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Valuing the well-being of the mother, the child, and them both while solving problems related to motherhood

Wartościowanie dobra matki, dziecka i obojga podczas rozwiązywania problemów związanych z macierzyństwem

Abstract

Aim. The main purpose of the research was to determine which group of participants will value the well-being of the mother, the child and both of them the most and to define the similarities and differences in the ways of thinking of mothers, fathers, people without children, and seniors when solving problems related to motherhood.

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Materials and methods. The proprietary tool Questionnaire “Advice for Mothers” was used, with six stories of women’s life problems. The participants determined to what extent they agreed with solutions – two (intersystemic level of thinking) prioritized the well-being of the mother or the child, and the third (metasystemic level of thinking) emphasized the simultaneous well-being of both mother and child. 936 people, aged 18 to 96, participated in the research.

Results and conclusion. All groups preferred solutions were those emphasizing the well-being of both mother and child, but the similarity of the mothers’ way of thinking to others depended on the type of solution. The greatest similarity in the valuing well-being of both mother and child was noted between mothers and men without children, dissimilarity – between mothers and fathers and male seniors. When it comes to a child’s well-being, mothers valued it the most similarly to fathers and men without children, and the least – to seniors. The well-being of mothers was valued similarly by all groups, but the scores of mothers were the highest, the fathers’ – the lowest.

Keywords: postformal reasoning, motherhood, problem solving, valuing well-being, having children.

Abstrakt

Cel. Głównym celem badań było określenie, które grupy badanych będą wartościować dobro matki, dziecka i jednocześnie dobro obojga najwyżej oraz opisanie podobieństw i różnic w sposobach myślenia przy rozwiązywaniu problemów związanych z macierzyństwem pomiędzy matkami oraz ojcami, ludźmi nie posiadającymi dzieci i seniorami obu płci.

Materiały i metody. Wykorzystano autorskie narzędzie Kwestionariusz „Rady dla Matek”, zawierające sześć historii kobiet, dotyczących ich problemów życiowych. Uczestnicy badania określali stopień, w jakim zgadzają się z każdym z rozwiązań – dwoma (na intersystemowym poziomie myślenia), w których priorytetem było dobro matki bądź dobro dziecka oraz trzecim (na metasystemowym poziomie myślenia), podkreślającym równoczesne dobro obojga. W badaniach wzięło udział 936 osób, w wieku od 18 do 96 lat.

Wyniki i wnioski. Wszystkie grupy badanych preferowały najbardziej rozwiązania ukierunkowane na jednoczesne dobro matki i dziecka, jednakże podobieństwo myślenia matek i pozostałych osób zależało od typu rozwiązania. Największe podobieństwo w wartościowaniu równoczesnego dobra matki i dziecka odnotowano u matek i mężczyzn nie posiadających dzieci, różnicę – pomiędzy matkami i ojcami oraz seniorami. Jeśli chodzi o dobro dziecka, matki wartościowały je podobnie do ojców i mężczyzn nie posiadających dzieci, najmniej podobnie – do seniorów. Dobro matki było wartościowane w podobny sposób przez wszystkie grupy badanych, przy czym matki uzyskały najwyższe wyniki w tym zakresie, ojcowie – najniższe.

Słowa kluczowe: rozumowanie postformalne, macierzyństwo, rozwiązywanie problemów, wartościowanie dobrostanu, posiadanie dzieci.

Introduction

Motherhood is a special time in a woman's life, involving numerous difficulties and challenges. A woman who becomes a mother takes responsibility for pregnancy, childbirth, and upbringing. She often has to face situations in which it will be necessary to choose between two priorities – her own and the child's well-being, satisfying their or her needs, first of all taking care of their or her well-being. In such situations, the support of those closest to her turns out to be very important – her husband, partner, father of the child, as well as her parents. Lack of social support is one of the risk factors for postpartum depression, which may additionally aggravate its severity (including: Beck, 2001; Negron, Martin, Almog, Balbierz, & Howell, 2013; O'Hara, Swain, 1996; Robertson, Grace, Wallington, & Stewart, 2004; Webster, Nicholas, Velacott, Cridland, & Fawcett, 2011). In turn, satisfaction with the currently received social support plays a protective role against postpartum depression, as shown by Polish screening studies on a sample of over 500 women (Maliszewska, Świątkowska-Freund, Bidzan, & Preis, 2017). Real support from relatives may also counteract parental burnout – a situation in which the role of a parent is associated with emotional exhaustion, distancing oneself from the child, and a sense of dissatisfaction with the role played (e.g., Mikołajczak, Roskam, 2018; Szczygieł, Sekulowicz, Kwiatkowski, Roskam, & Mikołajczak, 2020). According to the *Serwis Ministerstwa Zdrowia i Narodowego Funduszu Zdrowia* [website of the Ministry of Health and the National Health Fund] (July 30, 2020), 10 to 22 percent of women suffer from postpartum depression. In turn, the percentage of parental burnout among Polish women reaches 6.3 (Szczygieł et al., 2020) and is the highest compared to the remaining 41 countries where similar studies were conducted (see: Roskam et al., 2021).

