



Dysfunctional attitudes in the general picture of psychological well-being

Actitudes disfuncionales en el panorama general del bienestar psicológico

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Resumen

El artículo aborda el estudio del bienestar psicológico y las teorías modernas que consideran su estructura y factores de influencia y bienestar psicológico. Se considera la variedad de enfoques para su estudio y se analizan las diferencias y similitudes de estas investigaciones. El propósito del artículo es identificar las características de las actitudes disfuncionales de los adultos y su conexión con el bienestar psicológico. En este sentido, se utilizó un conjunto de técnicas psicológicas para determinar el nivel de manifestación de actitudes disfuncionales, características de bienestar psicológico y satisfacción con la vida de los sujetos. Se utilizaron métodos cuantitativos y cualitativos para el análisis de datos. Se encontró que en sujetos con bajo nivel de bienestar psicológico, sus componentes se asociaron con diversas manifestaciones de actitudes disfuncionales. La perspectiva de la investigación adicional consiste en dilucidar el impacto de ciertas ideas irracionales en el nivel de bienestar psicológico.

Palabras clave: Bienestar psicológico, salud psicológica, bienestar subjetivo, actitudes disfuncionales, adultos.

Abstract

The article addresses the study of psychological well-being and modern theories that consider its structure and factors of influence and psychological well-being. The variety of approaches to its study is considered and the differences and similarities of these researches are analyzed.

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The purpose of the article is to identify the features of dysfunctional attitudes of adults and their connection with psychological well-being. In this case, a set of psychological techniques was used to determine the manifestation level of dysfunctional attitudes, features of psychological well-being and life satisfaction of the subjects. Quantitative and qualitative methods were used for data analysis. It was found that in subjects with a low level of psychological well-being, its components were associated with various manifestations of dysfunctional attitudes. The further research perspective is in elucidating the impact of certain irrational ideas on the level of psychological well-being.

Keywords: Psychological well-being, psychological health, subjective well-being, dysfunctional attitudes, adults.

Introduction

The studies of psychological well-being initiated back in the 1920s, however this area of scientific inquiry is still relevant. Dynamic and changing living conditions, information overload, high demands on the personal qualities of the employee all impact to a significant extent the psychological health of the people and, accordingly, on their psychological well-being (Danilchenko, 2016; Hernandez, 2017; Kargina, 2015; Steptoe, 2019).

The purpose of the article is to determine the place of dysfunctional attitudes in the overall structure of mental health. In accordance with the purpose, the following scientific objectives were set: 1) to investigate the manifestations features of dysfunctional attitudes, psychological well-being and life satisfaction in adults; 2) to find out the meaningful relationships between the manifestations of dysfunctional attitudes and psychological well-being.

Drawing on the content, scientists correlate psychological well-being with the existential experience of a person's attitude to life. This attitude is engraved in the mind of the carrier of psychological well-being and in this framework conveys a subjective reality, a combination of positive and negative emotions, comprehensive and based on an integral assessment of one's own existence (Kargina, 2015; Steptoe, 2019). For this reason, in psychological studies and researches in related sciences inherent is the interest in the analysis of autonomy, self-regulation, self-development, self-determination and other phenomena that are attributes of the subjective way of life. Notably, in parallel with the term “psychological well-being” scientists also use a number of other terms, as follows: subjective well-being, emotional well-being, personal well-being, general well-being, as well as quality of life, life satisfaction, happiness, meaning of life, emotional comfort, social well-being, etc. The terms listed above primarily reflect the growing interest of researchers to this issue and a significant

number of methods and principles of research, and also indicates the instability of the conceptual apparatus of this field (Archangelidi & Mentzakis, 2018; González-Hernández et al., 2019; Huffman, Legler & Boehm, 2017; Pakhol, 2017).

From our standpoint, the very term “psychological well-being” should be distinguished from other related concepts associated with it, for the reason that they do not acquire identical meaning. Therefore, the concept of “psychological well-being” is, in fact, a person’s subjective emotional evaluation of themselves and their own lives. Moreover, psychological well-being includes certain aspects of positive personal functioning. Thus, we can theorize that unlike the concepts of “life satisfaction,” “quality of life” and “mental health”, the concept of “psychological well-being” is not directly related to the presence or absence of certain mental or somatic diseases.

The model of psychological well-being was brought forward by Bradburn (1965), the scientist considers a balance that can be achieved through the constant interaction of positive and negative types of affect to be the most important feature of the model. For the other case, Chaika (2020) considers the following researches that probe into the concept of psychological well-being of the individual can be subdivided into two provisional categories – hedonistic and eudemonistic theories. To that end, in hedonistic theories the concept of “well-being” is basically outlined as satisfaction or dissatisfaction with life, where “well-being” is based on the prevalence of positive or negative affects (Bradburn, 1965; Diener, et al., 1999; Kargina, 2015).

Conversely, the eudemonistic approach addresses the psychological well-being from a different point of view and considers it to be the result of the development and self-development of the individual. In the course of personality formation and enhancement, the surrounding world is being changed, and as a consequence, person’s inner harmony can be achieved (Abbott et al., 2010; Ryff & Keyes, 1995).

The subject of scientific research is the connection between the person’s psychological well-being and the number of possible social manifestations of their identity (i.e. the roles played by a person). Individuals that are well-integrated into the society tend to benefit more from the new roles and, consequently suffering more from the loss thereof. In contrast, in those who are isolated from society the opposite process is observed. A person learns to perform new social roles given a new job (Bluth et al., 2017). In particular, Chapman and Dammeyer (2017) show that insecurity in the professional sphere can affect the reduction of psychological well-being and job satisfaction, as well as leads to the increase in the number of psychosomatic complaints and amount of psychophysical tension.

