



Attitudes toward difficulties, problems, and emotional wounds and the sense of loneliness among women in religious communities

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Abstract: The aim of this article is to present the results of research on the relationship between attitudes towards difficulties, problems and wounds and the sense of loneliness among women functioning in religious communities. The study had a quantitative design and was conducted on a group of women belonging to religious communities with varying lengths of membership. The research employed instruments measuring attitudes toward difficulties, self-attitude in challenging situations, emotional and relational functioning, attitudes toward emotional wounds, and the level of loneliness in three dimensions: intellectual, emotional, and behavioral. The results indicated that the participants demonstrated relatively high levels of adaptive attitudes toward difficulties and low levels of loneliness, particularly in the behavioral and intellectual domains. Statistically significant negative correlations were found between attitudes toward difficulties, self-attitude, and attitudes toward emotional wounds and the level of loneliness. This means that the more constructive the attitudes, the lower the level of loneliness experienced. The strongest relationships were observed in the domains of emotional functioning and self-attitude. The findings also suggest that attitudes toward emotional wounds constitute a relatively weaker area of functioning, which may affect psychological well-being and the quality of interpersonal relationships. Additionally, the length of time spent in a religious community was associated with greater stability of the observed relationships. The results highlight the importance of personal resources, social support, and spiritual factors in shaping attitudes toward difficulties and emotional wounds, as well as in reducing loneliness. These findings may serve as a basis for further research and practical interventions aimed at enhancing emotional and relational competencies.

Keywords: difficulties, emotional wounds, loneliness, religious communities, women, coping

Introduction

This article presents analyses concerning attitudes toward difficulties, problems, and emotional wounds, conceptualized within the context of coping with difficult situations. It also discusses the issue of loneliness and presents research findings regarding the relationship between attitudes toward difficulties, problems, and emotional wounds and the sense of loneliness among women living in religious communities.

1. Theoretical foundations of the author's research

1.1. Coping with difficult situations

Coping with difficult situations constitutes one of the key areas of research in contemporary psychology.

Coping is also particularly important in communal environments such as religious communities. In the classical conceptualization proposed by Lazarus and Folkman (1984), coping is defined as a process of cognitive and behavioral efforts undertaken to manage demands appraised as taxing or exceeding an individual's resources. Contemporary approaches emphasize the dynamic nature of this process and its strong relationship with the social and spiritual context of individual functioning (Skinner & Zimmer-Gembeck, 2023).

One of the key factors influencing attitudes toward difficulties involves personal resources, particularly self-efficacy. According to Bandura's (1997) concept, individuals who believe in their ability to cope with challenges demonstrate greater persistence, greater willingness to undertake action, and more adaptive coping strategies. A similar position is presented by Juczyński (2000), who emphasized that a high sense of efficacy promotes active problem solving and reduces tendencies toward avoidance of difficulties.

Personality traits also constitute important determinants of attitudes toward difficulties. Research indicates that characteristics such as optimism, psychological resilience, and emotional stability foster constructive approaches to problems (Oleś, 2011). Individuals characterized by higher levels of resilience are more likely to interpret difficulties as developmental challenges rather than threats, which contributes to more effective stress management.

Another important factor concerns life experiences, particularly previous experiences in coping with adversity. According to social learning theory (Bandura, 1997), successful experiences in overcoming problems strengthen beliefs regarding one's competencies, whereas repeated failures may contribute to the development of helplessness. In this context, the interpretation of experiences is also important. Individuals who engage in positive reinterpretation of difficulties (reappraisal) demonstrate higher levels of adaptation (Lazarus & Folkman, 1984).

Social determinants, including social support and the quality of interpersonal relationships, are also significant. As Cohen and Wills (1985) indicated, social support fulfills a buffering role against stress, promoting more constructive attitudes toward difficulties. Within Polish psychological literature, Sęk and Cieślak (2004) emphasized that the presence of a supportive environment increases the sense of security and motivation to undertake remedial actions.

Cognitive factors, particularly the appraisal of difficult situations, also play a substantial role. According to Lazarus and Folkman's (1984) transactional model of stress, it is not the situation itself but rather its cognitive interpretation that determines an individual's reaction. Individuals who perceive difficulties as controllable

and meaningful are more likely to engage in active coping, whereas perceiving situations as uncontrollable promotes withdrawal and helplessness.

Contemporary approaches indicate that coping is not a stable personality trait but rather an adaptive process that changes depending on the situation and its cognitive interpretation (Compas et al., 2017; Skinner & Zimmer-Gembeck, 2023). Particular importance is attributed to the so-called goodness-of-fit between coping strategies and situational demands, according to which coping effectiveness depends on the adequacy of the selected strategy in relation to the nature of the stressor. In controllable situations, problem-focused coping strategies are generally more effective, whereas in uncontrollable situations, strategies based on emotion regulation and acceptance prove to be more adaptive (Cheng et al., 2024).

The literature distinguishes a wide range of coping strategies that may be classified as either adaptive or maladaptive. Adaptive strategies primarily include problem-focused coping, which involves actively seeking solutions and undertaking remedial actions. Research indicates that this strategy promotes better psychological functioning and higher levels of well-being (Compas et al., 2017). Seeking social support also plays an important role because – according to the buffering hypothesis of social support – it reduces the negative effects of stress and facilitates adaptation (Cohen & Wills, 1985).

One of the key coping strategies within this group is problem-focused coping, based on active problem solving and undertaking corrective actions. Women functioning within religious communities may additionally benefit from communal resources such as support from other members of the community and the organizational structures of the community itself, which facilitate effective problem solving. Research demonstrates that active coping strategies are associated with higher levels of well-being and better psychological adjustment (Compas et al., 2017).

