UNIVERSITY OF LATVIA LATVIJAS UNIVERSITĀTE

Baltic JOURNAL OF PSYCHOLOGY

2015, Vol. 16, No. 1, 2
ISSN 1407-768X

BALTIC JOURNAL OF PSYCHOLOGY
BALTIJAS PSIHOLOĢIJAS ŽURNĀLS

2015, Volume 16, Number 1 & 2

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Editorial assistant: Kristīne Dūdiņa
Layout and cover design: The University of Latvia Press

ISSN 1407-768X

Subscription from the homepage: http://www.lu.lv/bpz/eng/

You can find our journal on the EBSCO database *Academic Search Complete* starting from Year 2005.

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Creativity, Empathy and Resilience: Introduction to the Special Issue in Honour of Solveiga Miezitis

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This introduction serves to orient the reader to this special issue of the *Baltic Journal of Psychology,* which is dedicated to the memory of Solveiga Miezitis (1937–2015). The introduction begins with an overview of the life and accomplishments of Solveiga Miezitis, who was both the initiator and the first Editor-in-Chief* of this journal, as well as professor emeritus of the University of Latvia, and professor emeritus of the University of Toronto. Following is a brief overview of the papers included in this special issue, indicating their thematic correspondence with the themes central to Solveiga's research and her lived experience.

The lived experience of Solveiga Miezitis during the last 25 years of her life, from the summer of 1990 until the summer of 2015, was very intricately interwoven with the history of the development and expansion of psychological research and teaching of psychology within the newly regained independence of the Latvian state. In contrast to the situation in the two other Baltic countries, Estonia and Lithuania, where psychology study programs commenced already in the 1970s, there was no training of psychologists in Latvia during the Soviet period.

Only in 1989 did the initial "planting of the seed" take place, when the University of Latvia Faculty of Pedagogy dean Oskars Zīds initiated a joint pedagogy and psychology teachers' training program. It was during this period, in the summer of 1990, that Solveiga arrived in Latvia from Toronto to participate in a major Latvian cultural event and serendipitously met with the Faculty of Pedagogy dean. She was henceforth immediately invited to participate in discussions for the planning of Latvia's first psychology bachelor's degree study program. Solveiga's initial and continual involvement served to strengthen the teaching of psychology in Latvia, and to align this training more closely to that in other European countries (Zids, 2012).

Solveiga was born in Riga, Latvia, on May 14, 1937, the oldest of two children to Lidija and Arvīds Vītols. Throughout her life she remembered fondly her early childhood memories of playing in her grandmother's garden in a then more rural part of Riga, known as Ilguciems: "I remember my summers in grandma's garden, a paradise of berries and fruit trees and fragrant spring flowers. My entire life I have held onto the image of this sunny little room with its wooden benches and flower pots" (Mantas & Miezitis, 2014). Solveiga's keeping of this literally sunny memory in the forefront of her autobiographical childhood narrative is very much in keeping with her scientific,

* Solveiga Miezīte served as co-Editor-in-Chief of the Baltic Journal of Psychology from 2000–2012 together with Malgožata Raščevska.

academic and personal endeavors to highlight and encourage one's ability to overcome adversity, to foster resiliency, and to embrace the principles of positive psychology.

Solveiga did not speak freely or spontaneously about the adversity which she had to overcome when as a 7 year old child she was obliged to leave Latvia together with her family, who were fleeing from Latvia upon the approach of the Soviet Army in the autumn of 1944. Solveiga did not speak freely or spontaneously of the hunger and cold which she was obliged to suffer as a young child during the last months of the Allied bombing of Germany during the winter of 1944/1945. These memories Solveiga did not readily incorporate in her narrative, but I remember one specific moment when in the university cafeteria (during the 1990s) Solveiga commented upon not leaving food on her plate – that she cannot do this for remembering the hunger which she and others had experienced during the war.

In the article by Ilze Matiss, she writes about her mother's experience during the post-war years in Belgium, where Solveiga's father worked as a coal miner for four years, and Solveiga was obliged to overcome the adversity of being looked upon as an immigrant, an outsider within the Belgian school system. It is likely that her memory of a Belgian teacher commenting – "those damn foreigners" (Mantas & Miezitis, 2014) was symbolic of how she experienced this period of her early adolescence – as an outsider, one without the proper local identity.

Research on ethnic identity became a central concern for Solveiga during the 1970s, but before focusing her energies upon the study of ethnic identity development and its sustainability, Solveiga demonstrated her ability to excel in the Canadian educational system. She arrived with her family in Toronto, Canada in 1951, at the age of 14, and was very successful within the Canadian secondary school system, due at least partially to her command of French and Latin languages, which she had mastered while in Belgium. In 1954, at the age of 17, she began studies in psychology at the University of Toronto, received her bachelor's degree in 1958, her master's degree in 1959, became a registered psychologist in 1961, and in 1968 successfully defended her Ph. D. doctoral thesis with research on early childhood creativity: "An Exploratory Study of Divergent Production in Preschoolers." Solveiga became lecturer at University of Toronto Ontario Institute for Studies in Education (OISE) in 1966, associate professor in 1972, and full professor in 1987. Since 1966 she also had participated in higher education curriculum planning and development at OISE.

The primary aim of Solveiga's research on ethnic identity was to explore the personal, family and community dynamics associated with ethnic identity development and active ethnic community participation by second generation Latvian youth, incorporating both quantitative and qualitative research methods (e. g. Miezitis, 1990; Miezitis-Matiss & Miezitis, 1990). Solveiga also served as dissertation advisor to Kadri Ann Laar, who conducted research on Estonian ethnic identity in Canada and also in Estonia (Laar, 1990; Laar, 1996), and who has noted that "Solveiga's continued interest and understanding of the topic of ethnic identity, an understanding grounded in life experience, proved invaluable in this process (of my research)" (Laar, 2015).

In parallel Solveiga participated actively in the Latvian emigree community in Toronto, for example, by initiating and coordinating the curriculum at the Toronto Latvian supplementary school "Valodiņa" (the diminuitive of the word "language"). Solveiga was also instrumental in supporting and facilitating the forward movement of

the Latvian youth seminars "2 × 2", which provided a space and forum for Latvian youth to "both experience and reflect on what it means to retain one's ethnic identity" (Miezitis, 1979, 78). In following years she also helped to facilitate the Latvian family seminars "3 × 3" – initially in Canada and the United States, but since 1990 also in Latvia.

Former President of Latvia Vaira Vīķe-Freiberga (also professor emeritus of psychology at the University of Montreal), upon the passing away of Solveiga commented upon their friendship, which had began in the 1950s when they were both newly arrived immigrant adolescents in Toronto (translation by this article's author): "Solveiga was my close friend, even though for most of our lives we lived far from each other, and met each other only upon ocassion. But that was sufficient for us, because we had a similar lived experience – fleeing as refugees, the refugee camps in Germany, secondary education in a French-speaking country, arriving in Canada later than some of the other immigrants from Germany. Even our basic training in psychology, at the University of Toronto, we gained from the same psychology professors, and we recieved our bachelor diplomas in the same commencement ceremony. However, what drew us closest together was our similar conviction and passion for the 'Latvian cause' within the situation of exile, especially in regard to ensuring that we would not be the last generation among the former refugees, their children and grandchildren." (Vīķe-Freiberga, 2015).

After the renewal of Latvia's independence in 1990, Solveiga was able to devote a great deal of her time and energy to help rebuild within the new democratic context several aspects of the Latvian educational system. This was both in regard to her instrumental input in the development of the new psychology programs at the University of Latvia, but also in regard to new and alternative approaches for teacher training programs, as noted by Mārīte Seile, former Minister of Education and Science of the Republic of Latvia.

Upon the invitation of the University of Latvia, Faculty of Pedagogy dean Oskars Zīds during the summer of 1990, Solveiga became an active participant in discussions about the formation of the first psychology bachelor's program in Latvia. Although there were differing opinions at the time as to what should constitute full training to become a Psychologist, Solveiga was among those who persisted in upholding the position that a psychologist should have at least a master's level education in psychology, and that a graduate of a four-year bachelor's degree program could qualify as a psychologist's assistant.

As described more completely in the article by her colleague from Latvia Malgožata Raščevska, during the 1990s Solveiga continued her full-time position as professor of psychology at the University of Toronto (until 2002), but also travelled to Latvia two to three times per year, conducted lectures and seminars for master's and doctoral level students, and was a member of several essential committees. Solveiga was instrumental in the planning and development of the first doctoral level program in psychology in Latvia, and was initiator and co-editor-in-chief of the *Baltic Journal of Psychology* from 2000–2012. Solveiga served as professor of psychology at the University of Latvia from 1997 until 2002.

Among the many benefits which the University of Latvia Department of Psychology gained from Solveiga's generosity in sharing her experience and expertise, was also the degree of connections which she fostered between her colleagues here in Latvia and her friends and colleagues from other parts of the world. This was very apparent in her initiative and participation in the organization of several psychology conferences in Latvia, including the International Baltic Psychology conference held in 1994, with over

200 participants from the Baltic States, North America, England, Sweden and Australia. Solveiga was also instumental in setting the groundwork and serving as Scientific Committee Chair of the 21st International School Psychology Colloquium, which was held in Jūrmala, Latvia, in 1998.

Research conducted in Latvia by Solveiga was largely focused upon psychological well-being and student adaptation processes (e. g. Raščevska, Voitkāne, & Miezīte, 2004; Voitkāne, & Miezīte, 2001), but her initial research in Latvia was on adolescent depressive tendencies (Miezitis, Kalnins, & Ranka, 2001). Solveiga's research on depression in Latvia was a logical sequel to her extensive research on depression among children in Canada (Miezitis, 1992). Solveiga was the advisor of several meaningful dissertations in Latvia, including mourning experience (Maslovska & Miezitis, 2008), and drug addict's social problem-solving abilities and goal achievement orientation (Kolesnikova, Miezitis, & Osis, 2013).

The major awards which Solveiga has received include the Republic of Latvia Three-Star Order, presented to her by the President of Latvia in 2001 for her dedicated work since 1990, supporting the development of psychological science in Latvia, but also for her dedicated work prior to 1990 in fostering the ethnic identity and ethnic sustainability of the Latvian emigree community in North America. Prior to this, in the year 2000, Solveiga had received the PBLA (World Federation of Free Latvians) award for facilitating educational reform within the Latvian emigree supplementary school system. In 1999 she was elected as the overseas member of the Latvian Academy of Science. In 2002 Solveiga received the Ontario Colleges and University Association OCUFA Teaching Award, and in 2006 the University of Toronto Award of Excellence. Already in 1994 she was awarded Honorary doctorate by the University of Latvia.

Solveiga cared deeply about the next generation of psychologists and psychology researchers here in Latvia, and, of course, in Canada. Junior colleagues at the University of Latvia Department of Psychology have commented upon Solveiga's ability to be a source of inspiration, her ability to encourage and to embolden, to support and to shed an optimistic light in times of need. She manifested a "generosity of mind and spirit", as expressed by her Canadian colleague Ardra Cole. Many have commented upon Solveiga's love of learning, her love of culture and love of creativity in the broadest sense. Solveiga inspired, initiated and supported. She had a vision of how to make things better, even within very complex situations. She had the courage to make manifest her often idealistic visions, and to inspire her colleagues to enter upon the idealistic journey together with her. Many are grateful to Solveiga, I certainly myself am very grateful to her for all of the above.

In this special issue Ilze Matiss examines more fully the importance of creativity and art in Solveiga's life, especially during the past several decades, for example, made manifest in the adult education courses "Creativity and Wellness" and "Narrative as a Vehicle of Personal Change" which she taught at the University of Toronto. Similar themes were elucidated by Solveiga in the seminars which she held at the 3 × 3 summer camps here in Latvia. Solveiga's Canadian colleague Ardra Cole writes in her article about the Arts-Informed Research methodology which was developed at the University of Toronto, during the past several decades, by a working group of which Solveiga was a member.

Solveiga's Latvian colleague Malgožata Raščevska describes more fully Solveiga's involvement at the Unviersity of Latvia, Department of Psychology. In the article by

Solveiga's Latvian-American colleague Juris Draguns, he makes note of two important aspects of Solveiga – "she exemplified empathy to the highest degree" and her inescapable multi-culturaledness. Solveiga's Canadian colleague Ester Cole has contributed two articles which speak to Solveiga's personal lived experience, but also "her professional dedication in linking primary, secondary and tertiary services in a multicultural context for the benefit of children, youth and families." Following are several meaningful scientific reports from Sweden, Estonia and Latvia.

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Baltic Journal of Psychology, 2015, 16 (1, 2), 9–13

Solveiga Miezitis – Editor of *Baltic Journal of Psychology* from 2000 to 2011

Malgožata Raščevska*
University of Latvia

Science has always been international, however, prior to 1990 for scientists in Latvia it remained behind a closed border, whereby scientists were neither able to communicate with colleagues from other countries, nor to study state-of-the-art scientific literature from abroad. Then suddenly everything happed very quickly, Latvia regained its national independence and at the University of Latvia the first psychology bachelor's study program was developed, then the psychology master's study program, and at turn of the century also the psychology doctoral program. If at the international level psychology began to develop at a rapid pace at the turn towards the 20th century, then we were held up almost by 100 years. Nevertheless already in the year 2015, the 25th year after the regaining of Latvia's independence, we are close to that level which is characteristic of psychology as an academic science in Europe and elsewhere in the world. *How was such rapid development possible?*

It was possible only in thanks to the support which was provided by colleagues who had gained international experience elsewhere, their belief in psychology as an important branch of contemporary and future science, their professional passion and sincere desire to share their knowledge and skills. Among these wise persons was also the belated University of Toronto and University of Latvia professor emeritus Solveiga Miezitis (1937–2015). She has had an invaluable role in facilitating the development and internationalization of psychology in Latvia. She can be likened to the ship's captain who was able to clearly see the path to be travelled and the shortest route on how to reach the desired goal, taking along with her those few individuals who were already working in the field of psychology in Latvia. As a witness and direct participant in this process, being one of the original co-editors of the journal, I would like to share with you my impressions and to elaborate upon Solveiga Miezitis' contributions up until the founding of the journal and during the first ten years of its publication, revealing how her intuitively chosen means of supporting Latvian psychologists facilitated development, were future-oriented, and made evident her love for Latvia and for psychology.

During the beginning of the 90s Solveiga Miezitis as a guest lecturer entered the University of Latvia (UL) Faculty of Pedagogy, where the education of professional psychologists had just begun. During a very short period of time she developed friendly relationships with Oskars Zīds, at that time faculty dean, the academic personnel, members of the Republic of Latvia School Psychologists' Service, where also I was working, and the Latvia School Psychologists' Association (LSPA). During this period Latvia did not have enough information about the achievements of Western psychology,

* Co-Editor of Baltic Journal of Psychology (2000–2011).

and until the beginning of the 90s had developed quite isolated from the Western world. In order to facilitate an understanding of contemporary international psychology, professor Miezitis began to regularly travel from Canada to Latvia, to present lectures to the beginning psychology students in Latvia and also to working psychologists, teachers and at the same time to encourage also other colleagues from the USA and Canada (for example, Ilga Šveha, Inta Rūtiņa, Ilze Kalniņa, Imants Baruss, and others), who had doctoral degrees in psychology. In this manner we here in Latvia quickly gained an understanding of the science and practice of psychology internationally, which was also facilitated by the donations of professional books and journals, organized by our colleagues abroad – psychologists and especially Solveiga Miezitis. The world had opened up to us.

In order to strengthen the identity of the science of psychology in Latvia, Solveiga lobbied for the changing of the name of the faculty from UL Faculty of Pedagogy to include also psychology, and it became the UL Faculty of Pedagogy and Psychology. Thanks to Solveiga's support not only was broadened the horizon of knowledge for the becoming psychologists, but also the branch of psychology was rapidly developing at the University of Latvia, creating the ripple effect that also in other Latvia higher education institutions study programs in psychology were opened. Then came the next surge – Solveiga initiated and provided concrete assistance so that the Latvia School Psychologist's Association could become a member of the International School Psychology Association (ISPA), a member of which she had been for many years. As a result of this we gained new colleagues and friends – then ISPA president Anders Poulsen (Denmark) and executive board member Thomas Oakland (USA).

As a result of the encouragement from Solveiga, our first international collaboration resulted in the gaining of trust from the ISPA executive board and the opportunity for the first time in the history of Latvia to organize in 1998 a worldwide psychology conference, the 21st International School Psychology Colloquium, which was attended by 340 conference delegates from 38 countries around the world. At that time from our Western colleagues we still could sense their apprehension as to whether or not we would be able to organize such a vast conference not having had such previous experience, and with such a short history of psychology research in Latvia. If it had not been for Solveiga, who already knew us well, and also psychology doctor Sandra Sebre, who had begun working at UL, we would not have been able to convince the ISPA board that we, persons from the former Soviet Union, would be able to manage this (conference organizing committee chair was Sarmīte Voitkāne and co-chair – M. Raščevska).

After this conference the psychologists of Latvia very actively began to attend various international conferences – at first in Europe and then elsewhere around the globe, and became members also of other international psychologists' organizations. Now it almost sounds impossible, but at that time, directly after the ISPA conference in Latvia, for several years in a row about 30 psychologists from Latvia travelled to the ISPA conferences – for example, in Kreuzlingen (Switzerland), Dinan (France), Nyborg (Denmark), and even today the ISPA conferences are regularly attended, although by a smaller number of participants form Latvia. The beginning was due to prof. Miezitis' international ties and as a result – the international ties of Latvian psychologists. We no longer were isolated.

In parallel to the organizing work of the ISPA conference, which began in 1995, Solveiga helped several of the UL faculty members from psychology and education – Sarmīte Voitkāne, Ilze Veitnere, Oskars Zīds and also myself to visit the University of Toronto OISE, in order to gain insight into Western university education. As a result not only were changes made to several of the UL psychology courses, but also during this time in Toronto was developed the idea of the necessity of a UL psychology doctoral program, using the University of Toronto psychology doctoral program as a model. It is difficult to imagine a strong doctoral program without a well-developed methodology course, which includes both quantitative and qualitative research, and opportunities for the doctoral students to publish their scientific research results.

Professor Miezitis soon came up with a solution. In a discussion with professor emeritus from Hamburg University, the renowned creativity researcher Arthur Cropley, who was also the editor of various scientific journals, she mentioned the situation in Latvia, that there is a need for support in strengthening research. Soon afterwards professor Cropley arrived from Australia to visit Latvia and thereby our long-term collaboration was begun. Without reimbursement professor Cropley began to conduct lectures on research methodology and creativity for UL master's and doctoral level students up until the year 2008. Also his contribution to Latvia is enormous. Soon afterwards came the textbook which he wrote for Latvian students, "Qualitative research methods for the social sciences" which was published in both English and Latvian languages. The strong desire and capability of our students was acknowledged also by our colleagues from abroad.

In order to resolve the issue of the necessary opportunity for Latvian doctoral students and researchers to publish in an internationally peer-reviewed journal, Solveiga initiated the idea of publishing a scientific journal, and was willing to take on the responsibility of chief editor of the *Baltic Journal of Psychology*. The first issue of the journal was in the year 2000, at the precise moment when the UL Psychology Department junior lecturers were ready to begin their doctoral studies, when they had already become acquainted with the international research community and had acquired the motivation that they would like to invest more of their time also in research, not only in developing their skills as professional psychologists.

As a result of Solveiga's personal international contacts, many international researchers agreed to participate on the journal's editorial board, including Arthur Cropley (Germany, Australia), Thomas Oakland (USA), Juris G. Draguns (USA), Linas A. Bieliauskas (USA), Imants Barušs (Canada), Robert L. Burden (UK), Ilze Kalniņa (Canada), Bernie Stein (Israel). Everyone participated with great enthusiasm, although the beginning was not easy. The Latvian researchers did not yet have experience in writing scientific articles in English language, and it was not easy to become accustomed to using the publication standards of the American Psychology Association (APA). It was almost impossible to obtain grants for research purposes, and at first it was necessary to make essential changes to the articles before the international reviewers accepted them for publication. Solveiga and I received a great deal of support from Arthur Cropley, Thomas Oakland and Juris Dragūns. All three of them are renown researchers, who for their accomplishments have received APA awards, who have worked on the editorial boards of Web of Science publications and who themselves have been journal editors.

Upon the invitation of Solveiga Miezitis they accomplished a tremendous voluntary work so that psychology in Latvia could develop more rapidly in the direction of higher standards and innovative research ideas.

How did the journal develop? From the year 2000 until 2011 there were published 17 journal volumes, during some years biannually, some years annually, combining two issues in one volume. During this period the editorial board expanded from 11 to 22 members, including 77% researchers from other countries. Altogether there were published 105 peer-reviewed articles – on an average of 9 articles per volume. The percentage of articles from Latvian researchers was 52% (of these 39% articles from doctoral students), the percentage of articles from the Baltic region states (Lithuania, Estonia, Sweden) was 68%, with 32% from other countries – Canada, Germany, USA, Japan, United Kingdom and Australia.

Taking into consideration the specific circumstances of the development of psychology in Latvia and that after the regaining of Latvia independence the English language skills of the doctoral students were not yet at such a high level, then during the first years of the journal publication professor Miezitis devoted much time and energy to upgrading the level of the English in the articles. Therefor the reviewing process included three steps. First the submitted article was reviewed in accordance with adherence to APA publication standards and the correctness of statistical data analysis presentation (this was conducted by prof. M. Raščevska). If necessary, then the author received consultation as to how to achieve the necessary quality. Every article was read by professor Miezitis and the level of the English language was assessed. If necessary, the article was returned for improvement, but in cases of less dramatic need for improvement, the professor herself corrected the English language and style. Also other members of our editorial board did the same, because in Latvia at the time there practically were not any professional translators who would be able to adequately translate to English or to edit scientific psychology articles. Only after this initial screening process the article was sent to the peer reviewers. If the article was submitted by a researcher from Latvia, then almost always both peer-reviewers were from a different country. Several of them, for example, Thomas Oakland (USA), Arthur Cropley (Australia) and Juris Dragūns (USA) also invested a lot of work in order to help improve the English language of the articles. Articles submitted by authors from other countries were usually peer-reviewed by one Latvian colleague and editorial board colleague from another country. In this manner professor Miezitis was engaged with every submitted article during the entire 12-year period. Of course the number of submitted articles was greater than the number of articles accepted and published. In parallel with the development of the journal, also grew the scientific professional level of the Latvian researchers who were submitting articles to the journal. The journal provided the opportunity to quickly and efficiently assess the quality of the research conducted within the psychology doctoral study program, and it helped to strengthen our program. Our doctoral students not only today are assured of the quality of their research in presenting at international conferences, but have also received at these events awards and recognition.

As a result of the work of the journal editors and the signed agreement between the University of Latvia and EBSCO, since the year 2005 the journal is included in the EBSCO international data base, and is also freely accessible in the University of Latvia

home page (http://www.lu.lv/apgads/izdevumi/elektroniskie-izdevumi/zurnali-un-periodiskie-izdevumi/baltic-journal-of-psychology/). If it were not for the experience of publishing this journal, which facilitated the scientific communication skills and international contacts, then perhaps it would not have been possible to achieve also in the year 2011 the opportunity to host the second meaningful UL organized international psychology conference, the *11th European Conference on Psychological Assessment* with also a comparably broad international participation of conference delegates.

Under the leadership of professor Miezitis the journal has positively influenced the overall development of psychology in Latvia, the level of the professional quality and recognition of the junior researchers, facilitated collaboration with researchers from other countries, and also the recognition of their research. The internationally-oriented climate at the UL Department of Psychology has also attracted other young researchers, who have defended their dissertations abroad. As a result of this the doctoral students from the University of Latvia are submitting their articles to other Web of Science indexed journals (for example, I. Muzikante, L. Katšena, M. Orlovska, and others), whereas the graduates of the program, the junior researchers are conducting independent research projects.

When professor Miezitis began her intensive collaboration with UL, she was at the best years of scientific development – 53 years of age – and she was able to continue as a staunch and steady supporter until 78 years of age. During this period of 25 years' psychology in Latvia reached a stage of maturity, having developed from being isolated from international contacts up to an open, internationally oriented branch of science, rich with young, promising scientists. Also they from the year 2012 have become involved in the publication of the journal and its future development.

A great thanks to you Solveiga for your truly professional friendship and the opportunity for many years to be working together sincerely and creatively!

Baltic Journal of Psychology, 2015, 16 (1, 2), 14–20

Personal Reflections about the Multidimensional Life and Work of Solveiga Miezitis

Ilze Arielle Matiss
Holistic Psychology Centre

Vediet mani dziedādami,
Nevediet raudādami.
Lai iet mana dvēselīte,
Pie dieviņa dziedādama.
T. dz.

Approximate translation:
Part from me with song,
Not with sorrow and tears.
So my soul may go
To God singing.
Latvian folk song

I am writing these vignettes about my mother, Solveiga Miezitis, seven months after her sudden illness and unexpected death in Riga, Latvia in July 2015. I had the profound privilege and heart breaking experience of helping her reclaim the wholeness of her life during the last weeks before she passed and to navigate into *Aizsaule* (the place behind the sun). The focus here is mostly on her work, and the reflections capture only some aspects of who she was, what she loved, and how she made the world a better place.

Solveiga Miezitis lived a remarkable life. Upon reflection, I feel that both she and my father, Zigis, lived many lifetimes simultaneously, pursuing multiple interests and filling most days to the brink with activity, in order to fit it all in to the 78 years that they each had allotted for this lifetime.

Born in Riga, Latvia on May 14, 1937, she spent many days of her childhood in her grandmother's garden in Pārdaugava. She remembered this as a cherished place where she was free to live in the world of nature and imagination, seemingly independently.

She remembered often escaping into the world of imagination from a young age, loving ideas and diving into the world of books. There is a photo of Solveiga as a young child of 2 or 3 sitting on the floor surrounded by a heap of books and already reading. She, as many bright children who learn to read at a young age as if by magic, reported having felt like an imposter as a reader because she thought she had just memorized the books and was not actually reading. I sensed that this early experience and self-observation was actually the first experiential step on her lifelong path as psychologist, educator, and researcher.

At her memorial concert in Toronto, Canada in October 2015, the theme of fearlessness inspired my reflections about Solveiga. She appeared to engage life with an air of fearlessness, and this approach allowed her to accomplish great things.

One of the exercises that became a regular assignment in her courses was the practice of students writing, what she called, their Adversity Story. This too came from personal experience. She had found great personal empowerment in her own stories of overcoming many adversities in her life that often lead to the emergence of her greatest work, contribution, and ways of being of service.

Solveiga's life, along with others of her generation, was greatly influenced by the uncertainties and ripple effects of World War II and being forced to leave Latvia and her grandmother's garden in 1944 at age 7, with her parents and younger sister. Although her focus in life was on creating life moving forward, the refugee and immigrant experiences were a theme that resurfaced throughout her life, inspired areas of study, research, teaching and writing. The effects of having experienced uncertainty also surfaced from time to time.

Solveiga's family moved from Displaced Person's camps in Germany to Belgium, where her father worked in extreme conditions for five years in the coal mines. As a young child in grade school she was made to understand that she was the outsider, she did not belong, and was ridiculed as the child of refugees. Even though they each experienced suffering, they did what had to be done. Some ripples were bitter sweet. Her family got a better place to live because someone else could no longer cope and took their own life. And, life went on, and she learned that she was a survivor, she became fluent in French, she excelled in school, she rose above adversity.

The academic story about arriving in Toronto, Canada at around the age of 14, was that she accelerated in high school due to her fluency in French and solid knowledge of Latin. She was successful in all academic subjects, and while still in high school was employed as a chemist in a cosmetics factory in the evenings. The company showed great confidence in her ability and gave her the independent task of setting up and running the laboratory. She had to decide what academic path to follow, and chose psychology over chemistry completing her Bachelor (1958) and Masters (1959) degrees, before going on to pursue her Ph. D. (1968) in 1959 at the University of Toronto. She became registered as a psychologist in 1961, and pursued clinical and academic work experience and training while working on her dissertation.

The lifetime of participation in the academic world was also rich with both adversity and opportunity. She was a trail blazer, and was often ahead of her time in her ideas. Her original interest and work in creativity and divergent thinking in young children was initially met with resistance at the University of Toronto. She found support for her work at the newly formed graduate school Ontario Institute for Studies in Education (OISE) where her innovation in research was acknowledged, and completed her degree in 1968, already the mother of two young children. She joined the faculty at OISE as Assistant Professor in the newly forming graduate programs in School Psychology and Child Clinical Psychology within the Department of Applied Psychology at OISE in Toronto in 1968. She became Associate Professor in 1972 and Full Professor in 1987.

Solveiga was influential in the evolution of the field of School Psychology in Ontario, and later internationally through her work with the International School Psychology Association (ISPA) and her work in Latvia. Beginning in the early 1970's she developed and taught classroom observation and teacher consultation models as a form of psychological service delivery, as well as psychological and educational assessment skills, to her graduate program practicum students, and together they introduced these models

within the schools where her school psychology students received their practicum experiences within the program. Many of these students went on to become the school psychologists servicing schools within Ontario, and some felt the call to leadership and became senior psychologists and chief psychologists. I too worked in the field of school psychology for more than twenty years, and I was frequently surprised by the number of my colleagues who had been trained and mentored by Solveiga, and who expressed their gratitude for the role that she played in their professional development.

A recurring theme with Solveiga's interests and work is her role in mentoring leaders, educators and researchers, as well as psychologists. She was an egalitarian at heart and in practice. She preferred collaboration, mentorship, and awakening and acknowledging leadership from within. She empowered others to take on their own projects. She was less attracted to hierarchies and top down models of leading and teaching, although she was able to operate comfortably and effectively within them as needed. She was an adult educator. It could be viewed that on a conscious or unconscious level she was seeking to move people through what may have been holding them back, and facilitating how to access their own brand of fearlessness to get the job done. She had a very down to earth way of making people feel accepted, heard and their ideas valued. This does not mean that there were not the fair share of fiery conflicts and differences of opinion. She herself would admit that she was far from perfect. Living or working with Solveiga included many last minute surprises and requests for assistance. And since she gave freely and generously of her time, assistance, input and hard work, her egalitarian way of thinking made it easy for her to assume that others would be willing to operate on the same principles, which they sometimes were and sometimes were not.

At OISE she also had the privilege to combine research interests with personal passions and experiences in her academic work. Beginning in the 1970s, her early work in Ethnic Identity exploration among youth within the Latvian community in Toronto and other diaspora communities helped give voice to the experiences and perspectives of second generation Latvian-Canadian immigrant youth. At the same time, she also began gathering the stories of leaders, visionaries, and creators within the Latvian diaspora communities across the globe (including North America, Europe, South America, Australia). Her interests enriched self-knowledge and understanding for the Latvian community members. Knowledge and understanding were also enriched within other ethnic communities and cultures through her work in supporting graduate students wanting to explore related topics within their own communities and impacting their own life experiences. Psychology as a whole benefited as well, since this allowed for diverse and interesting perspectives and explorations to emerge in which ethnic identity, immigrant experiences, language retention, and psychological topics were integrated through both qualitative and quantitative graduate research projects.

Interest in the study of Ethnic Identity and related topics became one of the areas shared with other Baltic scholars and shared through participation in the Association for the Advancement of Baltic Studies conferences and the publication of its refereed journal *The Journal of Baltic Studies* (JBS). She was a regularly attending and contributing member of this organization, and at different times served as contributor, academic referee, and guest editor for a number of issues of the JBS, and she encouraged and facilitated the participation and contributions of her students' works as well.

A parallel area of study, both in her own work and in the research that she supervised with graduate students, and in her teaching focused on childhood depression. Solveiga recognized that her work and her perspectives were often ahead of their time. She was initiating conversations about children experiencing depression and how one may recognize the condition and intervene within the classroom, and supervising research in this area at a time when very little work had been done and when people were uncomfortable with the idea that children could be depressed. This was one of the areas in which the teacher consultation and intervention model were created, implemented and researched. Later, she was the Editor of *Creating Alternatives to Depression in Our Schools* (1992) featuring theoretical and intervention models and research based on the collaborative work of students and colleagues that promoted proactive ways to support vulnerable children within the classroom. She later recognized that many of the ideas in this book too were ahead of their time.

Nonetheless, many graduate students at OISE and in Latvia benefitted on a personal and professional level from her perspectives and approaches to depression. New research projects developed in Latvia with colleagues and graduate students beginning in the early 1990s, where the course was offered more frequently and later than at OISE, where she had started to wind down her work in the School Psychology program and had moved to the department of Community Psychology, Adult Education, and Counselling Psychology. During the course of her career, her teaching style was enriched with the element of facilitating self-exploration, knowledge and growth in her students. Although her teaching style had always been interactive, courses became increasingly more grounded in the notion of practitioners needing to do their own work in self-awareness and knowledge to understand the impact of their beliefs and practices on others (a perspective that was shared with colleagues in her department and facilitated in a variety of ways in their courses and supervision practices). I remember her observing that in Latvia this had a powerful impact on many of the students taking her courses since this was a relatively new experience for many, and the validation of practices involving self-reflection and self-knowledge allowed for voice to be given to topics and conversations that had been traditionally silenced, and allowed for healthier perspectives and practices to begin to emerge for people.

An area of contribution that has been less written about relates to Solveiga's integration of her earlier interests in creativity and narratives with new and emerging perspectives on health and wellbeing. "Creativity and Wellness", and the less frequently offered "Narrative as a Vehicle of Personal Change", were Solveiga's most recent, and perhaps most widely taken courses by students from across many disciplines at the University of Toronto. These courses were inspired by the emerging field of Positive Psychology and were a gift from the heart and of the spirit for Solveiga. She had a magical way of holding space for and giving permission to her students to be curious, to be bold in their choices of territory for exploration, to dare to explore as far into the depths of their own being as they were willing to go, and to discover as much of their own transformation as they were willing to enable through the process.

She structured the courses with readings, self-reflective and integrative writing assignments in response to the readings, small group class presentations where related topics of interest to each particular group were featured, and a personal growth project

that was taken on by each student and then reflected on and written about in the final course paper. For many it was this semester long personal growth and development project that was most transformative. Students took on projects in areas that were of personal interest, but perhaps had never been realized before. It was a self-directed learning and growth experience, and you got out of it what you were willing to put into it. From time to time Solveiga was surprised and disappointed in a seemingly less inspired and less committed group of students or individual who chose to put in less rather than more, but she continued to trust the process. Her trust was warranted, because for the most part, this honour system functioned well, and students chose to rise to the occasion of their own learning and growth opportunity.

She viewed adult learning to be a co-creative process. This was true in how she facilitated workshops, mentored students and colleagues, hatched ideas and brought them into form or was the instigator of others bringing them into form, and how she taught her classes. She had the good fortune of working in an environment that appreciated innovation. She was a well-respected member of the departments that she was a part of. She also had the intellect, creative inspiration, conscious awareness and self-confidence to create new courses that she felt inspired to teach, and that enriched the programs and departments that she was a contributor to. She was also extremely generous with her time and willingness to do what it takes. Her courses became extremely popular, and often had double the enrolment of what the structure allowed. Instead of turning away twenty or more students, she created a second section of the course that she offered on her own time without additional compensation. Many of the years that she taught these two courses were after her retirement and were taught on stipend. She also could not resist taking on exciting research mentorship opportunities through Master's thesis and Doctoral dissertation supervisor and committee work, and still carried a full caseload of graduate students many years past her retirement. She loved her work, and she seemed to be most in alignment with her joy and greatest expression of self when she mentored, taught, discovered, and created. She was inspired by new challenges and opportunities that would help something new and needed come into form and would Go for It!, whatever "it" was.