Wilson, Weiss and Shook (2020) single out in the subjective well-being a cognitive, an emotional and evaluative and a motivational and behavioral component. The cognitive component performs primarily an antipathetic function, the emotional and evaluative component is most associated with the level of real self-actualization of the individual. The motivational and behavioral component is an indicator of the real self-actualization level and is most often manifested in a person's personal growth.

A detailed examination of theoretical approaches to psychological well-being was carried out by a Ukrainian researcher Kargina (2015), who identified the most common components of psychological well-being-physical, spiritual, personal, social, subjective component, material, economic, existential.

Studied indicate that the level of satisfaction with life and human well-being, the correlation of current needs with real opportunities to meet them is of particular significance. The correspondence between how much a person meets their needs and the extent to which and how they spend own life resources to meet these needs, actually can be viewed as an indicator of how this person perceives and evaluates the level of satisfaction with their own lives (Huffman, Legler & Boehm, 2017; Trudel-Fitzgerald et al., 2017).

Further, the criterion for the level of success and satisfaction with life is the quality of human life itself. Huffman, Legler and Boehm (2017) under the term “quality of life” understand the concept that combines a set of necessary parameters and living conditions of people and the assessment of their satisfaction with the actual state of life. The quality of human life can be assessed in different ways: objectively as well as subjectively. Criteria for objective evaluation are needs and interests and the degree to which they are met. Evaluation is subjective, in which the level of satisfaction can be assessed only by the subject himself, because the needs and interests of each person vary to a great extent and are very individual. They cannot be measured by any statistical values, because in practice they exist only in the human mind, in person's subjective thoughts and assessments (Cachioni et al., 2017; Giltay et al., 2017; Steptoe, 2019).

In many modern studies, dysfunctional attitudes are considered in terms of certain disorders, in particular there is a significant number of studies that address this type of attitudes in people with depression (Brailean et al., 2019; Bratu & Rizeanu, 2017). However, there is a limited number of scientific inquiries that consider the dysfunctional attitudes as a component of psychological well-being. In view of the above we determine the novelty of the study and the further elaboration of empirical research.

Methods

Several stages of research work were carried out to find out the peculiarities of the dysfunctional attitudes manifestations in the structure of psychological well-being. The first stage involved a literature review and selection of a sample research group and psychological methods. In accordance with this stage, the method of random sampling selected 200 people aged from 20 to 40 years (early adulthood), who were registered at various times in the employment bureau, but at the time of the study were officially employed. The ratio of respondents according to gender is 45% of men and 55% of women, which corresponds to approximate ratio of men and women in the general population.

The selected research methods include:

1) A. Beck and A. Weissman's dysfunctional attitudes scale (adapted by Zakharova, 2013). Adaptation of the technique involves one scale only, the general level of dysfunctional attitudes. A high level of manifestation refers to a pronounced tendency to distort reality, based on erroneous assumptions and assumptions that reflect the perception peculiarities of events and thus determine the emotional reaction. These misconceptions originate in the wrong learning (assimilation of experience) in the process of cognitive development of personality and have the character of "automatic thoughts" that arise reflexively and seem plausible to the person. Their unrealistic character, inconsistent with reality, irrationality have a distorting effect on the perception and evaluation of themselves, other people and the world around them and thus affect other areas of the psyche and components of the personality relationship (emotional, behavioral), which can trigger neurotic and psychosomatic disorders.

2) A. Ellis's scale of irrational attitudes (Pksuvu.ru, 2008). The methodology consists of 6 scales, of which four scales are basic and correspond to four groups of irrational attitudes of thinking, identified by the author: "Catastrophizing", "Self-imposed Attitude", "Obligation Imposed on Others" and "Evaluative Attitude". The "Catastrophizing Scale" reflects people's perception of various adverse events. A low scorer on this scale indicates that a person tends to evaluate each adverse event as a terrible and unbearable one, high scorers mean that the subject is tolerant of negative events in his life. Indicators of the scales "Self-imposed obligation" and "Obligation imposed on others" indicate the presence or absence of excessively high demands on themselves and others. The "Evaluative attitude" shows how a person evaluates themselves and others. This attitude indicates that the individual is more inclined to evaluate not people's individual traits or actions, but rather the personality as a

whole. Assessment of a person's frustrating tolerance indicates the ability to cope with frustration (level of stress resistance).

3) K. Riff's questionnaire "Scale of Psychological Well-Being" (adapted by T. D. Shevelenkova and P. P. Fesenko) comprises 7 scales: positive relations with others (the number of trusting relationships with other people, openness / secrecy, the ability to care about other people), autonomy (independence and autonomy in decisions, the ability to oppose the opinion of others), environmental mastery (control of their external activities, effective use of opportunities, the ability to change conditions for their needs), personal growth (openness to new experiences, continuous self-development), purpose in life (developed sense of direction of life, understanding of its content and meaning), self-acceptance (positive attitude, acceptance of different aspects of one's own self, positive evaluation of one's own past) and an integral indicator of psychological well-being (general level) (Karskanova, 2011).

4) E. Diener's scale of life satisfaction that contains one scale – an integral indicator that measures the emotional experience of an individual's own life as a whole, reflecting the overall level of psychological well-being. The second stage of the study envisaged a survey of respondents, which was conducted by e-mailing questionnaires. At the third stage, the received questionnaires were processed, i.e. the results were processed according to different scales of questionnaires using Excel calculation formulas. The fourth stage of the study involved data analysis using quantitative and qualitative methods of data processing. Among the statistical methods of data processing were selected one-way analysis of variance, which allows to compare the data in three or more subgroups, and Spearman's rank correlation coefficient, which allows to identify relationships between two independent traits in the same group. The last step was to consider the results and prospects for further research (Diener et al., 1985).