Contemporary studies also emphasize the importance of emotion regulation as a central coping mechanism. The ability to identify, accept, and modulate emotions enables individuals to reduce

the intensity of negative emotional experiences and enhances their capacity to undertake constructive actions (Gross, 2015). An important element of contemporary approaches is also the emphasis placed on cognitive appraisal processes. According to Lazarus and Folkman's (1984) transactional model of stress, the interpretation of an event – as a threat, loss, or challenge – determines emotional responses and the selection of coping strategies. Contemporary research confirms that perceiving difficulties as challenges promotes greater activity and more favorable adaptive outcomes (Skinner & Zimmer-Gembeck, 2023).

Particular importance is also attributed to cognitive reappraisal strategies, which involve assigning new meaning to difficult situations, thereby contributing to stress reduction and increased psychological resilience (Troy et al., 2023).

Strategies based on acceptance and mindfulness have also gained increasing attention in the literature. These approaches involve accepting experiences without excessive judgment and maintaining attention on the present moment, which contributes to tension reduction and improved psychological well-being (Hayes et al., 2016; Lindsay & Creswell, 2019). Such strategies are particularly effective in situations in which individuals have limited ability to modify external conditions.

In contrast, maladaptive coping strategies such as avoidance, denial, or escape into substitute behaviors (e.g., substance abuse) may provide temporary relief; however, in the long term, they contribute to the intensification of emotional difficulties and deterioration in psychological functioning (Compas et al., 2017).

Contemporary research also highlights the strong relationship between coping and resilience. Resilience is defined as the capacity to adapt and maintain relative psychological equilibrium despite experiencing adversity (Masten, 2014). Effective coping strategies facilitate the development of resilience, while individuals characterized by higher levels of resilience are more likely to employ adaptive coping strategies (Fletcher & Sarkar, 2013).

Attitudes toward difficulties, problems, and emotional wounds are closely associated with psychological resilience, which constitutes one of the key constructs of contemporary psychology.

In the medical and natural sciences, resilience is defined as a state of the organism enabling effective resistance to harmful environmental influences. In the social sciences – particularly psychology and pedagogy – psychological resilience is most commonly conceptualized as an individual's capacity for positive development and effective psychosocial functioning despite experiencing objectively adverse life conditions (Borucka & Ostaszewski, 2012; Grzegorzewska, 2013; Opora, 2009).

Psychological resilience, which conditions attitudes toward difficulties and problems, is understood as a relatively stable personality trait and psychological resource that enables effective coping with challenges, stress, and pressure regardless of situational adversity. It constitutes a mechanism supporting individual development and adaptation in the face of crisis or traumatic experiences. Resilience influences human attitudes and behaviors and is associated with an individual repertoire of stress-coping strategies (Ryś, 2020).

From a personality perspective, resilience is expressed through an individual's characteristic and differentiated patterns of responding and functioning in stressful or demanding situations, thereby constituting an important element of developmental and adaptive dynamics (Heszen, 2013).

Within the psychological literature, two closely related concepts are distinguished: *resilience* and *resiliency*. The concept of *resilience* was adapted from technical sciences, in which it refers to the properties of materials characterized by flexibility, elasticity, and the capacity to return to their original form following deformation. In psychology, the term refers to psychological hardiness, resistance, and positive adaptation in the face of adversity (Junik, 2011; Grzegorzewska, 2013, p. 43).

Thus, resilience refers to:

- flexibility and adaptive capacities enabling effective functioning and restoration of psychological resources following stress or adversity;
- a set of competencies and strategies that facilitate effective coping with intense emotional burdens and crisis situations;
- the ability to maintain appropriate psychosocial functioning despite adverse living conditions;

- the capacity to overcome adaptive breakdowns and reactivate resources following periods of impaired functioning;
- the ability to confront demanding life events and mobilize and develop available resilience resources (Junik, 2011; Grzegorzewska, 2013).

Within Polish scientific literature, terminological diversity regarding the concept of resilience can be observed. Some researchers use the original English term (Borucka & Ostaszewski, 2008; Borucka, 2011), whereas others propose the adapted Polish term *rezylencja* (Junik, 2011). Scientific literature also includes the concepts of *psychological hardiness* (Ogińska-Bulik & Juczyński, 2011) and *psychological elasticity* (Kaczmarek et al., 2011), which refer to theoretically similar constructs.

In the social sciences, the concept of resilience primarily refers to the process of overcoming adverse life experiences, enabling relatively positive adaptation despite exposure to risk factors, difficult experiences, or trauma, including those experienced during childhood (Craig, Bond, & Burns, 2003; Kumpfer & Summerhays, 2006; Luthar & Zelazo, 2003; Sameroff & Rosenblum, 2006).

By contrast, the term *resiliency* is often used to describe personality characteristics – that is, relatively stable individual resources facilitating coping with adversity (Ogińska-Bulik, 2012, p. 196).

Heszen (2013, p. 329), while analyzing the concept of resilience, described it as a relatively stable personality trait manifested through the capacity to regain equilibrium following difficult experiences and adapt to changing life circumstances.

A similar position is presented by Grzegorzewska (2013), who emphasized that resilience should be understood as a multifactorial process of coping with adverse developmental conditions leading to positive adaptation. Within this process, individual, familial, and environmental protective factors reduce or compensate for the effects of risk factors.

Jeanne H. Block and Jack Block (1980, as cited in Ogińska-Bulik, 2012, p. 196), in turn, conceptualized *resiliency* as a relatively stable personality disposition determining the capacity for flexible adaptation to changing life demands. In this sense,

resiliency constitutes a trait facilitating coping both with traumatic experiences and with the challenges of everyday life.

Many researchers conceptualize resilience both as an adaptive process and as a set of individual characteristics enabling flexible and creative coping with life adversities (Turkiewicz-Maligranda, 2014, p. 173). Within this perspective, resiliency refers to the ability to return to effective functioning following periods of adversity, loss, or exposure to stressors, as well as the capacity to cope effectively in demanding and burdensome situations (Iskra, 2011, p. 399).