Although a number of book projects related to these courses and other contributions to the field of psychology were in various degrees of conceptualization, Solveiga ran out of time. She was not able to bring these ideas together nor fully express the unique and interesting journey as participant, contributor and leader in the fields of psychology that she engaged with and integrated into new expressions and applications throughout her long and successful career. I believe that part of the resistance was due to the intuitive and co-creative manner in which some of these experiences came to be. Solveiga taught and facilitated in a very organic manner. Although there was a structure and flow to each course, and a set of materials that illustrated, guided, and evoked the process, a large additional part evolved organically. It was a responsive and integrative process that emerged anew each time the course was taught and the synchronistic group of people, ideas, and opportunities that came together.

In fact, synchronicity was a corner stone in the flow of how her work, her teaching, and her life evolved. I believe that the more she was in flow, trusting her intuition, the more easily ideas came into form. However, as someone with an equally strong

and challenging intellect, she often found herself in dance between intuition and inner wisdom and information, research, and evidence.

In addition to Solveiga's ethnic identity research work both she and Zigis directed their time, life force energy, and creativity into supporting and mentoring Latvian youth. The youth Latvian immersion experience movement 2 × 2 and later the trans-generational immersion 3 × 3 seminars were two vehicles for being of service to the Latvian community, especially its youth. For my dad it was through teaching dance at these events (as well as devoting most of his life to teaching dance through Diždancis). For Solveiga, it was to help facilitate the journeys of self-exploration, healing, connecting, and sense of belonging for Latvian youth at the 2 × 2, and later across generations at 3 × 3 seminars, globally. Participating in Song Festivals was another. Love of Latvian language, heritage, culture, shared history, and community was a lifelong passion and source of joy and feeling of connection and meaning for Solveiga. She shared this with Zigis, and together they created this as one of the cornerstones of family life and values.

It was a unique combination of love for one's heritage and homeland, passion for one's work, and a whole string of synchronicities, followed by dedication and hard work that her second and parallel wave on her career path began around 1989–1990 in Latvia. A whole new level of giving back to the Latvian community became possible leading up to and as a result of Latvia's renewed independence. Solveiga was one of the early collaborators from the West at the Faculty of Education in ParDaugava and was instrumental in the evolvement of the graduate program in Psychology. She was able to share her knowledge and expertise in psychology and graduate program development and implementation, research, ethics, and standards with colleagues from Latvia. (This contribution is addressed more fully elsewhere in this special issue).

Solveiga was deeply committed to mentoring, teaching, guiding, encouraging, empowering others, especially her students and a diverse collection of people in her communities that she felt drawn to support, collaborate and co-create with.

Especially since her passing, many people from diverse backgrounds and points of connection with Solveiga have commented to me personally about what a profound impact she had had on their life and how grateful they were to her for this. The stories about her role in the lives of others include meaningful and/or significant influence in or contributions to their sense of self, their choice of career and/or academic path, their ability to complete or overcome obstacles, their involvement in projects that later became life transforming, and sometimes as simple as spending the day with them at a museum, going to a concert or theatre performance, or as I learned this summer in Latvia, spiking coffee with liquer from a flask in her purse to warm her companion on a cold rainy afternoon. For some she was all of this. For some she was a regular and consistent source of support and friendship. For many it was a passing, yet life changing encounter.

She gave her time to people in person, often in her office at OISE, through her teaching, facilitating, collaborating and often organizing at conferences all over the world, over coffee and teas, in her living room or on the balcony at home and at her cottage, at a diverse range of activities and events in the Latvian communities in Latvia and throughout the world, and through hundreds if not thousands of letters and emails throughout her lifetime. Both she and my dad opened their home and cottage to visitors from Latvia and around the world.

She was equally interested in fostering personal and professional connections globally. She had many friends and colleagues in other diaspora communities as well as in Latvia. She fostered connections with colleagues in the international school psychology community (largely through the International School Psychology Association, ISPA). She collaborated with other Baltic academics through the AABS. She also appreciated collaborative connections with psychologists worldwide as friends and potential contributors to the Psychology program in Latvia and/or as external examiners for doctoral students' dissertation oral defenses.

The tricky side of this desire to inspire others to take on commitments and projects and access greatness within themselves and through the work they being called to do, was that sometimes her exuberance and drive was stronger and more forceful than the recipient was able or willing to handle. So sometimes her efforts were met with resistance. However, even among people who, at some point in their interaction with her, experienced and felt resistance to the intense energy of her determined and persuasive character, there are many who report that they are grateful to her for having been that force that lead them on seemingly challenging or even impossible journeys.

The legacy of her work is expressed through the lives and work (including the ways of being of service and the styles of leadership) of the people that she inspired, supported, mentored, guided, challenged, collaborated and co-created with, and welcomed into her world of ideas and friendship.

I would characterize her contribution in this way. Solveiga did not demand that people march to her drum, dance her specific dance steps, or sing the words according to her truths. She shared her wisdom and experience, offered guidance and direction, contributed her time, hard work, and collaboration to whatever and whomever she was committed to. Her way was to inspire, awaken, and empower people to march or dance or sing to the beat of their own drum, invent their own dance steps, and discover their truth and sing it proudly, courageously, and joyfully in the world.

I began with the observation of Solveiga approaching life with an apparent fearlessness. And yet, as fearless as she could appear, she was human and vulnerable. We are all human, and we each experience our vulnerability in some way that both makes us the unique and delicious individual who we are, but that perhaps also holds us back. Solveiga operated in the guise of fearlessness through much of her life achieving great feats, and usually made it look easy. However, I've come to realize that fearlessness was the antidote to the fearfulness that can come from the vulnerability of being human. Since my dad's passing in 2011, my mom felt increasingly more of her vulnerability and loss, and her fearfulness and worry, and it became more difficult for her to access her fearlessness. I believe that her lasting message is to "Go for It!" no matter how vulnerable and human one may be feeling, and in fact because one is human and vulnerable. Her legacy is how she helped others tap into their own version of fearlessness that allows them to go for it, even when it took them by surprise.

Baltic Journal of Psychology, 2015, 16 (1, 2), 21–27

Arts-informed Research: A Transformative Methodology

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In the early 1990s in North America, a wave of change in methodological innovation began to swell. In 1993, in a distinguished Presidential Address to the Annual Meeting of the American Educational Research Association (AERA), Elliott Eisner (1993) speculated about the future of educational research witnessing an expanding array of research methods to acknowledge and account for the range of forms and modes of understanding that comprise human development. Soon after, the Arts-Based Educational Research Special Interest Group of AERA (ABER) was formed and quickly grew. At about this time a small but growing number of scholarly outlets (book and journal publications and professional and academic conferences) started to support "alternative" qualitative research.

This climate of bold methodological challenge set the stage to foster methodologically creative work that was being conducted by a small group of faculty members and graduate students at the Ontario Institute for Studies in Education of the University of Toronto (OISE/UT). For a number of years, Gary Knowles and I had articulated a dissatisfaction with the conventions that defined Research in educational and academic contexts. The language of the academy and all that it symbolised, we believed, fell short in its ability to capture and communicate the complexity and diversity of human experience. Even challenging conventions of positivism and following qualitative research methodologies resulted in research representations wrung dry of life – of emotion, sensuality, physicality – and not widely accessible to diverse audiences.

In 1998, we gathered together an informal Working Group of faculty and graduate students who shared an appreciation of the power of art to address pressing personal and social issues and a commitment to challenge status quo conceptions of research and knowledge in order to "democratise" ways of researching. Over the next two years, the Artful Inquiry Working Group explored issues and ideas associated with alternative (artful) forms of research and representation, worked together on research projects involving the arts, and supported each other in bringing together art and social science research.

As the Working Group developed, it evolved into the Centre for Arts-informed Research, which was formally launched on April 18, 2000 at OISE/UT with a champagne and cupcake party, music, and much fanfare. The mission of the Centre was to articulate, explore, and support alternative forms of qualitative research and representation that fuse elements, processes, and forms of the arts into scholarly work. For the next ten years, the Centre evolved into a vibrant community of intellectual and scholarly activity built on a shared vision, good company, and a spirit of transformation.

The Working Group and the Centre provided the context for Gary Knowles and me to evolve a qualitative methodology informed by processes of art making and representational forms of the arts. In attendance at that first meeting in 1998 and an ever-present force in the evolution of the "scholartistry"* community was Solveiga Miezitis.

Arts-informed Research

Arts-informed research is a mode and form of qualitative research in the social sciences that is influenced by, but not based in, the arts broadly conceived. In other words, the arts are used to advance a research agenda. The central purposes of arts-informed research are: to enhance understanding of the complexities of the human condition through alternative (to conventional) processes and representational forms of inquiry, and to reach multiple audiences by making scholarship more accessible. The methodology infuses the languages, processes, and forms of literary, visual, and performing arts with the expansive possibilities of scholarly inquiry for purposes of advancing knowledge.

Arts-informed research is a way of redefining research in form and representation and creating new understandings of process, spirit, purpose, subjectivities, emotion, responsiveness, and ethical dimensions of inquiry. This redefinition reflects an explicit challenge to logical positivism and technical rationality as the only acceptable guides to explaining human behaviour and understanding. It is part of a broader commitment to shift the dominant paradigmatic view that keeps the academy and community separated; to acknowledge the multiple dimensions that constitute and form the human condition – physical, emotional, spiritual, social, cultural – and the myriad ways of engaging in the world – oral, literal, visual, embodied. Bringing together the systematic and rigorous qualities of conventional qualitative methodologies with the artistic, disciplined, and imaginative qualities of the arts acknowledges the power of art forms to reach diverse audiences and the importance of diverse languages for gaining insights into the complexities of the human condition.

Arts-informed research is not a set of procedures or a fixed protocol orientation; rather, it is an orientation to qualitative research that reflects three key qualities or elements: inspiration from an art form, artwork, artist or artistic genre; artful ways of working in harmony with the art form or genre and infusing it into the processes of researching; and, artful representations intended to facilitate communication of research in fundamentally different ways and to broader audiences than more traditional conceptions of academic scholarship. Arts-informed research methods layered over other qualitative research approaches give rise to a creative and imaginative rendition of the phenomenon being explored and the underlying qualitative method.

Tied to moral purpose, arts-informed research is an explicit attempt to make a difference through research in the lives of ordinary citizens and in the thinking and decisions of policy makers, politicians, legislators, and other key decision makers. Bringing art into research makes it possible to connect the work of the academy

* The term "scholartistry" was coined in 2000 by Lorri Neilsen to characterise the work of researchers who infuse their scholarship with artistry and artistic genres.

with the life and lives of communities through research that is accessible, evocative, embodied, empathic, and provocative.

An Example. For more than a decade, my colleague, Maura McIntyre, and I conducted a program of research focused on understanding and representing the emotional complexities of what it means for a family member to care for a loved one with Alzheimer's disease. We travelled across Canada to small and large rural and urban communities spending time with family caregivers, individually and in groups, to gather stories and artifacts about their experiences and understandings of caregiving. In order to achieve the research goals of in-depth exploration and understanding of the nuanced meanings of care and caregiving and to make those understandings accessible to diverse audiences, we took an arts-informed approach. We relied mainly on alternative methods of gathering information using recruitment and information gathering strategies that created more and different opportunities for people to contribute what they know and to get at the depth and complexity of human experience. We invited participants to select a personal artifact or symbol of care from which they could speak of their experiences; gathered a range of personal documents that chronicled the caregiving experience; held conversation circles of support where caregivers told their caregiving stories to one another; and offered disposable cameras for caregivers to take photos of what care looked like for them. We also created large scale three-dimensional representations of caregiving from themes gleaned from relevant literature and invited people to respond to the work based on their own experiences. These methods resulted in extensive, rich, and multi-dimensional data that we then rendered using multiple art forms.

The research was guided by a moral imperative to make research more accessible to diverse audiences. Informed by the work of performance and installation artists and contemporary art museum curators, we created and exhibited, in numerous public venues, three large-scale multi-media installations to represent caregiving and Alzheimer's disease. *Living and Dying with Dignity* was a seven-piece installation depicting themes and issues associated with caring for a loved one with Alzheimer's disease (e. g., Cole & McIntyre, 2004, 2006). *Putting Care on the Map: Portraits of Care and Caregiving across Canada* was an eleven-piece installation created from data gathered in a cross-Canada study of what care looks like for family caregivers in diverse care circumstances and locations (Cole & McIntyre, 2008b). *Gray Matters: A Collective Remembering of Care* was exhibited as part of Putting Care on the Map as well as on its own in numerous public venues (e. g., Cole & McIntyre, 2011). From stories gathered, we created *Love Stories about Caregiving and Alzheimer's Disease* (e. g., McIntyre & Cole, 2006, 2008a) – a 45-minute spoken word performance in three acts performed to audiences of family caregivers, health professionals, high school students, academics, and the general public. After the final performance we worked with a playwright and group of professional actors to produce an audio CD of *Love Stories* (McIntyre & Cole, 2008b). This allowed wide distribution to diverse audiences.

In all of the research representations, we used the "everyday" and "ordinary" as our guides. By foregrounding symbols of the ordinary routines of caregiving we dignified the domestic, and paid tribute to the people who persevere in these daily acts of care. Through the use of familiar and easily recognizable symbols to represent our research, we also made the work accessible across age, culture, and circumstance.

Entering the exhibit, *Living and Dying with Dignity*, for example, viewers saw a 30-foot free-standing clothesline of female undergarments that, from diaper to diaper, depicted the changing nature of dependence along a lifeline. Photographic narratives and handmade books of poetic text told stories of changing relational roles; framed needlework and three-dimensional constructions portrayed some of the stark realities of Alzheimer's disease; and a cluster of card tables and chairs invited people to enjoy a few minutes of social and recreational repose.

What Care Looks Like was one part of the larger exhibit *Putting Care on the Map: Portraits of Care and Caregiving and Alzheimer's Disease*. It consisted of six thematically organized photomontages of what care looks like – coping, comfort, attachment, identity, inclusion, and occupation – based on a model of dementia care developed by Tom Kitwood (1997). The images were affixed to 3' × 5' foam core panels. One photograph, emblematic of each of the expressions of care, served as a backdrop to each collage. The panels, mounted on 4' × 6' moveable partitions, were arranged in a circle with an opening for visitors to the exhibit to enter the space, engage with the photographs, and vicariously experience the many facets of what care looks like.

Gray Matters was a tribute to caregiving – those giving and receiving care at home and in long term care facilities across Canada. Mementos or symbols of care, gathered from family caregivers over a five-year period, arranged similar to a museum exhibit, provided rich and deep insights into the emotional complexities of caregiving. Each artifact told a personal story about what it means to care for a loved one with Alzheimer's disease. Bound up with memory, these treasured objects also performed an important and active role in the process of bereavement and helped to continue the social presence of a loved one. As a collection, the objects formed a living collage about care and caregiving.

Surrounding and contained in an old-fashioned trunk were artifacts that symbolise elements of personal history. A nurse's cape, police officer's shirt, handmade gown, slide ruler, trophies and other memorabilia are markers of identity that, clustered together, told a story of how caregivers worked to preserve the dignity and memory of their loved ones. A facsimile of a "working space" displayed poems, photographs, and rememberings of loved ones and care relationships. These were ways that caregivers made sense of the illness, and paid tribute to loved ones. Symbols of care, displayed on a raised platform, depicted qualities of a loving care relationship that were present in health and, perhaps, amplified in illness: dignity, companionship, grace, spirituality, wisdom, love. A magazine rack held reminders of the prevalence of the illness, family commitments to caregiving, and caregivers' search for helpful and hopeful information. An area displaying journals, appointment books, calendars, and schedules showed how care relationships became defined by routines, schedules, lists, and appointments as a way of tracking the illness, negotiating the health care system, and recording care needs. Finally, a collection of mementos of care symbolised the many adaptations caregivers made in daily life to provide personal care, safety, comfort, recreation, and well-being.

An arts-informed approach to research and representation brings opportunities for connection between viewer and text, author and reader that conventional forms of research and representation simply do not permit. The research representations are purposely ambiguous and engage the audience in experiencing and attaching their

own meaning to what is presented. This is a primary goal of arts-informed research – employing art forms to provide adequate space for audience members to engage with the form of the work. For example, the 30-foot free-standing clothesline of overwashed female undergarments in *Living and Dying with Dignity*, marked the shift in personal power and changing nature of dependence across a life span from diaper to diaper. While the pieces intentionally depicted particular themes, there was an openness to the 'text' that invited other interpretations. A 40-something woman walked the length of the clothesline, finding her place on the line; an elderly man, who was caring for his wife of more than 40 years, spoke tenderly of the challenges of having to learn to assist his wife with intimacies of dressing that he had never before been part of; a middle-aged woman, caring for her mother-in-law, reflected on the cost of adult diapers and offered a social analysis of access to health care; a father with aging parents stood pointing to each end of the line to reveal the dual nature of caregiving in his life. The intention and the ambiguity of the installation combined to evoke a wide range of responses including resonance and understanding, dissonance and disjuncture.

When the work was mounted for display in public venues we were able to spend time and be with our research in community. From the moment we arrived at a research site and began unscrewing the plywood crates that store the exhibit, people who passed by – the shopkeeper, the crossing guard, the cleaner – were curious and began asking questions and telling stories. Because so many of the materials that we used in the exhibit were cross-culturally comfortable and familiar (card tables and laundry), and because they cut across class divides (refrigerator doors and snapshots), people generally seem comfortable to approach us and our work. They "get" the research messages and are provoked to engage, reflect, and connect with their own experiences in a more considered way.

The nature of the knowledge produced in arts-informed research is remarkably different from research situated in a positivist framework. Rather than framing people's experience in statistics and surveys, visual images and other evocative representational forms provide an intimate, familiar, tangible way of knowing about human experience. Conventional forms of research primarily are results-oriented, focus on advancing propositional knowledge, and they reach limited audiences. Drawing on various art forms and processes and principles of art making and representation such as: installation and textile art, photography, narrative, performance, and new media shifts research toward a process- (rather than product-) orientation that creates spaces for engagement and sites for learning. As researchers in publicly funded institutions, it is important to acknowledge the privileged status of our positions. With privilege comes responsibility that extends far beyond the 'knowledge production' communities of scholars and researchers of which we are part. We also strive to make a difference in the lives of those who participate in research and who are touched by the topic of inquiry.

Almost 20 years later, funding agencies in Canada are demanding that researchers make research more directly meaningful and relevant to the public, to make research matter. These are the very goals arts-informed researchers have been working towards. Poetry readings about poverty and homelessness, multi-media installations about caregiving and Alzheimer's disease, novels aimed to re-engage disenchanted youth, photography exhibits about people's relationships with animals, documentary films

about the sex trade and sex trade workers, dramatic performances enacting experiences of living with metastatic disease, painting exhibits depicting issues and realities of homophobia and racism; these research-based representations have enormous power to invite public engagement and transformative action. Moreover, readers, listeners, or viewers are more likely to come to understand inherent complexities of subject matter than to accept simplistic interpretations and solutions.

The transformative potential of arts-informed research speaks to the need for researchers to develop representations that address audiences in ways that do not pacify or indulge the senses but arouse them and the intellect to new heights of response and action. When research becomes more democratic, and knowledge "production" becomes more epistemologically equitable; when researchers' responsibilities shift from telling, proving, and convincing to creating, inviting, and engaging, the possibilities of such educative endeavours and their power to inform and provoke action are significant.

The time is a week-day evening in Spring, 2007; the setting is a classroom at OISE/UT; the occasion is a weekly graduate class on arts-informed perspectives in educational research. At this point in the course, students have begun to share their in-progress work on their main course assignment. Chairs and tables are pushed back against the wall to create an open area for people to engage in a fluid and interactive learning space. I, the course instructor, and the 15 or so students are sitting, kneeling, or half-lying on the floor in a large circle. The floor space within the circle is covered with various artifacts – large sheets of paper containing drawings, sketches, paintings, timelines; academic papers and books; and selected symbols holding significant meaning. What appears at first glance to be a disarray of random materials slowly unfolds into a meaningful narrative as the student, enchanted by the creative process of sense-making in which she has been engaged all term, draws on the various artifacts to tell the story of her life as an academic. "It is only by using creative methods," she says, "that I was able to fit all the pieces together and come to an understanding that my entire career has been about creativity and wellness, even if I didn't use those words until recently. I feel so inspired, so grateful for this opportunity."

The student was Solveiga Miezitis.

Solveiga, the embodiment of a lifelong learner, attended several of the courses I taught over the years (which, in itself, speaks volumes since I regard her as one of my most significant mentors!). This course on arts-informed research ended only a couple months before Solveiga's official retirement. The work, begun in the course, was to mark the beginning of one of her retirement projects.

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Baltic Journal of Psychology, 2015, 16 (1, 2), 28–54

Empathy: Its Deep Roots and Tall Branches

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Abstract
In a selective review the triple foundation of empathy in early childhood manifestations, its demonstrated occurrence in several mammalian and avian species, and its specific neural pathways in the brain has been found to be solidly substantiated, thereby pointing to empathy's biological and evolutionary origins. The link between the experience of empathy and altruistic action has been definitively established. Therapist's empathy has been shown to be a prominent contributor to the effectiveness of psychotherapy. Cultural Consultation Service and Inclusive Cultural Empathy, together with several other contributions, constitute innovative frameworks for effectively utilizing empathy in therapy and counseling with culturally distinctive and/or socially disadvantaged clients as well as with certain hard-to-reach psychiatric populations. Personality, psychopathology, and gender are associated with complex patterns in the experience and expression of empathy. Somewhat surprisingly, empathy levels have been found to decline as reliance on digital communication devices has increased.

Introductory Considerations: Empathy as an Active and Dynamic Area of Investigation

In the last two decades research on empathy has expanded in scope and vigor. Investigation of the traditional topics such as psychotherapy and intergroup relations has continued to be actively pursued while several novel areas of inquiry have been opened. New and traditional questions have been intensively investigated. They range from the phylogenetic and ontogenetic origins of empathy and its neurological substrate all the way to the effects of information technology on the experience and expression of empathy in communication and interpersonal relations, especially during childhood and adolescence. These new vistas and the vast accumulation of findings, have necessitated the revision and elaboration of the conceptualization of empathy and have led to the introduction of new formulations. This article is written with the goal of introducing current and recent trends in empathy research and theorizing. Given the constraints of time and space, it does not aspire to comprehensive coverage or to definitive conclusions. Its modest goal is to provide a glimpse to this active and multifaceted area of investigation and perhaps to take a few steps toward spanning the arc of the manifold manifestations of empathy from the central nervous system through intrapsychic experience to social interaction between persons, in small groups, and larger social entities within communities, and across cultures and nations. This article is designed to supplement an earlier paper on empathy in relation to culture (Draguns, 2007) by including a somewhat broader range of topics and bringing its coverage up to date. This article is dedicated to the memory of Solveiga Miezite, a prominent contributor to

counseling, health, social, and cultural psychology in Canada and Latvia. A multicultural individual who had lived in three countries, Latvia, Belgium, and Canada, she had an experiential appreciation for cultural diversity. Moreover, in her professional and personal interactions, she exemplified empathy to the highest degree, which is gratefully remembered by all who interacted with her in the course of her productive career.

Definitions of Empathy: Toward Inclusiveness and Differentiation

It is generally agreed that empathy refers to an individual's ability to experience another person's emotions and feelings as they occur and to share that person's perspective on his/her self and the environment. To these two criteria, de Waal (2008) added another, potentially controversial, specification; empathy is the capacity" to assess the reasons for the other's state" (de Waal, 2008, p. 281). It may be questioned whether this specification is a necessary condition of empathy since empathy has been attributed to and inferred from the behavior of animals and of young, preverbal children. However, in interactions between two adults the ability to assess another person's affective state and to cognitively understand it may well be considered the criterion of complete and explicit empathy. It is important to note that empathy encompasses both negative and positive emotions, from despair to elation (Ilyin, 2013), although the overwhelming majority of both clinical observations and the research investigations are focused upon distress. Empathy is related to but is distinct from sympathy, which is the apprehension of another person's suffering and is geared toward alleviating it rather than co-experiencing or sharing it intrapersonaly (Ilyin, 2013). The opposite of empathy is indifference, which is the inability and/or unwillingness to experience another person's affective distress. If indifference is the passive antipode of empathy, the various manifestations of overt or covert cruelty exemplified by scapegoating, bullying, or gratuitously inflicting physical or psychological harm to another human being (or animal) stand in active contrast to empathy Baron-Cohen (2012) has explicitly related the decline or deficit of empathy to the increase in personal and social cruelty.

As pointed out elsewhere (Draguns, 2007), the affective aspects of empathy tend to be associated with a benevolent attitude by the empathizer toward the object of empathy. Moreover, the emotional and cognitive components are typically experienced simultaneously. In some exceptional situations, however, these two aspects of empathy diverge. Witness a manipulative or Machiavellian person who has an explicit understanding of what another person is subjectively going through, yet elects to use this knowledge, based on empathy, to his/her advantage and to the other individual's detriment. Another potential example pertains to a detective penetrating the mental operations of a suspected terrorist, but without a shred of sharing that suspect's feelings or emotions.

Empathy and Altruism: A Fundamental and Intrinsic Relationship

Empathy is closely, but not inextricably, linked to altruism. It is obvious that empathy does not necessarily precede or accompany altruistic action. In much of philanthropic giving, for example, the contributor has no direct contact with the recipients and hence has little opportunity to empathize with the needs and suffering of specific individuals. In such a case she or he may be guided by more general moral considerations (Batson,

Ahmad, and Lishner, 2009) have provided a definitive review of a program of over 30 ingenious and realistic experimental studies of altruistic behavior in relation to empathic concern. On the basis of the results of these investigations, they concluded "that feeling empathy for a person in need does indeed evoke altruistic motivation to see that need relieved" (Batson et al., 2009, p. 424). In fact the results of these experiments demonstrate that participants tend to choose the altruistic alternative over the egotistic one and that the empathic concern for a specific person or several persons, is intrinsic and is not reducible to other motives. This realization, however, leaves a number of questions open. Specifically, Batson et al. (2009) identified three topics in need of further investigation, as follows: "1. If empathic concern produces altruistic motivation (as the empathy-altruism hypothesis claims), then what produces empathic concern? 2. Can we give a plausible account of the evolution of empathy-induced altruism? 3. Can we develop practical procedures that use what we have learned about the psychological implications of the empathy-altruism hypothesis to create a more humane, caring society?" (Bateson et al., 2009, p. 424). In the ensuing portions of this article I shall be guided by these three questions, without expecting to arrive at empirically-based definitive answers, especially in reference to the ambitious positive psychology concerns raised in Question 3. Batson's major conclusion that the relationship between empathy and altruism is fundamental is widely accepted and incorporated into the conceptions of helping behavior and its determinants (e. g., Baron-Cohen, 2012, de Waal, 2008, Echols & Correll, 2012, de Vignemont & Singer, 20o6, Hojat, 2007; Ilyin, 2013).

The Foundations of Empathy: Ontogenetic, Neuropsychological, and Phylogenetic

Infancy and childhood. The first demonstrated and confirmed manifestations of empathy go back to early childhood, specifically to the age of two (Zahn-Waxler & Radko-Yarrow, 1990). Toddlers have been observed to react to the displays of distress by their mothers by offering toys and treats to console them and thereby, engaging in the same kinds of behavior that their caretakers employed in alleviating their charges' discomfort. From these early, empirically established, beginnings, expressions of empathy have been found to rapidly expand in variety and complexity through the ensuing stages of childhood and adolescence (Knafo, Zahn-Waxler, Van Hulle, Robinson, & Rhee, 2008). A major marker on this developmental progression is the growing child's recognition of his/her image in the mirror, one of the first indications of the emergence of self-image and, eventually, self-concept (Bischoff-Kohler, 1988, 1994). As the self-concept solidifies and personal identity evolves, more elaborate and individualized forms of empathetic responsiveness become possible (McDonald & Messinger, in press). Cornell and Frick (2007) reported that children who had been rated shy as toddlers were found to be more empathetic in their preschool years, but only when they interacted with familiar adults. With strangers, however, infants who were more active in exploring novel stimuli responded more empathetically to signs of simulated distress (Young, Fox, & Zahn-Waxler, 1999). Two studies involving the comparison of monozygotic and fraternal twins in the development of empathy have been conducted (Knafo et al., 2008; Zahn-Waxler, Robinson, & Emde, 1992). The results of these investigations point to

a substantial degree of heritability in the expressions of empathetic concern. Somewhat paradoxically, the weight of hereditary factors increased and that of environmental factors decreased with age. Other significant predictors of empathy on the basis of observations in early childhood include secure attachment style (Joireman, Needham, & Cummings, 2002; Mikulincer, Gillath, Halevy, Avidou, Avidan, & Eshkoli, 2001; van der Mark, van IJzendoorn, Bakermans, & Kranenburg, 2002)*, parental warmth (Zhou, Eisenberg, Losoya, Fabes, Reiser, Guthrie, Murphy, Cumberland, & Shepard, 2002) and synchrony, or temporal matching, in the interactions between parent and infant, especially in playful activities (Feldman, 2007). A major influence in promoting early development of empathy is imitation of adult behavior patterns (Forman, Aksan, & Kochanska, 2004) and especially mimicry (Oberman, Winkielman, & Ramachanran, 2007; Sato & Yoshikawa, 2007; Sonnby-Borgstrom, Jonsson, & Svennson, 2003; Stel & van Knippenberg, 2008). A meta-analysis of perspective taking or cognitive empathy has been completed in American and Chinese children by Liu, Wellman, Tardif, and Sabbagh (2008) who reported similar longitudinal trends across culture, with only some differences in timing. As far as the consequences of the development of empathy are concerned, the available data produce a consistent picture. Higher levels of empathic responsiveness are associated with expression and experience of positive emotions, social skill, and competence, as well as the ability to feel sympathy or compassion (Saliquist, Eisenberg, Spinrad, Eggum, & Gaertner, 2009). Empathy promotes closeness between the empathizer and the object of empathy (Strayer & Roberts, 1997). Persons high in empathic ability report greater satisfaction in romantic relationships (Davis & Outhout, 1987) and are more effective in resolving conflicts with their friends (de Wied, Branje, & Meeus, 2007).

Physiological and neuropsychological indicators. Levinson and Rueff (1992) explored the relationships between the accuracy of empathy ratings and several discrete and aggregate physiological measures. They reported that empathy with negative emotions was accompanied by high cardiovascular arousal. On the other hand, accurate empathy-based-detection of positive emotions was associated with low cardiovascular arousal. These findings highlight the specificity of the relationships between physiological measures and the nature of the empathy experienced. The advent of functional magnetic resonance imaging (fMRI) made it possible for researchers to observe the indications of empathetic experiences in the brain as they occur. A rich store of information has been obtained on the locations of the brain centers activated and on the neural networks involved. On the basis of fMRI data, Decety and Jackson (2006) emphasize the role of prefrontal cortex in both empathically experiencing distress and modulating its intensity, at the service of the vitally important objective of avoiding confusion of another's distress with one's own subjective suffering. The right inferior parietal cortex at the temporo-parietal junction also plays a decisive part as a foundation of empathy, especially by helping distinguish between actions that are produced by self and by others (Decety & Griezes, 2006), Additional structures that are involved in neural activation

* Sebre, Gundare, and Plavniece (2004) in Latvia contributed a discrepant finding; preoccupied attachment style was positively correlated with two measures of empathy. If replicated and extended, this result raises the possibility of a compensatory relationship between insecure attachment and enhanced social sensitivity including empathy.

of empathy include the insular cortex that connects premotor neurons to the amygdala and the limbic system, which processes the emotional components of the situations that trigger empathy- inducing response (Decety & Jackson, 2006). The networks activated in empathy- inducing situations are highly differentiated and complex so that a schematic map of such connections is difficult to trace (Farrow, 2007). Moreover, the empathy pathways vary for the arousal of various emotions, such as disgust, pain, and touch. presumably in those situations where it is experienced as unwelcome and unpleasant. In general, however, empathic concern involves the connection of the medial network of the orbitofrontal prefrontal cortex with the amygdala and hypothalamus (Light & Zahn-Waxler, 2012). On the basis of a whole-brain meta-analysis of fMRI studies of empathy, Fan, Duncan, deGreck, & Northoff (2011) were able to differentiate the activation patterns in affective and cognitive forms of empathy. In the former case, the right anterior insula was activated, and in the latter, the anterior midcingulate cortex. In both forms of empathy, there was involvement of the left anterior insula.

The discovery of the mirror neuron system, located in the premotor and surrounding areas of the frontal and parietal lobes by Rizzolatti, Fadiga, Gallese, and Fogassi (1996) stands out as a major landmark in the exploration of neuroscience of empathy, and has greatly stimulated further investigation of its implications in psychotherapy, social interaction, and psychopathology Mirror neurons have the capacity to fire both when a human being performs an action and when he or she observes another person's action (Iacoboni, 2008, Staemmler, 2012: Young, 2012). Thus, the mirror neuron system is instrumental in connecting two persons' experience, including their emotions, and it does so directly, without cognitive mediation.

Preston and de Waal (2002) and de Waal (2008) have proposed an integrative three-layered perception-action mechanism (PAM) to account for empathy inducing a similar state of emotional arousal in the subject and object. At PAM's core are the neural mechanisms for motor mimicry and emotional contagion, present from birth and are thus part of the unlearned "hard-wired" socio-affective, presumably principally subcortical, foundation. With growth and development, PAM's outer layers, mediated to a greater extent by prefrontal cortex, are activated, to produce more sophisticated forms of imitation such as initially, empathetic concern, coordination and shared goals, and, eventually, emulation, perspective taking, and targeted helping. De Waal (2008) and de Vignemont and Singer (2008) caution against the assumption of correspondence between neuropsychological and psychological events occurring automatically and instantaneously. Instead, they propose a contextual explanation and introduce several modulators that affect empathic responses in the brain. On the basis on reviewing relevant neuropsychological literature de Vignemont and Singer (2008) elucidate how, when, and why empathy occurs. Empathic responses are modulated by complex appraisals which take into account three kinds of information: the situation or context of the empathy-evoking stimulus, empathizer's characteristics, and his or her relationship with the person who is the object of empathy.

In relation to its adaptive value, empathy serves two functions: epistemological, in providing information about the intentions of other people, and social, in sparking motivation for cooperative and prosocial action. Modulation of empathy by the affective link between the empathizer and the person who is experiencing pain was investigated by Singer, Seymour, O'Doherty, Stephan, Dolan, & Frith (2006). Participants played

a Prisoner's Dilemma game with two confederates, one of whom played co-operatively or "fairly" while the other engaged in a self-serving or "unfair" strategy in getting rewards. When the "fair" confederate reported later that he or she was "in pain", which was part of the experiment's procedure, participants of both genders were found to exhibit empathy-related activation in the anterior cingulate cortex and anterior insula. However, when observing the "cheating" player allegedly experiencing pain, only women showed such empathic activation. Men did show an increase in activation, but it occurred in areas associated with reward, such as nucleus accumbens, and was indicative of their enjoyment of watching the cheater suffer, an attitude that was explicitly confirmed in the male participants' questionnaire responses.

