Quarterly Journal Fides et Ratio

Issue 4(52)2022

Fides et Ratio

In Science, Religion and in Life

Interdisciplinary approach

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Quarterly Journal Fides et Ratio

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Contents

Józef Mandziuk,
Outline of the history of obstetrics until the 20th century *9*

Iryna Durkalevych,
A case study of sandplay therapy for 6-year-old ukrainian boy experienced emotion difficults related to war refugees *18*

Wiesław Poleszak, Grzegorz Kata,
Protective factors and risk factors in coping with the covid-19 pandemic crisis by adolescents *26*

Weronika Juroszek,
General Fieldorf „Nil" as a personal model in upbringing towards maturity. *43*

Katarzyna Kamila Wałęcka–Matyja, Family values and mental health in adulthood - perspective of transversal studies *54*

Agnieszka Pacut, Magdalena Wayda–Zalewska, Tadeusz Ostrowski, Katarzyna Kucharska,
Body image, mental resilience, spirituality, and mental health in the population of young adult .. *67*

Mateusz Barłóg, Marlena Stradomska,
A priest as a person supporting the mental health of the faithful and protecting them from suicide *79*

Jerzy Smoleń,
Competences of a confessor in accompanying a penitent with obsessive-compulsive disorders related to the sacrament of penance *87*

Magdalena Matusiak-Rojek,
Christianity of non-believers by Marian Przełęcki: on the universal meaning of mercy *95*

Ewa Małgorzata Szepietowska,
Can our life resources support successful aging? *104*

Aleksandra Wójciak,
Problematic using of the internet among seniors – a pilot study *114*

Quarterly Journal Fides et Ratio
Issue 4(52)2022, ISSN 2082-7067, Pages 9-17

Outline of the history of obstetrics until the 20th century

Zarys dziejów położnictwa do XX stulecia[1]

https://doi.org/10.34766/fetr.v4i52.1098

Józef Mandziuk[a]

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Abstract: The profession of midwife is one of the oldest professions in the history of mankind. Its background has been shaped by instinctive human behavior since ancient times, gradually enriching itself thanks to the constant demands of life in a slow process of mastering and observing the surrounding nature. This knowledge was constantly deepened and disseminated more and more widely, giving oral instructions to subsequent generations. It should be emphasized that the first fruits of obstetrics are the midwife–self-taught, who devoted herself to this activity spontaneously. She rushed to the aid of a woman in labor and passed on the experience gained to her successors, often daughters, through demonstrations and oral transmission. It must not be forgotten that these were women with inborn abilities, who, learning in the school of life, through accurate and correct reasoning, achieved extensive experience and proficiency in obstetrics. The aim of this study is to outline the history of the profession, or rather the vocation, of a midwife, from antiquity, through the Middle Ages, to the beginning of the twentieth century of modern time. Today, in civilized countries, children are born in hospitals where they are given special care. However, there are countries where this hospital care is lacking and the help of a female midwife is absolutely indispensable.
Keywords: motherhood, midwife, midwifery, midwifery schools, midwifery literature.

Abstrakt: Zawód położnej jest jednym z najstarszych zawodów w dziejach ludzkości. Jego techniczna strona kształtowała się na gruncie instynktownych zachowań człowieka od czasów najdawniejszych, wzbogacając się stopniowo dzięki bezustannym wymaganiom życia w powolnym procesie opanowywania i podpatrywania otaczającej przyrody. Wiedzę tę nieustannie pogłębiano i coraz szerzej rozpowszechniano, udzielając ustnych wskazówek kolejnym pokoleniom. Należy podkreślić, że u pierwocin położnictwa stoi właśnie położna – samouk, która oddawała się temu zajęciu samorzutnie. Spieszyła ona z pomocą kobiecie rodzącej i przekazywała zdobyte doświadczenia swoim następczyniom, często córkom, drogą demonstracji i przekazu ustnego. Nie można przy tym zapomnieć, że były to kobiety o wrodzonych zdolnościach, które pobierając naukę w szkole życia, drogą trafnego i poprawnego rozumowania, osiągnęły duże doświadczenie i biegłość położniczą. Celem niniejszego opracowania jest przybliżenie w ogólnym zarysie dzieje zawodu, a raczej powołania, położnej, począwszy od starożytności, poprzez średniowiecze do początku XX stulecia czasów nowożytnych. Dzisiaj w krajach cywilizowanych dzieci przychodzą na świat w szpitalach, gdzie są otoczone szczególną opieką. Istnieją jednak kraje, gdzie brakuje tej opieki szpitalnej i pomoc kobiety-akuszeki jest wprost nieodzowna.
Słowa kluczowe: macierzyństwo, akuszerka, położnictwo, szkoły położnicze, literatura położnicza.

Introduction

In the Book of Genesis, after the original sin of Adam and Eve, we read: "To the woman [Yahweh] said the words: "I will greatly multiply your pain in childbirth. In pain you will bring forth children." (Genesis 3:16). When giving birth to offspring, a woman-mother needed the help of another person, and that was a midwife, also called an accoucheuse. She not only supported the future mother's spirits, but also made sure that the birth of the child went without complications. There is a perception that assistance in childbirth was an activity prior to the treatment itself and that it was provided by women (Caus, 2003).

H. Jordan wrote in 1872 about how beautiful and difficult the profession of midwife is in the introduction to his textbook Science of obstetrics for the use of midwives: "The profession of a midwife is as beautiful as it is difficult. In the midwife's hands lies the lives of two and sometimes even more people–by diligently performing her duties, she contributes to

1 Artykuł w języku polskim: https://www.stowarzyszeniefidesetratio.pl/fer/2022-4-Mandz.pdf

maintaining the happiness of the family and protects it from misfortune. For a midwife to be worthy of her task, she must possess fine qualities of heart, mind, and body" (Jordan, 1872). Other textbooks emphasized that the midwife's profession was very difficult, requiring sharpness and presence of mind, good health, sound senses and considerable physical endurance.

In the Catholic Church, midwives were included in the church service, which consisted of: a sacristan and an organist. After picking up the newborn, the midwives often performed water baptism, because the concern for the child's baptism was deeply rooted in people's consciousness, and it was deepened by the enormous infant mortality rate. They were under the control of parish priests, who were obliged to teach them and check their ability to baptize newborns if necessary (Mandziuk, 2013).

1. Ancient times

According to the oldest sources, the first medical activity was limited to helping with childbirth. In folk tales, in ancient epics, the role of "superb" and "healers" was played by women. Their knowledge was limited to information obtained from older, experienced women who were engaged in midwifery. The form of transferring obstetric experience had to be the simplest and most likely boiled down to observation and assistance during childbirth, which contributed to gaining own experience. Women of that time gave birth in secluded places, relying only on the forces of nature and help from others (Piotrowski, 1984).

The oldest information on female fertility is provided by the famous Kuhan papyrus, called the "gynecological papyrus", discovered in 1889 by the British archaeologist Flinders Patri. It dates from about 2,000 years ago. years BC and contains descriptions of women's diseases, measures for diagnosing and preventing pregnancy, and treatment tips. An important source of information on obstetrics is the Ebers papyrus from the 16th century BC and the Brugsch papyrus from the 14th century BC (Brzeziński, 1988).

We find mentions of the first midwives known by name in the Bible, and they relate to the story related to the birth of Moses, when the Israelites were in Egyptian captivity.

They reproduced despite persecution, and for this reason the pharaoh ordered the midwives, one named Shifra and the other Pua, to kill the male child after giving birth. "But the midwives – we read in the Book of Exodus – however, feared God; they did not do as the king of Egypt had ordered them, but let the boys live. [...]. God dealt well with the midwives [...] and because they feared God, he built up families for them (Exodus 1, 17, 20-21). This message shows that ancient midwives were guided by a basic ethical norm: to help a mother and her child, always, regardless of the circumstances.

Much information on the state of obstetric and genecological knowledge in antiquity is provided by the Talmud. Among the causes of miscarriages are the "scare" of the woman and the "south wind". According to the Talmud, pregnancy lasts 271-273 days, with an eight-month-old fetus considered non-viable. A certain curiosity was the belief of the Talmudists that girls are born face up and boys face down. The obstetrics of the Jews, like the obstetrics of China and Japan, also knew the rotation of the fetus. In the event of his death, the midwives performed procedures enabling him to be extracted from the inside of the woman in labor. In the event of the death of the mother, the belly was cut and the baby was taken out. They also knew how to lead the puerperium. For Jews, this period lasted 40 days after the birth of a boy, and 80 days after the birth of a girl.

An outstanding place in medicine was occupied by obstetrics in ancient Egypt. It rested in the hands of women, headed by one of them as chief. The Egyptians were familiar with complicated childbirth techniques, e.g. some kind of forceps were used by them. They also performed a caesarean section on the dead mother in order to extract a live child. They used boiled water for treatments, which was the beginning of asepsis. Obstetric fisticuffs used by skilful midwives in the event of complications were also known. In practice, birthing chairs were used. It was known that the nourishment of the fetus occurs through the vessels of the mother. Local recipes for contraception and abortion were in use. The prognosis of the newborn's condition was drawn from the first cry and the position it assumed. Births took place in birthing houses or in temples, in the existing birthing rooms. Later, "birth homes" began to be organized. Childbirth was induced with incenses. The name of the Egyptian doctor is known – the healing, "omnipotent Polidamna" (Brzeziński, 1988).

Ancient Greece was characterized by enormous progress in medicine, especially during the period of activity of the father of medicine, Hippocrates (460-377 BC). His views on the process of conception, childbirth, the formation of sex, the causes of the inability to get pregnant, the causes of miscarriages and women's diseases were included in two works: On sperm and the nature of the child and On women's diseases. In the writings of Hippocrates, there is also mention of abortion for medical reasons, which was in line with the principle of his oath, stating that "I will not recommend to anyone abortions, unless there is a necessary reason" (Waszyński, 2000). In ancient Greece, women experienced in childbirth assisted in childbirth. Doctors' wives or daughters, called doctors, who also delivered deliveries, probably had a greater range of knowledge. They also gave advice on children's and women's diseases. They also made love potions, and some of them secretly made abortifacients with him. We learn about a midwife named Fainareta, the mother of Socrates, from Plato's writing, partly devoted to this great philosopher. Well, in a conversation with Theaetetus, Socrates talks about his mother and her profession, about the skills of midwives, comparing their work to the work of a philosopher. He said: "have you heard that I [Socretes] am the son of the midwife, the brave and wonderful Baba Fainareta, and that I am engaged in the same art? So my art, by the way, is the same as the art of those women, and differs in that it helps men, not women, to give birth and that it looks after their birthing souls, not their bodies. The excellent philosopher also spoke about the knowledge and skills possessed by midwives. In addition, he believed that these classes, i.e. both philosophy and midwifery, require special preparation, talent and a specific gift, because they are art. "He continued the art of obstetrics in a conversation–me and my mother were inherited from God–she helped women, and I helped young, brave and beautiful people" (Krońska, 1989).

In ancient Rome, women trained in this profession were engaged in delivering childbirth. Births took place in birthing houses, and a birthing chair was known to be used. The work of Soronas of Ephesus (2nd century) entitled: A Practical Treatise on Midwifery, intended for midwives of the time, shows that they had a certain amount of general knowledge and extensive professional knowledge. The author recommended the birthing chair, but was opposed to such obstetric methods as shaking the birthing woman's body. He also wrote a treatise on the care of infants. He praised the physical and mental qualities of midwives, placing the profession of midwife very highly. Hence, it can be concluded that midwives of that time had a certain amount of general knowledge and extensive professional knowledge. They did not limit their activities only to delivery. They also took care of newborns and postpartum women, dressing their wounds. The authors Pliny and Aetius gave in their works the names of women famous in the ancient world who practiced midwifery, such as Aspasia, Olympia of Thebes, Elephantyna, Laisa, Sotira, Elefantyda and Filista (Malinowska, 2007). Very high demands were placed on midwives. They treated women with gynecological diseases. They were advised to keep their morale high. It was their duty to take care of their hands. It was noted that they did not ask for payment. Among the desirable character traits in them was self-control and not succumbing to superstition. Some of them were even forensic experts. However, not all of them enjoyed a good reputation, because some of them were famous for giving women abortion-inducing drugs (Waszyński, 2000).

It should be noted that Galen, one of the most eminent Roman physicians of Greek origin, although he did not perform any autopsies of human corpses, described the physiology of the fetus (Zaręba, 1970) with descriptions of embryotomies.

Let's take another look at obstetrics in other ancient countries. In the ancient Indian culture, the source of knowledge of medicine are the Vedas, the holy books of Hinduism, constituting the entirety of the then knowledge about the world of people and

gods. One of the Vedas Ayur-Weda meant "knowledge of long life". One should also mention Sushruta, one of the most famous physicians (surgeons) of ancient India, the author of the work entitled: Sushruta samhita. He believed that the fetus is nourished by the mother's blood, and twins are born by sperm division "as a result of air intrusion". He saw the cause of miscarriages in the shaking of the woman's body, in the diseases of the mother and fetus. In his work, he gave dietary recommendations during the postpartum period. He recommended feeding a newborn with mother's milk, also with wet nurse's milk, as well as goat and cow milk (Sejda, 1977).

In China, a child in labor was placed in a wooden pelvis, and the woman in labor was given painkillers and antispasmodics.

Among the Aztecs, labor was induced with a steam bath or prepared drinks. The midwife uttered war cries, because the woman in labor was compared to a warrior, and the death of a woman giving birth to death on the battlefield. The puerperium was skilfully managed, paying great attention to hygiene to avoid puerperal infections.

In Mesopotamia, women in labor inhaled "copper dust" to speed up labor. Abnormal fetal position was corrected (Brzeziński, 1988).

It can be said that in antiquity assistance in childbirth rested mainly in the hands of midwives. These people were well prepared in practice, while their theoretical knowledge was derived from textbooks, whose authors were mostly medics. Undoubtedly, the activities of midwives enjoyed high social prestige.

2. The role of the midwife in the Middle Ages

Compared to the antiquity, the level of obstetric knowledge in the Middle Ages was lower. Only women–midwives, who in Poland were called "dzieciobiorki" or "poporzezki", dealt with childbirth. They were based mainly on their own experiences and simple folk medicine. Witches and superstitions, as well as faith in the intercession of the saints, played a large role in various ailments. For example, it was believed that in the presence of a pregnant woman, one should not talk about dishes to which the woman had no access. It was feared that she might then feel an insatiable craving for food, which would result in a miscarriage. A pregnant woman was forbidden to eat hare meat, so that the child would not be born timid and had bulging eyes. Births took place in the presence of several women, and the entrance to the room where another member of the community was born was strictly forbidden for men. An exception was made for doctors or clergy if the mother's life was in danger. The woman was under enormous pressure, because her position in the marriage depended on whether she would produce an offspring.

In the early Middle Ages, a famous physician was Paul of Aegina (635-690), active in Alexandria. He was credited as the first man to practice midwifery. His work entitled On women's diseases has not survived to our times. His second work was a Treatise on Medicine in 7 books, containing a collection of all the medical information of that time. In women's diseases, he relied on the well-known authorities of antiquity. Because he did not propagate the obstetric grip on the fetal leg, and at the same time was a great authority for generations, the use of this grip was abandoned for 1000 years. As a result, the number of procedures during which the fetus was damaged has increased. Thus, his theory in this respect had a negative impact on obstetrics at that time (Waszyński, 2000).

Among the Arabs, the development of obstetrics was particularly difficult, because everything that concerned a woman's sexual life was kept secret. The great authorities of the time: Avicenna, Rhases, Abulcasis introduced the use of a loop to extract a large fetus. Abulcasis was the first to recommend placing the woman in labor with her legs hanging off the bed to facilitate a difficult delivery. He also criticized the induction of miscarriages and premature births in order to avoid difficulties with carrying the fetus to term. Avicenna, based on hippocratics, described childbed fever (Brzeziński, 1988).

In the 11th century, Ali Abbas, the Persian court physician, reported that in Persia the art of obstetrics was mainly done by women. Physicians only had an advisory role. He noted that births took place in birthing houses (Ullmann, 1978).

In Christian Europe, the world's first medical school was established, based in the south of Italy in Salerno. Its origins date back to the 9th century, and its heyday was in the 11th-13th centuries. In 1231, Emperor Frederick II Hohenstauf decreed that only graduates of the Salernian school who had a relevant document were allowed to practice medicine. In 1280, Charles III of Anjou adopted the school's statutes, making it a general medical school.

With the foundation of the university in Naples, the rank of the school began to decline, and medical schools in Montpellier, Padua and Bologna gradually gained fame. In Salermo, women, called mulieres salernitanae, could study medicine on an equal footing with men (Głusiuk, 2020). The graduates of this institution were successful in gynecology, cosmetics, ophthalmology, as well as in the field of skin diseases. The most famous was Trotula de Ruggiero, the 11th-century author of a book on obstetrics entitled: On the suffering of a woman before, during and after childbirth. She was also familiar with issues related to the care of newborns and childhood diseases. She was a supporter of a balanced rich diet and light physical activity. In addition, she promoted caring for the cleanliness of the body, especially the hands. The main area of her interests was the care of women during pregnancy and the postpartum period.

In Europe, from the 12th century, church regulations forbade doctors, especially clergymen, from performing bloody procedures. Accordingly, they were also not allowed to attend births. From then on, women working in midwifery had to fend for themselves and were dependent only on themselves and their knowledge (Matuszewska, 2012).

From 1371, there was a law in Paris that required all women working in midwifery to take part in a service in the church of St. Cosmas every first Monday of the month, after which they were obliged to visit the poorest women in need of obstetric assistance.

In the 15th century, midwives gained official status, and the scope of their competence and preparation was defined by a papal edict. They could practice only after obtaining a master's or bachelor's degree. From then on, midwives began to be referred to as "midwives". Under the statutes of various cities (Regensburg 1452; Ulm 1491), midwives had to swear a special oath that they would fully submit to a given statute. In addition, they had to pass a theoretical exam in front of the city medic. Local authorities also controlled the methods used by midwives. Care was also taken to ensure that the specialist present at the birth did not abuse alcohol and was controlled by a serious woman. In addition, it was noted that midwives should take care of blessed women, regardless of their social status and wealth. In 1483, the issue of a disrespectful attitude towards poor pregnant mothers was raised by Jan Widman from Strasbourg, a German economist and mathematician.

In England, the more enlightened doctors demanded better education and higher wages for midwives. They denounced women who, because of their poverty, "set down" to give births to earn a living. They, having no preparation, characterized by ignorance, were most often the cause of the tragedy of many women giving birth (Łapiński, 1976).

In Poland, the first hospital in which obstetric care was provided was the hospital in Kraków, founded by Bishop Jan Prandota in 1244. However, it did not fulfill the training tasks in the field of obstetrics, but was only a shelter for pregnant women, foundlings and sick women. In the 13th and 14th centuries, more and more shelters of hospital brothers, called "duchaki", were built throughout the country. The women who stayed there helped each other in childbirth. Over time, a midwife from the city began to be brought to the women giving birth there. Unfortunately, the obstetric literature lacks data that would allow to determine how in Poland in the autumn of the Middle Ages "baby" (midwives) took care of a woman in childbirth and a child (Matuszewska, 1997). It should be noted, however, that the first medical book by an unknown author was published in 1423, in which book XII deals with "On childbirth, or how a fetus comes into the world from the mother's womb" (after: Adamski, 1963).

3. Obstetrics in modern times

From the 16th century, the interest in obstetrics and the calling of midwives grew, which was observed in the increasing number of textbooks for

midwives and regulations regulating their work. Such items appeared, among others, in in Paris (1560) or in Frankfurt am Main (1573), because the mere dexterity and talents facilitating the practice of the profession at the end of the 16th century were no longer sufficient in the work of midwives. Theoretical knowledge became necessary. However, the lack of reading and writing skills did not allow midwives to use the increasing number of textbooks.

Already at the end of the 16th century, the names of midwives appeared, who gained recognition in the medical community and society thanks to their extensive knowledge and excellent work. One of them was the French woman Louise Bourgeois vel Boursier (1563-1636), who obtained the right to practice in 1598. Thanks to her extensive knowledge and skills, she became the court midwife of Maria de Medici, from whom he delivered six deliveries. In recognition, the Queen granted her the right to wear a red hood and gold chain. In 1609, she published a textbook for midwives in Paris, the subsequent editions of which appeared in 1618, 1626, 1642 and 1674, and in Latin in 1619 (after: Grabowiecka, 1959).

Until the middle of the 17th century, candidates for midwives continued to learn alongside an experienced midwife, and drew theoretical knowledge from textbooks as far as possible. A novelty in the existing regulations was the order for midwives to maintain professional secrecy.

An important event was the organization in Paris in 1640 at the Hotel Dieu hospital of the first school of midwives, intended exclusively for women (after: Dzierżanowski, 1983). In connection with the establishment of the school, a maternity ward was established, which allowed some talented midwives to take a privileged social position. Among them was Margaret de Marche, head of midwives and lecturer in obstetrics, who published in Paris a textbook entitled: A popular and very easy instruction, in the form of questions and answers, about the essential things that a midwife should know to be able to practice her art (Pillar, 1955).

The meritorious German midwife Justyna Siegemündi (1630-1705) contributed to the improvement of obstetric knowledge in the 17th century. She was the first in history to describe the manual removal of the placenta and the complicated fetal turn on the legs, the so-called "The rotation of Siegemündi De la Motte". As proof of her merits, she was appointed superior of the court of the Brandenburg elector, Frederick William, and then of the Prussian king, Frederick I, in Berlin (after: Grabowiecka, 1957).

An outstanding French midwife in the 18th century was the midwife-pedagogue Angela Małgorzata Le Bursier du Coudray (1722-1769), the author of an obstetric phantom, which she presented to the Academy of Surgery in Paris in 1758. For her teaching activity in the field of obstetrics in the provinces she received.

In 1767, the monarch of France awarded the title: "Mistress of the art of obstetrics throughout France" (after: Grabowiecka, 1958).

Another French midwife worthy of attention was Maria Louise Lachapelle (1769-1821), who at the age of 26 was appointed senior midwife at the Hotel Dieu hospital in Paris and a teacher and demonstrator of obstetrics. In 1816, her work entitled Remarks on Abnormal Birth Complications was published in the "Yearbook of Hospital Physicians and Surgeons", and in 1821 her first volume of obstetrics was published, entitled Obstetric Practice, or Descriptions and Remarks on the Most Important Points of Art obstetrics (Malinowska, 2007).

Lachapelle's most famous successor was Maria Anna Wiktoria Boivin (1773-1841), whose activity was a series of scientific and professional successes, although she died in poverty in Paris of a stroke. In 1826, she received the title of Doctor of Medicine honorary degree from the Faculty of Medicine of the University of Marburg and was a member of several medical societies. She has published many publications, including a work on moles, internal pelvis, and in 1812 in Paris, a textbook of obstetrics for medical students and midwives. It has been translated into several European languages. In addition, she published articles on her own inventions in the newsletters: "De la faculta de Medicine" and "Academie Royale de Medicine de Paris". Considered one of the most important women in 19th-century medicine, she made German universities more open to admitting women to gynecological surgery classes (Filar, 1955).

More and more schools of midwives and maternity centers in France were called Hospice de la Maternite. They provided thorough preparation for future midwives and were a model for other schools emerging in Europe. Following the example of the school in Paris, the School of Midwives and the Midwifery Hospital were established in Strasbourg in 1727.

Midwives were active in England. In 1738, the midwife Elizabeth Blacwell published Herbarium, and a year later a midwife's manual written by midwife Srah Stone was published. The first maternity facility was established in London in 1739.

In the 16th century, there was an increase in interest in obstetrics also in the Polish-Lithuanian Commonwealth, and the proof of this is the increasing number of works on obstetrics, intended for doctors and midwives. Here you can mention e.g. Stefan Falimirz's Herbarium (1534), Andrzej Glober's Science of Maternity and Rescue from 1541, and the Herbarium supplemented by Hieronim Spiczyński (1556). From Falimierz's instructions to the midwives (babs) in his Herbarium, it follows that some of the women delivering childbirth had to be able to read, because it was his desire that the advice and instructions given would be usefully used by midwives of the time, sometimes called "dochtorki" or "wise women" . These names imply that they had a sharp mind and this distinguished them in society (after: Matuszewska, 1997). We know the name of the first Polish midwife from the 16th century, who was the wife of Jan Ull, a councilor from Kraków.

Traces of organized obstetric assistance existed in Gdańsk in the mid-sixteenth century, where in 1568 the position of city midwife was established, paid from city funds. She was not only supposed to provide obstetric assistance, but also acted as an expert witness in court. Before starting work, she took an oath, which contained a precisely defined scope of her duties.

The seventeenth century brings more and more interest in obstetrics and women giving birth. Midwives were noticed, although there was no legal regulation defining this profession yet. The measure of this interest were textbooks published in print at that time. At the beginning of the century, a book by midwife Małgorzata Fuss, written in German and Polish, was published in Brzeg n. Odra, entitled: Simple advice for pregnant women and women giving birth also in other weaknesses, especially in the countryside for use. In 1624, Piotr Ciechowski, the court physician of Sigismund III Vasa, published a manual on obstetrics entitled: On cases of white pregnant heads.

The next century also brought new positions in the field of midwifery, which could be used by future midwives. One of them was the book entitled: The Art of Grandmothering towards the inevitable children in childbirth deprived of the need, and nevertheless for the pleasant benefit of those who give birth, briefly and perfectly collected, by Jakub Kostrzewski, which appeared in print in 1774. As the author writes, most of the midwives of the time they were honest, modest, sensitive women who realistically assessed their knowledge and skills, although there were also people among them who often overestimated their skills. The obstetric knowledge was also shared by the physician and monk–Bonifrater Ludwik Perzyna, publishing in Kalisz in 1798 a short collection of midwifery science, which was very necessary for the obstetric surgeon, as well as for women in childbirth (after: Matusiewicz, 2010).

In Silesia at the beginning of the 18th century, almost every village had its midwife. She was invoked not only at the birth of a child, but also for various ailments. The visitators asked parishes if there were "certain midwives" who knew how to baptize. The woman was chosen by the parish community headed by the village head, and the election was confirmed by the parish priest. The selected person, after receiving the baptism instruction, swore an oath that he would bring help at every call, not only to the wealthy, but also to the poorest families. Sometimes the choice fell on people interested in herbal medicine, and even healers, which aroused the vigilance and fears of the inspectors. Thus, the midwife was a kind of church person (after: Mandziuk, 2011).

In the eighteenth century, midwives continued to conduct childbirth in the mother's home. It was a time when medics began to show more and more interest in obstetrics. They published textbooks, brochures, dissertations and articles, which were a significant source of knowledge for midwives of the

time. Surgeons began to deal with obstetrics more and more often, with whom midwives undertook cooperation. Over time, surgeons were replaced by obstetricians (Matuszewska, 1997).

Midwifery training flourished throughout Europe during the Age of Enlightenment. Schools of midwives were established, e.g. in London (1724), Vienna (1748), Göttingen (1751), Berlin (1751), St. Petersburg and Moscow (1757). At the request of 40 Parisian midwives, in 1747, lectures on anatomy were conducted at the school of midwives, led by well-known professors of the Sorbonne–Jan Astruc (1664-1766) and Józef Exupere Bertin (1712-1781). In the 1730s, the positions of "master midwives" began to be appointed, entrusting them with, among others, management of midwifery schools. In most countries, these schools have been extended to two years.

As in all of Europe, schools of midwives began to be established in Poland as well. In 1773, Empress Maria Teresa established the Collegium Medicum in Lviv with a school for pharmacists, surgeons and midwives. In Grodno, in 1775, thanks to Jan Emanuel Gilbert, a school for midwives was established at the Royal Medical School with a house for women in childbirth. After the reform, Fr. Hugo Kołłątaj of the Jagiellonian University, in 1780 the Department and Clinic of Obstetrics was established, under whose wings the training of midwives began in Krakow. Another so-called The "grandmother's school" was founded in Siemiatycze in 1783 by Anna Jabłonowska, voivode of Bracław, where the education lasted four months. The school probably existed until the establishment of a school in Białystok in 1804/1805. Despite the difficulties, the Białystok school survived until 1837. Midwifery, whose science was then combined with barbershop, was taught from 1781 also in Vilnius and Poznań, where the beginning of education dates back to 1799 (Dzierzhanowski, 1983).

In the 19th century, an increasing number of doctors demanded that midwives be deprived of the right to practice midwifery and entrust women giving birth only to medical care. However, this case has not been settled. Midwives continued to deliver deliveries, and doctors were called in for difficult and complicated deliveries.

In the Polish territories after the partitions, despite the difficult situation, at the beginning of the 19th century, new schools appeared, educating midwives. In 1808, a school for midwives was established in Krzemieniec under the name of the Institute of Midwives and Rural Surgeons. Its founder was Tadeusz Czacki, author of a number of economic reform projects, co-founder of the Society of Friends of Science in Poland. In August 1802, the "babienia" school in Warsaw began its activity, which was located at ul. Marszałkowska in a building belonging to the buildings of the hospital. Baby Jesus. After the establishment of the Faculty of Medicine at the University of Warsaw in 1817, this school was incorporated into it under the name of the Acoustic Clinic (after: Bień, 1985). On January 9, 1840, the Administrative Council of the Kingdom of Poland issued an act for the Institute of Obstetrics in Warsaw, which expanded the training of midwives and extended it from one to two years. Following the example of other European countries, regulations and regulations defining the rights and duties of midwives were published in the 19th century. A city midwife position was also introduced. In the mid-nineteenth century, in Galicia, attempts were made to launch midwife schools at hospitals in Rzeszów and Stanisławów, which would educate "country grandmothers". Unfortunately, this case ended in a fiasco, probably due to the lack of staff and appropriate conditions for education (after: Urbanek, 2004).

From the 19th-century Polish obstetrics textbooks appeared: Learning the art of obstetrics for women in 1818, by Mikołaj Mianowski, professor of the Obstetrics Clinic of the Faculty of Medicine of the Vilnius University, A collection of all information needed by a midwife, published in Warsaw and written by Dr Ignacy Fijałkowski, and Obstetrics for use midwives of Henryk Jordan from 1872 (after: Marek, 2004).

In the 19th century, most European countries already had regulations and regulations precisely defining the rights and duties of midwives. Along with the regulations, the position of city midwife was introduced in large cities, whose task was, among others, to deliver 8 to 10 births per year to poor women, report each birth of a child using it to the parish office or other office where birth records of children were kept.

At the beginning of the 20th century, the overwhelming number of midwives in Europe and North America had diplomas of completing midwifery schools. The number of hospitals and maternity wards where only certified midwives were employed also increased. Things were different in third world countries.

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Quarterly Journal Fides et Ratio
Issue 4(52)2022, ISSN 2082-7067, Pages 18-25

A case study of sandplay therapy for 6-year-old ukrainian boy experienced emotion difficults related to war refugees

Studium przypadku terapii piaskiem 6-letniego Ukraińca, doświadczającego trudności emocjonalnych związanych z uchodźctwem wojennym

https://doi.org/10.34766/fetr.v4i52.1133

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Abstract: The case study sheds light on the importance of sandplay therapy in dealing with negative emotions and traumatic experiences of children affected by war. The purpose of the article was to show the effectiveness of one method of working with negative emotions and traumatic experiences–sand therapy–in recovery and healing. The article presents an example of two-month work containing eight therapy sessions with a six-year-old boy–a war refugee from Ukraine–experiencing emotional difficulties (anxiety). The presented example of work with the child shows the process of healing. The sand therapy method can be a source of practical knowledge for professionals helping people in traumatic experiences and non-normative crisis.
Keywords: trauma, child, war, sand therapy, psychology.

Abstrakt: Studium przypadku rzuca światło na to, jakie znaczenie ma terapia piaskiem w zwalczaniu emocji negatywnych oraz traumatycznych doświadczeń dzieci dotkniętych wojną. Cel artykulu polegal na pokazaniu skuteczności jednej z metod pracy z negatywnymi emocjami oraz traumatycznymi doświadczeniami – terapii piaskiem – w powrocie do zdrowia i zdrowienia. W artykule zostal przedstawiony przyklad dwumiesięcznej pracy zawierającej osiem sesji terapeutycznych z sześcioletnim chlopcem – uchodźcą wojennym z Ukrainy – doświadczającym trudności emocjonalnych (lęku). Przedstawiony przyklad pracy z dzieckiem wskazuje na proces zdrowienia. Metoda terapii piaskiem może stanowić źródlo wiedzy praktycznej dla pracowników zawodów pomagających ludziom w traumatycznych doświadczeniach i kryzysie nienormatywnym.
Slowa kluczowe: trauma, dziecko, wojna, terapia piaskiem, psychologia.

1. Introduction

With the outbreak of war in Ukraine, thousands of children have experienced various types of trauma ranging from psychological trauma associated with separation from loved ones, death of loved ones in front of the child's eyes to physical mutilation due to Russian missile explosions and sexual rape and murder by Russian soldiers. Psychotherapists (Ayalon, 2022) emphasize that many children are in need of psychological help, so they are looking for effective forms of help and support for children in traumatic situations linked to refugees and war.

One of the themes we want to address in this article is a description and empirical report from psychological practice of therapeutic measures taken to reduce anxiety in a six-year-old, a war refugee from Ukraine, using the sand therapy method. Sand therapy, created by Dora Kalff (2013), is derived from Jungian therapy and is counted among the effective methods for working with childhood trauma and negative emotions (Giza-Zwierzchowska, 2013b; Kalff, 2013; Sakovich, 2006; Wiersma, 2019).

1.1. Traumatic event. Trauma

In the course of development, the child experiences not only normative developmental crises, which relate to developmental challenges and are associated with the acquisition of new competencies against old ones, but also non-normative crises, which in-

volve the passage through difficult experiences that require changes in role, status, and are associated with excessive psychological strain. The literature emphasizes that non-normative crises: „They are the result of overload resulting from an imbalance between the resources at hand, the existing system of natural social support and the emerging new, unexpected and sometimes unpredictable burdens. Symptoms of overload can be evident in all areas of functioning–physical, mental and social" (Appelt, Brzeźińska & Ziółkowska, 2016, p. 87). War is one of the traumatic events that carries negative consequences for the individual, in other words, it leaves traces in the mental sphere–cognitive, emotional and is reflected on behavior. Among researchers (Appelt, Brzeźińska and Ziółkowska), there is a belief that with traumatic events special competencies are needed to cope with them. „The strength of the impact of these events, the lack of appropriate competencies and the growing sense of inability to cope as the difficult situation continues can create a particular developmental risk system and greatly disrupt the development process–slowing it down, speeding it up and making it difficult or even impossible to master further competencies" (Appelt, Brzeźińska and Ziółkowska, 2016, p. 58). Hence, it is important to provide support to children in a traumatic situation.