In recent years, increasing attention has also been devoted to the role of spiritual and existential factors in coping processes. Religiosity and spirituality may constitute important sources of support, enabling individuals to assign meaning to difficult experiences while strengthening hope and the sense of control (Pargament, 2011). Particularly within the context of religious communities, coping strategies may include spiritual practices such as prayer, which support adaptive processes.

Among women functioning within religious communities, coping with difficult situations assumes a specific character resulting from the presence of a shared system of values, norms, and spiritual practices. A religious community constitutes an important social environment that may both strengthen individual resources and shape the interpretation of difficult experiences (*ibid.*).

Religious communities may foster the development of resilience by providing social support, strengthening meaning in life, and promoting values associated with perseverance and hope.

Within the context of attitudes toward difficulties, axiological and spiritual factors are also highly significant. Research indicates that systems of values and religious beliefs may influence the interpretation of suffering and difficult experiences by assigning meaning to them and facilitating acceptance of situations beyond individual control (Heszen, 2013). Particularly within religious environments, difficulties may be perceived as elements of spiritual growth, thereby fostering more constructive attitudes.

Religious values and beliefs also constitute important determinants of attitudes toward difficulties. Religious systems provide interpretative frameworks that enable individuals to assign meaning to suffering and difficult experiences. As Heszen (2013) emphasized, religiosity may fulfill a regulatory function by reducing tension and strengthening hope and the sense of control. In this context, difficulties may be perceived not as threats but rather as elements of personal and spiritual development.

At the same time, it should be noted that attitudes toward difficulties may vary depending on individual experiences and the duration of functioning within a community. Longer membership may facilitate the internalization of communal norms and values as well as the consolidation of specific coping patterns, leading to greater stability of attitudes.

One of the fundamental determinants of attitudes toward emotional wounds involves individual emotional resources, including emotion regulation capacities and psychological resilience. Individuals characterized by higher levels of emotional competence cope more effectively with psychological pain, are less likely to maintain negative emotions, and recover equilibrium more rapidly (Oleś, 2011). In the case of current emotional wounds, this facilitates constructive processing of difficult emotions, whereas regarding past experiences, it enables their integration and attribution of meaning within one's personal biography.

An important role is also played by the cognitive interpretation of experienced emotional wounds. According to Lazarus and Folkman's (1984) transactional model of stress, it is not the event itself but rather its cognitive appraisal that determines the individual's response. In the case of current emotional wounds, individuals may interpret situations as threats, harm, or injustice, thereby intensifying negative emotions, or alternatively as experiences that can be understood and worked through. Regarding past emotional wounds, reinterpretation processes are particularly important because they allow individuals to assign meaning to experiences and limit their destructive impact on functioning.

A key factor conditioning attitudes toward emotional wounds is the capacity for forgiveness. As Enright and Fitzgibbons (2000) indicated, forgiveness constitutes a psychological process involving the reduction of negative emotions toward the offender and their gradual replacement with more benevolent or neutral attitudes. Lack of forgiveness may lead to persistent resentment, intensified emotional tension, and difficulties in interpersonal relationships. In the context of past emotional wounds, the ability to forgive both others and oneself is particularly important because it enables closure of difficult experiences and reduces their influence on current functioning.

Among women functioning within religious communities, spiritual factors assume particular importance. Religious value systems often promote attitudes of forgiveness, reconciliation, and acceptance of suffering as an element of spiritual development. As Heszen (2013) emphasized, religiosity may facilitate reinterpretation of difficult experiences by assigning meaning to them and supporting emotional coping processes. Within this framework, both current and past emotional wounds may be perceived as experiences embedded within a broader context of life and personal development.

The role of interpersonal relationships and social support is also highly significant. A religious community may constitute an important source of emotional support by enabling individuals to share difficult experiences and obtain understanding and acceptance. According to the concept of social support (Cohen & Wills, 1985; Sęk & Cieślak, 2004), the presence of a supportive environment contributes to the reduction of negative emotions and facilitates coping with emotional wounds.

Another important determinant of attitudes toward emotional wounds involves previous relational experiences, including the quality of interpersonal bonds. Repeated experiences of emotional injury may lead to heightened emotional sensitivity and difficulties in developing trust, thereby impeding the process of forgiveness and contributing to the persistence of negative emotions. In contrast, positive relational experiences may serve a protective function by fostering greater openness and readiness for reconciliation.

1.2. Loneliness and the sense of loneliness as the subjective experience of deficient interpersonal relationships

The literature distinguishes between two related concepts: *loneliness* and *solitude* (or *aloneness*) (see, among others, Śliwak, Brzeziński, & Zarosińska, 2019; Śliwak, Zarzycka, & Dzikuch, 2001; Śliwak, Reizer, & Partyka, 2015).

Solitude is often perceived as a natural phenomenon inherent in human existence. It is characterized by ambiguity, difficulty in precise definition, and an individualized mode of experience. It constitutes a universal and timeless phenomenon that is highly subjective and differentiated across individuals (see Dubas, 2000).

By contrast, loneliness is conceptualized as an emotionally negative psychological state resulting from a discrepancy between an individual's expectations regarding interpersonal relationships and the actual quantity and quality of these relationships. Loneliness is associated with deficits in social integration and the absence of emotional bonds (Ryś, Agwu Kalu, Seroczyńska, & Tataj-Puzyna, 2023).

