The MSPSS has proven to be psychometrically sound in diverse samples and to have good internal reliability and test-retest reliability, and robust factorial validity. The reliability of the scale was .91. These values indicate a good internal consistency for the scale as a whole and for the three subscales. The norm for this scale was established among 154 people with mean age=26.5 years, SD=7.4. But for the purpose of this study, scores below the mean was classified as low while scores above the mean was classified as high. In this study a Cronbach Alpha of .85 was reported.

2.4.3 Resilience Scale

This section was measured with the resilience scale. The scale was originally developed by Wagnild and Young (1993), it was later revalidated in Nigeria by Oladipo and Idemudia (2015), in order to be suitable for use in Nigeria. The scale initially was 25 item but Oladipo and Idemudia, reduce the scale to 22 item because two of the item are not cultural relevant in Nigeria. The 22 items was used in this study, with responses ranging from “strongly disagree” (1) to “strongly agree” (7). Scoring and interpretation was in the following pattern: 25-100 very low resilience; 101-115 low resilience; 116- 130 moderately low resilience; 131-145 moderately high resilience; 145-160 high resilience; 161- 175 very high resilience. The norm for this scale was established among 284 undergraduate student with mean M=130.99, SD=26.45. The researcher only considered participants with high and low resilience but using the mean score to differentiate those above the mean as having a high resilience and those below the mean as having low resilience. Wagnild and Young (1993) reported Cronbach Alpha of .91 for the scale. Oladipo and Idemudia (2015) also reported a Cronbach Alpha of .86. In this study a Cronbach Alpha of .88 was reported.

2.5 Procedure

Prior to the administration of questionnaires, the required permissions were obtained from the local government authorities. Thereafter, the researcher seek for the assistance of a research assistant who was adequately trained on method of data collecting and also informed him the purpose and rationale of the study. The researchers also inform the participants that their responses would be confidential and would only be used for the purpose of the study. Furthermore, the respondents were also informed that the research poses no physical, psychological, or emotional harms and that they are free to withdraw from the study anytime they feel like doing so. After observing the ethical guidelines, the researcher distributed a total number of three hundred (300) copies of questionnaires across the two local governments at various point in time. The filling of the questionnaires were completed by the respondents during the closing period which was coordinated by the researcher and research assistant. Some participants even took their questionnaire home and return it the next day where the researcher was on ground to collect back those who took the questionnaire home. A total number of two hundred and ninety six (296) was retrieved while six (6) copies of questionnaire were not returned. The field work spanned for a period of 2 weeks from Akinyele local government and Ibadan north local government areas in Ibadan, Oyo State.

2.6 Method of data analysis

The collected data was analyzed using the Statistical Package for Social Sciences (SPSS) version 24. Descriptive and inferential statics was used for the analysis of the data collected from the respondents. The descriptive statistic was used to analyze the demographic variable while the inferential statistic was used to test the hypotheses in this study. Hypothesis one was tested using zero-order correlation while hypothesis two was tested using multiple regression all at 0.05 level of significance.

3. Results

3.1 Hypothesis one

There will be significant positive relationship between resilience, social support family support and psychological wellbeing among civil servants. Zero order correlation analysis was used to test the hypothesis. The result is presented in Table 1.

Table 1. Zero Order Correlation between Resilience, Family dynamic, Social support, Social demographics and Psychological wellbeing

	1	2	3	4	5	6	7	8	9	Mean	SD
1 Resilience	-									104.63	24.75
2 Social support	.682**	-								56.57	15.88
3 Family dynamic	.700**	.668**	-							57.27	11.06
4 Age	.009	.045	-.016	-						38.87	9.47
5 Marital status	-.033	.033	.011	.537**	-					1.98	.81
6 Gender	-.012	.036	.046	-.008	.202**	-				1.70	.46
7 Religion	-.074	-.003	-.038	.007	.066	-.078	-			1.72	.61
8 Educational qualification	.013	-.053	-.011	.544**	.183**	.048	.045	-		3.04	.90
9 Length of service	-.075	-.047	-.079	.626**	.305**	.009	.033	.585**	-	2.01	.80
10 Psychological wellbeing	.437**	.226**	.316**	.005	.033	-.001	.177**	.079	-.063	71.75	15.13

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

The result from table 1 shows that there was significant positive relationship between resilience and psychological wellbeing ($r = .437, p < .01$). Meaning that increase in resilience among local government workers tends to increase in psychological wellbeing. Also, there was significant positive relationship between social support and psychological wellbeing ($r = .226, p < .01$). This implies that increase in social support tends to increase in psychological wellbeing among participants. Finally, there was significant positive relationship between family dynamics and psychological wellbeing ($r = .316, p < .01$). this also means that increase in family dynamic tends to increase in psychological well-being. The stated hypothesis is therefore accepted.