One of the conditions for effective support of the mother in matters related to motherhood is the similarity of goals and views, i.e., sharing the same priorities as the mother. For example, in the research by Jan Rostowski (1987), an important factor influencing the functioning of the couple was the similarity in terms of their attitudes and values. Other studies also confirm the importance of the similarity and compatibility of partners for relationship satisfaction (including: Becker, 2013; Chadwick, Albrecht, & Kunz, 1976). In Polish research, it turned out that the similarity of the partners' views on the stereotypical role of women in a relationship was conducive to the level of satisfaction in married couples with longer experience of high-quality communication by men (Chybicka, Karasiewicz, 2009). Marital/relationship satisfaction, as well as the perceived possibility of social support, correlated negatively, on an average level, with the rates of parental burnout (Szczygieł et al., 2020).

Assuming that people close to the mother, in a similar way to her, value the well-being of the mother and the well-being of the child, it can be predicted that the level of communication that takes into account the mother's understanding, the degree of

support for the mother in her decisions and adequate help to her needs will be better than in the case of discrepancies in such valuation. On the other hand, the differences in taking into account the priorities of the mother's well-being and the child's well-being, manifested by the mother and her environment, may explain the mother's reluctance to communicate her difficulties (see: Szymanik-Kostrzevska, Michalska, 2021) and, for example, hiding the symptoms of depression experienced by the mother, which in turn, makes it impossible to help her. An important issue, however, is not only the similarity but also the ability to effectively solve life problems – pragmatic problems, with a complex structure, concerning more than one person. Formal and logical ways of thinking of adults in the context of such problems have a limited adaptive value (Gurba, 1993), and post-formal ways of reasoning are of particular importance. In the presented research, Gisela Labouvie-Vief's integrative concept of self-development was used (1980, 1982, 2003).

G. Labouvie-Vief (1980, 1982, 2003) distinguished four levels of development of reasoning: presystemic, intrasystemic, intersystemic, and autonomous (integrated, meta-systemic). Due to the thinking features typical of these levels, it is considered that the presystemic and intrasystemic levels correspond to the stages of thinking presented in Jean Piaget's theory (1966). At the intrasystemic level (identical to the formal level of thinking in Piaget's theory), there is logical thinking based on premises that allow the drawing of inductive and deductive conclusions, reality is unambiguous, and knowledge is systematized. The intersystemic and the autonomous levels are post-formal modes of reasoning. At the intersystemic level, relativistic patterns of reasoning appear, thanks to which it is possible to think depending on the situational context, and reality and logic are recognized as two separate, equivalent systems that are mutually coordinated. At this level, a person may come to two different conclusions that are true for a given context of the situation, and thus the feeling of certainty as to the knowledge possessed is weakened.

The autonomous level assumes the combination of a variety of knowledge, making it possible to think with different constraints and to create dialectical structures containing variability and contradictions. This level allows us to perceive reality from the perspective of goals and values that are subject to change (Labouvie-Vief, 1980). Importantly, a person can take responsibility for their actions, taking into account the limitations in revealing their abilities (Gurba, 1993), and the relative independence from external norms allows for greater expression of individual characteristics and the fullness of personality. According to G. Labouvie-Vief (1982), this regulatory system does not appear until middle adulthood. It provides a gradual autonomy to the individual, and the departure from the contradictions and expectations of other people is conducive to achieving self-realization.

G. Labouvie-Vief (1992) also drew attention to the role of the individual meaning of the content context of the problems being solved. The researcher suggested that the

level of thinking should be treated as a function of the expressiveness of the problem from the point of view of the individual's experience at a given age and his/her ability to cognitively and emotionally integrate the contents contained therein. Our recent research on solving life dilemmas related to children's school readiness clearly shows that people who come into contact with some problem prefer metacognitive solutions (Michalska, 2023). Furthermore, G. Labouvie-Vief (1982) assumed that an individual's ability to integrate cognitive-emotional activity in increasingly relativistic ways of reasoning increases with age, as confirmed by some studies. For example, Jan Sinnott (1982) proved that post-formal operations are used by many mature adults in logical problem solving. In turn, Fredda Blanchard-Fields (1986) proved that young adults less often than older ones use relativistic methods of reasoning, solving emotionally expressive problems (salient) for their peers. On the other hand, adults solve adult problems typically using methods of reasoning at a higher level than young adults (Adams, Labouvie-Vief, Hakim-Larson, DeVoe, & Hayden, 1988). Rickard Sebbi and Dennis Papini (1994) noticed that adolescents cope with dilemmas typical of their age worse than adults. In our research conducted in three age groups: early, middle, and late adulthood, it was not possible to confirm the assumption about changes in the level of thinking that occur with age (Michalska, Szymanik-Kostrzewska, Gurba, & Trempała, 2016).