1.2. What is trauma?

According to Ayalon (2022): Trauma is often the result of extreme stress beyond an individual's ability to cope. The responses to trauma are:

- physiological reactions–reactions of surprise, physical pain, loss of appetite, difficulty sleeping, night terrors;
- emotional reactions–fear of real or imagined dangers, feelings of hopelessness, shame, anger, irritability, reluctance to talk about the trauma or open elements of trauma in play;
- cognitive sphere–memory impairment, difficulty concentrating, focusing, anxiety, intrusive thoughts and memories about the traumatic event, avoidance of trauma remnants;
- social sphere–isolation, suspiciousness, outbursts of anger and aggressive behavior, rebellion against authority or increased need for support and dependence on significant/authoritative others.

Contemporary psychotherapists working with children experiencing war and refugees, among others, Ayalon (2022), point out that most children experiencing trauma are resilient, recover and heal. However, as Ayalon (2022) points out, a large number of children face serious consequences in their physical, psychological and social development. According to Ayalon (2022), symptoms of trauma can appear immediately or can be deferred over time. The process of healing and coping with trauma, so-called psychological resilience, according to Sroufe et al. (2021, p. 300), depends on the support provided in childhood, changes in stress levels and the support received. Sroufe et al. (2021) emphasize that positive changes after periods of hardship occur as a result of reduced stress, received support or a combination of both. Cohen, Mannarino and Deblinger (2011, p. 4), on the other hand, emphasize that the impact of a stressor depends on innate resilience, learned coping methods and external sources of support (physical, emotional and social). In conclusion, an analysis of the scientific literature shows the importance of support in coping with trauma. As Barabas (2015, p. 95) states: „Lack of potential sources of support for children or so-called negative support can result in disorders and abnormalities in the course of human development". Polish researchers (Grzegorzewska, 2013), as well as foreign researchers (Sroufe et al., 2021), pay attention to the role of family and non-family factors, which have a protective function and promote the proper course of development. Speaking of non-family factors, the researchers give great importance to teachers, sports coaches, extended family members and neighbors. Psychologists, therapists, crisis interventionists, clergy, social service workers and others play an important role in the protection and recovery of mental health.

1.3. Psychology of the 6-year-old child

The importance of the age of late childhood (early school period) has been written about by 20th century researchers such as Erikson (1997), as well as contem-

porary researchers, including Sroufe et al. (2021). According to the aforementioned researchers, the age of the six-year-old has very important developmental tasks. According to Erikson, this developmental stage can be described in the form of a crisis–„industriousness vs. feelings of inferiority" (1997, p. 269). Industriousness, according to Erikson (1997), involves the taming of skills such as writing, reading and calculating. It is worth noting that late childhood is not only a stage of intensive cognitive development, but also of social development. The task of the child in this period is to master both schooling (independent reading, writing, et al) and to build proper social relations with peers. Sroufe et al (2021, p. 202) distinguish the following developmental tasks of children at this age:

1. doing well in school;
2. taking responsibility for behavior;
3. developing talents.

The very process of a child's adaptation to school and the school demands associated with mastering new skills (reading, writing) and the ability to cooperate with students is associated with stress in a child. American researchers Sroufe et al (2021) draw several important conclusions about child development based on their research on child adaptation in the early school period:

- first, early childhood experiences gained in the first and second years of a child's life are of great importance;
- second, relational experiences are important, this includes not only parents, but also siblings, peers, adults compressing the child's care, etc;
- third, the child's history of adaptation, his active participation in development is important;
- fourth, circumstances are important, including new contexts, new experiences (compiled from Sroufe et al. 2021, p. 203-204).

At this developmental stage, support and assistance from both parents and teachers is crucial. Sroufe et al (2021, p. 305) speak of supportive care that „fosters both positive expectations of self and others and the ability to regulate emotional arousal".

Referring to the emotional sphere, there are several important points worth noting. One is that emotions reflect an individual's attitude toward reality (Musiał, 2007). Another important point is that emotions are more persistent over time at school age, compared to previous developmental stages, which is associated with intense cognitive development (Musiał, 2007). Hence, negative emotions can leave very strong traces in a child's psyche. The next important point is that a child learns emotions by imitating adult behavior, among other things, in difficult situations. If we talk about a child experiencing the necessity of fleeing from war, then in addition to normative developmental crises at this age, the child also experiences non-normative ones. Confronted with the reality–war–the child has to cope with the stress associated with refugeeism, loss of relationships with family, peers, teachers, interruption of schooling. These difficult experiences will always leave a mark on the child's cognitive, emotional and behavioral spheres.

2. Sandplay therapy

Sandplay therapy as an effective form of working with a child experiencing trauma and emotional difficulties.

Researchers are looking for effective forms of psychological and psychotherapeutic help for children experiencing trauma and emotional difficulties (anxiety, anger). According to Radziwillowicz (2020), effective methods for combating anxiety include cognitive-behavioral and psychoanalytic psychotherapy. The sand therapy method is counted among psychoanalytic methods and is recommended as an effective tool for working with anxiety and trauma (Ayalon, 2022; Giza-Zwierzchowska, 2013b; Jang et al, 2019; Wiersma, 2019). Giza-Zwierzchowska (2013b) argues that more and more therapists worldwide, when working with trauma patients, prefer non-verbal methods, including sandplay. In addition to its therapeutic function, according to Giza-Zwierzchowska (2013b), this method can also have a „growth" function–to stimulate the child's development. Wiersma (2019) states that years of research show that sandplay therapy can lead to positive brain changes and affect our neurology as a whole.

As contemporary therapists working with children experiencing war trauma, including Dr. Ayalon (2022), point out: "Sandbox therapy is a powerful tool to support trauma coping and recovery. It is visualizing imagery using sand–it addresses the healing process and trauma". Psychotherapist Ayalon (2022) appreciates the value of sand therapy, emphasizing that it allows the painful elements of a traumatic event to be revealed in a safe way. Similarly, therapist Giza-Zwierzchowska (2013b, p. 77) writes: "The child symbolically acts out what he or she is unable to express in words: his or her personal experiences, relationships with important people, healthy and dysfunctional aspects of his or her own psyche, sometimes pre-verbal expressions repressed into the subconscious".

Sand therapy is an effective method for several reasons:

- first, it allows one to understand the client's inner world;
- second, it allows one to bypass defense mechanisms in working with the client;
- third, allows building a bridge from a position of victim to a position of winner (compiled from Sakovich, 2006).

As Ayalon (2022) and Sakovich (2006) emphasize, the child is the perpetrator of events and by building a bridge from the past to the present–he or she heals. The client builds a bridge from the unconscious mental layer to the conscious one, from the inner world to the outer world, from the spiritual to the physical, from the non-verbal to the verbal (Sakovich, 2006, p.18). According to both Polish and foreign scientists and therapists (Giza-Zwierzchowska, 2013 b; Kalff, 2013; Müldner-Nieckowski and Rutkowski, 2005; YounSoo, 2020), the healing process takes the shape of a mandala (circle symbol). The aforementioned researchers say that the mandala image contains circles and is a symbol of entirety and wholeness of life. „Dr. Marie-Louise von Franz explained that the circle (or sphere) is a symbol of the Self (quoted by Jaffé, 2018, p. 332). Quoting Jaffé (2018, p. 347): "The circle is a symbol of the psyche (already Plato described the psyche as a sphere)". According to Kalff (2013), integration of the Self takes place during sand therapy. „At the end of the day, the patient reaches with his images what we could call the expression of his unity, or following Jung–his self" (Kalff, 2013, p. 39). According to Müldner-Nieckowski, Rutkowski (2005, p. 66): „Scenes arranged in the sandbox in which contact with the self is expressed have characteristic features. The following appear in them: circles, mandalas, religious symbolism, concentration of miniatures or unification of opposites in the middle field".

This method is particularly important when working with traumatized clients. Sand therapy helps to relive the traumatic experience in order to get rid of it. During the therapy, the psychological trauma defines itself and has a chance to be worked through in a safe environment. According to researchers (Giza-Zwierzchowska, 2013b; Kalff, 2013; Sakovich, 2006; Wiersma, 2019), sandplay therapy activates personality resources that help an individual's psychological healing.

3. Sandplay therapy process

Sandplay therapy method. Stages of sandplay therapy. Specifics of the stages of working with a child.

As therapists note (Giza-Zwierzchowska, 2013b; Müldner-Nieckowski and Rutkowski, 2005), there is no single correct method for sandbox therapy. Instead, it is worth considering two key factors proposed by Kalff (2013), without which effective therapy is not possible, namely: knowledge of the language of symbols and the therapist's ability to create a free and safe space.

The following describes one method of working with a child in a sandbox according to Sakovich (2006), which includes 6 stages: creation, experience and reconstruction, therapy, documentation, transition, dismantling.

Stage 1 – creation. At this stage, the psychologist mainly observes the client's behavior, including: the choice of toys, verbal and non-verbal communication (facial and body expressions), the process of playing.

Stage 2 – experience and reconstruction. This stage involves a dialogue between the client and his own inner world. The psychologist's task is

to let the client stay in the world he has built, and after that the client can, if they want, make changes in the built world (reconstruction).

Stage 3 – therapy. The therapist makes a tour of the client's world with the child. The psychologist asks the question, "Tell me something about this world"; "Who lives in it?" etc. Still another version may be the phrase: "Create a story of this world". It is worth noting that the latter version is recommended for creative clients. At this stage, the psychologist also asks questions like, „We are approaching the end. How would you like the meeting to end? We can leave things as they are, or make changes" (Sakovich, 2006, p. 18).

Stage 4 – documenting. The psychologist documents–takes a picture, which in the future helps him to follow the dynamics of change, make analysis.

Stage 5 – transition. This stage applies to work with adolescents and adults. At this stage, the psychologist asks the client to explain how the world he has constructed reflects the client's real life and its problems. When working with children, we skip it because such a task is beyond their capabilities. As Sakovich (2006, p. 72) points out, this stage of therapy turns into self-therapy.

Stage 6 – dismantling. Often children do not want to dismantle their work and ask to leave it in the sandbox unchanged (Sakovich, 2006, p. 71). It is important at this stage to emphasize that the client can also get a photo as a souvenir. The work in the sandbox, as stressed by researchers including Sakovich (2006), should be dismantled.

According to Allan and Berry (1987, after: Giza-Zwierzchowska, 2013b, p. 83), three stages can be distinguished in sand therapy with children: chaos, struggle and solution. The chaos stage becomes apparent when figures are scattered in the sandbox, often buried and without any logical sense. The battle stage, on the other hand, involves the arrangement of a battle, a war using soldiers and robots, and often ends with no clear resolution in favor of either side. Equilibrium takes place when the balance in the sandbox is restored–things find their natural place, roads appear, infrastructure appears, trees bear fruit–that is, the world is put in order. According to therapists (Giza-Zwierzchowska (2013a, p. 83), after just three or four sessions the therapist can see progress in therapy.

3.1. Client's behaviors and reason for therapy

Psychological help was requested by war refugees from Ukraine–a mother with a 6.5-year-old child who was struggling with anxiety. It is worth noting that anxiety, despite being a negative emotion, also performs a signaling, mobilizing and motivating function (Radziwiłowicz, 2020). Researchers (Oatley, Yenkis, 2005; Nesse, 2020; Radziwiłłowicz, 2020) often emphasize that anxiety is a normal reaction to difficult situations, in which case we speak of normative anxiety, which enables adaptive reactions and struggle against challenges. On the other hand, if anxiety becomes so severe that it prevents normal human functioning and disadaptive reactions occur, then we are dealing with pathological anxiety (Radziwillowicz, 2020). Researchers Haj (2021), Lawrence, Murayama, Creswell, (2019), Radziwillowicz (2020), among others, note that psychosocial factors play a huge role in the emergence and development of anxiety disorders in children and adolescents. According to Haj (2021), there is an interaction on the „gene-environment" axis. At the same time, the aforementioned researcher emphasizes that: „Anxious children may reduce or exacerbate their anxiety over time, depending on what is communicated to them by their parents" (Haj, 2021, p. 67).

Radziwillowicz (2020) distinguishes a group of factors that cause anxiety in a child:

- abnormal family functioning;
- negative social experiences;
- other traumatic life experiences (Radziwilowicz, 2020, p. 432).

In the case of the six-year-old boy in question, the anxiety disorder was complex, it seems, for several reasons:

- first, they involved problems of abnormal family functioning (divorce of parents), separation of the child from his father, who stayed in Ukraine;
- second, the mother's worries related to the move to a new country, the lack of a job and a place to live, and the care of her elderly mother caused anxiety in herself, which also affected the child's well-being;
- third, the experience of difficult social situations associated with moving to a new country – language, place of residence, lack of friends, information from Ukraine about the war. All of that inevitably aroused negative emotions (anxiety) in the child.

4. Qualitative research results

The client actively participated in 8 sessions (from May to June 2022). The boy was accompanied by his mother in each session, which had a positive effect on both the child and the mother. The child felt safe in the presence of the mother, and the mother, in turn, had the opportunity to observe her own child, become more familiar with the therapeutic method and also expand her psychological knowledge of anxiety issues and improve her parenting skills. According to foreign researchers (Lawrence, Murayama, & Creswell, 2019), prevention programs with children and parents that are oriented toward preventing anxiety are of great value (Radziwillowicz, 2020, p. 434). A similar view is held by Cohen, Mannarino and Deblinger, who postulate: „We see parents as an important source of support and reinforcement for children's progress both during therapy and afterwards" (2011, p. 40). Kendall and Hedtke argue (2022) that it is also important to work with parents, including joint analysis of family factors that may influence the persistence of problems and also hinder therapy. In conclusion, researchers including Cohen, Mannarino and Deblinger (2011), Kendall and Hedtke (2022) repeatedly emphasize that it is the parents who can have a significant impact on children's recovery.

4.1. Fighting Phase

The first two sessions contain scenes of war, concretizing the war between two nations–Ukrainian and Russian. In the upper part of the diagonal sandbox, you can see an army of Ukrainian soldiers (in green uniforms), and Russian soldiers (yellow uniforms) below. The battle ended with the death of all the soldiers on the battlefield. There was no victor. Sand Picture analysis from the first session reflected the current state of events that took place in Ukraine and played out in the child's psyche.

Figure 1. Sandpicture 1 (session 1)

Figure 2. Sandpicture 2 (session 2)

Analyzing the pictures from the first two sessions, it was noticeable that the theme of war was repeated, with „cultural" symbols–flags–being noticeable in addition to „natural" images (as defined by Jung, 2018). Natural symbols, according to Jung (2018, p. 231), come from the unconscious layers of the psyche and represent archetypal images. Cultural symbols, on the other hand, are symbols accepted by society (Jung, 2018). The similarity in the subject matter of the images from the first and second sessions may point to the source of anxiety and trauma associated with the war. According to psychotherapists Ayalon (2022) and Giza-Zwierzchowska (2013b), elements of trauma can be discerned from the repeated pattern of play. It was also characteristic that the client's work in the sandpicture began with the omission of the first phase–chaos, which is not typical for children and is probably linked to high tension and trauma associated with the experience of war.

4.2. Balance phase

After the first two sessions, which reflected the battle, the child moved to the next stage–balance. The scenes began to reflect the theme of nature, animals and vegetation appeared, order was noticeable. Below are two images from the penultimate and final session. Focusing on the penultimate child's work (7th session), we can notice that a sense of security appears in it, while the viper, which found its place in the composition, no longer posed a threat as in previous sessions (did not devour animals) – it was behind the barrier. The world in the eyes of the observer was becoming safe and understandable.

The last sand picture contains circles – „a symbol of totality and wholeness" (YounSoo, 2020, p. 109). Such a change, according to the above-mentioned researchers, indicates integration and healing. From the picture, it can be seen that smiling people are embodied in the form of fruits and vegetables form a whole in the shape of a circle, which resembles a mandala. The overall analysis of the child's work indicates ego transformation and development.

Figure 3. Sandpicture 7 (session 7)

Figure 4. Sandpicture 8 (session 8)

Conclusion

In conclusion, the article is a structured study shedding light on the issues of negative emotions and traumatic experiences associated with war refugees and effective forms of helping children, including sand therapy. The case described proved that sand therapy is a natural form of working with a child experiencing war trauma, in which he or she willingly engages and safely reflects his or her difficulties and emotional tensions in the sandbox. As Kalff (2013, p. 38) states: „Through immersion in play, inner images become visible. In this way, a relationship is established between the inside and the outside".

The results of the described case prove that sand therapy reduces anxiety in the child, which was also confirmed by the child's mother in an interview. This method also makes it possible to work with the parent. The article also emphasized the role of the parents, especially the mother, as an important source of support for the child during the therapy process and after it is completed. Meetings with the mother also enabled psycho-education of the parents, which in our case included expanding the mother's knowledge of trauma, anxiety and how to have an age-appropriate conversation with the child about the war and the war events in Ukraine in order to protect the child's psyche.

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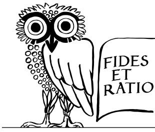

Quarterly Journal Fides et Ratio
Issue 4(52)2022, ISSN 2082-7067, Pages 26-42

Protective factors and risk factors in coping with the Covid-19 pandemic crisis by adolescents

Czynniki chroniące i czynniki ryzyka w radzeniu sobie z pandemią Covid-19 w środowisku młodzieży szkolnej[1]

https://doi.org/10.34766/fetr.v4i52.1123

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Abstract: ***Introduction:*** The environmental crisis of the Covid-19 pandemic and its accompanying isolation, led to negative changes in the psychological and social functioning of some adolescents. Previous studies have shown multiple issues observed in young people in the aftermath of the pandemic: mental health disorders, deficits in attention and task performance, deterioration of peer relationships, moods of sadness and depression (e.g. Bigaj, Dębski, 2020; Ghosh et al., 2020; Grzelak, 2020; Pyżalski, 2020a). However, negative symptoms do not affect the general student population. It is therefore important to identify the factors that support adolescents coping with the crisis and the factors that increase the risk of a deterioration of their mental condition. ***Method:*** In this context, we conducted a study to answer the question about the type and intensity of specific symptoms of mental crisis in adolescents examined during the pandemic. It was also checked whether the variation in the intensity of symptoms was accompanied by differences in psychosocial factors important for coping with the crisis, while controlling the gender variable. The study covered a group of 1,514 students from 7th and 8th grades of primary schools and secondary schools. *The Scale of the impact of Covid-19 and home isolation on children and adolescents* by Mireia Orgilés, Alexander Morales and José Pedro Espada was used, as well as a survey to diagnose protective factors and risk factors in adolescent problem behaviour. ***Results:*** Most young people do not report changes in their physical and mental well-being after the period of home isolation and the Covid-19 pandemic. On the other hand, a significant group (about one third) of the respondents experienced a deterioration in their psychophysical condition. Factors that accompanied different effects of the pandemic and differentiate young people with strong symptoms from those who do not experience negative effects of a mental crisis are: the quality of peer relationships, the quality of the relationship with teachers and tutors, the type of contact with parents, school and class atmosphere. Conclusions*:* The Covid-19 pandemic and home isolation led to negative psychophysical changes in approximately one third of adolescents. The pandemic itself, however, is not a direct cause of these changes. What is important is the contribution of psychosocial factors that make up the conditions in which young people functioned during the pandemic.
Keywords: andemic, protective factors, risk factors.

Abstrakt: ***Wstęp:*** Kryzys środowiskowy, jakim był okres pandemii Covid-19 i towarzyszącej jej izolacji, spowodował negatywne zmiany w funkcjonowaniu psychicznym i społecznym części młodzieży. Dotychczasowe badania wskazały m.in. na zaburzenia zdrowia psychicznego, deficyty uwagi i sprawności zadaniowej, pogorszenie relacji rówieśniczych, nastroje smutku i przygnębienia (m.in. Bigaj, Dębski, 2020; Ghosh i in., 2020; Grzelak, 2020; Pyżalski, 2020a). Negatywne objawy nie dotyczą jednak ogółu populacji uczniów. Istotną kwestią jest zatem określenie czynników wspomagających młodzież w radzeniu sobie z kryzysem i czynników zwiększających ryzyko spadku kondycji psychicznej. ***Metoda:*** W tym kontekście przeprowadzono badanie, którego celem była odpowiedź na pytanie o rodzaj oraz nasilenie szczegółowych objawów kryzysu psychicznego młodzieży badanej w trakcie pandemii. Sprawdzano także, czy zróżnicowaniu w nasileniu objawów towarzyszą różnice w zakresie czynników psychospołecznych, istotnych dla radzenia sobie w kryzysie, kontrolując przy tym zmienną płeć. Badaniem objęto grupę 1514 uczniów z 7 i 8 klas szkół podstawowych oraz szkół ponadpodstawowych. Zastosowano *Skalę wpływu Covid-19 i izolacji domowej na dzieci i młodzież* autorstwa Mireia Orgilés, Alexandra Morales i José Pedro Espada oraz ankietę do diagnozy czynników chroniących i czynników ryzyka zachowań problemowych młodzieży. ***Wyniki:*** Większość młodych ludzi nie dostrzega zmian w swoim samopoczuciu fizycznym i psychicznym po okresie izolacji domowej i pandemii Covid-19. Z drugiej strony znacząca grupa, około jednej trzeciej badanych, doświadczyła pogorszenia kondycji psychofizycznej. Czynniki, które towarzyszyły odmiennym skutkom pandemii i różnicują młodzież o silnych objawach kryzysu psychicznego od młodzieży niedoświadczającej negatywnych skutków to: jakość relacji rówieśniczych, jakość relacji z nauczycielami i wychowawcą, rodzaj kontaktu z rodzicami, klimat szkolny i klasowy. ***Wnioski:*** Pandemii Covid-19 i izolacji domowej towarzyszyły negatywne zmiany psychofizyczne u około jednej trzeciej młodzieży. Sama pandemia nie jest jednak bezpośrednim czynnikiem wywołującym owe zmiany. Istotny jest tutaj udział czynników psychospołecznych składających się na warunki, w których funkcjonowała młodzież w okresie pandemii.
Słowa kluczowe: Czynniki chroniące, czynniki ryzyka, młodzież, pandemia Covid-19.

1 Artykuł w języku polskim: https://www.stowarzyszeniefidesetratio.pl/fer/2022-4-Polesz.pdf

Introduction

A state of emergency report published by UNICEF in 2020 bears an apt title: „Averting a lost Covid generation" (UNICEF, 2020). From the perspective of 2022 we can already assess whether the generation of young people has coped well with the isolation and remote learning during the Covid-19 pandemic, or whether it has been 'lost' as suggested by UNICEF experts. A review of Polish and international studies compiled by Pyżalski (2021) shows that the answer to this question is not at all clear. This ambiguity is caused both by the different condition of Polish adolescents after the Covid-19 pandemic and also by the diverse methodologies and scope of the studies conducted. It is thus difficult to paint an unambiguous picture, especially, because there are not many reports on the mental condition of Polish adolescents (at least published reports).

The above-mentioned difference in the condition of adolescents in the aftermath of the Covid-19 pandemic poses a question about the factors that have helped young people get through this environmental crisis, and the risk factors that have led to a decline in adolescent mental health.

1. Theory

1.1. Mental condition of children and adolescents before the Covid-19 pandemic in the light of the results of the EZOP II study

In order to objectively assess the mental condition of children and adolescents after the period of remote learning during the Covid-19 pandemic, it is first necessary to refer to the earlier studies. The studies of the mental condition of the Polish population from 2018-2019 (Moskalewicz, Wciórka, 2021) are of use. Ostaszewski et al. (2021) report that more than six per cent (6.47%) of children and adolescents aged 7-17 suffer from anxiety disorders (at least one of three disorders: separation anxiety disorder, specific phobias, social phobias). A greater tendency for such disorders was observed in girls, especially the younger ones (7-11 years). Slightly more, i.e. 9.46% of children and adolescents reported that they had experienced some kind of traumatic event (e.g. a traffic accident or seeing someone injured or killed) in their lives. Most such events were reported by adolescents aged 16-17, with boys being more likely to report them (as many as 25.12%) than girls (19.15%). PTSD symptoms were observed in 0.1% of children and adolescents. Slightly more, i.e. 0.3% of Polish children and 0.7% of adolescents (0.49% overall) had suffered from obsessive-compulsive disorder before the Covid-19 pandemic. These disorders are most common in the 16-17 age group and affect boys (2.37%) more often than girls (0.63%). According to Ostaszewski and colleagues (2021), it is quite common for Polish children and adolescents to experience depressive disorders and mania. Depression has affected 1.3% of children and 4% of adolescents at some point of their lives, whereas for mania the percentages are 1.6 and 3.7 respectively. A significant percentage of children and adolescents (10.3%) have experienced some kind of near-psychotic episode in their lives, with 8.6% of children aged 7-11 and 11.7% of adolescents aged 12-17 included in this group. Oppositional defiant disorder or conduct disorder was diagnosed in 1% of children and 2.7% of adolescents, whereas ADHD was diagnosed in 2% of respondents.

All in all, the most common disorders in the population of Polish children and adolescents before the pandemic were anxiety disorders (more often affecting children–7. 8% than adolescents–5.3%) and near-psychotic episodes (8.6% and 11.7% respectively).

1.2. Covid-19 pandemic as an environmental crisis

In search for a scientific understanding of the Covid-19 pandemic situation, a theoretical framework needs to be established. The pandemic fulfils all the criteria of an environmental crisis (Bilicki, 2020; Poleszak, Pyżalski, 2020). A crisis, in psychological terms, is the disruption in the normal course of life

resulting from an event that interferes with a person's ability to achieve important life goals. Being deprived of the possibility to achieve important life goals leads to a very strong emotional reaction. Emotions, on the one hand, communicate about an event, but they also set the direction and drive action to rid of what prevents us from achieving our goals. In the case of the pandemic, this is not an easy task, and thus the adaptation process takes longer. According to James and Gilliland (2006, p. 25), a crisis is a reaction to an obstacle that is insurmountable at the time by the customary methods of problem solving. This reaction can lead to a state of disorganisation in which a person experiences anxiety, shock, and difficulty in dealing with a particular situation (Brammer, 1984, p. 145). Crises are limited in time (usually lasting no longer than a few weeks), but when not worked through, they can lead to severe behavioural disorders (including suicide), or reactivate pre-existing (but e.g. partly cured) disorders (James and Gilliland, 2006; Poleszak, Pyżalski, 2020). The Covid-19 pandemic, with its recurrent waves, is undoubtedly an environmental crisis, although with a specific course. A natural and constructive way to adapt in crisis situations is to hope for its end. The waves of contagion and infection coming one after the other made it difficult to resort to this adaptation mechanism, which undoubtedly put additional strain on those in crisis.

1.3. Mental condition of children and adolescents after the Covid-19 pandemic in the light of selected studies

Consulting studies on the consequences of the Covid-19 pandemic on the psychological condition of children and adolescents, it is important to take into account the time when they were conducted. From the very definition of an environmental crisis (and this is what the pandemic undoubtedly was), it follows that it is a process with its own internal dynamics reflected in the emotions and behaviours of each individual. Environmental decisions, such as social contact restrictions and changes in the life activity of the population, also determined the quality of coping with the pandemic crisis. They particularly affected the young people who had to stay at home instead of going to school, and had limited contact with their peers, especially in the early stages of the pandemic. Hence, the findings collected at different times describe a slightly different reality. The final consequences of the pandemic for young people's mental health will only be seen in the years to come. Despite this fact, it is important to build on the research we already have.

Giving Children Strength Foundation [Fundacja Dajemy Dzieciom Siłę] study published as a report entitled 'Adolescent Negative Experiences during the Pandemic' was done fairly early in the pandemic (namely in September 2020). It was conducted with the CAWI method on a sample of 500 young people aged 13-17. The quantitative results indicate a significant proportion of children and adolescents not coping with the crisis due to a family history of mental illness or addiction (or both). Around 27% of young people reported having experienced some form of domestic abuse. Girls were more likely to report this problem than boys. In addition, difficulties of this kind were more often reported by adolescents (aged 16-17) living in rural areas (as compared to those in urban areas).

Another study was conducted in April 2020 by a team from the Institute of Integrated Prevention [Instytut Profilaktyki Zintegrowanej] led by Grzelak. The study consisted in sending a questionnaire through emails and social media (which is a limitation of the study, as this method excluded a certain group of adolescents). The survey sample was 2,079 people aged 13-19. The study found that the majority of students, i.e. 62%, coped well with their mood during the initial period of the pandemic. However, one-fifth of the adolescents surveyed reported experiencing poor mood and difficulty in coping with the situation. A further 18% reported feeling moderately sad, with slightly more girls in this group. A pattern emerges from this study that children with no siblings as well as those who do not engage in religious practices cope less well with remote learning and isolation (Grzelak, 2020). Young people with a chronic illness coped very badly with the pandemic. This may be caused by two factors: increased health anxiety and difficulties in accessing health services. The increase in negative mental health symptoms in young people with mental illness is also confirmed by researchers in Denmark (Jefsen, Nørremark, Danielsen, Østergaard, 2020).

Extensive research on the mental condition of children and adolescents (but also parents and teachers) was prepared by the team of Ptaszek, Stunża, Pyżalski, Dębski, and Bigaj (2020). The research was done in May and June 2020 using a diagnostic survey method on a sample of 2934 persons (including students: N = 1284, parents: N = 979 and teachers: N = 671). It was found that remote learning has placed a time strain on all social groups involved in education, namely teachers, students, and parents. According to this research, more than a quarter of the students experienced difficulties in mastering the material delivered remotely. These difficulties consisted of problems concentrating, difficulties in comprehending the material and completing tasks on time during the lesson (Bigaj, Dębski, 2020). On the other hand, for 90% of teachers remote education involved spending extra time preparing for their lessons, a problem reported by only 62% of students and one in two parents (Bigaj, Dębski, 2020).

Half of the students rated remote learning as less attractive than traditional learning. The same number of students also indicated that their relationships with classmates had deteriorated (while there are also 5% of students who indicate that relationships have improved with remote learning) (Pyżalski, 2020a).

According to this research, 13% of students report a deterioration in their relationship with their parents or guardians. The main concerns of adolescents (even more so of teachers), are: being on the constant alert for calls and notifications (63% of students), fatigue caused by using a computer or smartphone (57%) and information overload (51%) (Pyżalski, 2020b).

This research can be concluded and complemented with the figures from the Polish Police Headquarters on suicide attempts among girls and boys aged 7-18 (Figure 1).

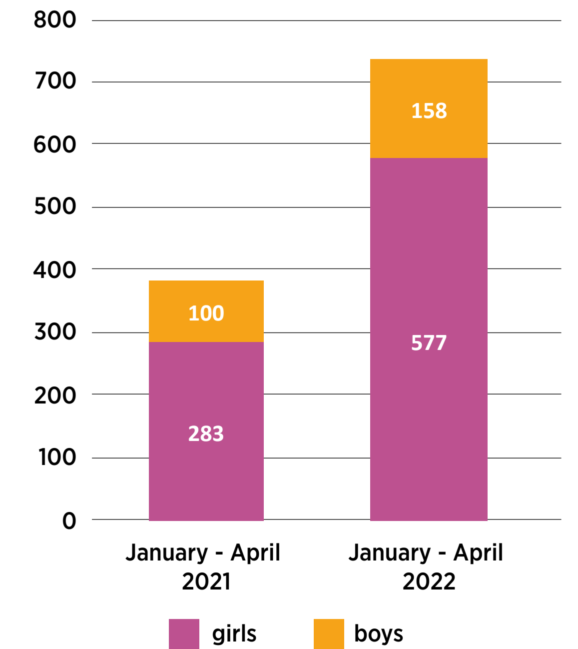

Figure 1. Suicide attempts among girls and boys in January–April 2021 and January–April 2022

Source: Authors' own compilation based on the data from Polish Police Headquarters

The two periods between January and April in 2021 and January and April 2022 were compared. The result is worrying and shows a dramatic increase in suicide attempts, especially among girls. In the same four-month period compared year-on-year, the number of suicide attempts among girls increased by nearly 100% and among boys by 58%. It is worth noting that these are not all suicide attempts, but only those reported to the police. Suicide attempts that end in death also show a worrying trend: a 100% increase in girls, and a 10% increase in boys. However, it should be noted that twice as many boys committed suicide compared to girls in 2021. The above data indicate that girls are in much worse condition than boys after the Covid-19 pandemic.

Ghosh, Dubey, Chatterjee, Dubey (2020) also point to a significant deterioration in children's and adolescents' psychological functioning during the Covid-19 pandemic. They point out that daily life, social interactions, screen time, mental health and subjective well-being were significantly disrupted due to home isolation and prolonged school closures during the pandemic crisis.

1.4. Protective and risk factors in coping with the pandemic crisis

Grzelak's (2020) research showed that among persons experiencing depression, most did not talk to their parents. The protective factor of parental support was in their case much weaker. Another factor contributing to negative mood was a weaker (online) peer network. Young people who had good contact with their peers were better able to cope with feelings of depression resulting from the pandemic.

Adolescents who considered their mental condition as poor experienced statistically more negatively-charged emotions, and the intensity of these emotions cannot be explained by developmental changes alone. Focusing on negative emotional states also prevented them from seeing the positive aspects of the crisis experienced. However, this state is the result not only of the pandemic, but of a process that has been escalating for many years (Poleszak, 2020).

The stress related to school duties was an additional risk factor during the pandemic and remote learning period. It was experienced daily by one third of the respondents in the group affected by the pandemic crisis (Bigaj, Dębski, 2020; Grzelak, 2020; Pyżalski, 2021).

Important protective factors in coping with the pandemic crisis included the support provided by the teacher and the fostering of a positive emotional atmosphere as well as the cooperation and communication between students, as well as in the teacher-student relationship (Pyżalski, 2021; Pyżalski, Poleszak, 2020c). Also, research by Shoshani & Kor (2021), conducted on a sample of 1,537 Israeli children and adolescents, confirms the significant role of perceived social support (peer and parental) and daily routines as important protective factors in coping with the pandemic crisis.

In addition, Magson, Freeman, Rapee, et al. (2021) conducted a longitudinal study on a group of 248 young people and observed that Covid-19-related concerns, online learning difficulties and increased conflict with parents resulted in exacerbated mental health problems. Protective factors mentioned in the study included adherence to stay-at-home orders and a sense of social connectedness.

In view of the above, the aim of the present study was to answer the following research questions:

1. What is the intensity of psychological crisis symptoms resulting from the Covid-19 pandemic in 7th and 8th grade primary school students and secondary school students?
2. Are there any differences between students with high intensity of crisis symptoms and students with positive adaptation in terms of psychosocial factors important in coping with crisis?
3. Is gender a modifying variable for differences between students with high intensity of symptoms and students with positive adaptation?

The psychosocial factors that were included in the comparison were: the quality of peer relationships, the quality of the relationship with the tutor and teachers, the evaluation of the school atmosphere, the contact with parents and the perceived parental control. These variables were selected based on the concepts referred to in the introduction.

2. Methodology of own research

2.1. Subjects and study design

A total of 1,514 subjects took part in the study, of whom 980 were secondary school students, and 536 were in the 7th or 8th grade of primary school. In total, girls accounted for 53.6%, and boys 46.2% of the subjects. Among secondary school students, the majority attended general secondary schools (70%). Technical school students made up 22.9% of this group, and trade school students 7.1%. The age of the students ranged from 12 to 20 years (M=15.66; SD=1.717). The study was conducted between May and October 2021. Participating schools arranged for students to access online versions of the applied tools in their computer labs. Students took the survey during school hours. The study was anonymous and voluntary and received approval from the bioethics committee.