3.2 Hypothesis two

There will be significant joint and independent prediction of resilience, social support and family support on psychological wellbeing among civil servants. Multiple regression analysis was used to test the hypothesis. The result is presented in Tables 2.

Table 2. Summary of Multiple Regression table showing joint and independent prediction of resilience, social support and family support on psychological wellbeing among Local Government workers

Variables	β	t	P	R	R ²	F	p
Resilience	.492	6.155	< .01				
Social support	-.164	-2.136	< .05	.451	.204	24.911	< .01
Family dynamic	.082	1.041	> .05				

From Table 2 above the results indicate that, there was significant joint prediction of resilience, social support and family support on psychological wellbeing [$R^2 = .204, F(3,292) = 24.911, p < .01$]. The result also indicates that 20.4% variance of psychological wellbeing among Local Government workers is accounted for by resilience, social support and family support. From the same table resilience ($\beta = .492$) and social support ($\beta = -.164$) independently predicted psychological wellbeing among participants. However, family dynamic ($\beta = .082$) did not independently predict psychological wellbeing among Local Government workers. The hypothesis was confirmed.

4. Discussion

The study examined the predictive role of family dynamic, social support and resilience on psychological wellbeing among local government workers. From the first hypothesis the result revealed that there was significant positive relationship between resilience and psychological wellbeing. Also, there was significant positive relationship between social support and psychological wellbeing and finally, there was significant positive relationship between family dynamics and psychological wellbeing. The study findings collaborated the work of Igbolo, Agbor, Jeffrey Salami and Chira (2017) who found that was a significant positive relationship between family and friend's relationship on the health and well-being of individuals. The study was also in line with Sood and Bakhshi (2012) who found that Perceived social support was significantly related with psychological well-being among the sampled respondent. Also, Lian and Tam (2014) concluded that positive correlation existed between resilience and psychological wellbeing. The reasons why this findings was so maybe unconnected with the fact that Nigeria workers naturally cope and adjust well with stress coupled with the fact that they enjoy a relatively stable family dynamic in form of social support which all these put together help workers have a better psychological wellbeing.

The second hypothesis also found that there was there was significant joint prediction of resilience, social support and family support on psychological wellbeing while only resilience and social support have independent prediction on psychological wellbeing. The study finding was in accordance with Olu-Daniels and Nwibere (2014), who examined the influence between family dynamics, social support and resilience and psychological wellbeing. The findings revealed a joint influence of family dynamics, social support and resilience resilience and psychological wellbeing. Yet another similar study done by Ilevbare, Idehen and Ilevbare (2016), examined the influence of psychosocial factors on the quality of life of diabetics' patients. The findings showed a significant relationship between emotional social support and quality of life of the diabetic patients. The reasons why this finding was so maybe because the collection of personal resources couple with external resources tends to collectively improve the psychological wellbeing of local government workers in Nigeria.

5. Conclusion

Based on the findings of the study, it was concluded that when local government workers have a higher resilience it tends to increase their psychological wellbeing. It was also concluded that increase in family dynamic tends to increase in workers psychological wellbeing. We also concluded that increase in social support tends to increase in psychological wellbeing. Finally, there was also joint prediction of social support, resilience and family dynamic on psychological wellbeing among local government workers.

6. Implication and recommendations

The study results have some practical and theoretical implications. Practically, this study has shown that local government workers psychological wellbeing is predicted by family dynamic, social support and resilience. Hence the psychological wellbeing of these workers would continue to suffer if these psychological variables are not given adequate attention. In order to improve the psychological well-being of this set of individual in Nigeria, psychologists should design an intervention program tailored toward promoting family dynamic, social support and resilience which invariably would improve workers psychological wellbeing. Theoretically, the findings of this study has corroborated Ryff's Model of Well Being (1989) which stated that when life experiences are pleasing and satisfying to an individual they tends to be satisfied and happy with themselves, and of course establish and relate well with people. The present study has been able to extend the applicability of the theory to local government workers in Nigeria. This is because the study has been able to justify that having a stable wellbeing is determined by some psychological factors such as family dynamic, resilience, and social support. Based on these implications, we recommended that psychologists should develop psychological intervention programs such as stress management training, family counseling tailored resilience, social support and family dynamic which invariably would could help improve psychological wellbeing among local government workers in Oyo State and Nigeria as a whole.