A review of research on post-formal reasoning provides results that indicate the importance of these structures for various areas of adult functioning. Researchers have confirmed that post-formal thinking is important in the process of constructive resolution of interpersonal conflicts occurring at work (Weitzman, Weitzman, 2006). In the field of personality research, James Griffin's team proved that such personal characteristics as Openness to experience and Conscientiousness are positively correlated with the presence of post-formal forms of thinking in adults (Griffin, Gooding, Semesky, Farmer, Mannchen, & Sinnott, 2009). Other studies have shown a significant relationship between the occurrence of post-formal thinking and a high level of creative thinking among young adults (Chao-Chin, Chin-Shen, & Wen-Bin, 2010). In the research of J. Sinnott and her team, it turned out that the level of post-formal thinking is positively correlated with flow and mindfulness (Sinnott, Hilton, Wood, & Douglas, 2020). We notice a significant shortage of research on the meaning of ways of thinking in the sphere of life problems related to parenthood (including motherhood), hence the idea for the presented research emerged.

Aim

The research aimed to determine which group of participants would value the well-being of the mother, the child, and both of them the most, and describe similarities and differences in solving the problem related to motherhood by mothers and other

people – fathers, women and men without children, and seniors. We wanted to know what differences between participants' groups we would observe in the evaluation of the well-being of the mother, the child, and the simultaneous well-being of both, and whether mothers and other people similarly value particular solutions.

It was assumed that the level of post-formal thinking would be different in individual groups of participants: H1. The highest level of metacognitive reasoning (valuing well-being of both mother and child) would be exhibited by: a) female seniors; b) mothers. In the case of mothers, experience in the field of motherhood and the emotional significance of problems related to it may translate into a higher level of post-formal reasoning (e.g., Sebby, Papini, 1994; Sinnott, 1982). In the case of seniors, on the other hand, life experience, expressed in age and expressed in wisdom (Berger, 1998), may also be of importance, translating into solving complex social issues, and considering various causes and determinants of the situation, more effectively than in the case of young adults (see: Blanchard-Fields, 1997).

It was assumed that: H2. The child's well-being would be valued most by: a) female seniors; b) male seniors. In Poland, the current generation of seniors was brought up in historical and social times, in which special importance was attached to the role of a mother, which is caring for and bringing up a child. The culturally specific archetype of a "Polish-Mother" who devotes herself to children is well known in Poland – it appears in fiction and historical sources (see: Szymanik-Kostrzewska, Michalska, 2020). It currently reflects a certain "supermother" ideal that mothers should strive for (e.g., Imbierowicz, 2012; Kowalczyk, 2003). The Catholic religion, dominant in Poland, and its assumptions concerning the procreative role of the family and the importance of children in its life are also important. The percentage of believers in Poland among seniors is the highest compared to other age groups – in 2018, 86.3 percent of people aged 55–64 years old, 85.2 percent aged 65–74 and 89.6 percent of people over 75 declared their faith (see: GUS, 2018, December 18).

It was also assumed that: H3. The mother's well-being would be valued most by: a) mothers; b) childless women. Previous studies have shown that mothers of toddlers and preschoolers valued the well-being of mothers higher than the well-being of children (see: Szymanik-Kostrzewska, Michalska, 2020). This result suggests that contemporary Polish mothers attach importance to the fact that a mother does not put the well-being of her children over her own, if this is to be done at the expense of satisfying her needs, leading to her suffering and lack of joy in motherhood. It was assumed that this way of thinking would be presented not only by mothers, but also by women who do not yet have children, but perhaps are planning to.

The next assumption concerned the importance of the content of the problem for reasoning – there is a difference between participants' groups in preference of the child's well-being, mother's well-being and, the simultaneous well-being of both,

which depends on the particular problem situation. Paulina Michalska, Anna Szymanik-Kostrzewska, Ewa Gurba, and Janusz Trempała (2016) noted, that age-related differences may manifest themselves in age-specific problems, and the content of the life problem may be crucial.

Materials and methods

Measures

The research used the original Questionnaire “Advice for Mothers” version 2. The tool consists of six stories about the problems of motherhood, which are:

- the boredom experienced by the mother while playing with her 3-year-old daughter, coupled with a sense of guilt that she did not enjoy playing with her;
- the mother’s fear of the natural delivery of the second child, after experiencing the first, very difficult delivery, which ended with an emergency cesarean section;
- pain felt by the mother when she breastfed her baby for the three months of feeding, starting with the first feed after birth;
- the depressed mood of a mother of 3 children and the fear that if she returns to work and to meet friends, the family will suffer;
- the home-work conflict of the mother of 4-year-old twins, who was allowed to obtain the desired professional promotion, associated with frequent trips outside the home;
- the decision of a woman with fertility disorders due to endometriosis, who so far did not want to have children, but because of successful treatment, for the first time in her life, has a chance of having a child, to procreate, while the woman’s husband, who did not want children, changed his mind due to the environment’s influence and wants to have a baby.

For each story, three solutions to the problems are formulated in the form of advice. The first two were based on the intersystemic level of thinking, taking into account competing motives:

- the motive of the well-being of the child – the solution emphasized that the mother should care for the child first, the child’s needs are the most important, it is the role of the mother to self-sacrifice, and when the child is happy, the mother will be happy as well (the consequence of the child’s well-being is the well-being of the mother);
- the motive of the well-being of the mother – the mother should take care of herself first because when she neglects herself, she cannot simply take care of

the child as well; when she is well and happy – she makes their child happy (the consequence of her well-being is the well-being of the child).

