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Original scientific paper

# THE INFLUENCE OF THE FAMILY STATUS ON THE MANIFESTATION OF ANXIETY IN CHILDREN AND ADOLESCENTS<sup>1</sup>

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## ABSTRACT

*The prime aim of the research was to establish whether children and adolescents from foster families and children and adolescents from single-parent families suffer more from anxiety than the respondents from two-parent families. The sample included 124 respondents, 42 respondents from foster families, 38 children and adolescents from single-parent families and 44 from two-parent families. The results indicate that there are differences in the manifestation of anxiety when it comes to respondents from single-parent families and foster families compared to children and adolescents from two-parent families. There are statistically significant differences in the levels of expression of anxiety among children who live in foster families compared to children who live with their two-parents and one parent families. Children from two-parent families show less anxiety compared to children from single-parent and foster families. The conclusion would be that society should provide support to the problem of anxiety in children and adolescents, as well as the most common mental problems in the health, social and educational contexts. The support would refer both to the prevention of anxiety and to an adequate multidimensional approach in which specialists from different fields, trained educators and parents or guardians of children would be involved.*

**Keywords:** anxiety, children from foster families, single-parent families, two-parent families.

## INTRODUCTION

Psychologists define anxiety as an uncomfortable emotional state of unease, fear and worry, accompanied by a greater degree of physiological irritability (Kaplan, 2004, as cited in Sakač Marić & Lipovac, 2017). Being considered a neurological syndrome, anxiety is defined as unfounded fear or vague apprehension. When it comes to anxiety in children, it can be said that this is a situation when the child feels intense fear or anxiety for a long time, which interferes with other behaviour (Anđelković et al., 2008). In pedagogical and psychological theories, there is an understanding that family composition is a significant factor in the evaluation of the family as an educational setting. The determinants of family composition are: the number of generations in the family, the number of adult members and children, the age and gender of the children and the presence or absence of one or both parents. The absence of a mother or father disrupts the natural composition of the family and disturbs the natural state within it (Grandić & Dedaj, 2016, p. 143). Family is the fundamental social group, comprising of parents and their children (Gupta & Kashyap, 2020). From a pedagogical point of view, a functional family is a family that provides children with a proper physical, mental and emotional development (Grandić & Dedaj, 2016). A functional family is able to find mechanisms to compensate for the problems by making it more resilient and resistant to stress. Alongside the term single-parent family, various other terms are used as synonyms in professional literature, such as abandoned or incomplete, deficient, broken, truncated or incomplete family, etc. (Piorkovska Petrović, 1990, as cited in Grozdanić, 2000). Divorce contributes to the increase in the number of single-parent families the most. This process causes stress in all members of the family and can have an adverse effect on the psychosocial development of children (Čavarović Gabor, 2008).

Family is the backbone of all children and children are supposed to grow in a family setting where both parents play their respective roles in providing them a sense of security and stability (Gupta & Kashyap, 2020). Life in a harmonious primary family is the right that belongs to all children (Čirjak, 2002). The separation of a young child from the mother or another caregiver has far-reaching consequences for the child. Bolbi (2011) believes that separation anxiety, resulting from the separation of mothers and their children due to, for instance, longer periods, leads to the impairment of the child's mental health (Bolbi, 2011). Bolbi (2011) considers that growing up in institutions ought to be reformed, and he argued very favourably for placement in foster care,

especially when it comes to younger children (Eraković, 1999). The development of children is also influenced by socio-economic factors, as children who are raised in poverty or who are at risk of poverty display behavioural problems, attain lower academic achievements, etc., as evidenced by numerous studies (Ajduković, et al., 2017; Biro et al., 2006; Biro et al., 2009; Ferguson et al., 2007; Hirsh, 2005, as cited in Jelić & Jovanović, 2011)

In order to carry out three significant processes of family upbringing, namely socialization, cultivation of personality and individualization, it is necessary to provide careful, warm, encouraging and unlimited care for the child given by both parents equally. Only in such a way parents encourage healthy socioemotional development of their child and development of cognitive-motivational competency, followed by the development of child's social skills, positive self-image and self-respect (Mijatović & Karić, 2015; Kojić et al., 2018).