7. Limitation and suggestion for further studies

This present study is faced with some limitations, firstly any study that is conducted within a limited scope of study have the challenge of generalizability of the results. This study inclusive, therefore the finding of this study may be argued to be relevant within the scope of setting of this study; this is because the participants of this study were drawn from two local governments in Ibadan, Oyo State, therefore generalizability of the study findings to all local government workers in Nigeria maybe done with caution. Data were collected in this study using

self-report questionnaires which often tends to bias findings due to social desirability effect of the respondents. Finally, this study only examined the predictive role of three psychological factors (resilience, family dynamic and social support) on psychological wellbeing. The three predictors jointly contributed only 20.4% variance in psychological wellbeing among local government workers, suggesting that other variables, not considered in this study, may account for the remaining 79.6%. It is advised that future studies should take into consideration large sample size that cuts across different local government in Nigeria. Also, future research can also improve the method of data collection such as using qualitative method such as interview, focus group discussion and observational method. Future study can also investigate more psychosocial variables that can influence psychological wellbeing among local government employees.

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About the authors

Damilare A. Fagbenro holds a Master degree in the Department of Psychology, Obafemi Awolowo University Ile-Ife Osun state Nigeria. He is an industrial and organizational psychologist. He is currently undergoing his PhD degree under the supervision of the second author of this paper. He is a foundation member of the Nigeria association of Industrial and organizational Psychologist (NAIOP) as well as a graduate affiliate of the American psychological association (APA). His area of interest includes Employee work attitude, workplace behavior and Research Methodology in behavioral science. He has published reputable articles both locally and internationally. He has also attended several local conferences in and outside Nigeria.

Dr Mathew O. Olasupo is a senior lecturer and researcher at the Department of Psychology, Obafemi Awolowo University Ile-Ife, Osun State Nigeria. He specializes in Industrial and organizational psychology as well as health psychology. He has published many articles both locally and internationally. He has attended several local and international conferences.

Dr Adekunle A. Kenku is a lecturer in the Department of psychology Nassarawa State University, Keffi Nassarawa State Nigeria. He is also an industrial and organizational psychologist. He has attended and presented papers at different conferences and workshop. He has reputable publications in both local and international journals. He is a member of the Nigeria psychological association (NPA).



Ontogenetic Phases of Emotional Development in the Childhood Period

Nikolaos Georgoulas

*South-West University “Neofit Rilski”, BULGARIA
Faculty of Philosophy, Blagoevgrad*

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Abstract

The present paper, through a theoretical research and an explorative research, is with the primary objective to investigate the major phases in emotional development. These are the neonatal/infancy period, preschool period, childhood period and adulthood period. In the following article, the childhood period where the first three phases are covered will be approached and studied in more detail. The neonatal period covers the first 4 weeks of a child's life. The second phase in emotional development covers the ages between 2 and 6, i.e. the preschool period, when children are toddlers and preschoolers. According to the internalization model of emotional development, the third phase of development starts from age six onward.

Keywords: emotional development, neonatal/infancy period, preschool period, childhood period.

1. Introduction

The Holodynski and Friedlmeier's internalization model of emotional development postulates the existence of five major phases in emotional development: neonatal/infancy period, preschool period, childhood period, and adulthood period.

Each phase is characterized by the following (Holodynski & Friedlmeier, 2006):

- Specific emotion-related developmental tasks (called “milestones” by Holodynski and Friedlmeier), that children have to learn and master, and by
- Specific mechanisms that provide emotional development.

In this article, the first three phases covering the childhood period will be discussed in more detail.

2. Neonatal period

The neonatal period, also called “newborn”, covers the first 4 weeks of a child's life. Based on the results of studies aiming to investigate the emotional reactions of neonates, it was concluded that neonates have five precursor emotions: distress, disgust, fright, interest, and endogenous pleasure (for a review see Sroufe, 1996).

It is considered that these precursor emotions are universal to all newborn human beings. Moreover, they are seen as the biological mainstay for emotional development and as incomparable with the developed emotions of sadness, disgust, fear, interest, and happiness in adulthood (Holodynski, 2009).

Each of these precursor emotions possesses specific purpose and specific expressions: while distress, disgust, and fright aim to signalize need-related deficit states or impairments of physical integrity, interest, and endogenous pleasure help in the formation of psychological representations of the external world (the surroundings) and the internal world (related with the neonate's body).

Regarding the function of these precursor emotions, Holodynski (2009) notes that they mainly perform an interpersonal regulation function. "They are designed so caregivers will interpret them as appeals to carry out vicariously those actions that are necessary to satisfy the infant's motives" (*Ibid.*, 2009).