2.2. Methods applied

The Scale of the impact of Covid-19 and home isolation on children and adolescents by Mireia Orgilés, Alexandra Morales and José Pedro Espada (2020) was used to measure the intensity of psychological crisis symptoms. The survey was translated into Polish with the approval of its authors. The scale consists of a list of 31 symptoms (Table 1), to which the participant responds as instructed: "In recent days, compared to the situation before the Covid-19 pandemic (select one of the five possible answers): significantly less, slightly less, as much as before, slightly more, significantly more." The types of possible answer choices determined how the overall scale score was interpreted. People with the lowest scores are those who most often choose the answers significantly less' or 'slightly less'. This group is referred to in the article as a group with positive adaptation to crisis–they notice positive changes in themselves in situations of environmental crisis. On the other hand, those who most frequently select responses indicating increased intensity of symptoms score highest. This group is referred to as students with high intensity of symptoms.

Although the authors of the original study did not examine the factor structure, it was decided to check the presence of a possible division of the symptoms into dimensions. An exploratory factor analysis with the principal axis factoring method was used to this aim. As a first step, the value of the KMO adequacy coefficient was established as 0.980 for the total and higher than 0.9 for individual items. Analysing the scree plot and applying the Kaiser criterion, the univariate nature of the scale was found (explaining 56.915 of the total variance). Reliability analysis showed very good scale properties for the measurement of one factor, i.e. the total score which is an indicator of the intensity of psychological crisis resulting from the Covid-19 pandemic. The Cronbach's alpha value was 0.975 and the McDonald's omega coefficient was 0.976 (95% CI [0.974; 0.977]). These values confirm the usefulness of the scale for diagnosis and research and are consistent with the results obtained by the scale's authors, specifically Cronbach's alpha value of 0.95 (Orgilés, Morales, Delvecchio, Espada, Mazzeschi, 2020).

The second tool was the survey developed by the team: Robert Porzak, Krzysztof Ostaszewski, Jacek Pyżalski, Jakub Kołodziejczyk, Wiesław Poleszak, Grzegorz Kata as part of the Ministry of Education project called "System of Preventive Measures in Poland – the status and recommendations for increasing the effectiveness and efficiency of planning and implementing preventive measures on micro and macro scales". [„System Oddziaływań Profilaktycznych w Polsce–stan i rekomendacje dla zwiększenia skuteczności i efektywności planowania i realizacji działań profilaktycznych w mikro i makro scali"]. The purpose of this tool is to diagnose protective factors and risk factors for problem behaviours and the level of involvement in these behaviours. In the study, questions about the quality of peer relationships, the quality of relationships with the tutor and teachers, the assessment of school atmosphere, the quality of the relationship with parents and the perceived sense of parental control were used. Test items comprising these areas and the responses are detailed in the tables in the Results section.

2.3. Data analysis

To answer the research question about the intensity of mental health crisis symptoms, percentages of responses to each of the 31 symptoms were totalled. The answer to the subsequent research questions was preceded by the identification of two extreme groups of students–a group with high intensity of crisis symptoms and a group with positive adaptation. In doing so, the method of identifying extreme groups approach was used, which was applied in order to specifically focus on the characteristics of the functioning of students with severe crisis or adaptation to it (Preacher, Rucker, MacCallum, Nicewander, 2005). This approach limits the conclusions to the extreme 27% of the study group, and this is also useful for the exploratory stage of investigating the effects of the Covid-19 pandemic period on adolescent psychological functioning. The extreme groups were singled out on the basis of the distribution of the total score of a scale examining symptoms of crisis. To compare these groups, a chi-square test was used with z-test

Table 1. Symptoms of mental health crisis in 7th and 8th grade primary school students and secondary school students (N=1514)

Symptoms of crisis	Significantly less	Slightly less	As much as before	Slightly more	Significantly more
	%	%	%	%	%
I am worried	21.6	12.5	36.7	21.3	7.9
I am restless	18.8	11.6	43.9	18.4	7.3
I am anxious	20.2	9.2	41.7	20.1	8.7
I am sad	21.5	11.4	34.8	19.7	12.5
I have nightmares	33.9	7.3	49.9	4.9	4.0
I am reluctant	20.6	11.0	33.0	22.5	12.9
I feel lonely	25.3	10.4	36.6	15.9	11.8
I wake up frequently	28.8	7.6	47.3	9.2	7.1
I sleep little	22.3	8.9	38.5	17.5	12.8
I feel very indecisive	23.4	8.5	43.1	17.4	7.6
I feel uneasy	25.1	8.7	45.2	14.3	6.7
I feel nervous	19.1	8.3	40.2	19.5	12.9
I am afraid to fall asleep	35.0	5.2	50.5	5.4	3.8
I argue with the rest of the family	24.6	11.3	45.4	12.7	6.0
I am very quiet	28.9	8.9	46.6	10.9	4.8
I cry easily	26.7	7.7	40.9	13.2	11.5
I am angry	18.7	7.9	43.1	19.4	11.0
I think about death	28.7	5.8	43.9	12.0	9.6
I feel frustrated	25.6	6.7	46.1	14.0	7.5
I am bored	20.9	8.9	37.8	20.3	12.2
I am irritable	21.7	6.1	44.3	18.6	9.3
I have sleeping difficulties	27.9	6.9	46.4	10.0	8.7
I have no appetite	25.6	8.4	47.8	11.6	6.7
I am easily alarmed	23.8	6.9	48.3	13.9	7.2
I have difficulty concentrating	19.0	8.4	38.1	20.1	14.3
I am afraid of Covid-19 infection	39.2	10.5	41.1	6.5	2.6
I feel helpless	26.3	6.7	46.8	12.5	7.6
I have physical complaints (headache. stomach ache)	23.1	6.9	42.2	19.2	8.6
I have behavioural problems	26.2	7.3	51.7	9.7	5.2
I eat a lot	28.4	10.0	45.6	10.8	5.2
I worry about my family	15.5	5.6	44.9	21.9	12.1

for analysis of column proportions and calculation of standardised residuals. The latter indicated those categories of survey responses that primarily comprised a significant chi-square test result. The description shows the percentage results within the response categories selected on this basis. The interaction effect of gender and crisis intensity on psychosocial variables was tested using a log-linear analysis.

3. Study results

3.1. Results

One of the main analysed areas of adolescent functioning after the pandemic is the intensity of clinical symptoms (Table 1).

The questions were related to the emotional, psychosomatic, motivational and cognitive as well as interpersonal spheres. As expected, in line with environmental crisis theory, most young people reported having a problem with strong emotional reactions. Nearly a third of the adolescents surveyed have experienced, after the pandemic and remote learning period, increased anxiety (28.8%)–either moderate or severe, worry (29.2%), sadness (32.2%) and nervousness (32.4%). In the motivational sphere, the predominant symptoms are discouragement (35.4%), boredom (32.5%), but also problems with concentration (34.3%). Undoubtedly, these symptoms do not facilitate completing school tasks, which may in turn exacerbate students' school-related stress. Among the symptoms observed, it is also important to highlight the increase in psychosomatic negative reactions after the pandemic (34%) such as headaches or stomach aches.

The sources of negative emotions are found in the concern for student's loved ones (34%) rather than for themselves, according to the results.

In summary, the mental condition of adolescents after the pandemic crisis is complex. Most young people (between 33% and 52% depending on the symptom) perceive no change in their mental and physical well-being. A relatively large group of young people, that is about 30%, feel better than they had before the pandemic. These include those who have adapted well to the crisis situation, but also those who have benefited from remote learning (such as students who are shy or experience difficulties in peer relationships). Unfortunately, there is also a significant group (also around 30%) of adolescents who have emerged from the pandemic in a much worse mental state than the rest of their peers. It is important to recognise that their adaptation mechanisms have not been successful and there is an urgent need to help them return to a state of mental well-being. It is also important to identify the factors that led to this situation. This is the aim of the later part of this article.

Based on the overall score of the Covid-19 impact scale, two groups of adolescents were identified–those with positive adaptation to crisis and those with high symptom intensity. As mentioned above, extreme groups identification approach was used and extreme groups were found to represent 27% of the distribution of the variable reflecting overall symptom intensity. The scale ranges from 31 to 155 points, which represent the sum of the respondents' answers to the individual test items. Higher scores indicate higher symptom intensity. The two groups differ significantly in symptom intensity ($t=-79.001$, $p<0.001$, table 2).

Further analyses were carried out on the two groups. First of all, the proportions of people of different genders were compared. Girls clearly predom-

Table 2. Overall intensity of mental health crisis symptoms in two extreme groups of adolescents

	Students with positive adaptation to crisis (n=417)		Students with high intensity of symptoms (n=428)		Comparison	
	M	SD	M	SD	t	p
Intensity of crisis symptoms	45.03	13.04	114.25	12.42	-79.001	<0.001

Table 3. Gender of the students surveyed

Gender:	Students with positive adaptation to crisis	Students with high intensity of symptoms	Comparison	
	%	%	χ^2	p
girl	40.5	73.4	93.01	<0.001
boy	59.5	26.6		

inate in the group with high intensity of symptoms, accounting for 73.4 % (Table 3). This clear difference in the numbers of adolescents of different genders confirms the validity of controlling for this variable in the comparisons. When gender significantly differentiated the correlation between the level of crisis and a given psychosocial factor, this was reported each time in the description of the results, indicating the nature of the relationship.

Students with different responses to the crisis situation rated their relationship with peers differently in all the examined dimensions (differences significant at the $p<0.001$ level except in the first area, where $p=0.003$; Table 4). Students in the positive adaptation group have more positive experiences. They are more often invited by classmates to spend time together (the answer *majority or almost all* was indicated by 37.6% of students in this group, which is significantly higher than 22.9% in the other group). The response about being invited to birthdays and other parties is reported in a similar way (28% in group one to 13.3% in group two). Being consoled and helped is also experienced predominantly by students who are doing well (30.2% to 16.8% reported being helped by *majority or almost all* their peers), as is shared happiness when successes are achieved (31.7% to 19.2% in the severe crisis group). The only area of peer relations where the described relationships are reversed is in peers lending the students things that they need. In this case, the statistically significant difference is mainly due to the different value in the response *there is no such person,* which was chosen by 4.8% of the students in the first group and only 1.4% of those in the second group. Gender does not influence the evaluation of the quality of peer relationships (Table 4).

Table 4. Quality of peer relationships as perceived by the students surveyed

My peers:		Students with positive adaptation to crisis	Students with high intensity of symptoms	Comparison	
		%	%	χ^2	p
lend me the things I need, e.g. notebooks, books, pens	there is no such person	4.8	1.4	13.857	0.003
	one person	11.3	7.2		
	minority	30.9	30.6		
	majority or almost all	53.0	60.7		
invite me when they do something together during breaks/after school	there is no such person	9.1	9.3	22.666	<0.001
	one person	12.5	15.2		
	minority	40.8	52.6		
	majority or almost all	37.6	22.9		
invite me to birthdays and other parties	there is no such person	19.2	21.7	28.438	<0.001
	one person	14.1	18.5		
	minority	38.6	46.5		
	majority or almost all	28.1	13.3		
help me/console me when I have problems	there is no such person	14.6	18.9	22.078	<0.001
	one person	17.7	22.9		
	minority	37.4	41.4		
	majority or almost all	30.2	16.8		
are happy when we achieve something together	there is no such person	13.9	15.2	18.979	<0.001
	one person	14.4	14.5		
	minority	40.0	51.2		
	majority or almost all	31.7	19.2		

Table 5. Quality of the relationship with the tutor as perceived by the students surveyed

My tutor:		Students with positive adaptation to crisis	Students with high intensity of symptoms	Comparison	
		%	%	χ^2	p
encourages and reassures me when I need it	not at all	16.1	21.0	38.827	<0.001
	rather not	12.7	16.8		
	slightly yes. slightly no	23.3	32.5		
	rather yes	24.2	20.1		
	yes. completely	23.7	9.6		
is concerned about me	not at all	13.9	16.4	32.120	<0.001
	rather not	13.2	16.8		
	slightly yes. slightly no	24.7	34.3		
	rather yes	24.2	22.0		
	yes. completely	24.0	10.5		
provides useful information and advice when I need it	not at all	11.3	15.4	26.332	<0.001
	rather not	11.3	10.7		
	slightly yes. slightly no	22.8	31.8		
	rather yes	27.1	27.6		
	yes. completely	27.6	14.5		
is willing to listen and talk about the things that are important to me	not at all	12.2	18.2	29.702	<0.001
	rather not	12.9	15.7		
	slightly yes. slightly no	21.3	28.0		
	rather yes	25.2	23.8		
	yes. completely	28.3	14.3		
says things to encourage my confidence	not at all	15.3	26.2	41.242	<0.001
	rather not	12.5	15.7		
	slightly yes. slightly no	24.2	29.9		
	rather yes	24.2	17.5		
	yes. completely	23.7	10.7		

Being supported by the tutor is also a differentiating experience for the students surveyed (Table 5). This relates to the tutor's encouragement and reassurance provided when needed (the differentiating response is *yes, completely* is 23.7% in the group with positive adaptation and 9.6% in the group with severe symptoms), concern on the part of the tutor (24% to 10.5% respectively), providing information and advice (27.6% to 14.5%).

The efficient coping during the pandemic period was also fostered by the tutor's willingness to listen and talk (such activity was fully perceived by 28.3%

Table 6. Quality of the relationship with teachers as perceived by the students surveyed

Most teachers:		Students with positive adaptation to crisis	Students with high intensity of symptoms	Comparison	
		%	%	χ^2	p
give more attention to good students	not at all	13.2	6.3		
	rather not	23.5	18.7		
	slightly yes. slightly no	29.0	37.4	20.967	<0.001
	rather yes	22.3	28.0		
	yes. completely	12.0	9.6		
treat students with higher grades better	not at all	15.1	7.2		
	rather not	28.1	26.4		
	slightly yes. slightly no	24.9	26.6	17.415	0.002
	rather yes	19.9	27.6		
	yes. completely	12.0	12.1		
are mostly concerned with grades	not at all	11.0	4.7		
	rather not	21.1	27.1		
	slightly yes. slightly no	34.8	34.8	14.808	0.005
	rather yes	22.8	24.5		
	yes. completely	10.3	8.9		
make sure that students understand the material taught	not at all	8.9	3.5		
	rather not	10.1	14.7		
	slightly yes. slightly no	28.1	32.5	23.155	<0.001
	rather yes	36.0	39.3		
	yes. completely	17.0	10.0		
believe that everyone can learn the material efficiently	not at all	7.0	4.0		
	rather not	11.3	14.0		
	slightly yes. slightly no	26.9	30.1	19.303	<0.001
	rather yes	33.8	40.2		
	yes. completely	21.1	11.7		
believe that mistakes are the basis for learning	not at all	9.8	5.8		
	rather not	10.3	10.5		
	slightly yes. slightly no	28.8	36.7	22.206	<0.001
	rather yes	33.3	38.1		
	yes. completely	17.7	8.9		

of the students in the first group and 14.3% of those in the severe crisis group) and by saying things to encourage confidence (in this case, the significant result is due the differences in the responses *not at all*–15.3% to 26.2% and *yes, completely*–23.7% to 10.7%). Among students in crisis, girls experience a greater lack of encouragement and reassurance from the teacher (a response indicating a complete lack of such behaviour from the teacher is reported by 25.8% of girls with severe crisis symptoms and 7.9% of boys).

Table 7. Evaluation of the school atmosphere by the students surveyed

Student opinion:		Students with positive adaptation to crisis	Students with high intensity of symptoms	Comparison	
		%	%	χ^2	p
I like my class	completely false	7.4%	7.5%		
	rather not true	7.0%	11.7%		
	neither true, nor false	24.5%	32.0%	25.853	<0.001
	rather true	31.4%	32.5%		
	completely true	29.7%	16.4%		
I like most of the teacher that teach me this year	completely false	7.4%	7.5%		
	rather not true	11.3%	15.9%		
	neither true, nor false	24.2%	29.7%	11.590	0.021
	rather true	37.2%	33.4%		
	completely true	19.9%	13.6%		
I like my school	completely false	14.4%	16.1%		
	rather not true	7.9%	14.7%		
	neither true, nor false	20.4%	27.6%	36.921	<0.001
	rather true	30.2%	29.2%		
	completely true	27.1%	12.4%		

The interaction between gender, crisis and this factor is statistically significant ($\chi^2 = 11.183$; $p = 0.025$). A similar type of gender difference relates to the teacher's saying things to encourage confidence ($\chi^2 = 10.697$; $p = 0.03$), with 30.6% of girls and 14% of boys experiencing a crisis never noticing such actions from the teacher at all.

The quality of relationships with other teachers is generally rated higher by students with positive adaptation (Table 6). These students are less likely to experience a teacher's bias in giving more attention to good students (the answer *not at all* is chosen by 13.2% in this group and 6.3% in the second group) or treating students with higher grades better (15.1% to 7.2%). The positive adaptation is also accompanied by a rejection of the statement that teachers are mostly concerned with students' grades (11% fully disagree with this opinion in the first group, while in the second group it is 4.7%). It is also important that teachers make sure that students understand the material taught (such behaviour is fully recognised by 17% of students in the first group and 10% in the second group). Belief that everyone can learn the material efficiently (21.1% in the first group believe that teachers fully hold this position, 11.7% in the second group) and that mistakes made are the basis for learning (17.7% to 8.9% respectively) are the last two factors that differentiate the respondents. Gender does not make a difference in the assessment of the quality of relationships with teacher.

Positive attitudes towards the class, teachers and school are more frequently observed in adolescents who have adapted to the crisis (Table 7). The statement *I like my class* is fully agreed with by 29.7% of those in this group and 16.4% of students with strong crisis symptoms. The evaluation of teachers differentiates students to a lesser extent, with 19.9% of those in the first group and 13.6% of those in the second group expressing full agreement. With regard to opinions about the school as a whole, the differences are mainly limited to two statements: *rather not true* selected more often by students in crisis (14.7%) and *completely true* selected by 27.1% of those with very low symptom intensity. It is noteworthy that the differences in the evaluation of the statement *I like most teachers*, apply only to girls (chi=15.031;

Table 8. Evaluation of the relationship with parents by the students surveyed

Students' relationship with parents:		Students with positive adaptation to crisis	Students with high intensity of symptoms	Comparison	
		%	%	χ^2	p
We spend time away from home together	never	5.8	6.6	78.116	<0.001
	several times a year	17.5	38.2		
	several times a month	36.0	39.1		
	several times a week	40.8	16.2		
We talk about school and my grades	never	4.1	4.2	1.015	0.798
	several times a year	9.8	8.0		
	several times a month	22.1	23.4		
	several times a week	64.0	64.4		
We talk about my other problems	never	8.6	14.3	9.963	0.019
	several times a year	14.1	17.6		
	several times a month	34.1	31.1		
	several times a week	43.2	37.0		
We play sport and engage in other favourite activities together	never	29.0	37.5	44.800	<0.001
	several times a year	22.5	32.6		
	several times a month	27.3	23.2		
	several times a week	21.1	6.8		
I am involved in household decisions that my parents make	never	12.2	17.6	14.966	0.002
	several times a year	22.3	29.3		
	several times a month	35.3	31.6		
	several times a week	30.2	21.5		
I help my parents in important domestic matters	never	5.3	6.1	13.272	0.004
	several times a year	7.2	10.3		
	several times a month	24.2	32.6		
	several times a week	63.3	51.1		

p=0.005). Girls in severe crisis are more likely to express disagreement with the this statement than girls with positive adaptation to the crisis.

Although the contact with parents is mostly rated differently by the student groups surveyed, this is not the case for conversations about school

Table 9. Degree of parental control as perceived by the students surveyed

Your parents:		Students with positive adaptation to crisis	Students with high intensity of symptoms	Comparison	
		%	%	χ^2	p
Ask who you go out with	never	9.6	4.4	22.973	<0.001
	rarely	10.1	7.7		
	sometimes	18.9	12.2		
	often	29.3	32.6		
	always	32.1	43.1		
Ask/check what you spend money on	never	16.1	16.6	2.843	0.584
	rarely	24.5	26.7		
	sometimes	27.1	25.5		
	often	19.7	21.5		
	always	12.7	9.6		
Ask what plans you and your friends have	never	13.7	9.6	11.449	0.022
	rarely	18.7	15.2		
	sometimes	28.8	25.5		
	often	24.2	29.0		
	always	14.6	20.6		
Ask where you go out	never	5.0	3.7	18.810	<0.001
	rarely	9.6	5.6		
	sometimes	14.9	12.2		
	often	32.4	26.0		
	always	38.1	52.5		
Ask what you do and where you spend time after school	never	13.2	11.9	9.661	0.047
	rarely	17.3	14.1		
	sometimes	26.9	21.1		
	often	21.8	25.3		
	always	20.9	27.6		

and grades (Table 8). The majority of students have such conversations several times a week (rounding the result, this answer is indicated by 64% of students in both groups). Differences include spending time away from home together with parents. It is experienced several times a week by 40.8% of students with positive adaptation. Students in crisis spend time with their parents several times a year (38.2%) or a month (39.1%).

Students in crisis are less likely to have conversations about things other than school (the most significant difference being the answer *never* chosen by 8.6% of those in the first group and 14.3% of those in the second group). Sports or other favourite activities shared with parents are mainly experienced by students in the first group (21.1% choose the answer *several times a week* to 6.8% in the second group). They are also more often involved in household decisions (30.2% and 21.5% respectively at a frequency of several times a week) and help their parents (63.3% to 51.1% declaring helping several times a week). In the relationships described, there are no gender-based differences among the respondents.

The last area described is the degree of parental control as perceived by the students surveyed (Table 9). More control is perceived by students with severe mental health crisis symptoms. They feel that their parents often ask them who they are going out with (the answer *always* selected by 43.1% of those in the severe crisis group and 32.1 of those in group one), what plans they have with their friends (the answer *always* indicated by 20.6% of students in crisis and 14.6% of those in the first group), where they go out (52.5% of students in the second group are always asked about this) and what they do after school (27.6% of those in the second group). The interaction between gender, intensity of crisis and the components of parental control is not statistically significant.

Conclusions

The aim of this article was to determine the intensity of psychological crisis symptoms in adolescents as a result of the Covid-19 pandemic and to describe differences in psychosocial factors that support coping with its consequences. These differences were tested in two groups of students–those with positive adaptation to crisis and those with high intensity of symptoms–while controlling for the effect of gender.

Study results lead to the following conclusions:

1. After the pandemic crisis, a significant group of young people (about one third) have deteriorated in their psycho-physical state. Adolescents have experienced an increased state of sadness, anxiety, worry and nervousness. There have also been negative symptoms in terms of self-motivation, expressed in the form of discouragement, boredom, but also problems with concentration. Psychosomatic reactions such as headaches or stomach aches have also appeared amongst the observed symptoms. It should also be noted that there is a relatively large group of adolescents (about a quarter) who used the crisis for their development and came out of it in a better shape. Both the developmental passage of the crisis and the developmental changes may have played a role here.
2. The mental condition of young people is reflected in the Polish Police Headquarters' figures, which reveal of a twofold increase in suicide attempts among girls. There has also been an increase in suicide attempts among boys, though not as spectacular.
3. The presence and support of peers, tutors and teachers is important for students in coping with the crisis. Adolescents with severe symptoms are more likely to lack support, empathy or interaction with classmates. The presence of a tutor who shows concern, interest and boosts students' self-confidence is helpful. Teachers who create a good atmosphere in the classroom and the conditions conducive to learning play an important role. In general, students who are happy with their class, school and teachers' activities have adapted better to the crisis.
4. According to the students, conversations with their parents are often related to their progress at school and the grades they receive. However, spending time with parents plays an important role in adapting to the environmental crisis. Adolescents who talk about their problems, spend time with their parents and participate in home life more often have coped better during the assessed period of Covid-19 pandemic. This group of adolescents is also less likely to perceive the controlling actions of their parents (checking what they spend money on, who they go out with etc.). In the group of students with severe psychological crisis, a decreased sense of bonding with parents is accompanied by a greater focus on controlling behaviour on the part of caregivers.
5. Students' gender modifies the strength of the correlations between psychosocial factors described above and the intensity of crisis symptoms. The lack of supportive relationships with the tutor is particularly impactful for girls. They are more oriented towards relationships with significant others and, with low quality of these relationships, are more likely to experience severe symptoms as a result of the pandemic crisis.

These patterns are consistent with the studies referred to above. Similar conclusions regarding the role of peers and conversations with parents were obtained by Grzelak (2020). Protective factors such as supportive peer relationships and relationships with teachers were observed in studies and publications by Pyżalski (2021) as well as Pyżalski and Poleszak (2020c) and Shoshani & Kor (2021).

However, it is worth observing that according to research, it is not the Covid-19 pandemic that is the main cause of the deterioration of the mental condition of the Polish adolescents. The pandemic was just a trigger that started breaking weak links in a chain. These weak links are peer relations, difficulties in managing emotions and the deteriorating emotional atmosphere at school (cf. Pyżalski and Poleszak, 2020).

In addition to their scientific nature, the conclusions of the study also have a practical value. They confirm the need for activities to reintegrate class groups after a period of remote learning during the pandemic. As part of such activities, building a supportive student environment, strengthening voluntary peer support or peer programmes is of particular importance. Involving students in these activities is largely up to teachers, although it should be remembered that, in light of research (Stunża, et al., 2020), they themselves experienced high levels of overload during the pandemic crisis.

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Quarterly Journal Fides et Ratio
Issue 4(52)2022, ISSN 2082-7067, Pages 43-53

General Fieldorf „Nil" as a personal model in upbringing towards maturity

Generał Fieldorf „Nil' jako wzór osobowy w wychowaniu do dojrzałości[1]

https://doi.org/10.34766/fetr.v4i52.1104

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Abstract: The outbreak of war between Ukraine and Russia motivates us to consider how to preserve dignity in situations where life is under threat. Such a question is particularly relevant in the context of the war's proximity to Poland, a bordering nation to both Russia and Ukraine. War means human tragedies, so it becomes important to have behavioural models for extremely dramatic situations. It is worth being reminded of heroes who had stayed true to their ideals even in the face of death. August Emil Fieldorf „Nil", a leader in the Polish anti-Nazi resistance movement, was one such hero as he had been killed by the Soviet regime's collaborators after WWII. The General was a Polish patriot who sacrificed his life for his homeland. What is most striking in his biography is his heroism. This qualifies him as a perfect personality model in upbringing towards higher values. In this paper it has been shown that August Emil Fieldorf, a Steadfast Soldier, is a mature personal model, which can motivate the young generation to follow him. Maturity has been defined with a personality approach according to Zdzisław Chlewiński, using the three following criteria: considering a man as a person, autonomy in thinking, ability to assess own motivations. It has been analysed how to motivate the youths to follow the General regarding the maturity. It has been demonstrated that the General's example may motivate if we use one of the three following upbringing strategies proposed by Marian Nowak: dissonance, witnessing, stimulation.The author has used Fieldorf's biographies. It has been emphasized that the process of forming his personality had been very dynamic and lasted his whole life. The author claims that the Chlewiński's concept may be used to select the next mature personal models.
Keywords: maturity, Fieldorf "Nil", values, personal model, Zdzisław Chlewiński

Abstrakt: Wybuch wojny rosyjsko-ukraińskiej skłania do refleksji nad tym, jak godnie zachować się w sytuacjach zagrożenia życia. W szczególności w kontekście geograficznej bliskości tej wojny, jako że Polska graniczy zarówno z Rosją, jak i z Ukrainą. Skutkiem wojen są dramaty dotykające niewinnych ludzi, coraz większego znaczenia nabiera więc zapotrzebowanie na określone wzory zachowań w sytuacjach skrajnie trudnych. Warto zatem przypominać bohaterów, którzy do końca, często nawet w obliczu okrutnej śmierci, pozostali wierni najwyższym ideałom. Jednym z nich jest August Emil Fieldorf „Nil", Żołnierz Niezłomny, czołowy przedstawiciel polskiego powojennego podziemia niepodległościowego, który zginął z rąk ludzi uwikłanych w zbrodniczy system radzieckiej Rosji. Generał był polskim patriotą, który dla Ojczyzny i jej obywateli poświęcił własne życie. W biografii Generała przykuwa uwagę heroizm, co predysponuje do bycia wzorem osobowym w wychowaniu do wartości. W artykule wykazano, że August Emil Fieldorf jest wzorem osoby prawdziwie dojrzałej, mobilizującej wychowanków do naśladownictwa. Dojrzałość zdefiniowano w ujęciu osobowościowym i za Zdzisławem Chlewińskim przytoczono jej trzy kryteria: traktowanie człowieka jako osoby, autonomia w myśleniu i działaniu oraz zdolność do rzetelnego wglądu w motywy swojego działania. Poddano analizie kwestię dotyczącą zachęcania młodzieży do naśladowania Generała w dążeniu do osiągnięcia dojrzałości. Wykazano, że Generał jako wzór osobowy może mobilizować do naśladownictwa z wykorzystaniem następujących, zaproponowanych przez Mariana Nowaka strategii wychowania do wartości: dysonansu, świadectwa i stymulacji. W artykule posłużono się wybranymi opracowaniami biografii Fieldorfa. Zwrócono uwagę na dynamiczny charakter kształtowania się jego dojrzałej osobowości–procesu trwającego przez całe życie. Podkreślono też, że koncepcja Zdzisława Chlewińskiego może być wykorzystana w kolejnych analizach potencjalnych kandydatów do bycia wzorem osoby prawdziwie dojrzałej.
Słowa kluczowe: dojrzałość, Fieldorf „Nil", wartości, wzór osobowy, Zdzisław Chlewiński

Introduction

The recent Russian invasion of Ukraine prompts us to reflect. As a country with direct borders with Ukraine and Russia, Poland is also exposed to a similar danger. It turns out that the peace we have experienced for a long time in Europe was not guaranteed once and for all. It is worth recalling heroes who remained faithful to the highest ideals until the end, often even in the face of a cruel death (Ciostek, 2018, p. 141; Gajderowicz, 2018,

1 Artykuł w języku polskim: https://www.stowarzyszeniefidesetratio.pl/fer/2022-4-Jurosz.pdf

p. 112). They can be an inspiration for next generations. One of them is August Emil Fieldorf "Nil", the leading representative of the Polish post-war independence underground, who died at the hands of people entangled in the criminal system of Soviet Russia[2].

The aim of this work is to show Fieldorf's activity in the context of the maturity of his personality. The General was a Polish patriot, who sacrificed his own life for his country and its citizens. In the General's biography, heroism attracts attention, which predisposes him to be a role model in upbringing (Sabat, 2018, p. 131).

In literature on the subject, it is commonly emphasised that upbringing cannot exist without values, and the key thing is which values to uphold. In the personalistic approach, the value of the human person, his/her dignity and reasonableness are emphasised above all (Kukołowicz, 1998). Bogusław Śliwerski describing personalism emphasises, that the human persona is unique and superior to material values, economic and socio-political structures (Śliwerski, 2015). In this view, the process of upbringing consists of supporting the pupil in realising his/her humanity.

In the personalistic concept of upbringing, a special role is played by a personal role model. Wincenty Okoń defines this as a description or the image of an individual, whose actions and characteristics are considered worthy of imitation (Okoń, 2007). Personal role models influence, with their behaviour, the emotional and volitional sphere, mobilising to imitation. This fact is of particular importance in the case of the young generation at the stage of formation of ideals (Bakiera, Harwas-Napierała, 2016, p. 118).

In the analysis of the issue of the personal role model, it is impossible to ignore the key importance of the personality of the human model. Personality is a system comprising characteristic, typical behaviours, feelings, thoughts, attitudes and coping mechanisms in difficult situations (Chlewiński, 1991; Oldham, Morris, 2014).

An exemplary personality should be exceptional. This uniqueness is verified during the whole life of an individual, especially in key moments, difficult, sometimes even tragic, connected with life threatening situations. If in such conditions a person is able to courageously defend ideals, it means that he or she can be a role model for others (Wróblewska, 2021).

The literature emphasises the importance of factors that shape personality. A significant role is played by genes, upbringing in the family, education and socio-cultural influence. These factors do not determine anything, but create conditions for the formation of personality, where the leading role is played out by personal activity (Maj, 2006). It has a continuous, unceasing character. A person constantly, until death in fact, develops his/her mature personality. This process may even take on the character of a fight, when one has to stand up for one's ideals. In this battle, one can lose one's earthly life, as Fieldorf's case confirms. His opponent, personified by functionaries of the People's Republic of Poland regime, seemingly won this battle. Today, years later, one can see that the figure of General Fieldorf is more and more present in the consciousness of Poles. As Anna Zachenter emphatically points out: "The communist authorities may have thrown the corpse of August Emil Fieldorf into an unnamed pit, but they failed neither to pour concrete over the memory of his deeds nor to kill his memory (Zachenter, 2018, p. 105).

Promoting the figure of General Fieldorf among young people is stimulating for their personal development. The aim of this work is to demonstrate the exemplary character of the General's personality and the fact that in the process of mobilising young people to imitate Fieldorf, the following value education strategies may be used: dissonance, testimony and stimulation (Nowak, 1999).

1. The biography of August Emil Fieldorf, historical background

The post-war history of Poland is marked by the tragedy resulting from the treaties between the leaders of the so-called Big Three, that is, the heads of the governments of the USA, Great Britain and the

2 The subject of communism imposed on Poland by the Soviet Russia has been described in detail by Krystyna Kurczab-Redlich (2014) and Andrzej Nowak (2022a).

Soviet Union. On the strength of these agreements, which exposed the passivity of Western leaders regarding the fate of Poland, our country found itself in the Soviet sphere of influence (Nowak, 2022a, 2022b). Poles opposed the forcible imposition of a new political system and the loss of their Eastern Borderlands. Within a short period of time, Soviet soldiers massacred Poles who were members of the post-war Polish independence movement and anti-communist underground. After years of being treated as traitors under the policy of the People's Republic of Poland, sources are constantly being discovered in recent Polish history that confirm their heroism and steadfastness in the most difficult situations, including giving their lives for their country. Hence the term "Steadfast Soldiers"[3].

The Steadfast Soldiers were often representatives of the Polish intelligentsia, i.e. a social stratum which attached great importance to education and personal culture, nurtured traditions of independence, an engaged in social and patriotic activities. The extermination of this part of the nation caused an erosion of social life in post-war Poland.

This conscious, organised extermination should be remembered and the conditions of Polish patriotism should be analysed from this perspective. It is also worth recalling the history of those people thanks to whom Polishness was preserved against all odds (Pilecka-Optułowicz, 2017; Płużański, 2015; Sala, 2022)–people who, even under the worst, bestial conditions, remained faithful to their ideals, courageously defending them. One of them was August Emil Fieldorf "Nil", one of the leading figures of the Polish independence underground.