Solitude may possess both developmental and destructive dimensions. On the one hand, it may foster reflection, creativity, and authentic identity development; on the other hand, it may lead to feelings of emptiness, boredom, and loss of meaning (Śliwak et al., 2011). Within the context of close interpersonal relationships, loneliness understood as a sense of emotional isolation assumes primarily an emotional dimension – it manifests itself through difficulties in establishing and maintaining satisfying interpersonal bonds, feelings of insufficient closeness and support, and increased sensitivity to signals of rejection (Olearczyk, 2020; Weiss, 1973).

Loneliness is a common phenomenon experienced at various stages of life regardless of age, gender, health status, or socio-occupational situation.

According to Szczepański's (1978) concept, solitude may constitute a conscious individual choice that enables self-reflection, concentration on inner life, and distance from the external world. From this perspective, solitude may fulfill a developmental function by fostering personality maturation and identity formation.

Loneliness, however, assumes a different meaning. It is understood as a state in which an individual experiences neither support from interpersonal relationships nor support derived from personal psychological resources. Loneliness results from a subjective evaluation of the quality of relationships rather than their quantity. This experience is not voluntarily chosen but rather perceived as difficult and psychologically burdensome; it may inhibit development, evoke anxiety, and be experienced as a crisis situation (Dubas, 2000).

The literature emphasizes that solitude may have both positive and negative consequences – it may foster creativity, reflectiveness, and spiritual development, provided that it evokes positive emotions and results from autonomous personal choice (Dołęga, 2003). In contrast, loneliness, as an involuntary, unwanted, and psychologically distressing experience, is regarded as a destructive phenomenon (Ryś et al., 2023).

Both solitude and the sense of loneliness currently constitute important social and psychological challenges and are frequently described as “a dilemma of the contemporary world” (Krupa, 2013).

2. Methodology of the author's research

2.1. Research aim and hypothesis

The aim of the present study, the results of which are presented in this article, was to analyze the relationship between attitudes toward difficulties and emotional wounds and the sense of loneliness among women functioning within religious communities. The selection of women belonging to religious communities as the research group resulted from their specific existential and relational context, in which attitudes toward difficult situations, emotional wounds, and the sense of loneliness acquire particular significance.

Life within a religious community formally provides a sense of belonging, structural support, and opportunities for establishing interpersonal relationships; however, it does not automatically

guarantee an internal sense of rootedness or emotional closeness. Although the community offers support, it does not always satisfy the need for emotional intimacy. Formation within religious communities introduces normative patterns of interpersonal functioning that may facilitate external adaptation, although they do not necessarily prevent the experience of loneliness.

The following hypothesis was formulated prior to conducting the study:

- H. It was assumed that there is a relationship between attitudes toward difficulties, problems, and emotional wounds and the sense of loneliness; specifically, the more adaptive and constructive the attitudes toward oneself in difficult situations, toward difficulties and problems, and toward emotional wounds, the lower the level of loneliness experienced in the intellectual, emotional, and behavioral domains.

Attitudes toward difficult situations constitute an important personal resource conditioned by numerous factors (e.g., Borucka & Ostaszewski, 2008, 2012; Garmezy, 1985; Grzegorzewska, 2013; Ryś, 2016), while simultaneously influencing multiple aspects of human functioning.

The proposed hypothesis was also intended to examine relationships concerning the sense of loneliness. Currently, loneliness affects an increasing number of individuals, not only elderly or chronically ill persons, as emphasized for many years in psychological literature. Today, loneliness also affects middle-aged adults and young people, frequently becoming a source of serious psychological difficulties and, at times, life crises (Dubas, 2000; Olearczyk, 2020).

2.2. Research instruments

2.2.1. Psychological Resilience Scale

Psychological resilience was assessed using the scales included in the *Psychological Resilience Scale (Skala Odporności Psychicznej – SOP)* developed by Maria Ryś and collaborators (2024). The instrument con-

sists of 35 statements describing various aspects of individual functioning in difficult situations. Participants responded using a five-point Likert scale comprising the following categories: 1 – definitely no, 2 – rather no, 3 – difficult to say, 4 – rather yes, and 5 – definitely yes.

The questionnaire includes the following subscales:

- Attitudes toward oneself in difficult situations,
- Emotional functioning and interpersonal relationships,
- Attitudes toward difficulties and problems,
- Attitudes toward emotional wounds.

Participants' responses are calculated separately for each subscale. The reliability of the subscales, assessed using Cronbach's alpha coefficient, ranged from .685 to .862, indicating satisfactory to good internal consistency. The content validity of the instrument was established through expert-judge evaluation (Ryś, 2024).

2.2.2. The Sense of Loneliness Scale – Self Among Others

The *Sense of Loneliness Scale – Self Among Others* developed by Maria Ryś (2020) is a psychometric instrument designed to assess the level of loneliness within the context of interpersonal relationships. The scale measures the subjective sense of social and emotional isolation, that is, the extent to which an individual feels isolated, misunderstood, or deprived of close interpersonal bonds.

The instrument enables assessment of relationships with others across three principal domains:

- I. Intellectual domain;
- II. Emotional domain;
- III. Behavioral domain.

Participants respond to 27 statements using a five-point Likert scale (Ryś, 2024).

The *Self Among Others* questionnaire includes ten norms that allow the classification of results as very low, low, average, high, or very high (ibid.).

2.2.3. Author's demographic questionnaire

An original demographic questionnaire was used to collect information regarding basic demographic variables. The questionnaire included items concerning age, educational level, and childhood experiences of adverse events, such as parental death or addiction within the family, as well as participants' subjective evaluations of the significance of these experiences.

3. Participants

The study included 380 women belonging to various religious communities.

The mean age of the participants was 47.71 years ($Me = 47$), with a standard deviation of $SD = 10.62$. The age range extended from 28 to 78 years, indicating the participation of women representing both early adulthood and later stages of life.

Higher education predominated within the studied population (71.1%). The remaining educational categories occurred considerably less frequently: bachelor's degree – 9.7%, secondary education – 13.2%, and vocational education – 4.2%.