Results

Proceeding from the quantitative analysis of the data, it was found that the overall level of psychological well-being of the research subjects is moderate (low level was found in 35% of people, average level – in 40%, high level – in 25%). This gives ground to believe that the respondents evaluate their lives as moderately positive, they are not always satisfied with its quality and harmony and their own realization. It should be noted that a significant part of the respondents are completely dissatisfied with their lives, feel unhappy in it, experience imbalances in their various areas and subjectively experience the negativity of their functioning (Figure. 1).

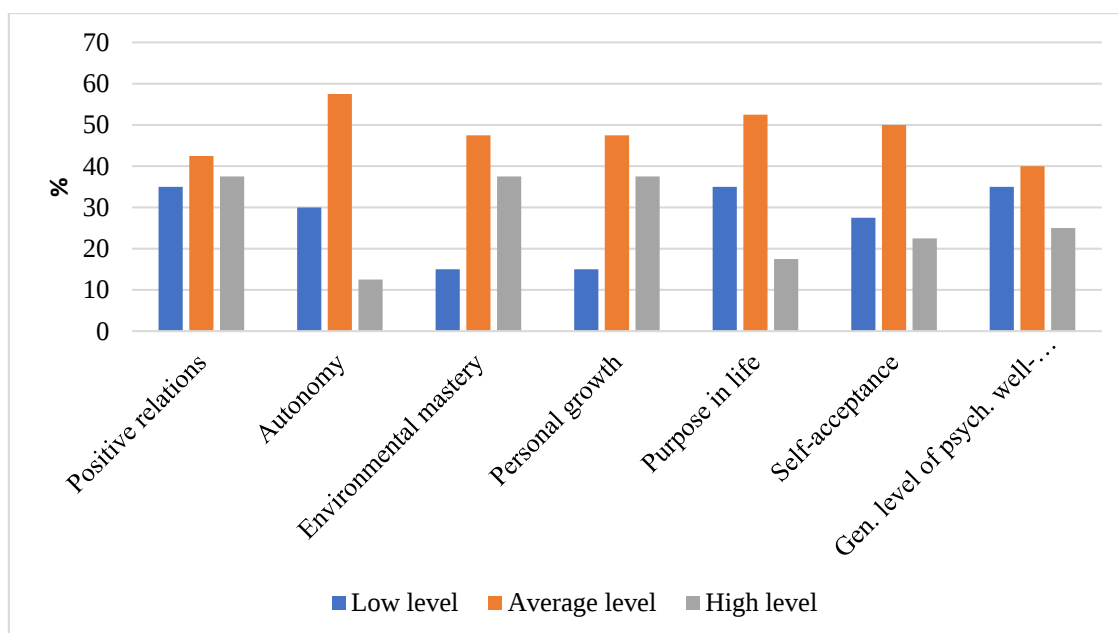


Figure 1. Distribution of the subjects' psychological well-being indicators

The analysis of separate components of psychological well-being allowed to distinguish the following features in the subjects. The indicator of positive relations with others is pronounced at the average level (low level – 20%, average level – 42.5%, high level – 22.5%). They are quite good at building relationships with other people, taking care of them, understanding well that sometimes it is necessary to compromise and can empathize with others. Almost the same number of respondents have low and high scores on this scale – one part is mostly isolated from other people, they often experience frustration and cannot show openness in relationships; instead, it is quite easy for the rest of the subjects to establish meaningful relationships with other people and take care of them.

According to the “Autonomy” scale, the results of the subjects were distributed as follows: 30% found low indicators on this scale, i.e. this part of the subjects is quite dependent on the opinions and actions of others, they are compulsive and often rely on other people's opinion; 42% of respondents are moderately able to resist the impact of the environment and to maintain their own positions; 37.5% are highly independent and autonomous, they seek to act exclusively according to their decision and in assessing their own actions and judgments rely only on their own criteria, not other people's.

According to the scale “Environmental Mastery”, the data distribution is essentially different. More than half of the respondents, which comprises 57.5% of them, on average are able to organize their daily activities and adjust external influences for their own needs. Only 12% of respondents have high scores on this scale, i. e. they can effectively use a variety of

opportunities to meet their own needs and achieve goals. Instead, 30% of respondents have a low level of organizing their activities, they tend to believe that they are unable to adjust external influences for their own needs, feel unable to change adverse circumstances and believe that they hardly are in control of anything in their lives.

Indicators according to the scale “Personal Growth” are weak in only 15% of the respondents, i. e. this subgroup has a low interest in life, they do not want to create new relationships or get new experiences from life and feel that they can continue to grow and develop as individuals. The majority of respondents (47.5%) quite successfully deal with these life challenges, have their own area of interest and areas of development. In fact, 37.5% showed a great openness to new experiences, a significant desire for self-development and improvement of various areas of their lives.

The indicators of the scale “Purpose in Life” are distributed as follows: 35% of the respondents found a low result on this scale, 52.5% – average, and 17.5% – high. We can say that most of the subjects have a fairly clear vision of the development of their lives and understand their expectations of it, although sometimes they may experience existential difficulties. The subjects are also characterized by average values on the scale of “Self-Acceptance”, which are recorded in 40% of respondents, i.e. this subgroup of people tends to fairly rationally assess various aspects of theirs. A significant part of the respondents (35%), on the contrary are too critical of themselves, they are disappointed with their achievements and criticize their own personal qualities. In fact, 25% of people are diagnosed with a positive attitude towards themselves, they know how to use their negative experiences for learning, as well as admit and accept their negative qualities.

