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The relationship between emotional burnout and psychopathological symptoms in relatives of patients with mood disorders of various origins

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ABSTRACT

Background. Affective disorders (AD) often diagnosed in psychiatry. The occurrence and development of AD associated with significant negative social consequences and decrease in patients' and their relatives' quality of life. Stabilizing the mental state and maintaining the well-being of relatives caring for the patient is important in the context of preventing burnout, mental and somatic disorders, as well as preventing adverse forms of the disease in patients with AD.

Aim — study of the relationship between burnout and psychopathological symptoms in relatives caring for patients with mood disorders of various origins.

Materials and methods. The study involved 39 relatives of patients with AD. To assess the mental state of the respondents, the Symptom Checklist-90-Revised was used, the study of burnout and the resource personal activity in the process of informal caregiving was carried out using the Level of Relatives' Emotional Burnout. Spearman's correlation coefficient was used as a measure of the relationship between the indicators.

Results. The analysis showed a significant number of positive correlations of subjectively noted psychopathological symptoms with various manifestations of burnout. Exhaustion is associated with severe anxiety, decrease in mood, increasing difficulties in interpersonal interaction, including with the patient being cared for. The feeling of a relatives' own effectiveness in the process of helping a patient with AD is interrelated with indicators reflecting the course of the patient's disease, in particular, the duration of the disease and the duration of remission.

Conclusion. The manifestations of emotional burnout in relatives of patients with affective disorders are associated both with the experience of severe psychological distress, manifested primarily by anxiety and depressive symptoms, and with the characteristics of the patients' disease, particularly the duration of illness and remission.

Keywords: anxiety, depression, sleep disorders, relatives of patients, burnout, psychopathological symptoms

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Взаимосвязь эмоционального выгорания и психопатологической симптоматики у родственников больных с расстройствами настроения различного генеза

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АННОТАЦИЯ

Актуальность. Возникновение аффективного расстройства (АР) связано со значительными негативными социальными последствиями и снижением качества жизни больного и его близких. Стабилизация психического состояния и поддержание благополучия родственников больного представляется важным в контексте профилактики формирования у них психических и соматических расстройств, а также предотвращения неблагоприятных форм течения болезни у пациентов с АР.

Цель — изучение взаимосвязи эмоционального выгорания и психопатологической симптоматики у родственников, опекающих больных с расстройствами настроения различного генеза

Материалы и методы. В исследовании приняли участие 39 родственников пациентов с АР. Для оценки психического состояния респондентов применялся «Опросник выраженности психопатологической симптоматики» — «Symptom Checklist-90-Revised», изучение эмоционального выгорания проводилось при помощи методики «Уровень эмоционального выгорания родственников». В качестве меры связи между показателями применялся коэффициент корреляции Спирмена.

Результаты. Проведенный анализ показал значительное количество положительных корреляций субъективно отмечаемых симптомов психического неблагополучия с различными проявлениями выгорания. Эмоциональное истощение родственников сопряжено с выраженным переживанием тревоги, снижением настроения, нарастающими трудностями в межличностном взаимодействии, в том числе с опекаемым больным. Ощущение собственной эффективности родственника в процессе оказания помощи больному с АР взаимосвязано с показателями, отражающими течение заболевания пациентов, в частности, длительностью заболевания и продолжительностью ремиссии.

Выводы. Проявления эмоционального выгорания у родственников пациентов с аффективными расстройствами связаны как с переживанием выраженного психологического дистресса, проявляющегося преимущественно тревожной и депрессивной симптоматикой, так и с особенностями заболевания, в частности, показателями продолжительности болезни и ремиссии больного.

Ключевые слова: тревога, депрессия, расстройства сна, родственники больных, эмоциональное выгорание, психопатологическая симптоматика

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RELEVANCE

Affective disorders (AD) are frequently diagnosed psychiatric conditions characterized by emotional disturbances, mood disorders, and altered mental activity. AD encompasses a manic episode, a depressive episode, bipolar affective disorder (BAD), recurrent depressive disorder (RDD), and other mood disorders [4]. Disorders within the AD group carry a high risk of mortality, particularly due to suicide [12].