A substantial proportion of the participants originated from large families. Specifically, 41.1% reported having three or more siblings, 23.9% had two siblings, 22.6% had one sibling, whereas 12.4% reported having no siblings.

More than half of the participants (57.9%) declared experiencing at least one difficult event during childhood or adolescence, whereas 42.1% did not report any such experiences.

The most frequently reported difficulties related to the mother included difficult financial conditions (30.0%), addictions (8.9%), and serious physical illness (9.2%). Problems related to fathers occurred considerably more frequently and primarily involved addictions (34.7%), violence perpetrated by the father (22.6%), and financial difficulties (18.9%).

Within the group of surveyed women, three forms of religious community life were distinguished: active religious life (76.1%), secular institutes (13.7%), and contemplative/cloistered life (10.3%). The predominance of active religious life corresponds to the

Table 1. Age of the participants

Age	M	Me	SD	Min.	Max.
Total sample	47.71	47.00	10.62	28.00	78.00

Table 2. Educational level of the participants

Education	N	%
Vocational education	16	4.2
Secondary education	50	13.2
Incomplete higher education	7	1.8
Bachelor's degree	37	9.7
Graduate / Postgraduate	270	71.1

Table 3. Number of siblings among the participants

Number of siblings	N	%
No siblings	47	12.4
One sibling	86	22.6
Two siblings	91	23.9
Three or more siblings	156	41.1

Table 4. Experience of difficult events during childhood and adolescence

Response	N	%
None of these events occurred	160	42.1
At least one of these events occurred	220	57.9

Table 5. Problems related to the mother during childhood and adolescence (up to 18 years of age) within the family or immediate environment of the participants

Mother-related problems	N	%
Alcoholism or other addictions	34	8.9
Violence (verbal, physical, or other)	61	16.1
Serious physical illness	35	9.2
Mental illness	15	3.9
Parental divorce	20	5.3
Difficult financial situation	114	30.0
Parent leaving the family home	19	5.0
Death due to chronic illness	15	3.9
Sudden death	13	3.4
Other difficult event	36	9.5

Table 6. Problems related to the father during childhood and adolescence (up to 18 years of age) within the family or immediate environment of the participants

Father-related problems	N	%
Alcoholism or other addictions	132	34.7
Violence (verbal, physical, or other)	86	22.6
Serious physical illness	23	6.1
Mental illness	12	3.2
Parental divorce	18	4.7
Difficult financial situation	72	18.9
Parent leaving the family home	16	4.2
Death due to chronic illness	18	4.7
Sudden death	25	6.6
Other difficult event	32	8.4

Table 7. Problems related to a significant other during childhood and adolescence (up to 18 years of age) within the family or immediate environment of the participants

Problems related to a significant other	N	%
Alcoholism or other addictions	40	10.5
Violence (verbal, physical, or other)	36	9.5
Serious physical illness	20	5.3
Mental illness	13	3.4
Difficult financial situation	20	5.3
Death due to chronic illness	30	7.9
Sudden death	38	10.0
Other difficult event	37	9.7

Table 8. Forms of community life among the participants

Form of community life	N	%
Secular institute	52	13.7
Active religious life	289	76.1
Contemplative/cloistered life	39	10.3

characteristics of religious communities in which apostolic and social activities are particularly well developed.

4. Results

4.1. Results of the individual measures and correlational analyses

This section presents the results obtained in the individual measures as well as the correlations concerning attitudes toward difficulties and emotional wounds and the sense of loneliness.

Table 9. Results Obtained in the Individual Attitude Scales (Minimum = 5; Maximum = 35)

Scales	Attitudes toward oneself in difficult situations	Emotional functioning and interpersonal relationships	Attitudes toward difficulties and problems	Attitudes toward emotional wounds
Mean scores obtained	23.15	23.39	25.69	21.72

Sense of Loneliness – Intellectual Domain

Mean score obtained : 17.29

Level of Loneliness

Very low	Low	Average	High	Very high
26.2 %	56.1 %	14.8 %	2.9 %	0.0 %

Sense of Loneliness – Emotional Domain

Mean score obtained: 17.52

Level of Loneliness

Very low	Low	Average	High	Very high
42.0 %	36.0 %	12.3 %	6.9 %	2.8 %

Sense of Loneliness – Behavioral Domain

Mean score obtained: 16.15

Level of Loneliness

Very low	Low	Average	High	Very high
38.9	47.4	13.7	0.0	0.0

The mean scores obtained in the three scales measuring the sense of loneliness (intellectual, emotional, and behavioral domains) indicated generally low levels of loneliness. However, due to the importance of the issue, the percentages of women experiencing average, high, and very high levels of loneliness were also calculated.

Within the intellectual domain, 14.8% of the women reported an average level of loneliness, whereas 2.9% reported a high level of loneliness.

The most significant findings concerned the emotional domain of loneliness. In this area, 12.3% of the women reported an average level of loneliness, 6.9% reported a high level, and 2.8% reported a very high level of loneliness. These findings indicate that among the 380 women belonging to religious communities, 37 participants experienced high or very high levels of emotional loneliness.

Within the behavioral domain, 13.7% of the women reported an average level of loneliness, whereas none of the participants reported high or very high levels of loneliness.

Analysis of the results presented in Table 10 revealed no statistically significant differences in the intensity of the individual dimensions of psychological resilience among women from religious communities depending on the form of religious life adopted.

The results of the analysis presented in Table 11 indicate statistically significant negative correlations between attitudes toward difficulties and emotional wounds and the sense of loneliness across all analyzed domains, regardless of the length of time spent within the religious community.