During infancy Sign-Mediated Emotion Systems emerge, i.e., a process of development of differentiated emotions occurs. The infants are faced with two main tasks:

- To start with the precursor emotions and form a differentiated repertoire of emotions presented by expression signs; and
- To develop a repertoire of actions for satisfaction of their own motives by themselves.

Neonates and infants' studies revealed that from the precursor emotions (already mentioned above: distress, disgust, fright, interest and endogenous pleasure) emerge the following functional emotional systems (Holodynski, 2009):

- Frustration, anger, and defiance along with sorrow and sadness;
- Disgust and aversion;
- Fear and embarrassment;
- Interest and surprise; and
- Pleasure, joy, affection, and amusement.

Holodynski makes the following description of the development of expressive reactions during infancy period: "The undirected, in part still unorganized expressive reactions of the neonate, which also require some time to 'build up steam', turn into cause-directed, emotion-specific organized expression signs with an unequivocal appeal character. The latter follow the cause promptly, their timing and orientation are coordinated with the specific context, their effect is confirmed by appropriate bodily reactions, and they can purposefully trigger motive-serving reactions-generally in the caregiver" (Holodynski, 2009: 149).

Regarding the mechanism that ensure the differentiation of fully functional emotions, the internalization model suggests that the interaction between two factors represents this decisive mechanism. The first factor is "the caregiver's mirroring of the infant's emotional expression and his or her motive-serving response interacting with" and the second one is "the infant's motor mimicry of the caregiver's emotional expression and his or her learning from experience" (Holodynski, 2009: 149).

In this context it will be interesting to briefly mention the Social-Biofeedback Model proposed by Gergely and Watson (1999) for the account of the early socio-emotional development of the human beings. The core assumptions of this model are that "in their initial state human organism has no differential awareness of his or her basic categorical emotion states, and that affect-reflective parental mirroring interactions play a vital role in the development of perceptual sensitivity to the infant's internal affect states" (108-109).

In close relation with the Gergely and Watson's statements is the assumption for the existence of intuitive parenting, which belongs to Papousek and Papousek (1987). The researchers postulate that parents intuitively reduce the complexity and duration of their messages when they communicate with their infants till the moment they can induce contingent reactions in the infant. Moreover, parents do in parallel interpretation of the infant's expression signs perceiving these signs as an appeal directed toward them and respond with appropriate care. Also, to ensure the success of learning processes, parents all the time try to maintain an optimal level of arousal in their infant, creating in this way an opportunity for the infant to learn through experience.

Summarizing the knowledge about the infant phase in emotional development Holodynski (2009) emphasizes that infant precursor emotions can develop into completely functional motive-serving emotions only when the caregivers appropriately interpret the infant expression and body reactions, mirror them in their own expressions in the form of succinct expression symbols, and react immediately with motive-serving actions. Therefore, at the beginning the emotion process of an infant is shared between him/her and caregiver. Initially the caregiver initiates interpersonal regulation, and then the infant gradually more and more autonomous regulation (especially during the second year of life), which requires the caregiver's active support in regulation.

Furthermore, in parallel with the process of differentiation of emotions, which extensively occurs during the first 2 years of life, children also actively learn a variety of motive-serving actions, as normally, by the age of two years, they can already perform a number of their motive-serving actions by themselves, which makes them less dependent on their caregiver's regulation.

3. Preschool period

The second phase in emotional development covers the ages between 2 and 6, i.e. the preschool period, when children are toddlers and preschoolers. This is the period when the intrapersonal regulation emerges. The developmental task that toddlers and preschoolers face with during this period are:

- To perform motive-serving actions more and more frequently without need of any social support;
- To form the norm-oriented self-evaluative emotions shame and pride;
- and
- To develop emotion regulation strategies.

In relation to the first task the most important is that in contrast to the previous phase, where the caregivers strive to react immediately to their infants' emotional reactions and fully meet their accompanying motives, here the caregivers increasingly require their children to regulate their own actions and emotions independently, without help, by applying the expression signs and the actions acquired during the previous phase of interpersonal regulation.

With regard to the second task of development, the main goals a child face with are to learn that the current motive cannot always be satisfied immediately, and that motive satisfaction has to be coordinated with the demands of social environment and situation. Therefore, a child must develop his/her abilities to rank motives in a hierarchy, and to delay or completely abandon their satisfaction if his/her actions do not cover the social norms. It is considered that the appearance of episodes "...when a child no longer reacts only with joy over a successful effect but also with pride over meeting a behavioral standard, and he or she no longer reacts just with anger or disappointment over unsuccessful effects but also with shame over failure to comply with a behavioral standard", mark the beginning of this process (Holodynski, 2009: 153).