Various studies indicate that family support acts as a factor contributing to the reduction of depressive symptoms in BAD and RDD [1, 15, 19]. At the same time, the onset and progression of AD are typically accompanied by significant negative social consequences and a diminished quality of life not only for the patient but also for their close relatives [6, 10, 17]. As primary sources of distress for relatives, researchers describe anxiety related to the patient's behavior, such as hyperactivity, irritability, or social withdrawal. Relatives also report significant concern about how the illness has affected their own emotional health and life in general [20].

To date, studies on families of patients with AD have primarily focused on the influence of family dysfunction on affective development in children and adolescents [2, 3, 18]. In contrast, the condition of relatives caring for adult patients has received far less attention. Viewing the microsocial environment merely as a contributing factor to the onset and course of AD limits a holistic understanding of the relationship between relatives' experiences and the patient's clinical presentation. Maintaining the mental well-being of caregiving relatives is crucial for preventing their emotional burnout and the development of mental and somatic disorders, as well as for mitigating unfavorable disease trajectories in patients with AD.

AIM

The aim of this study was to investigate the relationship between emotional burnout and psychopathological symptoms in relatives caring for patients with AD, in relation to the specific characteristics of the patients' illness. The study objectives were:

1) to analyze the association between emotional burnout and the severity of psychopathological complaints in relatives caring for patients with AD;
2) to examine the relationship between burnout phenomena and psychopathological symptoms with clinical parameters reflecting the characteristics of the patients' disease.

MATERIALS AND METHODS

Study Design and Participants. This cross-sectional study included 39 relatives of patients diagnosed with affective disorders (ICD-10 codes: F31, F32, F34) who were undergoing treatment at the V.M. Bekhterev National Medical Research Center for Psychiatry and Neurology of the Ministry of Health of the Russian Federation. At the time of the relatives' assessment, the patients were hospitalized in psychiatric units and receiving pharmacotherapy. The majority of patients were in an acute disease phase and presented with moderate depressive symptoms. The clinical presentation was predominantly characterized by mood disturbances, somatic correlates of depression, and sleep disorders.

Inclusion criteria were: being a close relative (parent or spouse) of a patient with an affective disorder; age of the relative 18 years or older; and provision of voluntary informed consent to participate. Exclusion criteria were: presence of severe mental or intellectual disorders in the relative, either currently or historically; presence of severe somatic, neurological, or other diseases in a state of significant decompensation in the relative that would preclude completion of the assessment; age of the index patient under 18 years; and presence of significant comorbid pathology in the index patient that would substantially alter the nature of required caregiving.

Procedures. The assessment was conducted using clinical-psychological (interview, observation) and psychometric methods. For each participant, a clinical chart was completed to record key socio-demographic and clinical parameters of the relatives and the patients under their care; medical records were also reviewed. To assess the mental state of respondents, the Russian adaptation of the Symptom Checklist-90-Revised (SCL-90-R) by N.V. Tarabrina [5] was administered. This instrument is designed to measure the severity of various psychopathological manifestations and the intensity of psychological distress. To examine emotional burnout and the resource component of personal activity in the process of caring for a chronically ill patient, the "Level of Relatives' Emotional Burnout" (LREB) questionnaire was used [7].

Statistical Analysis. Data were processed using the IBM SPSS Statistics software, version 23. The normality of distribution for quantitative variables was tested with the Shapiro–Wilk test. For normally distributed variables, means (M) and standard deviations (SD) were calculated. Spearman's rank correlation coefficient was employed as a measure of association between variables.

RESULTS

The main sociodemographic and clinical characteristics of the examined relatives and the patients under their care were presented in Table 1.

The relationship between the severity of emotional burnout and psychopathological symptoms in relatives of patients with AD was analyzed using correlation analysis of scores from the LREB and SCL-90-R questionnaires. The results are presented in Table 2.