4.2. Psychological analysis and discussion of the research findings

Attitudes toward difficulties and problems constitute an important aspect of psychological functioning, determining the manner in which stressful situations are interpreted as well as the coping strategies adopted by the individual. The development of such attitudes is a complex and multifactorial process encompassing both individual and environmental determinants.

Attitudes toward difficulties and problems among women functioning within religious communities are shaped through a complex interaction of individual, social, and spiritual factors. Due to the specific nature of life within a religious community, values, norms, and religious practices assume particular importance alongside classical psychological determinants.

Coping with difficult situations among women belonging to religious communities is multidimensional in character and is based on the interaction of psychological, social, and spiritual factors. Active coping strategies, communal support, emotion regulation, and religious interpretations of experiences play particularly important roles. These factors may facilitate more adaptive functioning and reduce the negative consequences of difficult situations.

Table 10. Forms of Religious Community Life and Attitudes Toward Difficulties, Problems, and Emotional Wounds Among the Participants

Form of religious life		Attitudes toward difficulties and problems	Attitudes toward oneself in difficult situations	Emotional functioning and interpersonal relationships	Attitudes toward emotional wounds
Secular institute	<i>M</i>	25.87	23.13	23.15	21.56
	<i>Me</i>	26.50	23.00	23.50	20.00
	<i>SD</i>	4.06	4.87	4.29	5.03
Active religious life	<i>M</i>	25.69	23.28	23.56	21.91
	<i>Me</i>	26.00	23.00	24.00	21.00
	<i>SD</i>	4.65	5.67	4.35	5.32
Contemplative/cloistered life	<i>M</i>	25.46	22.18	22.51	20.51
	<i>Me</i>	27.00	21.00	22.00	21.00
	<i>SD</i>	4.29	5.66	4.64	5.57
Test results		$H = 0.16 \setminus$ $np = .922$	$H = 1.83 \setminus$ $np = .401$	$H = 1.96 \setminus$ $np = .376$	$H = 1.60 \setminus$ $np = .449$

Table 11. Relationships Between Attitudes Toward Difficulties and Emotional Wounds and the Sense of Loneliness Depending on the Length of Time Spent in the Religious Community

Variable	Intellectual Domain	Emotional Domain	Behavioral Domain
Women belonging to the religious community for less than 20 years (n = 146)			
Attitudes toward difficulties and problems	-0.26**	-0.30**	-0.45**
Attitudes toward life and oneself	-0.26**	-0.53**	-0.48**
Emotional functioning	-0.32**	-0.54**	-0.47**
Attitudes toward emotional wounds	-0.18*	-0.49**	-0.24**
Women belonging to the religious community for more than 20 years (n = 234)			
Attitudes toward difficulties and problems	-0.33**	-0.35**	-0.43**
Attitudes toward life and oneself	-0.35**	-0.47**	-0.40**
Emotional functioning	-0.40**	-0.49**	-0.42**
Attitudes toward emotional wounds	-0.30**	-0.42**	-0.32**

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

Analysis of the obtained findings allows for the identification of a characteristic profile of functioning among the examined women with regard to attitudes toward difficulties and emotional wounds as well as the experienced level of loneliness.

With respect to attitudes toward difficulties and problems, the participants obtained relatively high scores ($M = 25.69$), indicating an adaptive approach to coping with stressful situations. According to the description of the scale, individuals obtaining higher scores tend to perceive difficulties as challenges and undertake active attempts to resolve them. This result may be interpreted in light of Lazarus and Folkman's (1984) theory of stress and coping, according to which problem-focused coping strategies promote better psychological adjustment. Similar conclusions were formulated by Heszen (2013), who emphasized that active coping strategies constitute important resources for mental health.

A similarly moderate-to-high level was observed in attitudes toward oneself in difficult situations ($M = 23.15$). This finding suggests a relatively stable sense of self-efficacy and self-confidence, although not yet fully consolidated. It may be interpreted with reference to Bandura's (1997) concept of self-efficacy as well as Juczyński's (2000) perspective emphasizing the importance of beliefs regarding one's own efficacy as a factor facilitating adaptation and coping with adversity.

The results concerning emotional functioning and interpersonal relationships ($M = 23.39$) indicate moderately positive interpersonal functioning. The participants generally demonstrated the ability to maintain relationships and benefit from social support, although not always in an optimal manner. According to the social support theory proposed by Cohen and Wills (1985), interpersonal relationships fulfill a buffering function against stress. Within Polish psychological literature, Sęk and Cieślak (2004) similarly emphasized the protective role of social support for mental health.

The lowest result was observed in the domain of attitudes toward emotional wounds ($M = 21.72$), suggesting relatively greater difficulties in processing experiences of harm and engaging in forgiveness. According to the conceptualization proposed by Enright and Fitzgibbons (2000), a lack of forgiveness may be associated with persistent emotional tension and may negatively affect psychological well-being. Within the context of Polish research, Oleś (2011) emphasized that the integration of difficult life experiences constitutes an important component of personality development and psychological well-being.

Analysis of the sense of loneliness demonstrated that within the intellectual domain the participants obtained a low level of loneliness ($M = 17.29$), with low and very low scores predominating. This indicates that the majority of participants perceived their interpersonal relationships as satisfying and experienced a sense of social belonging. These findings may be interpreted with reference to Baumeister and Leary's (1995) theory of belongingness, as well as Januszek's (2012) conceptualization emphasizing that the sense of social connectedness constitutes a fundamental factor protecting against loneliness.

Within the emotional domain ($M = 17.52$), an overall low level of loneliness was also observed, although the results were more differentiated than in the intellectual domain. Although most participants experienced close and supportive relationships, some demonstrated elevated levels of emotional loneliness, which may indicate unmet needs for emotional closeness. According to Weiss's (1973) concept, emotional loneliness primarily results from the absence of a deep emotional bond with another person. Similar conclusions were presented by Dołęga (2003), who emphasized the importance of the quality of emotional relationships for the experience of loneliness.