Foster care is a special form of care outside the biological family, in which the standards of the quality of care should resemble the conditions that are present in a harmonious biological family as close as possible (Grujić, 2013).

Divorce contributes to the increase in the number of single-parent families the most. This process causes stress in all members of the family and can have an adverse effect on the psychosocial development of children (Čavarović-Gabor, 2008). This has contributed to social stratification, a decline in standard, marginalization, and poverty of citizens (Milosavljević & Jugović, 2009). This situation is also reflected in the families, where mutual misunderstandings between spouses and family members often arise, accompanied by violence, financial problems, increases in stress levels, etc., which can lead to family breakdowns (Polovina & Žegarac, 2005). According to the latest official data in Serbia, there are 21.3 % single-parent families in the total population, with children under 25 (Novakov, 2012). In children in the social welfare system, internalizing problems such as anxiety and depression are almost twice as common. Externalizing problems are three to four times more common in children and adolescents from the social welfare system than in the general population (Keil & Price, 2006; McMillen et al., 2005). Deficits in early childhood care are related to mental disorders, suggesting the need to assess the health of the child before placement in a foster family, and to modify social policies in order to reduce the child's exposure to adverse childhood experiences (Lehmann et al., 2013). Anxiety and depression are increased in children who grow up in poverty and poor socio-economic conditions. In the wealthiest countries, for instance the Scandinavian countries, parental financial stress is reflected on the mental health of the children (Gunnarsdottir et al., 2015). Literature clearly emphasizes

that the prevalence of mental health-related diagnoses among children involved in childcare services, and especially among foster care children, is significantly higher than among the general population (McMillen et al., 2005; Schmid et al., 2008).

Children raised by a single parent are shown to be less successful in adulthood than children raised in complete families and most of their problems are caused by a lower level of parental involvement in their upbringing, but also by a weaker connection with the community (McLanahan & Sandefur, 1996). Single-parent families are particularly vulnerable and have the highest risk of disfunction compared to all other alternative forms of families – economic efforts, role burdens, lack of partner support, tension resulting from the necessity to make decisions alone, demands that children assume roles and responsibilities prematurely – all of this is potentially dangerous and significantly increases the risk of disfunction for these families (McKerny & Price, 1994). Children from single-parent families show a higher level of anxiety compared to respondents who live with both parents, because children who live only with their mothers are more likely to be exposed to higher levels of stress (Daryanani et al., 2016), and one of the risk factors for anxiety disorders is parental divorce (Poljak & Begić, 2016). Whatever the reason, single parents face countless challenges. It does not only affect the parents, but also the children. There are many short-term and long-term effects of family disruption on the adolescents. In short-term effects, adolescents are likely to suffer a variety of physical and emotional problems like intense anger, fear about future, loyalty conflicts, health problems, academic problems, withdrawal, depression, lack of social competence and early indulgence in sex, while in the long run, adolescents tend to attain less education, marry at an early age and have a less stable marriage due to lack of trust and happiness (Gupta & Kashyap, 2020). The number of single-parent families has been increasing in recent decades, as indicated by the results of studies (Burić, 2007).

The single-parents families were recognized as a vulnerable population group at a high risk of poverty and health problems for both parents and children (Basanić Čuš & Šogorić, 2018). The changes that are happening in modern society have not evaded the family, as a primary social group. According to statistics, the traditional family has practically disappeared in some parts of the world, and given way to other forms of family structure. Since the last quarter of the 20<sup>th</sup> century, there has been a noticeable increase in the participation of single-parent families, as well as an increase in the interest of researchers in examining the problems of this phenomenon. One of the important issues is the connection between this form of family structure and juvenile delinquency (Vasiljević

Prodanović & Kovačević, 2020, p. 488). Children placed in foster families who have been provided intensive support have achieved, in the observed period of one year, some progress in almost all aspects: health, intellectual development, education, emotional and behavioural, family and social relationships and development, as well as self-protection skills. This progress is directly related to the support received (Kojić et al., 2013).