Empathy in animals. Does empathy occur in nonhuman species? This question is often posed, but has proved difficult to answer on a sound empirical basis. How can empathy be communicated in the absence of verbal capabilities? How can other, presumably more parsimonious, explanations of apparently empathetic behavior be rejected? De Waal (2008) provided a thorough review of the available observational evidence, which has been rapidly accumulating over the recent decades. On the basis of copious, well-documented naturalistic observations as well as explicitly designed experiments, de Waal (2008) concluded that emotional contagion, generally regarded as a precursor of empathy, is rather widely distributed in various mammalian species. Vocalizations and other signals of distress lead to widespread imitation. The next step toward the development of empathy occurs in animals, as well as in young humans, is self-recognition in mirror, which was demonstrated in apes (Gallup, 1982), but not in monkeys. In several ape species, this marker is accompanied by ample manifestations of consolation and targeted helping, both of which are indicative of perspective-taking. Other species that prominently engage in such behavior are dolphins, whales, and elephants, and it is worth noting that both dolphins and elephants have been explicitly shown to be capable of self-recognition in mirror. Empathy has also been observed in some bird species such as ravens (Preston & de Waal, 2002), but no reports have been found of empathic responses in reptiles, amphibians, fish or any invertebrate species. On the basis of a thorough review de Waal (2002) concluded that "empathy, broadly defined, is a phylogenetically ancient activity" (p. 231) and that "combined with perspective taking ability (it) opens the door to intentionally altruistic behavior in a few large-brained species" (p. 291).

Independently of de Waal's systematic evolutionary argument, Silva and de Sousa (2011) in Portugal supported the intuitive beliefs of many dog owners by providing observations of dogs' sympathetic concern for their caretakers, which may be interpreted as manifestations of empathy. When exposed to their human caretakers faking distress, dogs behave somewhat as children do towards their parents in similar situations. Silva and de Sousa (2011) also reported that some dogs were sensitive to human emergencies and acted appropriately to summon help, which, if confirmed, suggests the operation of empathic perspective taking. These observations were extended under controlled conditions by Custance and Mayer (2015) in England, who, however, do not regard their findings as a definite proof of empathy and suggest more rigorous and systematic investigations in order to exclude other explanations of purportedly empathic behavior. Domesticated dogs may have developed a special ability for discerning the emotional

state of humans with whom they are closely associated, which constitutes an important feature of their adaptation.

Evolutionary implications. It is evident that empathy appears early in human life, that it is anchored in fundamental neural structures and networks, and that it is solidly demonstrated to exist in primates and other mammalian as well as in some avian species, especially those that are social and provide for an prolonged caretaking period for the young. Empathy precedes the activation of helping behavior, and the empathy-altruism sequence contributes to the survival and propagation of the species. De Waal (2008) pointed out that rapid formation of the parent–offspring bond is greatly facilitated by the parental responsiveness to the clues about the emotional state of their young, which in turn suggests, but does not prove, the operation of empathy. Species capable of empathy hold an advantage over other species in reproduction and, in the broader context of social interaction, they promote intragroup coherence and its more efficient functioning, which fosters the survival of the species.

Empathy in Counseling and Psychotherapy: A Key Component of Effective Intervention?

Research results. A major project co-sponsored by the Divisions of Psychotherapy and Clinical Psychology of the American Psychological Association was designed to identify "psychotherapy relationships that work" (Norcross & Lambert, 2001, p. 4). To implement this ambitious objective, researchers conducted a multitude of meta-analyses endeavoring to encompass all the relevant investigations in the scientific literature. On this basis, they were able to ascertain the effect sizes of the various components of the therapy relationship, which were reported in the form of *r*. Empathy emerged as the second highest contributor to a positive therapy outcome, with behind therapeutic alliance (Elliott, Bohart, Watson, & Greenberg, 2011). This important result substantiates the central role of empathy anticipated by the pioneering clinical practitioners and conceptualizers of psychotherapy, Carl Rogers (1957) and Heinz Kohut (1959).

Toward Empathizing with Strangers: Overcoming Social and Other Obstacles. There is substantial agreement among researchers (Echols & Correll, 2012; Elfenbein & Ambady, 2002) with the assertion that it is easier to empathize with an in-group member than with a person who differs in language, appearance, biographic experience, beliefs, values, and a host of other major social characteristics. Dalai Lama (2005) invited his Western readers to transcend these limitations, by introducing inclusive Tibetan Buddhist empathy, or great compassion, which involves the promotion of a deep understanding of the suffering of all sentient creatures, prior to attempting to relieve it. Within the framework of attempting to reach another human being across the barrier of altrerity or radical otherness as conceived by the French philosopher, Emanuel Levinas (1993), Kirmayer (2008) and Kirmayer and Bennegadi (2011) addressed the problem of how a person can meaningfully, sensitively, and accurately express empathy across two major divides, those of psychopathology and culture. Moreover, they construed this challenge not simply in terms of overcoming difficulties in reaching the other person, the object of empathy, but also in recognizing the limits and distortions resulting from the empathizer's perspective and experience. Perhaps the most striking example

of barriers to empathy is provided by the communications and self-expressions in schizophrenia. Karl Jaspers (1913/1997) coined the German term *uneinfuehlbar,* which can be translated as unempathizable or impossible to empathize with. On the basis of his clinical observations, Jaspers concluded that even a sympathetic clinician would experience difficulties empathizing with schizophrenics' self-descriptive and self-expressive utterances. These accounts fail to evoke emotional resonance in even a receptive listener, and this is true not only of symptoms of thought disorder such as delusions and hallucinations. Rather, schizophrenic speech is often filled with mundane and trivial detail and is devoid of proportionate affective charge. It should, however, be emphasized that the lack of "empathizability" has never been demonstrated to be characteristic of all schizophrenics nor has it been shown to occur consistently and predictably across situations and time. Unfortunately, more recent and systematic investigations about this phenomenon are lacking. At the present state of knowledge, all that can be said is that some clinically sensitive and erudite clinicians have felt difficulty to subjectively experience their schizophrenic interviewees' affective and cognitive state. Unempathizability remains a fascinating and enigmatic possibility that deserves to be investigated with a variety of methods, from phenomenological to experimental. Jaspers (1997/1913) drew a sharp contrast between schizophrenia and affective disorders, which he claimed were much easier for the clinical observer to tune into and to experience emotionally in synchrony with the client. Kirmayer (2008), however, has identified two additional mental disorders that pose challenges for clinicians in attaining and maintaining empathic concern, major affective disorders and borderline personality disorder. In the former condition, the principal obstacle for professional observers and interviewers in vicariously experiencing the patient's distress is not the intensity of depressive affect and mood that is characteristic of deep depression, but its unchanging quality across time and situations. With borderline patients the clinician is confronted with sudden and unpredictable shifts of intensive affect which leave her or him behind and hinder timely and spontaneous empathic identification with the patient's psychological state.

Moreover, in his seminal article on high-functioning autistic children, Asperger (1944) explicitly observed that their arbitrary and unpredictable behavior and their abrupt shifts of affect made it impossible even for the trained clinical staff to emotionally share and cognitively identify autistics' subjective experience.

Remarkably, Kirmayer does not recommend a unitary and definitive solution for crossing this gulf in empathy. In communicating with schizophrenics, verbal productions, fictional representations, and phenomenological accounts are potentially useful, but do not hold the key to assure a truly empathetic contact with the schizophrenic's inner world. Somewhat resignedly, Kirmayer (2008) concluded: "it may be that the nonnarrative organization and intensity of metaphor and imagery of lyric poetry provides a better vehicle for communicating the texture of illness experience" (p. 464).

Radical otherness is also encountered, and, in the optimal case, overcome in dealing with culturally heterogeneous mental health clientele in multicultural metropolitan population centers. The specific site of Kirmayer's observations was Montreal, Canada, with a population of francophone and anglophone Canadians. For a great many decades, Montreal has experienced an influx of immigrants from many regions of

the world. A continuous flow of political and economic refugees, many of them traumatized and distressed, has added urgency to the task of developing culturally sensitive mental health services. Added to this mix, the rapid pace of social change, associated in part with the pressures of globalization, has exacerbated the need for flexible and efficient approaches to assessment and treatment. Kirmayer's (2008) observations and formulations may serve as a model for a great many similar settings around the world. With his associates, Kirmayer (2008) has developed the Cultural Consultation Service (CCS) to provide culturally sensitive approaches to clinical case formulation and to designing and recommending culturally appropriate interventions. In addition to the usual professions represented in an interdisciplinary treatment team, the judgment of cultural mediators of culture brokers is utilized in providing inputs on the clients' formative experiences, expectations, apprehensions, and their culturally based modes of self-presentation, with special emphasis upon their culture's implicit models of distress. Moreover, CCS calls into question the widely held belief that the clinician's viewpoint is solidly anchored in objectivity and that it virtually corresponds to reality. Instead, CCS is based upon the recognition of the possible biases by the clinician that need to be taken into account in the course of assessment and in planning intervention CCS is founded on a model that emphasizes the encounter of two (and sometimes more than two) cultures that may produce misunderstandings. These complications must be identified and overcome in order to assure a free flow of communication between the clinician and the patient. The product of these procedures in the optimal case is realistic empathy that is expressed in a readily comprehensible manner within the patient's cultural milieu. Kirmayer and Bennegadi (2011) assert that empathy is not an automatic result of encountering the other. Rather, it is based on the in-depth knowledge of the other's social background and is facilitated by the readiness to reach out to him/her. "Thus, empathy contributes to change the nature of the bond of living together in the everyday world" (Kirmayer & Bennegadi, 2011, p. 25).

Inclusive cultural empathy. Pedersen and his associates (Pedersen, Crathar, & Carlson, 2008; Pedersen & Pope, 2010) have introduced a model of counseling that rests on the concept of Inclusive Cultural Empathy (ICE). It is termed inclusive because it applies to any and all groups that have been, implicitly or explicitly, excluded or marginalized from the majority or mainstream culture. In the United States such a designation applies to the major ethno cultural components of the population that over the course of their history have experienced segregation, discrimination, and other social disadvantages, as well as women, sexual minorities, and persons with disabilities all of whom have also endured many limitations of their opportunities as well as infringements of their human rights. Although spectacular progress has been made in the second half of the twentieth and the first two decades of the twenty-first century, full equality for everyone remains an ideal that has not as yet been fully achieved. For counselors and psychotherapists to pretend that these problems have been fully resolved would be tantamount to denial of reality. This is the background background for the design of sensitive and appropriate services for these partially excluded or misunderstood segments of the American population. ICE posits that counselors and psychotherapists should cognitively immerse themselves into the subjective world of their culturally distinctive clients in order to learn about their characteristic attitudes,

values, and concerns as well as their social grievances and aspirations. Pedersen et al. (2008) are adamant in insisting on the imperative need for counselors to familiarize themselves with the sociopolitical situation of the groups that they serve in order to understand the frustrations and strivings in their lives, Affectively, counselors should place themselves in their clients' situations. To this end, Pedersen et al. (2008) have proposed the Awareness-Knowledge-Skill model whereby the counselor is helped to acquire and put into practice "accurate assessment, meaningful knowledge, and appropriate skill" (p. 230) In pursuit of these objectives, they have developed a number of approaches on the basis of the concept of culture teachers. In Pedersen's et al's conception, culture teachers are a host of individuals who in the course of a lifetime have left a mark on the persons' selves, their modes of acting and experiencing their sense of belonging or its absence and a great many other facets of living. Some culture teachers stand out in the counselees' memories, others have fused, and many are no longer within their store of awareness. Nonetheless by helping disentangle at least some of these threads, empathy can be more individually communicated and the personalized history of each person and his or her own subjective culture can be jointly discovered.

Pedersen and Pope (2010) emphasize that the ICE counseling process represents the encounter of two subjective worlds, those of the counselor and the counselee. In contrast to standard noncultural counseling, there is no unspoken assumption in ICE that the counselor's perspective is more valid than that of the counselee. These two overlapping, yet never identical, perspectives remain to be negotiated, reconciled, and eventually integrated in the counseling process, In the course of the counseling experience, complexity, unpredictability and ambiguity are inevitably increased.

In this respect, ICE converges with the description of the features of the multicultural approaches to assessment and therapy developed by Kirmayer (2008) in Montreal. And the emphasis that Pedersen et al., (2008) place on a thorough familiarization with the cultural group's history of struggle against oppression as a prerequisite to counseling its members bears some resemblance to Volkan's (1999) insistence that the facilitators of intercultural group discussions immerse themselves in the history of contending groups' "chosen glories" and "chosen traumas."

Integrative therapy of body and mind. Frank Staemmler (2013), a therapist with rich experience of practicing Gestalt therapy in Germany, has recently proposed a novel formulation of the role of empathy in the psychotherapeutic process. In his view, psychotherapy is initiated to overcome the intrinsic loneliness of human beings and their longing for a genuine I-thou encounter (Buber, 1958). Psychotherapy has the potential to raise the curtain, if only in part, on the unique mystery that each human being's life represents. In the course of his evolving conception of psychotherapy, Staemmler expanded the scope of empathy and reaffirmed its crucial role as an active ingredient of therapeutic change. In particular, he questioned three aspects of the traditional concept of empathy. First, he critiqued the traditional assumption of one-sidedness which conceives the flow of empathy as unilateral, from the therapist to the client. Second, he objected to regarding the empathic communication as an exclusively or primarily erbal exchange. Third, he rejected the widespread, if implicit, conception of the client as a self-contained, isolated individual. Instead, Staemmler (2013) conceived psychotherapy as a bilateral process in which empathy is felt and

experienced by both therapist and client who jointly bring about therapeutic change. In line with the findings on the neuropsychological and psychophysiological advances pertaining to empathy, he advocated empathic understanding of the bodily processes involved in responding to and initiating empathy. Finally, empathy in his view therapy constitutes a potent agent in counteracting the sense of being alone, isolated, unknown, and not understood. Staemmler (2013) also raised the question of the outer limits of empathy. Are empathy and interpretation mutually exclusive processes, as they were conceived by Rogers (1957), or does empathy gradually shade off into interpretation? And does empathy encompass unconscious processes that by definition remain outside of the person's awareness. On the micro-analytic level, Macri, Ham, Moran, Orr, and Scott (2007) investigated the relationship concordance of physiological indicators with: therapist's empathy as perceived by the client, and with the social-emotional process during therapy. Skin conductance ratings were obtained from both therapists and clients in established dyads. At the moments of high skin conductance, more positive socio-emotional interactions were observed in both patients and therapists, indicative of correspondence of psychophysiological arousal with empathy.

Radical empathy in healing. At the outer limits of empathy, Koss-Chiono (2013) described spiritual healing as a psychological state in which the experience of arousal concurrent with empathy reaches the highest degree. In training for becoming a healer the trainee must undergo a transformative experience which involves intense suffering. Frequently, the trainee is a "wounded healer" initiated into her/his healing role as a result of suffering and serious illness. As she observed the activities of *espiritista* healers in Puerto Rico, Koss-Chiono (2013) realized that its crux was what she came to call radical empathy, i. e. healing the sufferer by experiencing, and no just sharing, his or her distress, which is accomplished with the help of elaborate rituals designed to concretize the role of spirits in this progression. The focus of empathy is on the healer's experience which produces empathic imitation in the patient. This is accomplished through the shared reality of experiencing spirits as the mediators of healing.

Confronting obstacles at the start of therapy: suggestions for various attachment styles. Working in the context of client-centered and emotion-focused therapy, Baljon and Pool (2013) in The Netherlands encountered major difficulty in initiating psychotherapy with their clients. Attempting to reflect their clients' feelings, they found that there were no feelings to reflect, despite intense distress and sincere conscious desire to engage in therapy. What held these clients back was deep distrust and fear to be confronted with and to communicate their present affective state. It is incumbent upon the therapist to respond empathetically to the incongruence and fragility that such clients experience. Beyond that, Baljon and Pool (2013) provide tentative suggestions for sensitive response to several attachment styles. They claim that avoidant clients can be reached and helped by the therapists responding to what the client is actually saying and by reducing the client's fears of their feelings through normalization and psychoeducation. With clients presenting a preoccupied style, Baljon and Pool (2013) recommend providing structure in the form of short summaries, and disorganized attachment style may benefit from receiving immediate feedback. The burden is upon the therapist to find a way of empathetically responding consistent with the specific client's attachment style.

Empathy and Professional Healing: Research on Medical Students and Physicians

Hojat (2007) conducted what may well be the largest project on the role of empathy in medical education and practice. Its site was the Jefferson Medical College in Philadelphia, and it involved obtaining information on the fluctuations of empathy as medical students went through their studies and training and copious data on group and individual differences among them as well as the relationship of empathy to patient care and several additional variables. The ultimate expectation by which this research was guided was that an empathic clinician-patient relationship would improve not only the well-being of the clinician, in its physical, mental, and social aspects, but that it would have a beneficial effect upon the patient as well. Surprisingly, Hojat (2007) reported that the level of empathy tended to decline in the course of medical school. In relation to the choice of specialty areas, higher empathy scores were associated with specialties in primary care that require continuous contact with patients, in contrast to the selection of technology-oriented or procedure-centered areas of specialization which involved less interaction with specific patient interaction and greater reliance on technical expertise and skill. Empathy was also positively correlated with emotional intelligence and sociability and negatively with aggression-hostility. Relationships between multiple-choice science tests and empathy were negligible, but they rose to a significant level and became positive when global medical competence was assessed.

What is the effect of these findings upon patient outcomes? On the basis of accumulated research results from a variety of sources Hojat (2007) was able to corroborate the principal expectation at the outset of his project: physicians' empathic orientation promotes positive patient outcomes, from satisfaction with the services received to reduction of malpractice claims as well as more effective control of chronic diseases. In keeping with these findings, independently, Reiss (2010) included in the list of the specific physiological effects of empathic relating improved immune function, reduced frequency of asthma attacks, and lessened duration of colds and of hospitalization. Still, Hojat (2007) acknowledged that the impact and extent of physician's empathic engagement needs to be even more intensively and conclusively investigated. Another challenge is to develop empirically demonstrated approaches in order to enhance empathy during and following the arduous four years of medical training or at a minimum to reverse its possible decline. Procedures developed to that end include perspective-taking, role modeling and role taking, and interpersonal skills training. In general, it appears that experiential methods are superior in effectiveness than purely didactic and academic methods, but the validity of this impression should be corroborated by rigorous empirical comparisons. Halpern (2012) proposed that helping professionals strive for the attainment of the following four goals in order to implement empathy in their clinical operations: 1. cultivating genuine curiosity, 2. striving for consistent nonverbal attentiveness, 3. maintaining genuine, proportional concern, 4. instilling a culture that provides for both social support and self-care. As far as I know, these principles have as yet not been systematically or thoroughly tested in the course of training clinical and counseling psychologists, and no project analogous to Hojat's (2007) research has been completed.

Measures of Empathy

A plethora of empathy measures has been introduced over the last several decades. One of the first attempts to that end was undertaken in the context of developing outcome measures for client-centered therapy. Truax and Carkhuff (1967) Relationship Questionnaire included a subscale designed to assess therapist's accurate empathy. More general instruments that were designed, validated, and factor-analyzed in the process of their development include the Empathy Scale (Hogan, 1969), the Emotional Empathy Scale (Mehrabian & Epstein, 1972) the Interpersonal Reactivity Index (Davis, 1983). All of these measures continue to be used in current research. A specialized instrument constructed and validated with exemplary care, thoroughness, and sophistication Is the Jefferson Scale of Physician Empathy (Hojat, 2007) which was explicitly designed for application in relation to empathy in medical settings and patient care. Another recent addition to the armamentarium of empathy measures is the Empathy Quotient (Baron-Cohen & Wheelwright, 2004) which is described in the context of its use in a section of this article below. The Scale of Ethnocultural Empathy constructed by Wang, Davidson, Yakushko, Savoy, Tan, and Blayer (2003) has received support from low correlation with racism and prejudice scores. All of these measures are based on self-reports and are thereby dependent on the person's ability and willingness to self-disclose, which may not be a major problem with cooperative and motivated participants. The construct of empathy carries positively valued connotations, and its measures may be affected by social desirability. This expectation, however, has not been corroborated in studies in which social desirability and its relationship to empathy have been explicitly assessed (e. g., Nanda, 2014).

All of the scales described above are of the paper-and-pencil self-descriptive format. For work with children, Feshbach and Roe (1968) constructed a thematic picture-story test designed to elicit empathy with four basic affective states, happiness, sadness, fear, and anger. To counteract the one-sidedness of current measures of empathy, it would be desirable to create similar measures, with age-appropriate variations for adults. Moreover, other approaches for the assessment of empathy, such as facial expression recognition tasks, sociometric nominations, content-analysis of descriptions of self and others, and interviews with individuals who have performed unusual or exceptional feats of empathy should be more prominently and frequently utilized.

Individual Differences in Empathy: Personality, Gender, and Psychopathology

Personality. It is self-evident even on the basis of casual surface observations, that people differ in the degree and manner in which they experience and express empathy. There are also readily apparent differences across situations in the readiness with which empathy Is communicated. Does a disposition toward empathy exist and is it general across target persons, situations in which it is provoked, and other variables? And indeed, if such a disposition is actually demonstrated, with what kinds of personality and other characteristics is it associated? These questions have been posed for as long as research on empathy has been pursued. As yet, investigations have yielded only partial and fragmentary answers. An early review of empathy as a personality disposition (Johnson,

1990) led, among other things, to the following conclusions: 1. Empathetic individuals tend to form more accurate judgments of personality than others. 2. Perspective taking, a fundamental aspect of empathy, is crucially related to role-playing ability. 3. Empathic persons impress others as perceptive and compassionate, which facilitates the development of trust and opens the channels of communication, especially in counseling and psychotherapy. 4. Moreover, empathic persons have been found to enjoy interacting with others, which steers them to social, rather than impersonal and technical occupations. 5. Empathy is related to the temperamental variables of social self-confidence, even-temperedness, and nonconformity which bear some resemblance to the three heritable temperaments of sociability, emotional control vs, spontaneity, and impulsivity respectively, as identified by Buss and Plomin (1975). It should be added, however, that only some of Johnson's (1990) conclusions rest on specific research evidence; others constitute plausible inferences from a composite of findings.

More recent research has been largely focused on the relationship of the Big Five dimensional personality model (McCrae and Costa, 2003) to empathy experienced in specific settings or manifested consistently across time and situations. In studies conducted in Canada (Claxton-Oldfield & Banzen, 2010), Japan (Wakabayashi & Kawashima, 2015), Spain (Del Barrio, Aluja, & Garcia, 2004), and the United Kingdom (Nettle, 2007) investigators attempted to establish links between the Big Five dimensions and two thoroughly validated and widely used empathy indicators, Empathy Quotient (EQ) (Baron-Cohen and Wheelwright (2011) and Interpersonal Reactivity Index (IRI) (Davis, 1983). The cumulative results of these investigations point to significant correlations between several Big Five factors and empathy measures. The share of the variance captured by this relationship varied from slight (Wakabayashi & Kawashima, 2015) to substantial (Nettle, 2007). These findings were partially confirmed and extended in a major four-country study by Melchers, Li, Haas, Reuter, Bischoff, and Montag (2016). In university-based samples in China, Germany, Spain, and the United States, Melchers et al. (2016) found associations between the two empathy measures, Empathy Quotient (EQ) and IRI, and the Big Five dimensions of Agreeableness and Conscientiousness. Moreover, this relationship was evident in the total sample as well as in the samples in each of the four countries. The effect sizes were moderate at all sites of investigation. There were no cross-cultural differences detected in empathy levels or in the relationships between personality and empathy. Thus, a significant relationship between the Big Five dimensions and empathy has been established. However, it does not appear that any of the components of the Big Five constitute major personality determinants of the disposition toward empathy or of empathy as trait. To pursue the search for such personality characteristics, investigators must look elsewhere. In the process, they should extend their vistas beyond the paper-and-pencil self-report measures which at this point constitute the major tool of personality research. Rather, these research instruments should be supplemented by self-expressive, constructional, biographical, and other procedures.

Gender. One of the most robust findings pertaining to empathy has been the consistently higher score of women on various self-report scales of this variable. From the early reviews of the research evidence available at that time (Block, 1976) to the recent integrative surveys of the accumulated research findings (Baron-Cohen, 2012; Hojat,

2007) women's self-descriptions as superior in empathy have been repeatedly confirmed. Although the bulk of these results has come from the United States, research conducted in Spain (Mestre, Samper, Frias, & Tur, 2008) and in Poland (Kliszcz, Hebanowsky& Rembowsky, 1998) is in conformity with this trend. On this foundation Baron-Cohen (2012) proposed a bold biological theory to explain gender differences in empathy. Appropriately called the Extreme Male Brain (EMB) theory by its originator, it proceeds from the observation that persons with Asperger syndrome are low in EQ (Empathy Quotient) but high in SQ (Systemizing Quotient). The SQ > EQ pattern, found in Asperger syndrome and in a variety of normal or pathological conditions is the hallmark of masculine functioning. Its origin is traceable to high fetal testosterone levels, and this claim has received research support in a critical review by Teatero and Netley (2013). Still, unanswered questions remain. What is the prototypical condition of EQ > SQ or of extreme, and possibly, maladaptive empathy? Why is the SQ > EQ condition not associated with aggression and cruelty in the Asperger syndrome, which are purportedly negative markers of masculinity? In any case, the EMB theory explicitly posits empathy's biological origin and underemphasizes environmental and cultural influences upon gender differences in empathy. The gist of the EMB theory is the assertion that the male brain is programmed to systematize and the female brain to empathize. Research over close to the last four decades has cast doubt on the generality of the difference between women and men in empathy. In an early review of this topic, partially based on meta-analyses, Eisenberg and Lennon (1983) concluded that there was a large difference between males and females on general self-descriptive empathy questionnaires, with women consistently obtaining higher scores. Moderate differences were found on expressive and self-report measures in actual laboratory tasks of responding to other persons' emotional states, but such differences disappeared when empathy was assessed by means of physiological techniques available at the time. More recent research with a variety of approaches confirmed this discrepancy. In a study of children and adolescents Michalska, Kinzler, and Decety (2013) found that upon viewing an animated strip involving injury and suffering to the person depicted, girls scored higher than boys on self-reported empathy. However, they did not differ in hemodynamic measures or pupillary dilation. A longitudinal investigation of 13–16 year-old adolescents of both genders in Spain by Mestre et al. (2009) confirmed the greater empathic response in females than males, but only on verbal measures, while neuroimaging responses remained virtually equal across genders. The discrepancy between males and females in verbal measures increased with age, but no such increase was observed in cerebral indicators. Similar findings were obtained by Rueckert and Naybar (2008) who contrasted the significant differences in explicit or verbal ratings between men and women and their absence on neuropsychological indicators. Klein and Hodges (2002) found that women outperformed men on a measure of empathic accuracy when they were told that the task was a measure of empathy. Once the instructions were changed and the participants were promised payment for accuracy, the discrepancy between genders disappeared. Nanda (2014) explicitly predicted that differences between males and females on IRI, a widely used empathy scale, would be affected by the written introduction to the measures. For one group of participants, the scale was presented as a measure of empathy and for another as an indicator of social abilities. The results

turned out as predicted: with empathy instructions women exceeded men in empathy scores; no such difference appeared when the measure was termed a scale of social ability. These findings open the possibility that levels of self-reported empathy are influenced by social expectations and gender stereotypes. Nanda (2014) suggested that her study be extended cross-culturally in order to investigate the possible impact of variations in gender roles, especially in cultures were they are pronounced and sharp. In any case the relationship between empathy and gender has turned out to be more complex than it appeared. Future research allowing for the study of interactions of empathy, in its several manifestations, with gender, situation, and culture under experimental and naturalistic conditions may elucidate the role of the multiple facets of the experience of empathy and integrate them in a global conceptualization.

Psychopathology. Subtle or pronounced empathy deficits are encountered in a great many mental disorders. Baron-Cohen (2012), singled out four categories of psychological dysfunction in which disturbance of empathy is especially prominent. They are psychopathic personality or antisocial personality disorder (APD)*, narcissistic personality disorder (NPD), borderline personality disorder (BPD), and the autistic spectrum disorders (ASD) including the Asperger Syndrome. In relation to APD, there is a virtual consensus among investigators on the presence of empathy deficit. Disagreement, however, exists as to its focus and range. On the basis of reviewing the yield of cumulative research findings, Blair (2007) concluded that antisocial individuals do not exhibit dysfunction in cognitive empathy. They are, however, characterized by a deficit in emotional empathy, which, moreover, is selectively concentrated upon negative emotional states such as fear and sadness. In fact, Blair (2007) considers this dysfunction to be "at the heart of the disorder" (p. 13), localized in the amygdala, insula and the orbital and ventrolateral cortex. Focusing upon a more specific aspect of cognitive empathy, namely the ability to accurately identify other persons' emotions in a laboratory measure of simulated interpersonal interaction, Brook and Kosson (2013) reported that impairment of empathic accuracy was associated with high scores on a psychopathy checklist in a sample of incarcerated male offenders. Moreover, this impairment was most pronounced for negative emotions, and was non-significant for positive emotional states such as joy. Thus, Brook and Casson (2013) both corroborated Blair's (2007) conclusions, pertaining to the impairment of empathy for sadness and fear, and called parts of them into question, pertaining to the lack of impairment of cognitive empathy in psychopathy. Research-based findings are more limited and less conclusive in relation to NPD and BPD A large scale study of patients with narcissistic personality disorder in Germany (Ritter, Dziobek, Preissler, Ruter, Vater, Fydrich, Lammers, Heckeren, and Riepke, 2010) allowed its authors to conclude that NPD involves deficits in emotional empathy while cognitive empathy appears to be unaffected. On the basis of clinical observations and other sources of information Baron-Cohen (2012) posited the absence of empathy as

* The two diagnostic entities of antisocial personality disorder and psychopathy overlap, but are not entirely co-extensive. Psychopathy, as diagnosed on the basis of Hare's (1980) checklist, derived from Cleckley's original criteria, encompasses interpersonal and affective traits. Diagnosis of antisocial personality disorder in DSM-5 is based exclusively on socially deviant, mostly aggressive, exploitive, and manipulative behavior. Lack of empathy is featured in both lists. The diagnostic standards for psychopathy have been used in most of the studies included in this review.

a prominent criterion of NPD, and it is recognized as such in DSM-5 (American Psychiatric Association, 2012). Baskin-Sommers, Krusemark, and Ronningstam (2014) added the finding that persons with NPD tend to overestimate their ability to experience emotional empathy. Thus, the complexity of empathic functioning in NPD is only beginning to be unraveled. There is even more ambiguity in the evidence pertaining to BPD. In an elaborate study involving dyads in which one member was high in BPD symptomatology and the other low, participants were tested for the empathic accuracy of their judgments of the other person's emotional state (Flury & Ickes, 2006). On this task, the high-borderline group performed no better or worse than their low-borderline counterparts, thereby dispelling the notion of borderlines' superior ability to detect other people's feelings and thoughts (Schmid Mast & Ickes, 2007). At the same time, the opposite expectation, that BPD's would be inferior to normal individuals and to persons in other diagnostic categories on Baron-Cohen's (2012) indicators of empathy has not been consistently confirmed. Preoccupied as they are with their unstable and inconsistent emotions, BPD's display fluctuation across situations and inconsistency across persons in their emotional empathy levels (Baskin-Sommers et al., 2014). Persons with ASD, including Asperger syndrome, constitute another nosological category that has sparked a lot of empathy-related research and has led to innovative theoretical formulations, Reviewers o this field of study (e. g., Baron-Cohen, 2012; Hobson, 2007) hold that low empathic ability prevails among persons with ASD, and that lack of emotional contact between a person with ASD and other humans constitutes, as the originator of the concept of autism, Kanner (1943), posited, the core feature of the disorder. Upon comparing children with ASD's with their peers who were afflicted with conditions unrelated to autism as well as with children free of psychiatric disturbance, Yirmiya, Sigman, Kasari, & Mundy (1992) and Dyck, Ferguson, & Sheshet, (2001) found ASD children performing lower on several empathy-related tasks, such as identifying affects experienced by others, perspective taking, and affective response to the other child's emotional state. In several studies reviewed by Hobson (2007) and McDonald and Messinger (in press) even at the age as young as 20 months of age, children with ASD exhibited less concern for others in distress than both normally functioning children and children with developmental delays. McDonald and Messinger (in press) also reported findings pointing to a negative relationship between the severity of autistic symptoms and the development of empathic responses in children of two years of age. Decety and Meyer (2008) asserted that the dysfunction of the mirror neuron system in ASD may interfere with the normal development of connectedness between the self and others triggering a host of social deficits including those of empathy. Dziobek, Rogers, Fleck, Bahnemann, Heckeren, Wolf, and Conwit (2008) demonstrated that in Asperger's syndrome, considered to be the intellectually highest variant of ASD, deficits were present in cognitive, but not in emotional, empathy, which is the inverse of the findings. In psychopathic disorders, where defecits in emotional empathy predominated and those of cognitive empathy were low or absent. This contrast was noted by Baron-Cohen (2012) who further investigated the association between the low empathy scores of persons with Asperger syndrome in comparison with a random sample of normal adults with no history of psychiatric observation or treatment (Goldenfeld, Baron-Cohen, Wheelwright, Ashwin, & Chakrabarti, 2007). Asperger syndrome patients were found to be low in EQ's, but high in Systematizing

Quotient (SQ), a measure of abstract, analytical thinking developed and validated by Baron-Cohen, Richler, Bisrrya, Gurunathan, and Wheelwright (2003). High EQs point to associative, intuitive, and inductive strengths mainly in interaction with people; high SQ's capitalize upon impersonal, logical, and organizing abilities, mainly in dealing with objects and concepts. These findings led to the formulation of the Extreme Male Brain theory (Baron-Cohen, 2012) which was introduced in the preceding section. Variations in empathy have also been proposed and investigated in relation to schizophrenia and depression. Lee (2007) concluded upon completing a survey of the available clinical and formal research studies that n schizophrenics as a group exhibit a generalized deficit across the gamut of empathy-related operations. Both emotional and cognitive empathy are affected, along with the more general feature of emotional arousal. On the basis of neuroimaging studies, the medial prefrontal cortex is likely to play a prominent role in these processes, along with a decreased activation of the amygdale. Several clinical symptoms in schizophrenia such as affective blunting and inappropriate affect may be related to empathy deficits. In regard to depression, O'Connor, Berry, Lewis, Malhenn, and Cristosomo (2007) formulated a novel theory that bridges the gap between perspective taking and depressive disorder. To this end, O'Connor et al. (2007) conducted a path analysis with the mediating variables of empathic concern, survivor guilt, empathic distress, and neuroticism, with a cumulative fit index of 0.95. This indicates that cognitive empathy in the form of concern for other people and possible worry about them is augmented by survivor guilt, which occurs when other people encounter misfortune, especially when such experiences are accompanied by instances of success or good luck in the person's own life. Survivor guilt may lead to empathic distress, or preoccupation with other people's misery, and the probability of such distress is enhanced by neuroticism or susceptibility to disruption through stress and anxiety. The endpoint of this progression is the experience of depression that is paradoxically brought about by an excess of empathy, one of the few thoroughly investigated instances of empathy impairing well-being rather than promoting it. Aggression and antisocial and/or criminal behavior are not diagnostic categories, but they overlap with indicators of maladaptation. In an international meta-analysis a team of researchers in The Netherlands (van Langen, Wessick, van Vogt, van der Strouwe, & Stams, 2014) investigated the relation between empathy and offending. Von Langen et al. found that cognitive empathy was more strongly linked to offending than affective empathy. In a large random sample of Spanish adolescents Mestre Escriva, Samper Garcia, and Frias Navarra (2002) studied the role of empathy as predictor of aggressive and prosocial conduct. Their findings point to the major role played affective empathy in predicting prosocial characteristics. Cognitive empathy also contributes to this process, but to a lesser degree. Mestre Escriva's et al.'s (2002) principal finding concerns the effect of empathy of both varieties in reducing the probability of aggression and inhibiting its manifestations. Bjorkquist (2012) studied bullying in Finland's schools in its direct and violent as well verbal and indirect forms. On the basis of copious observations obtained over an extensive periods of time, he was able to conclude that empathy, assessed by means of peer ratings, is negatively related with bullying. From three different viewpoints, researchers have shown that empathy and aggressiveness tend toward incompatibility. Phenomenologically, it is hard to feel angry and empathetic at the same time; aggressiveness reduces empathy while empathy reduces aggressiveness.