The lowest level of loneliness was observed in the behavioral domain ($M = 16.15$), indicating high levels of social activity and engagement in interpersonal relationships and activities directed toward others. These findings suggest that the examined women function actively and possess protective resources that reduce the risk of social isolation. As emphasized by Czapiński (2004), social activity and engagement constitute important components of psychological well-being.

The study confirmed the proposed hypotheses, indicating that there is a relationship between attitudes toward oneself in difficult situations and the sense of loneliness.

Analysis of the relationships between attitudes and the sense of loneliness revealed statistically significant negative correlations across all examined domains. This means that the more adaptive the attitudes toward difficulties, oneself, and emotional wounds, the lower the level of loneliness experienced by the participants. Particularly strong relationships were observed between emotional functioning and attitudes toward oneself and emotional loneliness. These findings are consistent both with the studies conducted by Cacioppo and Hawkey (2009) and with Kowalik's (2011) analyses, which emphasize the importance of personal and emotional resources in reducing the sense of loneliness.

Comparison of groups of women according to the length of time spent within the religious community demonstrated that among both women with shorter and longer than 20 years of community membership, the relationships between the analyzed

variables were significant and demonstrated similar directions. However, it may be observed that among women with longer community experience, these relationships were more stable, which may indicate the consolidation of specific patterns of psychological and social functioning.

The obtained findings indicate that the examined women are characterized by relatively high levels of coping resources for dealing with difficulties and low levels of loneliness. At the same time, the area requiring particular attention remains attitudes toward emotional wounds and, to a lesser extent, emotional functioning, both of which may influence the quality of interpersonal relationships and psychological well-being.

It is worth emphasizing that the participants demonstrated relatively high levels of adaptive attitudes toward difficulties and problems. The highest scores were obtained in the domain of attitudes toward difficulties and problems, suggesting that the participants tend to cope actively with adversity and perceive difficulties as challenges. This finding is consistent with Lazarus and Folkman's (1984) transactional model of stress, according to which the cognitive appraisal of difficult situations determines the coping strategies undertaken. It may be assumed that the examined women more frequently appraise difficult situations as manageable, thereby facilitating the use of problem-focused coping strategies.

At the same time, the findings indicate moderately high levels of attitudes toward oneself in difficult situations as well as functioning within the emotional and relational domains. This may reflect a relatively stable sense of self-efficacy and the availability of social support, which – as emphasized by Cohen and Wills (1985) – fulfills a buffering function against stress. Within the context of functioning in a religious community, it may be assumed that this support is both emotional and spiritual in nature, thereby additionally strengthening the capacity to cope with difficulties.

The lowest scores were observed in the domain of attitudes toward emotional wounds, indicating that this area may constitute a relatively weaker aspect of the participants' functioning. This result suggests that despite generally effective coping

with current difficulties, experiences of emotional injury – particularly those originating in the past – may be more difficult to process and integrate. This interpretation is supported by theories of forgiveness (Enright & Fitzgibbons, 2000), which emphasize that forgiveness is a complex process requiring time and that its absence may contribute to the persistence of negative emotions and psychological tension.

Analysis of the level of loneliness demonstrated that the examined women were generally characterized by low levels of loneliness across all analyzed domains, particularly within the behavioral and intellectual spheres. These findings indicate that the participants function actively within social contexts, maintain interpersonal relationships, and experience a sense of belonging. This may be interpreted in light of Baumeister and Leary's (1995) theory of the need to belong, according to which maintaining social relationships constitutes a fundamental condition of psychological well-being.

Slightly more differentiated results were observed within the emotional domain of loneliness, where some participants experienced elevated levels of loneliness. This may indicate that despite the presence of social relationships, not all emotional needs are fully satisfied. This phenomenon is consistent with Weiss's (1973) distinction, according to which emotional loneliness may occur even in the presence of social relationships when a deep emotional bond with another person is lacking.

A key finding of the study concerns the identification of statistically significant negative correlations between attitudes toward difficulties, oneself, and emotional wounds and the sense of loneliness. This means that the more adaptive the attitudes presented by the examined women, the lower the level of loneliness they experienced. Particularly strong relationships were observed within the emotional domain, indicating the central role of emotional functioning in the experience of loneliness. These findings are consistent with the studies conducted by Cacioppo and Hawkley (2009), which emphasize the importance of psychological and cognitive factors in shaping the sense of loneliness.

An important aspect of the analysis also involved comparison of groups of women according to the length of time spent within the religious community. The obtained findings indicate that similar relationships between the analyzed variables occurred both among women with shorter and longer community experience. However, it may be observed that among women functioning within the community for a longer period of time, these relationships were more stable, which may indicate the consolidation of specific coping patterns and ways of interpreting life experiences. Long-term functioning within a religious community may facilitate the internalization of communal norms and values that influence the experience of difficulties and interpersonal relationships.

The findings also draw attention to the particular role of spiritual factors in shaping attitudes toward difficulties and emotional wounds. Religiosity may facilitate the attribution of meaning to difficult experiences and support coping processes through reference to values such as forgiveness, acceptance, and hope (Heszen, 2013). This may partially explain the low levels of loneliness and the relatively high scores observed in the domain of coping with difficulties.

In summary, the obtained findings indicate that the examined women functioning within religious communities possess substantial personal resources that facilitate adaptive coping with difficulties and protect against the experience of loneliness. At the same time, attitudes toward emotional wounds remain an area requiring particular attention, as they may influence the quality of emotional and relational functioning. These findings may provide a basis for further research as well as for interventions aimed at supporting the development of emotional competencies and forgiveness processes within the studied group.