General Fieldorf was born on 20 March 1895, in Kraków, in what was then Austria-Hungary, to Andrzej Fieldorf and Agnieszka, née Szwanda (Strąk, 2008; Wywiał, 2013). The General's father was a train driver by profession. Both parents unanimously decided to give their children a solid education and did not spare financial resources for this. Emil graduated from a grammar school and a male teachers' seminary in Kraków. Then he started his military career. He joined the "Strzelec" Society, and then the Polish Legions, where he was promoted to the rank of sergeant. He served in the tsarist army for a short time, but deserted after a mass mutiny. He joined the Polish Military Organisation, which was secret and loyal to Józef Piłsudski. In November 1918, he found himself in the ranks of the Polish Army, which had just been formed by Piłsudski (Wywiał, 2013).

In 1919, Fieldorf married an actress, Jolanta Kobylińska, with whom he had two children, Krystyna and Maria. The marriage lasted until the General's death in 1953 and was considered a happy one.

In the years 1919-1920, August Emil Fieldorf took part in the Vilnius Campaign, and later in the Polish-Soviet War. After the end of the war, in the 1920s and 1930s, he continued his active military service in the Vilnius region, Warsaw and France (as commander of the Riflemen's Association in France). The next stage in Fieldorf's military career in the interwar period was as commander of a regiment of Borderland Riflemen in Brzeżany, in what is now Ukraine (Wywiał, 2013).

After the outbreak of war, he took part in the September Campaign, then fled to France, where he completed staff courses as part of the emerging Polish army and was promoted to the rank of colonel. After the defeat of France, he fled to England, where he was appointed by the Polish authorities as the first emissary of the Government and Commander-in-Chief to Poland (Strąk, 2008). In the years 1940-1945 in occupied Poland, he devoted himself with all his dedication and commitment to conspiratorial work within the Polish Underground State (AK). He was the commander of Kedyw (the Home Army's formation) responsible for assassinations, fights, diversions and sabotages against the German occupant, and during this period he adopted the pseudonym "Nil" (Witkowski, 1984). The most famous action organised under his command was the shooting of Franz Kutschera, a German criminal and SS commander in Warsaw (known as the "Hangman of Warsaw"). In the years 1944-1945, he served as deputy commander of the Home Army, General Leopold Okulicki.

3 Another name is „Cursed Soldiers".

After the war he was wanted by the police repressive apparatus of the Soviet Union. Arrested under a new name (Walery Gdanicki), he was deported to a forced labour camp near the Urals. After two and a half years of hard labour he returned to Poland, where in 1950 he was arrested by the repressive apparatus of People's Poland (Mierzwiński, 1990, p. 89). After a fake trial, in which he was charged with treason against the Polish state on the basis of false evidence, he was sentenced to death by hanging. The sentence was carried out on 24 February 1953 at 3 pm.

2. General Fieldorf "Nil" as a model of a mature person in the light of Zdzisław Chlewiński's concept

The General's biography is certainly unique, especially from a historical perspective, in terms of his services to Poland. However, this paper focuses on the pedagogical aspect of the General's person and activity. It deals with the issue of personal role model that Emil Fieldorf can be in educating to maturity.

This study adopts an axiological perspective, according to which maturity is something valuable, something worth striving for, growing up to throughout life. Such an approach is characteristic of the concept of personality maturity by Zdzisław Chlewiński (1991).

Chlewiński proposed a three-dimensional concept of personality maturity, which, as he stresses, is one and not the only possible one. In formulating these dimensions, the author referred primarily to Gordon Allport's theory, which treats in a special way the human capacity for autonomy and insight into one's own motivation. Other researchers referred to by Chlewiński included Abraham Maslow and Viktor Frankl.

Chlewiński detailed the following determinants of a mature personality:

- treating the other person according to a personalistic approach, i.e. as a person, as a value in itself; the opposite of such an attitude is an instrumental, tool-like approach;
- autonomy in thought and action;
- an honest, unadulterated insight into the motivation behind their thoughts and actions.

In the further part of this work, it is shown that General August Emil Fieldorf perfectly fulfils the above-mentioned criteria of maturity and can be a personal model in upbringing to values.

Chlewiński's concept is worth using in further analyses of potential candidates for being a model of a truly mature person.

2.1. General Fieldorf "Nil" as a model of a man with a personal, allocentric attitude towards another

A truly mature person aims at sacrificial love, directed towards others, devoid of egoism. "The essential feature of a mature personality is first of all allocentric (the opposite of egocentric) attitude towards people, the ability to treat them as persons, i.e. as unquantifiable, non-exchangeable values, and thus in such a way that eliminates the danger of treating a person as a tool for achieving any personal goals" (Chlewiński, 1991, p. 21).

A mature individual is able to create and gradually creatively implement a project of his/her life taking into account its typically human character (Nowak, 1999). This project should serve not only her, but also other people, which is possible only with the constant activation of such qualities as empathy, generosity, sensitivity to others, altruism, willingness to endure suffering for the good of others, the ability to give up one's own needs, sharing with others. A mature person is able to "be for another person" (Rynio, 2012, p. 62).

General's wife, Janina Fieldorf, emphasized that Emil was generous in giving to others and able to share what he had. He helped her mother and siblings when they fell into financial decline after the death of their father. Here are the words of Janina Fieldorf: "He turned out to be an extremely noble and good man (...). Until his siblings became independent, he contributed to the upkeep of such a large family and never let me feel that it was a burden for him" (Zachenter, 2018, p. 107).

The General was capable of sacrifice and of fighting against the odds. He remained steadfast in his duties, even when they seemed to crush him completely. He felt that he had to perform them, despite the pain and suffering. The upbringing of citizens with such qualities is extremely valuable for society, as it gives a chance that, despite the lack of rewards, someone will do this most difficult work for the Homeland (Roszkowski, 2019, 2020; Zwoliński, 2015).

In educating young people to maturity, it is worth being guided by the example of the General, and especially by the way in which he realised the value of sacrifice for the Homeland. This required a great effort from him. The General is an example of a person who sacrificially remains at his post, despite pain and suffering. Such an attitude contradicts the popular today consumerist approach to life, characterised by an unwillingness to overcome difficulties.

The General's ability to fight against adversity was directed towards higher goals and did not rely solely on the development of a strong will as an end in itself. As Zdzisław Chlewiński emphasises: "Life is not only about a strong will. People with an antisocial, egoistic attitude to others are often characterised by an equally strong will and a certain persistence in action" (Chlewiński, 1991, p. 8).

Ultimately, the higher goals are those which serve the other person. For General Fieldorf, homeland, with its long-awaited freedom, was always understood according to the principle of personalism. For Fieldorf, another human being, including his subordinate soldiers, was never a means to an end. In this sense, the General's attitude differed from that of many military leaders, who, even if they were attached to their soldiers, in the end often treated them instrumentally. Przemysław Wywiał, referring to a staff memo containing an opinion on Fieldorf in the 1920s, quotes the following description of the General: "He is distinguished (...) by an absolute lack of careerist traits in the form of nodding to superiors. He knows how to live with soldiers and raise them in the love of discipline and order; he is very popular among his subordinates. Calm, tactful, hard-working; possesses great economic skills. General evaluation: extraordinary" (Wywiał, 2013, p. 5).

Fieldorf's actions were not instrumental or servile in nature. The General also shunned an excessive sense of importance and snobbery. In his approach to others, whether superiors or subordinates, it was evident that he realised the value of the dignity of one's neighbour, where one's position and rank played a secondary role.

2.2. General Fieldorf "Nil" as a model of an autonomous man in thought and action, internally free

A mature person is characterised by inner autonomy. He is able to go beyond his own desires and needs, engaging in pro-social activity that directs his life. Undoubtedly, for Fieldorf such an activity was an active engagement in fighting for a free Poland. Such a Poland was the goal of his life. This goal was formed relatively quickly, already at the age of 17. Until then, young Fieldorf had problems with using his incredible energy. As his wife recalls: "In secondary school he had constant quarrels with teachers, was unruly, regarded school as a godsend, truant and, although very talented, often got failing grades (...). Emil later explained that the atmosphere in Krakow schools was so gloomy, so musty, that he could not stand it and often ran away to play truant" (Wywiał, 2013, p. 1).

In turn, his leadership qualities became apparent quite quickly. As the General's wife further emphasises: "He was the soul and initiator of various pranks, jokes, fights. A whole bunch of his peers in Lubicz Street and adjacent streets, not enjoying the best fame, had him as their leader" (Wywiał, 2013, p. 1).

The teenage Fieldorf's energy was put to good use when he joined the Riflemen's Association, which trained future servicemen and educated them in the patriotic spirit. It was here that Fieldorf finally felt at home, fulfilled, with an increasingly clear vision of what he wanted to pursue in life. He was greatly supported by being with people who thought like him, as reflected in the following words of his wife: "At last he found an outlet for his inexhaustible energy–Janina Fieldorf later recounted–at last he found himself among people who, like him, believed that no one would give independence to Poles, but they

had to fight for it with their weapons. How eagerly he ran to assemblies and listened to lectures, learning to use weapons" (Wywiał, 2013, p. 2).

The General was brought up in a family with a pro-social, patriotic attitude. His parents supported him in his plans, thus shaping his life orientation as a Polish soldier actively fighting for the freedom of his homeland. Seeing his passion for fighting and any physical activity, they allowed him to participate in scouting and shooting organizations. As already mentioned, Emil joined the "Strzelec" Society. He was 17 at the time. This organisation, created by Kazimierz Sosnowski (inspired by Józef Piłsudski), was a non-commissioned officer school, where the future general received military training and completed a lower officer course. Then, as a 19-year-old, in August 1914, he joined the nucleus of the Polish Army that Józef Piłsudski was creating. The words testifying to the attitude of the General's parents upon hearing of their son's decision are significant: "The parents did not object. The mother cried, but made frantic searches to properly send her son off, while the father declared briefly: 'Well, go–I would have gone myself if it weren't for the family'" (Zachenter, 2018, p. 106).

The content of this quotation confirms that Emil's parents, despite their fears and anxieties about their son, accepted his choices and supported their implementation. Thus Emil's upbringing demonstrates his parents' ability to reconcile two seemingly contradictory tasks: raising their son to be independent and maintaining a sense of community with his parents. This skill is a very important determinant of coping with parental tasks during the child's adolescence (Boyd, Bee, 2008). The described parents' attitude contributed to the consolidation of young Emil's life orientation linked to a specific vision of himself in the future–as a man actively fighting for Poland's freedom, a brave officer.

Fieldorf was a soldier who had reached the highest military rank in the military hierarchy–that of General. The autonomy of his actions cannot therefore be analysed in isolation from the fact that he was a high-ranking military officer, from whom, by definition, courage and the ability to create far-reaching plans, often later implemented in dangerous, life-threatening conditions, are required.

That Fieldorf was a courageous man is confirmed by the following words of his superior during his military activities in the 1920s: "He is distinguished by his courage, his ability to make quick decisions, his prudence in moments of danger" (Wywiał, 2013, p. 5).

Courage was one of the leading traits attesting to the General's capacity for autonomy, but it was accompanied by other traits that gave momentum to the actions taken: self-confidence, ambition, ability to take risks. The traits mentioned above are associated with a high concentration on the self. If not tempered by traits focused on others (devotion, generosity), they can lead to selfish actions, domination, excessive control and exploitation of others (Oldham, Morris, 2014). In the General's case, the uniqueness, magnetism and charm of his personality was precisely this mixture: ambition, panache and confidence, combined with generosity and altruism.

In soldiers, who by definition operate in challenging situations, one can see the trait of adventurism, understood as the willingness to take risks, the desire to experience strong sensations, perceiving danger in terms of a challenge (Oldham, Morris, 2014, p. 239). For the average person in difficult circumstances, there is a fear of what might happen unexpectedly. In contrast, for an individual with a high capacity for risk-taking in a threatening situation, self-confidence and the desire for powerful experiences are activated. As John Oldham and Lois Morris point out, for the strictly adventurous individual the most important things are their own experiences and living in the moment uninterrupted by looking at others (Oldham, Morris, 2014, p. 239).

Some risk-taking tendencies were characteristic of Fieldorf, but never to the extent that he thoughtlessly put others in danger. This was prevented by his other personality traits, such as devotion and self-sacrifice. These are qualities that allow one to see the good in others.

Again, it is worth emphasising that this peculiar mixture of traits is fascinating in the General's personality: on the one hand, readiness to take risks, bravery, goal orientation and decisiveness. The aforementioned traits are very attractive to those around him, because people who possess them are often so-called successful, intrinsically driven people with above-average

achievements. On the other hand, the General was characterised by altruism and generosity, which helped him to realise the value of love for others.

2.3. General Fieldorf "Nil" as a model of a person having reliable insight into himself

Self-insight involves a realistic knowledge of one's own motivation, without rigid, excessive use of defence mechanisms. This approach allows one to stand in truth before one's own limitations and to accept them. A person with a reliable insight into himself is said to be real, not pretending, simply being himself regardless of circumstances. Such an attitude is often met with admiration, sympathy and kindness from those around him, as evidenced by the following opinion about Fieldorf: "He was loved by non-commissioned officers and soldiers because he could never worry too much about buttons or an unbuttoned coat or an inaccurately cleaned shoe. He believed that the attitude of the soldier, his awareness, was more important. He controlled nutrition and required that weapons be properly maintained. He was bored and annoyed by the meticulous garrison regulations. He sometimes had conflicts with officers on duty because he walked in the park without a cap or did not salute someone. He would then come back angry and say that for him the army is good in wartime, but very oppressive in peacetime' (Zachenter, 2018, p. 5).

Self-insight is about discernment, understanding one's own most important principles in life, motives for behaviour, ideals. This discernment also concerns the hierarchy of values. Especially in dramatic, life-threatening situations, this hierarchy is subjected to verification. Then, it is no longer possible to avoid the final answer to the question: what is really most important for me? In the case of the General, this answer was given again and again after the end of the war. Fieldorf's maturity was tested again, because the end of the war was particularly dramatic for him. Many people in the world were celebrating, while for the representatives of the Polish independence underground, the period of roundups, traps, deportation to NKVD camps, and then torture and finally death, began. After the war, the Non-Combatant Soldiers quickly realised that the worst was yet to come, and that it was coming from the new political system in Poland and its representatives. Immediately after the end of the war, in March 1945, the General, unrecognised and under an assumed name (Walenty Gdanicki), was deported to an NKVD camp deep in the Soviet Union. He spent two and a half years there in inhuman conditions. As it turns out, in this monstrous situation, the General's hierarchy of values was further consolidated, with the good of others, honour and freedom of the Homeland always at the top. These values were realised by Fieldorf in the context of an encounter with another human being. The General realised the value of humanity by–as Mieczysław Gogacz would put it–remaining in a relationship with another person (Gogacz, 1999). In the circumstances of the Gulag, this was a relationship with fellow prisoners, deportees. What speaks in favour of imitating the General are not only his views, but also his actions realised in relationship with other people. At this point it is worth quoting the words of one of the exiles: "His greatest sanctity is his own and the nation's honour. His absolute is Poland. His programme was deed for her and constant burning. His everyday style was exemplary comradeship and friendship shown to people (...). He did not let anyone beat him in helping the weak. Where there was a breakdown, he went with a good word, and where there was a fall, he supported and literally carried. If he obtained even a small piece of bread, he did not touch it until he found friends with whom he could share it. The same happened with cigarettes, and it must be admitted that he was a passionate smoker" (Wywiał, 2013, p. 13-14).

In the most important moments of his life, the General was faithful to the values: Homeland and the other man. This fidelity to professed values protected him from the so-called conflict of conscience and pejorative axiological actions, such as conscious, negative changes in the hierarchy of values, including confusion or conscious rearrangement of their order (Denek, 2010). The value of the highest rank, that of the good of one's neighbour, was always the most precious to Fieldorf.

In the literature there are many divisions of values, where one of them is the division into declared and realised values. A great challenge for upbringing is to support the pupil in his development in such a way that in his life there is a correspondence between

actions and declared values (Chałas, 2006). On the example of General Fieldorf's life we can see, and this should be conveyed in the process of upbringing, that for living according to the highest values one often pays a high price. In Fieldorf's case, during his stay in the camp, the price was inhuman treatment, starvation, hard labour and irreversible loss of health. Eventually, after returning to Poland, he lost his life in the struggle for the highest values.

General Fieldorf "Nil" as a model of a mature person can mobilize for imitation. In the further part of the work, the question of how to encourage other people, especially young people, to imitate such an extraordinary man was considered.

3. Strategies to help accept General Fieldorf "Nil" as a model of a mature person

Passing on the values in upbringing process requires answering to the following questions: How to communicate values in a fruitful way? Are there any strategies that can help educators? If we assume that General Fieldorf may be a model of a person to whom it is worthwhile to be like, how can we encourage others to do the same, especially the youth? Marian Nowak lists three strategies to help educators in this process: dissonance, certification, and stimulation (Nowak, 1999).

3.1. The dissonance strategy

The dissonance strategy makes use of unpleasant emotional experiences resulting from the incompatibility between the individual's previous experiences and judgements on a particular topic and his current sphere of experiences and judgements. "Being confronted with (...) information that contradicts the previous information, the educated person comes to the awareness of the existence in himself of an internal inconsistency in the system of values, the existence of which he was not aware" (Nowak, 1999, p. 423).

In an era of widespread relativism and struggle for adaptation, the attitude of General "Nil" confirms that one can be a hero and sacrifice one's own life for other people. This attitude is likely to cause cognitive dissonance in young people who are not yet manicured enough for their conscience not to tell them that the ability to adapt to external conditions, while often useful, cannot be an end in itself. The General's courageous conduct, though it led to his tragic death, must fascinate, terrify and attract at the same time. It confirms that the unquestionable realisation of the highest values is possible. The General's attitude made a shocking impression even on Witold Gatner, one of the prosecutors taking part in Fieldorf's trial. Gatner recounts the final course of the sentence as follows: "I was nervous, tense. I felt that my legs were shaking. The convict was looking me in the eye the whole time. He was standing upright. No one was supporting him. After reading out the documents, I asked the convict if he had any wish. To this Fieldorf replied: "Please inform the family". I stated that the family would be notified. I asked again if he still had any wishes. He replied that he did not. At that point I said: "I order the execution of the sentence". The executioner and one of the guards approached the condemned man. It all happened in a flash. (...). I would describe the convict's attitude as dignified. He made an impression of a very dignified man. One could simply admire his composure in the face of such a dramatic event. He did not shout or make any gestures. After the execution, probably after a few minutes, the doctor ordered the body to be lowered to the ground. Then the corpse lay on the floor for about 20 minutes. We stood nearby, silent. After this time had passed, the doctor looked at the corpse and conducted a brief examination. He declared: I confirm the death. It was 3.25 pm" (Wywiał, 2013, p. 23).

The General's attitude confirms that maturity cannot be seen in narrow terms of good adaptation. This ability, somewhat rightly considered a sign of mental health, treated as an end in itself may ultimately result in extreme conformism. Someone could say that the General had the opportunity to adapt to the changed political conditions and thus avoid death. It is known that Fieldorf resisted this temptation to conformism and remained true to his ideals. Although tormented, he did not betray anyone and, spending the last years of his life in prison, rejected

cooperation with Stalin's security service. This was not without internal struggle, especially when he saw how powerful the Stalinist opponent was. "Knowing in depth the methods of the NKVD, brought alive in Poland, he fell into doubt and powerlessness in the face of the methods of falsehood, hypocrisy and distortion of facts used. With nervous steps he walked from door to window and from window to door, several hundred times until he was exhausted (...). The need for an outlet for such accumulated energy was connected with internal, concealed anxiety; after all, he had left behind a loving wife, a faithful companion and children who loved him. This was not a state caused by fear for himself, for his sentence, or even for the loss of his life. He was tormented by monstrosities, accusations devastating the soldier's honour and, above all, helplessness" (Wywiał, 2013, p. 17).

The content of the above fragment confirms that maturity does not presuppose a permanent sense of peace and psychological comfort. Chlewiński emphasises that maturity cannot be identified with the absence of internal struggle, conflicts and tensions in human life (Chlewiński, 1991). On the contrary, in a situation such as the above, an internal struggle must occur, so as not to commit an axiological offence and, despite the tragic external conditions, to act in accordance with the professed hierarchy of values (Denek, 2010).

3.2. Certification strategy

The personal role model is the highest quality of the testimonial strategy (May, 2006). This strategy uses the mechanism of identification with a person who is presented as a model of certain behaviours (Nowak, 1999). At the beginning it may be only simple imitation, ultimately this mechanism leads to experiencing the presented character in a deeper, more mature way. However, activation of this mechanism is only possible when the presented character genuinely embodies the postulated values, when there is an unquestionable correspondence between the declaration of certain values and actual life. Teenagers in particular are sensitive to any kind of falsity, lack of authenticity. The model must therefore be chosen with a standard of sincerity and credibility. In the process of upbringing to values, it is fundamental to come into contact with someone truly great, someone who is able to imprint himself in the memory and initiate the process of transformation (Nowak, 1999).

In the General's life, the period in which he ultimately bore the greatest witness was the time of the prosecution. After the war, the General was one of the most wanted soldiers by the secret police. In 1950 he was maliciously arrested. He was accused of absurdity: will of forcible overthrow of the state system. Tormented, he did not denounce anyone. When asked about the role of his significant collaborators in the fight against the German occupier, he explained himself with oblivion, cited insignificant facts, and referred to generally known facts (Wywiał, 2013). All this in order not to give anyone up, despite the violence and starvation he suffered.

In the case of General, it is noteworthy that his activity was characterised by the presence of extremely courageous actions (when intimidated and tormented, he defended his cause to the very end) and actions aimed at realising the value of love for one's neighbour (he would not give anyone away at the cost of his life). His courage was thus realised in the context of a constant readiness to make a sacrifice for his neighbour.

Worth emphasising are the words concerning the lack of concern for his fate, including the loss of life. The General thought more about his loved ones (his wife and children) than about himself.

In the case of the General, the death was as exemplary as it was dramatic and was a testimony to his entire life. The Stalinist authorities offered him to disclose the list of all the former Home Army soldiers he knew in exchange for saving his life. The General resolutely refused. Even in the worst of circumstances, he remained an altruist, for whom the good of others was one of the key values. He paid the highest price for this attitude. It is worth quoting the cruel court verdict, unambiguous in its meaning: "If that's the case, it's all over between us. You did not take advantage of an incredible opportunity. You could have saved lives for almost nothing. Now we no longer need you. You will regret it. You will hang" (Wywiał, 2013, p. 15-16).

3.3. Stimulation strategy

This mechanism requires finding values to which the pupil is already susceptible, which he has already noticed and is not alien to him, but does not know how to embody them in his own life (Nowak, 1999).

Fieldorf as a role model may mobilize the youth to imitate him, especially in the context of his courage. Courage is a conscious, bold attitude towards danger. A synonym for courage is bravery, fearlessness, fortitude, which may impress, in particular, boys and young men.

The General bore witness to his courage throughout his life. As a teenager he was already active in the rifle organisation. The number of battles in which he participated as a 20-year-old is impressive. He fought at: Czarkow, Chyżówki, Budy Michałowski, Łowczówek (here he was wounded), Kozinek, on the Nida River, at Konary, Ożarów, Jastkow, Kamionki, on the Stochód River (Wywiał, 2013). For his bravery in the battle of Hulewiczami, at the age of 23, he was awarded the Virtuti Militari order of V class. At the end of World War I, he participated in the process of disarming the Austrians in Malopolska, and fought against the Ukrainians near Lviv and Przemyśl. Then he took part in battles against the Bolsheviks: in Lithuania (for Vilnius), in Latvia, for Białystok, for Berenika and Staworowo, near Sejny, for Lida and Nowogródek, near Korelicz (Wywiał, 2013). At the same time he was promoted to the rank of first lieutenant and then captain. He was assessed by his superiors as an extraordinary officer of incredible courage (Wywiał, 2013).

In the case of a role model, there should be a correspondence between their authentic life and their declarations. How easy it is to be courageous only in words! In today's post-modern times, the ubiquitous verbal propaganda has caused the devaluation of words and any declarations, they mean less and less, and the speakers who proclaim them are not taken very seriously (Nowak, 1999).

General Fieldorf "Nil" cannot be taken unseriously. The number of battles in which he took part and the appraisal given by his superiors speak for themselves and may impress not only young people.

The actions commanded by the General, especially those carried out within Kedyw, are impressive in their momentum, bravura and effectiveness. Here, for educational purposes, it would be worth pointing out that the momentum of Fieldorf's actions was inscribed in his service to his fellow man. The General was not one of those authoritarian people who seek, above all, confirmation of their own self in the actions they undertake. Fieldorf combined bravado with caution in using the lives of his soldiers.

Summary

General Emil Fieldorf "Nil", the representative of the Steadfast Soldiers, is a model of a mature person. He fulfilled the criteria for maturity of personality listed by Chlewiński: he treated other people as an intrinsic value, was autonomous in thought and action, and was characterized by a reliable insight into himself. In order to mobilise other people, in particular young people, to imitate the General, it is worth using the previously described strategies: dissonance, imitation and stimulation.

Emil Fieldorf treated his maturity as a task, as something that had to be constantly worked on. He imposed huge demands on himself, which activated the process of self-education (self-development). General's maturity was particularly evident towards the end of his life, when, as a soldier of the Polish independence and anti-communist underground, he was tortured, unjustly accused of betraying his country and finally sentenced to death by hanging.

If we want to be like him, we should remember that one can never stop working on oneself. Whoever claims to be already formed in his maturity is mistaken, because man continues to grow and develop until death. Death is the last stage of man's life, and the example of the General shows how difficult an exam it can be. The General passed this exam with flying colours. His whole earlier life was a preparation for this final moment. In this sense, Fieldorf "Nil" is a representative of that group of people about whom, several decades later, Cardinal Wyszyński said that they knew how to both live beautifully and die beautifully (Rynio, 2018).

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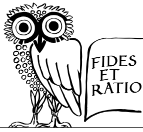

Quarterly Journal Fides et Ratio
Issue 4(52)2022, ISSN 2082-7067, Pages 54-66

Family values and mental health in adulthood – perspective of transversal studies

Wartości rodzinne i zdrowie psychiczne w okresie dorosłości – perspektywa badań poprzecznych[1]

https://doi.org/10.34766/fetr.v4i52.1125

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Abstract: Introduction: The aim of the research was to estimate the correlation between the dimensions of family values and the dimensions of mental health. *Method:* The research was carried out using the CAWI method in a group of 1,480 adults. The Familism Scale, the 4DSQ questionnaire and the questionnaire were used. *Results:* The following hierarchy of family values was obtained: Individualism, Family support, Respect, Religion, Material success and achievement. Higher intensity of values Family support coexisted with a lower risk of disorders in the sphere of mental health. The pursuit of self-sufficiency increased the likelihood of depressive symptoms, and the preference for behaviors strengthening family traditions predicted the occurrence of somatic symptoms. *Conclusions:* The role of family values as protective factors and risk factors for disorders in the field of mental health prompts the development of a preventive strategy addressed to people in adulthood, aimed at strengthening mental resilience.
Keywords: family values, mental health, adulthood.

Abstrakt: *Wstęp:* Celem badań było oszacowanie występowania współzależności między wymiarami wartości rodzinnych a wymiarami zdrowia psychicznego. Metoda: Badania przeprowadzono metodą CAWI w grupie 1480 osób dorosłych. Wykorzystano Skalę Familizmu, Kwestionariusz 4DSQ oraz ankietę. *Wyniki:* Otrzymano następującą hierachię wartości rodzinnych: Indywidualizm, Wsparcie rodzinne, Szacunek, Religia, Sukces materialny i osiągnięcia. Wyższe nasilenie wartości Wsparcie rodzinne współwystępowało z niższym ryzykiem zaburzeń w sferze zdrowia psychicznego. Dążenie do samowystarczalności zwiększało prawdopodobieństwo objawów depresyjnych, a preferowanie zachowań umacniających tradycje rodzinne prognozowało występowanie objawów somatycznych. *Wnioski:* Rola wartości rodzinnych jako czynników chroniących i czynników ryzyka zaburzeń w obszarze zdrowia psychicznego skłania do opracowania strategii prewencyjnej adresowanej do osób znajdujących się w okresie dorosłości, mającej na celu wzmacnianie odporności psychicznej.
Słowa kluczowe: wartości rodzinne, zdrowie psychiczne, dorosłość.

Introduction

The family understood as a microstructure setting the social context of the primary and the strongest experiences of a human being is able to weaken or strengthen stressors, whose sources are to be found in the macro-social environment. The family system can be a safe space for creating interpersonal relationships, which are the basis of support and resources necessary for solving different life problems (Campos, Ullman, Aguilera, Dunkel Schetter, 2014; Killoren, Wheeler, Updegraff, McHale, Umaña-Taylor, 2021; Son, Updegraff, Umaña–Taylor, 2022; Volpert–Esmond, Marquez, Camacho, 2022). On the other hand, it can provoke a risk of experiencing various mental burdens by family members (Baumeister, Leary, 1995; Hernández, Ramírez, Flynn, 2010; Mercado, Morales, Torres, Chen, Nguyen–Finn, Davalos–Picazo, 2021; Repetti, Taylor, Seeman, 2002; White, Hughes, 2021). One of the factors affecting the thoughts, views, actions and feelings of family members is familism. Familism is regarded as a culture value emphasizing a strong attach-

1 Artykuł w języku polskim: https://www.stowarzyszeniefidesetratio.pl/fer/2022-4-Matyja.pdf

ment to and dependence on the family. In the studies of familism, its three most important components were identified, such as: obligations to the family and its members, family support and dependence on the family understood as a reference group (Marín, Marín, 1991). In this study, it is assumed that familism has five dimensions, such as: *Family support, Respect, Religion*, Material success and achievements and Individualism. *Family support* is a dimension describing the need for maintaining relationships and supporting the members of the family, including the extended one. *Respect* is described as a family value emphasizing the role of proper intergenerational relationships and enhancing the importance of the parents for their children in the aspect of their attitudes, authority, and wisdom in their decision making process. *Religion* covers the sphere of spirituality. The family value called *Material success and achievements* refers to the importance of material success and achievements understood as giving priority to earning money and striving for achievements through competition. The last of the mentioned family values, *Individualism*, emphasizes the importance of independence and self-sufficiency (Walęcka–Matyja, 2020, p.800).

In the related literature, *a double pattern of familism* has been described, which means that some of its dimensions can play protective roles (e.g. family support) whereas others can cause stress (e.g. reference to the family, obligations) (Knight, Sayegh, 2011).

The studies show that the familism dimensions can significantly affect the condition of health and the decisions related to health care. In the Latin society, family support influences the quality of life, the symptoms of an illness and suffering (Diaz, Niño, 2019; Urizar, Sears, 2006) as well as conditions effective behaviours in the face of an illness, which means, for example, encouragement to follow a doctor's recommendations (Gonzalez, Gallardo, Bastani, 2005; Hsin, Valenzuela, Taylor, Delamater, 2010). On the other hand, some negative effects of familism can include the feeling of compulsion to take up unhealthy eating patterns (Adams, 2003) or discouraging HIV testing because of the fear of being isolated by the closest family (Roldan, 2007). The essence of familism in collectivist cultures, such as the Latin and Asian ones, consists in putting the family values over the needs of an individual. Thereby, mental disorders can arouse anxiety, the feeling of stigmatization of an individual and delay treatment, but, on the other hand, they are often understood as a failure of the whole family (Caplan, 2019). A lot of members of Latin families do not disclose the symptoms of mental health disorders in order to maintain the coherence of the family system. The insufficient level of knowledge or awareness of how undisclosed emotions and illness symptoms provoke anxiety can deprive a lot of ill people of adequate help (Villatoro, Morales, Mays, 2014).

Some incongruence in the results of the research on familism and its importance for mental health has made us undertake scientific exploration in this area. That is because the Polish society is considered family-centric, just like the Italian or Spanish one (Szlendak, 2015). That means that the family is highly appreciated in the hierarchy of values, like the nation and religion (Koralewicz, Ziółkowski, 1990). Although it is stressed that the Polish Society is slowly transforming from a collectivist into individualistic one, this direction of change should not be identified with the complete disappearance of collectivism (Bąbka, 2012). The recent results of the research conducted by CBOS allow for the statement that *family happiness* was number one among the most important values for Poles (80%), number two was *health* (55%) and number three was *peace of mind* (48%) (CBOS, 2019). The pandemic has changed the value ranking for Poles. In 2020, during the pandemic it was *health* that was the most frequently chosen value (47%). The second place went to *family happiness* (39%) (CBOS, 2020). Health, well-being of the family have currently become more important than in the period before the pandemic (ARC Market and Opinion in cooperation with ERGO Hestia, 2021). Good health determines the ability of development and self-realization and gives an individual a chance for reaching satisfaction with life. It is not only physical, mental and social well-being or a lack of illness. People enjoying good health demonstrate a high level of commitment in various spheres of social life, professional work and close relationships. In the present study mental health is described through deterioration of symptoms in four key dimensions, i.e. stress, depression, anxiety and somatization. The scale of *Stress* measures the perception of tension caused by high expectations,

psychosocial challenges, everyday problems, life events or traumatic experiences. The scale of *Depression* assesses relatively specific symptoms, such as anhedonia and negative beliefs. The scale of *Anxiety* enables assessing symptoms typical of anxiety disorders. The scale of *Somatization* measures the symptoms of somatic distress and somatic disorders. Worsening of the results in the four dimensions of mental health reflects the degree of the subjective mental suffering of the examined persons (Czachowski, Izdebski, Terluin, Izdebski, 2012).

1. Aim of Study

Three research aims were set. The first of them referred to determining the profile of familism dimensions. The second aim was to determine differentiation in the strength of familism dimensions in the groups selected according to age and gender. The last aim concerned establishing correlations between familism dimensions and the mental health ones. In relation to the above-mentioned aims, three research questions were formulated.

1. What does the profile of familism dimensions look like? Which of the dimensions reach the highest scores?
2. Is there differentiation in the strength of familism dimensions?
3. Are there any correlations between familism dimensions and mental health ones?

In reference to the partly explorative nature of the study and the presented research questions, some general research hypotheses were set.

Hypothesis 1. There is differentiation in the strength of familism dimensions depending on the age of the respondents.

Hypothesis 2. There is differentiation in the strength of familism dimensions depending on the gender of the respondents.

Hypothesis 3. Family values from the collectivist trend coexist with better mental health of the respondents.

Hypothesis 4. Family values from the individualistic trend coexist with poorer mental health of the respondents.

2. Method

2.1. Respondents

The study covered 1480 adults (n = 960 women; 64.9% and n = 520 men; 35.1%). They were in three adulthood sub-periods, i.e. early adulthood, middle adulthood and late adulthood (Brzezińska, Appelt, Ziółkowska, 2015). Table 1 presents the distribution of gender of the respondents in the age groups.

The majority of the respondents were young adults and women.

Table 1. Gender of respondents in compared age groups

	Age							
	18-35		36-54		55+		Total	
	n	%	*n*	%	*n*	%	*n*	%
Women	732	63,2	203	68,6	25	96,2	960	64.9
Men	426	36,8	93	31,4	1	3,8	520	35.1
Total	1158	100	296	100	26	100	1480	100

n – number of people; % – percentage of group

2.2. Procedure and materials

The research was conducted in 2021, by the CAWI method, which means a computer-assisted web interview (Stanisławski, 2017). The participants were informed that the research had scientific purposes, was anonymous and voluntary and respected the ethical principles of psychological research and that they could withdraw from the research any time without any consequences. To measure the analysed variables, two psychological questionnaires with good psychometric properties and a demographic poll were used.