Scores reflecting psychopathological symptomatology (SCL-90-R) showed multiple positive correlations with

Table 1. The sociodemographic and clinical characteristics of relatives and patients with affective disorders

Таблица 1. Основные социодемографические и клинические характеристики обследованных родственников и опекаемых ими пациентов с аффективными расстройствами

Социодемографические и клинические характеристики / Sociodemographic and clinical characteristics	N (%)
Пол родственника / Relatives' gender: Мужской / Male Женский / Female	 15 (38,5%) 24 (61,5%)
Возраст родственника, лет / Relatives' age, years / mean (M±SD)	46,7 (±11,61)
Родство / Relationship to patient: Отец / Father Мать / Mother Муж / Husband Жена / Wife	 6 (15,4%) 20 (51,3%) 9 (23,1%) 4 (10,3%)
Образование родственника / Relatives' education: Среднее / Average Среднее специальное / Secondary special Незаконченное высшее / Unfinished higher education Высшее / Higher	 5 (12,8%) 6 (15,4%) 2 (5,1%) 26 (66,7%)
Работа родственника / Employment status: Не работает / Not working Работает / Working	 4 (10,3%) 35 (89,7%)
Проживание с пациентом / Living with patient: Совместное / Together Раздельное / Separate	 25 (64,1%) 14 (35,9%)
Пол пациента / Patients' gender: Мужской / Male Женский / Female	 10 (25,6%) 29 (74,4%)
Образование пациента / Patients' education: Неполное среднее / Incomplete secondary Среднее / Average Среднее специальное / Secondary special Незаконченное высшее / Unfinished higher education Высшее / Higher education	 4 (10,3%) 6 (15,4%) 5 (12,8%) 14 (35,9%) 10 (25,6%)
Работа пациента / Patients' work: Не работает / Not working Работает / Working	 24 (61,5%) 15 (38,5%)
Возраст пациента, лет / Patients' age, years / mean (M±SD)	27,9 (±10,71)
Возраст начала заболевания, лет / Age of the patients' disease onset, years / mean (M±SD)	22,8 (±10,36)
Длительность заболевания, лет / Duration of the disease, years / mean (M±SD)	5,3 (±7,96)

Примечание: SD — стандартное отклонение.
Note: SD — standard deviation.

the emotional burnout scale scores (LREB). The greatest number of correlations was found for the "Destructive Discharge of Tension" and "Exhaustion" subscales. Scores on these LREB subscales were positively associated with scores on the "Depression", "Anxiety", "Interpersonal Sensitivity", "Hostility", "Global Severity Index", and "Positive Symptom Distress Index" subscales. The "Destructive Discharge of Tension» score also correlated positively with the "Somatization" score ($p \leq 0.01$) and the "Positive Symptom Total" score ($p \leq 0.05$).

Pronounced psychological distress in relatives caring for patients with AD is associated with anxious and depressive symptoms, negative expectations in interpersonal interactions, and hostility manifesting as aggression, irritability, and resentment. This distress is characterized by a sense of exhaustion and inability to continue coping, alongside a tendency toward destructive discharge through addictive behaviors and somatization of negative experiences.

The "Depersonalization" subscale score of the LREB showed a positive association with the "Hostility" subscale score ($p \leq 0.01$) and the "Positive Symptom Distress Index" ($p \leq 0.05$) of the SCL-90-R. This suggests that a higher level of distress related to disappointment in the patient and treatment methods is associated with greater hostility, which may be directed not only toward the patient but also toward medical staff, thereby hindering the establishment of a collaborative therapeutic relationship.

The analysis further revealed that the "Sense of Meaningfulness" subscale of the LREB is positively associated with the "Obsessive-Compulsive", "Depression", and "Anxiety" subscales, as well as the "Global Severity Index" of the SCL-90-R ($p \leq 0.05$). Among all scales on the resource pole of the LREB, the "Sense of Meaningfulness" scale was the only one to demonstrate significant positive correlations with scales reflecting psychopathological symptomatology. Thus, a high perceived significance and meaningfulness of one's own caregiving actions were associated with various obsessive, depressive, and anxious symptoms.

These findings point to the complex nature of the «sense of meaningfulness» phenomenon. On one hand, the high personal significance of caregiving can provide strength for coping with the loved one's illness. On the other hand, when this sense of meaningfulness becomes excessive, it is associated with a negative transformation of the caregiver's personality, wherein the struggle against the illness becomes the central, meaning-conferring activity. This can impede the caregiver's own normal psychological functioning and, in turn, is accompanied by pronounced psychological distress and psychopathological symptoms.

To investigate the relationship between the severity of burnout phenomena and psychopathological symptoms and the parameters reflecting the course of the patients' illness, correlation analysis was conducted between the scores of the LREB and SCL-90-R questionnaires and variables such as illness duration, number of hospitalizations, number of requests for specialized care, and the number and duration of the patient's remissions.