However, a conscious compliance of emotional norms, based on a purposeful decision can be seen only at the late preschool age (Barrett, 1995).

The ability to engage in emotion regulation in general, and to acquire regulation strategies, in particular, represent the third task of this phase of emotional development.

Children learn step-by-step to suppress or reject voluntarily an immediate emotional action impulse. Acquiring and independently implementing effective strategies for emotion regulation gives the children freedom to regulate themselves their emotions and does not require not they to return to the typical for the previous phase interpersonal regulation by their caregivers (Friedlmeier, 1999).

4. Childhood period

According to the internalization model of emotional development, the third phase of development starts from age six onward. The central task of this phase is an internalization of the psychological means of regulation.

Two observations have underlined this assumption: that adults do not share with and do not so clearly display their feelings to those around them as much as children do.

Also, in this phase, another major milestone in emotional development is formed, namely, the child's ability to use his/her own emotional displays to communicate and influence other persons with the aim to let them to act in line with his or her motives. Moreover, this ability will give the child the possibility to adapt to whatever cultural display rules (Ekman, 1972). Display rules are normative rules that prescribe us what kind of expressions is appropriate and socially acceptable for a given situation.

There is evidence that girls are better skilled in masking negative emotions with a positive expression than boys (Davis, 1995; Saarni & Weber, 1999). In addition, girls seem to significantly improve this ability from the ages of 4 to 10 years, whereas boys do not (Saarni & Weber, 1999).

In close relation with this ability is so-called "miniaturization effect" also emerges in the course of this phase. It is reflected in a tendency, when adults are alone they display a much weaker emotional expression than in similar situations in which people are present to whom they want to convey their feelings.

Finally, studies' results showed that this effect becomes apparent around the eighth year of life (Holodynski, 2009).

5. Conclusion

In conclusion, these major phases in emotional development (neonatal/infancy period, preschool period and childhood period) are very important for all children. The early child period is considered to be the crucial in the human life-span development. Healthy and normal early development of a child, including his/her physical, cognitive, emotional, and social development, strongly influences the subsequent personal and social functioning, well-being and life success.

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Emotional Disorders in Children

Nikolaos Georgoulas

South-West University “Neofit Rilski”, BULGARIA
Faculty of Philosophy, Blagoevgrad

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Abstract

The child and adolescent psychopathology have been categorized into two broad classes, emotional (also called internalizing) and behavioral (externalizing) problems (disorders). In this paper, we describe the emotional disorders in children. Emotional disorders signify a core disturbance in introjective emotions and mood, namely, sorrow, guilt, fear and worry. These emotional disorders; anxiety disorders, depressive disorders, obsessive-compulsive and related disorders, trauma and stressor-related disorders in childhood and adolescence period will be discussed in more detail.

Keywords: emotional disorders, anxiety disorders, depressive disorders, obsessive-compulsive disorders, trauma and stressor-related disorders.

1. Introduction

Emotional (internalizing) disorders are characterized by the following key behaviors: depression, withdrawal, anxiety, and loneliness (Smith, 2018). Additional behavioral features of internalizing disorders are poor self-esteem, suicidal behaviors, bad academic progress, and social withdrawal (Smith, 2018). Internalizing these additional one's problems, like sadness, can cause the problems to grow into larger burdens such as social withdrawal, suicidal behaviors or thoughts, and other unexplained physical symptoms (DiMaria, 2014).

According to DSM-5 (APA, 2013), emotional disorders in childhood and adolescence, which are characterized with high levels of negative affectivity, include:

- Anxiety disorders,
- Depressive disorders,
- Obsessive-compulsive and related disorders,
- Trauma and stressor-related disorders (Smith, 2018).

2. Anxiety disorders

The diagnosis and classification of anxiety disorders in children and adolescents is relatively new (Zahn-Waxler, Klimes-Dougan & Slattery, 2000).

Similar to all other mental disorders, the *anxiety disorders* are described and classified in the DSM and the ICD.

As Beesdo and co-authors (2009) note out, although across these two systems many anxiety disorders share common clinical characteristics (for example, extensive anxiety, physiological anxiety symptoms, behavioral disturbances such as extreme avoidance of feared objects, and associated distress or impairment), all they differ in a substantial degree.

For the first time anxiety disorders have been classified in two separate diagnoses in the classification of mental disorders offered by DSM-II: withdrawing reaction and overanxious reaction (APA, 1968).