The third solution, at the autonomous (metasystemic) level, emphasizes the simultaneous well-being of both – mother and child, the important role of the mother's autonomy, communication with others, having knowledge and considering many possibilities before making a choice.

The advice was presented in random order. The participant's task was to evaluate each of them by determining how much they agreed with them (0–6 on the Likert scale, from "I don't agree at all" to "I totally agree"). The theoretical validity of the tool was assessed by three competent judges, people with psychological education. After introducing the suggested corrections, the judges fully agreed (100 percent) in assessing that the content of the solutions largely corresponded to the assumed level of post-formal thinking. The content of the problems and solutions was also consulted with a philologist of the Polish language – they were assessed as moderately easy to understand for the participants, regardless of their educational level. To assess the quality of the obtained results, a survey was conducted among half of the participants – only 1.5 percent declared difficulty in understanding ten or more expressions used in the research, and 0.6 percent – had difficulties in understanding the whole. As the contents of the problems related to motherhood were heterogeneous (Cronbach's alpha coefficient in the range of 0.51–0.76 for the well-being of the mother, the child, and the simultaneous well-being of both for individual study groups), the reliability of the tool was determined by the test-retest method. A group of 75 people (40 women and 35 men) completed the questionnaire twice within 2 to 4 weeks. The correlations of the results were in the range of the average valuation of the child's well-being (intersystemic level of reasoning): $r = 0.93$ ($p < 0.001$), mother's well-being (intersystemic level of reasoning): $r = 0.77$ ($p < 0.001$), and well-being of both (metasystemic level of reasoning): $r = 0.81$ ($p < 0.001$). The correlations of single responses ranged from 0.28–0.89, while all except the lowest (for the simultaneous well-being of mother and child in the first story concerning boredom experienced by the mother while playing with her daughter) were statistically significant. In the comments to the questionnaire, the participants declared several times that the support for individual advice in both measurements was different due to thoughts on solutions and discussions with their relatives.

The sociometric data of the participants was collected in the record: age in years, size of the place of residence, level of education, perceived financial situation, being in a relationship, the number of daughters and sons, and in the case of seniors, also the number of granddaughters and all grandchildren.

Participants

936 people belonging to the following groups took part in the study:

- childless women: $N = 187$; age: 19–40 ($M = 25$; $SD = 5$); level of education: primary – 2 (1%), vocational – 4 (2%), secondary – 91 (49%), higher – 90 (48%); place of residence: countryside – 46 (25%), towns – 45 (24%), cities – 96 (51%);
- childless men: $N = 164$; age: 18–48 ($M = 24$; $SD = 5$); level of education: primary – 9 (5.5%), vocational – 9 (5.5%), secondary – 95 (58%), higher – 51 (31%); place of residence: countryside – 53 (32%), towns – 37 (23%), cities – 74 (45%);
- mothers of at least one child aged 1–10 (on average two children): $N = 207$; age: 19–50 ($M = 34$; $SD = 7$); level of education: primary – 5 (2%), vocational – 44 (21%), secondary – 59 (29%), higher – 99 (48%); place of residence: countryside – 67 (32%), towns – 53 (26%), cities – 87 (42%);
- fathers of at least one child aged 1–10 (on average two children): $N = 109$; age: 18–57 ($M = 36$; $SD = 7$); level of education: primary – 1 (1%), vocational – 10 (9%), secondary – 50 (46%), higher – 48 (44%); place of residence: countryside – 28 (26%), towns – 34 (31%), cities – 47 (43%);
- female seniors (60+): $N = 143$; age: 61–96 ($M = 70$; $SD = 6$), where 3 seniors did not have children, 8 – did not have grandchildren; level of education: primary – 28 (19.5%), vocational – 52 (36.5%), secondary – 43 (30%), higher – 20 (14%); place of residence: countryside – 60 (42%), towns – 41 (29%), cities – 42 (29%);
- male seniors (60+): $N = 126$; age: 62–86 ($M = 72$; $SD = 5$), where 1 senior did not have children, 11 – did not have grandchildren; level of education: primary – 19 (15%), vocational – 55 (43.5%), secondary – 27 (21.5%), higher – 25 (20%); place of residence: countryside – 50 (40%), towns – 39 (31%), cities – 37 (29%).

The criterion for inclusion in the studies of mothers and fathers was having at least one child aged 1–10 (the criterion was adopted to maintain moderate homogeneity of the groups and to study parents of children in the period from early to late childhood). The inclusion criterion for seniors in the study was to be at least 60 years old. For people who did not have children, the criterion for inclusion in the sample was belonging to the age group of 18–59. The “door to door” method was used, and the recruitment of the respondents was completed when the smallest of the groups exceeded 100 people.

Procedure

Recruitment was conducted using the “snowball sampling” and “door to door” methods, with the participation of students of the Kazimierz Wielki University in Bydgoszcz, as recruiters and data coders. The most committed students formed three research teams. The first studied seniors of both sexes, the second – about 10 percent of mothers, fathers, and people without children, and the third – only mothers (studied during a wider project). The research was conducted from October 2019 to November 2021. From the beginning of the pandemic in Poland (March 2020), most of the data was collected using an online form.