Table 2. Correlations of Level of Relatives' Emotional Burnout" questionnaire scales with SCL-90-R scales in the group of relatives of patients with affective disorders

Таблица 2. Корреляционные взаимосвязи показателей шкал методики «Уровень эмоционального выгорания родственников» (УЭВР) с показателями шкал «Опросника выраженности психопатологической симптоматики» (SCL-90-R) в группе родственников пациентов с аффективными расстройствами

SCL-90-R	УЭВР / LREB							
	Энергия / Vigor	Наполненность смыслом / Dedication	Ресурс / Resource	Самоэффективность в лечении родственника / Selfefficacy	Истощение / Exhaustion	Деперсонализация / Depersonalization	Деструктивная разрядка / Destruction	Редукция достижений / Inefficacy
Соматизация / SOM — Somatization	–	–	–	–	–	–	0,41**	–
Обсессивность-компульсивность / O-C — Obsessive–Compulsive	–	0,37*	–	–	–	–	–	–
Межличностная сензитивность / INT — Interpersonal Sensitivity	–	–	–	–	0,42**	–	0,38**	–
Депрессия / DEP — Depression	–	0,34*	–	–	0,38*	–	0,53**	–
Тревожность / ANX — Anxiety	–	0,37*	–	–	0,35*	–	0,47**	–
Враждебность / HOS — Hostility	–	–	–	–	0,56**	0,51**	0,38*	–
Фобическая тревожность / PHOB — Phobic Anxiety	–	–	–	–	–	–	–	–
Паранойяльные тенденции / PAR — Paranoid Ideation	–	–	–	–	–	–	–	–
Психотизм / PSY — Psychoticism	–	–	–	–	–	–	–	–
Общий индекс тяжести симптомов / GSI — Global Severity Index	–	0,33*	–	–	0,34*	–	0,40*	–
Общее число утвердительных ответов / PDSI — Positive Symptom Total	–	–	–	–	–	–	0,37*	–
Индекс наличного симптоматического дистресса / PST — Symptom Distress Index	–	–	–	–	0,47**	0,34*	0,47**	–

The analysis revealed a positive correlation between the "Reduction of Personal Accomplishment" subscale score (LREB) and the duration of the illness ($r=0.392$, $p \leq 0.05$). This suggests that with increasing duration of the patient's illness, their caregivers more frequently report feelings of personal ineffectiveness, an inability to make sense of the situation, difficulties in adequately interacting with healthcare services, and challenges in securing effective treatment for their loved one.

At the same time, the score on the "Self-Efficacy in the Relative's Treatment" subscale" (LREB) showed positive correlations with the "Duration of Patient's Remissions" parameter ($r=0.335$, $p \leq 0.05$). That is, patients whose relatives take a more active role in the treatment process and feel confident in the correctness of their actions tend to experience longer remission periods.

No significant correlations were identified between the indicators of psychopathological symptomatology and the characteristics of the patients' illness.

DISCUSSION

This study examined the relationship between psychological distress, psychopathological symptomatology, and the severity of emotional burnout in relatives caring for patients with AD. The results revealed a significant number of positive correlations between subjectively reported symptoms of psychological distress and various manifestations of burnout. This underscores the importance of investigating the mechanisms underlying these relationships to better differentiate the psychological experiences of relatives caring for chronically ill patients.

The feeling of emotional "exhaustion" and the tendency toward destructive discharge of stress while caring for a chronically ill patient are associated with a perceived decline in one's own health, marked anxiety, low mood, and increasing difficulties in interpersonal interactions, including those with the patient. Furthermore, dissatisfaction with the relationship with the patient — manifested as a gradual devaluation of the patient's personality — and disappointment with treatment methods are also associ-

ated with subjectively reported symptoms of psychological distress, reflecting the overall burden experienced by relatives of patients with AD.

The findings of the present study highlight the destructive aspect of experiences linked to emotional burnout in caregivers and are consistent with existing literature, which reports associations between the severity of depressive and other psychopathological conditions and manifestations of burnout in relatives caring for a chronically ill individual [11, 13, 21, 22].