Empathy in Reducing Prejudice and Improving Intergroup Relations

On an intuitive basis it can be asserted that prejudice impedes empathy and that empathy lowers prejudice. This expectation has guided a major research effort by Dovidio, Johnson, Gaertner, Pearson, Saguy, and Ashburn-Nardo (2010) who found that experimental arousal of empathy was effective in reducing prejudice toward African Americans in the United States. This objective was accomplished by creating conditions for Caucasian American participants to take the perspective of African American victims of discrimination and social injustice. In a subsequent study Dovidio et al. (2010) established that the awareness of a shared threat promotes increased empathy across group lines and results in reduction of intergroup prejudice. Vescio, Sechrist, and Paolucci (2003) also demonstrated that perspective taking or the cognitive aspects of empathy promote the reduction of outgroup stereotypes and that this effect was enhanced by the experience of affective empathy. In a meta-analysis of over 500 studies Pettigrew and Trapp (2008) confirmed that intergroup contact brings about the reduction of prejudice. The three mediators that promoted this relationship were enhanced knowledge of the target group, reduction of anxiety, and increased empathy and perspective taking, and it is the combination of the latter two factors that produced the greatest results. On the basis of neuroimaging studies, Cicara, Bruneau, and Saxe (2011) reported that suffering by members of outgroups elicits lower empathic responses than suffering by a member of one's own group and, in the context of intergroup rivalry, may even provoke reactions of pleasure at other person's distress. Cikara et al. (2011) suggest that further advances in understanding empathy would benefit by investigating its limitations. This objective was also pursued by Gutsell and Inzlicht (2010). They explored the workings of perception-action-coupling (PAC) which underlies interpersonal sensitivity including empathy. By means of PAC the neural system is vicariously activated during the perception of another person's action. Gutsell and Inzlicht (2010) demonstrated that PAC, as indicated by electroencephalographic oscillations, is observed with members of ingroups. This effect diminishes or disappears with outgroups, and the impact is magnified with those outsiders who are disliked and/or are objects of prejudice. Thus, the conclusion from this sampling of recent research studies is twofold: On the one hand, empathy does not easily cross the ingroup-outgroup divide. On the other hand, procedures developed for this purpose hold great potential for improving intergroup relations substantially and enduringly (Dovidio et al., 2010).

Digital vs. Face-to-Face Communication: A Threat to Empathy

In a recent book Turkle (2015) opened a new area of inquiry. Upon conducting over 150 extensive open-ended interviews with children, adolescents, and adults in family, school, and work settings, she arrived at the realization that the new digital communication devices such as smart phones may appear to facilitate interpersonal contact while they fundamentally obstruct unimpeded and spontaneous, multichannel conversation between persons. What is specifically impaired in this process is empathy. Electronic communication is limited to the transmission of verbal content (with a few minor exceptions). What it leaves out is the gamut of nonverbal signals in face-to-face communication: facial expression, intonation, volume, eye-to-eye contact. All of these

features supplement the verbal message and provide feedback to the interlocutor. Taken together, they provide information on the person's affective state and make empathy possible. The mutuality of this process fosters a bilateral relationship. Conversely, the interposition of electronic devices detracts from the attention and commitment to the other person. The antidote to this digitally caused isolation is conversation. In line with this recognition, addressing parents, Turkle (2015) urged: "So instead of doing your email as you push your daughter in her stroller, talk to her" (p. 43). Children and adolescents, but also some adults find the openness and potential emotionality of direct communication threatening and shun it in favor of digital devices. Turkle's observations are consistent with the results of a meta-analysis of 72 studies of changes of dispositional empathy in American college students by Konrath, O'Brien, and Hsing (2001). The results of this study pointed to a 40 percent decline in empathy levels over a twenty-year period which Konrath et al. attributed to reduced face-to-face contact with peers. No alternative explanations have been offered. The meta-analysis by Konrath et al. (2001) is the first research project to document temporal trends in empathy levels and to plausibly relate them to antecedent conditions. What other social factors and/or technological developments may be associated with empathic responsiveness? Turkle's (2015) contextual approach to the study of empathy has demonstrated its potential and deserves to be extended. It is worth noting that the findings reported in this section are limited to samples in the United States. Would observations and findings be similar or different in another region or country, for example in the Baltic States? What cultural and other variables would be relevant to consider in future replications and comparisons?

Conclusions

A multitude of topics has been investigated by means of a wide range of methods in a great many populations. The amount of research-based information has substantially increased since the turn of the twenty-first century, and several solidly demonstrated conclusions can now be offered.

1. Empathy is neither a derived characteristic nor an epiphenomenon. Its genetic and biological roots run deep. Its manifestations have been conclusively demonstrated in several mammalian species. In human beings, observations of empathy at as early as age two point to its biological foundation. The neuropsychological substrate of empathic activation is being actively and productively explored. Empathy is part of human nature, and its adaptive value and its evolutionary utility are significant.
2. The link between empathic disposition and altruistic action has been thoroughly investigated and has demonstrated its robustness. Attempts to reduce altruism and helping behavior to self-serving and other extrinsic motivational sources have been unsuccessful.
3. The role of empathy as an important component of psychotherapy effectiveness has been demonstrated. The question remains whether empathy is a necessary condition for the accomplishment of therapeutic objectives.
4. Promising developments have occurred in bridging the empathy gap with culturally different or diagnostically distinctive clients by means of Culturally Sensitive

Consultation and Inclusive Cultural Empathy as well as several other innovative formulations.

5. Deficits in experiencing empathy have been hypothesized for a great many categories of psychiatric disorder. They have been found to be particularly consistent and prominent in autistic spectrum disorders and psychopathy, and their extent and limits have been extensively investigated.
6. Women tend to exceed men in empathy on self-report measures, in occupational choices, and in many real-life situations. It is not clear, however, to what extent gender difference in empathy is influenced by female and male gender roles, promoting expressions of empathy in women and suppressing them in men.
7. Information remains somewhat sketchy on the personality components of empathic disposition as well as on the status of empathy as a unitary personality trait. There are no definitive results on empathy's personality antecedents, concomitants or correlates.
8. Differences between the affective and cognitive variants of empathy are well established in their behavioral, experiential, and psychopathological correlates as well as in their neuropsychological underpinnings.
9. Somewhat surprisingly, at its outer reaches, empathy has been found to be vulnerable to the upsurge of digital communication which screens out affective and personal involvement and favors impersonality. Many children, adolescents, and young adults prefer to communicate with the aid of digital devices rather than in person, thereby impairing their ability to receive and to express empathetic communications. Thus, empathy has shown to be fragile at its tallest branches.

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Baltic Journal of Psychology, 2015, 16 (1, 2), 55–71

Mothers of Children with Disability: Sense of Parenting Competence and Parenting Stress Changes After Participation in The Intervention Program "Caregivers' Self-Help and Competence"

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Abstract
Mothers of children with disability experience higher levels of stress, and this increased level of stress tends to be chronic and long-lasting. Mothers of children with disability play an essential role in the successful rehabilitation of their children, and when they are mentally and physically healthy and have a high sense of competence, they can provide support and protection for their children. The purpose of this study was to evaluate the effectiveness of a group-delivered intervention program Caregivers' Self-Help and Competence (CSC) which aims to help mothers restore their ability to engage in social functions, to reduce stress, and to facilitate parenting competence. The research group consisted of 96 mothers: 34 mothers who attended the CSC group, 28 mothers who attended a social support group, and 34 mothers who did not attend either. Mothers completed the Parenting Sense of Competence Scale (PSOC) and the Parenting Stress Index Short Form (PSI/SF) before and after participation in the groups. The results showed that mothers' participation in the intervention program CSC increased the parenting sense of competence and decreased parenting stress.
Keywords: children with disability, parenting stress, parenting sense of competence, intervention program, social support group.

Being the parent of a disabled child is not an easy task. Some parents of children with disabilities are coping well with the problems encountered, but some are experiencing long-term psychological stress. Accumulated parenting stress threatens the parents' management of their emotions (Farmer & Lee, 2011), and over time depletes the parents' physical and psychological resources, which are much needed in order for them to be successful and competent parents for their child with disabilities. There have been a number of studies (Baxter, Cummins, & Yiolitis, 2000; Evans, Sibley, & Serpell, 2009; Norizan & Shamsuddin, 2010; Parkes, Caravale, Marcelli, Franco, & Colver, 2010; Wallander, Pitt, & Mellins, 1990; Wulffaert, Scholte, & Van Berckelaer-Onnes, 2010; Yoong & Koritsas, 2012) which have examined the stress differences in parents of disabled children and parents of healthy children. In these studies, parents of disabled children have been found to have higher levels of stress. Elevated stress tends to be chronic and persists for a long period of time (Dyson, 1993; Glidden & Schoolcraft, 2003).

Increasingly the important role of parents in the rehabilitation of disabled children is being acknowledged. The child's physical health, social life and future depends greatly on how the parents deal with child-related problems, and how adaptive is their

parenting sense of competence (Gilmore & Cuskelly, 2012). Mentally and physically healthy parents with a high sense of parenting competence are better prepared to cope with the required tasks, and are abler to be supportive advocates for their child (Dekovic, Asscher, Hermanns, Reitz, Prinzie, & Akker, 2010; Feetham & Humerick, 1982; Finzi-Dotton, Triwitz, & Golubchik, 2011; Gilmore & Cuskelly, 2012; Trivette, Dunst, & Hamby, 1996).

Research indicates that parental intervention programs are important in the promotion of a parenting sense of competence (Goodman, 1992; Graaf, Speetjens, Smit, Wolff, & Tavecchio, 2010; Hudson, Campbell-Grossman, & Fleck, 2003; Kleefman, Jansen, Stewart, & Reijneveld, 2014; MacPhee, Fritz, & Miller-Heyl, 1996; McGillivray & McCabe, 2007; Nowak & Heinrichs, 2008; Peterson, Tremblay, Ewigman, & Saldana, 2003; Pisterman, Firestone, McGrath, Goodman, Webster, Mallory, & Goffin, 1992; Plant & Sanders, 2007; Roberts, Mazzucchelli, Studman, & Sanders, 2006; Tellegen & Sanders, 2013). The various existing intervention programs have been shown to improve parenting skills, life satisfaction, and family relationships (Barlow, Coren, & Stewart-Brown, 2002; Nowak & Heinrichs, 2008), reduce stress (McLennan, Doig, Rasmussen, Hutcheon, & Urichuk, 2012; Mullins, Aniol, Boyd, Page, & Chaney, 2002), raise the self-esteem of parents, provide action strategies, individual life satisfaction and psychological well-being (Feldman, McDonald, Serbin, Stack, Secco, & Yu, 2007; King, King, Rosenbaum, & Goffin, 1999; Trute, 1995). When parents are strengthened psychologically they become more competent in the upbringing of their children with disabilities (Blacher & Baker, 2007; Trute, Benzies, Worthington, Reddon, & Moore, 2010; Ylvén, Bjorck-Akesson, & Granlund, 2006).

According to the data of the Central Statistical Bureau of Latvia there were 7924 disabled children registered in Latvia in 2014, 90% of them living at home with their families. For these children, their physical health, in particular, their social life and future depends to a large extent upon their parents.

Parents in Latvia raising children with disabilities need the help and encouragement of social workers, lawyers, teachers and psychologists. Based on the recognition of the above and on the basis of existing intervention programs developed in the other countries, an original psychological intervention program has been developed in Latvia – "Caregivers' Self-Help and Competence" (CSC), focusing on the restoration of social functioning, stress reduction and parenting sense of competence promotion for parents of disabled children.

Johnston and Mash (Johnston & Mash, 1989), authors of the Parenting Sense of Competence Scale believe that parenting sense of competence consists of two major components: parents' self-efficacy, the degree to which the parents feel competent and confident in parenting their child; and satisfaction with their role as parents (Johnston & Mash, 1989). These two components affect the parent in regard to emotional, motivational, cognitive and behavioral aspects of parenting (Coleman & Karraker, 1997). First component – *Parental Satisfaction* is an emotional component or satisfaction with the role of being a parent – "the quality of affect associated with parenting" (Johnston & Mash, 1989, p. 251). The second Parenting Sense of Competence component is Efficacy or, as Johnston and Mash have mentioned, the parents' self-efficacy. The self-efficacy concept has been developed within social-cognitive theory. This concept was initially

proposed in 1977 by Bandura and it considers self-efficacy as an important personal resource, because it creates the basis for motivation, psychological well-being and achievement in a wide range of life domains. Bandura's self-efficacy concept is a belief in one's ability to control events in one's life, and to organize and carry out actions in order to gain certain achievement (Bandura, 1997). Self-efficacy is a belief system which affects how people feel, think, motivate themselves and behave (Bandura, 1992). It is the individual's confidence in their ability to control events, and the individual interpretation and causal attribution regarding these activities (Bandura, 1997).

In addition, studies indicate that the parenting sense of competence is negatively related to parenting stress (Cutrona & Troutman, 1986; Dunn, Burbine, Bowers, & Tantleff-Dunn, 2001; Hassal, Rose, & McDonald, 2005; McHugh & Reed, 2008; Teti, & Gelfand, 1991), and parents who have a high sense of parenting competence are less likely to experience depression (Gondoli & Silverberg, 1997; MacPhee, Fritz, & Miller-Heyl, 1996; Teti & Gelfand, 1991). Parenting stress or family stress is a result of the actual or perceived imbalance between demand (for example, challenge, threat) and abilities (e. g. resources, coping) (McCubbin & Patterson, 1983b). A stressful event in the family creates changes in various aspects of the family system: boundaries, roles, values, structures and objectives (Burr, 1989).

Studies indicate that parents of disabled children are experiencing higher levels of stress than parents of children without disabilities. Most often stressors persist in these families because the child's disability is continuous, therefore, this becomes a chronic stressor which can lead to both physical and mental disorders.

Causes of stress in families raising children with disabilities are many and various, including lack of information, lack of time, bad premonitions, too great of a sense of responsibility, lack of attention and appreciation, as well as anger, interpersonal problems, and health problems (Deater-Deckard, 2005). Stress also increases emotional reactivity and aggressive behavior in children with disabilities (Tervo, 2010), affects the child's adjustment, mood and can create concentration difficulties (Embregts, Bogaard, Hendriks, Heestermans, Schuitemaker, & Wouwe, 2010). Parenting stress arises from the parents' own demands upon themselves as the parents (Abidin, 1995).

Studies on stress associated with the raising of a disabled child indicates that parenting stress is one of the factors associated with the parents' behavior towards their child: parents who are experiencing less stress are more likely to offer their child assistance, and such parents have more positive interactions with their children (McCoy, Frick, Loney, & Ellis, 2001). Children in families with lower perceived parenting stress scores tent to have less behavioral problems (Peters-Scheffer, Didden, & Korzilis, 2012).

In contrast, parents who have high stress scores indicate less responsive child parenting (Belsky, Putnam & Crnic, 1996; Brobst, Clopton, & Hendrick, 2009), and these parents are more likely to be violent towards their child (Deater-Deckard, 2005). Higher rates of parenting stress can adversely affect a child's social and cognitive development (Neec & Baker, 2008).

In addition, the stress perceived by parents of children with disabilities can adversely affect the couple's relationship (Meadan, Hedda, Halle, James, & Ebata, 2010). Studies indicate that parents who have children with disabilities have a higher number of divorce (23.5%) than parents of children without disabilities (13.8%) (Hartley et al., 2010).

There are very few studies on parenting sense of competence in association with parenting stress. These few studies indicate that maternal stress negatively correlates with parental efficacy (Belchic, 1996; Geikina & Miltuze, 2012; Wells-Parker, Miller, & Topping, 1990), and point out that a higher sense of parental competence improves child functioning (Allen & Petr, 1998; Dunst & Trivette, 1988).

Summarizing these findings, it can be argued that the sense of parenting competence, parental self-efficacy and satisfaction with the role of parent, is associated with stress in a bidirectional manner. The sense of competence, including faith in their ability, largely determines how the environmental demands are assessed, and if these demands are viewed as a challenge, then the sense of competence becomes a resource for overcoming the stress. In turn, if the stress threatens the sense of competence, then parents who are experiencing stress, have reduced self-efficacy and satisfaction with the role of parenting.

Theoretical basis for the intervention program "Caregivers' Self-Help and Competence"

In summarizing the results of previous studies carried out in other countries on disabled children's parents' sense of competence, stress and effectiveness of intervention programs, it can be concluded that it has been repeatedly found that there is a very significant role of cognition or cognitive mechanisms (perception, interpretation and evaluation) in the process of the accumulation of stress. By means of these cognitive mechanisms, the person assesses both the environment and themselves, their abilities, desires and needs, and it is believed that these aspects are closely linked to the emergence of stress. Also, previous studies indicate that parenting self-efficacy is an important protective factor that reduces negative sequelae, for example – mothers with a high sense of parenting competence are less likely to experience depression (Gondoli & Silverberg, 1997; MacPhee, Fritz, & Miller-Heyl, 1996; Teti & Gelfand, 1991). Thus, parental intervention programs are important to promote a sense of parenting competence (Hudson, Campbell-Grossman, & Fleck, 2003; Miller-heyl, Macphee, Fritz, & Ute, 1998). 1998; Peterson et al., 2003; Pisterman et al., 1992; Sofronoff & Farbotko, 2002).

Research indicates that interventions which are focused only on one single area, such as the expression of emotion, are not as effective as those which address social, emotional and cognitive processes and work with them in tandem (Humphrey & Zimpfer, 1996; Summers, Behr, & Turnbull, 1989).

Having studied the experience from other countries on the development and application of intervention programs and taking into account the positive results reported from research findings, the CSC intervention program was developed, focusing on the emotional, cognitive and behavioral processes of the parents of disabled children. Cognitive-behavioral, mindfulness practice and relaxation techniques were incorporated in the CSC program.

The primary goal of the intervention program is to facilitate the identification or awareness of stressors which are faced most often by mothers of disabled children, as well as to facilitate understanding of the emotional, cognitive, behavioral, social and physical symptoms which they usually experience as a result of these stressors, and to minimize these symptoms (see Table 1).

Table 1. **Aims, Strategies and Techniques of the CSC Program**

A. Aims	*B. Strategies*	*C. Techiques*
Increase awareness	Providing information about sources of stress, stress responses and the nature of various coping strategies (stress reactions, risk behavior and experience)	Orally presented and written information, self-monitoring exercises
Teach anxiety reduction skills	Teaching stress reduction skills through mindfulness practice and relaxation (Bernstein & Borkovec, 1973; Davis, Eshelman, & McKay, 1988; Mason, 1985)	Progressive muscle relaxation, mindfulness practice, meditation, diaphragm breathing
Modify the cognitive appraisals	Cognitive-behavioral stress management techniques	Cognitive restructuring, rational thought replacement (Beck & Emory, 1979)
Promote self-efficacy and strengthen the self-esteem of parents	Cognitive-behavioral techniques	Assertiveness training, realization of their successful experience
Resource identification and strengthening.	Cognitive-behavioral techniques, expert engagement	Person's resources associated with life difficulties' , management strategies are identified
Social isolation reduction	Building a social support network	Group support. Access and use of the social support network

Note. CSC – intervention program "Caregivers' Self-Help and Competence"

The following research questions were addressed:

- What are the associations between the Parenting Stress ratings of mothers of disabled children and their Parenting Sense of Competence ratings?
- Do the Parenting Stress ratings of mothers of disabled children predict their Parenting Sense of Competence ratings?

The following research hypothesis was proposed: After participation in the CSC intervention program mothers of disabled children would report an increase in Parenting Sense of Competence, and a decrease in Parenting Stress levels, and that there would be more significant changes for mothers in the CSC group than those reported by mothers in the social support and the control groups.

Method

Participants

Initially a questionnaire (demographic data, Parenting Stress Index Short form and Parenting Sense of Competence scale) was completed by 173 parents of disabled children. Eighty of these parents of disabled children participated in the newly developed CSC intervention program; 48 of these parents of disabled children attended the social support group; and 45 of these parents of disabled children did not participate in either, but filled out the questionnaires on the internet, and this group hereinafter is referred to as the control group.

From these 173 mothers a research sample of 96 mothers (34 from the CSC group, 28 from the social support group and 34 from the control group) was developed, based

upon the following criteria: the disabled child was under 13 years of age; the CSC group members had attended at least 4 of the 8 intervention group sessions; the members of the social support group had not attended any of the CSC program sessions; and the mother had fully completed all of the questionnaires.

Mothers included in the research sample:

In the total sample (N = 96) the average age of the mothers was 37.55 years (SD = 7.14) and the disabled child's mean age was 7.40 years (SD = 3.52). Of these children 23% were in need of 60–100% care; 46% needing 25–60% care; and 31% needing 0–25% care.

The average age of the mothers who participated in CSC group (n = 34) was 36.06 years (SD = 5.62). The disabled child's mean age was 6.71 years (SD = 4.05). Of these children 15% were in need of 60–100% care; 50% needing 25–60% care; and 35% needing 0–25% care.

The average age of mothers in the social support group (n = 28) was 38.07 years (SD = 4.40). The disabled child's mean age was 7.89 years (SD = 3.27). Of these children 25% were in need of 60–100% care; 50% needing 25–60% care; and 25% needing 0–25% care.

Table 2. **Demographic Information of the Participants**

Measure M, (SD)/ N (%)	***Total sample (N = 96)***	***CSN (n = 34)***	***Social support group (n = 28)***	***Control group (n = 34)***	***F / χ^2***
Mother's age	37.55 (7.14)	36.06 (5.62)	38.07 (4.40)	37.35 (7.81)	0.85[a]
Mother's education					0.84[b]
Primary/Secondary education	62 (65)	21 (62)	17 (61)	24 (70)	
Higher education	34 (35)	13 (38)	11 (39)	10 (30)	
Marital status					1.78[b]
Married/Living together	73 (76)	28 (82)	19 (68)	26 (76)	
Divorced	23 (24)	6 (18)	9 (32)	8 (24)	
Mother's employment					2.16[b]
Gainfully employed	52 (54)	15 (45)	17 (60)	20 (59)	
Not in gainful employment	44 (46)	19 (55)	11 (40)	14 (41)	
Socio-economic status					.40[b]
We are quite wealthy/We live on average	68 (70)	24 (70)	21 (75)	23 (68)	
Missing even a prerequisite	28 (30)	10 (30)	7 (25)	11 (32)	
Number of children in the family	2.05 (1.26)	1.59 (.70)	2.04 (.84)	1.91 (.71)	3.04[a]
Age of children	9.14 (5.68)	8.32 (4.53)	9.37 (3.40)	8,87 (5.05)	0.43[a]
Disabled children age	7.40 (3.53)	6.71 (4.05)	7.89 (3.27)	7.68 (3.14)	1.04[a]
Disabled children					2.79[b]
boys	43 (45)	16 (47)	9 (32)	18 (53)	
girls	53 (55)	18 (53)	19 (68)	16 (47)	
Disabled children need:					2.88[b]
Constant care 60–100%	22 (23)	5 (15)	7 (25)	10 (29)	
Limited ability of 25–60%	44 (46)	17 (50)	14 (50)	13 (38)	
Limited ability of 0–25%	30 (31)	12 (35)	7 (25)	11 (33)	

Note. [a] – F statistic, [b] – χ^{2-} ; *$p < .05$; **$p < .01$

CSC – intervention program "Caregivers' Self-Help and Competence"

The average age of mothers in the control group (n = 34) was 37.35 years (SD = 7.81). The disabled child's mean age was 7.68 years (SD = 3.14). Of these children 30% were in need of 60–100% care; 38% needing 25–60% care; and 32% needing 0–25% care (see Table 2).

Measures

The following measuring instruments were used for data collection:

A sociodemographic inventory was developed and included the mother's age, education, marital status, employment status, socioeconomic status, number of children in the family, childrens' age, age of disabled child, the level of the disabled child's necessary care and supervision.

Parenting Sense of Competence Scale (PSOC, Johnston & Mash, 1989), adapted in Latvian language (Skreitule-Pikse & Sebre, 2008). On this scale mothers assess the extent to which they agree with each of 16 statements. Each statement is evaluated on a 6-point Likert scale (the rating "1" corresponds to "strongly agree" and rating "6" corresponds to "strongly disagree"). The scale has two subscales: *Satisfaction* subscale, which allows evaluating the satisfaction with the parenting role; and Efficacy subscale which reflects the parents' perception of their efficacy in the role of being a parent. The *Satisfaction* subscale consists of 9 statements (e. g. "Being a parent makes me tense and axious"), and the *Efficacy* subscale consists of 7 statements (e. g. "Sometimes I feel like I'm not getting anything done"), and points in this scale are counted in reverse order. By summing up the *Satisfaction* and *Efficacy* subscales, the total Parenting Sense of Competence score is acquired. Higher scores point to a greater parenting sense of competence. PSOC total Cronbach's alpha for the total sample was .77, for the subscale *Satisfaction* .78, and for the subscale *Efficacy* .54.

Parenting Stress Index Short form (PSI/SF, Abidin, 1995), adapted in Latvian language (Lebedeva, 2001). This questionnaire consists of 36 statements, which comprise three subscales – *Parental Distress*, *Parent-Child Dysfunctional Interaction* and *Difficult Child*. Each statement is evaluated on a 5-point Likert scale (the rating "1" corresponds to "fully agree" and the rating "5" corresponds to "strongly disagree"). The *Parental Distress* subscale consists of 12 statements (e. g., "I feel lonely and without friends"); the *Parent-Child Dysfunctional Interaction* subscale consists of 12 statements (e. g., "My child rarely does something to me that would make me feel good"); and the *Difficult Child* subscale consists of 12 statements (e. g., "The child does some things that disturb me to a great extent"). For the entire scale all values were reversed so that higher scores indicate greater stress level. Initial PSI Cronbach's alpha for total sample demonstrated good reliability at $\alpha = .92$, the subscale *Parental distress* $\alpha = .85$, *Parent-child dysfunctional* subscale $\alpha = .83$, and *Difficult child* subscale $\alpha = .87$.

Procedure

Non-governmental organizations in Latvia which work with disabled children and their parents were identified and approached, and the organizations "Apeirons", "Association for Children with Disabilities" and "Wings of Hope" responded to the invitation. These associations informed their members about the possibility to participate in the parent support programs, and this resulted in the formation of seven CSC

intervention groups for parents of disabled children, and one social support group. The groups were led by two clinical psychologists (one psychologist per group), one of whom is the program director and author of the study, the other is a clinical psychologist with experience in group work, who was trained to lead the CSC intervention program group. The newly developed CSC intervention program is intended for 8 sessions (2 hours each).

The social support group for mothers of disabled children lasted 3 days. The aim for this group was to provide an opportunity for mothers of disabled children to relax, devote themselves some time to acquire new knowledge and to exchange experience.

"Apeirons" helped to invite the participants for the control group by electronically sending its members an invitation to participate in the study with an attached *www.visidati.lv* questionnaire. Participants completed the questionnaires for the second time after a period equal to the CSC intervention program duration (approximately 2 months). All study participants voluntarily agreed to participate in the study, and the study was subject to confidentiality.

Before data processing the inclusion and exclusion of study participants was carried out according to the above mentioned inclusion and exclusion principles.

Results

The results of Pearson Chi-Square test (χ^2) and Analysis of Variance (ANOVA) indicated there were no statistically significant differences in demographic characteristics (age, education, marital status, age and gender of the disabled child, and disabled child's necessary care and supervision) at baseline between the CSC, social support and control groups (see Table 2). Also there were no statistically significant differences in parenting sense of competence or parenting stress ratings.

Our primary research question was – if the Parenting stress level of mothers of disabled children correlate with Parenting Sense of Competence.

The total sample initial data were used to calculate the results (N = 96), mothers were selected according the initial eligibility criteria – the study participant is a mother of a disabled child, a disabled child is under the age of 12 years (and including).

The results indicate that Parenting Sense of Competence and Parenting stress level average were significantly negative correlated (see Table 3).

Table 3. **Correlations of Parenting Sense of Competence and Parenting Stress Index Ratings for The Total Sample (N = 96)**

Measure	*PSI*	*Parental distress*	*Parent-child dysfunctional interaction*	*Difficult child*
PSOC total	-.57***	-.64***	-.50***	-.32**
Satisfaction scale	-.60***	-.67***	-.54***	-.33**
Efficacy scale	-.25*	-.28**	-.20*	-.15

*p < .05; ** p < .01; ***p < .001;

Note. PSI – Parenting Stress Index. PSOC – Parenting Sense of Competence scale

CSC – intervention program "Caregivers' Self-Help and Competence"

Mothers who show higher perceived Parenting stress scores will show a lower Parenting sense of competence scores.

In response to the study question, if Parental Stress Level predict the Parenting Sense of Competence, a simple linear regression was calculated – total Parenting Sense of Competence indicators as the dependent variable and the Parental Stress level indicators as the independent variable (see Table 4).

Table 4. **Linear Regression Analysis of PSOC Total as Dependent Variable (*N* = 96)**

	B	*SD B*	*β*
PSI			
Parental distress	-.45	.08	-.52***
Parent-child dysfunctional interaction	-.33	.11	-.37**
Difficult child	.12	.09	.16

Note. R^2 = .46, *p < .05; ** p < .01; ***p < .001;

PSI – Parenting Stress Index.

CSC – intervention program "Caregivers' Self-Help and Competence"

The regression analysis indicates that the total Parental Stress Index ratings significantly predict the Parenting Sense of Competence ratings and explain 37% of the variance: R = .68, adjusted R^2 = .46 (F = 3.92) = 26.63; p < .000.

The Parental Stress Index *Parental distress* subscale ratings significantly predict the Parenting Sense of Competence ratings b = -.52, t (96) = -5.94, p < .000; and the Parental Stress Index *Parent-child dysfunctional interaction* subscale ratings significantly predict Parenting Sense of Competence ratings b = -.37, t (96) = -3.01, p < .01.

For verifying the hypothesis of the study, *that after participation in the CSC intervention program mothers of disabled children would report an increase in parenting sense of competence, and a decrease in parenting stress levels, and that these positive changes would be more significant than those reported by mothers in the social support group and the control group*, the 3 (Group) × 2 (Time) repeated-measures ANOVA was performed by using the outcome ratings of parenting sense of competence and parenting stress level after mothers had participated in the CSC intervention program, social support group and the control group (see Table 5).

The results obtained from the repeated-measures ANOVA with Greenhouse-Geisser correction showed statistically significant effect of group and time interaction on mother's total Parenting Sense of Competence measurement, F(2.93) = 4.08, p < .05, η^2 = .08, and Parenting Sense of Competence subscale *Satisfaction* measurement, F(2.93) = 3.10, p < .05, η^2 = .06. There was no significant effect for Group × Time interaction on the subscale *Efficacy* ratings (p > .05). Comparison of before and after ratings using Bonferroni adjustment showed significant differences for the total PSOC ratings and PSOC subscale *Satisfaction* ratings before and after intervention (see Table 5).

The results also showed a significant effect of Group × Time interaction on mother's total Parenting Stress ratings, F(2.93) = 6.13, p < .01, η^2 = .12; the PSI subscale *Parental distress*, F(2.93) = 6.93, p < .01, η^2 = .13; *Parent-child dysfunctional interaction,* F(2.93) = 3.48, p < .05, η^2 = .07; and *Difficult child,* F(2.93) = 4.78, p < .05, η^2 = .14. Comparisons using Bonferroni adjustment of the before and after ratings showed significant differences for total PSI ratings and for the PSI subscales *Parental distress*, *Parent-child dysfunctional interaction* and *Difficult child* in the CSC intervention group and the social support group (p < .05).

Table 5. **Repeated Measures ANOVA Comparison of Parenting Sense of Competence and Parenting Stress Ratings before and after Participation by Group**

Variables	*CSC*		*Social support group*		*Control group*		*Source*		
	Before *M* *(SD)*	*After* *M* *(SD)*	*Before* *M* *(SD)*	*After* *M* *(SD)*	*Before* *M* *(SD)*	*After* *M* *(SD)*	*Group (A)*	*Time (B)*	*A × B*
PSOC total	3.88 (.52)	4.10^{+} (.52)	3.81 (.59)	3.89 (.54)	3.95 (.53)	3.95 (.53)	0.55	9.61**	4.08*
Satisfaction	3.78 (.73)	4.08^{+} (.78)	3.69 (.78)	3.86 (.73)	3.85 (.72)	3.84 (.70)	0.40	9.03**	3.10*
Efficacy	4.00 (.51)	4.11 (.46)	3.97 (.53)	3.93 (.49)	4.08 (.50)	4.09 (.53)	0.71	0.57	1.47
PSI	2.84 (.54)	2.58^{+} (.62)	3.05 (.61)	2.74^{+} (.64)	2.84 (.49)	2.83 (.49)	1.05	26.17***	6.13**
Parental distress	2.96 (.58)	2.57^{+} (.53)	3.16 (.71)	2.82^{+} (.67)	2.87 (.56)	2.82 (.56)	1.25	39.63***	6.93**
Parent-child dysfunctional interaction	2.52 (.60)	2.34^{+} (.74)	2.78 (.67)	2.50^{+} (.74)	2.54 (.56)	2.55 (.57)	0.87	11.90**	3.48*
Difficult child	3.03 (.75)	2.82^{+} (.80)	3.21 (.73)	2.92^{+} (.76)	3.11 (.72)	3.13 (.73)	0.65	14.65***	4.78*

Note. $^{+}$ Bonferroni adjustment comparisons of before and after ratings which indicate significant difference, $p < .05$.
PSI – Parenting Stress Index. PSOC – Parenting Sense of Competence scale
CSC – intervention program "Caregivers' Self-Help and Competence"
*$p < .05$; ** $p < .01$; ***$p < .001$

Discussion

The results indicate that there is a significant and negative correlation between the perceived Parenting Stress and Parenting Sense of Competence ratings, mothers who have higher perceived Parenting Stress ratings tend to have lower Parenting Sense of Competence ratings and vice versa. Similar results have been presented from other previous studies, which showed a Parenting Sense of Competence negative correlation with Parenting Stress (Belchic, 1996; Cutrona & Troutman, 1986; Dunn et al., 2001; Hassal, Rose, & McDonald, 2005; McHugh & Reed, 2008; Wells-Parker et al., 1990). These results point to the possibility that if parents have lower levels of stress, they will have higher parental satisfaction and self-efficacy, Parenting Sense of Competence, and thus such parents will feel more content with the role of parenting. As a result these parents will be able to adapt better to the child's individual needs and to use parenting methods which promote the child's positive development (Gondoli & Silverberg, 1997; MacPhee, Fritz, & Miller-Heyl, 1996; Teti & Gelfand, 1991).