## **RESEARCH PROBLEM AND AIM**

In recent decades, on the basis of research and clinical studies, a significant increase in mental problems among children and adolescents has been observed. Among these, the increased level of anxiety is a serious problem. The problem of this research is based on a set of questions:

1. Whether the family in which a child or adolescent lives can be a significant predictor of elevated anxiety;
2. whether single-parent families are resilient enough and whether one parent can create good family conditions that allow the child/adolescent conditions for good mental development; whether these children exhibit a higher level of anxiety compared to children from two-parent/biological families;
3. whether foster families can significantly replace two-parent/biological families in order to improve the mental development of children and adolescents, which in this research primarily relates to anxiety;
4. whether children from two-parent/biological families, despite all the challenges faced by the society, show a lower level of anxiety.

The main goal of this research is to determine whether, depending on the conditions in which children and adolescents live, there is an influence on the manifestation of anxiety in the respondents. Special aims arise from the main aim:

- Determine whether there are differences in the expression of anxiety between respondents from two-parent/biological families and single-parent families;
- Determine whether there are differences in the expression of anxiety between respondents from two-parent/biological families and foster families;

- Determine whether there are differences in the expression of anxiety between respondents from single-parent and foster families.

Based on the research aim, a basic hypothesis was set:

Ho - It is assumed that the type of family in which the respondents live affects the manifestation of anxiety in children and adolescents. Several auxiliary/special hypotheses arise from the basic hypothesis:

- There are statistically significant differences in the expression of anxiety between respondents from two-parent/biological families and single-parent families.
- There are statistically significant differences in the expression of anxiety between respondents from two-parent/biological families and foster families.
- There are statistically significant differences in the expression of anxiety between respondents from single-parent and foster families.

Bearing in mind that family structure determines family processes and that these processes play a significant role in the development and functioning of children, the main goal of the research was to examine whether there are differences in the manifestation of anxiety between children and adolescents from two-parent families and those from foster families and single-parent families.

The starting point of the study was the basic problem of whether a single parent can successfully take on the role of the absent parent and provide the child with a quality of life that is sufficient so that the other parent is not significantly missed by the child or adolescent. The first question was whether the absence of one parent from the family incites externalized problems, especially anxiety, in children, because it is known that divorce is a difficult process for children and adolescents to go through. Studies demonstrate that respondents from single-parent families show higher levels of anxiety compared to respondents who live with both parents, because children who live only with their mothers are more likely to be exposed to higher levels of stress during childhood (Daryanani et al., 2016).

Moreover, the question was whether foster parents have the capacity to replace two-parent families for the children and adolescents, providing them with quality life.

The research problem was based on a set of questions:

- Are single-parent families functional enough to provide children and adolescents with all the requirements for development, because the

absence of one parent can have repercussions on the psychophysical development of children and adolescents, i.e., may cause a higher level of externalized problems, of which, in this paper, focus is placed on anxiety?

- Can foster families provide children and adolescents with all the requirements for proper psychophysical development and have a positive impact on the reduction of anxiety in these children and adolescents?
- Can unexperienced foster families provide children and adolescents with the conditions for proper psychophysical development and have a positive impact on the reduction of anxiety in these children and adolescents.

## **METHOD**

### **Sample**

The research was conducted on a sample of 124 children and adolescents aged 10 to 17 who attended primary and secondary schools in Serbia.

The sample consisted of three subgroups:

- Children and adolescents from foster families: there were 42 respondents (34 %) in this subsample. During the research, these respondents were included in foster care for more than one year. There was no information that they were dissatisfied with the accommodation. They attended school regularly. We obtained the data by analysing demographic variables.
- Children and adolescents from single-parent families: respondents from this group lived in a single-parent family for at least three years and were entrusted to the care and guardianship of their mothers following the divorce of their parents. There were 38 respondents in this subsample (31 %). Most of the respondents were in contact with their fathers who participated in their upbringing.
- Children and adolescents from two-parent families: there were 44 respondents in this subsample (35 %). Respondents from this group lived in harmonious families, or as some researches refer to, in good biological families (Čirjak, 2002). Children and adolescents from this group indicated that they live with their biological parents.