According to Dinner Life Satisfaction Scale, the distribution of indicators is revealed as follows: 2.5% of respondents rate the quality of their life to be very low, consider it disharmonious and not the way they would like to see it. Another 25% of respondents have a low level on the indicators of this scale, i. e. we can conclude that a total of 27.5% of respondents are generally dissatisfied with their lives. More than half of respondents (52.5%) feel happy in life at the average level. Another 17.5% are characterized by high rates on this scale, and 2.5% demonstrate very high rates, i. e. a total of 20% of respondents are completely satisfied with their lives and its various areas (Figure 2).

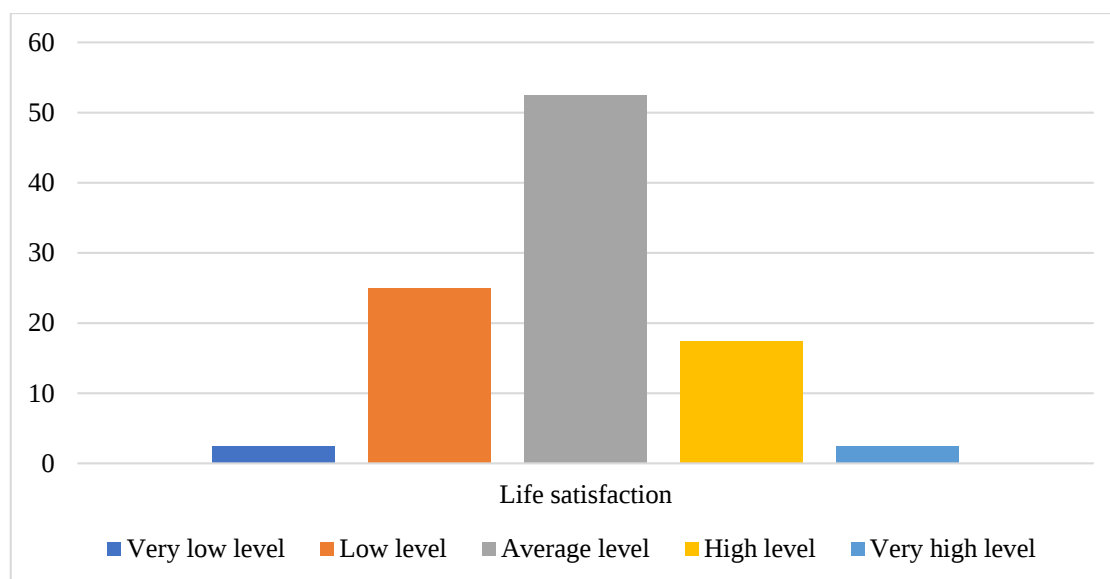


Figure 2. Distribution of indicators of the subjects' life satisfaction

The analysis of the subjects' dysfunctional and irrational attitudes revealed the results as follows. On the scale of "Catastrophizing" the pronounced presence of this attitude is observed in 35% subjects. This subgroup of people tends to overestimate the negative events of their lives, perceiving them as having too strong and catastrophizing impact. In fact, 52.5% of subjects have this attitude, but it is not manifested in all life situations. This attitude was not recorded in only 17.5% people (Figure 3).

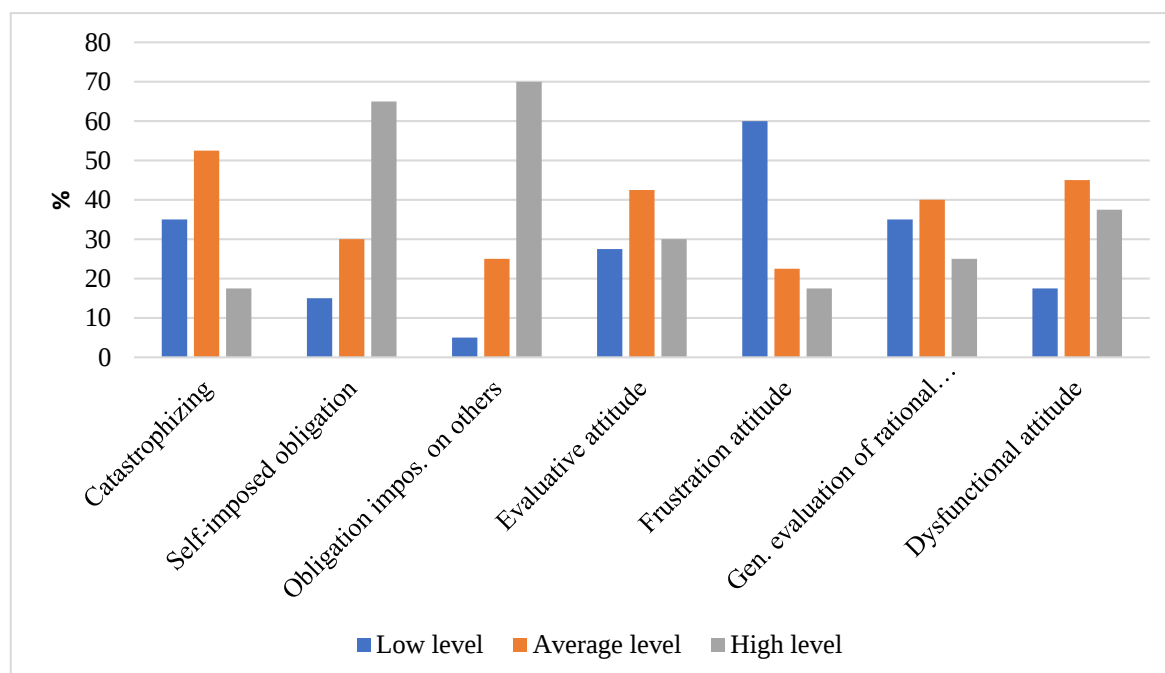


Figure 3. Distribution of indicators of the subjects' dysfunctional and irrational attitudes (1-6 – indicators of A. Ellis's Irrational Attitudes Scale [Pksuvu. ru, 2008];

7 – A. Beck and A. Weissman's Dysfunctional Attitudes Scale adapted by Zakharova [2013])

The self-imposed obligation attitude is registered only in 15% of people. This entails that this subgroup of subjects has very high expectations of themselves, their activities and its results. They believe that they should do everything right and do not commit even the slightest mistake or omission. In 30% of respondents the presence of this attitude was recorded, that is to say it is manifested regularly in the subjects under certain conditions. Yet, another 65% of people are devoid of this attitude.