Familism Scale in the Polish adaptation of Walęcka–Matyja (2020) was applied to measure three dimensions of familism from the collectivist trend (Respect, Religion and Family support) and two values from the individualistic one (Material success and achievements and Individualism). The respondent was asked to refer to 44 items concerning what people might think and believe on a 5-degree Likert scale. The Cronbach α coefficients reached high values for the dimension Respect (0.91), Material success and achievements (0.87) and Religion (0.95). The validity of the Individualism scale is 0.63, and for the scale of Family support it is 0.70 (Walęcka–Matyja, 2020).

The four-dimensional symptom questionnaire (4DSQ) in the Polish adaptation of Czachowski, Izdebski, Terluin, Izdebski (2012) was used to measure four dimensions of mental health: stress, depression, anxiety and somatization. The respondent was expected to refer to 50 statements on a 5-degree Likert scale, where the answers related to the frequency of doing a given activity ranged from "never" up to "very often/always". The Cronbach α coefficient values for the individual dimensions of 4DSQ were between 0.82 to 0.88 (Czachowski et al., 2012). In this study, the terms of *stress*, *depression*, *anxiety* and *somatization* were used as headwords covering sets of symptoms respectively concerning: stress, depression, anxiety and somatic problems.

The poll allowed us to collect such data as: age, gender, place of residence and education.

The analysis was carried out with the use of the software SPSS Statistics (PS Imago Pro 7.0, IBM SPSS Statistics 27, licensed by University of Łódź). The following tests were used in the study: Fisher-Snecedor test with Bonferroni correction, Student t test for independent samples, Games-Howell test and line regression analysis based on input method. The adopted level of significance was $p < 0.05$.

3. Results

3.1. Descriptive statistics

Table 2 shows the descriptive statistics for the analysed variables i.e. mean values, standard deviations, minimum and maximum values and values of skewness measures and kurtosis.

In case of distributions of strengths of the results on the scales of stress, depression and anxiety, the values of skewness and/or kurtosis measures exceeded 1, therefore the analyses concerning these variables were conducted on the basis of the bootstrapping method.

Table 2. Descriptive statistics for the analysed interval variables

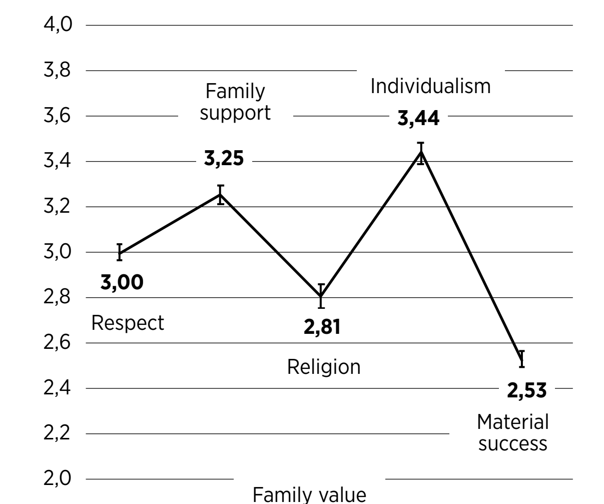
Variables	*M*	*SD*	*min*	*max*	*S*	*K*
Respect	42,01	10,66	14	70	-0,04	-0,37
Family support	19,52	4,93	6	30	-0,33	-0,64
Religion	19,65	7,49	7	35	-0,08	-0,79
Individualism	17,21	4,52	5	25	-0,48	-0,55
Material success	30,32	8,71	12	60	0,15	-0,52
Stress	20,29	12,95	0	80	0,91	1,93
Depression	5,28	4,73	0	28	1,52	4,34
Anxiety	10,01	7,96	0	55	1,09	3,69
Somatization	16,43	10,57	0	51	0,42	-0,04

M – mean value; *SD* – standard deviation; *min* – minimum; *max* – maximum; *S* – skewness measure; *K* – kurtosis measure

3.2. Familism dimensions profile

Due to the fact that the familism scales are based on a different number of items, for the purpose of the analysis concerning the comparison of the strength of the results on individual scales, the results were calculated as averages of the points obtained in individual items.

Based on the results of the analysis of variance with recurring measurements, it was found out that between the results on individual familism scales,



Picture 1. Mean values of results on familism scales with 95%-confidence intervals.

there were statistically significant differences, $F(2.92; 4323.04) = 353.75$, $p<0.001$, $\eta 2 = 0.19$. Picture 1 shows mean values of the results on familism scales with 95%-confidence intervals established based on Bonferroni correction.

There were statistically significant differences between all the compared scales. The highest scores were obtained on the Individualism dimension, then lower scores were on the Family support dimension, next on the Respect and Religion ones. The lowest scores were obtained on the Material success and achievements dimension.

3.3. Differentiation between age groups in the strength of familism dimensions

Table 3 shows mean values of the strength of familism dimensions in the group of people aged 18-35 years, in the group aged 36-54 years and in the group of people aged 55 years and older. The sheet was completed with the values of univariate analysis of variance.

We found some statistically significant intergroup differences concerning the results on all the familism dimensions, except for Religion. Based on the Games-Howell test, it was found out that there were statistically significant differences in the results on the dimension of Respect between the group of people aged 18-35 years and the one aged 36-54 years, $p<0,001$, and the group of respondents aged 55 years and older, $p<0,01$. The mean value of the results on the dimension of Respect was lower in the group aged 18-35 years than in the other two groups (comp. pic. 2).

Based on the Games-Howell test, it was also found out that there were statistically significant differences as regards the Family support dimension between the group of people aged 18-35 years and the one aged 36-54 years, $p<0,001$, and the group of respondents aged 55 years and older, $p<0,01$. The mean value of the results on the Family support dimension was lower in the group aged 18-35 years than in the other two groups (comp. pic. 3).

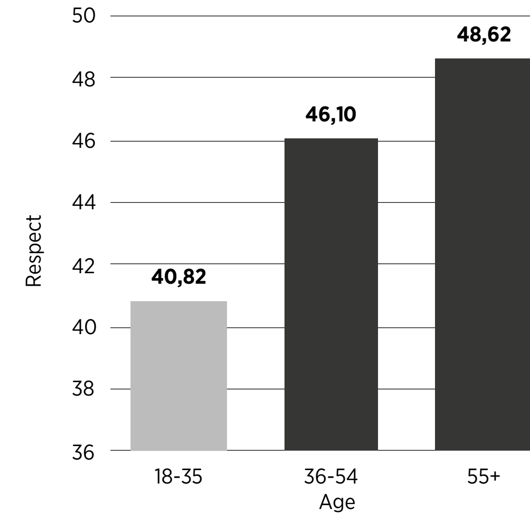
Based on the Games-Howell test, it was also found out that there were statistically significant differences as regards the dimension of Individualism between the group of people aged 18-35 years and the one aged 36-54 years, $p<0,001$, and the group of respondents aged 55 years and older, $p<0,01$. The mean value of the results in the Individualism dimension was lower in the group aged 18-35 years than in the other two groups (comp. pic. 4).

Based on the Games-Howell test, it was also found out that there was a statistically significant difference as regards the dimension of Material success and achievements between the group of people aged 18-35 years and the one aged 36-54 years, $p<0,001$. The mean value of the results in the Material success and achievements dimension was higher in the group aged 18-35 years than in the group aged 36-54 years (comp. pic. 5).

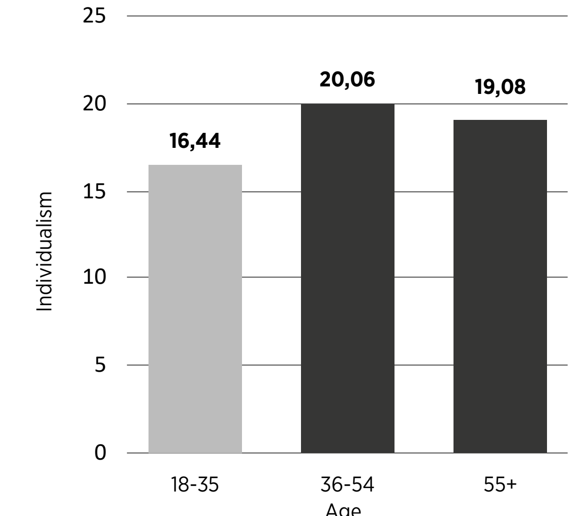
Table 3. Mean values of strength of familism dimensions in group of people aged 18-35 years, in group aged 36-54 years and in group of people aged 55 years and older

	Age								
	18-35		36-54		55 +				
Variables	*M*	*SD*	*M*	*SD*	*M*	*SD*	*F*	*df*	*p*
Respect	40,82	10,14	46,10	11,39	48,62	11,51	35,66	2,1477	0,001
Family support	19,09	4,98	20,95	4,49	22,00	2,83	20,67	2,1477	0,001
Religion	19,51	7,10	19,91	8,73	22,54	8,95	2,30	2,1477	0,101
Individualism	16,44	4,60	20,06	2,85	19,08	2,88	87,10	2,1477	0,001
Material success	31,35	8,55	26,50	8,38	27,92	7,13	39,39	2,1477	0,001

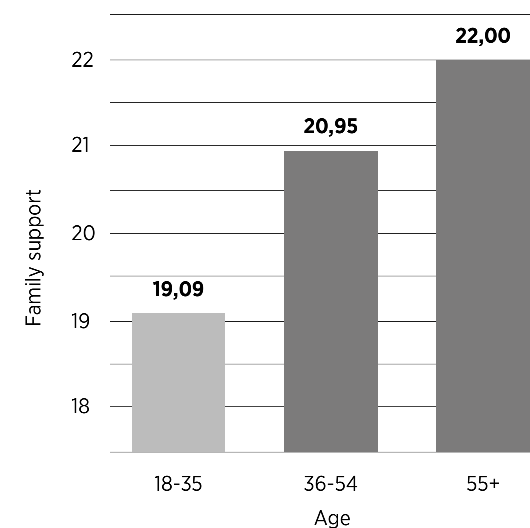
M – mean value; *SD* – standard deviation; *t* – value of Student t test for independent samples; *df*– degrees of freedom; *p* – statistical significance



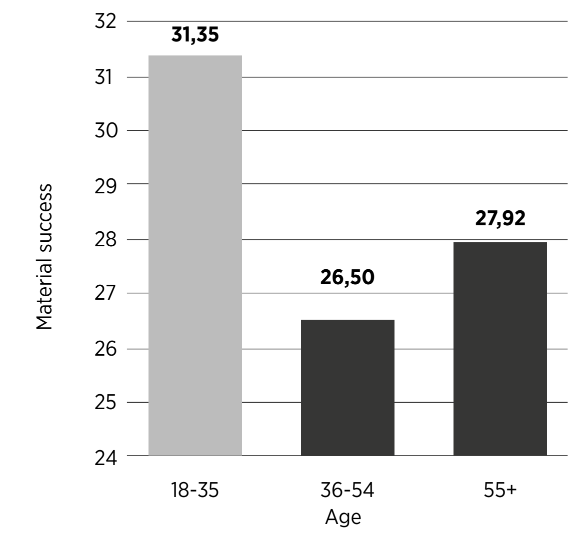
Picture 2. Average values of results in Respect dimension in compared age groups



Picture 4. Average values of results in Individualism dimension in compared age groups



Picture 3. Average values of results in Family support dimension in compared age groups



Picture 5. Average values of results in Material success and achievements dimension in compared age groups

3.4. Differentiation between women and men in strength of familism dimensions

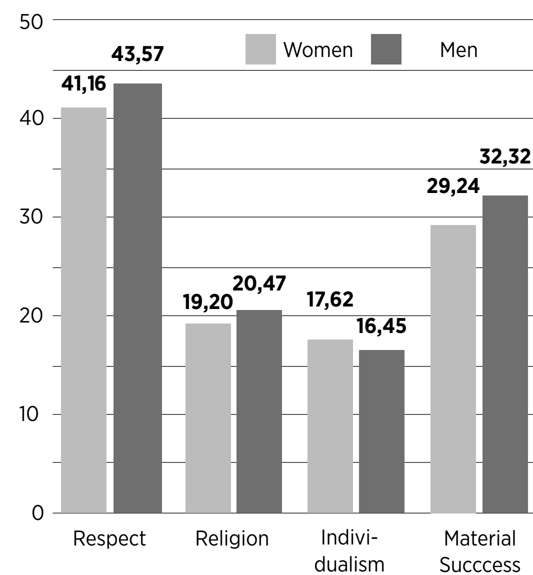
Table 4 shows mean values of the strength of familism dimensions in the groups of women and men. The sheet was completed with the values of Student t test for independent samples.

Some statistically significant differences were found between women and men in respect of the results obtained in all the analysed dimensions except the Family support scale. The mean values of the results on the dimensions: Respect, Religion and Material success and achievements were higher in the group of men whereas the mean value of the results in the Individualism dimension was higher in the group of women (comp. pic. 6).

Table 4. Mean values of strength of familism dimensions in groups of women and men

Variables	Women		Men				
	M	*SD*	*M*	*SD*	*t*	*df*	*p*
Respect	41,16	10,78	43,57	10,27	-4,17	1478	0,001
Family support	19,55	4,89	19,46	5,00	0,31	1478	0,756
Religion	19,20	7,66	20,47	7,10	-3,18	1135,29	0,001
Individualism	17,62	4,38	16,45	4,67	4,70	1007,60	0,001
Material success	29,24	8,44	32,32	8,86	-6,59	1478	0,001

M – mean value; *SD* – standard deviation; *t* – value of Student t test for independent samples; *df*– degrees of freedom; *p* – statistical significance



Picture 6. Statistically significant differences between women and men in strength of familism dimensions

3.5. Correlations between familism dimensions and results on mental health scales

The correlations between familism dimensions and the results on the mental health scales were analysed with the use of regression analysis based on the input method. The scores on the familism dimension scales were analysed as predictors. The scores on the scales of stress, depression, anxiety and somatization were analysed as response variables in separate models. Table 5 presents the results of the regression analysis conducted in the model where the scores on the scale of Stress were analysed as a response variable. The statistical significance was established based on the bootstrapping method.

Table 5. Results of analysis of correlations between familism dimensions and scores on scale of Stress

Predictors	*Beta*	*t*	*p*
Respect	0,04	0,52	0,605
Family support	-0,18	-2,48	0,004
Religion	-0,03	-0,49	0,585
Individualism	0,06	1,22	0,272
Material success	0,05	0,88	0,441

Beta – standardized regression coefficients; *t* – statistical significance test value of predictor; *p* – statistical significance

A statistically significant negative correlation was found between the scores on the Family support dimension and the scores on the scale of Stress. The scores on the Family support dimension explained 2.3% of variance in results on the scale of Stress.

Table 6 presents the results of regression analysis conducted in the model where the scores on the scale of Depression were analysed as a response variable. Statistical significance was established based on the bootstrapping method.

A statistically significant negative correlation was noticed between the scores on the Family support dimension and the ones on the scale of Depression and a statistically significant positive correlation between the scores on the Individualism dimension and the ones on the scale of Depression. The scores on the Family support and Individualism dimensions jointly explained 2.6% of variance in scores on the scale of Depression.

Table 7 shows the results of regression analysis conducted in the model where the scores on the scale of Anxiety were analysed as a response variable. Statistical significance was established based on the bootstrapping method.

A statistically significant negative correlation was noticed between the scores on the Family support dimension and the ones on the scale of Anxiety. The scores on the Family support dimension explained 1.6% of variance in scores on the scale of Anxiety.

Table 6. Results of analysis of correlations between familism dimensions and scores on Depression scale

Predictors	*Beta*	*t*	*p*
Respect	0,05	0,71	0,480
Family support	-0,14	-1,93	0,025
Religion	-0,06	-0,97	0,360
Individualism	0,12	2,40	0,017
Material success	0,09	1,65	0,149

Beta – standardized regression coefficients; *t* – statistical significance test value of predictor; *p* – statistical significance

Table 7. Results of analysis of correlations between familism dimensions and scores on Anxiety scale

Predictors	*Beta*	*t*	*p*
Respect	0,07	0,92	0,362
Family support	-0,19	-2,62	0,005
Religion	-0,02	-0,30	0,795
Individualism	0,05	1,00	0,362
Material success	0,07	1,31	0,281

Beta – standardized regression coefficients; *t* – statistical significance test value of predictor; *p* – statistical significance

Table 8. Results of analysis of correlations between familism dimensions and scores on Somatization

Predictors	*Beta*	*t*	*p*
Respect	0,26	3,46	0,001
Family support	-0,29	-4,07	0,001
Religion	-0,04	-0,71	0,476
Individualism	0,03	0,55	0,582
Material success	-0,04	-0,84	0,402

Beta – standardized regression coefficients; *t* – statistical significance test value of predictor; *p* – statistical significance

Table 8 shows the results of regression analysis conducted in the model where the scores on the scale of Somatization were analysed as a response variable. A statistically significant positive correlation was noticed between the scores on the Respect dimension and the ones on the scale of Somatization and a statistically significant negative correlation between the scores on the Family support dimension and the ones on the scale of Somatization. The scores in the Respect and Family support dimensions jointly explained 4.3% of variance in scores on the scale of Somatization.

Discussion of results

The problem matter of familism seems to be always up to date as these values affect the way how family members think, act and feel. However, the most important thing is to realize which values are considered especially essential and be able to implement them. Nowadays, there are many voices raising the issue of the crisis of values, including family ones. Therefore the question appears: what does that mean? Is that a modification of the system of an individual or a retreat from traditional values in favour of those of the individualistic trend, or maybe vice versa? Is that a retreat from any values or even their denial? In the process of searching for and updating their values, a person is able to develop the ability of being mindful, listening carefully to the constantly changing flow of their experiences. Since, values are related both to the personal development of a person and to interpersonal relationships in the social environment, e.g. in the family. From the psychological perspective, the most beneficial values are those which contribute to helping others, improving other people's well-being, changing the world, or at least one's family for the better. Though, it happens that in the process of education the issues of personal, family values seem to an obligation that has to be fulfilled to get accepted by other people. This kind of understanding the essence of an individual's axiological sphere development does not facilitate finding the meaning of one's life. Since, a person discovers their own way of life through experiencing values and understanding the role they play in their life (Mellibruda, 2001).

The first research issue analysed in this study concerned determination of the profile of familism dimensions in the examined sample of adults. The results of the replication studies obtained here, concerning the preferred values do not fully correspond with the results of the study from 2020, which included

200 adults aged 18-81 years (see Walęcka–Matyja, Janicka, 2021). In the recent study, the most frequently declared value was that of striving for independence and self-sufficiency (Individualism). Lower scores were obtained for the Family support dimension and then the Respect and Religion ones. The lowest scores were obtained for the Material success and achievements dimension, understood as a value emphasizing the importance of success reflected in earning money and striving for achievements through competition. The results of the studies of this issue conducted so far are incoherent. In the previous studies (Walęcka–Matyja, Janicka, 2021), the highest scores were obtained for a dimension form the collectivist trend (Respect). This value emphasizes the need for maintaining proper intergenerational relationships and enhancing the importance of the parents for their children in the aspect of their attitudes, authority and wisdom in their decision making process (Walęcka–Matyja, 2020). Lower scores were obtained for the Material success and achievements, Family support and Religion dimensions. And, the lowest scores were obtained for the Individualism dimension (Walęcka–Matyja, Janicka, 2021, p. 96). On the other hand, the results of another study, which covered 234 people in early and middle adulthood (respectively n = 127 and n = 107) indicate that the highest strength of family values was obtained for the Individualism dimension, then Family support and Respect, Religion and Material success and achievements (Walęcka–Matyja, Banach, in print). That is interesting from the cognitive point of view. There are a few ways of explaining the obtained contradictory results. It is possible that the dynamically changing political-social situation caused by the Covid-19 pandemic, the war in Ukraine, the potential economic crisis made family members appreciate, in a greater degree, individualistic values, including independence and self-sufficiency. Concern and worry about providing for the family dominated other family values. Another explanation of the obtained results may be connected with the distribution of the variable of *age* in the examined groups. In the present study, there was a bigger representation of young adults (n = 1158). In the previous study, the distribution of the variable of *age* was more balanced. There were 60 young adults, n = 60 people in middle adulthood and 100 late adults (Walęcka–Matyja, Janicka, 2021). Having in mind family value choices preferred by young adults, i.e. mainly Material success and achievements, it is assumed that the distribution of age in the mentioned studies affected the obtained results. Citing the results of the studies of family values transmission, it was noticed that young adults placed material goods higher in the hierarchy of values than their parents did (comp. Walęcka–Matyja, 2022). Interpreting the family value choice preferred by young adults, giving priority to the importance of financial resources, we can refer to the developmental tasks presented in Havigurst's theory (1981). It assumes the existence of constitutive and universal activities, typical of a given period of life, which, if duly performed, lead to social acceptance, which in turn translates into the sense of satisfaction of an individual and allows them to go on to perform the tasks from the next stage of development. Failure in this area can result in life outside the society and personal well-being disorders. The source of developmental tasks includes social aspects, physical maturity, individual aspirations and cultural requirements. Depending on a culture, the content and order of developmental tasks may differ. Some of the tasks characteristic of young adulthood are getting a job, finding a social group where you belong, taking up civic responsibilities, running a household, establishing a close relationship with another person, getting a spouse and learning to live with them and starting a family (Havighurst, 1981). Therefore, the focus of young adults on the value of Material success seems quite understandable. The fact that they place material goods higher than their parents did is reflected in their life goals and plans which they are going to achieve.

The examined groups selected according to age were also differentiated in the aspect of other preferred family values. It was found out that the strength of two values from the collectivist trend (Respect and Family support) and one from the individualistic one (Individualism) was lower in the group of people in young adulthood in comparison with the groups of people in middle and late adulthood. The obtained results are congruent with the previously received

ones (comp. Walęcka–Matyja, Janicka, 2021). Referring to the findings from the previous studies, young adults also obtained significantly lower levels of strength of values from the traditional trend, i.e. Respect, Family support and Religion, in comparison with the groups of respondents in middle and late adulthood. Interpreting the obtained result, it is believed that people who were over 36 years of age become more aware of family values and their importance in life. According to Oleś (2012), that is connected with the process of human development and reaching mental maturity. On the other hand, it is puzzling from the psychological point of view that young adults received lower levels of strength of values emphasizing the importance of independence and self-sufficiency (Individualism) than the people from the older groups. That may be determined by other factors, including socio-economic ones, such as living with parents, mental immaturity, unsatisfactory economic conditions, e.g. poor chances for a well-paid job or own flat. It is supposed that these are the reasons why young adults postpone growing up and that is why they do not highly appreciate independence. They may be looking for their new identity and a respective new moral compass (Szafraniec, 2018). This issue, however, needs to be further scientifically explored in order to find out whether and how collectivist and individualistic family values are connected with the search for one's own self.

The next research issue referred to finding differentiation between women and men in the strength of familism dimensions. The studies have shown that there are differences in all family dimensions, except one of them, i.e. Family support. That means that the respondents from both compared groups assigned similar importance to providing for and supporting family members. That proves how important this vital pillar allowing the family system to function properly is. Since, Family support is regarded as the main familism dimension (Jocson, 2020). Considering the other results, it was noticed that a higher strength of the mean scores in the Respect, Religion and Material success and achievements dimensions was noted in the group of men whereas the mean value scores in the Individualism dimension was higher in the group of women. The obtained results confirm the findings from the previous studies, in which men also rated collectivist values, such as the need to maintain proper intergenerational relationships, the need to strengthen the role of the parents in shaping attitudes and making decisions by their children as well as belief in spiritual power, higher than women did. On the other hand, a family value from the individualistic trend, i.e. orientation towards financial success and striving for it through competition, is connected with the traditionally understood male social role. It is probably still strongly socialized in the process of boys' education, therefore it is more frequently observed in the choices of men (comp. Bąbka, 2012; Walęcka–Matyja, Janicka, 2021). The obtained results allow us to answer the first two research questions and confirm the assumptions of hypotheses 1 and 2.

The last of the studied research problems referred to correlations between familism dimensions and the scores on the scales of mental health. The obtained correlations were according to the assumed direction although they explained the variance in results of the explained variables in a low percentage. The small effects can be explained by the existence of moderating variables between familism and mental health dimensions (e.g., quality of family communication, quality of functioning of the family as a system).

Moving on to the detailed analysis and interpretation of the obtained results, a statistically significant negative correlation was found between the scores in the Family support dimension and the scores on the scales of Stress, Depression, Anxiety and Somatization. Interpreting the obtained result, it was found out that the will of maintaining relationships and providing help for the family members, considered a family value, reduced the risk of stress, depression, anxiety and somatization. The obtained results are consistent with the previous findings from the related literature. In the studies of Mexican-American families it was established that a high level of social support was a protective factor (Umana-Taylor, Updegraff, Gonzales-Backen, 2011). The essence here is warm, responsive interactions with close people, showing an individual that they are appreciated, loved and respected in the family (Gable, Reis, 2006). This experience is the basis for the perceived social support understood as the feeling of being loved, cared for and

supported by their family (Wills, 1991). The feeling of being supported has a protective influence on mental and physical health, especially including stress and depression (Taylor SE, 2011). The findings on the correlations between mental health and familism indicate a negative correlation between these variables, emphasizing the role of familism as a protective buffer against depression (Ornelas, Perreira, 2011). However, it is stressed that the findings from the studies of the correlation between familism and depression are characterized by lack of congruence. Some researchers do not indicate statistically significant correlations or point to a greater number of symptoms of depression coexisting with a higher level of familism (Zeiders, Updegraff, Umana-Taylor, Wheeler, Perez-Brena, Rodriguez, 2013). Considering the occurrence of correlations between familism dimensions and the scales of mental health, some statistically significant positive correlations were also noticed between the scores on the Individualism dimension and the scores on the scale of Depression and between the scores on the Respect dimension and the scores on the scale of Somatization. Discussing the obtained results, it has been observed that family members more oriented on gaining independence and self-sufficiency (Individualism) were more vulnerable to the risk of depression. The sense of responsibility for oneself is connected with the ability to cope with both successes and failures. If a person is poorly embedded in a social network, they may not feel enough support from close people, which may lead to lowering the mood or even depression symptoms. That has resulted from numerous findings of the studies focused on the role of social support as a factor reducing the risk of mental health problems (Gawrych, Cichoń, Kiejna, 2022; Qi, Zhou, Guo, Zhang, Min, Li, Chen, 2020; Wills, 1991). On the other hand, people who see the importance of a value from the collectivist trend, understood as the need for maintaining proper intergenerational relationships and strengthening the role of parents in respect of both attitudes and the authority (Respect) are more likely to experience somatic symptoms. Interpreting the obtained results, it has been indicated that too many family obligations can be overwhelming for an individual, for example, doing professional work and taking permanent care of a chronically ill family member. Family members in such situations experience the so called *double familism pattern*, which, on the one hand, makes the family provide support, and, on the other hand, such an undisclosed feeling of being overpowered with helping other people or even burnout may lead to somatic symptoms. That has been proved by some results of the studies of familism indicating its disadvantageous effects (Fugini, Telzer, Bower, Irwin, Kiang, Cole, 2009; Sayegh and Knight, 2011). These difficult scenarios can be especially depressing for someone who, for example, has a big family since they disrupt the positive expectations concerning close family relationships or reduce the ability of an individual to fulfil the obligations due to deterioration of mental health (Hernandez et al., 2010). The obtained research results allow us to answer the third research question and confirm the assumptions of hypotheses 3 and 4.

The research presented in the study is characterized by some limitations, which have to be paid attention to. Due to the voluntary nature of the research and the electronic method of conducting it, the obtained results cannot be extrapolated onto the whole adult population of Poles. Moreover, the quantitative approach is not a universal method, which would allow us to identify all symptoms of mental health, thus in a future project it is recommended to use mixed methods, qualitative research designed for looking for fuller answers to formulated research questions. The last of the mentioned limitations is a cross-sectional nature of the research, which does not enable following changes in the mental health of the examined adults.

The research results described in the present study provoke reflection on the importance of family values for mental health of adult people. It is emphasized that although a protective role of familism has been noticed, still little is known about the mechanisms that are at the heart of it (Crouter, Head, McHale, Tucker, 2004). This issue needs to be further scientifically explored, especially in longitudinal research. The protective and the risk factors in the area of mental health suggest the direction of preventive strategies addressed to adult people. Their essence is a bigger focus on mental health and long-term prevention programs aimed at building mental resilience.

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Quarterly Journal Fides et Ratio
Issue 4(52)2022, ISSN 2082-7067, Pages 67-78

Body image, mental resilience, spirituality, and mental health in the population of young adults

Obraz ciała, odporność psychiczna i duchowość a stan zdrowia psychicznego w populacji młodych dorosłych[1]

https://doi.org/10.34766/fetr.v4i52.1134

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Abstract: Recently, there has been a significant increase in prevalence of mental disorders among young people, and health psychology focuses on the strong need of implementing preventive activities aimed at strengthening the mental condition of this group of the population. The aim of the paper was to assess the interaction between personal dispositions such as mental resilience, spirituality, the attitude towards your own body, and mental health among young adults. The study was conducted in 138 students at secondary schools, 18-20 yrs. old in Lesser Poland. In the study there have been used the following measures: Mental Resilience Scale (SPP-18), Self-descriptive Questionnaire, allow to assess spirituality level, Body Image Questionnaire (MBSRQ), and Pathological Symptoms Questionnaire (SCL-27). The obtained results indicated that young adults, who present the higher level of mental resilience and positive attitude towards their own body, experience less symptoms of mental disorders. Moreover, the positive correlations were observed between mental resilience, spirituality level, and positive attitude towards body in both female and male groups. Young females compared to the examined males were less satisfied with their appearance, experienced enhanced mental symptoms, and worse assessed their competence to cope with daily difficulties. Concluding, mental resilience, spirituality and a positive attitude towards the body can be an important protective factor for the mental health of young people.
Keywords: body image, mental resilience, spirituality, mental health

Abstrakt: W ostatnim czasie obserwuje się istotny wzrost zaburzeń psychicznych wśród młodych osób a psychologia zdrowia zwraca uwagę na zasadność podjęcia działań prewencyjnych ukierunkowanych na wzmocnienie kondycji psychicznej w tej grupie populacyjnej. Celem niniejszej pracy była ocena związku między osobistymi dyspozycjami takimi jak: odporność psychiczna, duchowość oraz postawa wobec ciała a stanem zdrowia psychicznego młodych osób. Badanie przeprowadzone zostało wśród 138 uczniów liceum i technikum w wieku 18–20 lat, na terenie Małopolski. W badaniu zastosowano Skalę Odporności Psychicznej (SPP-18), Kwestionariusz Samoopisu do oceny poziomu duchowości, Kwestionariusz Obrazu Ciała (MBSRQ) oraz Kwestionariusz Objawów Psychopatologicznych (SCL-27). Wyniki przeprowadzonych analiz wskazują, że młodzi ludzie o wyższym poziomie odporności psychicznej, prezentujący pozytywną postawę wobec własnego ciała, doświadczają mniej symptomów zaburzeń psychicznych. Ponadto, zaobserwowano dodatnie korelacje między odpornością psychiczną, poziomem duchowości, a prezentowaną pozytywną postawą wobec ciała zarówno wśród młodych kobiet jak i mężczyzn. Młode kobiety w porównaniu do grupy badanych mężczyzn były mniej usatysfakcjonowane ze swojego wyglądu oraz doświadczały większego nasilenia objawów, a także niżej oceniały swoje kompetencje do radzenia sobie z codziennymi trudnościami. Podsumowując, odporność psychiczna, duchowość oraz pozytywna postawa wobec ciała mogą stanowić istotny czynnik ochronny dla zdrowia psychicznego osób młodych.
Słowa kluczowe: obraz ciała, odporność psychiczna, duchowość, zdrowie psychiczne

1 Artykuł w języku polskim: https://www.stowarzyszeniefidesetratio.pl/fer/2022-4-Pacut.pdf

Introduction

Recently, there has been an increase in the prevalence of mental disorders among young people. The normative challenges faced by those entering adulthood are already by their very nature debilitating and can cause mental health problems. In Poland, a „psychological wave" effect is described, consisting in the occurrence of an increasing number of adaptation and existential problems among young people, in which the implementation of developmental tasks and satisfaction of developmental needs becomes increasingly difficult, and the responsibility for their completion rests almost exclusively on the individual himself (Szafraniec, 2011; Wojtczuk, 2021). In addition, a new study conducted during the pandemic period reports increasing rates of anxiety disorders among 18–25-year-olds, 49.1%, and depressive disorders, 52.3%, as well as symptoms occurring as a result of experienced stress, 46% (Vahia et al., 2020). Systematic Polish and foreign reviews depicting the magnitude of mental disorders in young adults are increasingly worrying (Anczewska et al, 2019; Holmes et al, 2020; Pyżalski and Poleszak, 2022). Health psychology draws attention to the validity of taking preventive action that will contribute to strengthening and activating resources that allow an individual to maintain good mental health and improve their daily functioning. It is reasonable to look for individual resources that can potentially contribute to reducing the occurrence of symptoms of psychopathology. An analysis of the literature identified three personal dispositions such as mental resilience, spirituality, and body positivity, which may constitute protective factors for the mental health of young people entering the next stage of life.

Mental resilience may constitute a protective factor against the onset of symptoms of mental health disorders. It also appears to have a major impact on the mental health of both children and adults (Robins et al, 1996; Oshio et al, 2002; Strycharczyk and Clought, 2018; Masten et al, 2021 Sikorska et al, 2019). The importance of resilience in reducing the severity of psychiatric symptoms once they have occurred is described. The results of research relating to the correlation between spirituality and experiencing mental health disruptions are inconclusive although this issue is often addressed in relation to the analysis of health care issues (Puchalski, 2001; Puchalski, 2004; Godlewska et al, 2018; Surmacz et al, 2021). Most of the available literature emphasises the importance of high levels of religiosity in the prevention of the occurrence of mental disorders and, in addition, a significant factor influencing an individual's overall well-being (Gruszynski, 2016; Abdolkarimi et al., 2022). There is also an increase in scientific reports and publications in the research literature on the role of spirituality in the prevention or treatment of mental disorders (Rosmarin and Koenig, 2020; Rosmarin et al., 2021).

According to Jung's theory, spirituality is a factor that helps an individual in the cognitive recognition of the external and internal world and gives coherence to the human personality (Pawlikowski and Marczewski, 2009). Furthermore, spirituality appears to co-occur in a positive correlation with mental resilience (Southwick et al., 2011). In recent times, only a few scientific publications show the co-occurrence of body positivity with mental resilience. The research literature also indicates the importance of optimal levels of mental resilience when protecting against the development of negative attitudes towards one's own body (McGrath et al., 2009; Chaote, 2005). This is supported by research by Izydorczyk (Izydorczyk et al., 2018) as well as McGrath and Julie (2009), which enables the consideration of mental resilience as a strong predictor of positive attitudes towards one's physicality in women. Wiśniewska's (2014) findings show that the problem of accepting one's own corporeality in contemporary society can also affect the male gender. Body acceptance issues exacerbate the risk of mental health disorders (depression, eating disorders, etc.), the number of which continues to increase (Martz and Rogers, 2016; Sabik, 2017; Czepczor–Bernat et al., 2022).