Of the total number of respondents, 70 respondents (56 %) were male and 54 respondents (44 %) were female. A total of 92 respondents (75 %) attended higher primary school grades, 16 respondents (13 %) attended secondary school, and 14 respondents (12 %) were of a younger school age.

## **Procedure**

The research was conducted in accordance with the fundamental ethical principles of research. Prior to conducting the field survey, consent was obtained from parents and guardians, school administrations and social welfare centres.

Data on children and adolescents placed in foster families were formally requested through social welfare centres, explaining the aim of the research and noting that the research data would be used exclusively cumulatively for scientific purposes, with guaranteed anonymity of the respondents. The proposal was to carry out the research in schools attended by the children and adolescents, in the presence of expert associates of the schools, and to fully allow for a positive and relaxed atmosphere for the survey. This is supported by the fact that the main researcher was a professor of art education methodology who used art therapy as a support for children, adolescents and adults in her educational and therapeutic work. Before the examination, in a relaxed and pleasant atmosphere, on the basis of verbal association (Model Kojić, 2013), the subjects drew (with a graphite pencil on photocopier paper format A4) on the topic "Tree". During the process of creating a work of art, the researcher provided support to the interviewees, talked with them in a relaxed atmosphere. After that the children and adolescents, if they wanted, could give her a short analysis or comment on their work.

Data on single-parent families were obtained through their associations. The association management was formally asked to notify the parents of this research. Prior to conducting the research, a meeting was held with the parents who showed interest in the research, where the aim of the research was explained to them and where they were asked to provide consent for their children to participate in the survey.

In order to respect the ethical guidelines in conducting the research, oral consent was also obtained for the participation in the research from the respondents. Just before the survey, the research was presented to the respondents, taking into account their age. The aims and purpose of the research were explained to the respondents, as was the principle of voluntariness, confidentiality and anonymity, as well as the possibility to withdraw from the

research at any time. The children were interviewed individually in the office of the school pedagogue in the primary schools they attended. Care was taken that children had no school-related or other responsibilities at the time when they were interviewed.

## **Instruments**

The RCMAS questionnaire (Revised Children's Manifest Anxiety Scale), translated and adapted for use in Serbia, was used for the assessment of anxiety. This instrument was developed by Reynolds and Richmond in 1978 to examine the level and quality of anxiety in children and adolescents (Gerald & Reynolds, 1999).

Several studies in Serbia used this instrument, (Mladenović, Sakač, 2006, p. 342; Sakač et al., 2017). The RCMAS, which is an adaptation of Taylor's Manifest Anxiety Scale, is used for assessing anxiety in children. A revision of the original Children's Manifest Anxiety Scale, which fulfils the psychometric criteria, was published by Reynolds & Richmond (1978). The reliability of the revised Scale meets the statistical criteria. The Scale is not sensitive to differences in age or race. Girls have somewhat higher scores than boys.

The RCMAS scale is used in this research to assess the level of anxiety in children and adolescents. It consists of 37 items/statements, grouped into three subscales: Subscale 1 – Physiological anxiety; Subscale 2 – Worry/Oversensitivity; and Subscale 3 – Social anxiety. It also contains one control scale (Lie scale). The level of total anxiety of the respondents represents the sum of results on the three subscales.

The reliability of the Revised Children's Manifest Anxiety Scale (Gerald & Reynolds, 1999) for the total examined sample is high. The Cronbach's alpha coefficient for the scale as a whole and for each subscale individually is as follows: for the scale as a whole the alpha is 0.94; for the Psychological anxiety subscale the alpha is 0.91; for the subscale Worry/Oversensitivity the alpha is 0.88; for the subscale Social anxiety the alpha is 0.92, and for the Lie scale the alpha is 0.64.

We believe that the results on the reliability of the subscales are at a satisfactory level.