An important role is also played by social support, which in the context of religious communities assumes a particularly strong and multidimensional character. This support encompasses emotional, instrumental, and spiritual dimensions. According to Cohen and Wills's (1985) conceptualization, social support fulfills a buffering function against stress by reducing its negative effects. Within religious

environments, such support may be additionally strengthened by the sense of community, belonging, and shared values.

An important component of coping within this group also involves emotion regulation, including the ability to recognize, accept, and manage emotional experiences. Women functioning within religious communities may utilize spiritual practices such as prayer, meditation, and religious reflection, which contribute to tension reduction and enhance the sense of inner peace (Gross, 2015; Pargament, 2011).

5. Limitations of the study and directions for future research

When interpreting the obtained findings, several limitations of the conducted study should be taken into consideration.

First, the study employed a cross-sectional design, which does not allow for drawing conclusions regarding causal relationships between the analyzed variables. The obtained results only permit the identification of co-occurring phenomena rather than determining their directionality or developmental dynamics.

Second, self-report methods were used, which may involve the risk of response distortions resulting, among other factors, from the tendency to provide socially desirable answers. Particularly within religious community settings, participants may demonstrate a tendency to present themselves in a manner consistent with prevailing norms and values.

Third, the study group was specific and relatively homogeneous, as it included exclusively women functioning within religious communities. This limits the possibility of generalizing the findings to other social groups, including individuals not belonging to religious communities or functioning within different cultural contexts.

Fourth, the study did not include all potential variables that may influence attitudes toward difficulties and emotional wounds as well as the sense of loneliness, such as attachment style, level of individual religiosity, traumatic experiences, or family support.

In light of these limitations, several directions for future research appear justified.

Future studies should include longitudinal research designs that would enable analysis of changes over time and facilitate a better understanding of the mechanisms shaping attitudes toward difficulties and emotional wounds. It would also be valuable to include a broader range of psychological variables, such as emotion regulation, attachment style, and level of spirituality, which would allow for a more in-depth analysis of the investigated phenomena.

Another valuable direction for future research would involve comparing individuals functioning within religious communities with individuals outside such communities, thereby enabling identification of the specific influence of the religious environment on the analyzed variables. Furthermore, qualitative studies would be beneficial because they could provide a deeper understanding of subjective experiences related to emotional wounds and the ways in which such experiences are interpreted.

Finally, the findings may provide a basis for designing practical interventions, such as psychological or spiritual support programs aimed at developing emotional competencies, enhancing the capacity for forgiveness, and fostering satisfying interpersonal relationships.

Undertaking further research in this area may contribute to a better understanding of the mechanisms underlying the functioning of women within religious communities and may support the enhancement of their psychological and social well-being.

Conclusion and Final Remarks

The aim of the present study was to determine the relationship between attitudes toward difficulties, problems, and emotional wounds and the sense of loneliness among women functioning within religious communities. The conducted analyses allow several important conclusions to be formulated.

First, the examined women were characterized by relatively high levels of adaptive attitudes toward difficulties and problems, indicating their capacity for active and constructive coping with

stressful situations. Difficulties were more frequently perceived as challenges rather than threats, which facilitates undertaking remedial actions and maintaining relative psychological equilibrium.

Second, the level of loneliness within the studied group was generally low, particularly within the behavioral and intellectual domains. This finding indicates relatively good social functioning among the participants and the presence of interpersonal relationships that constitute important protective resources. At the same time, greater differentiation was observed within the emotional domain, suggesting that not all emotional needs of the participants are fully satisfied.

Third, the obtained findings confirm the existence of statistically significant relationships between the analyzed variables. The more adaptive the attitudes toward difficulties, oneself, and emotional wounds presented by the examined women, the lower the level of loneliness they experienced. Emotional functioning and attitudes toward oneself proved to be particularly important, emerging as key predictors of loneliness.

Fourth, attitudes toward emotional wounds constitute an area requiring particular attention. The obtained findings indicate that processing experiences of harm – both current and past – may represent a greater challenge than coping with ongoing difficulties. This may have significant implications for the quality of interpersonal relationships and the psychological well-being of the participants.

Fifth, the length of functioning within a religious community appears to be associated with the stability of the analyzed relationships. Among women with longer community experience, more consolidated patterns of coping and interpretation of life experiences were observed, which may indicate the internalization of communal norms and values.

In conclusion, the obtained findings suggest that a religious community may constitute an important environment supporting the development of adaptive attitudes toward difficulties and

protecting against the sense of loneliness. At the same time, the results emphasize the importance of addressing emotional wounds and emotional functioning as key factors contributing to more comprehensive psychological well-being

It is worth emphasizing that a religious community may provide support, although it does not always satisfy the need for emotional closeness. Formation within religious communities introduces normative relational patterns that may facilitate external adaptation; however, they do not necessarily promote personal integration. At the outset of the study, an important question was posed: whether the consequences of early attachment experiences may manifest themselves within the context of life in religious communities. The conducted research clearly indicates that this is indeed the case.

The study demonstrated that loneliness – within the intellectual, emotional, and behavioral domains – is not exclusively spiritual in nature but also constitutes an indicator of attitudes toward difficulties and emotional wounds. Therefore, religious communities should remain attentive to signs of loneliness, as it may contribute to spiritual burnout, depression, loss of the sense of vocation, and difficulties in interpersonal relationships. Consequently, it appears important to develop community-building practices that strengthen interpersonal bonds, encourage relationships based on trust, and create opportunities for dialogue within psychologically safe environments.

The findings also suggest the need for a systemic approach to mental health through the implementation of support procedures, consultation services, and referrals for psychotherapy when necessary; the creation of an emotionally safe climate in which the disclosure of difficulties is not stigmatized; the introduction of periodic assessments of well-being at both the individual and community levels; and investment in the development of interpersonal competencies, particularly among individuals serving in leadership roles.

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