This study underscores the importance of further investigation into the phenomenon of high personal significance attributed to coping with a loved one's illness, referred to as the "sense of meaningfulness". The corresponding scale of the LREB questionnaire revealed positive associations with scales measuring psychological distress in caregivers. These correlations corroborate findings from studies involving relatives of patients with addictive disorders [8] and parents of children with disabilities [9]. Moreover, the current results align with research indicating that persistent worry about a chronically ill person and the perceived need to control them contribute to the development of burnout phenomena among their caregivers [14, 16].

It can be hypothesized that an optimal level of the "sense of meaningfulness" in coping with a loved one's illness exists. At this optimal level, the meaningfulness of one's own actions functions as a resource that mitigates caregiver burnout. Conversely, an insufficient sense of meaningfulness in caregiving efforts, or an excessive personal significance that reshapes the caregiver's entire relational world, may represent potentially destructive factors. These factors are associated with psychological distress, which can manifest as anxiety, depressive symptoms, and obsessive thoughts.

The relationship between the "sense of meaningfulness" and psychopathological symptoms observed in relatives of chronically ill patients warrants further investigation. Specifically, research is needed to determine how this relationship varies across different caregiving models, influenced by factors such as the age of the caregiver and/or the patient, and the clinical presentation of the illness.

A relative's sense of self-efficacy in aiding a patient with AD-encompassing confidence in obtaining information on the most effective treatments, interacting appropriately with specialized services, and being prepared to take an active role in treatment — was associated with indicators of the patient's disease course, namely illness duration and length of remission. The psychological state of the caregiving relative, linked to the development of burnout during care, can consequently diminish the quality of psychosocial support provided to the patient. Therefore, psychoeducational programs designed to foster an adequate understanding of the illness, treatment options, and effective interaction with the ill family member are particularly important.

The findings of this study, which revealed no significant correlations between psychopathological symptom scores and patient illness characteristics, allow us to hypothesize about the mechanisms underlying symptom manifestation in relatives caring for patients with AD. The emergence of latent psychological distress may, in some cases, be related to genetic predisposition, where illness-related stress acts as a trigger for psychopathology according to the «stress-diathesis» model. Alternatively, the chronic nature of caregiving and the absence of direct symptom-illness correlations suggest that psychopathological responses may be secondary to burnout, with burnout development serving as the primary process that subsequently drives psychopathological symptom formation. Given that our sample included both biological relatives (parents) and spouses, the mechanisms of symptom manifestation in caregivers warrant further investigation with consideration of the caregiver's familial relationship to the patient.

Consequently, a clear understanding of the core mechanisms connecting burnout and psychopathological symptoms is vital for designing effective therapeutic and rehabilitation programs for both patients and their families. For example, a caregiver's lack of motivation or capacity to support the patient's well-being may result from either the burnout process itself or from the presence of co-occurring depressive or anxiety symptoms. These distinct etiologies necessitate different intervention approaches. The multiple interrelationships between burnout and psychopathology highlighted in this study emphasize the need to consider both domains simultaneously when developing specialized support measures for patients with AD and their relatives.

LIMITATIONS

A notable limitation of this study is its relatively small sample size, which prevented an analysis of potential mediating factors in the relationship between emotional distress and burnout among relatives caring for a patient with AD. Furthermore, the phenomenon of high personal investment in, and the attributed significance of, coping with a loved one's illness warrants dedicated investigation as a distinct topic. Elucidating the mechanisms that lead to such over-involvement is crucial for developing interventions aimed at helping caregivers establish a balanced approach to family caregiving and preventing emotional burnout.

CONCLUSION

1. Multiple positive associations were found between emotional burnout phenomena and various manifestations

of psychopathological symptoms, as well as the severity of psychological distress, in relatives caring for patients with AD.

2. Feelings of emotional «exhaustion» coupled with a tendency toward destructive stress discharge are linked to significant psychological distress, manifesting primarily as anxiety, depressive symptoms, perceived deterioration of one's own health, and difficulties in interpersonal interactions. Additionally, dissatisfaction with the patient relationship and disappointment in treatment methods are associated with subjectively reported symptoms of psychological distress in these relatives.

3. A relative's sense of self-efficacy or inefficacy in supporting the well-being of a patient with AD is related to indicators of the patient's illness duration and remission length.