The research also collected basic socio-demographic data about the respondents: age, gender, place of residence, school attended by the respondent, academic achievement, family status, number of family members, length of stay in the foster family (for respondents from foster families) and quality of family relationships. For the purpose of examining the quality of family relations, we

constructed a questionnaire to assess this dimension (with questions related to the respondents' perception of the extent to which parents or guardians understand their problems; questions related to trust; support for the child or adolescent in making decisions; understanding of parents or foster parents for the child's learning problems; frequency of conflict situations, resolving conflict situations, financial problems, etc.).

### Statistical Analysis

The processing of the obtained data was performed by using the statistical programme SPSS 23, whereby, in addition to descriptive statistics (arithmetic mean, standard deviation), the coefficient of variation, Kolmogorov-Smirnov distribution test, Mann-Whitney test and Kruskal-Wallis test were applied.

### RESULTS AND DISCUSSION

The basic descriptive variable individually and for the total score on the scale (Table 1) showed that the distributions of results statistically significantly deviate from the normal distribution, as indicated by the Kolmogorov-Smirnov test. The coefficients of variation of scores of the Psychological anxiety and fear variables are quite high and indicate an increased dispersion of results.

**Table 1.** Descriptive statistics for the Revised Manifest Anxiety Scale (N=124)

Variables	Min	Max	M	SD	CV	KS
Psychological anxiety	9	44	22.85	10.25	44.8	0.000
Oversensitivity/Worry	17	53	33.07	9.94	30.1	0.007
Fear	7	35	18.86	8.46	44.8	0.000
Lie	12	42	27.57	6.03	21.8	0.054
Total score	52	165	102.35	32.27	31.5	0.013

*Legend: Min – minimal result; Max – maximal result; M – arithmetic mean; SD – standard deviation; CV – coefficient of variation; KS – Kolmogorov-Smirnov distribution test.*

In the analysis of differences between the defined subsamples by gender, age and family of origin, nonparametric statistical techniques were used, since a statistically significant deviation from the normal distribution was found for all derived variables.

The testing of differences in relation to the respondents' gender (Table 2) showed that there was a statistically significant difference only for the variable Fear. Male children had a significantly higher mean rank and median scores than female children. For all other variables and the overall score, there was also a higher value of the mean rank and median score in male respondents.

**Table 2.** Results of the Mann-Whitney test for differences in relation to the respondents' gender

Variables	Gender	N	Mean rank	Median	Significance
Psychological Anxiety	Male	70	65.01	20.1	0.20
	Female	54	56.77	19.5	
Oversensitivity/ Worry	Male	70	62.35	32.0	0.76
	Female	54	60.36	32.0	
Fear	Male	70	67.01	21.0	0.05
	Female	54	54.08	15.5	
Lie	Male	70	61.97	27.0	0.86
	Female	54	60.87	27.5	
Total score	Male	70	64.16	100.5	0.33
	Female	54	57.91	93.0	

The testing of differences between the subsamples of respondents in relation to age (Table 3) showed that there were statistically significant differences between the respondents only for the variable Psychological anxiety. No statistically significant differences were found for other variables and the total score. However, it is noticeable that the lowest mean ranks and medians were obtained in high school children. In children of both primary school ages, these values were uniform.

**Table 3.** Results of the Kruskal-Wallis test of differences in relation to the children's age

Variables	School	N	Mean rank	Median	Significance
Psychological anxiety	PS 1-4	39	65.64	21	0.046
	PS 5-8	58	65.79	23	
	HS	27	46.63	16	
Oversensitivity/ Worry	PS 1-4	39	58.65	31	0.278
	PS 5-8	58	66.82	35	
	HS	27	54.57	28	
Fear	PS 1-4	39	62.63	19	0.186
	PS 5-8	58	65.87	21	
	HS	27	50.81	13	
Lie	PS 1-4	39	61.21	27	0.627
	PS 5-8	58	64.23	28.5	
	HS	27	56.26	27	
Total score	PS 1-4	39	62.58	93	0.195
	PS 5-8	58	65.83	109.5	
	HS	27	50.96	85	

*Legend: PS 1-4 lower primary school grades; PS 5-8 higher primary school grades; HS – high school*