The obligation imposed on others attitude is pronounced in even fewer subjects. Only 5% of the group have too high expectations of the surrounding environment and believe that everything around them should be perfect and impeccable. Another 25% of respondents have this attitude, and a significant part of the group (70%) does not demonstrate this attitude at all.

The tendency to generalized evaluation of personality is expressed in 27.5% of respondents, and another 42.5% of this attitude is present in real life. These subgroups of subjects tend to make certain "general assessments" of other people, without taking into account their individual qualities and traits of character. Only 30% of respondents are devoid of this attitude. A significant part of the subjects (60% of the entire group) demonstrates a high level of stress resistance and tolerance to frustration. In a variety of unexpected situations, the respondents cope with them quite successfully. Still another 22.5% of the respondents demonstrate the presence of this attitude and only 17.5% do not have its manifestations. Analysis of the peculiarities of manifesting the subjects' dysfunctional attitudes revealed that the low level of attitudes' manifestation is observed in 17.5% people, the average level – in 45%, and the high level – in 37.5%, that is a significant group of subjects have a pronounced tendency to distort reality and inappropriate ideas about the surrounding reality.

The next stage of the study was the division of respondents into three groups according to the level of their psychological well-being (low level – $n=50$, average level – $n=80$, high level – $n=70$). Based on one-factor variance analysis, significant differences were identified in the variables as follows (significance level $p<0.05$): life satisfaction, self-imposed obligation attitude, obligation imposed on others attitude and dysfunctional attitudes.

The life satisfaction level is different in all three subgroups of subjects, which is quite an expected result, as this indicator is closely related to the criteria of individual's psychological well-being. For subjects with a high level of psychological well-being,

accordingly characteristic is a high level of satisfaction in all areas of their lives and a sense of its harmony and completion. However, the subjects with low indicators of psychological well-being have a low level of lives satisfaction and their personal fulfillment (Table 1).

Table 1

The results of comparing life satisfaction

		{1}	{2}	{3}
Group		M=10.5625	M=29.0000	M=21.5455
1	{1}			
2	{2}	0.284369		
3	{3}	0.872871	0.533817	

The difference in the self-imposed obligation level is observed between the first and third groups. The absence of this type of attitude is shown to be characteristic of the subjects who have a high level of psychological well-being. Conversely, the individuals with a low level of psychological well-being have strong ideas about how other people should act in general and in relation to them (Table 2).

Table 2

The results of comparing self-imposed attitudes

		{1}	{2}	{3}
Group		M=18.0625	M=32.7895	M=47.121
1	{1}			
2	{2}	0.788446		
3	{3}	0.026658	0.189154	

Similar results were also found in the analysis of the features of the obligation imposed on others attitude. Individuals with a low level of psychological well-being have pronounced ideas of how other people should act in general and in relation to them, and individuals with a high level of psychological well-being do not have a clear view of this attitude.

The next difference is on the scale of dysfunctional attitudes. The highest rates were recorded in the first group, and the lowest – in the third group. Researchers who have a high level of psychological well-being are practically not prone to distortions of reality, their ideas about the world are close to the real picture of the world (Table 3).

Table 3*The results of correlating dysfunctional attitudes*

		{1}	{2}	{3}
Group		M=8.1250	M=6.5789	M=7.7879
1	{1}			
2	{2}	0.648543		
3	{3}	0.037158	0.081554	

Correlation analysis allowed revealing the relationships between dysfunctional attitudes and certain components of psychological well-being in subgroups of people with different levels thereof. In the group of subjects with a low level of psychological well-being, direct correlations were found between the scales of obligation imposed on others and positive relations with others ($r = 0.351$, $p \leq 0.005$) and the scales of catastrophizing and environmental mastery ($r = 0.417$, $p \leq 0.005$). Since the growth of irrational attitudes indicates a tendency to their absence (inverse values), we can say that the higher respondents' expectations of others, the less they are able to establish quality contacts with other people, to be open with them and show empathy. Consequently, the more respondents are able to form close trusting relationships with other people, the lower their expectations of them.

Notably, the perception of the unpleasant events of one's life in an overly negative and pessimistic way leads to the loss of the ability to use external factors to one's advantage and the loss of a sense of control over what is happening. The more the subjects are able to organize their daily lives, control their external activities and create or use different conditions for themselves, the less they are prone to the manifestation of the catastrophizing attitude.

Dysfunctional attitudes in this subgroup are inversely related to indicators of personal growth ($r = 0.456$, $p \leq 0.005$), self-acceptance ($r = 0.456$, $p \leq 0.005$) and life satisfaction ($r = 0.441$, $p \leq 0.005$). The more the subjects are prone to a distorted perception of reality, the less they have a sense of their own development, decreased interest in activity and the discovery of something new, they are overall disappointed with their lives and fall short of making a decision where to go next; experience disharmony in various areas of their lives and do not enjoy it (and vice versa, the growth of these indicators leads to a decrease in the manifestations of dysfunctional attitudes).