The research topics fall within the fields of health psychology and developmental psychology. Developmental psychology has been emphasising the importance of theories targeting human developmental potential. Health psychology, on the other hand, draws attention to the importance of activities aimed at promoting health, including mental health. In the light of the recently developing and promoted holistic and salutogenetic approach to mental health, it is worth paying attention to the development and co-occurrence of an individual's resources. An individual's resources include, among other things, mental resilience, body positivity and spirituality. Undoubtedly, a thorough analysis of resources can contribute to developing prevention programmes aimed at young people entering adulthood.

The aim of the present study was to investigate the correlation between young people's mental health status and resources such as mental resilience, attitudes towards the body and spirituality (Fig.1). The overarching idea of the project is the applied dimension of the subject matter covered. Attempts to capture the psychophysical functioning of an individual continue to cause many difficulties for researchers and clinicians alike. The description of the co-occurrence of the examined psychological constructs in young people can provide the impetus for empirically validated mental health promotion programmes. Knowledge of individual resources that can be actively strengthened and transformed, and that further correlate negatively with the occurrence of symptoms of psychopathology, can be useful in developing supportive measures.

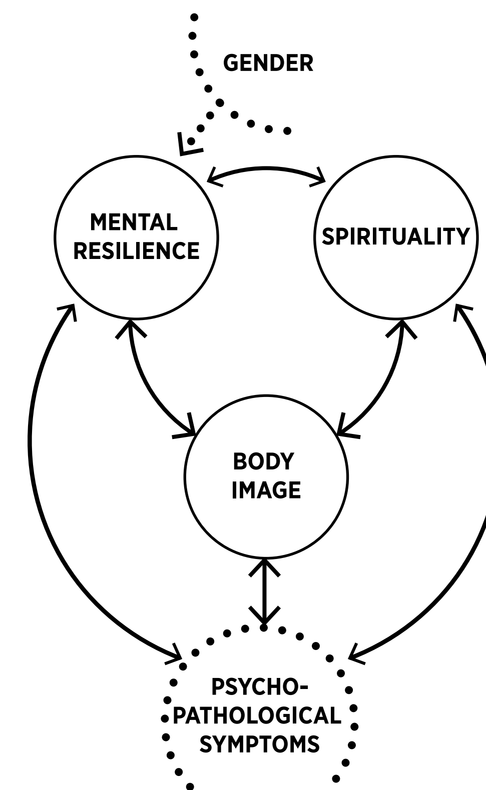

Figure 1. Mental resilience, attitude towards the body and spirituality

1. Method

The study was conducted among 138 final-year secondary school and technical school students in the Małopolska region who plan to attend university. Sixty-nine women and sixty-nine men, aged 18-20, took part in the study. In the female group, the mean age of the subjects was 18 years (SD= 0.497).

Similarly, in the male group, the mean age was 18 years (SD= 0.585). The respondents' assessed somatic health status makes it possible to conclude that most of the sample declared physical well-being (45%) (Fig.2).

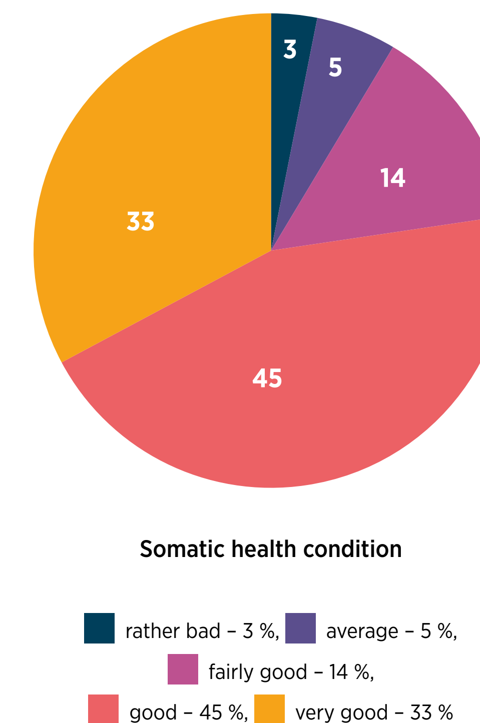

Figure 2. Pie chart of the somatic health status variable

Self-descriptive methods such as the Mental Resilience Scale (Ogińska-Bulik, Juczyński, 2011), the Self-Description Questionnaire (Heszen-Niejodek, Gruszczyńska 2004), the Body Image Questionnaire (Cash & Pruzinsky, 2002) and the SCL-27 Psychopathological Symptoms Questionnaire were used in the study.

- The Mental Resilience Measurement Scale (SPP-18) (Ogińska-Bulik & Juczyński, 2011) includes the following subscales: Optimistic attitude and energy (O) – 5 statements, Persistence and determination while taking actions (W) – 5 statements, Sense of humour and openness to new experiences (P) – 4 statements, Personal coping competence and tolerance of negative affect (K) – 4 statements and an overall score. The method has satisfactory reliability and relevance (Cronbach's alpha 0.82).
- Multidimensional Body-Self Relations Questionnaire (MBSRQ) (Brytek-Matera & Rogoza, 2015) consisting of the following main scales: Appearance Evaluation (AE) Scale, Appearance Orientation (AO) Scale, Fitness Evaluation (FE) Scale, Fitness Orientation (FO) Scale, Health Evaluation (HE), Health Orientation (HO), Illness Orientation (IO), and additional subscales such as Body Area Satisfaction (BAS), Overweight Preoccupation (OP), Own Weight Evaluation (SCW). The individual scales present satisfactory psychometric properties (Cronbach's alpha is 0.53-0.83, depending on the scale).
- Self-Description Questionnaire-Measurement of Spirituality (Heszen-Niejodek & Gruszczyńska, 2004), containing the following scales: Religious Attitudes (RE) – 7 statements Ethical Sensitivity (WE) –7 statements Harmony (HARM) – 6 statements and an overall score (reliability measured by Cronbach's alpha for the overall scale is 0.91).
- The Psychopathology Symptom Screening Questionnaire (SCL-27) (Kuncewicz et al., 2014) includes the following scales: Depression Symptom Scale (DEP), Lifetime Depression (LTD) Symptom Scale, Vegetative Symptom Scale (WEG), Agoraphobia Symptom Scale (AGR), Social Phobia Symptom Scale (SOCIAL) Pain Symptom Scale (PAIN) and an overall score (Cronbach's alpha 0.92). Statistical calculations were performed using STATISTICA, version 13.3.

2. Results

The conducted research showed a correlation between gender and the psychological variables under study, such as: body image, mental resilience, spirituality, and psychopathological symptoms. The analysis showed a significant difference between men and women on the appearance orientation sub-scale (t = 5.369, p = 0.000). Women (W = 3.8) revealed a greater preoccupation with their appearance than men (M = 3.3). A difference was also noticed in the case of fitness (Z = -2.007, p = 0.046); here, women (W = 3.2) assessed fitness significantly lower than men did (M = 3.8) and were less committed to maintaining good physical condition. It turned out that young women (W = 3.1) were more focused on health issues than men (M = 2.9) but were significantly less satisfied with their bodies. Also, the preoccupation with body weight (Z = 4.881, p = 0.000) in the group of women (W = 2.6) was significantly higher than among men (M = 1.9). In other cases, no significant differences were observed between men and women. Further analyses of gender differences in terms of the examined characteristics revealed a discrepancy between men and women on the personal competence and tolerance of negative affects sub-scale (Z = -2.616, p = 0.009). It was noticed that women (W = 2.3) assessed their ability to cope significantly lower than men (M = 2.7). In the remaining cases, no significant gender differences were observed. Regarding the spiritual variable, there was a significant difference between men and women on the ethical sensitivity sub-scale (t = 3.658, p = 0.000). Women (W = 26.6) turned out to be much more ethically sensitive than men (M = 23.3) and showed higher levels of spirituality (t= 2.046, p = 0.042). In other cases, no significant differences were noticed. Women and men also significantly differed in terms of the level of perceived psychopathology symptoms

Table 1. Correlation between mental resilience and the attitude towards the body among young people

n = 69	Optimistic attitude and energy	Persistence and determination while taking actions	Sense of humour and openness to new experiences	Personal competence and tolerance of negative affects	Total
Appearance evaluation	0.326	0.168	0.397	0.416	0.381
	p = 0.020*	p = 0.126	p = 0.001***	p < 0.001***	p < 0.001***
Appearance orientation	-0.05	0.141	-0.124	-0.045	-0.02
	p = 0.571	p = 0.651	p = 0.219	p = 0.577	p = 0.539
Fitness evaluation	0.327	0.288	0.238	0.255	0.314
	p = 0.024*	p = 0.031*	p = 0.026*	p = 0.013*	p = 0.004**
Fitness orientation	0.253	0.299	0.176	0.235	0.302
	p = 0.036*	p = 0.013*	p = 0.148	p = 0.051	p = 0.012*
Health evaluation	0.219	0.129	0.226	0.258	0.234
	p = 0.07	p = 0.291	p = 0.062	p =0.032*	p = 0.053
Health orientation	0.295	0.336	0.124	0.189	0.256
	p = 0.014*	p = 0.005**	p = 0.308	p = 0.12	p = 0.034*
Illness orientation	0.108	0.187	0.071	-0.079	0.055
	p = 0.378	p = 0.123	p = 0.561	p = 0.517	p = 0654
Body area satisfaction	0.357	0.193	0.497	0.351	0.422
	p = 0.003**	p = 0.113	p < 0.001***	p = 0.003**	p <0.001***
Overweight preoccupation	-0.077	0.014	-0.088	-0.255	-0.114
	p = 0.527	p = 0.908	p = 0.470	p =0.035*	p = 0.352
Own weight evaluation	-0.05	-0.087	-0.028	0.042	-0.04
	p = 0.683	p = 0.478	p = 0.817	p = 0.73	p = 0.745

*p < 0.05 **p < 0.01 ***p < 0.001;

(Z = 4.220, p = 0.000). Women (W = 29.7) declared a greated number of symptoms of psychopathology than men (M = 20.7).

These differences could be noticed in the following sub-scales: depressive symptoms (Z = 4.164, p = 0.001); vegetative symptoms (Z = 2.783, p = 0.006); agoraphobia (Z = 3.988, p = 0.001); social phobia (Z = 3.311, p = 0.001) and pain (Z = 3.235, p = 0.001).

Furthermore, the obtained results indicated a correlation between mental resilience (SPP-18) and body image (MBSRQ). Appropriate non-parametric Spearman's Rho tests were performed for variables the distribution of which deviated from the norm, and Pearson's r tests were conducted in the other cases (Table 1.)

As a result of the conducted analysis, a significant positive correlation was found between the personality disposition of mental resilience and such aspects of body image as: assessment of one's own appearance, fitness assessment, focus on fitness, health assessment, focus on health, focus on illness and satisfaction with own body. A higher level of mental resilience positively correlates with the assessment of body appearance, as evidenced by moderate positive correlations of that scale with all components of mental resilience. Low and positive correlation but of high significance was noticed for the optimistic attitude and energy sub-scale (ρ = 0.357; p < 0.001), persistence and self-determination while taking actions (ρ = 0.305; p < 0.001), sense of humour and openness to new experience (ρ = 0.341; p < 0.001), coping competence and tolerance of negative affects (ρ = 0.497; p < 0.001), where the strength of the correlation was moderate. Analysing the next sub-scale, i.e. the assessment of fitness, it can be concluded that young people with a higher level of mental resilience made efforts to engage in activities that allowed them to maintain good physical condition. A similar correlation was

Table 2. Correlation between spirituality and the attitude towards the body among young people

n = 138	Religiosity	Ethical sensitivity	Harmony	Spirituality
Appearance evaluation	0.011	0.015	0.365	0.121
	p = 0.894	p = 0.864	p<0.001***	p = 0.156
Appearance orientation	0.04	-0.021	-0.056	0.015
	p = 0.637	p = 0.81	p = 0.628	p = 0.842
Fitness evaluation	0.126	0.044	0.233	0.163
	p = 0.14	p = 0.61	p = 0.006**	p = 0.055
Fitness orientation	0.141	0.09	0.178	0.152
	p = 0.099	p = 0.29	p = 0.036*	p = 0.074
Health evaluation	0.108	-0.094	0.278	0.132
	p = 0.205	p = 0.272	p=0.001***	p = 0.121
Health orientation	0.331	0.366	0.300	0.397
	p<0.001***	p < 0.001***	p<0.001***	p < 0.001***
Illness orientation	0.251	0.243	0.301	0.304
	p =0.003**	p = 0.004**	p<0.001***	p < 0.001***
Body area satisfaction	0.064	0.053	0.440	0.196
	p = 0.456	p = 0.537	p<0.001***	p = 0.044*
Overweight preoccupation	0.025	0.231	-0.083	0.031
	p = 0.771	p = 0.006**	p = 0.331	p = 0.72
Own weight evaluation	0.024	0.082	-0.025	0.028
	p = 0.776	p = 0.338	p = 0.768	p = 0.741

*p < 0.05 **p < 0.01 ***p < 0.001;

noticed for the focus on fitness; that is, a higher level of mental resilience was positively correlated not only with a positive assessment of one's body fitness but also with active involvement in maintaining good physical condition. The revealed correlations between the interest in one's physical fitness for all sub-scales of mental resilience showed a significant positive correlation of moderate strength. During further analysis of correlations between mental resilience and health assessment, positive correlations of low strength were found for all sub-scales with one exception which was the personal competence and tolerance of negative affects sub-scale, in the case of which significant correlations of moderate strength were shown ($\rho = 0.461$; $p<0.001$). Along with the increase in the level of mental resilience, the level of satisfaction with somatic health increases, as well as the level of willingness to maintain it. A positive correlation of average strength was also shown between mental resilience and satisfaction with own body, where all sub-scales were found to be significant. Furthermore, despite the lack of correlation between the overall level of mental resilience and focus on body weight, a negative correlation was shown on the personal competence and tolerance of negative affects sub-scale ($\rho = -0.255$; $p = 0.035$).

To analyze the correlation between spirituality (Spirituality questionnaire) and body image (MBSRQ), non-parametric Spearman's Rho tests were performed for variables the distribution of which deviated from the norm, and Pearson's r tests were conducted in the other cases (results in Table 2).

As a result of the performed analyses, a significant positive correlation of moderate strength was found between the general level of spirituality and such dimensions of body image as focus on health, focus on illness, satisfaction with own body. Then, the individual dimensions of the body image were analysed. A positive correlation of moderate strength was found between the assessment of appearance and the sense of harmony ($r = 0.365$; $p<0.001$). With regard to correlation between the assessment of one's own body fitness and the measures taken to maintain good physical condition; the harmony sub-scale was again of great importance. Young people with a sense of harmony–cohesion with the inner and outer world–were significantly more satisfied with their health and made more effort to maintain good health condition. The above is evidenced by the positive correlation between the focus on health and all aspects of spirituality, including the harmony scale ($\rho = 0.301$; $p<0.001$). Also, with regard to spirituality and focus on illness, a significant positive correlation was noticed for all sub-scales: religiosity, harmony, ethical sensitivity. In the case of correlation between spirituality and satisfaction with the body, despite the lack of correlation with the general level of spirituality, the harmony sub-scale turned out to be of great importance again ($r = 0.440$; $p<0.001$). Along with the increase in the level of sense of harmony, satisfaction with body areas also increases in the group of young people. In turn, taking into account the focus on body weight/being overweight, despite the lack of correlation with the general level of spirituality, the sub-scale of ethical sensitivity turned out to be crucial. Here, significant positive correlations of moderate strength were obtained. To sum up, a higher level of spirituality positively correlates with satisfaction with one's own body, assessment of health, vitality, as well as focus on fitness, i.e., a sub-class revealing a pro-healthy lifestyle of young men. While analysing the correlation between various dimensions of body image and spirituality, a sense of harmony comes to the fore, both in the group of women and men. Moreover, in women, a negative correlation can be observed between ethical sensitivity and commitment to improving the body image, which the analyses in the group of men did not show. On the other hand, among men, along with the increase in the level of spirituality, attention to symptoms of illness and care for somatic health also increases.

To verify the hypothesis, correlations between mental resilience (SPP-18) and symptoms of psychopathology (SCL-27) were analysed. Non-parametric Spearman's Rho tests were performed for variables the distribution of which deviated from the norm, and Pearson's r tests were conducted in the other cases (Table 3).

The results of analyses of the entire group of young people indicated a significant correlation between a higher level of mental resilience and a lower severity of symptoms of mental health disorders – both in the group of women and men.

Table 3. Correlation between mental resilience and symptoms of psychopathology among young people

n = 138	Optimistic attitude and energy	Persistence and determination while taking actions	Sense of humour and openness to new experiences	Personal competence and tolerance of negative affects	Total
Depressive symptoms	-0.361	-0.278	-0.237	-0.498	-0.430
	p < 0.001***	p = 0.001***	p = 0.005**	p < 0.001***	p < 0.001***
Vegetative symptoms	-0.227	-0.14	-0.14	-0.316	-0.233
	p = 0.007***	p = 0.101	p = 0.102	p < 0.001***	p = 0.006**
Symptoms of agoraphobia	-0.225	-0.187	-0.326	-0.324	-0.334
	p = 0.008**	p = 0.028*	p < 0.001***	p < 0.001***	p < 0.001***
Symptoms of social phobia	-0.346	-0.359	-0.41	-0.516	-0.507
	p < 0.001***	p < 0.001***	p < 0.001***	p < 0.001***	p < 0.001***
Symptoms of pain	-0.064	-0.03	-0.049	-0.290	-0.127
	p = 0.455	p = 0.729	p = 0.568	p = 0.001***	p = 0.139
Lifetime depression symptoms	-0.274	-0.110	-0.116	-0.329	-0.239
	p = 0.001***	p = 0.198	p = 0.176	p < 0.001***	p = 0.005**
Psychopathological symptoms	-0.266	-0.228	-0.33	-0.463	-0.397
	p = 0.002**	p = 0.007**	p < 0.001***	p < 0.001***	p < 0.001***

*p < 0.05 **p < 0.01 ***p < 0.001

Table 4. Correlation between the attitude towards the body and symptoms of psychopathology among young people

n = 138	Depressive symptoms	Vegetative symptoms	Symptoms of agoraphobia	Symptoms of social phobia	Symptoms of pain	Lifetime depression symptoms	Psycho-pathological symptoms
Appearance evaluation	-0.436	-0.328	-0.288	-0.448	-0.17	-0.303	-0.395
	p<0.001***	p< 0.001***	p=0.001***	p<0.001***	p = 0.046*	p<0.001***	p < 0.001***
Appearance orientation	0.268	0.109	0.252	0.239	0.203	0.159	0.271
	p=0.001***	p = 0.202	p = 0.003**	p = 0.005**	p = 0.017*	p = 0.062	p = 0.001***
Fitness evaluation	-0.286	-0.225	-0.178	-0.203	-0.091	-0.143	-0.216
	p=0.001***	p = 0.008**	p = 0.037*	p = 0.017*	p = 0.287	p = 0.094	p = 0.011*
Fitness orientation	-0.284	-0.127	-0.095	-0.13	-0.037	-0.075	-0.101
	p=0.001***	p = 0.139	p = 0.267	p = 0.129	p = 0.667	p = 0.384	p = 0.239
Health evaluation	-0.305	-0.436	-0.201	-0.186	-0.42	-0.172	-0.376
	p<0.001***	p< 0.001***	p = 0.018*	p = 0.029*	p<0.001***	p = 0.044*	p < 0.001***
Health orientation	-0.062	-0.122	0.104	-0.059	-0.053	0.003	-0.02
	p = 0.473	p = 0.154	p = 0.226	p = 0.494	p = 0.538	p = 0.974	p = 0.816
Illness orientation	-0.039	0.043	0.132	0.014	-0.063	0.015	0.091
	p = 0.649	p = 0.618	p = 0.121	p = 0.868	p = 0.463	p = 0.859	p = 0.289
Body area satisfaction	-0.438	-0.286	-0.375	-0.513	-0.112	-0.268	-0.432
	p<0.001***	p= 0.001***	p<0.001***	p<0.001***	p = 0.191	p=0.001***	p < 0.001***
Overweight preoccupation	0.242	0.157	0.228	0.192	0.182	0.137	0.263
	p = 0.004**	p = 0.066	p = 0.007**	p = 0.024*	p = 0.033*	p = 0.109	p =0.002**
Own weight evaluation	0.047	-0.118	-0.041	0.062	-0.047	0.037	-0.01
	p = 0.585	p = 0.167	p = 0,629	p = 0,467	p = 0,582	p = 0,67	p = 0.908

*p < 0.05 **p < 0.01 ***p < 0.001;

Mentally resilient young men experienced fewer symptoms of mental health disorder. Young women with higher levels of psychological resilience declared lower severity of experienced symptoms of mental health disorder. It is also important to note the relevance of the sense of personal competence to cope and the ability to tolerate negative affects, which negatively correlated with the whole range of symptoms under study.

The correlation between body image (MBSRQ) and symptoms of psychopathology (SCL-27) was examined with the use of non-parametric Spearman's Rho tests for variables the distribution of which deviated from the norm and Pearson's r tests were conducted in the other cases (Table 4).

The next stage in the data analysis allowed to find a significant negative correlation between satisfaction with own appearance and all examined symptoms of psychopathology. A similar correlation was noticed for the assessment of health, where significant negative correlations were shown, again for all the subscales. Thus, it can be concluded that the approval of own appearance and the sense of vitality coexist with a smaller number of experienced symptoms of mental health disorder in the group of young people. In turn, in the case of the correlation between orientation on one's own appearance and mental health, the opposite was proved. People who are more focused on making their bodies more beautiful – preoccupied with their apparance – experience more symptoms of psychopathology.

In a group of young women, a correlation is observed between a positive attitude towards their bodies and reduced levels of experienced symptoms of psychopathology. Young men with a positive attitude towards their appearance, but not overly preoccupied with it, and who take care of their physical condition, experience fewer symptoms of psychopathology.

Table 5. Correlation between spirituality and symptoms of psychopathology among young people

n = 138	Religiosity	Ethical sensitivity	Harmony	Spirituality
Depressive symptoms	-0.034	0.204	-0.422	-0.094
	p = 0.69	p = 0.016*	p<0.001***	p = 0.275
Vegetative symptoms	0.095	0.204	-0.198	0.037
	p = 0.269	p = 0.016*	p =0.02*	p = 0.667
Symptoms of agoraphobia	-0.052	0.029	-0.256	-0.12
	p = 0.543	p = 0.739	p=0.002**	p = 0.159
Symptoms of social phobia	-0.02	0.05	-0.406	-0.13
	p = 0.82	p = 0.557	p<0.001***	p = 0.13
Symptoms of pain	0.078	0.165	-0.103	0.045
	p = 0.364	p = 0.053	p = 0.229	p = 0.599
Lifetime depression symptoms	-0.04	0.155	-0.294	-0.059
	p = 0.638	p = 0.069	p<0.001***	p = 0.492
Psychopathological symptoms	0.055	0.148	-0.313	-0.04
	p = 0.519	p = 0.083	p<0.001***	p = 0.643

*p < 0.05 **p < 0.01 ***p < 0.001

The correlation between the results of the Self-Description Questionnaire and the results of the Psychopathological Symptoms Questionnaire (SCL-27) was also examined (Table 5).

The analysis found a significant positive relationship for the correlation between ethical sensitivity and depressive symptoms ($\rho = 0.204$; $p = 0.016$) as well as vegetative symptoms ($\rho = -0.204$; $p = 0.016$). However, for the spirituality dimension of harmony, negative correlations were obtained for the subscales of depressive symptoms ($\rho = -0.422$; $p<0.001$), vegetative symptoms ($\rho = -0.198$; $p = 0.02$), agoraphobia ($\rho = -0.256$; $p = 0.002$), social phobia ($\rho = -0.406$; $p<0.001$) and general level of psychopathology ($\rho = -0.313$; $p<0.001$).

In the group of young women, negative correlations were also obtained between the harmony subscale and symptoms of depression ($\rho = -0.611$; $p<0.001$), agoraphobia ($\rho = -0.452$; $p<0.001$), social phobia ($\rho = -0.6$; $p<0.001$) and general level of psychopathology ($\rho = -0.57$; $p<0.001$). In summary, the higher the level of spirituality a young woman has, the fewer symptoms of psychopathology she experiences. Based on tests carried out in the group of young men, a significant negative correlation was found for the correlation between spirituality and symptoms of psychopathology. Symptoms of depression ($\rho = -0.337$; $p = 0.005$) and lifetime depression ($\rho = -0.267$; $p = 0.027$) were found to be significant. This correlation was only shown for the harmony subscale. The higher the level of harmony, the lower the level of symptoms of psychopathology.

3. Discussion

The promotion of mental health is important at every stage of human development. In view of the increasing prevalence of mental health disorders, the purpose of the research was the attempt to identify factors that could potentially improve the functioning of young adults (Franczok-Kuczmowska, 2022). The issue of resources that can protect an individual against crises or mental disorders remains an open question.

Mental resilience is undoubtedly the key to mental health (Heszen-Sęk 2007; Mortazavi and Yarolahi, 2015; Gao et al., 2017). Based on the research conducted among a group of students by Crust and Nesti (2010), people who completed their first year of studies were characterised by significantly higher mental resilience than those who did not

finish the first year. A protective factor against the onset of mental disorders for a young person may be spirituality, broadly understood as ethical sensitivity or a sense of harmony, inter alia (Bahadorani et al., 2021). According to the results of conducted studies (Mueller et al., 2001; Surzykiewicz et al., 2022), spirituality is conducive to a lower severity of symptoms of mental health disorders, such as depression, anxiety or suicidal thoughts but not to all aspects of that disposition. Excessive reflection on ethical issues is associated with a significantly greater severity of perceived depressive symptoms, especially among women.

A positive attitude towards the body is another important factor related to the mental health of young adults. Too much focus on one of the aspects of human identity, which is „the body self", may contribute to the disharmonious development of other dimensions of identity (Sakson-Obada, 2009; Wiśniewska, 2014; Biernat and Bąk-Sosnowska, 2018). Based on the literature on the subject, mainly women are exposed to the development of a negative attitude towards their own bodies, although this phenomenon is more and more often noticed among men. According to Choate (2005), a negative attitude towards one's own body is associated with many psychosocial problems, such as poor eating habits, low self-confidence, social evaluation anxiety, social adaptation, depression or sexual inhibition. Moreover, a negative body image is an important predictor of the development of eating disorders, such as anorexia nervosa or bulimia. Therefore, research on body image focuses mainly on groups of women who struggle with eating disorders. A small number of publications deals with non-clinical groups of people of different ages who find it hard to accept their „physical self" and struggle to cope with other life issues (Czepczor–Bernat et al., 2022). Authors working in the field of disturbed body image research emphasise the need to look for factors that prevent the development of negative body attitudes associated with abnormal attachment styles in the general population and the related symptoms of social anxiety or fear of entering into romantic relationships (Cash, 2002; Cash, 2004).

The conducted research confirmed the correlation between the state of mental health and resources such as an adequate attitude towards the body, mental resilience and spirituality. The occurrence of acute symptoms of mental health disorders can be considered a consequence of overload and depletion of resources, inter alia. Therefore, it seems highly justified to undertake scientific projects that would allow examining the correlation between body acceptance, mental resilience, spirituality and the prevention of mental disorders in large cohorts of young adults. To increase the reliability of the results, studies on larger groups are planned and it is considered reasonable to specify the investigated issues. Moreover, the obtained results are a description of the correlations in the selected age group (persons at the age of 18–20), which may potentially be at risk of developing symptoms of psychopathology because of the accumulation of stressful events associated with entering adulthood in that period. Measuring the degree of perceived stress was not included in the plan of the research project, therefore that variable is worth considering in further studies. The obtained correlations between mental resilience, spirituality and attitude towards the body may be the result of the way a young person perceives sociocultural messages, to a great extent. Additionally, the construct of the „body self" requires in-depth research in the context of mental resilience and symptoms of psychopathology.

Clinical implications of the study

The conducted research has a practical aspect. Addressing the issue of resources and promoting mental health is important at every stage of development. Undoubtedly, such measures should be extended to young people entering adulthood. The determination of individual dispositions that coexist with a reduced severity of symptoms of psychopathology may become an inspiration for creating mental health promotion programmes. The practical aspect of the research is the assessment of the correlations between mental resilience and the attitude towards the body in the study population of young people. The knowledge obtained in the research may become important for

psychological counselling, making it more effective in terms of promoting and supporting the mental health of the young generation. Attempts to capture the three spheres of human functioning–the body, psyche and spirituality–may be evidence for mental health professionals of how important it is to look at the individual as a whole when trying to support the proper development of the psyche. Taking measures to strengthen the mental health of young people seems absolutely necessary considering the increase in the incidence in the number of mental disorders and mental health crises.

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Quarterly Journal Fides et Ratio
Issue 4(52)2022, ISSN 2082-7067, Pages 79-86

A priest as a person supporting the mental health of the faithful and protecting them from suicide

Ksiądz jako osoba wpierająca zdrowie psychiczne wiernych i chroniąca przed samobójstwem[1]

https://doi.org/10.34766/fetr.v4i52.1139

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Abstract: Suicide is a multifaceted problem that is always directly or indirectly related to the functioning of at least a dozen people. The Roman Catholic Church generally condemns the issue of suicide as annihilation is against religious principles and commandments. In a civilization where people suffering from mental disorders are often stigmatized, people seek help from their loved ones or where there is a secret (e.g. confession), so the church can and does have a significant role in the prevention of suicidal behaviour. Religion is important in shaping the awareness and identity of believers, and a priest can be a mentor showing the way of development, caring for the well-being and strengthening the mental health of an individual. On the basis of research conducted among 65 priests, the article discusses stressors related to the priestly service and related to supporting the mental health of the faithful and the church's ability to life protection and protection against the decision to attempt suicide.
Keywords: helping, suicide, faith, mental health prevention

Abstrakt: Samobójstwo jest wieloaspektowym problemem, które zawsze pośrednio lub bezpośrednio wiąże się z funkcjonowaniem, co najmniej kilkunastu osób. Kościół rzymskokatolicki generalnie potępia kwestie związaną z samobójstwem, gdyż unicestwienie jest działaniem niezgodnym z zasadami i przykazaniami religijnymi. W cywilizacji, w której bardzo często dochodzi do stygmatyzacji cierpiących na zaburzenia natury psychicznej, osoby te szukają pomocy wśród najbliższych lub tam, gdzie obowiązuje tajemnica (np. spowiedzi), zatem kościół może mieć i ma istotne znaczenie w profilaktyce zdrowia psychicznego oraz ochrony przed zachowaniami samobójczymi. Religia jest istotna w kształtowaniu świadomości i tożsamości wierzących, a ksiądz może być mentorem wskazującym drogę rozwoju oraz dbającym o dobrostan i wzmacniającym zdrowie psychiczne jednostki. W artykule na podstawie badań przeprowadzonych wśród 65 księży omówiono stresory związane z posługą kapłańską oraz kwestie odnoszące się do wspierania zdrowia psychicznego wiernych, a także możliwości kościoła w profilaktyce życia i ochronie przed decyzją o podjęciu próby samobójczej.
Słowa kluczowe: pomaganie, samobójstwo, wiara, profilaktyka zdrowia psychicznego

Introduction – the role of the priest in the prevention of mental health

The causes of suicides are varied, and therefore, there is no single effective method of prevention that would be adequate for every person (Hołyst, 2021; Stradomska, 2022[2]). Despite numerous social campaigns and preventive actions, the problem remains unresolved and every year suicides include people of all age and social groups, and children, adolescents and seniors are particularly at risk (Biechowska, 2022; Chotkowska, 2022; Hołyst, 1983; Malec, 2022; Stradomska, 2019a, 2019b; 2022; Ruczaj, 2020; GUS, 2017[3]).

Unfortunately, the subject of suicide is so complex that many people are unable to predict a suicidal situation among their relatives (Gmitrowicz,

1 Artykuł w języku polskim: https://www.stowarzyszeniefidesetratio.pl/fer/2022-4-Barlog.pdf
2 http://zobaczjestem.pl/samobojstwa-u-mlodziezy-liczbach, (access: 9.10.2022).
3 http://statystyka.policja.pl/st/wybrane-statystyki/zamachy-samobojcze, (access: 9.10.2022), https://statystyka.policja.pl/st/wybrane-statystyki/zamachy-amobojcze/63803,Zamachy-samobojcze-od-2017-roku.html (access: 15.10.2022).

2022, Zieliński, 2002), and at the same time, various psychological mechanisms may operate in stressful situations (Terelak, 2001): "applies and never will", "there are no suicides in my family", "get a grip, others have it worse"[4].

For an individual in a difficult life situation, his or her individual psychological resources related to the effectiveness of coping with stress are important, such as self-esteem, emotional intelligence (Ogińska-Bulik, 2006), personality traits (Ogińska-Bulik, Juczyński, 2010), strategies or psychological defenses (Senejko, 2010), the level of satisfaction of life needs, or the sense of meaning in life (Barłóg, Stradomska, 2018a; Klamut, 2004; Maslow, 2019; Yalom, 2008). Also, deep religiosity is a strategy for coping with stress (Pietkiewicz, 2010) and the risk of suicide (Durkheim, cited in: Hołyst, 2012). Environmental resources are equally important: the family and further social environment supporting the development of the individual (Bronfenbrenner, 1979; Ettekal, Mahoney, 2017), including the ability to flexibly deal with difficult events, which is observed both in children (Ogińska-Bulik, Juczyński, 2011; Ogińska-Bulik, Zadworna-Cieślak 2013), adolescents (Ostaszewski, 2014, Vinayak, Judge, 2018), and adults. The social support received is significantly related to functioning after a difficult experience (Bonanno, Brewin, Kaniasty, La Greca, 2010; Bzdok, Dunbar, 2020), and a well-functioning support network is one of the foundations in the treatment process (Barłóg, Barłóg, 2022). This is whyin order to increase the effectiveness of mental health prevention, further social or professional groups are included in preventive activities (WHO, 2018).

The main role of this article is to indicate the role of the priest as a person who can support the mental health of the faithful and, consequently, protect against suicide. Priests can be one of the people creating the described support network, because they are people who have frequent contact with the suffering. In the Catholic denomination–the priest is the trustee of people's sins. It is possible to tell him anything, because he is God's representative on earth, and an insincere confession does not make sense. A priest should have knowledge, not only on topics related to theology, his ministry and functioning in specific social roles, but he should have multidimensional, interdisciplinary knowledge (Brodniak, Urban, 2016). A priest must be prepared for many human problems – he is a specialist who can be both the first and the last person to hear about human suffering, so he can participate in the prevention and diagnosis (Barłóg, Stradomska, 2018b) of the first difficulties and notice suicidological symptoms because many people choose suicide as a way to cope with difficulties (Hołyst, 1983, Brodniak, 2007). The priest can also motivate the faithful to participate in religious groups, because it is associated with receiving emotional support and establishing bonds, which protects against the decision to commit suicide (Dua, Padhy, Grover, 2021; Sisask, 2010).