The participants were informed in writing, that the research was anonymous and voluntary, about the purpose of the research, how the results would be used, and that returning completed questionnaires makes it impossible to withdraw consent to the research because a specific person’s results cannot be identified and that it is possible to contact the researcher if there were any questions or doubts. The research received a positive opinion from the Research Ethics Committee of the Kazimierz Wielki University in Bydgoszcz, Poland (Opinion of April 28, 2020). The data may be provided following a reasonable request.

Results

Statistica ver. 13 from StatSoft, and an effect size calculator*, were used for the analyses.

In the first step of the analysis, the results for preferences of solutions (well-being of the child, the mother, and simultaneously of both) in the participants’ groups was described. Due to the large differences in the size of the groups, the non-parametric U Mann-Whitney difference test (the analysis of variance was abandoned in favour of determining the differences in the results successively from the highest to the lowest) and Hedge’s *g* effect size test, were used for the calculations. The results of the inter-group comparisons for the preferences of problem solving methods have been presented in Table 1. The scores were ordered from highest to lowest to determine who agreed the most with each type of solution.

* Effect Size Calculator: <https://www.socscistatistics.com/effectsize/default3.aspx>.

Table 1

Differences in the evaluation of the simultaneous well-being of both mother and child (metasystemic level of thinking), the well-being of the mother and the child (intersystemic level of thinking) in the groups of participants

Participants' groups	Both's well-being (metasystemic level of thinking)			
	<i>M</i>	<i>SD</i>	<i>Z</i>	<i>g</i>
Women without children (<i>N</i> = 187)	5.24	0.64		
Mothers (<i>N</i> = 207)	4.94	0.95	3.16**	0.37
Men without children (<i>N</i> = 164)	4.86	0.72	2.08*	0.09
Senior ladies (<i>N</i> = 143)	4.66	0.84	2.02*	0.24
Fathers (<i>N</i> = 109)	4.55	0.89	0.8	0.13
Seniors (<i>N</i> = 126)	4.53	0.84	0.55	0.02
	Child's well-being (intersystemic level of thinking)			
	<i>M</i>	<i>SD</i>	<i>Z</i>	<i>g</i>
Seniors (<i>N</i> = 126)	3.93	0.91		
Senior ladies (<i>N</i> = 143)	3.89	1	0.03	0.04
Fathers (<i>N</i> = 109)	3.37	1.12	3.79***	0.49
Mothers (<i>N</i> = 207)	3.27	1.12	0.74	0.09
Men without children (<i>N</i> = 164)	3.09	1.15	1.79	0.16
Women without children (<i>N</i> = 187)	2.67	1.12	3.7***	0.37
	Mother's well-being (intersystemic level of thinking)			
	<i>M</i>	<i>SD</i>	<i>Z</i>	<i>g</i>
Mothers (<i>N</i> = 207)	4.2	0.94		
Women without children (<i>N</i> = 187)	4.14	1	0.15	0.06
Senior ladies (<i>N</i> = 143)	4.02	0.97	1.57	0.12
Seniors (<i>N</i> = 126)	3.78	1.01	1.95	0.24
Men without children (<i>N</i> = 164)	3.77	1.02	0.08	0.01
Fathers (<i>N</i> = 109)	3.52	1.08	1.6	0.24

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

Source: Authors' own study.

The results did not confirm the first of the hypotheses. The problem solving methods, accentuating the simultaneous well-being of both mother and child, have been preferred the most by women who did not have children, second most – by mothers (average difference), and third – by men without children (small difference). Senior ladies' results were only in fourth place, along with fathers' and seniors' results. The problem solving methods accentuating the well-being of the child were preferred by seniors (both sexes) mostly. It confirms the second hypothesis. Mothers' scores were similar to those of fathers and men without children. The problem solving methods, accentuating the well-being of the mother, were preferred to a comparable degree by groups of women without children, mothers, and senior ladies, but mothers and women without children preferred these solutions to a greater extent than seniors ($Z = 3.96$; $p < 0.001$; $g = 0.23$; $Z = 3.53$; $p < 0.001$; $g = 0.16$), also than fathers and men without children. This result allows us to accept the third hypothesis.

The intergroup differences in preferring specific solutions (the well-being of the child, the mother, and the simultaneous well-being of both) depending on the content of the problems, were analysed to describe the similarities and differences between mothers' and others' ways of thinking. Comparison results (U Manna-Whitney's and Hedge's g tests, due to differences in group sizes) have been presented in Table 2. First, we consider the solutions which emphasise the well-being of both mother and child, which is the metasytemic way of reasoning. In all six cases, the highest scores were seen in the group of childless women, the lowest – in one of the men's groups. In four cases the differences between the adjacent results were statistically insignificant. In one (boredom while playing with the child) – scores of people without children were higher than mothers. In the last (pain while breastfeeding), the scores of women without children and mothers were higher than the others. In the solutions emphasizing the well-being of the child the differences between mothers and women without children were observed in all six cases. In five cases childless women have the lowest scores. In four of six cases of solutions emphasizing the well-being of the mother the differences between the adjacent results were statistically insignificant. The lowest scores were noted in the groups of men in all six cases (three times it was fathers), the highest – in the groups of women. To sum up, we may clearly assume, that the content of the problem and solutions determined who the way of evaluating solutions by mothers was similar to, and who evaluated the solution the most and the least.