From these results it is not possible to draw conclusions about causal relations, i. e. if increased stress levels of mothers of disabled children longitudinally affect parental competence. In future studies it would be worthwhile to longitudinally examine the causal connections between the Parenting Stress Index and Parenting Sense of Competence.

Regarding the hypothesis of the study results indicate that after the mothers participated in the CSC intervention program, they felt more satisfied with their role

as a mother than before participation in the program. The results of the study concur with the results from studies in other countries which have found that participation by parents of disabled children in intervention programs increases maternal satisfaction and self-efficacy in the parenting role. These research results indicate that those parents who have participated in the intervention and support program will be more competent and confident, and they will be able to more successfully overcome difficulties and solve problems which arise when a disabled child comes into a family (Gondoli & Silverberg, 1997; Goodman, 1992; Graaf et al., 2010; Hastings & Johnson, 2001; Hudson, Campbell-Grossman, & Fleck, 2003; Kleefman et al., 2011; MacPhee, Fritz, & Miller-Heyl, 1996; McGillivray & McCabe, 2007; Nowak & Heinrichs, 2008; Peterson et al., 2003; Pisterman at al., 1992; Roberts et al., 2006; Sanders & Woolley, 2005; Singer, Ethridge, & Aldana, 2007; Tellegen & Sanders, 2013; Teti & Gelfand, 1991).

Evaluating the results of the changes in the social support group, it can be seen that after participating in the social support group, perceived Parenting Stress ratings are lower, but mothers do not indicate an increase in the Parenting Sense of Competence.

These results confirm theoretical assumptions and concur with the findings of other studies that merely social support is not sufficient and short-term psychological intervention should be focused on the reduction of trauma symptoms (Nolan, Carr, Fitzpatrick, O'Flaherty, Keary, Turner, O'Shea, Smyth, Tobin, & Dublin, 2002; Novaco, 1975). Such brief interventions which provide only basic emotional support are not as effective as those which focus on the reduction of specific symptoms, and which provide specific CBT-based stress management and other techniques which help to reduce these symptoms, as it is in the CSC intervention program, where each session requires the learning of a certain technique (thought reconstruction, etc.).

Also, the results of research conducted worldwide indicates that intervention and support programs reduce stress in families with children with disabilities (McLennan et al., 2012; Mullins et al., 2002).

The control group mothers, who completed the same questionnaires for the second time after a period equal to the CSC intervention program duration (approximately 2 months), did not indicate any significant changes on any of the studied parameters.

The study has several limitations. First, it was not possible to have randomization in the establishment of the intervention, social support and control groups. Intervention for parents of disabled children was offered in collaboration with a variety of associations for parents of disabled children, and parents were provided with the opportunity to attend the CSC intervention program and/or social support group at the time and place which was organized by their association. In the case of randomization these parents would have had to wait, and this was not possible because of technical reasons and lack of resources. Even though in Western countries randomization is often included in the study designs, it is increasingly recognized that this is not always possible. However, it is important to note that the lack of randomization means that the results of the study should be interpreted with caution.

Second, in a number of monographs and studies (Beutler & Bergan, 1991; Cairns, 1979) it has been recognized that psychological intervention is influenced by such factors as individual psychological differences, innate individual characteristics, previous experience and family dynamics. Consequently, the intervention process can

affect each individual differentially. In this study, these and other factors which can determine the effectiveness of the intervention were not studied.

And finally, even though the results of the study indicate that both interventions resulted in a reduction in the parents' perceived stress unfortunately in the intervention and support and control groups the number of participants was not large and therefore the results should be interpreted with caution.

Twenty-five percent ($N = 20$) of the parents of disabled children did not participate in the entire program. The drop-out rate can be explained by several reasons – first, the specific daily circumstances of these families made it difficult for them to adhere to the group schedule since daily life with a sick child is not very consistent, these children are often ill, and it is often difficult to find someone who could help to look after the child. Also there were situations where the families suddenly were offered special therapeutic interventions, for example, a stay at a sanatorium or an opportunity to consult with a specialist doctor. Children with disabilities often have unpredictable health, which results in sleepless nights, after which the parents have no strength to participate in the group activities.

Another reason for program discontinuation was that many of the parents of disabled children have low motivation to make any changes in their situation. These mothers often are using maladaptive stress management techniques, such as those described by Curran (Curran, 1985) and McCubbin and Patterson (McCubbin & Patterson, 1983b). For example, mothers evaluate their situation as unfair and see themselves as victims, they blame other people and focus on family problems, rather than focusing on the positive.

Conclusion

The results from this study show that there was a negative correlation between the perceived Parenting Stress and Parenting Sense of Competence ratings, mothers who had higher perceived Parenting Stress scores tended to have a lower Parenting Sense of Competence scores and vice versa. The results show that Parenting Sense of Competence total indicators were predicted by the Parental Stress ratings – *Parental Distress* and *Parent-Child Dysfunctional Interaction* subscale ratings. The *Difficult Child* ratings did not predict the total parenting sense of competence.

The results show that mothers' participation in the intervention program CSC increased the parenting sense of competence and decreased parenting stress. Evaluating the results of the changes in the social support group, it can be seen that after participation in the social support group, mothers did not indicate an increase in the parenting sense of competence, but did indicate lower ratings on perceived parenting stress.

Demographic data on families with disabled children in Latvia indicates that there are 7924 families Latvia who are raising children with disabilities, and most of these disabled children are at home with their parents. Based on this demographic information, there are many families in Latvia who could benefit from the newly developed intervention program CSC, because this program has a specific focus on supporting the parents who have a significant role in the successful rehabilitation of their disabled child. The developed intervention program, together with the developed

program workbook, and this program effectiveness evaluation will enable social service agencies to recognize the usefulness of this intervention program and hopefully to promote the CSC program for supporting families who have children with disabilities.

Therefore, the achieved results from this study will help families with disabled children, and the social service agencies which are working with these families, to recognize that the intervention program CSC is supported by evidence of its effectiveness in reducing parenting stress and increasing parenting sense of competence.

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Baltic Journal of Psychology, 2015, 16 (1, 2), 72–82

Neuropsychological Services in Estonia: A Survey Study

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Abstract

The need for neuropsychological assessment and treatment, application and possibilities in Estonia have not been studied before. The present survey was conducted to analyze the scope of work, activities and needs of practicing neuropsychologists in Estonia. An electronic survey questionnaire was sent out to three relevant mailing lists. In addition, practitioners were invited to fill out the study during conferences and other professional events. Forty-two psychologists completed the questionnaire. Various demographic, employment and work setting data were collected and analyzed, also assessing self-development options. The survey reached a significant percentage of actively practicing neuropsychologists. Results show that Estonian neuropsychologists are equipped with broad-based knowledge and skills to address the challenges posed by modern clinical neuropsychology. There is reason to believe that the community of specialists applying the techniques and methods of neuropsychology is growing, therefore the demand for more specific specialization courses and for individual neuropsychological supervision is expected to increase.

Keywords: psychology, clinical psychology, neuropsychology, neuropsychological assessment, cognitive rehabilitation.

Clinical neuropsychology aims to address the cognitive, emotional, behavioral and social problems of neurological patients, aiding the referring specialist in differential diagnosis, and offering opportunities in treatment and rehabilitation. Clinical neuropsychology as a science has been systematically developed in Estonia during the last 10 years (Ennok, Vahter & Kolk, 2014). During the Soviet era, specialized training in clinical neuropsychology was not deemed necessary due to the relatively small population of Estonia. Also, according to the Soviet ideology, normative comparisons common in Western neuropsychology were not considered appropriate, since they do not readily apply in individual cases (Luria & Majovski, 1977). Therefore, clinical work was person-centered and more practice-based than training-based. After re-establishment of Estonian independence, it took some preparation before a sufficient number of specialists could start developing and forming clinical neuropsychology into a separate field, as it had been established in other Western countries.

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A number of professional trainings and conferences have recently been held on topics covering assessment, psychotherapy and neuropsychological rehabilitation. In medical centers caring for neurological patients, neuropsychological services are part of routine practice and made use of by medical doctors in different hospitals across the country. Neuropsychological assessment (Ennok et al., 2014) and cognitive rehabilitation (Epler & Pikkat, 2015) possibilities in Estonia have recently been thoroughly described. Still, the need for neuropsychological service, actual possibilities for providing it and its' application in the clinical context has not been systematically studied in Estonia. Surveys addressing assessment practices and neuropsychological test usage have been conducted in the United States (Camara, Nathan, & Puente, 2000; Sweet, Peck, Abramowitz, & Etzweiler, 2002; Rabin, Barr, & Burton, 2005; Elbulok-Charcape, Rabin, Spadaccini, & Barr, 2014). The present study was undertaken with the objective to describe work-related issues such as content and form of neuropsychological services, but also the practitioners' characteristics and specific needs.

Methods

Participants

Psychologists in the clinical field who frequently offer neuropsychological services (i. e., consultation, assessment and/or therapy) at their workplace were invited to participate in a survey.

Estonian laws in regard to the practice of psychology are relatively liberal. It is generally considered to be a prerequisite of evidence-based psychology practice that the candidate has the relevant educational background – a master's degree in psychology from a recognized university – and a substantial amount of supervised clinical practice. If these criteria are met the practitioner is allowed to apply for a license. A psychologist's license is not legally mandatory for practice in Estonia but it is increasingly considered to be a *de facto* prerequisite in the eye of the employer. Also, the Estonian Health Insurance Fund only compensates for healthcare services administered by licensed practitioners.

The Estonian Qualifications Authority provides the framework for licensure. If someone chooses to pursue a Neuropsychologist license, he or she has to obtain the Clinical Psychologist's license first. Within the older system the Neuropsychologist IV and V, as well as Clinical Psychologist IV and V licenses were offered. The present system has been adjusted to the EFPA Europsy regulations in 2014 (Lunt, Peiró, Poortinga, & Roe, 2014): the licenses Neuropsychologist 7 and 8 as well as Clinical Psychologist 7 and 8 are presently being offered.

Materials

A questionnaire was created for the purposes of gathering relevant information from the psychologists who provide neuropsychological services. The questionnaire was divided into four major parts:

- Socio-demographic information – sex, age, years of education and licensure.
- Workplace information – location, type of institution, workload, type of patients, referrers and referral questions. In addition, frequency of contact with different diagnoses and patient groups was specified.

- Content and form of neuropsychological services offered – ratio of neuropsychological services among other duties as well as the description of services provided. In addition, frequency of assessing specific cognitive domains and usage of different neuropsychological tests was specified. The usage of qualitative assessment techniques and implementation of cognitive rehabilitation methods was also inquired about.
- Professional development – opportunities for self-development, including continuing education and training, sources and consumption of new field-specific information, exposure to professional supervision and organizational membership was inquired about.

Procedure

Between March and June of 2014, the electronic survey was sent out to three field-related mailing lists: University of Tartu general psychology list (462 users), licensed clinical psychologist list (104 users) and neuropsychology list (163 users). The aim was to obtain a broad overview of neuropsychological practice. The selected mailing lists include the majority of practitioners with a background in evidence-based psychology, including students and those retired from active work. It should be noted that there is significant overlap of membership in all three lists, therefore the request to participate was accessible from many alternate sources. A specification to fill out the survey only once by each participant was included. In addition to electronic circulation of the survey, people were invited to fill out the questionnaire during two professional trainings and the annual conference of the Union of Estonian Psychologists. The gathered data was analyzed with Microsoft Excel and SPSS software packages.

Results

Demographic data

Forty-two respondents filled out the questionnaire, 38 (90.5%) of them were female. The mean age of respondents was 34.1 years (SD = 8.43, ranging from 24 to 65). More than three-fourths (76%) had a master's degree. In their master's studies, 13 respondents had specialized in Clinical Psychology (i. e., took relevant courses and/or graduated from a special degree program) and 3 in Neuropsychology. Seven respondents had a bachelor's degree* and 3 had a doctoral degree. The mean working experience was 5 years, however answers were highly variable, ranging from 1 to 20 years. The median working experience was 4 years. Working locations, number of respondents at each location and ratios are shown in Figure 1.

* Before the EU Bologna Higher Education reform (Reinalda & Kulesza-Mietkowski, 2005), whereby a 3 (bachelor's study) + 2 (master's study) higher education framework was adopted in many European countries (including Estonia), the 4+2 system was in effect. According to the Bologna process, those with an older 4-year bachelor's degree were formally equated to those with a master's degree in the new system.

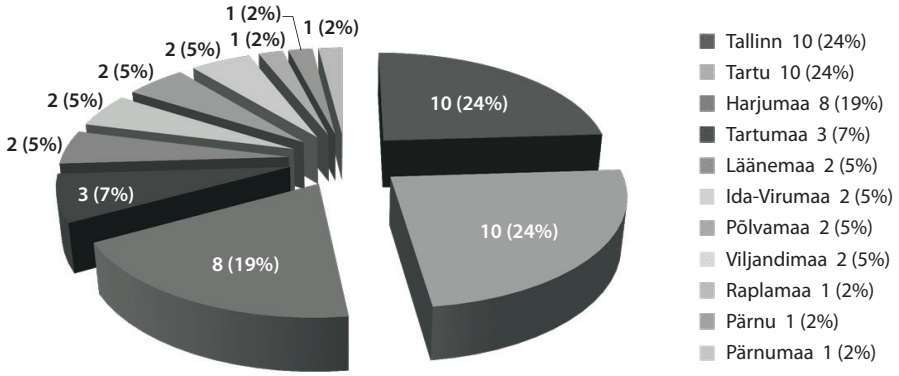

Figure 1. **Employment locations.** (*n* = 42) Tallinn, Tartu and Pärnu are cities, others are regions. The number and percentage of respondents is shown – i. e. 10 (24%).

Adhering to the data provided by the Estonian Qualifications Authority, 16 psychologists have an active Neuropsychologist's license (incl. Neuropsychologist IV, V or 7), and 104 psychologists have a Clinical Psychologist's license (incl. Clinical Psychologist IV, V, 7 or 8) (Estonian Qualifications Authority, 2014). Half of the respondents had one or the other of the above mentioned credentials and of those, 11 persons (from the Estonian total of 16 with a Neuropsychologist's license; 68.75%) with an active license to practice neuropsychology, filled out the questionnaire.

Table 1. **Education, employment and licensure characteristics (*n* = 42)**

Professional license*	***n***	***%***	***Type of institution****	***n***	***%***
Clinical Psychologist	20	48	Hospital	28	67
Neuropsychologist	11	26	Rehabilitation Center	10	24
Clinical Child Psych.	7	17	Other	4	8
School Psychologist	1	2	***Workload****	***n***	***%***
No license	21	50	Full-time	22	52
License Candidates	16	38	Part-time	18	43
EuroPsy Certificate	8	19	Temporary/Internship	2	5
Ratio of NP. services*	***n***	***%***	***Primary referrer****	***n***	***%***
0–25%	10	24	Neurologist	21	50
25–50%	6	14	Psychiatrist	22	52
50–75%	14	33	Rehabilitation Physician	16	38
75–100%	12	29	Without referral	15	36
Patient age group*	***n***	***%***	General practicioner	12	29
Children (age < 12)	15	36	Teacher	4	10
Youth (12–18)	19	45	Neurosurgeon	2	5
Young adults (19–39)	33	79	Other	11	26
Adults (40–65)	34	81			
Older adults (> 65)	32	76			
All	8	19			

Note: * Multiple choices were allowed. Percentage of responses is shown.

** Percentage of respondents is shown.

n – number of respondents; NP – Neuropsychological; Psych. – Psychologist

Tartu University Hospital had the highest number of psychologists involved in providing neuropsychological services (8 respondents). It was followed by Tallinn Children's Hospital and the Regional Hospital of Northern Estonia (4 respondents for both). Data on education and employment are presented in Table 1.

Referrers and referral questions

Patients were reported to have been referred to the respondent by either a neurologist (50% of respondents), psychiatrist (52%) or a rehabilitation physician/physiatrist (38%). More than a third of the respondents reported that patients turn to them independently, without referral (36%). Twenty-nine percent of the respondents noted the general practitioner as their primary source for referrals. More than a fourth (26%) of respondents noted other doctors, social workers or civil servants (in the framework of forensic investigations) to be their primary sources of referrals.

The applicability, precision and effectiveness of a thorough neuropsychological evaluation in clinical practice is primarily founded upon a specific and concise referral question. Approximately three-fourths (74%) of respondents noted differential diagnosis as a primary referral objective. More than a half (55%) noted the assessment of change in patient's medical status as the aim of referral. Forty-five percent of respondents conduct neuropsychological assessments as part of the rehabilitation plan. Forty percent of respondents regularly assess patients' capacity for independent daily living. A third (31%) of respondents use the neuropsychological evaluation to analyze the effectiveness of treatment (before and after intervention). Developmental level and possible learning disabilities are assessed by 29 and 31% of the respondents, respectively. It is important to point out that more than two-thirds of the respondents noted treatment (either psychotherapy or neuropsychological rehabilitation) to be the primary reason for referral. Respondents were asked to list the common diagnoses and syndromes their patients are referred with. Modes of responses are described in Table 2.

Table 2. **Frequency of patients' diagnoses and syndromes encountered (*n* = 42)**

Frequency	*Diagnosis*
Consistently	Mild cognitive impairment Stroke or other cerebrovascular accident
Frequently	Dementia Depression Anxiety disorder
Sometimes	Head trauma Chronic pain Personality disorder Alcohol abuse Intellectual disability Behavioral disorder
Rarely	CNS tumor Schizophrenia Bipolar disorder Substance abuse Toxic/metabolic disorder

Responsibilities of psychologists providing neuropsychological services

Classically, the professional role of clinical neuropsychologists has been to conduct cognitive and neuropsychological assessments in a medical setting, upon which to build a treatment and/or rehabilitation plan and implement it. The same trend was noted in our study – 88% of respondents conduct neuropsychological assessments regularly. Consulting and counseling (83%) are other frequently required services. More than a half (57%) of respondents conduct psychotherapy and 40% employ methods of cognitive rehabilitation. About 45% of respondents establish rehabilitation plans as part of their regular responsibilities. Also, 24% and 26% of respondents were involved with academic research and professional training as part of their duties, respectively.

Components of neuropsychological assessments

The need to assess patients' cognitive status can arise in multiple occasions, for example, in answering questions of differential diagnosis, analyzing effectiveness of treatment or change of status, capacity for independent living or driving, etc. (Ennok et al., 2014). Neuropsychological findings are an important information source for the referring specialist, helping him or her to manage and change the diagnosis and treatment plan of the patient.

The time frame and structure of the neuropsychological assessment procedure has been well established. Although there are individual differences depending on the background and employment settings of the clinician, there are clear trends that can be pointed out when analyzing the components of a neuropsychological assessment procedure.

Approximately half an hour is spent to familiarize oneself with the patients' former medical history, as noted by 83% of respondents. Conducting the clinical interview takes between 30–60 minutes (noted by 64% of respondents). The assessment itself takes between 1 and 2 hours, as noted by 36% and 33% respondents, respectively. Scoring and interpreting test results usually takes 30–60 minutes (noted by 62% of respondents). Writing the report and summarizing documentation takes another 45–90 minutes to complete (noted by 48% of respondents). The largest variances in time spent were observed in scoring and interpreting test results, and report writing. It is important to note that these time estimations are suggested only in the framework of status examinations, not cognitive rehabilitation.

A common time frame and structure for a standard neuropsychological assessment can be summarized as follows:

- Preparatory work (familiarizing oneself with the patient's medical history) – up to 30 minutes
- Clinical interview – up to 60 minutes
- Assessment – up to 90 minutes
- Scoring and interpretation of test results – up to 45 minutes
- Documentation and report writing – up to 90 minutes
- Sum of steps – up to 315 minutes

Based on the respondents' answers, it is seen that the following domains are routinely assessed as part of a neuropsychological examination:

- Arousal and orientation
- Attention

- Psychomotor speed/speed of information processing
- Visuospatial functions
- Speech and language
- Verbal and nonverbal memory
- Executive functioning
- Emotional status/mood
- Activities of daily living

General intellectual functioning, motor skills and praxis, and social cognition are assessed in specific instances, when requested.

Quantitative assessment: cognition, emotional status and personality

Most often many different tests and test batteries are used to assess cognitive functioning. In the past few years the Consortium to Establish a Registry for Alzheimer's Disease Neuropsychology Battery (CERAD) (Pulliainen, Hokkanen, Salo, & Hänninen, 2008) and the Wechsler Adult Intelligence Scale, 3rd ed. (WAIS-III) (Wechsler, 2011) have been adapted into the Estonian language. In addition, both short assessment scales, the Mini-Mental State Examination (MMSE) (Folstein, Folstein, & McHugh, 1975) and Montreal Cognitive Assessment (MoCA) (Nasreddine et al., 2005), and independent tests such as the Rey-Osterrieth Complex Figure, Clock drawing, Luria's Memory for a Word List test, Stroop test and Trail Making test are frequently used.

When assessing emotional status, the most frequently used patient-based questionnaires were the Emotional State Questionnaire (2nd ed.) (Aluoja et al., 1999), and Beck Depression Inventory (Beck et al., 1961) (74% and 40%, respectively). Of the structured clinical interviews, the M. I. N. I. Neuropsychiatric Interview (Sheehan et al., 1998), International Personality Disorder Examination (IPDE) (Loranger, Janca, & Sartorius, 1997) and Minnesota Multiphasic Personality Inventory (MMPI) (Butcher et al., 1989) are frequently used (as noted by 40%, 57% and 14% of the respondents, respectively).

Qualitative assessment

Assessment of cognitive functions can also be performed by qualitative techniques. There are situations where the patients' motor and/or speech difficulties prohibit the use of standardized tests, so ideally qualitative measures would better suit the assessment of deficits of such patients. In some instances, it is the only usable method for assessment of mental status, although the interpretation of results obtained in this way is sometimes more difficult than with standardized tests. Qualitative assessment is mainly based on the strategies described by Luria (1980), and techniques and principles compiled by Rubinshtein (1970). According to this general standpoint, to understand the deficits posed by patients it is necessary to target all the specific components of cognitive skills to apprehend the underlying causes of these deficits. This requires an individualistic approach and is developed in each case separately. It should be noted that standardized neuropsychological tests also provide plenty of options to obtain a wealth of qualitative information (errors in performance, working style and reactions, comprehension of instructions and tasks etc.).

Almost half (45%) of the respondents reported that they apply qualitative assessment techniques in a fourth of all their assessments. Almost a third of respondents use these techniques up to a half of all their evaluations.

Cognitive rehabilitation

Cognitive rehabilitation is defined as a set of evidence-based targeted activities directed at reducing or compensating cognitive dysfunction based on the results of a thorough neuropsychological assessment. Referral for cognitive rehabilitation gives the patient a flexible and often the only working solution to alleviate and/or compensate a disturbed or completely lost cognitive function, thus aiding in recovery and restoring quality of life. The techniques employed may include training, environmental adjustments, adapting compensatory strategies, psychosocial education, etc. A third (33%) of the respondents do not come into contact with cognitive rehabilitation, and almost half (44%) come in contact with it only upon rare occasions. Still 14% use cognitive rehabilitation methods frequently (with up to a half of all their patients). A small number of respondents (4 subjects; 9%) use methods of cognitive rehabilitation exclusively in their clinical work.

Professional development

A cornerstone of evidence-based medical practice is continuing professional development. Fostering a continuous learning model at the workplace helps the psychologist in maintaining a high professional level in offering neuropsychological services for the referred patients. A main vector for professional growth includes professional education and training, which are attended by a majority of the respondents (90%). Eighty-six percent of respondents read scientific literature related to their field and consult with colleagues when faced with problems they are unable to solve by themselves. More than three-fourths (76%) of respondents are subscribed to a neuropsychology-oriented mailing list. Sixty-nine percent of respondents attend regular group supervision sessions. Almost a fifth (19%) of respondents enroll in e-courses in order to stay up to date on the professional themes they find important.

In Estonia professional development courses for psychologists interested in neuropsychology are provided regularly. Still, the respondents found that more training courses should be offered on the topics of neuropsychological assessment and cognitive rehabilitation. Therefore, 71% of the respondents feel the need to learn evidence-based psychotherapeutic methods that can be then applied specifically in a neuropsychological context. Interpretation of neuropsychological testing results is another issue that needs further training (in 64% of cases). More than a fifth (21%) of respondents wish to improve their skills in report writing.

Group supervision is offered regularly in Tallinn and Tartu and more than two-thirds (67%) of respondents attend these sessions. Only 14% receive individual supervision. It is important to note that more than a fourth (26%) of respondents do not receive any kind of professional supervision although they feel the need for it.

Professional affiliations

More than a half of respondents are affiliated with a professional organization. Almost a fourth (24%) of respondents are members of the Union of Estonian Psychologists and a fifth of respondents are members of the Society of Estonian Clinical Psychologists. Only 14% are members of the International Neuropsychological Society (INS) and 12% are members of the Society of Estonian Psychiatrists.

Discussion

Neuropsychology has a long history in Estonia and it has been systematically developed during the last 10 years, although a concise overview about the status of this specialization was lacking. A questionnaire regarding the form, content and quality of neuropsychological services was created to address this issue, which was distributed electronically.

Although the sample size of respondents is relatively small, it is an adequate reflection of the few psychologists in Estonia who actively provide neuropsychological services. The questionnaire reached more than two-thirds of practitioners actively practicing neuropsychology. Based on the survey's results, neuropsychological services are offered in different hospitals, clinics and rehabilitation centers all over the country. Still, this is a relatively new practice, as can be concluded from the subjects' median work experience of 4 years. Most of the respondents are employed in the largest regions of the country – Harjumaa and Tartumaa. In turn, a majority of respondents from these regions were located in the largest cities (Tallinn and Tartu, respectively). Most of the referrals for neuropsychology services come from neurologists or psychiatrists. When the psychologist is employed in a rehabilitation center, the referrer is usually a rehabilitation physician.

The neuropsychological service may include consultation, diagnostic and/or goal-based assessment, and cognitive rehabilitation. Services are provided for clients/patients across the entire lifespan, although the majority of responders noted to be professionally involved mostly with adults.

Different quantitative and qualitative methods are used interchangeably in the assessments to optimally and flexibly suit the patient's status and needs. This is further supported by a clear and concise referral reason/question from the referring specialist.

As with any other medical profession, continuous professional development, education and training are of critical importance to maintain one's skills. According to the results of our study, it can be said that Estonian psychologists are active life-long learners, picking up new information, guidelines, practices and skills from conferences, seminars, workshops and trainings. Still, the respondents emphasized a need for individual supervision, and lack of possibilities for it.

Neuropsychology as a scientific field strides towards new developmental milestones, different challenges are constantly presented to its' practitioners (Zillmer, 2004). In the near future, an increase in the need for forensic cognitive assessment can be expected. The scope of problems is also broadening – for example, a growing number of sports- and military-related injury cases are being referred to neuropsychologists. A throughout supply of evidence-based rehabilitation services is required to adequately meet these new demands.

Survey studies are effective and suitable methods for gathering new information in a structured form. It is reasonable to plan other similar surveys to study the situation of neuropsychology at any moment in time. In the future, it would be desirable to involve more specialists that would enable to get a clearer and wider overall picture of the practice of neuropsychology in Estonia. One of the largest shortcomings of the present study is a small number and heterogeneity of respondents – specialists

are involved in different areas, work with different age and patient groups, and are represented unevenly throughout the nation. This makes it difficult to make precise convincing generalizations based on the obtained data. This study can be a suitable starter for the practice of describing Estonian neuropsychology as a viable clinical/scientific field.

Conclusions

The present study was conducted with the aim to describe the present situation of the practice of neuropsychology in Estonia. To the best of our knowledge it is the first of its' kind in the Baltics. Respondents of this survey reported that they have the necessary knowledge and skills to properly address the challenges posed by modern evidence-based clinical neuropsychology. As the number of practitioners grows, a rising need for focused educational sessions and individual supervision is expected.

Declaration of possible conflicts of interest and funding

There are no conflicts of interest. No specific funding was used in the conduction of this research project.

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Baltic Journal of Psychology, 2015, 16 (1, 2), 83–89

Transcultural Adaptation of Immigrant and Refugee Families

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> "I do not have any future plans. In my country, I had one. I wanted to be an English teacher, but because of immigration I have to be realistic in this world; therefore, I will make a small goal, but I will never be a failure in life."
>
> M. S.
> (High School Student)

The ongoing demographic transformation of many communities continues to focus attention on issues and concerns related to effective interventions with culturally diverse families (Statistics Canada, 2011). Those who service multicultural communities in Education, Health and Mental Health are faced with the complexities created by migration, acculturation, urbanization, communication barriers, socio-economic changes, employment difficulties and gaps in educational experiences. Migration, even when it is by choice, is likely to disrupt supportive attachments in the country of origin and to provide or impose on immigrants the challenge of acculturation in the host society (Geva & Wiener, 2015).

Since the migration process tugs at the core of identity, it can become one of the most stressful phases in an individual's lifetime. The host society often focuses on the external separation from the country of origin and attempts to ease the transition through services provided by various systems. However, immigrants and especially refugees have to go through an internal process of separation. The internal representation of cultural relocation through images and values occurs within the context of people's identity formation. The internal process of separation can become prolonged when situations call into question fundamental aspects of identity, such as unfamiliar norms of behaviour, differences in values, and role expectation (Cole, 1998).

Acculturation is impacted by:

a) the nature of the larger society (i. e. pressure to conform to mainstream culture);
b) the phase of acculturation (i. e. early contacts or adaptation);
c) the characteristics of the individual (i. e. self-esteem, coping skills, developmental stage, strengths);
d) social supports (i. e. family, generational statues, social network);
e) circumstances surrounding the relocation, including the degree of choice and preparation for the move.

Acculturation modes have been described as falling into four adjustment patterns: assimilation, biculturalism, rejection and deculturation (Cole & Siegel, 2003).

Assimilation tends to occur when people relinquish their cultural identity in an attempt to replace it with the new culture. This often happens either because the reasons for migration have been too painful, or because they believe that assimilation will provide them and their family with a better life. Pressure exerted to conform to mainstream culture may also play a role in the process.

Biculturalism involves a process that necessitates ongoing decision-making, individual and family goal setting as well as openness to new ideas and customs. It includes the maintenance of the original cultural integrity as well as a movement to become an integral part of a larger societal framework.

Rejection refers to self-imposed withdrawal from the mainstream culture. Limited socialization and low acculturation are likely to increase the strains of isolation and interfere with daily lives. The absence of English skills, for example, may for years be a burden which keeps people dependent on others or marginalized.

Deculturation can lead to a loss of identity and feelings of alienation. Deculturation can indicate that contacts have been severed with the traditional supportive primary group while facing prejudicial attitude from the new culture. The result may lead to self-deprecation and isolation.

Over time, these adjustment patterns change significantly with age and with the type of interactions and contacts with mainstream society. They are also strongly influenced by ecological factors, such as the availability of community support systems. Generally, good mental health stems from a balance which combines supportive traditional cultural elements and learning the host society's cultural norms (Cole, 2000; Lean & Colucci, 2010; Khanlou, et al., 2002).

The plight of refugees results in significant adjustment stressors for children and families. World refugee surveys estimate that there are millions of refugees throughout the world who have resettled or who are in the process of applying for resettlement under safer conditions. Their needs for assistance include nutrition, housing, health, education and mental health. Forced relocation, by nature, interferes with the stages of pre-migration, migration and post migration experiences.

Definitions of who is a refugee vary. Nevertheless, they can be described in three broad classifications:

a) refugee claimants – people who claim refugee status upon arrival in the country,
b) refugee immigrants – who left their country and applied for statues from refugee camps in another country, and
c) illegal immigrants – apply for status from within the country.

They may have stayed in the country illegally or their claim may have been rejected in the past. Each subgroup classification implies different stressors and periods of uncertainty in relation to the host country.

Demands on refugees' coping skills begin pre-migration in their home country when living conditions become intolerable. The migration process is unpredictable since people relinquish power over status and decision making or experience dangers, such as in the case of "the boat people". Post-migration may result in physical safety but likely to reactivate or continue psychological threats such as dealing with the aftermath of abuse; coping with loss or adjusting to poor living conditions and cultural disorientation.

The refugee movement is often disruptive to every aspect of people's lives. Children's well-being is affected by social upheaval, breakdown in social supports and care. In spite

of migration stressors and resultant conflicts, some children seem to cope well with transition once their lives have stabilized. Indeed, it is a natural tendency for children to try to conform to a new environment. Nevertheless, the adaptation of children must be viewed in the context of trauma experiences and the familial mode of acculturation. Studies of refugee children continue to document distressing experiences involving-loss of parental support and protection loss of home; impaired physical capacity; family separation and losses; living with distressed adults; poor living conditions; incarceration; malnutrition and loss of educational opportunities. The long term impact of such stressors depends on many interactive factors and resources available to children whose developmental needs have been affected emotionally, intellectually, physically and socially (Ajdukovi& Ajdukovi, 1993; Cole, 1996; 1998; 2000; Cole & Brown, 2002). Figure 1 represents a conceptual schema for understanding and planning mental health and health interventions.