4. These findings underscore the need to differentiate and concurrently address both manifestations of emotional burnout and the severity of psychopathological symptoms in relatives caring for patients with affective disorders when designing psychological and psychotherapeutic interventions for this group.

ADDITIONAL INFORMATION

Authors' contribution. All authors have made a significant contribution to the development of the concept, research, and preparation of the article, as well as read and approved the final version before its publication.

Competing interests. The authors declare that they have no competing interests.

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Patients' consent. Written consent was obtained from all the study participants. The study was approved by local ethic committee.

ДОПОЛНИТЕЛЬНАЯ ИНФОРМАЦИЯ

Вклад авторов. Все авторы внесли существенный вклад в разработку концепции, проведение исследования и подготовку статьи, прочли и одобрили финальную версию перед публикацией.

Конфликт интересов. Авторы декларируют отсутствие явных и потенциальных конфликтов интересов, связанных с публикацией настоящей статьи.

Источник финансирования. Авторы заявляют об отсутствии внешнего финансирования при проведении исследования.

Информированное согласие на участие в исследовании. Все участники исследования добровольно подписали форму информированного согласия. Проведение исследования было одобрено локальным этическим комитетом.

REFERENCES

1. Bocharov V.V., Shishkova A.M., Korman T.A., Saraikin D.M., Vinnikova A.Yu., Bueva Yu.A. Importance of psychological functioning of family members as a factor of remission stability in affective disorder patients: a systematic review. *Neurological Bulletin*. 2024;56(4):411–425. https://doi.org/10.17816/nb634704.
2. Karaush I.S., Kupriyanova I.E., Dashieva B.A. Negative events associated with school functioning and their relationship with the risk of developing depression in adolescents. *Clinical Psychology and Special Education*. 2022;11(3):142–166. (In Russian). https://doi.org/10.17759/cpse.2022110306. EDN: MNOEBO.
3. Mezentseva O.I. Specificity of the affective sphere of preschool children from single-parent families. *Voprosy pedagogiki*. 2020;(4-2):236–238. (In Russian). EDN: SRIYDX.
4. International Classification of Diseases (10th revision). Classification of mental and behavioral disorders: ICD-10/USD-10: Clinical descriptions and diagnostic guidelines. Saint Petersburg: Adis, 1994.
5. Tarabrina N.V. Workshop on the psychology of post-traumatic stress. SPb.: Piter; 2001.
6. Smulevich A.B., Andryushchenko A.V., Romanov D.V., Zakharova N.V. Remissions in affective disorders: epidemiology, psychopathology, clinical and social prognosis, secondary prevention. *S.S. Korsakov Journal of Neurology and Psychiatry*. 2014;114(3):4–13. (In Russian). EDN: SDIJDN.
7. Shishkova A.M., Bocharov V.V., Strizhitskaya O.Y., Vuks A.Ya. Psychometric characteristics of the method "Level of emotional burnout of relatives". *Counseling Psychology and Psychotherapy*. 2021;29(2):100–118. (In Russian). https://doi.org/10.17759/cpp.2021290205.
8. Shishkova A.M., Bocharov V.V. Emotional burnout of relatives of patients with chemical dependence: methodology and assessment tools. Saint Petersburg: Nestor-History; 2021.
9. Shishkova A.M., Bocharov V.V., Chernaya Y.S. Evaluation of Psychometric Properties of "Level of Parental Emotional Burnout" (parent-child version). *Siberian Journal of Psychology*. 2022;(83):141–165. (In Russian). https://doi.org/10.17223/17267080/83/8.
10. Akinci E., Wieser M.O., Vanscheidt S. et al. Impairments of social interaction in depressive disorder. *Psychiatry Investig*. 2022;19(3):178–189. https://doi.org/10.30773/pi.2021.0289.
11. Alves L.C.S., Monteiro D.Q., Bento S.R. et al. Burnout syndrome in informal caregivers of older adults with dementia: A systematic review. *Dement Neuropsychol*. 2019;13(4):415–421. https://doi.org/10.1590/1980-57642018dn13-040008.
12. Angst J., Stassen H.H., Clayton P.J., Angst J. Mortality of patients with mood disorders: follow up over 34–38 years. *J Affect Disord*. 2002;68(2–3):167–181. https://doi.org/10.1016/S0165-0327(01)00377-9.
13. Blom C., Reis A.C., Lencastre L. Good together makes it better? Psychological distress, relationship quality, and burnout in informal caregivers. *Eur J Psychol Open*. 2024;83(3):119–129. https://doi.org/10.1024/2673-8627/a000066.