Table 2
Intergroup comparisons of the level of preferring specific solutions depending on the content of the problems

Participants' groups	Problem 1 (boredom while playing with the child) – well-being of both mother and child (metasystemic level of thinking)			
	<i>M</i>	<i>SD</i>	<i>Z</i>	<i>g</i>
Women without children (<i>N</i> = 187)	4.89	1.28		
Men without children (<i>N</i> = 163)	4.31	1.35	4.23***	0.44
Mothers (<i>N</i> = 203)	4.21	1.55	0.22	0.07
Senior ladies (<i>N</i> = 141)	3.96	1.62	1.35	0.16
Fathers (<i>N</i> = 107)	3.84	1.61	0.61	0.07
Seniors (<i>N</i> = 118)	3.81	1.74	-0.06	0.02
	Problem 1 (boredom while playing with the child) – well-being of the child (intersystemic level of thinking)			
Mothers (<i>N</i> = 203)	4.59	1.43		
Senior ladies (<i>N</i> = 141)	4.55	1.45	0.27	0.03
Seniors (<i>N</i> = 118)	4.45	1.44	0.62	0.07
Fathers (<i>N</i> = 109)	4.3	1.55	0.61	0.1
Men without children (<i>N</i> = 162)	4.29	1.58	-0.02	0.01
Women without children (<i>N</i> = 187)	4.07	1.43	1.98*	0.15
	Problem 1 (boredom while playing with the child) – well-being of the mother (intersystemic level of thinking)			
Senior ladies (<i>N</i> = 142)	3.43	1.99		
Seniors (<i>N</i> = 125)	3.26	1.88	0.77	0.09
Mothers (<i>N</i> = 204)	3.11	1.7	0.67	0.08
Men without children (<i>N</i> = 163)	2.69	1.87	2.19*	0.24
Women without children (<i>N</i> = 187)	2.67	1.89	0.14	0.01
Fathers (<i>N</i> = 109)	2.38	1.69	1.17	0.16

	Problem 2 (fear of natural delivery) – well-being of both mother and child (metasystemic level of thinking)			
Women without children ($N = 185$)	5.19	1.25		
Mothers ($N = 205$)	4.9	1.57	1.4	0.2
Men without children ($N = 163$)	4.9	1.27	1.42	<0.001
Senior ladies ($N = 134$)	4.49	1.58	1.84	0.29
Fathers ($N = 107$)	4.39	1.56	0.69	0.06
Seniors ($N = 115$)	4.28	1.68	0.37	0.07
	Problem 2 (fear of natural delivery) – well-being of the child (intersystemic level of thinking)			
Senior ladies ($N = 138$)	3.61	2.08		
Seniors ($N = 108$)	3.59	2.01	0.23	0.01
Fathers ($N = 108$)	2.81	2.03	2.76**	0.39
Mothers ($N = 203$)	2.75	2.16	0.27	0.03
Men without children ($N = 159$)	2.64	1.94	0.43	0.05
Women without children ($N = 185$)	1.88	1.81	3.58***	0.41
	Problem 2 (fear of natural delivery) – well-being of the mother (intersystemic level of thinking)			
Senior ladies ($N = 139$)	3.92	1.81		
Seniors ($N = 114$)	3.76	1.74	0.85	0.09
Women without children ($N = 185$)	3.76	1.81	0.29	<0.001
Men without children ($N = 160$)	3.76	1.53	0.47	<0.001
Mothers ($N = 201$)	3.72	1.8	-0.18	0.02
Fathers ($N = 108$)	3.44	1.89	1.22	0.15
	Problem 3 (pain while breastfeeding) – well-being of both mother and child (metasystemic level of thinking)			
Women without children ($N = 187$)	5.43	0.99		
Mothers ($N = 205$)	5.3	1.19	0.8	0.12

Senior ladies ($N = 142$)	4.88	1.48	2.56**	0.32
Fathers ($N = 109$)	4.69	1.41	1.54	0.13
Seniors ($N = 114$)	4.58	1.59	0.16	0.07
Men without children ($N = 162$)	4.54	1.66	0.04	0.02

Problem 3 (pain while breastfeeding) –
well-being of the child
(intersystemic level of thinking)

Seniors ($N = 114$)	3.12	1.92		
Senior ladies ($N = 141$)	2.83	2.14	1.15	0.14
Fathers ($N = 108$)	2.62	2.09	0.77	0.1
Men without children ($N = 160$)	2.07	1.79	2.02*	0.29
Mothers ($N = 202$)	1.81	1.78	1.46	0.15
Women without children ($N = 186$)	1.26	1.55	3.03**	0.33

Problem 3 (pain while breastfeeding) –
well-being of the mother
(intersystemic level of thinking)

Mothers ($N = 205$)	4.88	1.63		
Women without children ($N = 187$)	4.86	1.42	1.16	0.01
Senior ladies ($N = 142$)	4.65	1.67	0.53	0.14
Seniors ($N = 122$)	4.46	1.64	1.27	0.11
Men without children ($N = 163$)	4.27	1.64	1.12	0.12
Fathers ($N = 109$)	4.01	1.98	0.59	0.15