Partially identical relationships were found in a subgroup of people with an average level of psychological well-being. Dysfunctional attitudes in this subgroup of individuals are

also inversely related to the same indicators of psychological well-being: personal growth ($r = 0.556, p \leq 0.005$), self-acceptance ($r = 0.341, p \leq 0.005$) and life satisfaction ($r = 0.462, p \leq 0.005$).

Somewhat different correlations are found between the irrational attitudes of A. Ellis and the components of psychological well-being. There is also a direct relationship between duty to others and relationships with others ($r = 0.502, p \leq 0.005$), as well as a direct correlation between duty to self and self-acceptance ($r = 0.372, p \leq 0.005$). The more demanding the subjects are, the more dissatisfied they are with themselves, they feel constant anxiety about whether they are doing everything right. A positive assessment of yourself and various aspects of your life, acceptance of both good and bad in yourself leads to a decrease in the level of such an irrational attitude as self-imposed obligation.

In the group of subjects with a high level of psychological well-being, only one feedback was found - between indicators of personal growth and frustration tolerance ($r = 0.452, p \leq 0.005$). The more the subjects tend to realize their potential and observe improvements in their actions and deeds, the more stress-resistant they are. Decreased levels of adaptation to adverse conditions lead to an inability to establish new relationships and change their behavior and see curiosity in life.

Discussion

Researchers note that the level of psychological well-being is influenced by such an indicator as “quality of life”, which is a social focus on the existing reality (Andronnikova & Veterok, 2016; Hernandez, 2017; Trudel-Fitzgerald et al., 2019). Inadaptive errors of perception or dysfunctional attitudes distort the understanding of reality that is they are found to produce an indirect impact on the psychological well-being of the individual (Pakhol, 2017).

Some researchers, probing into the features of manifesting the dysfunctional attitudes in people with depression (Liu et al., 2019; Mehrabi & Salehi, 2017; Trudel-Fitzgerald et al., 2019), dementia (Evans et al., 2017; Qin et al., 2020) found that these attitudes are related to certain components of psychological well-being. When it comes to the population without identified psychological or mental disorders, then only in some scientific works we find mention that dysfunctional attitudes are a component of low levels of psychological well-being (Steptoe, 2019; VanderWeele, 2017; Wilson, Weiss & Shook, 2020).

According to the results of the study, the respondents are dominated by the average level of psychological well-being and its components - positive relations with others, environmental mastery, autonomy, personal growth, self-acceptance and purpose in life. Respondents are moderately able to resist influential environments and maintain their own positions; are able to

organize their daily activities on average and adjust external influences for their own needs; quite successfully deal with these life challenges, have their own fields of interest and areas of development; have a fairly clear vision of the development of their lives and perceive their expectations of it, though they may sometimes experience existential difficulties. These insights are consistent with the findings of the study conducted by González-Hernández et al. (2019), in which the relationship between the level of psychological well-being and the level of depression, anxiety, adaptation mechanisms to stress, mood, self-esteem, body perception were analyzed. The researcher notes that people with a high level of psychological well-being correspondingly have high adaptability, stress resistance, low levels of depression and anxiety.

The analysis of irrational attitudes revealed the presence of such attitudes in the researched group of subjects as catastrophizing, the tendency to generalize the evaluation of others and frustration to uncertainty. Attitudes such as self-imposed obligation and obligation imposed on others are unpronounced in more than half of the subjects. On the other hand, the prevalent level of dysfunctional attitudes is on the average level, which indicates a tendency to distorted perception of reality. The analysis of the characteristics of people with different levels of psychological well-being revealed significant differences in the following variables: life satisfaction, self-imposed obligation, obligation imposed on others and dysfunctional attitudes. Hitchcott et al. (2017) substantiate the direct relationship between the meaningful life and psychological well-being, while claiming that the level of psychological well-being underlies the subjective sense of ability and capability to effectuate meaningful values. Furthermore, the scholars held that people with a high level of psychological well-being have a near-perfect actual structure of their psychological well-being. And vice versa, individuals with a low level of psychological well-being have discrepancies between the actual and ideal psychological well-being. Our study yielded similar results considering that the differences between indicators of life satisfaction were revealed, and this can be viewed as an opportunity to personal fulfillment and an individual's meaningful values.

In the group of subjects with a low level of psychological well-being, direct correlations were found between the scales of duty to others and positive relations with others and the scales of catastrophizing and environment mastery. Notably, Paskov (2017) relates the level of subjective well-being to the choice of strategies for handling life problems. In particular, the said researcher points out that by choosing effective strategies for tackling life problems, an individual ensures a high level of subjective well-being and therefore facilitates to maintaining his or her own mental health. As it is indicative from the above mentioned research, individuals with a low level of psychological well-being specifically opt for ineffective life strategies.

Dysfunctional attitudes in this subgroup of individuals are inversely related to indicators of personal growth, self-acceptance, and life satisfaction. According to Bratu and Rizeanu (2017), personal development as the ability to self-awareness and one's condition, an individual's aspirations and expectations can yield a positive effect on reducing the use of dysfunctional attitudes. Hence, awareness as a feature of cognitive-personal style, close in its fulfillment to the reflection process, refers to the ability to focus on oneself, one's experiences, current events with a sense of control over the concentration process. When viewed as an element of the "mindfulness-based therapy" concept, awareness paired with psychological mindfulness is a powerful non-specific driver of psychological well-being. Numerous and varied studies highlight an immediate connection between awareness and high level of life satisfaction, resilience, psychological well-being, optimism, competence, self-control, positive self-acceptance, empathy and other factors, whereas an inverse relationship was traced between depression, neuroticism, reactive resistance, social anxiety, and tendency to hyperbolize the negative impact of events (i.e. catastrophization of events). In fact, awareness as part of personal development can downplay such dysfunctional stress management strategies as avoidance, suppression, and excessive concern for negative experiences and thoughts. In the group of subjects with an average level of psychological well-being, almost similar relationships were found. There are no correlations between catastrophizing and environmental mastery, but there is a direct correlation between self-imposed obligation and self-acceptance. Subjects with a high level of psychological well-being demonstrated an inverse relationship between personal growth and frustrating tolerance.