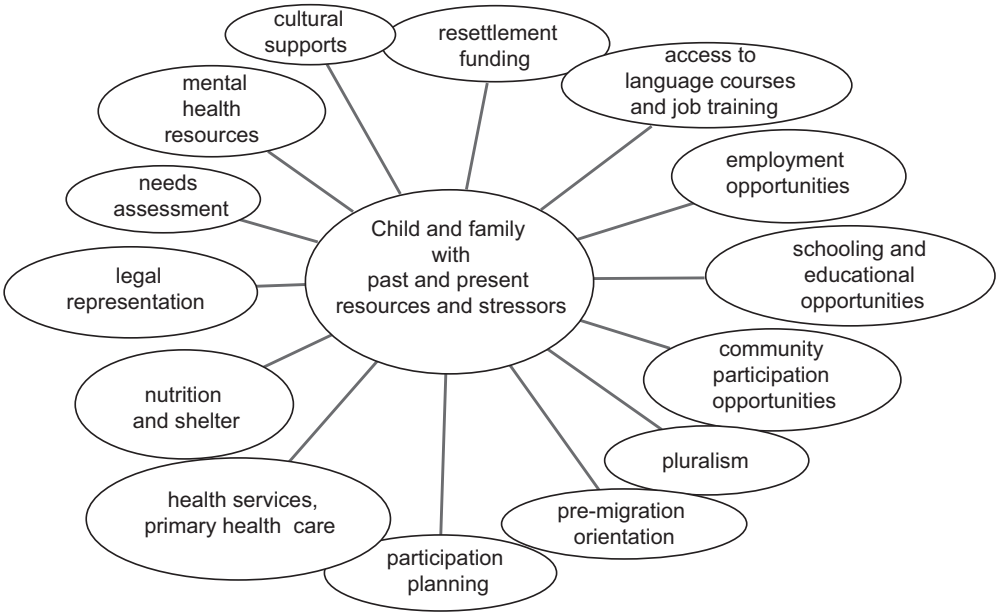

Figure 1. **A conceptual schema for understanding and planning mental health and health interventions**

Health and mental health professionals who provide services to immigrant and refugee families usually work within some systems represented in Figure 1. The following is an organizer for assessment, consultation and service planning.

Migration Characteristics

Immigrant and refugee families tend to differ in their pre-migration, migration and post-migration experiences. Yet, their status is not always known to those who provide care. Schools, for example, do not ask for this status information upon registration. Families themselves may fear that revealing their legal status may jeopardize their

chances for integration. Care givers need to familiarize themselves with information that will facilitate appropriate services:

- Does the family have information about systems including health services and legal rights?
- Do they feel safe to ask for Welfare Services?
- Can family reunion be helped?
- Do they have supports to deal with post-traumatic stress?
- Have they undergone medical screening to identify risks?
- Are there unaccompanied children and youth

Family Characteristics

Although migration itself does not predict risks for mental difficulties, certain factors increase the risks for family disequilibrium and individual stress. Family separation, social isolation, socio-economic problems and cultural disorientation tend to have a negative impact on family dynamics.

Age and developmental stage can exacerbate the acculturation and integration process. Elder family members, for example, may have had a position of social power within their community which has been lost as a result of the move. Adolescents may become vulnerable and socially isolated from any safety net. Family positions may have changed by necessity and in traditional families, children and women, rather than men, may become providers. This kind of change in roles calls into question family rules, autonomy and communication patterns. Women may attempt to maintain family cohesion while working in and out of the home without addressing their cumulative stress. Maternal stress levels are significantly related to stress levels in their children.

The following questions provide a sample of helpful information for assessment and consultation:

- Does the family come from an urban or rural background?
- Are all family members living together?
- Who is the key provider?
- Is English spoken by the adults and children?
- Who communicates on behalf of the family?
- Was the family exposed to violence?
- What was the family composition in the country of origin?
- Do they have support systems?
- Has their socio-economic status changed?
- Does the family feel culturally isolated?
- How are decisions made in the family?
- By whom?

Children and Youth Characteristics

Like the adults in their lives, immigrant and refugee children experience numerous changes and often losses. Resiliency for them is associated with factors including secure personality disposition, nurturing family and a supportive community. Children of war

and displacement may have little strengths in either family or community supports. In addition, they may be in a position of role-reversal with adults who are disoriented and traumatized. Because of their relative skills in English, children may become either spokespeople for the family or work to supplement to family income. When frictions or abuse take place, they may not have an outlet for their frustrations or burdens.

Younger children may feel guilt for not being able to reduce adults' suffering. Their levels of stress may become manifested in psychological, behavioral, physical and social symptoms which have to be addressed in order to enhance their learning and well-being. They also have to be validated in order to internalize the notion that healthy people have strong emotional reactions following abnormal and dangerous conditions.

Gaps in education may have been under reported or misunderstood by the school. Insufficient program modifications can result in poor motivation and lower self-esteem for the children. The very system which can be one of the most supportive in a student's life can also become a source of stress. Moreover, families may relocate frequently due to fragmented employment, poor housing conditions, or family crisis. Children may have to adjust to new schools while living in hostels or emergency shelters. Disruptive schooling makes it difficult for programming, educational continuity or the development of social ties.

For older students, limited English, coping with a different education system, misunderstanding performance expectations, or suffering from discrimination may all become factors which can lower expectations for the future. The following types of questions are suggested in order to make decisions about appropriate recommendations:

- Can the student identify supportive adults in and out of the family?
- Can they identify their rights and responsibilities?
- Do they talk about cumulative stressors in the past and/or in the present?
- Are their basic physical health needs being met?
- Do they believe that their feelings can be understood?
- Can they identify their learning strengths and weaknesses? – What are their responsibilities out of school?
- Did they make new friends?
- Can they talk about help they need or want?
- Do they take part in community programs?
- Do they feel that others are sensitive to their culture?
- Do they have goals for the near or far future?

Recommendations and Intervention Characteristics

Systems including health, education and social services are implementing interdisciplinary approaches and cross-system programming with trained professionals, and community volunteers (Lean & Colucci, 2013). The needs of many immigrants and refugees are too numerous to be addressed consecutively.

Professionals in health and mental health who service ethnic and culturally diverse populations must become familiar with individuals' cultural frames of reference. Without this kind of knowledge, they may incorrectly judge behaviours, beliefs or experiences as psychopathology. Information needs to be understood in a cultural context including

individual's identity, cultural explanations for problems and their relationships with health professionals (Geva &Wiener, 2015).

Effective services integrate elements of crisis intervention, ongoing counselling and primary prevention programs. The services should be developed following consultation with professionals and the community (Cole &Wiener, 2016). When working with individual refugees, evaluation and treatment are likely to be most effective when the person's needs are considered within the family unit. Victims of trauma require specialized services and should be referred to appropriate caregivers in the community.

Knowledge about immigrant and refugee policies and guidelines for services will assist in both consultation and programming across systems.

Unaccompanied children and adolescents form vulnerable groups within school communities. Their educational and mental health needs require immediate priority. Their needs for protection should override waiting lists and workloads, since lack of appropriate care may exacerbate their traumatic reactions.

Health professionals who work with people in crisis require supports in order not to erode their abilities to act as caregivers or consultants to others. Sharing of resources and information is best coordinated within school communities. External agencies and organizations should become partners in the development of outreach programs and public education.

Consultation with bilingual professionals is advisable since direct services are unlikely to be available in many cases. Working with interpreters requires training on their part, as well as on the part of health professionals who have had a unilingual practice. Without doing so, the neediest may continue to be under-serviced or ill informed.

In-service can and should take many forms for all professionals. Only coordinated services, regardless of clinical knowledge, are likely to address the social emotional and learning needs of all students.

Any program which can facilitate parental involvement is likely to validate their contribution and enhance their children's adjustment. This is true for counselling and for school links alike. Multilingual information packages should be prepared with the help of ethnic community groups to advocate the availability of school and community support services.

Cross-cultural and equity training for practitioners should begin with generic skills and gradually become broadened by culture. Specific bodies of knowledge, goal setting and choice of therapeutic modalities are likely to require flexibility regardless of symptomatology. Some individuals may prefer to receive services outside their ethnic community. In such cases, information regarding traditional healing practices in various cultures will provide valuable insight into the meaning of wellness and can be utilized in planning mainstream services.

Action research and accountability of existing health and mental health coordinated services should be advocated as cost effective. This needs to become part of goal setting within systems and across systems. Such evaluation will benefit training, expansion of efficient programs and dissemination of valuable information.

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Baltic Journal of Psychology, 2015, 16 (1, 2), 90–97

Understanding Post-Traumatic Stress in Children and Adolescents*

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Each morning, just before the National anthem was played over the loud speaker, the kindergarten teacher would feel tense. J., the refugee child in her class would look fearful. When "O Canada" was heard loudly throughout the school, the child would cry bitterly and cover his ears. His behavior confused his classmates who were proud to sing along.

Traumatic events often result in the victims' sense of powerlessness, loss of meaning and disconnection from psychosocial systems. People who emigrate from countries experiencing social unrest, conflicts and war may suffer from elevated rates of stress, their inner lives have changed in ways which are incomprehensible to many others, and the road to recovery is complex even for individuals who have rediscovered their resiliency. In the diagnostic manual, DSM-5, the American Psychiatric Association (2013) describes post-traumatic stress disorder as associated with the development of characteristic symptoms following exposure to traumatic stressors, those who suffer from the disorder have had direct personal experiences involving actual threats of death or injury to oneself, or to family members and close relations. A person's response usually results in intense fears or feelings of horror, children's responses may involve disorganized or agitated behaviours as well (Cole, 1998; Cole, 2000; Cole & Brown, 2002).

Victims of trauma may, however, be reluctant to share information about their past because of the pain it will reactivate, or because of their fears regarding authority figures or immigration status, unlike adults, young children may have difficulties talking about the emotional changes they are going through as a result of trauma. Consequently, symptoms such as re-enactment of the stressful event(s) must be monitored on a regular basis. Parents and teachers need clarification of their observations from mental health professionals in order to assist children in overcoming extreme stress.

Post-traumatic stress disorder may be subject to misunderstanding concerning time lines for problem identification or whether children may suffer from symptoms generally associated with adults. In fact, post-traumatic stress can occur in children and adults, who may exhibit symptoms which require intervention in order to heal and

* This summary is based on numerous publications of Dr. Ester Cole; written portions for training at The International Children's Institute – Building Bridges Program (an NGO in the 90s. See, for example, Cole, 2000); and lectures to educators and mental health service providers.

Note: For a fuller description and examples of arts-informed research, please see Chapters 6 and 23 in *Handbook of the Arts in Qualitative Research: Perspectives, Methodologies, Examples, and Issues* edited by Knowles and Cole, 2008 and a series of six books in the Art of Inquiry Series published by Backalong Books (www.backalongbooks.com). I have drawn on some of these texts in the preparation of this article.

restore a person's integrated self. Emotional scars in the aftermath of danger may become evident shortly after a trauma. The onset of symptoms may also be delayed for months or years following stressful events. Although adaptive reactions during periods of danger include changes in perception and emotions, people who suffer from post-traumatic stress become subjected to emotional burdens, social maladjustment or impairment in educational or occupational functioning. Unlike Acute Stress Disorder which is manifested in similar symptoms, and occurs within a shorter period of a traumatic event and is generally resolved in that period, post-traumatic stress disorder is longer in duration, and its symptoms tend to persist.

Mental health and health professionals who work directly with victims of trauma often consult with families and educators who ask for clarification of observable behaviours or for information and guidance about their students' need. The following is an organizer of common dysfunctional indicators of post-traumatic stress. The suggested categories are interrelated and need to be assessed on a continuum of frequency and severity of symptoms. Not all indicators are likely to present themselves in a school setting. Some will only become evident upon disclosure or in an interview or counselling session. Nevertheless, knowledge about trauma symptoms will alert educators and other caregivers to the need for expert consultation and follow-up. As well, adult family members may become more sensitized about their children's reactions and needs by learning to recognize symptoms in themselves and in others without becoming overwhelmed by guilt or believing that they are the only ones who experienced such reactions.

Common Indicators Of Post-Traumatic Stress*

1. Affective indicators: survival guilt, unhappiness, fear, anxiety, mood variation, feelings of helplessness and/or hopelessness, anger, irritability, sadness, emotional pain, numbing of feelings, pessimism.

The pain associated with traumatic stressors may result in effective constriction and avoidance of stimuli which may provoke intense feelings of distress or reliving of the past. General numbing of responsiveness may include avoidance of feelings and thoughts which can reactivate danger to the self; avoidance of people, places or activities by being in a state of detachment analogous to "freezing"; problems recalling aspects of the trauma is a defense mechanism; diminished interests, and restricted range of positive feelings.

2. Physical and somatic Indicators – patterns of sleep disturbance and recurrent dreams or nightmares; fatigue, headaches, abdominal pain, somatic complaints, hyper-arousal. Physiological reactions may occur as a result of experiences which resemble an aspect of a traumatic event or a sense that danger might return. Persistent trauma symptoms may result in exaggerated startle responses, sweating or accelerated heart rate.
3. Cognitive indicators – concentration difficulties, suspiciousness, negative perception of self, indecisiveness, sense of loss, negative views of present and future, self-blame,

* Developed by the author, and included in International Children's Institute (1999). Building Bridges Program, Community Caregivers Guide. Montreal, p. 40; International Children's Institute (2000). Psychological First Aid Training Program and School-Based Activities Guidebook. Montreal, p. 13.

loss of interest, self-criticism, suicidal thoughts, disorientation. Intrusive thoughts and recurrent recollections of events may follow exposure to extreme trauma. In severe cases people may experience flashback episodes and a sense of reliving the past. Some memories may be in the form of sensations or images.

4. Behavioural content – avoidance of social contacts, general withdrawal, studying and playing alone, crying easily, procrastination, reduced involvement in pleasurable activities, dependent or agitated behaviours, restlessness, aggression. In children, behaviour rather than verbal communication might be indicative of intrusive feelings. Children's re-enactment and repetitive play may become obsessive and provide clues to past trauma.

Helping Children Overcome Trauma and Stress

Children's positive sense of self depends upon caring others, in and out of the family. The development of identity, competence and autonomy is enhanced by the nurturing and supportive adults in their lives. Yet, children who experience trauma may have lived through abuse, war, abandonment, ill treatment and deprivation. The emotional support they need or seek takes many forms and can change during the process of recovery. Like adults who survived traumatizing events, children too need to go through stages of emotional recovery which often includes – the restoration of a safety net, integration of memories related to trauma, mourning over the lost past, reconnection to the self as a whole in the present, and learning to plan for a stable future (Cole, 2000; Cole & Siegel, 2003).

The development of trust in caregivers is a key factor in the healing process and yet a complex one. Educators and service providers may feel inadequately prepared to deal with trauma disclosures and require support in developing their helping skills. Teachers are in an excellent position to monitor children's school adaptation on a daily basis and thus consult at the school level with their support staff about their observations. Early mental health intervention strategies and their benefit, have been highlighted nationally in reports such as the recent Mental Health Commission of Canada (2012).

School based or community based counsellors may need to start the helping process, however, by reflecting on their own reactions upon hearing information related to repression, torture, and struggles for survival. Without so doing, they may become overwhelmed by feelings of incompetence and stress. This, in turn, is likely to have a negative impact on their ability to act as caregivers. Becoming cognisant of these factors is the first phase in seeking collegial consultation, skills development and helpful information. A professional network can also assist in restoring or strengthening one's role as a service provider in the healing process. Schools are at the heart of communities, and broadening the role of support staff, such as psychologists, can facilitate needed services in the natural school environment (Doll et al., 2009; Gettinger, Callan Stoiber, 2009; Ontario Psychological Association, 2013; Schmidt, 2012; The Hincks-Dellcrest Centre, 2012; Whitley et al., 2013). This in turn, will strengthen educational equity outcomes for students (Ontario Ministry of Education, 2011).

The overall aim of the counselling process is to assess the consultee's need and support their recovery and restoration of emotional stability and empowerment. By creating

an atmosphere of safety and care counsellors are likely to convey their understanding and willingness to help children. The following principles, techniques and strategies will assist service providers during assessment and intervention phases.

Self-assessment as a caregiver

1. Increase your awareness of cultural differences and need of refugees and survivors of trauma in addition to knowledge about transcultural adaption of immigrants.
2. Become sensitize to culturally specific information in order to decrease misinterpretation during communication (i. e. the meaning of eye-contact).
3. Cross-cultural verbal and non-verbal communication needs to be understood in context. Every culture has distinctive ways of expressing feelings for dealing with suffering and bereavement. There are great variations between cultures in the way people talk about themselves to others. Factors related to gender, age and social class may impact on the counselling process or the helping interview.
4. Recognize your own uneasiness in learning about abuse or torture. Commit yourself to be available or to help identify appropriate resources for immediate intervention when it is called for

Consultation with significant others.

1. Focus on a problem-solving approach when teachers or parents consult with you. Stress that help is available and that you will be able to provide it or that you will help identify professionals who are specially trained to help families in distress.
2. Understand the role of educators who consult with you about their students. After learning about children's struggles for survival, they themselves may become overwhelmed, stressed and feel that they are "not doing enough". Supportive ongoing consultation is advisable in such cases.
3. Advise supportive adults not to reassure students too liberally by saying things such as "now that you are in Canada everything will be fine". This kind of statement is well intentioned and reflects the adult's wish to decrease a child's pain, while the statement may be true, it denies the child's feelings of deep pain and may decrease their sense of being understood.
4. Explore the family's need for counselling. Although the child may be in need of support, the parents themselves are likely to benefit from counselling in order to make sense of what has happened to them. Dealing with their emotional scars, losses and survival guilt will likely strengthen their ability to help and nurture their children.
5. Consult about orientation services available to children and families. In the school community, information about systems such as health, education and training may need to be conveyed on several occasions. Control over clear information and the availability of support programs will ease frustration about the psychosocial consequences of uprooting.
6. Highlight to consultees the importance of trained translators and interpreters in the process of communication. In order to decrease language barriers, in facilitating help, the role of the translator has to be made clear to all involved. Since multilingual services are not always available, translators act as important mediators towards constructive planning and problem resolution.

The assessment of counselling process. Multiple assessment modalities are advisable in working with children and adolescents. Direct interviews, background information from significant others, observations and monitoring of adjustment are important aspects of the assessment and therapy phases (Geva & Wiener, 2015).

The severity of the child's anxieties or alienation are positively correlated with multiple experiences of deprivation and the lengths of time they have been exposed to traumatic events, family dynamics, pre and post trauma have a bearing on the recovery process, as does the child's age and their ability to feel safe in the therapeutic sessions. Even in cases where the child is the only one receiving therapeutic support, it is important to maintain some form of communication with the parent(s) or guardian. In addition to sharing progress information, it provides a vehicle for learning about changes observed in the home setting. As well, it has the potential of reducing suspicion and distrust while indicating respect for the family and opening door for family counselling.

Accept the fact that the child may be ashamed of past events, angry or ambivalent about sharing painful facts. Establish a positive and trusting rapport which allows for periods of silence, verbal communication or play. A crying child, for example, may need "time out" from an interview and requires comfort. Painful memories may result in sadness and crying and your non-verbal behavior will convey non-judgmental acceptance. Empathetic listening and understanding form the golden thread in the therapy. This skill requires the therapist to both understand the facts discussed and the emotional impact they have had on the child's life from his/her perspective. Offer compassion and your willingness to stay close. Your responding skills will get across practical help and moral support.

Some children and adolescents may feel relieved when they talk about their feelings, others may communicate through art or play. Each form by itself or in combination with others may make their emotional load lighter and help them come to terms with their experiences. Addressing symptoms of trauma will allow the child to become more distant from painful emotions; learn to analyze some aspects from a different point of view; become cognizant of the fact that other may have similar reactions to stress and try to resolve interpersonal problems.

Given the possibility of limited language skills on the part of the child, the therapist or health professional must pay close attention to the type of questions asked and make sure that they have been understood. Factual questions about school may ease the transition to questions about feelings, the past and present and plan for the future. Leading questions ("don't you think that...") may be appropriate some of the time, although open questions are the ones which will encourage the child to express thoughts and feelings freely. Validating feedback and comments such as "this must have been really scary...." indicate your listening and understanding. Some children and youth may not have others they confide in and thus, your communication techniques are crucial to recovery.

Refugee children might become tense and suspicious about your note making. Adolescents may have come to you without parental knowledge and see you as an authority figure. Explain clearly what your role is, what information will remain confidential, why you take notes and what will happen to the file you opened.

Children, like adults, vary in the impact trauma has had on them. Some children and youth may copy aggressive or violent behavior they have witnessed or because they

have been subjected to violent acts. Being victims of violence, likely results in humiliation, fear and anger. In addition, aggression may reflect deep sadness and anger for feeling abandoned or not cared for properly by adults. Caregivers need to explore acting out behaviors as symptomatic of trauma, rather than deal with surface information concerning misbehavior or non-compliance at school or at home. Children and youth tell us in therapy about their upset, or show us and their caregivers signs of unresolved emotions. They might test adults by misbehaving in order to see if this will result in violent acts or rejection. Other children may become over attached and fearful of separation. If the family is relocating during counselling, emphasize the need for continuity or facilitate alternative care in the new environment. Some young children may have been so severely affected by danger that they have difficulty even in play situations. They will need a lengthier period of support and comforting before they can join others in play. Play, in general, allows children to express feelings in a safe way or re-enact distressing experiences. Role-playing provides an avenue for individual or group therapy, self-esteem building and encourages social group activities.

Telling, dictating or writing stories may communicate stages of recovery. Reading or listening to stories about young children or small animals overcoming danger, may assist confidence building and lead to trust in themselves and a more positive future. Music and forms of visual art may complement other support forms. Making masks, using clay for modelling, dance, puppets and theatre can provide cathartic expression without fear of divulging secrets of darkness and shame, art forms can also lead to pride in achievements while struggling with the acquisition of a new language and lack of stability.

Physically challenged or injured children require both mental health and medical supports. Health and mental health practitioners are advised to collaborate in treatment and family consultations. Also, educators and school-based consultants can assist by promoting equity among peers and preventing discrimination and unnecessary suffering. Promoting social inclusion and opportunities for expression can easily be facilitated in the school and monitored by those involved.

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Baltic Journal of Psychology, 2015, 16 (1, 2), 97–110

The Relationship between Emotional and Behavioral Problems, Employability, and Status of Employment

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Abstract
This study examined the associations between employability, emotional and behavior problems, and status of employment. The aim of the research was to examine these associations with the use of the following questionnaires: *Achenbach Adult Self report, DSM orientated scales* (AASR; Achenbach & Rescorla, 2003); *Dispositional Measure of Employability* (DME; Fugate & Kinicki, 2008) and additional measures for *career focus* and *work involvement* factors, in order to estimate whether these factors predict the status of employment (employed versus unemployed), and the length and the frequency of unemployment situations during the life span. In general, the research confirmed that there exist negative relationships between several of the emotional and behavior problems and employability factors. Moreover, the combination of more pronounced emotional and behavioral problems and negative values of employability factors predict unemployment.
Keywords: emotional and behavior problems, employability, career focus, unemployment

The modern working environment has been described as *circumstances of career turbulence* (Fugate, 2006). In contrast, traditionally people used to build a long-lasting career in a single organization in one country or in one city, sometimes even in the same city-district near to the place where they lived, and hence the model of "bounded career" in combination with the "paternal model of relations" between an employer and an employee (Hall & Mirvis, 1995) was the predominant model governing in the labor market. The model which has assumed domination now is the *independent, non-binding career model* (Hall & Mirvis, 1995), which indicates that an employer is not obliged to necessarily care about an employee's full-time workload, adequate remuneration, etc. The current model implies that an employee may have several positions in several organizations or even diverse industries, rather than one long-lasting working position which is unchanging for decades.

The term *unemployed* concerns any of the following: youngsters who have reached working age, but have not yet achieved employment; individuals who have stopped working voluntarily; and also those who were forced to leave their jobs because of external or internal reasons (Schneer, 1993). The loss of one's job and one's following reaction is not a homogeneous experience for all individuals. For some individuals it can serve serious injury to their psychological well-being, whereas for others it can lead to the development of psychological growth and personal gain (Latack & Dozier, 1986; Paul & Moser, 2009). However, previous research on the psychological well-being of the unemployed indicates a dominating tendency that unemployment causes harm to psychological, physical and social well-being (Leana & Feldman, 1992; Leana & Ivancevich, 1987), and the harmful impact is stopped only when a new equilibrium

point is regained, typically in the form of the restoration of employment at an equivalent or higher level (McKee-Ryan, Song, Wanberg & Kinicki, 2005).

In general, prior research on the psychological and physical well-being of the unemployed confirms that (1) the transition from employment to unemployment has a negative impact on mental health; (2) the unemployed have lower ratings on mental health, subjective physical health, and lower levels of satisfaction with life and family; (3) mental health, subjective physical health and life satisfaction ratings rise significantly after employment had been regained (McKee-Ryan et al., 2005). A wide range of psychological factors are assessed in the unemployment research: hostility, depression, level of frustration, anger, guilt feelings, anxiety, suicidal tendencies, changes in emotional condition, satisfaction with life, family, and career, etc. Subjective physical health factors, cardiovascular, gastrointestinal, immune system diseases, and other somatic symptoms were correlated with the job loss situation. In total, the unemployment research distinguishes 27 factors which are associated with unemployment. Furthermore, meta-analysis shows that 77% of all correlations represent statistically significant relationships to psychological well-being, which is defined as mental health, life satisfaction, and domain satisfaction (McKee-Ryan et al., 2005).

Unemployment, emotional and behavioral problems

Depression is the most frequently investigated factor in the psychological research of unemployment (Paul & Moser, 2009). Although, it is the most common disorder among the mood disorders within the general population (10–25% of female and 5–12% male population may suffer from it during their lifetime), disadvantaged social-economic individuals such as the unemployed are at higher risk to experience depressive breakdowns, since depression and anxiety are the most common psychological consequences of crisis situations (Paul & Moser, 2009, Bordea & Pellegrini, 2014 a, b). For example, a comparison of the severity of depression between two groups of employed and unemployed, both diagnosed with major depressive disorder, revealed that 29% of the jobless and only 18% of the working male participants had severe depression, whereas 29.8% of the unemployed and only 23.4% of the employed women suffered from severe major depression. In addition, unemployment correlates with high levels of *stress* and *anxiety*, furthermore, it is connected with a high risk of disability (Bordea & Pellegrini, 2014 a, b).

An examination of the effects of unemployment on psychological well-being in previous studies and meta-analyses show differences between the employed and unemployed for several indicators of mental health, including distress, depression, anxiety, subjective well-being, and self-esteem (Paul & Moser, 2009), and psychosomatic symptoms (Paul & Moser, 2009; Aslund, Starrin & Nilsson, 2014). The average number of persons with mental disturbances among the unemployed was 34%, compared to 16% among employed persons, moreover, the assumption that unemployment not only correlates to distress but also causes it was shown (Paul&Moser, 2009). The most frequent psychosomatic symptoms experienced by the unemployed, which were significantly higher than for the group of employed are the following: pain in the shoulders/neck, pain in the back/hips, pain in the hands/arms/legs/knees/feet, abdominal pain, headache/migraine, anxiety/nervousness; feelings of fatigue/feebleness, sleeping problems,

depression, dizziness, irritated mucous membranes, and stress (Aslund et al., 2014). Grossi (1998) measured the reactions of long term unemployed in situations of high stress by testing the level of cortisol, known as a hormone which is at higher levels in increased stress situations. It was shown that unemployed individuals suffer not only from significantly higher levels of infection, allergies, and other psychosomatic symptoms, but also from unhealthy lifestyle and addictive behaviors (alcohol abuse, for example) (Grossi, 1998, Grossi, Perski, Lundberg & Soares, 2001).

The results from previous longitudinal research indicate correlations between the length of unemployment and expressions of antisocial behavior – stealing from properties, registered arrests, convictions, drug and alcohol addictions, depression and financial problems (Fergusson, McLeod & Horwood, 2014). All of these factors were found to be predictors of unemployment (Fergusson et al., 2014).

Pazvontoglu and colleagues (2014) showed that adults with attention deficit hyperactivity symptoms experience a high degree of problematic life events, including high frequency of job change. Typically, individuals suffering from hyperactivity are impulsive, and this causes problem-solving inability in a daily life communication, and they consequently lose their jobs, being unable to tolerate even moderate levels of daily stress, or because of the intolerable feeling of boredom (Pazvontoglu, Akbas, Sarisoy, Baykal, Korkmaz, Karabekiroglu & Boke, 2014).

The authors of this research, both having experience in their clinical practice with unemployed individuals, have observed that unemployed persons often are clients of several institutions simultaneously: governmental employment agency, municipality social care center, family doctor and psychiatric care institutions, which have weak or no inter-institutional communication. Furthermore, within each of the institutions there may be a different understanding of the causes and problems of the unemployed. Reine and colleagues (2008) stress the importance of the integration of multiple factors in unemployment research: psychological (differences in motivation, perception, cognition, intellectual abilities, etc.), sociological (social aspects associated with unemployment, such as age, belonging to a particular social group, marital status, level of income, etc.) and factors of mental health (especially conditions such as depression, anxiety, etc.) (Reine & Hammarstrom, 2008). The current research attempts to integrate aspects of psychological assessment, namely emotional and behavior problems, as well as factors commonly researched in organizational psychology, specifically employability.

Employability – a multidimensional psycho-social construct

Employability has been described as an active adaptation to the working environment, by an identification and implementation of one's career opportunities (Fugate, Kinicki, & Ashfort, 2004). Employability enables one to promote career growth within one or several organizations. Employability by itself does not necessarily imply being employed, but it has been shown in previous research that employability promotes employment (Fugate, 2008). An individual is able to achieve employment status only if he or she can adjust effectively to the demands of the working environment (Chan, 2000).

The employability concept of Fugate (2004, 2008) is focused on person-centered components: career identity, adaptation abilities, and social and human capital.

All aspects are reciprocally related and only a synergy of various factors determines employability (Fugate et al., 2004). Accordingly, employability is defined as a constellation of individual differences that predispose individuals to proactive adaptability specific to work and careers (Fugate & Kinicki, 2008).

A career identity component includes a coherent representation of career, despite diverse and diffuse career experiences and aspirations. Career identity serves an answer to the question "who am I?", and the answer includes goals, hopes, and fears; personality traits; values, beliefs, and norms; interaction styles; time perspective, etc. Career identity resembles constructs such as role identity, occupational identity, and organizational identity in that they all refer to how people define themselves in a particular work context (Fugate et al., 2004).

The concept of employability is grounded in the reciprocal determinism of Social Cognitive theory of Bandura (1978), and includes the self-regulation of behavior, self-observation, and strategic adaptation to the environment. According to Chan (2000) environmental factors need to be observed and analyzed by the individual in order to develop strategic control, which consists of the adaptation of affects and cognitions in the form of visual and verbal representations of self-image. The authors propose that the main reason why employability should be measured from the dispensationalist perspective is because of the career turbulence circumstances which characterize the modern organizational environment (Fugate, 2006). Previously the abilities and skills required for certain positions were known and static, whereas the modern world requires adaptation to changing and dynamic organizational settings (Fugate & Kinicki, 2008).

While many personal characteristics potentially influence one's proness to identify and realize career opportunities, six dimensions of adaptable employability or *dispositional employability* have been distinguished in the Dispositional Measure of Employability (Fugate & Kinicki, 2008): *openness to changes at work, work and career resilience, work and career proactivity, career motivation, work identity and optimism at work* (Fugate & Kinicki, 2008).

Within research the employability construct includes the six dimensions of dispositional employability mentioned above, as well as a *career focus* factor, and *work involvement*. The career focus component was added because the authors of the research expected it to be a significant component, since it explains the level of clarity about one's employment goals, intentions to work in a certain profession or domain. The work involvement factor explains the extent to which individuals report that they want to be employed (Warr et al., 1979).

The aim of the study was to connect clinical issues regarding mental health conditions with the organizational perspective which focuses on aspects of employment. Thereby, the study was guided by following research questions:

1) What emotional and behavior problems and employability factors are the best predictors of employment status?
2) What emotional and behavior problem indicators, employability factors, and socio-demographic indicators predict the length of unemployment?
3) What emotional and behavior problem indicators, employability factors, and socio-demographic indicators predict the frequency of unemployment?

Method

Participants

The sample of research (*N* = 243; *M* = 36.41; *Mdn* = 32; *SD* = 11.67) consisted of 20-59-year-old unemployed *(n = 137; M* = 36.67*; Mdn* = 35*; SD* = 11.70*)* and employed *(n* = 106; *M* = 36.21*; Mdn* = 31*; SD* = 11,63) individuals. Of the unemployed respondents 67.9% (93) were females, 32.1% (44) males, while among the employed group 71.7% (76) were females and 28.3% (36) were males. The education level among the unemployed respondents was the following: 6.6% primary school, 30.7% secondary school or vocational secondary school, 15.3% first-level professional higher education (college), 28% bachelor level, 14% master's level. Of the employed respondents 1.9% had primary school, 1.9% secondary school or vocational secondary school, 22.6% first-level professional higher education (college), 34.9% bachelors level, 19.8% master's level education. The unemployed group included persons with the official status of unemployed assigned by the Employment State Agency. Although the official working age according to the legislation of Latvia is 15–74, participants under 18 and above 59 were excluded, because of the psychometric norms of Achenbach Adult Self-Report for Ages 18–59 (Achenbach & Rescorla, 2003). In addition, the excluded age groups have specific psychological and social conditions. The additional exclusion criteria were the following: (1) psychic or physical disability, (2) insufficient Latvian language ability to fill out the surveys. In the group of unemployed the data of 137 from 143 respondents was included in the study: 6 questionnaires were excluded because they were lacking some answers, or were filled formally – one value in all questionnaires. In the group of employed 106 surveys from 110 were included for similar reasons.

The subgroup of respondents above the age of 30 (*n* = 138; *M* = 44.63; *Mdn* = 45; *SD* = 8.91) was distinguished from the total sample (*N* = 243) in order to examine the tendency to have recurrent episodes of unemployment. From this subgroup 55% (77) respondents were unemployed (*M* = 44.14; *Mdn* = 45; *SD* = 8.44), whereas 45% (60) were employed (*M* = 45.27; *Mdn* = 45; *SD* = 8.22).

Measures

DSM orientated scales of Latvian version of *Achenbach Adult Self-Report for Ages 18–59*, (Achenbach & Rescorla, 2003, adaptated in Latvia by Amoliņa & Sebre, 2010) was used to assess emotional and behavior problems.

Employability was measured with several instruments – *Dispositional Measure of Employability* (*DME,* Fugate & Kinicki, 2008), work involvement scale-WIS (Warr et al., 1979) and career focus factor (CES, Stumpf et al., 1979). Adaptation results of the Latvian versions of DME, WIS, and career focus factor in detail have been described elsewhere (Apele, 2015). Reliability index α of subscales of DME varies from .68–.82 in English version (Fugate et al., 2008), and .68–.91 in Latvian version (Apele, 2015). The reliability coefficients are shown in Table 1.

Demographic indicators survey measured the respondents' age, gender, educational level, duration of previous employment, length of unemployment, frequency of unemployment episodes during the life span.