Problem 4 (depressed mood of the mother) –
well-being of both mother and child
(metasystemic level of thinking)

Women without children ($N = 186$)	5.33	0.96		
Fathers ($N = 108$)	5.22	1.01	0.9	0.11
Men without children ($N = 164$)	5.2	1.11	-0.15	0.02
Mothers ($N = 206$)	5.14	1.35	-0.24	0.05
Senior ladies ($N = 143$)	5.09	1.29	0.68	0.04
Seniors ($N = 122$)	5.02	1.21	0.96	0.06

	Problem 4 (depressed mood of the mother) – well-being of the child (intersystemic level of thinking)			
Senior ladies (<i>N</i> = 141)	4.78	1.42		
Mothers (<i>N</i> = 203)	4.5	1.57	1.61	0.19
Women without children (<i>N</i> = 187)	4.17	1.62	2.18*	0.21
Seniors (<i>N</i> = 125)	4.15	1.75	-0.12	0.01
Fathers (<i>N</i> = 108)	4.07	1.53	0.73	0.05
Men without children (<i>N</i> = 162)	3.84	1.58	1.15	0.15
	Problem 4 (depressed mood of the mother) – well-being of the mother (intersystemic level of thinking)			
Mothers (<i>N</i> = 203)	5.01	1.25		
Women without children (<i>N</i> = 186)	4.88	1.33	0.85	0.1
Senior ladies (<i>N</i> = 141)	4.26	1.7	3.07**	0.41
Seniors (<i>N</i> = 125)	4.18	1.6	0.59	0.05
Fathers (<i>N</i> = 108)	4.07	1.53	0.18	0.07
Men without children (<i>N</i> = 162)	3.88	1.59	1.5	0.12
	Problem 5 (home-work conflict) – well-being of both mother and child (metasystemic level of thinking)			
Women without children (<i>N</i> = 187)	5.05	1.04		
Mothers (<i>N</i> = 206)	4.88	1.25	0.88	0.15
Men without children (<i>N</i> = 164)	4.82	1.12	0.95	0.05
Senior ladies (<i>N</i> = 140)	4.61	1.31	1.16	0.17
Seniors (<i>N</i> = 125)	4.56	1.15	0.64	0.04
Fathers (<i>N</i> = 108)	4.25	1.56	0.94	0.23
	Problem 5 (home-work conflict) – well-being of the child (intersystemic level of thinking)			
Seniors (<i>N</i> = 120)	4.02	1.65		
Senior ladies (<i>N</i> = 140)	3.54	1.83	2.04*	0.27

Fathers (<i>N</i> = 109)	3.14	1.88	1.63	0.22
Men without children (<i>N</i> = 163)	2.8	1.7	1.43	0.19
Mothers (<i>N</i> = 203)	2.62	1.71	1.09	0.11
Women without children (<i>N</i> = 186)	2.11	1.85	2.98**	0.29

Problem 5 (home-work conflict) –
well-being of the mother
(intersystemic level of thinking)

Women without children (<i>N</i> = 187)	4.2	1.6		
Mothers (<i>N</i> = 202)	4.01	1.69	1.02	0.12
Men without children (<i>N</i> = 162)	3.83	1.76	0.96	0.1
Senior ladies (<i>N</i> = 140)	3.73	1.78	0.54	0.1
Fathers (<i>N</i> = 108)	3.47	1.79	1.07	0.15
Seniors (<i>N</i> = 122)	3.03	1.86	1.82	0.24

Problem 6 (procreation of a woman with
fertility disorders) – well-being of both mother
and child (metasystemic level of thinking)

Women without children (<i>N</i> = 187)	5.54	0.86		
Men without children (<i>N</i> = 164)	5.36	0.95	1.92	0.2
Mothers (<i>N</i> = 205)	5.16	1.32	0.62	0.17
Senior ladies (<i>N</i> = 137)	5.01	1.42	0.85	0.11
Seniors (<i>N</i> = 123)	4.98	1.27	0.9	0.02
Fathers (<i>N</i> = 109)	4.89	1.35	0.31	0.07

Problem 6 (procreation of a woman with
fertility disorders) – well-being of the child
(intersystemic level of thinking)

Seniors (<i>N</i> = 122)	4.24	1.58		
Senior ladies (<i>N</i> = 138)	4.01	1.84	0.59	0.13
Fathers (<i>N</i> = 108)	3.27	1.8	3.24**	0.41
Mothers (<i>N</i> = 200)	3.2	1.65	0.37	0.04
Men without children (<i>N</i> = 161)	2.88	1.78	1.52	0.22
Women without children (<i>N</i> = 187)	2.51	1.72	2.04*	0.21

	Problem 6 (procreation of a woman with fertility disorders) – well-being of the mother (intersystemic level of thinking)			
Women without children ($N = 187$)	4.49	1.63		
Mothers ($N = 202$)	4.32	1.6	1.39	0.11
Senior ladies ($N = 138$)	4.17	1.79	0.41	0.09
Men without children ($N = 163$)	4.15	1.73	0.24	0.01
Seniors ($N = 118$)	4.11	1.62	0.42	0.02
Fathers ($N = 108$)	3.66	1.76	1.86	0.27

Note: The differences in the size of the participants' groups are the result of the respondents' use of the possibility of answering: "I don't know, I can't tell" – these responses were excluded from the analysis.