Overall, when it comes to the connection between psychological well-being and dysfunctional attitudes, it is relevant to take into account C. D. Ryff's data provided in his studies of psychological well-being. From the scholar's perspective, the indicators according to different subscales of psychological well-being were also significantly correlated with the indicators on the scales "Dysfunctional affect", "Dysfunctional energy", which in their characteristics were similar to the scale "Catastrophizing" applied in this study.

Conclusions

Psychological well-being is a complex individual construct, which includes the experience of human happiness, person's life perception, an assertive existence of the individual. The basis of psychological well-being is the individual's positive functioning. Despite the current diversity of approaches to the interpretation of this concept, it is still in the

process of scientific formation and research. The empirical study revealed the pronounced dysfunctional attitudes in psychological well-being and life satisfaction in people aged 20-40.

The differences of these attitudes in people with different levels of psychological well-being were identified and the relationships of dysfunctional attitudes and different components of psychological well-being in each subgroup were examined. The implications of future research are envisioned in terms of drawing a more comprehensive picture on the understanding of psychological well-being as a scientific category and a more profound study of the relationship between dysfunctional attitudes and various components of psychological well-being. This would enable to probe deeper into the place of dysfunctional attitudes in the structure of psychological well-being of the individual.

References

- Abbott, R. A., Ploubidis, G. B., Huppert, F. A., Kuh, D., & Croudace, T. J. (2010). An evaluation of the precision of measurement of Ryff's psychological well-being scales in a population sample. *Social Indicators Research*, 97, 357-373. <https://doi.org/10.1007/s11205-009-9506-x>
- Andronnikova, O. O., & Veterok, E. V. (2016). Psychological well-being and health as the actual needs of modern people in the context of reduction of victimization. *The Bulletin of Kemerovo State University*, 1 (65), 72-16. <https://cyberleninka.ru/article/n/psihologicheskoe-blagopoluchie-i-zdorovie-kak-aktualnaya-potrebnost-sovremennogo-cheloveka-v-ramkah-deviktimizatsii>
- Archangelidi, O., & Mentzakis, E. (2018). Body-weight and psychological well-being in the UK general population. *Journal of Public Health*, 40 (2), 245-252. <https://doi.org/10.1093/pubmed/fdx054>
- Bluth, K., Campo, R. A., Futch, W. S., & Gaylord, S. A. (2017). Age and gender differences in the associations of self-compassion and emotional well-being in a large adolescent sample. *Journal of Youth and Adolescence*, 46 (4), 840-853. <https://doi.org/10.1007/s10964-016-0567-2>
- Bradburn, N. M. (1965). *Reports on happiness. A pilot study of behavior related to mental health*. Chicago: Aldine Publishing Company.
- Brailean, A., Curtis, J., Davis, K., Dregan, A., & Hotopf, M. (2019). Characteristics, comorbidities, and correlates of atypical depression: evidence from the UK biobank mental health survey. *Psychological Medicine*, 50 (7), 1129-1138. <https://doi.org/10.1017/S0033291719001004>

- Bratu, M., & Rizeanu, R. (2017). Stress, depression and dysfunctional attitudes among elders A non-experimental approach. *Romanian Journal of Psychological Studies*, 5 (2), 24-31. <https://ssrn.com/abstract=3098097>
- Cachioni, M., Delfino, L. L., Yassuda, M. S., Batistoni, S., de Melo, R. C., & da Costa Domingues, M. (2017). Subjective and psychological well-being among elderly participants of a University of the Third Age. *Revista Brasileira de Geriatria e Gerontologia*, 20 (3), 160-179. <https://doi.org/10.1590/1981-22562017020.160179>
- Chaika, H. V. (2020). *Modern studies of psychological well-being (based on materials by foreign authors)*. <https://core.ac.uk/download/pdf/162001253.pdf>
- Chapman, M., & Dammeyer, J. (2017). The significance of deaf identity for psychological well-being. *The Journal of Deaf Studies and Deaf Education*, 22 (2), 187-194 <https://doi.org/10.1093/deafed/enw073>
- Danilchenko, T. V. (2016). *Subjective social well-being: A psychological dimension*. Kyiv, Ukraine: Taras Shevchenko National University.
- Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, 49, 71-75. https://doi.org/10.1207/s15327752jpa4901_13
- Diener, E., Suh, E. M., Lucas, R. E., & Smith, H. L. (1999). Subjective well-being: Three decades of progress. *Psychological Bulletin*, 125 (2), 276-302. <https://doi.org/10.1037/0033-2909.125.2.276>
- Evans, G. W. (2017). Childhood poverty and adult psychological well-being. *Proceeding of the National Academy of Sciences of the United States of America*, 113 (52), 14949-14952. <https://doi.org/10.1073/pnas.1604756114>
- Evans, M., Rohan, K. J., Howard, A., Ho, S.-Y., Dubbert, P. M., & Stetson, B. A. (2017). Exercise dimensions and psychological well-being: a community-based exercise study. *Journal of Clinical Sport Psychology*, 11 (2), 107-125. <https://doi.org/10.1123/JCSP.2017-0027>
- Gilligan, M., Suitor, J. J., Nam, S., Routh, B., Rurka, M., & Con, G. (2017). Family networks and psychological well-being in midlife. *Social Sciences*, 6 (3). 94-99. <https://doi.org/10.3390/socsci6030094>
- Giltay, E. J., Geleijnse, J. M., Zitman, F. G., Buijsse, B., & Kromhout, D. (2007). Lifestyle and dietary correlates of dispositional optimism in men: The Zutphen elderly study. *Journal of Psychosomatic Research*, 63 (5), 483-490. <https://doi.org/10.1016/j.jpsychores.2007.07.014>