Table 1. **Reliability Coefficients of Adult Self-Report and Employability Measures**

	Cronbach's alpha coefficient	
	Latvian version	***English version***
Adult Self-Report DSM oriented scales		
Depression problems	.81	.82
Anxiety problems	.67	.68
Somatic problems	.78	.79
Avoidance problems	.71	.74
Attention deficit and hiperactivity problems	.75	.84
Antisocial personality problems	.81	.79
Employability factors		
Openess to changies at work	.82	.70
Work and career proactivity	.77	.82
Career motivation	.68	.78
Work and career resilience	.72	.70
Optimism at work	.83	.75
Work identity	.87	.68
Career focus (Stumpf)	.81	.86
Work involvement (Warr et al.)	.84	.64

Table 2. **Means and Standard Deviations of Socio-demographic Variables, Employability Factors and Emotional and Behavior Problems (*N* = 237)**

	M	***SD***
Length of unemployment	1.06	1.59
Frequency of unemployment	1.16	1.13
Age	36.41	11.67
Education	2.96	1.38
Affective problems	7.63	5.07
Anxiety problems	6.39	2.90
Somatic problems	3.16	3.34
Avoidant personality problems	4.40	2.69
Attention deficit/hyperactivity problems	7.10	4.10
Antisocial personality problems	6.76	5.21
Openness to changes at work	18.41	4.15
Work and career proactivity	10.74	2.95
Career motivation	9.72	3.01
Work and career resilience	18.66	3.68
Optimism at work	11.15	2.64
Work identity	24.28	5.11
Career focus	17.48	4.73
Work Involvement	30.71	7.27

Table 3. **Correlation Coefficients between Emotional and Behavior Problems, Employability Factors, Length of Unemployment and Socio-demographic Factors (N = 243)**

		1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*12*	*13*	*14*	*15*	*16*	*17*	*18*
1	Employment status	-																	
2	Length of unemployment	-.14																	
3	Frequency of unemployment	-.04	.15*																
4	Age	-.01	.05	.17**															
5	Education	.32**	-.12*	-.32**	.01														
6	Affective problems	-.14*	.13*	.23**	-.03	.22**													
7	Anxiety problems	-.12	.04	.03	-.03	-.04	.63**												
8	Somatic problems	-.02	.14*	.20**	.03	-.19**	.55**	.43**											
9	Avoidant pers. problems	-.07	.02	.11	-.07	-.10	.66**	.57**	.40**										
10	Attention deficit/hyperactivity	-.17**	.11	.06	-.14*	-.18**	.58**	.46**	.39**	.42**									
11	Antisocial pers. problems	-.13*	.17**	.23**	-.11	-.18**	.49**	.33**	.39**	.40**	.60**								
12	Openness to changes at work	.21**	-.05	-.22**	-.16**	.13*	-.31**	-.21**	-.15*	-.26**	-.12	-.21**	-						
13	Work&career proactivity	.19**	-.01	-.11	.01	.21**	-.20**	-.07	-.05	-.21**	-.16**	-.20**	.42**	-					
14	Career motivation	.14*	-.11	-.21**	-.01	.19**	-.29**	-.22**	-.13*	-.27**	-.19**	-.17**	.35**	.49**	-				
15	Work&career resilience	.12	-.11	-.20**	-.06	.11	-.39**	-.26**	-.28**	-.37**	-.21**	-.29**	.58**	.44**	.49**	-			
16	Optimism at work	.11	-.03	-.09	.06	.01	-.22**	-.13*	-.08	-.20**	-.07	-.20**	.51**	.38**	.36**	.53**	-		
17	Work identity	-.01	-.06	-.15*	-.03	.12	-.20**	.01	-.10	-.23**	-.06	-.17**	.34**	.36**	.34**	.47**	.48**	-	
18	Career focus	.22**	-.01	-.07	.01	.21**	-.30**	-.29**	-.15*	-.34**	-.20**	-.15*	.41**	.43**	.52**	.42**	.31**	.40**	-
19	Work involvement	-.01	.02	-.04	-.03	-.01	-.09	-.01	-.04	-.12	-.05	-.04	.24**	.28**	.21**	.22**	.28**	.40**	.22**

Note: * $p < 0.05$; **$p < 0.01$

Procedure

A unified survey consisting of all the measures was created, with a modified demographic indicators questionnaire about employment for the employed and the unemployed. Unemployed individuals willing to voluntarily fill out the questionnaires were recruited at the Riga branch of the State Employment Agency and the Social Care Center of Riga municipality. Employed individuals were recruited from state and municipality organizations, and from the private sector. Respondents filled out either paper or electronic version of the survey.

Results

Descriptive statistics are shown in Table 2. The results of the correlation analysis (see Table 3) show the associations between the 6 dimensions of employability, work involvement and career focus factor, emotional and behavior problems, employment status (employed versus unemployed), length of unemployment and frequency of unemployment (recurrence of episodes of unemployment during the life span) and socio-demographic variables.

In order to answer the research question regarding which emotional and behavior problems and employability factors are best predictors of the *actual employment status* (employed versus unemployed) the authors carried out a logistic regression analysis for the dependent variable status of employment (see Table 4). The outcome of the logistic regression forward method analysis of the dependent variable *employment status*, which indicates the predictive strength of the *attention deficit hyperactivity problem factor* and the *openness to changes at work*, in the two factor set, allows one to classify correctly 60.5% of the respondents *(N = 243)*.

Table 4. **Logistic Regression Forward Method Analysis for the Dependent Variable Status of Employment and the Independent Variables Emotional and Behavior Problems and Employability Factors (*N* = 243)**

	Dependent variable – Status of employment					
	B	***S.E.***	***Wald test***	***Exp(β)***	***Coxe& Schnell R^2***	***Nagelkerke R^2***
Step 1					.04***	.06***
Openness to changes at work	0.11	0.03	11.02***	1.12		
Constant	-2.43	0.67	12.96***	0.08		
Step 2					.07***	.09***
Attention deficit/ hyperactivity problems	-0.07	0.03	5.16**	0.02		
Openness to changes at work	0.11	0.03	9.58**	0.01		
Constant	-1.76	0.73	5.80**	0.01		

Note: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; R^2 statistical significance was evaluated with Hi square value in the first step 12,31, $p < 0,001$; in the second step 17,65; $p < 0.001$.

Results of the linear regression analysis with the dependent variable *unemployment length* (see Table 5) show that the *unemployment length* at the first step is statistically significantly predicted by the *education factor* with the negative value (β = -0.18, t = -2.93, $p < 0.01$, R^2 = .03); at the second step, by the education factor with negative value (β = -0.15, t = -2.47, $p < .01$, R^2 = .05) and antisocial personality problems (β = 0.14, t = -2.24, $p < .01$, R^2 = .05). The obtained model explains 3% and 4% of the variation of the dependent variable *unemployment length,* at the first and at the second step, respectively, both steps are statistically significant at the level $p < 0.001$.

Table 5. **Linear Regression Stepwise Method Analysis of the Dependent Variable the Length of Unemployment and the Independent Variables Emotional and Behavior Problems, Employability Factors and Socio-demographic Factors (*N* = 243)**

	Dependent variable – Length of unemployment						
	B	***S. E.***	***β***	***t***	***R²***	***Adjusted R²***	***F***
Step 1							
Constant	1.68	0.23		7.10***			
Education	-0.21	0.07	-0.18**	-2.93**	.03	.03	8.61**
Step 2							
Constant	1.30	0.29		4.44***			
Education	-0.33	0.07	-0.15**	-2.47**	.05	.04	6.89**
Antisocial Personality Problems	0.04	0.02	0.14**	2.24**			

Note: * p < 0.05; **p < 0.01; *** p < 0.001

Table 6. **Linear Regression (Stepwise) Analysis with Frequency of Unemployment as the Dependent variable, and Independent Variables Emotional and Behavior problems, Employability Factors and Socio-demographic Factors (*N* = 138)**

	Dependent variable – Frequency of unemployment						
	B	***S. E.***	***β***	***t***	***R²***	***Adjusted R²***	***F***
Step 1					.18	.18	31.75***
Constant	2.36	0.20		11.51***			
Education	-0.34	0.06	-0.43	-5.63***			
Step 2					.23	.22	20.59***
Constant	3.36	0.41		8.21***			
Education	-0.30	0.06	-0.38	-4.94***			
Work identity	-0.04	0.01	-0.21	-2.79**			
Step 3					.26	.24	16.09***
Constant	2.79	0.46		5,96			
Education	-0.27	0.06	-0.35	-4.56***			
Work identity	-0.04	0.01	-0.18	-2.42**			
Depression problems	0.04	0.01	0.18	2.38**			

Note: * p < 0.05; **p < 0.01; *** p < 0.001

In order to determine the predictors for the *frequency of the status of unemployed* from the set of *emotional and behavior problem factors*, *employability factors,* and *socio-demographic factors*, a stepwise linear regression analysis was conducted. This analysis was conducted for the subgroup aged 30 and above in order to examine variables predicting recurrent episodes of unemployment. The results showed (see Table 6) that the first step explains 18%, the second step 22%, and the third step 24%, of the variance of the *frequency of the status of unemployed* ratings at the level $p < 0.001$.

Discussion

The findings of this study partially strengthen previous evidence, and also add some innovative aspects to the previous unemployment research pool. The findings of the current research show that the good mental health and a sufficient level of employability facilitate a person's adaptability and "career fitness" which is of crucial importance under the circumstances of the modern labor market. Since the emotional and behavior problems were assessed by a measure based upon DSM oriented scales, the results reveal the possible tendency that among the unemployed particular emotional problems can eventually reach the extent of severe mental health problems. This research indicates that the combination of increased emotional problems and decreased employability factors are predictors of the unemployment situation, and the frequency of unemployed status.

The strongest positive predictor of *employment status* was *openness to changes at work*, whereas the strongest negative predictor was the *attention deficit hyperactivity problems* factor. Attention deficit hyperactivity problem ratings have rarely been examined in unemployment studies, yet Pazvontoglu et al. (2014) have shown that adults with attention deficit hyperactivity disorder change their jobs more often in comparison to individuals without this tendency (Pazvontoglu et al., 2014). Correlation analysis showed no correlation of the attention deficit hyperactivity problems factor with unemployment length or unemployment frequency factors, and this can be explained by the negative correlation of the attention deficit hyperactivity problem factor with the age of respondents in the research pool.

The *openness to changes* dimension of dispositional employability, is a fundamentally important factor as it implies openness to new processes and learning experience, aside from enabling an individual to identify and make use of career opportunities, thereby facilitating the individual's adaptability (Fugate & Kinicki, 2008). In addition, our study has shown that the positive status of actual employment is positively related also to other employability factors: *proactivity, career motivation and career focus*. The factors of *antisocial personality problems* and *affective problems* are negatively related to employment status, in addition to the attention deficit hyperactivity problems. The relationship between the two former factors with unemployment have been also confirmed by the findings of previous studies (Fergusson et al., 2014, Aslund et al., 2014, Grossi, 1998, Reissner et al., 2014, etc.).

The *length of unemployment* is negatively predicted by *the education factor* and positively predicted by *antisocial personality problems* factor. Education and the individual's qualification is an aggregate of skills and abilities, and is deemed to

be the main product sold by an individual on the labor market (Wanberg, Glomb, Song & Sorenson, 2005). Previous longitudinal research has indicated the relationship of education with length of unemployment. Antisocial behavior (stealing from properties, registered arrests, convictions) was found to be a predictor of unemployment length (Fergusson et al., 2014). In addition, antisocial personality problems and more pronounced symptoms of depression and somatic problems indicate higher unemployment length. The correlation of somatic symptoms with unemployment has also been confirmed by earlier unemployment studies (Aslund et al., 2014, McKee-Ryan et al., 2005; Grossi, 1998), and also the relationship with depression has been broadly studied in previous unemployment research.

This study as shown that lower rates of employability factors, *work and career identity* and lower level of *education*, in combination with higher *depression* ratings predict higher unemployment frequency. The correlation between depression and unemployment has also been shown in earlier studies (Bordea &Pellegrini, 2014b, Fergusson et al., 2014, Aslund et al., 2014, Grossi, 1998, Reissner et al., 2014, etc.). Work identity is a dispositional employability dimension of one's self-definition in the career context, and is responsible for governing, regulating, and maintaining work-related goals or aspirations and behavior (Fugate & Kinicki, 2008).

These findings shed light on the needs of unemployed persons, who require complex treatment models and specific strategies, which include psychological consulting and psychotherapy aimed to decrease the level of specific emotional disturbances, as well as services aimed at the development of career identity and other employment related abilities, which would allow for successful integration into the modern working environment.

One of the limitations of this study is that among the unemployed persons only the respondents who were more prone to openness agreed to take a part in the study, whereas the respondents who suffer from more severe degrees of emotional problems refused to participate. Thus authors assume that the greater part of the actual problems of the unemployed remain hidden.

Suggestions for further research include the following: an examination of the associations of unemployment with other mental health problems, specifically, personality disorders; efficacy of treatment strategies for the unemployed with different emotional and behavior problems; and employment retrieval forecasting factors.

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Baltic Journal of Psychology, 2015, 16 (1, 2), 111–126

The Relationships between Psychological Work Climate and General Well-being: Testing a Model with Workplace Bullying and Burnout as Mediating Variables

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Abstract

The aim of the study was to examine the relationship between psychological work climate and well-being. In doing so, a model with workplace bullying and burnout as mediating variables was tested. The main question raised was how workplace bullying relates to psychological climate as an independent variable, and to general well-being as a dependent variable. Burnout was included in the model because it was previously found to have a strong relationship with psychological climate. The second aim of the study was to examine which components in the work environment are most associated with workplace bullying. Data was collected at two different public sector companies (N = 151 and (N = 149). The results showed that psychological climate had a stronger relationship with burnout than workplace bullying, while workplace bullying had a stronger relationship with well-being than burnout. SEM analysis reveals that the model as a whole had a strong model fit. This pattern was different for the target sample compared to the general sample. Discussions regarding possible explanations of this result are provided.

Keywords: Psychological climate, emotional abuse, mobbing, workplace bullying, burnout, well-being.

There are indications from the Swedish public debate and numerous narratives that the psychosocial work environment is getting worse while the physical work environment steadily improves. The lack of longitudinal studies makes it difficult to confirm such statement but information from unions and employees points in that direction. Likewise, direct forms of aggression at the workplace are uncommon in Sweden while subtle forms of emotional abuse are quite frequent. These two basic assumptions represent the rationale for studying the relationship between work climate and workplace bullying. It is believed that more knowledge about the climate-bullying relationship will lead to new insights into both concepts. Furthermore, the aim of the study was to examine how this relationship fits a model with general well-being as a dependent variable and burnout as a covariance variable. Thus, the model describes how workplace bullying is related to both burnout and general well-being as well as psychological work climate.

Psychological work climate. The concept psychological climate is about how organizational environments are perceived by their employees (Brown & Leigh, 1996). Psychological climate typically emphasize the policies, practices and procedures which are recognized and rewarded in the organization (Schneider, Bowen, Ehrhart & Holcombe, 2000). While psychological climate is an individual level measure organizational climate reflect a shared perception of how the organization functions (Coyle-Shapiro et al., 2004).

Psychological climate is related to job satisfaction and organizational commitment, as well as performance and turnover (see e. g. Burke, Borucki & Kaufman, 2002). A healthy psychological climate has also been found to be positively related to productivity, involvement, commitment and motivation and effort (Thayer, 2008). In a study with organizational commitment as mediating variable a strong relationship between psychological climate and burnout was found (Eisele & D'Amato, 2012). In the present study general well-being was used as the dependent variable and burnout as a second mediator variable. The main purpose of the study was to examine how workplace bullying relates to work climate, well-being and burnout.

Workplace bullying. Some forms of counterproductive or abusive behavior at work are apparent while some are not. Overt aggression and open conflicts are often observable. Workplace bullying is typically subtle, less direct forms of aggression, and is often verbal, passive and indirect (Einarsen, 1999).

Since bullying is targeted at a single individual, much of the bullying research has focused on the characteristics, causes, and consequences of bullying in organizations. Some studies on workplace bullying have focused on the victim or target (Matthiesen & Einarsen, (2001), and some on the bully or perpetrator (Einarsen & Mikkelsen, 2003). At an early stage of the growing research on workplace bullying, there was emphasis on the traits of the target. Today there is more focus on the unethical behavior of the perpetrators and also an increasing interest in the core problem, the work environment.

Leyman (1995) early on concluded that the origins of workplace bullying were deeply rooted in the organizational factors and psychosocial environment. It is of vital importance that researchers examine how the climate of organizations can lead to, maintain or enhance the occurrence of workplace bullying. It is believed that bullying more likely takes place if the offender feels that he or she has the implicit permission, blessing or even support of his or her superiors and other coworkers to behave in a bullying manner (Einarsen, 1999). Furthermore, if the tolerance for bullying increases in the organization, the socially accepted norms of civil behavior can give way to bullying behaviors (Ferris, 2002). Thus, in certain organizations bullying can be a high-probability dysfunctional behavioral outcome. The work environment hypothesis postulates that a poor psychological work environment will create conditions that may lead up to bullying at work (Hoel & Salin, 2003). But exactly what features in the work climate or culture characterize these kinds of organizations? One aim of the present study was to explore which factors in the psychological climate are most associated with workplace bullying.

Workplace aggression has been defined as negative acts that harm the target and which the target is motivated to avoid (Neumann & Baron, 2005; Hershcovis, Turner & Barling, 2007). Targets feel powerless since the bullying often occurs in a subtle way, which also make it difficult to observe objectively. Typically targets feel that it is difficult to defend themselves (Einarsen, Hoel & Notelars, 2009), often leading to isolation with negative health consequences.

Bullying can be defined as repeated acts and practices that are directed at one or more workers, that are unwanted by the victim, that may be done deliberately or unconsciously, that clearly cause personal humiliation and distress, that reduce job performance, and that cause an unpleasant working environment (Einarsen, et al., 2011).

In a study by Escartín, Rodríguez-Carballeira, Zapf, Porrúa and Martin-Pena (2009) participants reported perceiving bullying behavior in general as severe. But emotional abuse was more severe than other forms while devaluating professional role was least severe. This constitutes a research finding that suggest workplace bullying should be regarded as a concept of more than one factor.

Bullying is one of many deviant actions in the workplace. Hostility or aggression typically consist of a reaction to some situation, while bullying often occurs with a hidden agenda which makes it more difficult to observe. Research has tried to bypass this difficulty by looking at antecedents of workplace bullying. Identified antecedents at an individual level are targets that stand out and have an outsider position, vulnerability, are overachievers or provocative. Also, the lack of social competencies or a rather high degree of deviant social competencies of bullies has been studied. Bullies attempt to protect their self-esteem a have a tendency toward psychopathic personality. Social antecedents are norms of reciprocity and norm violation (see e. g. Matthiesen & Einarsen, 2007).

Workplace bullying is very much a social phenomenon. For example, Escartín, Ullrich, Zapf, Schlüter and van Dick (2013) found that the more employees identified with their group in the organization, the less likely they were to be victims of bullying. This study was conducted with the aim of increasing the understanding of abusive behavior at work. In doing so the relationship between workplace bullying, psychological work climate and general well-being was investigated. Additionally, burnout was included in the model due to the strong relationship found between psychological climate and burnout (see e. g. Eisele & D'Amato, 2012).

Burnout. Burnout is a prolonged response to chronic emotional and interpersonal stressors in the job, and is defined by the three dimensions of exhaustion, cynicism (depersonalization), and inefficacy (Maslach, Schaufeli & Leiter, 2001). Early research on burnout viewed the phenomena as something very specific but current research places the individual perception of being burned out within a larger organizational context. The strong stress experience makes a distinct and valuable contribution to people's health and well-being (Maslach, Schaufeli & Leiter, 2001).

Burnout has been found to be related to job dissatisfaction, lower levels of organizational commitment, higher levels of job stress, absenteeism and absence from work, and lower levels of job performance (Burke, Koyuncu & Fiksenbaum, 2010).

There is a strong relationship between psychological climate and burnout (see e. g. D'Amato & Zilstra, 2008; Eisele & D'Amato, 2012), but to my knowledge the relationship between workplace bullying and burnout have not yet been examined. Workplace bullying should have a relationship with burnout due to common ground in health outcomes. Burnout has been shown to be related to higher levels of depression, chronic fatigue, psychosomatic symptoms, and a less satisfying home and personal life (Burke, Koyuncu & Fiksenbaum, 2010).

Well-being. The research on well-being aims to measure social–psychological richness, which goes beyond physical and mental health or socio-economical wealth. For a long time the subjective well-being (SWB) scale dominated the measurements of well-being (Ryan & Deci, 2001) but recently new surveys have been developed, such as the Flourishing Scale (FS). Keyes combined measures of psychological well-being (PWB)

and SWB and introduced the concept of "flourishing" to describe the highest levels of mental health (Keyes, 2002). In a recent study, FS had superior internal consistency compared to SWB (Eisele, 2014). Although this data was only based on one Swedish sample, FS is the scale used in the present study.

Flourishing Scale (FS) produces an overview of positive functioning across diverse domains that are widely believed to be important (Diener, Wirtz, Tov, Kim-Prieto, Choi & Biswas-Diener, 2010). It has been suggested that people have several universal human psychological needs, such as the need for competence, relatedness, and self-acceptance, and several of these characteristics are assessed by our Flourishing Scale (Ryan & Deci, 2001).

FS reflects a social-psychological richness incorporating important aspects of human functioning. People's evaluations and feelings about their lives provide important information for policy decisions at an organizational level (Diener & Seligman, 2004).

Workplace bullying and well-being. Optimism is important to successful functioning and well-being (Scheier & Carver, 2003). Since prolonged workplace bullying has negative effects on self-worth it should have a direct impact on optimism. Therefore, a strong relationship between perception of bulling and general well-being is expected. Also, negative relationships between exposure to bullying and well-being have been found in a study by Einarsen and Raknes (1997).

Meta-analyses of individual-level outcomes of exposure to workplace bullying (Nielsen & Einarsen, 2012) pinpoint both job-related and health-related factors. Job-related factors are burnout, intention to leave, reduced job satisfaction and organizational commitment. Health-related factors are mental and physical stress and well-being. Many employees suffer from severe mistreatment at work that has negative effects on health, motivation, and well-being (Einarsen et al., 2011).

People in charge are often unwilling to accept the problem and thus do not do much to prevent workplace bullying. Workplace bullying involves repeated actions or practices that are directed at one or more people. The concept assumes that the actions are unwanted by the target and carried out deliberately or unconsciously (Zapf, Einarsen, Hoel & Vartia (2003). The feeling of being helpless and being let down often causes humiliation, offense, distress, and interferes with work performance, thus causing an unpleasant work environment.

In a study by Vartia (2001) both the targets of bullying and the observers reported more general stress and mental stress reactions than did respondents from the workplaces with no self-reported bullying. The targets also expressed feelings of low self-confidence more often than did those who had not reported being subjected to bullying (Vartia, 2001). Victimization due to workplace bullying appears to change employees' perceptions of their work environment and life in general into one involving threat, danger, insecurity and self-questioning (Mikkelsen & Einarsen, 2002). The strongest relationship existed between experiences of personal derogation and psychological well-being (Einarsen & Skogstad, 1996).

Exposure to negative acts are related to health problems such as anxiety and insomnia and social isolation (Mikelsen & Einarsen, 2002) and even depression (Högh, Henriksson & Burr, 2005). Being mistreated by other members of one's workplace has deviating effects on self-worth (see e. g. Mikelslen & Einarsen, 2002).

Considering these findings, one should expect a strong relationship between bullying and well-being.

Relationship between psychological work climate and workplace bullying. Single acts of aggression or harassment occur fairly often in everyday interaction at work and can be quite harmless. However, such negative actions seem to be associated with severe health problems in the target when occurring on a persistent and regular basis (Einarsen & Raknes, 1997). Only a limited number of studies during the last two decades had the aim of identifying which factors in the work environment may contribute to bullying (Salin & Hoel, 2011). However, at an organizational level both consequences and antecedents of workplace bullying have been identified.

Antecedents of organizational climate are, for example, a higher degree of bureaucracy and stricter rules for dismissing workers (Hoel & Salin 2003).

Consequences of workplace bullying have been studied more. For example consequences such as turnover, decreased commitment and decreased productivity have been identified (see e. g. Rodrıguez-Munoz, Baillien, DeWitte, Moreno-Jimenez & Pastor, 2009). Deviant behavior in organizations is associated with decreased productivity, less commitment to the organization, lower morale, higher levels of turnover, occupational stress, and increased levels of tension among both employees and managers (Einarsen, 1999; Luzio-Lockett, 1995; Tepper, Duffy, & Shaw, 2001; Zapf, 1999).

There should be a strong relationship between climate and well-being since perception of a good work climate is associated with organizational commitment which in turn has been shown to affect well-being (see e. g. Meyer & Maltin, 2010). Stressors related to job characteristics seem particularly linked to informal work obligation but not to organizational loyalty as characteristics of organizational climate (Chang & Luo, 2007).

Spreitzer, Sutcliffe, Dutton, Sonenshein and Grant (2005) conducted research on how organizational leaders might foster thriving and found that organizational climates may impact the potential for employees to thrive when they provide autonomy in decision making, communication, organizational direction, strategy, and performance progress. Furthermore, thriving was found to inhibit disrespect in the workplace, encourage developmental feedback that enables personal goal achievement and foster a climate of inclusion. Thus, there is a reason to expect that perception of a good work environment is associated with higher self-reported well-being.

The research design proposed here is used to test a model with psychological climate as an independent variable and workplace bullying and burnout as sequential mediate variables, and well-being as a dependent variable. The theoretical foundation for the model is based on the psychological climate wellbeing relation with burnout as mediating variable. And the relationship between workplace bullying and wellbeing.

To conclude, research has found numerous organizational effects of workplace bullying. Absence and sick leave, replacement, and reduced productivity, just to mention a few. However, no study has been conducted with the aim of examining the relationship between psychological climate and workplace bullying. Psychological climate is a measurement of an individual's perceptions of their work environment. The benefit of such a climate questionnaire, as opposed to measurement of organizational culture, is that psychological climate is at the same level as other measurements in the study.

A further aim was to investigate which factors in the psychological climate are most associated with workplace bullying.

Method

Participants

Data was collected at two different public sector companies ($N = 149$) and ($N = 151$). Sample one consisted of 116 women with a mean age of 45, and 35 men with a mean age of 47. Sample two consisted of 118 women with a mean age of 46, and 31 men with a mean age of 47.

Material

Psychological climate. A Swedish version (Eisele & D'Amato, 2013) of the M_DOQ10 (see e. g. D'Amato & Ziljstra, 2008) was used to measure psychological climate. For the present study a new shorter version with improved internal consistency was used.

The M_DOQ10 consists of 10 scales: Communication (10 items; example item: "In my organization everybody is adequately informed about the objectives and outcomes"; Cronbach's alpha .79); Autonomy (6 items; example: "In my job I have a certain amount of autonomy"; Cronbach's alpha .83); Team Cohesion/intrateam (10 items; example: "In my team people usually agree with each other"; Cronbach's alpha .91); Interteam (5 items; example: "In my organization colleagues from different teams help each other"; Cronbach's alpha .88); Job Description (5 items; example: "The tasks that are part of my role are clearly defined"; Cronbach's alpha .73); Job Involvement (4 items; example: "My job is thrilling/exciting"; Cronbach's alpha .71); Dynamism/ Development (4 items; example: "In my organization the decisions that are taken are implemented quickly"; Cronbach's alpha .69); Reward Orientation (4 items; example: "Financial incentives are adequate when rewarding commitment and skills"; Cronbach's alpha .76); Supervision/leadership (8 items; example: "My supervisor is sensitive to my training needs"; Cronbach's alpha .89); Innovativeness (5 items; example: "In my organization people are encouraged to find new ways around old problems"; Cronbach's alpha .90); and Corporate Responsibility (7 items, example: "My organization makes an effort to adapt to social and political changes"; Cronbach's alpha .85).

These ten dimensions are aggregated to form three foundational issues: organizational policies, job procedure and managerial practices.

Burnout. Burnout was measured with a 20-item (Hallberg & Sverke, 2000) Swedish version of the Maslach Burnout Inventory (see e. g. Leiter & Maslach, 2005). The items were rated on a five-degree Likert scale and load on three factors: emotional exhaustion, depersonalization and personal achievement.

Emotional exhaustion, example item: "I feel fatigued when I get up in the morning and have to face another day on the job". The Cronbach's Alpha for the 8 items was .79. Depersonalization, example item: "I worry that this job is hardening me emotionally". The Cronbach's Alpha for 5 items was .60. Personal achievement, example item: "I feel exhilarated after working closely with people at my work". The Cronbach's Alpha for the 7 items was .71.

Workplace bullying. Workplace bullying was measured with the EAPA-T which consists of 12 items on a 5-degree scale (Escartin, Rodrigues-Carballeia, Gomez.-Benito & Zapf, 2010). The scale was ranging from nothing (0) to extremely (4). Example items: "My correct decisions and achievements have been treated with disdain". "My responsibilities have been restricted". The items on EAPA submerge into four subscales: 1) Control manipulation; 2) Emotional abuse; 3) Professional discredit, and 4) Role devaluation.

Well-being. Well-being was measured with the Flourishing Scale (FS) that consists of eight items describing the important aspects of human functioning ranging from positive relationships, to feelings of competence, to having meaning and purpose in life. Each item of the FS is answered on a 1–7 scale that ranges from Strong Disagreement to Strong Agreement. All items are phrased in a positive direction. High scores signify that respondents view themselves in positive terms in important areas of functioning. For a more detailed description see Diener, Wirtz, Tov, Kim-Prieto, Choi and Biswas-Diener (2010). Example items: "I am competent and capable in the activities that are important to me". "I am optimistic about my future".

Procedure

The EAPA instrument was translated from English to Swedish and from Spanish to Swedish by two independent translators. These two translations as well as the back translations were almost identical.

The main national union for state sector workers was contacted and two local representatives of the union agreed to administer the survey to employees. Due to the rather time consuming survey answering, the questionnaires were filled out during a union meeting when all participants had time off work. That is, the participants filled out the survey on their own private work computer. This also kept the dropouts close to zero (one in three hundred).

The participants were requested to answer the web survey by filling in a name but could remain anonymous by using any unique name they could remember. They were informed that the results would be given to them at a later stage. After completing the data analyses a PowerPoint that consisted of a short version of the present paper was sent to the two work organizations.

Separate analyses were conducted for the target sample. Target sample was conceptualized as participants reporting being bullied on any of the items in the questionnaire.

Results

Before the main analyses were conducted confirmatory factor analyses following a procedure by Escartion et al. (2010). Factor analyses confirmed the one factor structure of the FS found in previous studies (Diener et al., 2010). Likewise, the three factor structure of the burnout questionnaire (Hallberg & Sverke, 2000) was confirmed. For EAPA, both a two factor structure and the initially proposed (Escartin et al., 2010) four factor model was supported. The two factor model had an eigenvalue of 5.56 and the four factor model an eigenvalue of 4.41.

Table 1. **Means, standard deviations, first order correlations, and Cronbach's Alpha values (bold) of the study variables**

	Means (SD)	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*12*
Job procedures (1)	3.89 0.58	**.71**											
Managerial practices (2)	3.71 0.53	.66*	**.69**										
Organizational policies (3)	3.24 1.24	.69*	.68*	**.86**									
Control manipulation (4)	1.77 1.24	-.13	-.19**	-.16**	**.88**								
Emotional abuse (5)	2.22 1.49	-.12	-.14	-.13	.91*	**.92**							
Professional discredit (6)	2.12 1.45	-.12	-.17**	-.13	.89*	.96*	**.95**						
Role devaluation (7)	1.86 1.25	-.13	-.20**	-.18**	.89*	.94*	.92*	**.89**					
Emotional exhaustion (8)	2.16 0.57	-.44*	-.44*	-.33*	.-.13	-.17**	-.15	-.12	**.73**				
Depersonal-ization (9)	1.95 1.3	-.39*	-.50*	-.25**	.001	-.03	.035	.04	.52*	**.71**			
Personal achievement (10)	2.95 .68	.46**	.41**	.34**	.17*	.16	.12	.17**	-.35**	-.29**	**.70**		
Wellbeing 1 (11)	3.24 .87	.11	.19**	.19**	-.14	-.14	-.17 .041	-.19**	-.18**	-.03	-.004	**.91**	
Wellbeing 2 (12)	3.45	.08	.17**	.18**	-.16**	-.16**	-.18**	-.20**	-.15	.03	-.01	.67*	**.90**

Note: Wellbeing was measured with a 7 degree scale and all other measurement on a 5 degree scale. $N = 151$. *p < .00. ** p < .05.

Table 2. **Means, standard deviations, first order correlations, and Cronbach's Alpha values (bold) of the study variables**

	Means (SD)	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*12*
Job procedures (1)	3.92 .57	**.71**											
Managerial practices (2)	3.76 .71	.65*	**.68**										
Organizational policies (3)	3.26 .53	.68*	.68*	**.84**									
Control manipulation (4)	1.94 1.11	-.01	-.04	.06	**.82**								
Emotional abuse (5)	2.47 1.34	-.01	-.02	.07	.88*	**.87**							
Professional discredit (6)	2.36 1.34	-.01	-.05	.07	.86*	.95*	**.92**						
Role devaluation (7)	2.05 1.16	-.01	-.06	.03	.86*	.91*	.90*	**.85**					
Emotional exhaustion (8)	2.28 .55	-.42*	-.45*	-.34*	-.19**	-.22**	-.20**	-.21**	**.73**				
Depersonal-ization (9)	1.90 .39	-.32*	-.47*	-.19**	-.05	-.05	-.04	-.03	.56*	**.69**			
Personal achievement (10)	2.97 .64	.51*	.39*	.39*	.19**	.20**	.16**	.16**	-.40*	-.28*	**.70**		
Wellbeing 1 (11)	3.14 .87	.02	.11	.01	-.10	-.08	-.12	-.12	-.15	-.15	.01	**.90**	
Wellbeing 2 (12)	3.49	-.02	.14	.09	-.10**	-.07**	-.09	-.14	-.14	-.05	-.01	.69*	**.90**

Note: Wellbeing was measured with a 7-degree scale and all other measurement on a 5-degree scale. $N = 151$. *$p < .00$. ** $p < .05$.

Descriptive statistics and the reliability of the instruments are shown in Table 1 and Table 2. All variables beside managerial practices (.69) has high internal consistency. Table 1 and Table 2 show the correlation between measured factors. For both samples there were high correlation between subscales for all measured factors. The people-oriented factors correlated more with workplace bullying (e. g. communication and leadership) than corporate factors (e. g. innovation and corporate social responsibility).

The Structural equational modeling was used to test the hypothesis that the relationship between the independent variable (climate) and the dependent variable (well-being) is mediated by burnout and workplace bullying (Table 3). Confirmatory factor analyses indicate that the model fit was the same for both samples but regression weights differences were found. (Table 3).

Table 3. **Goodness-of-Fit for Confirmatory Factor Analyses of complete model**

	Chi-square	*DF*	*RMSEA*	*CMIN/DF*	*CFI*
Sample one N = 151	102.39	49	.04	2.08	.97
Sample two N = 149	92.37	49	.03	1.88	.97
Target sample N = 62	143.59	49	.15	2.93	.67

The model (Figure 1 and 2) indicates that there is a weak direct association between climate and well-being but a strong association between climate and burnout (y = .85). For the first sample there was a stronger association between bullying and well-being than between burnout and well-being (Figure 1 in Appendix). For the second sample, burnout and bullying had a similar association with well-being (Figure 2 in Appendix).

Separate analyses were conducted for the target sample. There was no model fit (Table 3) for the target sample but regression weights (Figure 3) are reported for comparison with the two general samples.