The testing of differences between the subsamples of the respondents in relation to their family of origin (Table 4) showed that for all analysed variables and the total score, there were statistically significant differences between the respondents. In case of all variables, children from foster families had slightly higher mean ranks and median scores than other groups of children. Also, noticeably lower mean ranks and medians were obtained in children from two-parent families. Looking at Table 4, it is noted that there are statistically significant differences in the expression of anxiety between respondents from foster families compared to respondents from two-parent biological families in all three subtests. Children and adolescents from two-parent/biological families show the lowest level of anxiety. Children from foster families show the highest level of anxiety. Children from single-parent families show a lower level of anxiety compared to children from foster families. It is assumed that the fact that children from two-parent families live in harmonious families also contributed to these results. The participation of children from the group of two-parent families was expected to be higher, but children from non-harmonious families

were also expected to participate in the research, which, assumedly, influenced the results of the research.

Here are some of the answers offered by children from single-parent families: they cannot accept, despite the passage of time, that they live with only one parent; the majority of respondents indicated that mothers were too busy and had multiple jobs in order to provide a solid life for the family; some of the respondents stated problems of a financial nature, which is in accordance with the findings of other studies (Burić, 2007), and the inability of relatives to help them in this regard; only three respondents stated that their families were stigmatized because of their family position. The children and adolescents in our sample did not show behaviour disorders, nor did they possibly have problems with the authorities due to misdeeds committed, which, as research shows, is not a rare case when it comes to single-parent families (Krstić, 2014), i.e., the risk of juvenile delinquency is greater when the child does not live with both parents.

Children from foster families, despite stating that they live in good conditions and that their foster parents understand them, probably due to the long stay in institutions, changing foster families, lack of interest in them by biological families, etc., showed a higher anxiety level in relation to respondents from single-parent and two-parent families. Respondents from all three groups did not state that they enter into conflicts with family members, but that they sometimes have a conflict of opinion which they resolve relatively easily.

**Table 4.** Results of the Kruskal-Wallis test of differences in relation to the family of origin

Variables	Family	N	Mean rank	Median	Significance
Psychological anxiety	SPF	38	66.66	22.5	0.001
	FF	42	91.32	36	
	TPF	44	21.20	12	
Oversensitivity/ Worry	SPF	38	63.89	33	0.001
	FF	42	93.21	46	
	TPF	44	22.90	23	
Fear	SPF	38	64.94	20	0.001
	FF	42	91.08	29	
	TPF	44	23.83	10	
Lie	SPF	38	68.68	28	0.001
	FF	42	78.77	32	
	TPF	44	32.41	23	
Total score	SPF	38	66.97	106.5	0.001
	FF	42	91.35	144	
	TPF	44	20.74	68	

Legend: FF – TPF- two-parents family. foster family; SPF – single-parent family.

## DISCUSSION

In scholarly literature, more frequently we find data that point to the female gender as a risk factor for anxiety, which occurs twice as often in girls and increases with age (Anđelković et al., 2009; Poljak & Begić, 2016). In our research, both genders were found to be at equal risk when it comes to anxiety disorders, which is in line with the results of a study conducted in India (Kaur, 2015). The age of the children affects the manifestation of anxiety and it has been determined that the separation of young children from their families, placement in foster care and inadequate care for these children all have a negative effect on their neuroendocrine functioning. The findings of a study conducted on a sample of 55 young children placed in foster families and 104 children from biological families showed that respondents from foster families have higher incidences of atypical cortisol secretion patterns (Dozier & Lindhiem, 2006), indicating that anxiety is pronounced in these children. The lowest level of anxiety was found in children from single-parent families, then in children placed in foster families

with a long tradition of foster care, while the highest level of anxiety was found in children who were placed in unexperienced foster families. Findings of another research conducted by Kojić et al. (2013) show that respondents who lived in foster families with a short tradition of foster care manifested greater anxiety in relation to children from biological families (Kojić et al., 2013).