- González-Hernández, J., Gómez-López, M., Pérez-Turpin, J., Muñoz-Villena, A., & Andreu-Cabrera, E. (2019). Perfectly active teenagers. When does physical exercise help psychological well-being in adolescents? *International Journal of Environmental Research and Public Health*, 16 (22), 4525. <https://doi.org/10.3390/ijerph16224525>
- Hitchcott, P. K., Fastame, M. C., Ferrai, J., & Penna, M. P. (2017). Psychological wellbeing in Italian families: An exploratory approach to the study of mental health across the adult life span in the blue zone. *Europe's Journal of Psychology*, 13 (3), 441-454. <https://doi.org/10.5964/ejop.v13i3.1416>
- Hernandez, R., Bassett, S., Boughton, S., Schuette, S. A., Shiu, E. W., & Moskowitz, J. T. (2017). Psychological well-being and psysical health: Associations, mechanisms and future directions. *Emotion Review*, 10 (1), 18-29. <https://doi.org/10.1177/1754073917697824>
- Huffman, J. C., Legler, S. R., & Boehm, J. K. (2017). Positive psychological well-being and health in patients with heart disease: a brief review. *Future Cardiology*, 13 (5), 443-450. <https://doi.org/10.2217/fca-2017-0016>
- Kargina, N. V. (2015). Main approaches to study of personality's psychological well-being: Theoretical aspect. *Science and Education*, 3, 48-55. <https://drive.google.com/file/d/0B7lN9BNNMs90N1RTbldmcmd3QlU/view>
- Karskanova, S. V. (2011). K. Riff's questionnaire "Scale of Psychological Well-Being": Adaptation process and results. *Applied Psychology and Social Work*, 1, 1-9. [http://irbis-nbuv.gov.ua/cgi-bin/irbis_nbuv/cgiirbis_64.exe?Z21ID=&I21DBN=JRN&P21DBN=JRN&S21STN=1&S21REF=10&S21FMT=njuu_all&C21COM=S&S21CNR=20&S21P01=0&S21P02=0&S21COLORTERMS=0&S21P03=I=&S21STR=%D0%9615948/2011\\$](http://irbis-nbuv.gov.ua/cgi-bin/irbis_nbuv/cgiirbis_64.exe?Z21ID=&I21DBN=JRN&P21DBN=JRN&S21STN=1&S21REF=10&S21FMT=njuu_all&C21COM=S&S21CNR=20&S21P01=0&S21P02=0&S21COLORTERMS=0&S21P03=I=&S21STR=%D0%9615948/2011$)
- Liu, J., Dong, Q., Lu, X., Sun, J., Zhang, L., & Wang, M. (2019). Exploration of major cognitive deficits in medication-free patients with major depressive disorder. *Frontiers in Psychiatry*, 10, 8-36. <https://doi.org/10.3389/fpsy.2019.00836>
- Mehrabi, S., & Salehi, A. (2017). Predictive model of cognitive factors in mental well-being among patients with epilepsy in Isfahan city, Iran. *Journal of Isfahan medical School*, 35 (424), 326-334. <https://sciexplore.ir/Documents/Details/540-612-438-356>
- Pakhol, B. Y. (2017). Subjective and psychological well-being: modern and classical approaches, models and factors. *Ukrainian Psychological Journal*, 1 (3), 80-104. [http://doi.org/10.17721/upj.2017.1\(3\).7](http://doi.org/10.17721/upj.2017.1(3).7)

- Paskov, M. (2017, May 25). *Does employment status affect psychological well-being?*
<http://blog.ukdataservice.ac.uk/employment-and-psychological-well-being/>
- Pksuvu.ru. (2008). *A. Ellis' method of diagnosing irrational attitudes.*
http://pksuvu.ru/sites/default/files/course_materials/Metodika_Ellisa.pdf
- Trudel-Fitzgerald, C., Millstein, R. A., von Hippel, C., Howe, C. J., Tomasso, L. P., Wagner, G. R., & VanderWeele, T. J. (2019). Psychological well-being as part of the public health debate? Insight into dimensions, interventions, and policy. *BMC Public Health*, 19, 1712. <https://doi.org/10.1186/s12889-019-8029-x>
- Qin, X., Sun, J., Wang, M., Lu, X., Zhang, L., & Liu, J. (2020). Gender differences in dysfunctional attitudes in major depressive disorder. *Frontiers in Psychiatry*, 11, 86. <https://doi.org/10.3389/fpsy.2020.00086>
- Ryff, C., & Keyes, C. L. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69 (4), 719-727. <https://doi.org/10.1037//0022-3514.69.4.719>
- Steptoe, A. (2019). Happiness and health. *Annual Review of Public Health*, 40 (1), 339-359. <https://doi.org/10.1146/annurev-publhealth-040218-044150>
- VanderWeele, T. J. (2017). On the promotion of human flourishing. *Proceedings of the National Academy of Sciences of the United States of America*, 114 (31) 8148-8156. <https://doi.org/10.1073/pnas.1702996114>
- Wilson, J. M., Weiss, A., & Shook, N. J. (2020). Mindfulness, self-compassion, and savoring: Factors that explain the relation between perceived social support and well-being. *Personality and Individual Differences*, 152, 109568. <https://doi.org/10.1016/j.paid.2019.109568>
- Zakharova, M. L. (2013). *A. Beck and A. Weissman's dysfunctional attitudes scale.*
<https://sites.google.com/site/test300m/bdas>