In the next revision of the DSM – DSM-III (APA, 1980) a separate diagnostic section “anxiety disorders of childhood and adolescence” have been added, which contained the following types of Anxiety disorders: separation anxiety disorder, overanxious disorder, and avoidant disorder of childhood or adolescence.

The DSM-IV, published in 1994, made the following changes in classification of anxiety disorders: separation anxiety disorder was considered as the only anxiety disorder that is unique to childhood; overanxious disorder was subsumed under generalized anxiety disorder and avoidant disorder – under social phobia (APA, 1994). Also, there were several other disorders in this revision of DSM that have implications to both adults and children, namely: panic disorder, agoraphobia, specific phobia, social phobia, obsessive- compulsive disorder, generalized anxiety disorder, and post-traumatic stress disorder.

In the latest revision of *Diagnostic and Statistical Manual of Mental Disorders – DSM-5*, no anxiety disorders is considered as unique to childhood. All types of anxiety disorders have implications to children, adolescents and adults. Also, diagnostic criteria for most of the anxiety disorders have undergone several changes from DSM-IV to DSM-5 (APA, 2013). According to the DSM-5 classification, anxiety disorders include separation anxiety disorder, selective mutism, specific phobias, social anxiety disorder, panic disorder, with agoraphobia, generalized anxiety disorder (APA, 2013).

Indeed, anxiety and fear are normal and often and adaptive emotions in the development of each child, but they (anxiety and fear) meet the criteria for a clinical anxiety disorder when the concerns are persistent and excessive, causing notable distress or impairment in day-to-day life (DSM-5, APA, 2013).

Common manifestations of anxiety disorders include a set of physical symptoms such as increased heart rate, shortness of breath, sweating, trembling, shaking, chest pain, abdominal discomfort and nausea, and many other symptoms such as worries about things before they happen, constant concerns about family, school, friends, or activities, repetitive, unwanted thoughts (obsessions) or actions (compulsions), fears of embarrassment or making mistakes, low self-esteem, lack of self-confidence and other (Ogundele, 2018).

Epidemiological studies show that anxiety disorders are the most frequent mental disorders in childhood and adolescence and for this reason appear to be the earliest of all forms of psychopathology (Smith, 2018; Zahn-Waxler, Klimes-Dougan & Slattery, 2000). Furthermore, anxiety disorders demonstrate the tendency to become chronic and always are related to considerable developmental, psychosocial, and psychopathological complications (Beesdo et al., 2009).

Age-related appearance of the different types of anxiety disorders in children has been well evidenced. Zahn-Waxler, Klimes-Dougan and Slattery (2000) provide a brief summary of the data on the typical onset of each type of anxiety disorders. Separation anxiety disorder, which refers to a very strong fear of separation from primary caretakers, most frequently emerges during early and middle childhood. Specific phobias, which refer to a freezing fear of concrete objects or situations, can emerge in children of all ages, as elevated rates of animal phobias can be seen in young children and social-related phobias become more common in middle childhood and

adolescence. Generalized anxiety disorder which is reflected in pervasively excessive worry is basically for typical older children and adolescents. Panic disorder has a higher incidence among adolescents than among children and often its appearance is related with puberty (Killen, Hayward, Hammer, Litt & Wilson, 1992).

Regarding etiology of anxiety disorders, many variables such as demographic, neurobiological, family-genetic, personality, or environmental factors, are considered to be risk factors for their emergence. According to studies' findings among the most prominent risk factors, are parental psychopathology, behaviorally inhibited temperament, or early life adversity (for a literature review see Beesdo et al., 2009).

3. Depressive disorders

The three most common mood disorders are major depressive disorder, persistent depressive disorder (formerly dysthymic disorder), and disruptive mood dysregulation disorder (APA, 2013).

Major depressive disorder in childhood is characterized by a period of disturbance in mood that may include depressed affect, anhedonia, or irritability, as well as cognitive and vegetative symptoms.

Persistent depressive disorder (dysthymic disorder) in childhood is a persistent, milder but more chronically depressed mood or irritability, as cognitive and/or vegetative symptoms also may be present.

Disruptive mood dysregulation disorder is a new diagnosis added to DSM-5. This disorder belongs to the group of depressive disorders for children up to 12 years of age. The reason for including disruptive mood dysregulation disorder in depressive disorders' group is prompted by the finding that "children with this symptom pattern typically develop unipolar depressive disorders or anxiety disorders, rather than bipolar disorders, as they mature into adolescence and adulthood (APA, 2013: 155).