The role of the priest in the prevention of mental health should also be considered from the other side, priests are a group that may have difficulties in dealing with the problems reported by the faithful. Threatening factors are elements such as: constant pressure, treating a priest like God, as a person who should not make mistakes or sin. The problem is exacerbated by the deteriorating opinion of priests among Polish youth (Marianski, 2022). At the same time, there are social myths –"a priest has no problems", "a priest cannot be depressed"[5]. The exact number of people who commit suicide in monasteries or while serving is not known. Only occasionally do such notifications reach the public opinion. The good news is that there are organizations or associations like that e.g. Life is Worth Conversations (pol. Życie Warte Jest Rozmowy) operating at the Polish Suicidological Society, which deal with suicide prevention in every social group, also among the clergy[6]. For example, Fr. J. Urban and W. Brodniak (2016), then secretary of the Polish Suicidology Society, in cooperation with representatives of the Diocese of Płock, wrote a guide for priests entitled "Life affirmation – about preventing suicidal behavior. Guide for the clergy of the Roman Catholic Church".

What is more, it is worth noting that the described role of the clergy in the prevention of mental health is consistent with the care of the Catholic Church for human life from conception to natural death, while suicide as an act is treated as a sin[7], and in society as a taboo subject (WHO, 2006). The Catechism of the Catholic Church states that every person is "responsible before God for his life which he has given him. God remains the supreme Lord of life. We are obliged to accept them with gratitude and protect them for the sake of his honor and for the salvation of our souls. We are stewards, not owners, of the life God has entrusted to us. We do not dispose of it" (Brodniak, Urban, 2016, p. 8). Suicidal behavior is contrary to the truths of the faith of the Catholic religion, but "severe mental disorders, fear or serious fear of trial, suffering or torture may reduce the responsibility of the suicide" (Catechism of the Catholic Church, 2015, 2282).

1. Research method

The aim of the study was to analyze the perception by clergy of their role as a person supporting the mental health of the faithful and protecting against suicide, as well as the perception by priests of the function of the church in the discussed issue.

The respondents are priests (n = 65) from the Lubelskie, Świętokrzyskie, Mazowieckie and Małopolskie provinces. The study group is related directly or indirectly with the Polish Suicidological Society (PTS). Priests working in the school often report to PTS representatives to consult on some related cases with the pupils. In general, over 100 people related to the Roman Catholic Church were examined with the qualitative method. However, 65 responses were included in the final analysis. The remaining clergy were excluded from the research group because they did not want any possibility of identifying them. Others asked for their material to be turned off because they were talking about very personal issues (depression, loneliness, suicide attempts, ethical issues). Other people did not receive their supervisor's consent to comment on suicidal behaviour or mental problems.

The research method that will be presented in this paper is the author's structured interview, which consists of 15 questions. The questions were focused on areas such as: presuicidal symptoms in the faithful observed by clergymen, methods of supporting the faithful, practical possibilities related to introducing presuicidal prophylaxis by the church, difficult behaviour of students/believers having suicidal consequences, ways of coping with one's stress and emotions related to helping, psychological burden of priests related to helping the faithful. Research topics were selected due to the need to reduce the number of research questions. The opinions of the competent judges were used. The interviews were conducted in research institutions, schools and parishes.

2. Analysis of the results

As a result of the analyses, the following research topics were distinguished:

- difficult situations in the ministry of priests
- psychologically aggravating factors for priests
- methods of supporting the faithful
- mental health prevention

3. Difficult situations in the ministry of priests

The subject of suicide often has a negative impact on the clergy themselves, as evidenced by the statement of one of the priests from the Świętokrzyskie Province (40 years old): *„We are talking about various crises related to life. It's clear. Unfortunately, often we, as our profession / service, are so tired and broken,that*

4 https://zwjr.pl/ (access: 15.10.2022).
5 https://deon.pl/intelligent-zycie/wygrac-z-depresja/depresja-i-samobojstwa-ksiezy-to-temat-taboo-in-the-church, 528575 (access: 15.10.2022).
6 https://www.lazarski.pl/pl/nauka-i-badania/instytuty/wydzial-prawa-i-administracji/polskie-towarzystwo-suicydiczne/, 15.10.2022, https://zwjr.pl/ (access: 15.10.2022), https:\\wiadomosci.wp.pl\kosciol-będzie-rozpoznawal-potencjalnych-samobojcow-powstal-pierwszy-w-polsce-poradnik-dla-kaplanow-6067029792621697a (access: 9.10.2022).

7 https://kosciol.wiara.pl/doc/ 6308717.Between-suicide-and-giving-your-life, (access: 5.10.2022).

we do not have the strength to fight. Well, a few days ago, my fellow priest ended his life this way,like none of us would like to end, he hanged himself. It is not talked about, and depression is often not mentioned or not admitted at all. After all, a priest is a man who has no problems–understood as problems of a normal person, e.g. choosing the right school for children or marital problems. Well, yes. And there are plenty of other things that are often exhausting. Inthis friend's case,there was also the question of a woman who was doing him a very negative PR as he was to be having an affair with her.He could not stand the pressure. For him, this tabula rasa was the most important..." The priests also believe that the intensity of the faithful's problems negatively affects their functioning, they are often overloaded with work, they have no motivation to help. A priest (32 years old) can illustrate this issue: *"Sometimes there are so many human difficulties that sometimes I do not have the strength to listen more. I am a priest; I am bound by the secret of confession. There are some things I can't fix. Especially in the villages, women are beaten and abused, when I talk to her, she doesn't want to run away from her husband, she doesn't want to let herself be helped. He believes that this is the cross he must bear. Because for faith he is able to survive everything, and they promised before God that they would be together for good and for bad. When I cannot help those who are suffering, I feel that my ministry does not matter to others, that it does not make sense".*

Priests bear the responsibility for the faithful, which is often too great and may result in many clinical factors that directly affect the life and health of an individual.

4. Mentally aggravating factors for priests

Chart 1 shows the factors that may burden the study group in everyday functioning.These variables have been grouped into 4 categories that identify the most important elements.

Most of the respondents (49%) stated that the problems of the faithful, which are often unsolvable, are a very aggravating factor. This is evidenced by

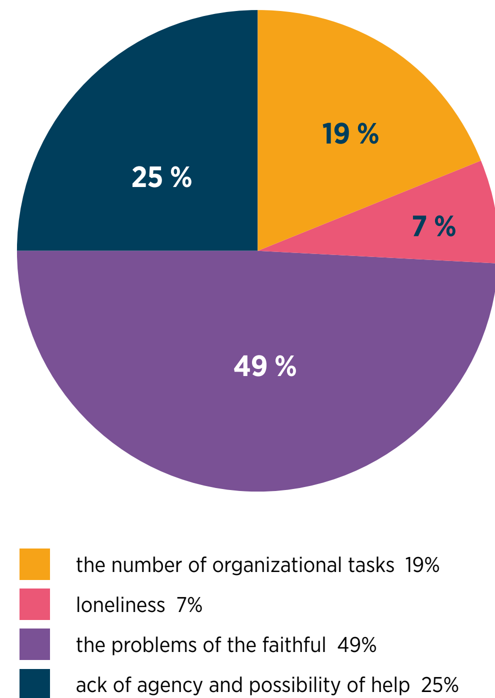

Chart 1. Mentally burdening factors for priests

Source: own study

one of the structured interviews: *"There are times when there are not enough words to speak and console a man who suffers so much. I am talking about death, murder of relatives, loss of all property, family problems, catastrophes and accidents. Often this suffering is unbearable".* This element is associated with another one, which was chosen by 25% of respondents, where the pejorative factor affecting them is the lack of a sense of agency, i.e. the possibility of providing real help to people in need, e.g. due to lack of funds or opportunities. For 19% of respondents, organizational burden is a serious problem–it can be proved by the statement of a 29-year-old priest: *"Sometimes you have to reconcile work at school, requirements related to the ministry, but also your own problems, which sometimes overwhelm you, for example, if there is a problem in your immediate family. I get a fatal disease, like my mother's, to whom I owe everything, sometimes there is also a breakdown, depression. It's harder to get out of this and show outside that it's great".* Loneliness for 7% of respondents is a serious problem and a threat to their comfort and mental well-being.

5. Methods of supporting the faithful

Chart 2 shows the methods and possibilities of help that can be proposed by priests.

The largest number of respondents (35) stated that the easiest and most effective thing they can do for a person in need "here and now" is a conversation. Respondents believe that support, understanding, and listening with empathy often help those in need. In some cases, it is necessary to propose contact with a specialist, e.g. a psychiatrist, or a psychologist. Although, according to the respondent, it is not a simple initiative at all. Priest, 36 *"It depends where we serve. In some places, people do not know the institution of a psychologist or psychiatrist at all. And if they already know, this profession is treated very badly. Which makes it impossible to get help".* If a given difficulty occurs at school, then it is easier. All respondents believe that contact with the child's parents is very important and often helps parents to understand what the child is going through (12 people). Institutional support is proposed by 12 priests–this category is unclear, as it is possible to distinguish assistance in obtaining the support of a lawyer, addiction specialist, doctor, police, etc. Some priests mention that they help financially and materially, if they have such a possibility and have the appropriate resources.

6. Mental health prevention

The surveyed priests stated that they learn about situations related to suicide or thoughts of resignation during confession. It is important then to pay attention to human suffering, but also to explain the being related to functioning. Sometimes the phenomenon related to self-destructive thoughts is so great that workshops ("talks") on this topic are proposed. Some priests organize such lectures cyclically, however, it is a negligible number (5 people). During an individual meeting – often at the parishioner's home – it is possible to talk about mental difficulties and talk about the factthat there are institutions or other organizations that can provide help. According to the respondents, the most frequently recommended places are: Życie Warte Jest Rozmowy website (www.

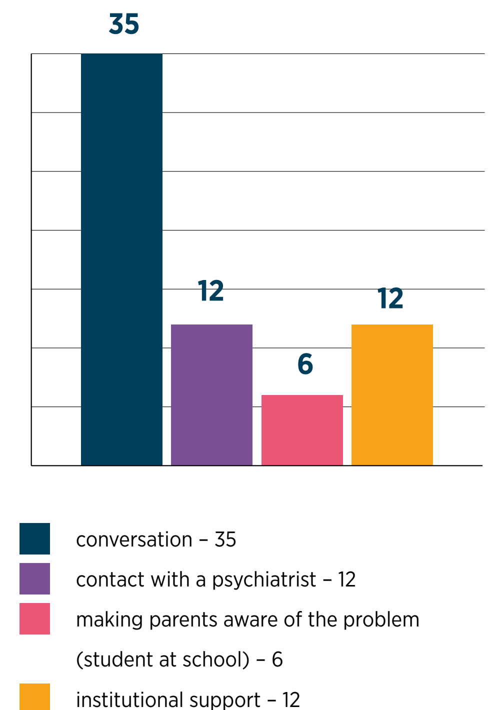

Chart 2. The methods and possibilities of help that can be proposed by priests

Source: own study.

zwjr.pl), helpline numbers or those used in situations of threat to health and life 112. Additionally, Crisis Intervention Centers, the Foundation are also recommended. We give Children Strength, the Nagle Sami Foundation or local associations.

As the 42-year-old priest said: *"A few years ago I had such a situation,that withina year a person lost almost all loved ones. What this person was going through was very difficult for the whole community–then apart from trying to help with words, I took them to a psychiatric hospital so that something worse would not happen than had already happened. The person tried to commit suicide."* Important topics are those related to informing people that they can benefit from the help of psychologists, psychotherapists, psychiatrists or educators at school. About whatin an interview, a 30-year-old priest recalled: *"I am afraid that this social taboo will have results in future generations. I try to educate you that mental health is important, but some of my colleagues believe that a lot of things depend on God – I agree with that, but I'm afraid that when there is depression, unfortunately nothing can be done without drugs, and waiting for a miracle can be deadly."*

Priest encountered life-threatening situations:

- at school (those who conduct catechesis),
- during the preparation for Communion or Confirmation (the parents of these children often had a crisis),
- during the Holy Confession,
- during the retreat,
- after workshops ("talks") organized by the school or church,
- during pilgrimages,
- during "carol walking",
- during administrative activities, e.g. ordering Mass for a loved one,
- after the funeral of a loved one or during its preparation.

These situations affect the fact that a person who has contact with a priest may, apart from formal or spiritual matters, raise personal issues that may turn out to be invaluable in helping a person who is often in crisis.Sometimes the person is also unaware of where to find helpand how to deal with personal problems.

Summary

So far, there is little research on the issue of coping with stress related to priestly service (Eagle, Hybels, Proeschold-Bell, 2019; Edwards, Bretherton, Gresswell, Sabin-Farrell 2020; Pietkiewicz, Bachryj, 2016, Pietkiewicz, 2016; Prusak i in. 2021). On the other hand, the role of the priest as a person supporting the mental health of the faithful and protecting against suicide is important, because believers often look for explanations of their difficulties referring to faith (Cook, 2015; Pietkiewicz, Kłosińska, Tomalski, 2021; Pietkiewicz, Kłosińska, Tomalski, van der Hart, 2021). Key conclusionsfrom this work indicate that difficult situations in the priestly service related to the mental health of the faithful have an impact on the functioning and mental health of clergymen. Burnout in the priestly service leads to a decrease in the level of motivation to help the faithful, and in addition to the difficulties reported by the faithful, among the key stressors of priestly service are: loneliness, a multitude of organizational tasks and a sense of powerlessness and nonsense (which accompanies listening to the problems of the faithful). It is also worth noting that due to stereotypes related to the role of a psychologist or psychiatrist, the faithful prefer to report to a clergyman, burdeninghim with his problems. Priests, on the other hand, see their role in educating the faithful, organizing workshops for children and youth, or for their parents. Sometimes in crisis situations they have to act as an intervener.

The conducted study may be a pilot for subsequent studies in which the sociodemographic issues (age, parish size, "professional" experience) that may be related to the ways of coping with(such as experience or the level of professional burnout). It seems interesting to analyse specific occupational stressors (Le Blanc, De Jonge, & Schaufeli, 2007; Terelak, 2001) accompanying priestly service. From this perspective, it is important to address the issue of strengthening the psychological competences of priests in the church, because psychological resources (e.g. self-esteem, emotional intelligence, personality traits) are important variables in the level of coping with stress (Ogińska-Bulik, 2006; Ogińska-Bulik, Juczyński, 2010), but are also important for building relationships and coping with the expectations of the faithful, as is the case in other areas of help and treatment (Barłóg, Barłóg, 2022; Małecki, 2018; Małecki, Nowina Konopka, 2018, Nowina Konopka, 2016) . The role of superiors is also important, to the extent that they can understand the level of such competences as motivation and experience that evolves along with the priestly service, and thus how much the way of managing the team should change (Blanchard, 2016) of the priests making up the parish.

In a crisis and suicidal situation, communication and the ability to conduct a conversation are most important, which may turn out to be something that can help and take your mind offon suicide (Stradomska, 2020). It is worth making the research a step towards implementing changes, in accordance with the Design Thinking procedure, i.e. designing solutions together with the people who will use these solutions (Kelley, Kelley, 2019; Michalska-Dominiak, Grocholiński, 2019). In this way, one can discuss while listening to the priests' voiceabout the need to implement training in psychological first aid, crisis intervention, or to talk about the need to conduct supervision for clergy.

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Quarterly Journal Fides et Ratio
Issue 4(52)2022, ISSN 2082-7067, Pages 87-94

Competences of a confessor in accompanying a penitent with obsessive-compulsive disorders related to the sacrament of penance

Kompetencje spowiednika w towarzyszeniu penitentowi z zaburzeniami obsesyjno-kompulsyjnymi, dotyczącymi sakramentalnej spowiedzi[1]

https://doi.org/10.34766/fetr.v4i52.1138

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Abstract: Obsessive-compulsive disorder, OCD, is the neuropsychological disorder whose key features are recurring obsessions (obsessive thoughts) and compulsions (obsessive behaviours).They affecta man in different dimensions of his functioning in everyday life also involve the area of sacramental confession. The number of people struggling with the disorder is growing year by year. This is demonstrated by both psychological and pastoral practice. This article in its assumptions is going to help priests with effective accompaniment of these people. It is divided into three parts: first, concerns terminological issues that are to systematize knowledge about that, second, discussion of the sacrament of penance in the described context, and, third, practical suggestions both theological and psychological which should be a valued help for priests.
Keywords: obsessive-compulsive disorder, fear for confession, a confessor, psychological competences, theological competences

Abstrakt: Zaburzenia obsesyjno-kompulsyjne, czyli OCD, to zaburzenie neuropsychologiczne, którego głównymi cechami są: nawracające obsesje (myśli natrętne) i kompulsje (czynności natrętne). Dotykają one człowieka, w różnych wymiarach jego codziennego funkcjonowania, obejmując również obszar sakramentalnej spowiedzi. Liczba osób zmagających się z tym zaburzeniem wzrasta z roku na rok. Pokazuje to zarówno praktyka psychologiczna, jak i duszpasterska. Niniejszy artykuł, w swoich założeniach, ma pomóc duszpasterzom w kompetentnym towarzyszeniu tym osobom. Podzielony został na trzy części: pierwsza to kwestie terminologiczne, które powinny usystematyzować wiedzę na ten temat, druga to omówienie sakramentu pokuty w opisywanym kontekście, a trzecia to praktyczne wskazania zarówno teologiczne, jak i psychologiczne, które powinny być cenną pomocą dla duszpasterzy.
Słowa kluczowe: zaburzenia obsesyjno-kompulsyjne, lęk przed spowiedzią, spowiednik, kompetencje psychologiczne, kompetencje teologiczne.

Introduction

From the multitude of constantly appearing scientific publications (Piacentini, Audra, Tami, 2018; Freeman, Marrs Garcia, 2018a, 2018b; Pietrulewicz, 2019; Gorczak, 2020, 2021; Goodman, Storch, Sheth, 2022; Hershfield ,2022; Maciejewski, 2020, 2022) it can be concluded that the issue of obsessive-compulsive disorders is an important subject in the current reality, especially after the situation related to the Covid-19 pandemic. Pastoral and psychological practice also shows that the number of people seeking psychological and pastoral help related to everyday functioning of an individual, but also concerning faith or broadly understood religiosity, is increasing (Smoleń, 2018). One of these areas, related to religiosity, is the sacrament of penance and reconciliation. This sacrament, although by its very nature brings people forgiveness and reconciliation, and thus joy, peace of heart and a sense of security, for some it causes a lot of trouble and distress. The reasons for this are different, as

1 Artykuł w języku polskim: https://www.stowarzyszeniefidesetratio.pl/fer/2022-4-Smolen.pdf

well as the age of those experiencing them. As psychological practice shows, this affects children as well as adolescents and adults.

In the first part of this article, questions of terminology are presented, which will allow for a proper understanding of the discussed issues. Clarification of these concepts will help to understand the discussed phenomenon better, which is important in providing appropriate help to penitents. In the second part, all issues related to sacramental confession will be presented in a systematic way, starting with the examination of conscience. The last part of the article will discuss in detail the competence of the confessor in both theological and psychological terms. They are to help the confessor to accompany the penitent with even greater confidence making use of the sacramental confession.

1. Terminology issues

While reviewing the current literature on the topic, we find many sources analysing the presented issue. The word "competence" itself, which is an interdisciplinary category, is defined in various ways. According to I. Białecki, competence is "a combination of specific skills, knowledge and attitudes that enable a competent person to cope with various important and typical life tasks" (2006, p. 97). For S. Noe, competence is a concept that consists of basically three elements, namely *the ability* (to be able to act), *the knowledge* (to know), *the behaviour* (to be able to be). He defines this concept as "the ability to find the best strategies to face life's challenges" (2019, p. 19-20). And this life challenge for every confessor at a given moment is the ability to meet the spiritual needs of specific penitents.

In order to define the discussed disorder, marked in the International Statistical Classification of Diseases and Related Health Problems ICD-10 as F42, i.e. *obsessive-compulsive disorder* – OCD (2006, p. 324), we will use the newest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) released in 2013. In 2017 it was translated and published in Poland. This edition includes detailed tables with the current diagnostic criteria. According to the DSM-5, obsessive disorders or intrusive thoughts are defined as: "Recurrent and persistent thoughts, urges or images that are experienced, at some time during the disturbance, as intrusive, unwanted, and that in most individuals cause marked anxiety or distress. The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralise them with some thought or action (i.e., by performing a compulsion)" (2017, 254). On the other hand, compulsions or obsessive actions are referred to as "repetitive behaviours (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession, or according to the rules that must be applied rigidly. These behaviours or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation. However, these behaviours or mental acts either are not connected in reality with what they are designed to neutralise or prevent or are clearly excessive" (2017, 254).

These disorders may present with only obsessions or only compulsions, or both at the same time. Important and basic information on OCD is provided by Morrison (2016), according to whom the described disorder can be defined as follows:

- it is usually chronic and often destructive,
- puts patients at risk of singleness or marital discord,
- interferes with functioning at school and at work,
- affects both women and men,
- is highly family-oriented (the risk for first-degree relatives is approximately 12%, roughly 6 times the normal rate),
- is probably at least partly hereditary,
- two thirds of people struggling with obsessive-compulsive disorder experience major depression,
- about 15% attempt or commit suicide (p. 225).

The above statements give a more complete view of this issue and are valuable information for relatives affected by this disorder. Relatives are not always able to properly understand this disease and therefore react accordingly, which also causes additional suffering to those struggling with this disease. This disorder, as already mentioned, also affects every area of religious life, both sacramental and non-sacramental (Gorczak, 2021). In our considerations, we will focus on sacramental confession, because this area of religious life has been a source of various kinds of suffering for many people since childhood, which increases over the years due to the lack of proper help, also in the sacramental forum.

2. Sacramental Confession and Obsessive-Compulsive Disorder

The sacrament of penance and reconciliation, which is referred to as the "sacrament of God's mercy" (Drożdż, 1994, p. 46), should bring inner peace to the penitent, for that is its essence. However, for people with OCD, it also brings many unpleasant moments, and the relief is only temporary, which is why many people postpone confession in time, because the very thought of confession evokes negative emotions and experiences in them.

Holy Confession consists of several parts, which will now be discussed in the context of OCD.

2.1. Examination of conscience

Difficulties begin with the preparation for confession, i.e. with an examination of conscience. For these people, the preparation of an examination of conscience lasts from several hours to several days. In addition, it does not end with one examination of conscience from one guide. Penitents, not feeling inner peace that they are well prepared for confession, look for further examinations of conscience, also on websites, in order to be satisfactorily prepared. Furthermore, disturbed and tormented by scruples, "they see sin where it does not exist or imagine a grave sin where the matter is venial" (Kokoszka, 2001, 120). Many of them, not wanting to forget what they consider a sin, write down their sins on a piece of paper. This practice is not only accepted by many confessors, but also appreciated as an expression of concern for a deepened spiritual life and good preparation for confession.

2.2. Repentance

Every penitent knows that repentance is a required condition for absolution. Penitents without OCD have no problem with this. It is completely different for people with OCD. These people, when they talk about repentance, fear that they do not have moral certainty whether they have regrets. They speak without conviction or are completely terrified that they do not have regrets, that they do not know whether they regret, that they have doubts whether they regret, and whether confession is, therefore, valid. The confessor's assurances that the fact that a person came to confession is already an expression of remorse in their situation do not always calm down the penitent. Also a suggestion from the confessor: *regret that you cannot repent*, does not provide support for the penitents and does not solve their problem.

2.3. Confessing sins

The mere thought of confessing sins is a source of great anxiety for people with OCD. Many fear whether they will say all the sins, whether they will say them correctly, whether they will not change anything while saying them, whether the confessor will clearly hear everything and understand what they wanted to say. In addition, many of these people, wanting to help themselves, write down their sins on a piece of paper so as not to forget anything. However, this practice does not give them peace of mind. The penitents, despite writing down their sins on a piece of paper, still wonder during confession whether they wrote everything down carefully and instead of focusing on what the confessor says, they constantly conduct a mental analysis of their time since the last confession and the correctness of everything on the piece of paper.

2.4. Penance

People with OCD often, if not always, experience difficulties doing penance. They are tired of perfectionism. Anxiety accompanies them all the time. Each distraction becomes an excuse for them to

perform the assigned penance once again. In their opinion, during penance, concentration should be impeccable. In addition, these people are convinced that the penance imposed by the confessor is too mild and they have to do something more, even add a prayer for themselves. Their anxiety is also related to the certainty of doing penance, hence they practise writing in the calendar so as not to have any doubts whether they did it or not.

2.5. Frequency of confession

Generally, Holy Confession should be practised once a month. In some justified cases, when it comes to the spiritual development of the penitent, once every two weeks. However, people with OCD would practise sacramental confession very often. It depends on the degree of doubts about committed sins. There are situations in which these people would like to confess several times a day to calm their doubts and fears regarding the sacramental confession, and above all, regarding their sinfulness.

2.6. General Confession

The practice of general confession is quite common these days and is suggested by many confessors as very valuable on the way of inner human development. Therefore, people with OCD are also convinced that this is the only right way for them if they want to experience inner peace and not fear of some aspects of the sacrament of penance. In their opinion, every holy place, a new place of religious worship, is a good occasion for a general confession. However, this is not a good solution.

2.7. Resolution to improve

As noted by A. Drożdż, "the resolution to improve is a conscious and free act of the will not to sin again" (1994, p. 72). This is not easy for people with OCD, which is resulting not so much from the reluctance to sin, but from the lack of conviction that it can be avoided, because they are aware of their sinfulness and little effectiveness in dealing with weaknesses and sins.

3. The Priest's Attitude in Helping a Person with OCD and his Competences

Apart from a psychologist, a competent spiritual director or confessor plays an important role in the treatment of the discussed disorders. His presence, knowledge and experience are essential in a holistic approach to the penitent. A psychologist, who is not a clergyman, advises the patient to use spiritual support, or even, in some situations, acting directively, orders them to use this help. It is important that a psychologist who is not a priest does not take the position of a clergyman, since he has no competence to do so, and that a clergyman who is not a psychologist does not take the position of a psychologist in matters for which he is not competent.

So what should a confessor who has penitents with this disorder know? Here are some practical guidelines, both theological and psychological.

3.1. Theological knowledge

1. An important rule regarding actions under the influence of fear is that "fear, which paralyses the reasoning faculties, completely removes responsibility for the act performed under its influence" (Kokoszka, 2001, p. 62).
2. A confessor may exempt a person with OCD from preparing for sacramental confession according to any examination of conscience. This exemption may be for a definite or indefinite period. The confessor has such a right and should use it, because, as A. Kokoszka claims, "the scrupler's examination of conscience turns into a mania of inquiry, which deepens compulsive behaviour. Bearing this in mind, sometimes this privilege should be changed directly into a ban on making a detailed examination of conscience, because the life of a scrupler is a constant, tiring examination of conscience" (2001, p. 123). In turn, E. Działa, referring to Duffner, states that "the scrupler can be exempted by a confessor for a certain period of time or for life, from the right to conduct an examination of conscience and substantive accuracy of confession" (2019, p. 57). And there is no need to be afraid that this may have a negative impact on the spiritual and moral development of the penitents. On the contrary, understanding of difficulties experienced by them from the part of the confessor has a very positive effect on their further religious functioning. After a while, it is possible to develop an appropriate form of preparation for confession, together with the penitent, e.g. just before confession, a quick reminder of all behaviours since the last confession.
3. A confessor has the right to release people with OCD from confessing their sins. Confessors do not always exercise this right. The reason is either ignorance or fear of whether it is appropriate for the penitent's development, or whether the penitent will not get used to this practice. It should be clearly stated that this will not adversely affect the spiritual development of the penitent.
4. In order for the practice of sacramental confession to be helpful and healing for the penitents, it is worth suggesting to them to go to Holy Confession first once every two weeks, and then once a month. E. Działa, already cited above, believes that "daily confession or every few days is unacceptable. For the scruplers who lead a deeper inner life, the best solution would be confession every two, three weeks, or even month. In some cases it should be even rarer" (2019, p. 52). As for general confession, it should be strictly forbidden because penitents who have difficulties trusting God do not gain this trust through general confessions, but develop even more the conviction that all this really depends only on themselves, on their inner work, quality of penance, apology.
5. If a person, either an adult or a child, has doubts as to whether he or she has committed a grave sin, it must be remembered that people with obsessive-compulsive disorder are not able to commit a grave sin on their own.
6. The penitent must not be taught to write down sins on a piece of paper. This applies to both children and adults. This practice should always be stigmatised and banned. Writing down sins on a piece of paper only contributes to OCD disorders on religious grounds.
7. It is worth remembering that a person with OCD, both a child and an adult, can receive Holy Communion every day, between confessions. This is very important, because these people very often practise only one-time access to Holy Communion right after confession. Then they already feel unworthy because of their sinfulness.
8. People with OCD are never satisfied with their concentration during confession or during the prayers. Before and after confession, they feel the desire to repeat these prayers several times, deluding themselves that through this practice they will acquire the ability to concentrate perfectly during prayer. The confessor should clearly forbid this practice.
9. As for the difficulties involved in making amends by a penitent with OCD, an attitude of understanding on the part of the confessor may help the penitent discover the resolution to amend in another moral act, for example in an act of love, in a resolution to do works of mercy.
10. After Holy Confession, penitents must not induce in themselves the practice of adding other, additional prayers to the penance imposed by the confessor. This practice sows anxiety, and raises doubts whether this extra prayer is enough. Therefore, the confessor should very clearly signal to the penitents that they are forbidden from this practice. It is worth mentioning that the confessor can perform penance for the penitents himself or together with them during confession. This practice is very helpful in dealing with obsessive-compulsive disorder due to the thoroughness of penance. It is a mistake on the part of the confessor to allow the penitents to impose on themselves a penance. This gesture often stems from kindness towards penitents. However, it wreaks even more psychological havoc on them. It happens that the penitent will not be able to choose and fulfil this penance because of constant doubts as to whether it is an adequate penance. In addition, it is a mistake in the confessor's approach to impose a penance that is not sufficiently precisely defined. This sows anxiety and doubts as to whether the intention of the confessor was properly understood. The penance should be short, not spread over several days, as this would be very burdensome for the penitent with the disorder discussed in this article.

11. The obedience of the penitent to the confessor is very important. In what concerns the practice of the sacrament of confession, the penitent should absolutely listen to the confessor. The penitent may dialogue with the confessor, but if the confessor, for the benefit of the penitent, makes a specific decision, the penitent should unquestionably submit to this decision.
12. Another very important task of the confessor is to constantly emphasise to penitents the need for absolute trust in God's Mercy, and not in themselves and their practices. People with OCD have an enormous problem with this.

3.2. Psychological knowledge

1. A person who has problems related to OCD uses the following phrases in their statements: *rather, maybe, I'm not sure, I have the impression that…, I suppose, I don't know exactly, I don't remember exactly… probably, I have doubts, but I want to say it, or they repeat the same thing over and over again during confession, as if they wanted to make sure that they had already said it.* Such messages should give the confessor a clear signal that he is dealing with a person with OCD.
2. The confessor can also ask the penitents himself to make sure that he is dealing with a person with OCD. He may ask whether penitents are meticulous, perfect people, whether confession poses any difficulty for them, how long have they been preparing for confession, is confession stressful for them, if so, why? Affirmative answers will be a clear signal for the confessor that this person is struggling with OCD.
3. People with scruples cannot be succumbed to by answering all their questions, doubts, and their meticulousness. Fulfilling requests only deepens their obsessive-compulsive behaviour, so the confessor should gently but firmly interrupt further questions, especially repeated questions, and not try to answer them endlessly.
4. People with OCD need a directive approach. They need to receive very clear messages. When we give them a choice, we can be sure that they will not make it. With every minute they think about it, they will have more doubts than certainties. These people need to be told briefly: please do this and only this, do nothing else.
5. The confessor must be careful and pay attention to everything he says. Each of his words is heard by the people with OCD and most often interpreted by them to their disadvantage. In addition, it is very important that the confessor does not raise topics that are not raised by penitents, even if they are related to their spiritual problems. Penitents surprised by a statement, without the possibility of further development of the issue, are left alone with their thoughts, analyses, uncertainties, often generating further fears.
6. OCD does not go away on its own. This disorder must be treated. Therefore, it is worth suggesting to the penitent to undertake psychological therapy in order to develop the ability to react appropriately. An important support is also pharmacological psychiatric treatment, which many penitents are not convinced of, therefore the encouragement from the confessor to contact a psychiatrist may be very helpful. At this point, it is also worth appealing to confessors, who are not psychologists or psychiatrists by profession, not to enter into dialogue with the penitent in these areas. The lack of proper knowledge could sow anxiety in penitents, such as whether the drugs are well chosen, or whether it is necessary to take them for such a long time. These matters should be left to the professionals.
7. The confessor should acknowledge that a person with obsessive-compulsive disorder, if they say they did something wrong and signal their confidence at 99%, it means that they did not do it.
8. It is worth remembering that this struggle requires exceptional patience, understanding and consistency on the part of the confessor. We will not achieve anything positive by irritating, joking, trivialising, or rushing the penitent. L. Frere (2022) very thoroughly discusses the issue of human patience in his latest book, in which the reader will find, among other things, practical indications for being a patient person.

9. The confessor should also be characterised by an attitude of self-confidence in matters concerning sacramental confession, which means, that he knows what he is saying and that he is not wrong in what he says, that he can be trusted. Any hesitation in the confessor's response causes uncertainty on the part of the penitent.
10. It is important for the confessor to be aware that OCD is a fatal disorder, and therefore it requires great attention, care, sensitivity, delicacy and wisdom on his part, because it is basically a fight for human life.

Conclusion

Obsessive-compulsive disorders are not easy to treat. It includes those with a religious background. Accompanying such people takes a lot of effort on the part of the confessor. Every confessor meeting people struggling with these disorders in his pastoral activity, not being a psychologist, does not always know how to act in a specific situation. For many confessors, both young and experienced, this issue is a difficulty. Twardowski wrote in his book "How to Live?" (2002): "Słowacki writes in his letters to his mother that he went to confession in a monastery in Libya after many, many years; he burst into tears and spoke for an hour, and the priest said: listen, the faith of a child has healed you. One sentence. Sometimes one sentence is enough, but nevertheless a sentence that must flow from the priest's deep faith, dictated by the Holy Spirit. A priest sometimes meets psychopaths and then just needs to be able to listen. This ability to listen patiently is also very important. To know how to listen. Then the priest will help as the best doctor. It is terribly tiring – one of the crosses priests have to bear. But I think God called us to be there for the poorest people. Once such a psychopath haunted me and confessed for an hour each time, her sins were written down in a chequered notebook, even in a special writing pad, one by one, and so on… I couldn't stand it, I even tried to run away, but she kept running after me. Then one day I got a phone call (at that time I was a vicar in Saska Kępa): they say that a woman is in a facility for the terminally ill and she gives my name. I caught a taxi, I went there, I looked. It's her. She told me: "I was tormenting you, but thank you for every meeting". And she died. I remember very well how embarrassed I was that I ran away from her. She told me before she died that she thanked me, although she should have reprimanded me because so many times I couldn't listen to her (p. 113-114).