Differences in family relations when it comes to foster and single-parent families differ significantly in relation to children without parental care, but what is common for these groups of children is that they are all under unfavourable life circumstances. Children from single-parent families most often experience a feeling of being rejected and a feeling of abandonment, with problems in the socio-emotional sphere (Meltzer et al., 2000), leading to an externalization and internalization of problems. However, these children, as studies into their adult lives demonstrate, bear no consequences of not living with both parents if they grew up next to a devoted mother (McKerny & Price, 1994).

The foster families that have completely accepted a child with developmental problems try to find a way to solve existential problems these children might face in the future, with dilemmas how to help these children become accepted by the population of their peers, as well as how to compensate for what they had lost having been separated from their biological parents (Markov & Kojić, 2012).

Children from single-parent families show poorer school performance which is reflected in poorer academic achievements and academic success (De Langea, Dronkersb et al., 2014).

A study conducted with seventeen adolescents who were in foster care for several years showed that they exhibited significant health and mental health issues (Kools, 1999; Kools et al., 2012). Their exposure to uncertainty created defence mechanisms that resulted in a lack of self-confidence and social isolation. In studies in Serbia, children and adolescents from foster families showed statistically significant symptoms of anxiety in relation to their peers from biological families (Kojić et al., 2013; Kojić et al., 2021). In contrast to these studies, the findings of one study conducted with 40 respondents aged 18 to 30 indicate the possibility of developing an integrated and dynamic psychosocial model of long-term foster care based on security (Schofield, 2002). A study which involved 232 respondents points to the benefits of foster care in which children receive care and attention from foster parents, but at the same time recommends measures that would improve foster care which would then be an even more positive experience for its beneficiaries (Twigg & Swan, 2007). Children included in foster care often feel helpless and may resort to uncomfortable behaviours that include depression, withdrawal, and passivity. To prevent anxiety, foster parents



must address the child's problems related to the anxiety prevention intervention programmes for which they need to be trained (Molin, 1990).

Parental warmth has a positive effect on the well-being of children (Sandefur & Wells, 1999; Vandewater & Lansford, 1998; Sanson & Lewis, 2001), so, in this sense, foster families should be trained in developing awareness of the importance of good family relationships for the child in their care and development. Single-parent families should be provided with assistance as well, according to this research, especially when it comes to helping mothers overcome potential problems with ex-spouses. Social welfare centres in Serbia should take on a more significant role in this sense.

The obtained research results should be taken with some reserves, as, among other things, there is a relatively small number of studies with which they can be compared. However, the problem of experiencing anxiety symptoms is sufficiently indicative and significant for the future of these children, and it needs to be further examined in future studies concerning children placed in foster families. In addition to anxiety in the context of overall mental health, attention must also be paid to other factors that impair the mental health of children and adolescents.

The results of this research indicate that it is necessary to raise the level of socio-emotional competencies of foster families to the highest possible level in order for them to develop awareness of the fact that children without parental care need a warm family atmosphere in which they will feel comfortable enough, so that their growth and development is oriented in the right direction. Therefore, foster care should generally be supported, but with an accent on the development of competencies of these families, so that they could accept the child or adolescent and provide them with the care and protection identical to the care and protection that they would receive in a healthy biological family (Fisher & Vostanis, 2012). The research results show that children in foster families have a far higher risk of mental disorders compared to children and adolescents from the general population (Woods et al., 2013, as cited in Kojić et al., 2021), but that a smaller portion of them are in the system of professional support.

## CONCLUSION

The main aim of the research was answered. It was related to determining the manifestation of anxiety in children and adolescents living in different types of families: two-parent, single-parent and foster.

Based on the obtained results, the basic hypothesis can be confirmed and it can be concluded that the type of family in which the respondents live affects the manifestation of anxiety in children and adolescents.

The auxiliary/special hypotheses are also confirmed:

- there are statistically significant differences in the expression of anxiety between respondents from two-parent/biological families and single-parent families;
- there are statistically significant differences in the expression of anxiety between respondents from two-parent/biological families and foster families;
- there are statistically significant differences in the expression of anxiety between respondents from single-parent and foster families.