Disruptive mood dysregulation disorders a childhood disorder characterized by a pervasively irritable or angry mood. The symptoms include frequent episodes of severe temper tantrums or aggression (more than three episodes a week) in combination with persistently negative mood between episodes, lasting for more than 1 year in multiple settings, beginning after 6 years of age but before the child is 10 years old (Grau et al., 2018; Ogundele, 2018).

According to the epidemiological data, less than 1% of children in preschool age, about 2% of school-aged children, and between 2% and 8% of adolescents suffer from major depressive disorder (Kashani & Orvaschal, 1988).

Regarding persistent depressive disorder, less than 2% of children and up to 8% of adolescents meet the diagnosis criteria (Lewinsohn, Hops, Roberts, Seeley & Andrews, 1993).

The prevalence of disruptive mood dysregulation disorder in primary school age is less than 1% (Grau et al., 2018).

Clinical observations have shown that depressive disorders often occur in children under stress, who experience some kind of loss, or in children who have attentional, learning, conduct or anxiety disorders and other chronic diseases or defects (Ogundele, 2018). Also, there is evidence for the tendency to run in families (Lu et al., 2012). The typical symptoms of depression are low mood, frequent sadness, tearfulness, crying, decreased interest or pleasure in almost all activities, or inability to enjoy previously favorite activities, hopelessness, persistent boredom, low energy, social isolation, poor communication, low self-esteem and guilt, feelings of worthlessness, extreme sensitivity to rejection or failure, increased irritability, agitation, anger, or hostility,

difficulty with relationships, frequent complaints of physical illnesses such as headaches and stomach aches, frequent absences from school or poor performance in school, poor concentration, a major change in eating and/or sleeping patterns, weight loss or gain when not dieting, talk of or efforts to run away from home, thoughts or expressions of suicide or self-destructive behavior (DSM-5, APA, 2013).

Anxiety and depressive disorders are in high comorbidity. Anxiety disorders in childhood and adolescence often precede and predict later depressive disorders as evidenced several longitudinal studies (Cole et al., 1998; Lewinsohn, Gotlib & Seeley, 1995).

4. Obsessive-compulsive disorders

The group of obsessive-compulsive and related disorders includes the following disorders: obsessive-compulsive disorder (OCD), body dysmorphic disorder, hoarding disorder, trichotillomania (hair-pulling disorder), excoriation (skin-picking) disorder, and other. “The obsessive-compulsive and related disorders differ from developmentally normative preoccupations and rituals by being excessive or persisting beyond developmentally appropriate periods. The distinction between the presence of subclinical symptoms and a clinical disorder requires assessment of a number of factors, including the individual's level of distress and impairment in functioning.” (DSM-5, APA, 2013: 235).

It is important to note that historically obsessive-compulsive disorder has been considered to be an anxiety disorder, but due to the accumulation of evidence for essential differences in the phenomenology and etiology of obsessive-compulsive disorder compared with other anxiety disorders, its classification has changed within DSM-5 and it now belongs to the new section encompassing a number of other disorders with two common underlying symptoms, namely repetitive thinking and repetitive behavior (Stein, 2010).

Obsessive-compulsive disorder in childhood and adolescence is associated with two specific sets of distressing symptoms: persistent and unwanted intrusive thoughts, images and urges (called obsessions) and time-consuming repetitive behaviors or mental acts and rituals performed in an attempt to reduce anxiety (called compulsions). Both obsessions and compulsions are unpleasant and distressing to the child (Krebs & Heyman, 2015).

Epidemiological studies have shown that the incidence of obsessive-compulsive disorder among child and adolescent population is between 0.25-4% (Heyman, Fombonne & Simmons 2001). Typically untreated symptoms tend to become chronic and cause serious problems in a subject's daily functioning. Moreover, WHO ranks obsessive-compulsive disorder as one of the most impairing disorder (in Krebs & Heyman, 2015).

Also, similar to other emotional disorders, the presence of the obsessive-compulsive disorder in childhood is associated with increased risk of other psychiatric disorders in adulthood (Krebs & Heyman, 2015).

5. Trauma and stressor-related disorders

Trauma and stressor-related disorders encompass disorders in which exposure to or experience of a traumatic or stressful event is an immanent diagnostic criterion. According to DSM-5, this group includes the following disorders: reactive attachment disorder, disinhibited social engagement disorder, posttraumatic stress disorder (PTSD), acute stress disorder, and adjustment disorders. Trauma and stressor-related disorders are closely related to anxiety disorders, obsessive-compulsive and related disorders, and dissociative disorders (APA, 2013).

Reactive attachment disorder of infancy or early childhood refers to a markedly disturbed and developmentally inappropriate attachment behaviors, in which a child rarely or minimally turns preferentially to an attachment figure for comfort, support, protection, and nurturance. The key symptom is absent or highly underdeveloped attachment between the child and his/her caregivers.