14. Cuijpers P., Stam H. Burnout among relatives of psychiatric patients attending psychoeducational support groups. *Psychiatric Services*. 2000;51(3):375–379. https://doi.org/10.1176/appi.ps.51.3.375.
15. Ezquiaga E., García A., Bravo F., Pallarés T. Factors associated with outcome in major depression: a 6-month prospective study. *Soc Psychiatry Psychiatr Epidemiol*. 1998;33(11):552–557. https://doi.org/10.1007/s001270050093.
16. Katsifaraki M., Wood R.L. The impact of alexithymia on burnout amongst relatives of people who suffer from traumatic brain injury. *Brain Injury*. 2014;28(11):1389–1395. https://doi.org/10.3109/02699052.2014.919538.
17. Kupferberg A., Hasler G. The social cost of depression: Investigating the impact of impaired social emotion regulation, social cognition, and interpersonal behavior on social functioning. *J Affect Disord Reports*. 2023;14(14):100631. https://doi.org/10.1016/j.jadr.2023.100631.
18. Luo R., Chen F., Ke L. et al. Interparental conflict and depressive symptoms among Chinese adolescents: A longitudinal moderated mediation model. *Dev Psychopathol*. 2023;35(2):972–981. https://doi.org/10.1017/S0954579422000190.
19. Miklowitz D.J., George E.L., Richards J.A., et al. A randomized study of family-focused psychoeducation and pharmacotherapy in the outpatient management of bipolar disorder. *Arch Gen Psychiatry*. 2003;60(9):904–912. https://doi.org/10.1001/archpsyc.60.9.904.
20. Reinares M., Vieta E., Colom F., et al. What really matters to bipolar patients' caregivers: sources of family burden. *J Affect Disord*. 2006;94(1–3):157–163. https://doi.org/10.1016/j.jad.2006.04.022.
21. Ybema J.F. Kuijer R.G., Hagedoorn M., Buunk B.P. Caregiver burnout among intimate partners of patients with a severe illness: an equity perspective. *Personal Relationships*. 2002;9(1):73–88. https://doi.org/10.1111/1475-6811.00005.
22. Yılmaz A., Turan E., Gundogar D. Predictors of burnout in the family caregivers of Alzheimer's disease: evidence from Turkey. *Austral J Ageing*. 2009;28(1):16–21. https://doi.org/10.1111/j.1741–6612.2008.00319.x.