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Source: Authors' own study.

Conclusion

For post-formal methods of understanding people while solving life problems, the content context of the problems is of particular importance (e.g., Labouvie-Vief, 1992). Therefore, it was assumed that solutions emphasizing the child's well-being would be preferred by seniors of both sexes and those accentuating the well-being of the mother – by mothers and women planning to become mothers. Both hypotheses were confirmed by the research results, while in the second case – solutions focusing on the mother's well-being – results comparable to those of mothers were also obtained by seniors (mostly mothers of adult children and grandmothers themselves). On the other hand, the preference for solutions aimed at the simultaneous well-being of the mother and the child were observed to the highest degree in women who do not have children (higher than by mothers), and by men who do not have children to a greater degree than by seniors, which may be surprising. There may be several explanations for these differences. Firstly, women who do not have children, paradoxically having no experience in the sphere of parenting, may assume that in every situation the well-being of the mother and the child can be taken into account to the same extent. Mothers may be more sceptical of such an assumption, and so may seniors. Young men who have no children may reason similarly to women who do not have children. Second, solutions that emphasize autonomy may be particularly preferred by young adults

who value choice. In the CBOS survey from July 2010, 67 percent of Poles surveyed, considered the freedom to express one's views important. On the other hand, the research of Dorota Wiszejko-Wierzbicka and Agnieszka Kwiatkowska (2018) shows that autonomy is a value especially appreciated by Poles aged 18–29, and by residents of larger cities its manifestations are considered to be an indicator of adulthood. Third, the method of research with which solutions from each level are presented may encourage indicating them. In our research (Michalska et al., 2016), the resignation from ready-made answers led to a situation in which solutions from the highest level of thinking appeared sporadically. Fourthly, men are now increasingly sensitive to the problem of committed and empathetic fatherhood, which deviates from the patriarchal model of exercising this role (Bierca, 2019). Perhaps, their declaring the choice of solutions aimed at the simultaneous well-being of the mother and the child is a manifestation of this tendency to be involved in parental matters and to take into account various perspectives of problems, despite not yet having their children.

It can be considered optimistic that in each group of participants, solutions from the metasytemic level of thinking were preferred to the greatest extent. In the case of particular problems, the ways of thinking of the study groups were often similar – for example, the mother's well-being was valued similarly by all participants, when the problem was the fear of natural childbirth, pain during breastfeeding, issues of procreation or the work-family conflict the differences were from 0.48 to 0.87 point on a 6–point scale). This result can be considered to be a good predictor of understanding between mothers involved in solving life problems and their relatives (partner, parents), as well as adults who do not have children.

Paying attention to the differences between the participants, we may see different types of similarities and differences between mothers and the others. It should be emphasized that the study groups were unequal, and the selection was only quasi-random, so generalizing the results should be done with caution. However, it is important to consider three interesting results.

First, the greatest dissimilarity in valuing the well-being of both mother and child was noted between mothers and fathers and male seniors, mostly grandfathers. This is worrying, especially in the case of fathers, as it may mean that solutions aimed at taking into account the best interests of both mother and child will be the least supported by them. Perhaps it is important to experience pregnancy and childbirth, when a woman is naturally responsible for her and the child's well-being at the same time, as well as postpartum when the mental state of the mother is focused on meeting the needs of the child, but also taking care of herself so as to be able to take care of the offspring. Although the role of the father in the care and upbringing of the child is increasing (Bakiera, 2020, December 18), fathers, and especially grandparents (from the generations that stereotypically treated the mother as responsible for taking care of children), lack this type of

experience. Hence, the acceptance of solutions that take into account the simultaneous well-being of the mother and the child is lower than in the case of mothers.

Second, in the area of well-being of the child the greatest differences were observed between mothers and childless women. This conclusion corresponds with the phenomenon of stigmatization of mothers, who focus their actions primarily on the well-being of the child, observed in Poland today. They are often identified with the stereotype of “moder” (the Polish word “madka” instead of “matka”, which means “mother”) – a demanding, low-educated woman demanding special treatment because of being a mother (Bańczyk, 2021). For women who have never experienced motherhood and perhaps do not even intend to have children (according to statistics, this applies to as many as 42 percent of childless women (CBOS, 2023)), it is probably much more difficult than mothers to support solutions aimed primarily at the well-being of the child.

Third, when it comes to thinking about the well-being of the mother, average mothers’ rates of the solutions were the highest and male participants had the lowest scores, however, the differences were not statistically significant. It may be easier for men to understand the mothers’ choices, focused on the good of the child rather than on their own. Reducing this approach to biology, fathers favour their genes, that is, they care about the well-being of their descendants most (Dawkins, 2000), first their children, then grandchildren. They can also shape this attitude in their sons.

To sum up, we may therefore suspect that in certain situations mothers’ choices will be least understood or supported by women who do not have children and men, including fathers of children.

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