Against the background of inhibited, emotionally withdrawn behavior toward adult caregivers, these children often demonstrate episodes of unexplained irritability, sadness, or fearfulness including during nonthreatening interactions with adult caregivers.

Reactive attachment disorder often co-occurs with developmental delays, especially in domains of cognition and language, and less frequently with stereotypies and other signs of severe neglect, such as malnutrition or poor care.

The disorder is uncommon and occurs in less than 10% of young children exposed to severe neglect before being placed in foster care or raised in institutions.

Disinhibited social engagement disorder refers to a behavior that involves inappropriate for a given culture, overly familiar behavior with relative strangers. This overly familiar behavior violates the social boundaries of the culture. A diagnosis can be made after 9 months of age, i.e., before a child is developmentally able to form selective attachments. The disorder is rare and occurs mainly in children, who have been severely neglected and subsequently placed in foster care or raised in institutions.

Disinhibited social engagement disorder has been described from the second year of life through adolescence. There are no published data for its manifestation in adulthood.

Symptoms vary for different ages. For example, the youngest children with the disorder show reticence when interacting with strangers; reticence to approach, engage with are not observed in young children; in preschoolers, verbal and social intrusiveness dominate, often in combination with attention-seeking behavior; during the period of middle childhood verbal and physical over familiarity continue to dominate accompanied by inauthentic expressions of emotion; adolescents demonstrate indiscriminate behavior to all, including to their peers, as well as prominent tendency to have more “superficial” peer relationships and more peer conflicts. Serious social neglect is the only known risk factor for the disinhibited social engagement disorder.

Posttraumatic stress disorder is characterized by a set of typical symptoms following experience of one or more traumatic events. These symptoms can be emotional reactions to the traumatic event, such as fear, helplessness, horror), fear-based re-experiencing of the traumatic event, anhedonic or dysphoric mood states and negative cognitions. In some individuals, arousal and reactive-externalizing symptoms are prominent, in others – dissociative symptoms, and in some individuals a combination of these symptom pattern is observed.

Children with posttraumatic stress disorder often demonstrate a heightened sensitivity to potential threats, including both those that are related to the traumatic experience (for example, being fearful of dogs after a dog attack) and those that are not related to the traumatic event (for example, being fearful of a seizure) (McLaughlin et al., 2013).

People who suffer from this disorder are easily frightened at unexpected stimuli, for example, loud noises or unexpected movements. They have difficulties to concentrate and remember even daily events, and children have trouble focusing at school. Typical for them are the problems with sleep onset and maintenance, often related to experience of nightmares or flashbacks about the trauma. Some persons, who suffer from posttraumatic stress disorder (typical of adults) may also experience persistent dissociative symptoms of detachment from their bodies (depersonalization) or the world around them (derealization) (APA, 2013).

Children with posttraumatic stress disorder often play in a way that repeats or recalls the trauma. They act impulsively or aggressively and feel nervous or anxious frequently. In young children loss of language also could be observed (McLaughlin et al., 2013).

Traumatic events can be very different, but most often include physical violence, an accident, a natural disaster, war, or sexual abuse. Children may experience traumatic events themselves, or may just be observers of these events (McLaughlin et al., 2013).

The prevalence of posttraumatic stress disorder may vary across development. In Europe, projected lifetime risk for posttraumatic stress disorder has been estimated around 0.5-1.0%, with a lower incidence in the child population (from preschool age to adolescence) (APA, 2013; Perkonigg et al., 2000).

Posttraumatic stress disorder in children frequently has been presented with psychiatric comorbidity, including internalizing and externalizing behavior problems, substance use disorders among adolescents, self-harm and suicidal behaviors (McLaughlin et al., 2013; Lewis, 2019)

6. Conclusions

Unfortunately, in the last 1-2 decades, a tendency of significant increases in the prevalence of childhood social, emotional, and behavioral problems have been observed (Layard & Dunn, 2009). Emotional and behavioral disorders in childhood have significant negative impacts not only on the individual, but also on his/her family and the society as a whole. Their effect on the individual can be seen in the form of poor academic, occupational and psychosocial functioning. Their effect on the family can be seen in the form of trauma, disruption, psychological problems and all possible consequences and damages of deviant and delinquent behaviors of the affected family member. And finally, their effect on the society can be seen in the form of direct behavioral consequences related to the problems caused to the victims of crime or aggression in homes, schools and communities, as well as financial costs of services to treat the affected individuals (Ogundele, 2018).

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