The purpose of the study was to provide information on the manifestation of anxiety in children and adolescents living in foster and single-parent families. The research results revealed that children and adolescents, despite all the difficulties that life in a single-parent family carries (Daryanani et al., 2016), show a lower level of anxiety compared to children and adolescents placed in foster families.

The research results show that children in foster families have a far greater risk of mental disorders compared to children and adolescents from the general population (Woods et al., 2013, to according in Kojić et al., 2021), but that a smaller portion of them are in the system of professional support. Children and adolescents from single-parent families are also at a higher risk of developing anxiety than peers from biological families (Daryanani et al., 2016; Poljak & Begić, 2016).

The results of this research indicate the need for planned activities that would strengthen the socio-emotional competencies of families taking care of children without parental care. That is why intensive foster care support, implemented through various intervention programmes, is needed. Preservation of the family as the basic cell of society, despite all the social turmoil and transition periods, represents one of the key factors for the protection of the mental health of children and adolescents and for providing them with conditions for a better future.

Future research should look into more adequate ways of operationalizing all the factors that could unequivocally single out the aspects that affect the levels of anxiety in children and adolescents in foster families, as despite the support of the trained foster families and good material conditions that are guaranteed

by established standards, these children and adolescents manifest a higher level of anxiety compared to children who have gone through a difficult period of parental divorce and feelings of rejection. Risk factors for the development of anxiety disorders include family breakdown (Poljak & Begić, 2016). Therefore, we believe that the lives of children and adolescents from single-parent families carry a number of specific characteristics that require the support of social welfare centres. This research has certain limitations and therefore one should be careful in interpreting the obtained results. This primarily refers to the relatively small sample of respondents, to the fact that despite all the preparations for this sensitive research, there were problems regarding the length of the research process itself, because it was necessary to obtain all the necessary permits that arrived at different time intervals. These are just some of the limitations, so in the future attention should be paid to the organization of research in the field, the collection of data on parents and guardians of children, etc. Then, in subsequent research, children from two-parent families who do not live in good biological families should be included.

The main limitation of this study is the relatively small number of respondents included in the sample. But, at the same time, this is an incentive for new research which will include a much larger number of respondents in which children from healthy two-parent families could be singled out as the fourth group (Kojić et al., 2013), in order to more clearly determine whether a foster family is able to effectively replace a two-parents or single-parent family.

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## UTJECAJ OBITELJSKOG STANJA NA POJAVLJIVANJE ANKSIOZNOSTI KOD DJECE I ADOLESCENATA

*Osnovni cilj istraživanja bio je utvrditi da li djeca i adolescenti iz udomiteljskih obitelji te djeca i adolescenti iz jednoroditeljskih obitelji više pate od anksioznosti od ispitanika iz dvoroditeljskih obitelji. Uzorak je obuhvatio 124 ispitanika, 42 ispitanika iz udomiteljskih obitelji, 38 djece i adolescenata iz jednoroditeljskih obitelji i 44 iz dvoroditeljskih obitelji. Rezultati pokazuju da postoje razlike u pokazivanju anksioznosti kod ispitanika iz jednoroditeljskih i udomiteljskih obitelji u odnosu na djecu i adolescente iz dvoroditeljskih obitelji. Postoje statistički značajne razlike u stupnju izraženosti anksioznosti kod djece koja žive u udomiteljskim obiteljima u odnosu na djecu koja žive u dvoroditeljskim i jednoroditeljskim obiteljima. Djeca iz dvoroditeljskih obitelji pokazuju manju anksioznost u odnosu na djecu iz jednoroditeljskih i udomiteljskih obitelji. Zaključak bi bio da društvo treba pružiti podršku problemu anksioznosti kod djece i adolescenata, kao i najčešćim psihičkim problemima u zdravstvenom, socijalnom i obrazovnom kontekstu. Podrška bi se odnosila kako na prevenciju anksioznosti tako i na adekvatan multidimenzionalni pristup u koji bi bili uključeni stručnjaci iz različitih područja, educirani odgojitelji te roditelji ili skrbnici djece.*

**Ključne riječi:** anksioznost, djeca iz udomiteljskih obitelji, jednoroditeljske obitelji, dvoroditeljske obitelji.