Discussion

The results for the two general samples showed that psychological climate have a stronger relationship to burnout than workplace bullying while workplace bullying has a stronger relationship to well-being than burnout. SEM analyses reveal that the model as a whole had a strong model fit. To conclude, results showed a strong model fit for both samples used in the study. However, the correlational pattern was much stronger for sample one. Furthermore, regarding analysis for the target sample there was no model fit so conclusions about this sample could not be drawn.

The data was not based on one big general sample. Rather data was collected at two different workplaces. To compensate for the lack of generalizability to a broad population, separate analyses were conducted on the two samples. Two relatively small samples can be seen as a limitation but on the other hand, the research model was very similar for both independent sample.

There was a strong model fit but regression weights were moderate. While burnout correlates strongly with work climate, workplace bullying correlate more with well-being

than burnout does. The moderate regression weights found for the climate-bullying relationship can be seen as an indication that people can handle a bad work climate as long as they are not submitted to workplace bullying. More general it indicates that workplace bullying is a social phenomenon that is related to work climate but also a specific phenomenon of its own. It is important for future research to detect factors at the workplace that correlate with work-place bullying. It is for example likely that darker side of management like dysfunctional leadership is connected with a higher rate of workplace bullying.

The second aim of the study was to examine which components in the work environment are most associated with workplace bullying. The people-oriented factors correlated more with workplace bullying (e. g. communication and leadership) than corporate factors (e. g. innovation and corporate social responsibility). This correlation pattern was interesting and calls for new studies.

However, the overall regression weight between climate and bullying was surprisingly low. People that often are being teased, badgered, insulted or exposed to deliberate unfair treatment should perceive negative work climate. Targets of bullying reported a more negative work environment than others, as found in other studies (Einarsen et al. 1994), but to a lesser degree than one would aspect.

The lack of such policies will likely be perceived as injustice. Thus, there are reasons to assume that there is a relationship between organizational justice and workplace bullying. In a study by Hershcovis, Turner and Barling (2007), poor leadership and workplace injustice were found to be the main situational predictors of enacted workplace aggression. In an ongoing study the relationship between organizational justice and work place bulling is being examined.

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Acknowledgements

I would like to thank professor Jorge Escartín for helpful criticism on the first draft of this paper.

Apendix

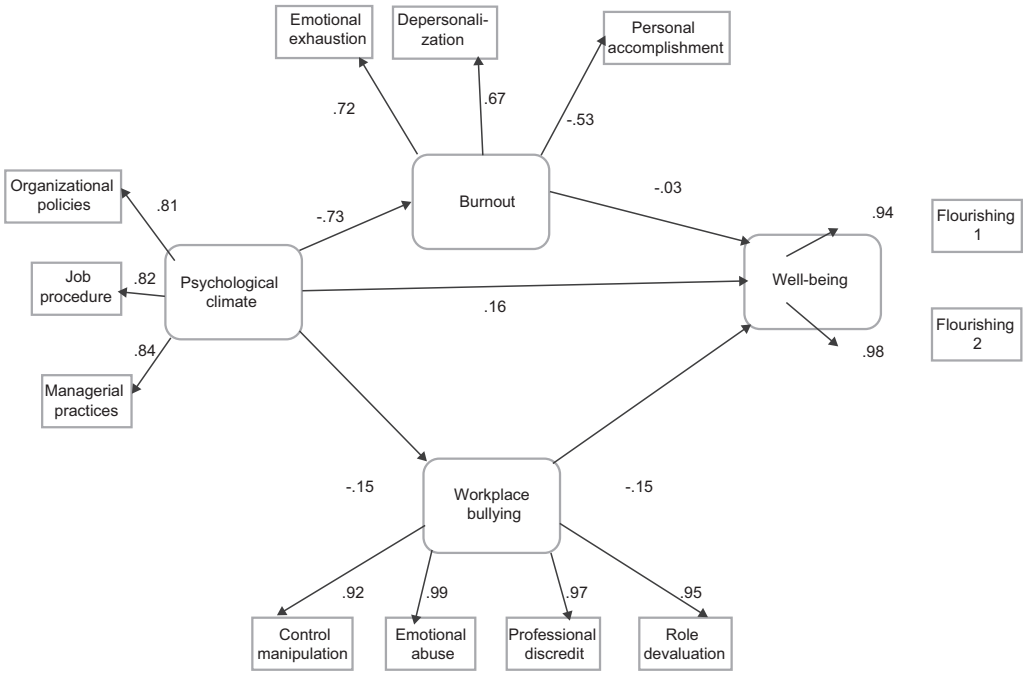

Figure 1. **The SEM model with standardized regression weights for sample one.**

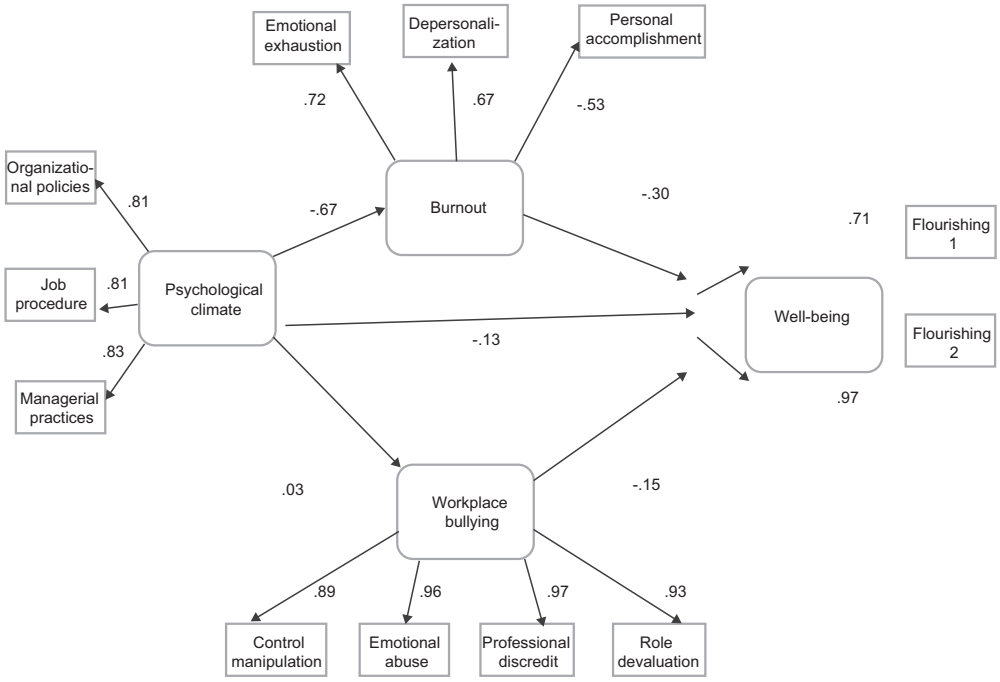

Figure 2. **The SEM model with standardized regression weights for sample two.**

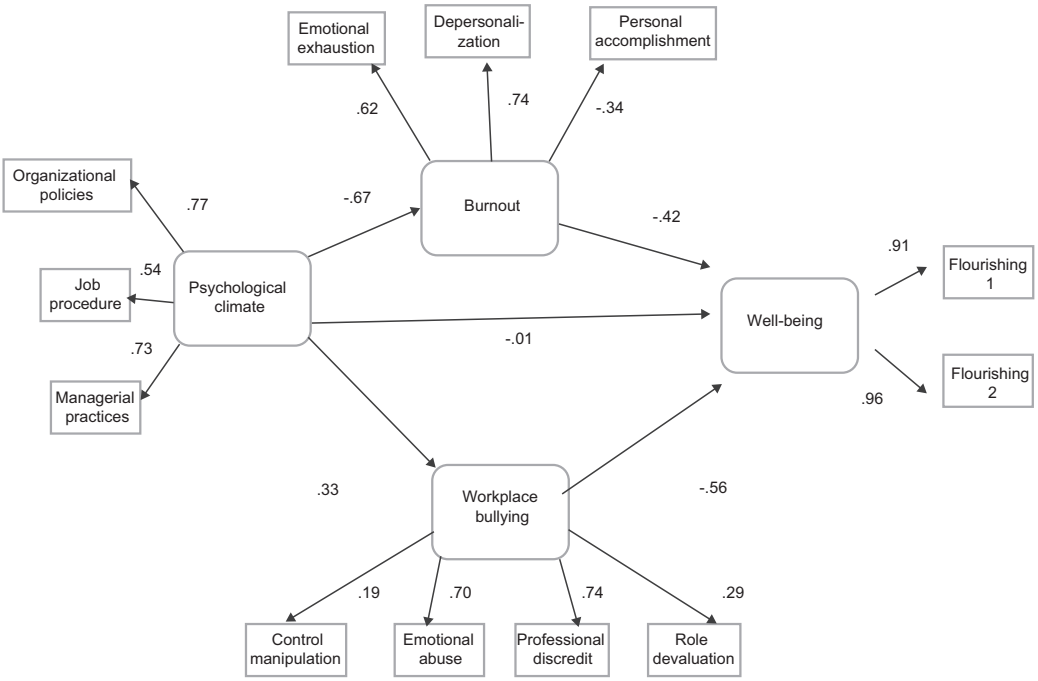

Figure 3. **The SEM model with standardized regression weights for the target sample.**

Baltic Journal of Psychology, 2015, 16 (1, 2), 127–140

Anticipated Macro-Context Before and During an Economic Crisis: A Person-Oriented Approach

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Abstract
This study explored types of young people's macro-contextual expectations under favorable vs. unfavorable socioeconomic conditions. Studies on future orientation and control strategies demonstrate that individuals set their goals taking into account anticipated context, and that they can reconstruct their expectations when macro-contextual changes occur. A person-oriented approach was implemented in order to identify types of expectations and their associations within a macro-contextual situation. A total of 158 university students wrote essays on *"The Future of Latvia"* before or during the economic crisis of 2008–2009. The essays were coded by thematic content analysis. The results of partitional clustering revealed four types of expectations: optimistic, pessimistic, hopeful, and balanced. Under unfavorable conditions, more hopeful expectations and less balanced expectations were expressed. Observed differences indicate a broader use of selective secondary control aimed at maintaining positive contextual expectations, and a limited consideration of heterogeneity of the future during the crisis.
Keywords: anticipated context, expectations, cluster analysis, economic crisis

Thinking about the future is an important mode of reducing fundamental uncertainty regarding the individual-environment interaction (Trommsdorff, 1994). Anticipated macro-level context constitutes a substantial part of an individual's future concerns (e. g., Nurmi, Poole, & Seginer, 1995), but has rarely been the primary focus of investigation (Zaleski, Chlewinski, & Lens, 1994). Such a focus is important because the anticipated context channels individual goal-setting according to opportunities and constraints regarding the pursuit of these goals (Nurmi, 2004). At the same time individuals can reconstruct their expectations in the process of adaptation to contextual changes (Lazarus, 1991). The objective of this study was to explore types of young people's expectations for the future of their country, and the distribution of these types of expectations under relatively favorable socioeconomic conditions vs. conditions of an economic crisis.

Future Orientation and Macro-Context

Studies on future orientation (for reviews see Massey, Gebhardt, & Garnefski, 2008; Nurmi, 1991; Seginer, 2009) demonstrate that an individual's goals, plans, and hopes

* This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors. The author would like to thank students for participation in the study, Arthur Cropley and Sandra Sebre for their valuable comments, and Sofia Egert for coding the essays.
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vary in different socioeconomic contexts. A relatively unfavorable socioeconomic situation leads to greater adolescent fears concerning their future occupations and careers (e. g., Nurmi, Poole, & Kalakoski, 1994; Solantaus, 1987). Favorable conditions give rise to adolescents' hopes for a better education, career, and more positive future orientation in general (e. g., Poole & Cooney, 1987).

In addition to personal goals young people have expectations of possible changes in their own country and globally (Nurmi et al., 1995). More frequently these changes are mentioned as having negative rather than positive consequences (Nurmi, 2004). Revealed asymmetry in evaluation of expected macro-contextual changes is explained by the relatively low perceived control over societal-level events and their possible negative impact on personal goals (Nurmi, 2004). The content of fears associated with a specific context is changing. For example, fears about nuclear war were highly ranked in the second half of the twentieth century (e. g., Zaleski et al., 1994). At the beginning of this new millennium, there are new challenges concerning terrorist attacks (Fung & Carstensen, 2006; Holman & Silver, 2005), epidemics (Fung & Carstensen, 2006), economic (Savadori, Nicotra, Rumiati, & Tamborini, 2001), and ecological problems (Stokols, Misra, Runnerstrom, & Hipp. 2009).

The powerful impact of catastrophic events on contextual expectations was identified in a study of future concerns after the September 11th terrorist attacks (Holman & Silver, 2005). Fears of terrorism became an element of future concerns undermining individuals' well-being. At the same time other negative contextual changes take place relatively gradually but also have a durable impact on individual lives. In situations of prolonged negative socioeconomic context, the uncertainty of the anticipated future is a major impediment to well-being (Pinquart & Silbereisen, 2008; Solantaus, Leinonen, & Punamäki, 2004).

Adaptation to Macro-Contextual Changes

When a macro-level change occurs, its complex impact results in a mobilization of individual mental and behavioral efforts aimed at adaptation to the new social and environmental settings (Pinquart & Silbereisen, 2004; Trommsdorff, 2000). Outward-directed activities include action-focused coping (Lazarus & Folkman, 1984) or primary control (Heckhausen & Schulz, 1995) aimed directly at changing the situation. Emotional and cognitive strategies include emotion-focused coping (Lazarus & Folkman, 1984) or secondary control (Heckhausen & Schulz, 1995) aimed at changing individual motivation, attitudes, and protecting self-esteem.

Individual resources limit the capacity of primary control (Heckhausen, Wrosch, & Schulz, 2010). Therefore, effective adaptation to the changing environment and greater individual well-being is related both to strategies of goal engagement when goals are foreseeably attainable, and strategies of goal disengagement when goal attainment seems impossible under the new conditions (Tomasik, Silbereisen, & Heckhausen, 2010). According to the motivational theory of life-span development (Heckhausen et al., 2010), the first group of strategies combines those of primary control and selective secondary control which enhance individual motivation. The second group represents compensatory secondary control strategies which protect individual self-esteem.

From a future orientation perspective an important aspect of secondary control and emotion-focused coping is the changing of future expectations (Heckhausen & Schulz, 1995; Lazarus, 1991). An optimistic strategy, defensive pessimism (Norem & Cantor, 1986; Taylor & Armor, 1996), and hope (Lazarus, 1991; Snyder et al., 2006) are the best known ways used to restructure these expectations. Seginer (2000) demonstrated that optimism as a strategy which facilitates motivational and behavioral components of future orientation. Defensive pessimism limits long-term planning and investment, but it facilitates short-term planning and task performance. Hope, in turn, moderates the development of an adaptive adolescents' future orientation under negative environmental conditions and uncertain future prospects (Seginer, 2008).

Research Questions

It can be concluded that anticipation of the macro-context reflects two interrelated processes: the taking into account of expected context, and its reconstruction by means of coping or control strategies. In addition to content, control, and evaluation of anticipated contextual changes, individual expectations can vary in their level of confidence (Dunning, Griffin, Milojkovic, & Ross, 1990), predictability (Pham, Taylor, & Seeman, 2001), uncertainty (Osman, 2010), expected dynamics of change (Ji, Nisbett, & Su, 2001), and temporal distance from the expected changes (Trope & Liberman, 2003).

The complexity of anticipated context results in a focusing of empirical studies on different aspects of future expectations (e. g., content, dynamics, or controllability). Integration of these aspects remains a challenge for research. A comparative thematic content analysis of individual views of the macro-level context (Kolesovs & Kashirsky, 2014) showed variability in themes and valences regarding the future of the country. However, focusing on themes and valences did not reveal individual patterns of future expectation. As Benyamini (2005) has demonstrated, the grouping of individuals allows identifying combinations of their dispositions regarding future outcomes. Therefore, a person-oriented approach (Bergman & Andersson, 2010) was chosen in order to answer two research questions:

1. What are the types of young people's expectations for the future of their country?
2. How are these types of expectations associated with socioeconomic conditions?

The situation in Latvia provides an opportunity to address these research questions because of several major changes at the macro-level which have taken place during the past decade. The entry of Latvia into the European Union in 2004 was associated with a rapid rise in economic well-being, but this was followed by the severe economic crisis beginning in 2008 and continuing in 2009. These changes have been reflected in indicators of general life satisfaction, which increased from 55% in 2004 to 67% in 2007 and decreased to 57% in 2009 (TNS Opinion & Social, 2005, 2008, 2010). A second set of indicators refers to the level of unemployment, which decreased from 10.4% in 2004 to 6.0% in 2007 – the lowest level in the last 16 years – but increased to 7.5% in 2008 and up to the record level of 17.6% in 2009 (European Commission, Eurostat, 2010).

Method

Participants

Five successive independent samples of undergraduate psychology students from a university in Latvia participated in the study during the period from 2004 to 2009. Table 1 demonstrates the demographic characteristics of each sample. The total of 158 participants ranged in age from 19 to 25, $M = 20.35$, $SD = 1.21$, 86% were female. Following a unified procedure of data collection described below, the samples from 2004 to 2008 expanded significantly the data set used in Kolesovs and Kashirsky (2014).

Table 1. **Demographic characteristics of the research samples**

Characteristic	*Sample*				
	2004	***2006***	***2007***	***2008***	***2009***
n	20	19	27	43	49
Age range, years	19–24	19–25	19–24	19–25	19–24
Mean age	19.89	20.16	20.50	20.47	20.33
SD of age	1.20	1.34	1.27	1.12	1.08
Female,%	85	84	89	86	89

Procedure

Data collection. Each participant was requested to write a short essay (about one page in length) on the topic "*The Future of Latvia*", without further specification. Beforehand informed consent was received. The following instruction was presented by a researcher: "I would like to ask you to write a short essay on the topic 'The Future of Latvia'. You have about 10 minutes for writing". The instruction was presented in the Latvian language. Participation was anonymous.

Data analysis. The written essays were analyzed according to principles of thematic content analysis (Krippendorff, 2004). Thirteen semantic categories were developed for quantification of the descriptions of the future upon the basis of two previous thematic analyses (Koļesovs, 2011; Kolesovs & Kashirsky, 2014). Four of these categories concern positive or negative expectations addressing the future: *Positive Future, Positive Turning Point, Negative Future,* and *Negative Turning Point*. Two categories concern temporal distance: *Near Future* and *Distant Future.* Two categories reflect important modalities of future predictions: *Stability* and *Uncertainty.* Two categories represent attribution of control over changes: *External Control* and *Internal Control. Specific Changes* is a category concerning expected specific changes or events without clearly indicating negative or positive valence. Two additional categories represent evaluation of the current situation: *Positive Present* and *Negative Present*.

Within the process of thematic content analysis, the researchers identified phrases and words as coding units at a semantic (explicit) level. Presence or absence of each category in the essay was coded as 1 or 0, respectively.

Results

The analysis was performed in three steps: first, a thematic content analysis of the essays; second, a partitional cluster analysis; and third, a statistical logistic regression for a comparison of the distribution of clusters under different socioeconomic conditions.

The themes, categories, and examples of coded units are listed in Table 2. Inter-rater reliability was assessed by Krippendorff's alpha (Hayes & Krippendorff, 2007) on a random sample of 51 essays coded by the author and an independent coder. The independent coder was a graduate student experienced in coding qualitative data and blind to the research questions. Only the categories of content were discussed with the coder. The Krippendorff's alpha coefficients ranged from .65 to .91.

Table 2. **Analytical frame, reliability, and relative frequency of categories in students' essays (*N* = 158)**

Themes and categories	*Examples of coding units (translated from Latvian into English)*	*Krippen-dorff's alpha*	*Relative frequency,%*
Positive expectations			
Positive Future	"Positive" "Latvia will grow and develop" "Economic growth"	.81	75.9
Positive Turning Point	"After the turning point everything will proceed in a positive way" "If things now are going downwards, at some point they will be going upwards too"	.77	19.6
Negative expectations			
Negative Future	"Gloomy" "I see it in a negative light" "Financial problems"	.80	67.7
Negative Turning Point	"Growth will be until the turning point" "A crisis will return"	.66	3.2
Temporal distance			
Near Future	"In the nearest future" "The next years"	.74	24.1
Distant Future	"The far future" "In the long term perspective"	.77	22.2
Control			
Internal Control	"The future of Latvia is in our hands"	.84	25.9
External control	"It depends on a lucky combination of circumstances"	.79	38.6
Stability	"It will be stable" "Nothing will change"	.82	15.8
Uncertainty	"The future is unclear" "It is difficult to forecast"	.91	15.8
Specific Changes	"[It will be] ice hockey championship in 2006" "[There will be] big cities"	.72	34.8
Present			
Positive Present	"Positive… that can already be seen now"	.65	3.2
Negative Present	"[There are] many negative events now" "The current situation in Latvia is very complicated"	.74	53.2

A cluster analysis was used in order to identify types of expectations concerning the future of Latvia. The analysis was carried out with the eleven categories of the content. *Negative Turning Point* and *Positive Present* were excluded from the analysis because of relatively low representation in the essays (less than 5% of essays) and low inter-rater reliability. The analysis was conducted via the method of Partitioning Among Medoids (PAM), grouping cases around representative profiles or "medoids" defined as an "object of the cluster for which the average dissimilarity to all the objects of the cluster is minimal" (Kaufman & Rousseeuw, 1990, 72). In accordance with Kaufman and Rousseeuw (1990), the initial matrix of binary data was converted into a dissimilarity matrix. The number of clusters was chosen using Ratkowsky-Lance index demonstrating high reliability for binary data (Dimitriadou, Dolničar, & Weingessel, 2002). Calculation of the index and the following PAM procedure were implemented by statistical software R for Windows, 'NbClust' package (Charrad, Ghazzali, Boiteau, & Niknafs, 2013) and 'cluster' package (Maechler, Rousseeuw, Struyf, Hubert, & Hornik, 2014), respectively. Appendix presents the syntax for procedures mentioned above.

A four-cluster model was selected after finding the maximum value of Ratkowsy-Lance index = .25 among values of indexes for one to 157 clusters.

Cluster 1 was represented by the simultaneous occurrence of positive, negative, and relatively neutral expectations – with the interpretation of Cluster 1 as *Balanced.* This pattern was the most frequent among students' essays (31.0% of the essays). The following is an example of an essay from a 20-year-old female student, illustrating Cluster 1, and including the themes of *Positive Future (PF)*, *Negative Future (NF)*, *External Control (Ext)* and *Specific Changes (Ch)*:

> Inflation will rise to a relatively high level [*NF*]. There will be fewer students in the universities because of high tuition fees [*NF*], but there will be more employed people [*PF*]. The imports from other countries will increase [*Ch*] (because of the EU regulations [*Ext*]). The difference between the urban population and rural population will increase [*Ch*]. The number of families will decrease [*Ch*], but the birthrate will increase [*PF*]. There will be political dependence on the European Union [*Ext*] and openness to other cultures [*Ch*]. There will be flourishing [*PF*] in the domain of culture (more institutions, activities, festivals).

The profile representative for Cluster 2 consisted of elements representing a single category – *Positive Future (PF)*. This profile was referred to as *Optimistic* (26.6% of the essays). The following is an example of a Cluster 2 essay by a 19-year-old female student:

> I see the future of Latvia as colorful [*PF*]. Commerce will develop, new offices will be opened, and the unemployment rate will decrease [*PF*]. Latvia will have positive international relations [*PF*] with the neighboring countries, European countries... Latvia will be a country of interest for tourists [*PF*].

Cluster 3 included *Negative Present (NP)*, *Positive Turning Point (PTP)*, *Positive Future (PF),* and *Internal Control (Int)* as a representative profile. The combination of a negative evaluation of the present, in combination with positive future expectations

has allowed for an interpretation of this profile as *Hopeful* (20.9% of the essays). The following is an example of a Cluster 3 essay by a 20-year-old female student:

> I think that we will climb out of the pit [*PTP*] named the economic crisis [*NP*], and we will be back to times when people had everything and everyone was satisfied [*PF*]... I wish not to sound overly optimistic because I am not an expert in politics, but we need to fight and be active [*Int*] in order to have progress [*PF*].

The last Cluster 4 was represented by *Pessimistic* profile (21.5% of the essays) including *Negative Present (NP)*, *Negative Future (NF)*, and *External Control (Ext)*. The following is an example of a Cluster 4 essay by a 20-year-old male student:

> Well, it seems not excellent. There is a crisis in the country [NP]; people are wandering about angry and grumpy [NP]. Girls shout that they have depression [NP]. However, Armageddon and the day of doom will be in 2012 [Ext, FN], and we will die… [FN].

The occurrence of each type of expectation under different socioeconomic conditions was detected in two sub-samples: 66 essays from the period before the economic crisis (2004, 2006, and 2007) and 92 essays from the period during the economic crisis (2008 and 2009). Figure 1 presents the percentage of clusters under each condition.

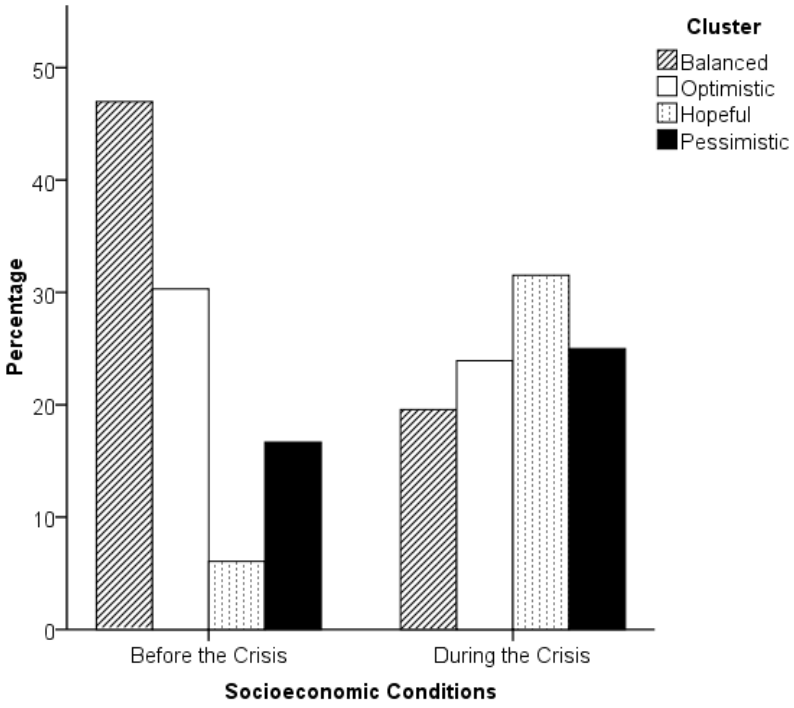

Figure 1. **Relative distribution of types of expectations before (*N* = 66) and during (*N* = 92) the economic crisis.**

In accordance with Tabachnick and Fidell (2007), a statistical logistic regression analysis was performed in order to evaluate a tendency for each type of expectations to be distributed differently under different conditions. Within a regression model, socioeconomic conditions were an outcome, while dummy variables of cluster belonging were predictors. Table 3 shows regression coefficients and odds ratios for the predictors included into the model at each step.

Table 3. **Statistical logistic regression on types of expectations discriminated essays written before (*n* = 66) or during the economic crisis (*n* = 92)**

Predictor	*B*	*SE B*	*Exp (B)*	NR^2	χ^2
Step 1				.138	17.08^{***}
Hopeful	1.97	0.56	7.14^{***}		
(Constant)	0.02	0.18	1.02		
Step 2				.183	23.16^{***}
Balanced	-0.92	0.37	0.40^{*}		
Hopeful	1.61	0.58	4.99^{**}		
(Constant)	0.37	0.23	1.45		

Notes. The absence or presence of each type of expectations and of the economic crisis was coded as 0 or 1, respectively. NR^2 – Nagelkerke R^2. * $p < .05$. ** $p < .01$. *** $p < .001$.

The results demonstrated that *Hopeful* and *Balanced* types of expectations predict belonging to the socioeconomic condition. Hopeful expectations were observed more frequently during the socioeconomic crisis (31.5% of the essays) than before it (6.1%). Balanced expectations demonstrated an opposite tendency with more frequent occurrence before the crisis (47.0%) than during it (19.6%). *Optimistic* and *Pessimistic* expectations were not included into the model as significant predictors. Optimistic expectations were presented in 30.3% of the essays before the crisis and in 23.9% during it. Pessimistic expectations were identified in 16.6% of the essays before and in 21.5% of the essays during the crisis.

Discussion

The results of an exploration of anticipated macro-context reveal four types of students' expectations. Interpretation of these types demonstrates that a balanced view of the future supplements the more familiar optimistic, pessimistic, and hopeful expectations. Balanced predictions for the future of Latvia are observed more frequently under relatively favorable socioeconomic conditions, while hopeful predictions appear more frequently during the economic crisis. Optimistic or pessimistic predictions for the future are identified in a similar amount under both conditions. Revealed tendencies need to be discussed in greater detail.

Although the students were asked to write about the future, two types of predictions include negative reflections about the present. Within one of them, individuals predict negative changes for the future of the country and use external control attribution regarding these changes. On the one hand, anticipation of the future as negative can reflect a continuation of observed negative tendencies from the present into the future

(Ji et al., 2001) and a pessimistic disposition of individuals (Seginer, 2000). On the other hand, pessimistic expectations can indicate using defensive pessimism as a strategy limiting long-term investment (Seginer, 2000). From the motivational theory of life-span development perspective (Heckhausen et al., 2010), defensive pessimism can also be considered as a compensatory secondary control strategy protecting individual resources and self-esteem when contextual changes are beyond personal control. It is impossible to distinguish between disposition and strategy within the present study. Therefore, both sources of pessimistic expectations should be taken into account.

An alternative to pessimistic expectations was to anticipate a positive turn and improvement in the situation following the current negative conditions. Supplemented by internal attributions of control, this ordering of events can be interpreted as an expression of students' hope – an emotion-focused coping strategy maintaining a positive view of the future under unfavorable conditions (Lazarus, 1991; Seginer, 2008), and individual agency in the goal-pursuing process (Snyder et al., 2006). The indicated emphasis on internal control also implies the use of selective secondary control maintaining a motivational commitment to goals under challenging conditions (Heckhausen et al., 2010). The more frequent occurrence of this pattern during the crisis confirms this suggested interpretation, and is in accordance with a tendency identified in a study on the demands of socioeconomic changes (Tomasik et al., 2010).

Optimistic expectations constitute the simplest pattern among the expressed views of the future. This type of prediction includes positive changes as a central theme which concurs with a general tendency of building a positive view of the future (Trommsdorff, 1994). At the same time optimistic predictions are not the most frequent among the future descriptions, and this concurs with limited positive expectations regarding macro-contextual or global changes (Nurmi et al., 1995). As well as the pessimistic type of expectations, the optimistic type also demonstrates relative independence from macro-level conditions. Therefore, hope within students' expectations remains as the main pattern of development of a positive view of the future during the crisis.

Compared with other types of expectations, the balanced profile combines positive and negative changes regarding the same temporal frame – the future. Students' expectations included different tendencies for different domains (e. g., economics, education, culture) or alternatives for the future development in general (progress or downfall). Therefore, this kind of expectations can also be considered as heterogeneous. Expected specific changes without clear positive or negative valence add to the heterogeneity of these predictions.

It should be noted that identification of the balanced type was possible within the person-oriented approach by grouping individuals with a common pattern of simultaneous consideration of positive and negative changes for the future of the country. This combination of expected changes confirms the possibility of joining positive and negative expectations (Benyamini, 2005) and is in accordance with a view of anticipated context as perceived opportunities and constraints (Nurmi, 2004).

The observed differences in the distribution of balanced expectations between macro-contextual conditions demonstrate that consideration of heterogeneity of expected changes and external control over them are more associated with favorable macro-conditions, while stressful environmental demands during the crisis challenge individuals' resources of coping and internal control. This shift in expectations between conditions brings out a new aspect of individual-context interaction involving the current situation and the anticipated future.

Limitations and Future Prospects

The exploratory nature of this study leads to various limitations. This study is based on five relatively small successive independent samples. Therefore, it is impossible to assess the individual dynamics of anticipation of the macro-context under the changing contextual conditions. A longitudinal study could be helpful for addressing this question. In addition, an interaction between the contextual expectations and individual goals and plans should be included in future studies.

Another limitation concerns the gender composition of the research sample, because the expectations of male students are underrepresented among the expressed views of the future. In addition, the students' level of internal control and coping resources could differ from that of a broader population. The generalization of the results is limited and an additional study would be needed to examine these aspects of external validity.

One more important limitation is regarding the categories included in the analysis. The level of generalization within each category was relatively high, and their number was relatively small, which was a necessary constraint in order to identify general patterns within a limited sample. More specific categories concerning particular domains (e. g., economics), and a broadening of the time perspective (e. g., views of the past) would be helpful for an understanding of the diversity of macro-contextual expectations. At the same time a bigger sample size would be required for a larger number of categories and for the use of more advanced statistical procedures (e. g., a latent class analysis).

Uncertainty regarding the time of the next global macroeconomic change leads to the focusing of further research on the process of coping with the post-crisis situation. The found association between the heterogeneous view of the macro-level context and favorable socioeconomic conditions allows one to hypothesize that balanced views of the future will appear more frequently when a more significant recovery from the crisis will be observed.

Conclusions

In summary the person-oriented approach revealed four main types of macro-contextual expectations under different socioeconomic conditions. The key indicators of these types are the valence of the evaluation of the future and the present, and attribution of the control over the expected changes. Two of the types of expectations – optimistic and pessimistic – demonstrated relative independence from the contextual conditions. Two other types – balanced and hopeful – also appeared under both conditions, but were associated significantly with one or the other. This association indicates a shift in the view of the future. The balanced expectations reflecting a broader representations

of future possibilities and constrains appeared more frequently under the favorable socioeconomic conditions, while the hopeful expectations representing adaptive emotional coping or selective secondary control efforts emerged more frequently during the crisis.

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Appendix

```
# R syntax
# Importing IBM SPSS data file
library(Rcmdr)
library(foreign, pos = 4)
set < – read.spss("C:/Users/user/Desktop/Categories.sav", use.value.labels = TRUE, max.value.labels = Inf, to.data.frame = TRUE)
colnames(set) < – tolower(colnames(set))
# Clustering
library(cluster)
library(NbClust)
x < – daisy(set, metric = "gower", stand = F, type = list(symm = (1:11)))
NbClust(set, diss = x, distance = "NULL", min.nc = 1, max.nc = 157, index = "ratkowsky")
# Number of clusters (4) is based on the results of NbClust procedure
pam(x, 4, diss = T)
```

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The "Baltic Journal of Psychology" is published by the Department of Psychology, Faculty of Education and Psychology, University of Latvia. The journal publishes original papers on current issues in psychology as well as empirical, theoretical, and practical articles on broad aspects of psychology. It will appear two times a year.

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Baltic
JOURNAL OF PSYCHOLOGY

LATVIJAS UNIVERSITĀTE
ANNO 1919
UNIVERSITY OF LATVIA

ISSN 1407-768X

Baltijas
PSIHOLOĢIJAS ŽURNĀLS