ЛИТЕРАТУРА

1. Бочаров В.В., Шишкова А.М., Корман Т.А., Сарайкин Д.М., Винникова А.Ю., Буева Ю.А. Значение психологического функционирования родственников как фактора стабилизации ремиссий у больных с аффективными расстройствами: систематический обзор. *Неврологический вестник*. 2024;56(4):411–425. https://doi.org/10.17816/nb634704.
2. Карауш И.С., Куприянова И.Е., Дашиева Б.А. Негативные события, связанные со школьным функционированием, и их взаимосвязь с риском развития депрессии у подростков. *Клиническая и специальная психология*. 2022;11(3):142–166. https://doi.org/10.17759/cpse.2022110306. EDN: MNOEBO.
3. Мезенцева О.И. Специфика аффективной сферы детей дошкольного возраста из неполных семей. *Вопросы педагогики*. 2020;(4-2):236–238. EDN: SRIYDX.
4. Международная классификация болезней (10-й пересмотр). Классификация психических и поведенческих расстройств: МКБ-10/УСД-10: Клинические описания и указания по диагностике. СПб.: Адис; 1994.
5. Тарабрина Н.В. Практикум по психологии посттравматического стресса. СПб.: Питер; 2001.
6. Смулевич А.Б., Андрющенко А.В., Романов Д.В., Захарова Н.В. Ремиссии при аффективных заболеваниях: эпидемиология, психопатология, клинический и социальный прогноз, вторичная профилактика. *Журнал неврологии и психиатрии им. С.С. Корсакова*. 2014;114(3):4–13. EDN: SDIJDN.
7. Шишкова А.М., Бочаров В.В., Стрижицкая О.Ю., Вукс А.Я. Психометрические характеристики методики «Уровень эмоционального выгорания родственников». *Консультативная психология и психотерапия*. 2021;29(2):100–118. https://doi.org/10.17759/cpp.2021290205.
8. Шишкова А.М., Бочаров В.В. Эмоциональное выгорание родственников больных с химической зависимостью: методология и инструментарий оценки. СПб.: Нестор-История; 2021.
9. Шишкова А.М., Бочаров В.В., Черная Ю.С. Оценка психометрических показателей методики «Уровень эмоционального выгорания родственников» (родительско-детский вариант). *Сибирский психологический журнал*. 2022;(83):141–165. https://doi.org/10.17223/17267080/83/8.
10. Akinci E., Wieser M.O., Vanscheidt S. et al. Impairments of social interaction in depressive disorder. *Psychiatry Investig*. 2022;19(3):178–189. https://doi.org/10.30773/pi.2021.0289.
11. Alves L.C.S., Monteiro D.Q., Bento S.R. et al. Burnout syndrome in informal caregivers of older adults with dementia: A systematic review. *Dement Neuropsychol*. 2019;13(4):415–421. https://doi.org/10.1590/1980-57642018dn13-040008.
12. Angst J., Stassen H.H., Clayton P.J., Angst J. Mortality of patients with mood disorders: follow up over 34–38 years. *J Affect Disord*. 2002;68(2–3):167–181. https://doi.org/10.1016/S0165-0327(01)00377-9
13. Blom C., Reis A.C., Lencastre L. Good together makes it better? Psychological distress, relationship quality, and burnout in informal caregivers. *Eur J Psychol Open*. 2024;83(3):119–129. https://doi.org/10.1024/2673-8627/a000066.
14. Cuijpers P., Stam H. Burnout among relatives of psychiatric patients attending psychoeducational support groups. *Psychiatric Services*. 2000;51(3):375–379. https://doi.org/10.1176/appi.ps.51.3.375.
15. Ezquiaga E., García A., Bravo F., Pallarés T. Factors associated with outcome in major depression: a 6-month prospective study. *Soc Psychiatry Psychiatr Epidemiol*. 1998;33(11):552–557. https://doi.org/10.1007/s001270050093.
16. Katsifaraki M., Wood R.L. The impact of alexithymia on burnout amongst relatives of people who suffer from traumatic brain injury. *Brain Injury*. 2014;28(11):1389–1395. https://doi.org/10.3109/02699052.2014.919538.
17. Kupferberg A., Hasler G. The social cost of depression: Investigating the impact of impaired social emotion regulation, social cognition, and

interpersonal behavior on social functioning. *J Affect Disord Reports*. 2023;14(14):100631. https://doi.org/10.1016/j.jadr.2023.100631.
18. Luo R., Chen F., Ke L. et al. Interparental conflict and depressive symptoms among Chinese adolescents: A longitudinal moderated mediation model. *Dev Psychopathol*. 2023;35(2):972–981. https://doi.org/10.1017/S0954579422000190.
19. Miklowitz D.J., George E.L., Richards J.A., et al. A randomized study of family-focused psychoeducation and pharmacotherapy in the outpatient management of bipolar disorder. *Arch Gen Psychiatry*. 2003;60(9):904–912. https://doi.org/10.1001/archpsyc.60.9.904.
20. Reinares M., Vieta E., Colom F., et al. What really matters to bipolar patients' caregivers: sources of family burden. *J Affect Disord*. 2006;94(1–3):157–163. https://doi.org/10.1016/j.jad.2006.04.022.
21. Ybema J.F. Kuijer R.G., Hagedoorn M., Buunk B.P. Caregiver burnout among intimate partners of patients with a severe illness: an equity perspective. *Personal Relationships*. 2002;9(1):73–88. https://doi.org/10.1111/1475-6811.00005.
22. Yılmaz A., Turan E., Gundogar D. Predictors of burnout in the family caregivers of Alzheimer's disease: evidence from Turkey. *Austral J Ageing*. 2009;28(1):16–21. https://doi.org/10.1111/j.1741–6612.2008.00319.x.

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