The presented material was intended to illustrate this issue in a synthetic way and to provide specific, practical solutions, both theological, moral and psychological. An experienced confessor knows that people with OCD are very tormented in their experiences and sufferings, which is why his proper approach becomes a guarantee for the penitent that he will enter the path of inner peace and builds in him hope and courage to live.

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Quarterly Journal Fides et Ratio
Issue 4(52)2022, ISSN 2082-7067, Pages 95-103

Christianity of non-believers by Marian Przełęcki: on the universal meaning of mercy

Chrześcijaństwo niewierzących według Mariana Przełęckiego – o uniwersalnym znaczeniu miłosierdzia[1]

https://doi.org/10.34766/fetr.v4i52.1136

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Abstract: Among the many reasons for departing from faith in God is a peculiar intellectual formation, which presupposes the acceptance only of such beliefs that meet the conditions of intersubjective verifiability and communicability. The text is a reminder of the thoughts of Marian Przelęcki, who, due to his rationalism, chose the path of agnosticism, but identified with the ethical aspect of Christian faith. It includes a presentation of the philosopher's views on faith, the rationality of religious beliefs, and presents a conception of Christianity of non-believers built in relation to Christian ethics, along with a critical commentary.

Keywords: faith, rationality, charity, Christianity of non-believers

Abstrakt: Wśród wielu powodów odchodzenia od wiary w Boga znajduje się swoista formacja intelektualna, zakładająca przyjmowanie jedynie takich przekonań, które spełniają warunki intersubiektywnej sprawdzalności i komunikatywności. Tekst stanowi przypomnienie myśli Mariana Przelęckiego, który z racji na swój racjonalizm wybral drogę agnostycyzmu, jednak utożsamial się z etycznym aspektem chrześcijańskiej wiary. Zawiera w sobie w sobie prezentację poglądów filozofa dotyczących wiary, racjonalności przekonań religijnych, oraz przedstawia zbudowaną w odniesieniu do chrześcijańskiej etyki koncepcję chrześcijaństwa niewierzących wraz z krytycznym komentarzem.

Slowa klucze: wiara, racjonalność, miłość bliźniego, chrześcijaństwo niewierzących

Introduction

There are many reasons for people to move away from faith in God (after: Jasiński, 2021, Marianski, 2016) in a Christian-rooted Europe (after: Warzeszak, 2021). For some, this decision stems from disillusionment with the Church as an institution, struggling with all sorts of problems (after: Zieminski, 2014). For others, this has a more personal dimension that stems from experiencing a psychological crisis (after: Nowosielski, 2012). Doubt of this kind can originate here both in the personality of an individual, but also in the external circumstances in which they find themselves, such as confronting the cruelty of war. However, there are also people whose path to rejecting belief in God leads through a specific intellectual formation, contact with science in the broadest sense of the term and the procedures it uses to prove the truth of assertions made. Marian Przełęcki can be included among such people. This philosopher was born on 23 May 1923 in Katowice, and died on 9 August 2013 in Otwock. He began his philosophical studies immediately after the war, studying under eminent representatives of the Lviv-Warsaw School, especially Janina Kotarbińska, who appointed him as an assistant. From 1952 until his retirement, Marian Przełęcki was an employee of the Department of Logic at the Institute of Philosophy at the University of Warsaw.

1 Artykuł w języku polskim: https://www.stowarzyszeniefidesetratio.pl/fer/2022-4-Rojek.pdf

As he progressed through the academic ranks up to the title of full professor, which he received in 1986, he focused his research mainly on the issues of formal logic and the methodology of sciences. With time, the philosopher's area of interest also included axiological issues, taken up by him in various scientific articles, which later made up three publications in this field: "O rozumności i dobroci" (On Reason and Goodness) in 2002, "Intuicje moralne" (Moral Intuitions) in 2005, and "Horyzonty metafizyki" (Horizons of Metaphysics) in 2007 (after: Brożek, 2019). Axiological issues also became the warp for the book "W poszukiwaniu najwyższych wartości – Rozmowy międzypokoleniowe" (In Search of Highest Values–Intergenerational Conversations), which is a scientific dialogue between Marian Przełęcki and two subsequent generations of philosophers, represented by Jacek Jadacki and Anna Brożek.

On the question of faith, Marian Przełęcki declared plainly, *It is reason, not feeling, that prevents me from believing in religious truths. My departure from religion had at its root neither a youthful rebellion against a 'merciless' God, nor any aversion to religion or the Church as socially 'harmful' forces and institutions. I do not believe in religious truths simply because I do not find sufficient rationale to accept them. The source of my disbelief is my rationalism* (Przełęcki, 2002a, p. 105-106). On the other hand, however, reflections on the issue of faith in its broadest sense constitute a significant part of his scientific output. What is more, Przełęcki greatly valued Christian ethics, seeing the universal value of the idea of loving thy neighbour and making it the best guidepost for action both for those who believe in God and those who do not. Works of mercy of all kinds, on the other hand, is a matter to which both John Paul II and Benedict XVI wanted to draw the attention of the faithful, and the latter wrote, *Caritas-agape transcends the boundaries of the Church; the parable of the Good Samaritan remains the criterion of measure, it imposes the universality of a love that is directed towards the needy person met 'by chance', whoever he may be* (Benedict XVI 2006, p. 33). We also may be tempted to say that loving thy neighbour is the leitmotif of Pope Francis' teaching (after: Sawa, 2018). Hence, by recalling the figure of Marian Przełęcki and his idea of the Christianity of non-believers, this text aims to show that loving thy neighbour can become a platform to meet each other, to start a dialogue, but also to begin some joint action for people who believe, experience moments of doubt or deny the existence of God.

1. Faith

In analysing the concept of faith itself, Ryszard Kleszcz points out that three meanings of the term can be identified. In the narrowest sense, it refers directly to specific religious beliefs. In a slightly broader sense, faith can be understood in the context of all beliefs with metaphysical content. In its broadest sense, on the other hand, the term faith is used with reference to all beliefs that we accept as true despite the impossibility of proving them (Kleszcz, 2007, p. 83-84). Relating these distinctions to the views held by Marian Przełęcki, we can see that faith in the strictest sense was not something he believed in. He took an agnostic stance on the issue, believing that *the agnostic position does not provide the basis for such psychic attitudes as trust in fate or assent to existence. But neither does it lead to attitudes to the contrary – resentment of fate, hatred of the world, rebellion against existence. Such attitudes presuppose a certain understanding of the world, a clear vision of its hidden meaning or meaninglessness, an evaluation of the world as a whole. Someone who condemns the world elevates himself above the world, treats the world as an ill-managed farmstead. If they see the world as a mystery, it becomes impossible for them to evaluate the world as a whole and thus to condemn it; wrongly – to resent the world, to malign it. Agnostic attitude is about modesty and humility towards the great mystery that is, in his eyes, the totality of existence. It is thus an attitude far from complacency and obstinacy, an attitude of goodwill and openness towards everything that reaches our mind and heart from the unlimited world* (Przełęcki, 2005a, p. 135). We can notice here that the attitude represented by the philosopher is rather conservative, leaving space for full religious commitment. On the other hand, however, it is a kind of suspension, depriving the possibility of experiencing certain states, e.g. trust in fate, which for many people are very valuable experiences that translate into their functioning in everyday life. Marian Przełęcki's agnosticism becomes clearer when we look at his attitude towards faith understood more broadly, as a set of certain metaphysical beliefs. On this issue, he wrote as follows, *Instead of a sense of God's presence in the world I nourish something like a sense of the 'divinity' of this world itself, but a 'divinity' identified not with goodness but with the extraordinary beauty of this world. This corresponds, incidentally, to a certain metaphysical concept present in the history of philosophy – the concept that allows Plato to use the idea of the Good and the idea of Beauty interchangeably, and great artists to speak of saving the world through beauty* (Przełęcki, 2005b, p. 78). This kind of belief seems rather surprising, especially in the context of Marian Przełęcki's hierarchy of values – the good was ranked very high. On the other hand, the philosopher's stance towards faith (which he rejected) in the broadest sense is not controversial because of his intellectual formation in the spirit of the Lviv-Warsaw School, and therefore his programmatic anti-irrationalism.[2]

2. Rationality

Marian Przełęcki believed that there was no reason for religious beliefs and attitudes to be covered by a special 'immunity', forcing anyone to refrain from assessing them in terms of rationality. He attempted to confront this problem by clarifying the concept of rationality, which he considered ambiguous. In the context of religious belief, he considered it legitimate to distinguish between 'logical rationality', referring to thinking, and 'pragmatic rationality', being anchored in action. In this dichotomy, he emphasised that while in the case of logically rational beliefs their recognisability is seen as gradual, proportional to the strength of the arguments justifying a given judgment, pragmatic rationality has a bivalent form, relativized by the valuation made by the acting subject. Przełęcki believed that the criterion of practical rationality often turns out to be superior to logical rationality and that this was the situation we were dealing with in relation to certain religious beliefs, which, although logically irrational, were accepted by people because these beliefs could translate into concrete behaviour (Przełęcki, 2002b). Considering that two types of justification can be distinguished (direct and indirect) he made an attempt to assess the logical rationality of religious beliefs. He believed that claims postulated by religion, if scientific standards were imposed on them, would never be able to demonstrate their rationality. Therefore, inspired by the views of W. Stróżewski, who had proposed to use specific methods of cognition for problems inaccessible to scientific cognition (Stróżewski, 1983), Przełęcki considered other types of experience than those allowed in science, as well as methods of inference. He noted that when it comes to religious experience, it can be understood broadly (as a particular kind of metaphysical experience) or narrowly (as referring to a particular belief system, such as Christianity). And it is religious experience understood strictly that is problematic in the philosopher's view – as he believed that *it does not in fact appear that the content of this type of experience can be given in any direct experience. It is rather the result of a more or less conscious interpretation of what is directly given. This interpretation is always based on a certain system of preconceived religious beliefs. This includes specifically religious mystical experiences. Mystical "union" with Christ can only take place in those who already believe in the divinity of Christ3. Consequently, religious experiences in the strict sense of the term cannot constitute – by their very nature – a direct justification of religious beliefs, since they themselves presuppose such beliefs* (Przełęcki, 2002b, p. 93).

As a result, Przełęcki assumes that only religious experiences understood in a broader sense can provide justification for faith, but again treated in general terms, and not as dogmas of a particular religion.

2 He assumed that assertions should only be accepted if there has been sufficient justification for them. This rationale should meet the conditions of intersubjective communicability and testability, and therefore cannot appeal to realms beyond empirical experience such as intuition or metaphysical experience.

3 A similar problem of interpreting particular experiences is pointed out, for example, by John Wisdom, who used the metaphor of a garden and the presence of a gardener in it (Wisdom, 1997).

Indirect justification, on the other hand, even with the great relaxation of the criteria that science imposes on such procedures, seems inconclusive to the philosopher, because it is built on notoriously vague concepts. So, he denied the conclusion that beliefs (understood in a dogmatic sense) could have any logical rationality. He believed that the degree of certainty with which religious theses are accepted – and if true faith is in question, the degree is very high – is inadequate to the degree of their justification. The situation is different with pragmatic rationality, which is supported by the 'fruits of faith' postulated by William James (James, 2001, p. 260-291) or the sense of meaning of one's own life and the surrounding world provided by faith, as pointed out by Leszek Kołakowski (Kołakowski, 1990, p. 147). The pragmatic rationality depends on the system of values represented by a particular acting subject. According to Przełęcki, we have two options in this respect: either adhering to a dignified ethics, in which the main value is the dignity of a human as a rational being, where accepting insufficiently justified reasons is something reprehensible, or opting for an altruistic ethics, in which these 'fruits of faith' make the religious convictions behind them pragmatically rational.

On the question of the 'fruits of faith', Przełęcki postulated dividing them into those experienced exclusively by a believer and that have eudaimonistic value, and those whose beneficiaries become other people and that have moral value. He believed that religious faith was not a necessary condition for doing good. He believed that *the proper source of morality is a kind of intuitive moral cognition, free of any religious assumptions* (Przełęcki, 2002b, p. 103). According to the philosopher, the connection between religious beliefs and specific moral attitudes should be assessed on an individual basis. He saw that there were many examples of people whose nurturing of such faith helped them to behave properly, especially in situations that required sacrifice and difficult renunciations – people whose belief in the providential nature of fate or an emotional relationship with Christ allowed them to overcome egoism. He believed that in such situations, on the basis of the altruistic ethics with which he identified himself, the good that grows out of (or is supported by) faith is more important than the integrity of thought.

3. Christianity of non-believers

Marian Przełęcki presented his ethical concept for the first time in 1969 in the pages of the *Więź* magazine in the article "Chrześcijaństwo niewierzących" (The Christianity of non-believers). His aim was to present the position of non-believers to whom the ideas of Christianity, in some respects, seem close. To explicate his point of view, he schematically divided Christian thought into two parts: metaphysical and ethical. The former, as explained earlier, he did not accept, while he considered the latter to be the closest to his moral intuitions. He was convinced that a morally good act was undertaken out of concern for the good of others, often at the expense of one's own well-being or convenience, and that this was the message contained in the pages of Scripture. In the Christian moral ideal, Przełęcki also perceived threads that he was inclined to treat as deformations of the original teaching flowing from Christ's message. He regarded as such all ideas emphasising the pursuit of one's own perfection, preferring the contemplative life to involvement in the affairs of this world. He believed that they were expressions of disguised selfishness. He wrote, *An old peasant woman, toiling and hustling in constant concern for her loved ones, a workers' activist, sparing no effort in the struggle against social injustice – these two are certainly closer to the Christian ideal than an intellectual experiencing sublime metaphysical states and subtle moral emotions in the silence of his studio* (Przełęcki, 2005a, p. 138).

The philosopher advocated the morality founded on the two ideas of 'altruism' and 'universalism', which he explained as follows, *An act is morally good if it is an altruistic act, i.e. motivated by concern for the welfare of others. This altruistic attitude is supposed to be fully universal: it is supposed to include all human beings (or even all sentient beings), allowing no exceptions. According to this concept, the ultimate motive for a morally good act is always our concern for others or, to use the language of the Gospel, neighbourly love* (Przełęcki, 2002c, p. 142).

Marian Przełęcki believed that caring for others is expressed, first and foremost, in giving help in times of need and protecting fellow human beings from evil. His interest in affairs of others was based on compassion. Also, indirectly in response to the teachings of Christ, he regarded any moral judgement as an unnecessary (and even undesirable) factor. He saw it as an expression of latent perfectionist motivations and an attitude of superiority towards others. He believed that help inspired by the pursuit of one's own moral perfection was sometimes perceived by its beneficiaries as humiliating. Therefore, the philosopher believed that a true moralist should, in line with the Gospel message, refrain from moral judgement and look at others with compassion and mercy. He was also quick to add, however, that effective help provided to one's neighbour is based not only on love but also on wisdom. Hence, he advocated supplementing the characteristics of a person concerned for the welfare of others with qualities of reason such as common sense, intelligence, and knowledge (Przełęcki, 2002c).

It seems reasonable at this point to delve into the source of such maximalist ethical convictions of Marian Przełęcki, since we already know that it was not the faith in God that was behind them. The philosopher's moral intuitions were founded on his individual anthropological assumptions. Firstly, he was deeply convinced of the potential of each and every human being to do good (Przełęcki, 2009). On the other hand, however, in human beings he did not see strength and causal power but rather weakness and fragility in relation to the surrounding world. These shortcomings, in his view, make it necessary for us to support each other in our struggle with the reality around us. In doing so, he believed that it was comprehensively described in Christ's teaching: *I am not in a privileged position compared to others. My good is not more important than anyone else's. There is no moral reason why I should do something for my own good rather than for someone else's, or why I should live for myself rather than for others. The fact that it hurts you and not me is, from a moral point of view, something incidental and irrelevant. Why should I protect myself from suffering rather than protecting you? If I feel differently, if I put myself in a position of distinction, if I treat my own well-being as a goal of my actions, I succumb to a naïve illusion of perspective that magnifies something that happens to be closer* (Przełęcki, 2005a, p. 136).

Returning to the ethical concept outlined by Marian Przełęcki, it is worth mentioning his attempts to find an answer to the question of how to counteract evil experienced by our neighbour. Such an attempt was expressed, for instance, in "Protest przeciw krzywdzie czy pomoc krzywdzonemu?" (Protest against harm or help for victim?). Przełęcki noted that when encountering the harm of another human being, we can react to it in two ways: by protesting against it and by helping actively. The first option raised a number of doubts in his mind. Reacting in protest made him think of an ostentatious expression of indignation, motivated by a desire to show one's own moral superiority. It was associated with an apparent action, essentially limited to an act of verbal disapproval. He did not exclude the possibility that behind the protest against injustice there might also be a genuine concern for the well-being of one's neighbour – a conviction that by manifesting our opposition, we would put an end to the evil in progress (or trigger some aid-focused procedures). He believed, however, that this type of action contradicts evangelical altruism, which requires care both for the victim as well as for the perpetrator of the wicked act. The philosopher was aware that the 'love thy enemy' slogan failed to appeal to everyone, and that many people preferred to follow the principles of justice. However, he was firmly convinced that it was the path of mercy that proved more effective. He criticised those who believed that by demonstrating their opposition they were helping to prevent evil in a global sense. He believed that such behaviour gave a sense of deceptive moral comfort that absolved them from active involvement in providing help. Przełęcki held the conviction that a vast area of evil that profoundly exposes the ineffectiveness of acts of protest and moral condemnation is physical violence of all kinds. He asserted, *In relation to physical evil, the proper attitude seems to be that of help (when some help is*

feasible), and the underlying attitude of compassion (when nothing can be done any more). Sympathy with all those who suffer, solidarity in the face of common misfortune – this is our human response to the cruelty of the world (Przełęcki, 2002d, p. 167). Generally depreciating acts of verbal opposition, however, he admitted that there also were situations in which such a reaction to evil seemed appropriate. This is the case when we encounter a person proclaiming morally reprehensible views. In this context, we have the right to express our protest, but it should be a criticism aimed at persuading that person to change their wrong beliefs, not at condemning them as a human being.

4. Weaknesses in the idea of Christianity of non-believers

The reception of the Christian moral ideal presented by Marian Przełęcki appears to be a position that raises numerous doubts in many respects. The distinction made by the philosopher for the purposes of his concept of the Christianity of non-believers between the ethical and the metaphysical spheres can be questioned. Christ's teaching, devoid of divine legitimacy, makes evangelical morality one of numerous proposals for a decent life. To use the jargon of contemporary marketing, we might say that this is a hardly competitive offer due to its maximalist nature – this is an alternative that only people with a very high level of empathy will be willing to adopt. The lack of a metaphysical context deprives Christian ethics of a very important argument for its acceptance. Max Scheler believed that the goal of religion is to achieve salvation (Scheler, 2005), and many Christian thinkers have emphasised (and still today point to) the relevance of striving for one's own moral perfection[4]. In this context Marian Przełęcki's approach, which perceived any perfectionist premise in terms of a distortion of the original Gospel teaching, should be regarded as an over-reaching interpretation of Christ's message. There is also a problem of a different nature – namely, how to identify the intentions that actually guide our actions. After all, action motivated by concern for the welfare of others does not preclude the possibility of simultaneous self-improvement. The philosopher was aware of this difficulty, and replied, *The boundary between proper moral motivation and perfectionist motivation – so vital from an ethical point of view – is certainly blurred, and the distinction itself (despite appearances) is not easy to grasp. When I help someone, do I do so out of concern for their welfare, or rather out of concern for my own moral level? Ultimately, not only in the first but also in the second case, I want to help them and I believe that they should be helped. At the same time, not only in the second case, but also in the first, I can be fully aware that by helping, I am performing a morally good act, I am acting as a good person. It is a question of what motivates me to act, or, after all, why I do it; or perhaps – what element in this motivation prevails, what element plays a decisive role in it, as we rarely deal with uniform motivation* (Przełęcki, 2005c, p. 163-164).

This explanation seems to largely settle the question of determining the intention of our actions. However, the trouble remains in situations when it is difficult to identify the dominant motivation. Przełęcki focused on the motives for morally good actions, which a human is aware of, and are the result of an individual's choice. However, it can be assumed that in addition to such motives, our actions are also determined by certain unconscious intentions. Social psychologists, in an attempt to explain altruistic behaviour among humans, sometimes refer to evolutionist concepts, and claim that humans care for their loved ones in order to ensure the survival of their genes (Aronson, Wilson, Akert, 2006, p. 302). This raises the question of whether a parent who is concerned for the well-being of their child is really motivated by altruistic intentions, or whether they may be acting instinctively, so that their behaviour cannot be qualified in moral terms at all. This example shows that the possibility of latent, unconscious motives makes it considerably more difficult to assess how much genuine concern for the welfare of others is to be found in our actions. Such a conclusion entails the impossibility of a proper moral evaluation of our conduct.

Another accusation that can be formulated against Marian Przełęcki's views is the philosopher's excessive focus on the motivation of morally right actions, and the complete depreciation of the evaluation of these actions from the perspective of their consequences. We might be tempted to say that for Przełęcki, this aspect seemed completely irrelevant. This concept reveals its unconvincing side when we remember that Przełęcki thought that the good of our neighbour is what we subjectively consider it do be (Przełęcki, 2005a, p. 136). There is no need to refer to any theories of the social sciences in this matter, but it is enough to refer to everyday experience to see the risk of such a point of view. There is a saying in Polish: *Hell is paved with good intentions*, which accurately hits on the weakness of moral valuation based solely on the motivations of the acting subject. Sometimes, out of concern for others, we cause them greater harm than if we had not reacted at all. Especially when we identify the good of another person on the basis of what we think is best for that person, as Przełęcki wanted. The surrounding reality abounds with all sorts of examples of such situations. They range from low-impact incidents in family relationships, where a parent tries to save a child from a bad mark by doing difficult maths homework for them, to more serious threats, such as excessively helping the elderly in their everyday chores, leading to their gradual frailty and alienation. There are also examples of actions with tragic consequences, such as the recent case of parents who, out of misconceived concern for their child's health, took advice from a folk healer – the consequence being the girl's death. The conviction that altruistic motivation together with a subjective understanding of other people's well-being sometimes leads to disastrous consequences can also be exemplified by the scale of social or even global problems. These include, for instance, certain ways of helping socially excluded people. Giving an alcoholic money to live on, instead of saving the person, makes his addiction even worse. On a global scale, examples are provided by certain interferences of the international community in the internal affairs of an independent country, which aggravate the conflicts taking place there and sometimes cause long-term destabilisation of the situation in the region. Marian Przełęcki, defending the validity of the moral valuation of an act based on the motivation of the perpetrator, emphasised that in addition to 'loving thy neighbour', wisdom is also necessary. In the context of this claim, the examples mentioned above provoke the question: do they testify to some deficiency of qualities of mind or knowledge? Or are they the result of a wrong balance between the reasons of the heart and the reasons of the brain? However, defining a morally good act from the point of view of its effect does not seem to be the right solution for Marian Przełęcki's ethical concept – for two reasons. Firstly, it would significantly complicate it and obscure its message. Secondly, by taking a particular action, not only of a helpful nature, we can, however, anticipate its effects only to a certain extent. There are many situations in which the chance of success of our efforts seems slim – and yet we are deeply convinced that it is worth trying. On the other hand, there may always be circumstances that come our way that we could not foresee, skewing our almost certain chance of success. A more legitimate addition to the philosopher's ethical idea would therefore be to better delineate the good of the other, defining it in a more objective way, less dependent on our personal notions.

Marian Przełęcki saw in Christian thought the source of the idea of the equality of all human beings in relation to one another; the rationale for not considering oneself as someone with a distinguished position that requires interpersonal solidarity. The philosopher was right about this, but he overlooked one very important aspect of

4 Marian Przełęcki's reflection addresses the phenomenon of religion in two contexts: the role it plays in determining the meaning of human life, and the ethical indications contained in its message. This perspective does not reflect all the meanings that can be attributed to religion. In a holistic way, the functions of religion as a psychosocial and cultural phenomenon are attempted to be defined in research conducted by psychologists and sociologists of religion. Psychologists speak of its role: compensatory, integrative, worldview, educational-regulatory, therapeutic, existential, prophetic and cultural-aesthetic (Zych, 2012, p. 49-52). On the level of sociological inquiry, emphasis is placed on its integrative role, as in Emil Durkheim's concept (Kehrer, 2006), or, as in Max Weber's inquiry, on its motivational function (Zalęcki, 2003).

the Christian message. The "Thou shalt love thy neighbour as thyself" commandment must be seen in the wider context of the personal relationships outlined in the pages of the Gospels – the link to God as one of childhood, and to human beings – as one of fraternity. Marian Przełęcki's reception of Christian morality seems to move seamlessly from an awareness of the equality and similarity of all human beings, through the experience of compassion, to action motivated by neighbourly love. In doing so, he loses the explanation of where this love actually comes from. He implies the assumption that we must arouse this feeling in ourselves through reason:

1. I love myself.
2. I am just like other people.
3. Consequently, I have to give love to other people.

Obviously, this immediately provokes to question the first premise and to identify a whole range of individuals who clearly do not have such positive feelings towards each other. The shift from sympathy to love, which the philosopher seems to repeat, also sounds unauthorised. The fact that we approach another person's situation with empathy does not at all mean that we are motivated by love when caring for them – we may just as well act under the influence of pity lined with the conviction of our own moral superiority. A proper justification of Christian ethics requires an appeal to the space of metaphysical assumptions, which Przełęcki unfortunately consistently rejected. In the light of these beliefs, every human being appears as a beloved child of God, created in His likeness and as such predisposed to love. In this context, love of others is a kind of primordial feeling, arising from the fraternal or sisterly bond that unites us with others.

Conclusion

While introducing the profile of Marian Przełęcki, an agnostic enchanted by the beauty of the evangelical moral message, we should also mention the philosopher's attitude to the very person of Christ. Being faithful to his convictions, Marian Przełęcki saw in Jesus only his humanity. He saw him as a historical figure, shaped by a specific cultural circle and forced to function within a specific reality. On the other hand, he perceived Jesus as an exceptional person for his time, bringing a revolutionary change from an order founded on the principles of justice to a world founded on love towards others, requiring to forgive others and to give up all hatred. Przełęcki admired Christ for his consistency, his uncanny ability to be there for other people, and his willingness to sacrifice his own life (Przełęcki, 2002e). The philosopher's attitude towards the key figure of Christianity is a perfect example that, despite the lack of faith, it is not only possible to relate to the evangelical teaching with respect, but also to find in there some content that is close to one's own moral intuitions. Obviously, as demonstrated in the text, the agnostic reception of Christian ethics raises numerous objections, but, on the other hand, it offers hope for dialogue. It shows that the neighbourly love commandment can become a meeting point between believers and those who have never had faith or who have lost it as a result of various events. R. Kleszcz, who analysed the concept of religion, has pointed to its four components: a system of beliefs, attitudes towards God, a system of behaviour expressed in specific religious practices, and a moral code (Kleszcz, 2021). The non-believer's concept of Christianity shows that when elements one, two and three are missing, neighbourly love can still remain a guidepost on the paths of our lives, and an inspiration to do good.

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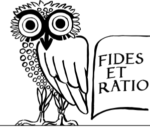

Quarterly Journal Fides et Ratio
Issue 4(52)2022, ISSN 2082-7067, Pages 104-113

Can our life resources support successful aging?

Czy nasze zasoby życiowe wspierają pomyślne starzenie się?

https://doi.org/10.34766/fetr.v4i52.1141

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Abstract: The projections showing trends towards increased ageing of the populations and the resulting challenges to the welfare system, health care or economy have led to a great number of publications exploring possible ways to prevent cognitive decline in late life. Successful ageing, in accordance with the definition of the term, is reflected by cognitive, motor and social capacities maintained at a level incommensurate with normal aging. Attempts to explain this aging pattern refer to the so-called cognitive reserve. The concept relates to the resources acquired from early childhood through education or activity in various domains of life. These resources help maintain and compensate for age-related cognitive deficits. The article discusses the role of various components in the process of building the reserve, the relationship between the reserve and neurobiological factors, and some disputable issues.
Keywords: brain reserve, cognitive reserve, successful ageing

Abstrakt: Prognozy wskazujące na wzrost tendencji do starzenia się populacji i powiązane z tym wyzwanie dla systemu opieki społecznej, ochrony zdrowia czy ekonomii stały się powodem wzrostu publikacji dotyczących profilaktyki zaburzeń poznawczych w późnym etapie życia. Starzenie się pomyślne jest rozumiane jako niewspółmiernie do wieku zachowana sprawność poznawcza, ruchowa oraz aktywność społeczna. Wyjaśnienie takiego wzorca starzenia się nawiązuje do tzw. rezerwy poznawczej. Są to zasoby, które zdobywamy od wczesnego dzieciństwa, poprzez edukację czy aktywność w różnych obszarach życia. Zasoby te pozwalają utrzymywać i kompensować powiązane z wiekiem deficyty poznawcze. Artykuł omawia rolę różnych składowych w budowaniu rezerwy, związek rezerwy z czynnikami neurobiologicznymi oraz kwestie dyskusyjne.
Słowa kluczowe: rezerwa mózgowa, rezerwa poznawcza, starzenie się pomyślne

Introduction

The phenomenon of population ageing involves an increase in the number of senior citizens in the society, including those aged 80+ (double ageing) (Jarzebski et al., 2021). This trend is associated, on the one hand, with advances in medicine (enabling diagnosis and treatment of diseases ultimately leading to death or disability in people entering late adulthood, e.g. hypertension) and greater awareness of healthy lifestyles, and on the other hand, with declining fertility rates and decreasing young adult populations. Because of such factors typical of late adulthood as the co-occurrence of cardiovascular, psychiatric and neurological disorders, the experience of loss (of loved ones, financial resources, and independence), and lack of social support, in addition to the significant economic burden posed on health systems, longer life span does not correspond to better quality of life. Projections showing a trend towards increased demographic aging as well as the anticipated challenges faced by the welfare, healthcare and economic systems, provide rationale for more extensive research focusing on the ways to prevent cognitive impairments in late life (Pestana, Sobral, 2019).

Ageing as a process can take different forms, ranging from physiological (typical, normal) changes, characterised by a decline in physical and cognitive performance, to pathological deficits, leading to cognitive disorders or dementia, and a degree of dependency that requires the assistance of others (Rowe, Kahn, 2015). Changes in cognitive capacities are a natural component of normal ageing, but they are non-linear in nature. Disturbances affect various cognitive processes

at different rates. Crystallised intelligence remains unchanged, in fact its resources may increase, whereas deterioration affects fluid intelligence, including speed of information processing, ability to learn new information, and to solve problems as well as the executive functions, defined as the ability to plan, organise, and control or as cognitive flexibility (Harada, Natelson Love, Triebel, 2013). These phenomena result from changes in brain structures and functions occurring in a non-uniform manner, and including loss of grey and white matter, and decrease in the number of synapses, as well as neuronal atrophy. With age, there is a slow decline in the volume of such structures as the amygdala and thalamus, with hippocampal volume and total brain volume decreasing after 50 and 60 years of age, respectively (Fjell et al., 2013). Age-related changes also affect the cerebral vascular system (e.g., they lead to remodelling of large arteries–increased wall thickness and lumen, arterial stiffening) (Zimmerman, Rypma, Gratton, Fabiani, 2021). These characteristics affect various regions and structures at different rates, altering the integration of neural networks (Bennett, Madden, 2014) locally and globally, which is the reason for the non-linearity of changes in cognitive performance in normal ageing (Li et al., 2020).

The continuum of ageing patterns also comprises successful ageing reflected by cognitive, motor and social capacities maintained at a level incommensurate with normal aging (Rowe, Kahn, 2015). Irrespective of the disputed definitions and indicators of successful ageing, most researchers suggest that its characteristics, assessed objectively and subjectively, include reasonably good health, age-appropriate activity and cognitive performance, productivity and a good quality of life (Urtamo, Jyväkorpi, Strandberg, 2019). Which factors, and in what way might promote this pattern of ageing?

1. Historical background

Research in causes of successful aging has been conducted for many years. Earlier studies focused on the ability of senior citizens to take active approach to life despite illnesses, disability or the experienced traumatic events, whereas more current works discuss issues related to well-being and preventive measures (Lavretsky, 2014). The phenomenon of preserved or slightly disturbed cognitive capacities and the ability to function independently despite brain pathology, common in Alzheimer's disease, described as early as the 1960s, occupies an important place in these considerations (Blessed, Tomlinson, Roth, 1968). The related evidence was acquired for instance owing to fascinating research conducted from 1992 in the frames of the Nun Study project (Danner, Snowdon, Friesen, 2001; Mortimer, Snowdon, Markesbery, 2003; Snowdon, 1997). It initially involved 678 School Sisters, aged 75-102 years, from the Notre Dame congregation in the USA. The findings showed no correspondence between the subjects' good activity level, the presence of brain pathology and satisfactory cognitive performance. All the sisters were born before 1917, some were assessed for cognitive performance on two occasions, and assessment of brain lesions was done post-mortem. An important component of the research was an interview about the early life environment, parental education, socio-economic status and activities undertaken by the sisters in their earlier years. Extensive research was also conducted by Bennett, Schneider, Arvanitakis and Wilson (2012). The project carried out between 1994 and 2011 involved a total of 1,168 subjects, on average aged 75.7 years, who were members of various religious communities. The models and concepts proposed today (such as cognitive reserve, cognitive resilience, compensation and maintenance), despite the different emphasis on specific aspects and the understanding of the mechanisms of successful ageing, consistently show that this pattern can be explained by the existence of resources (reserve), which are in focus of current research (Stern et al., 2019).

2. Cognitive reserve and its positive effects

Our cognitive reserve (CR) is produced jointly by knowledge, skills and life experiences. It is the result of our education, as well as occupational, social and intellectual activities, leisure activities, hobbies, etc. The reserve is therefore a resource that we acquire

through our activity in different areas of life. It is a modifiable factor, and this means that through our own activities we can increase the reserve and, consequently, its positive impact on cognitive functioning at a later stage of life. Other components adding to the reserve include multilingualism, travel, the quantity and quality of social interactions and many other regular engagements (Farina et al., 2018). Findings of numerous studies seem to reflect a general principle–higher level of CR, associated with more active involvement in various domains in course of one's life, promotes positive ageing, and plays a compensatory function with respect to cognitive competences that decline with age. The underlying element in the process of building the reserve is the interaction of genetic (Perneczky et al., 2019), cultural, economic (Cermakova, Formanek, Kagstrom, Winkler, 2018), historical and geopolitical factors, determining the capacity for acquiring competences and experiences even during the early years of development (Stern, 2002; Yang, Wang, 2020). In contrast, factors affecting one's performance later in life, but existing in adolescence and early adulthood include external determinants (e.g. health care system, socio-economic conditions), lifestyle, health status and personal activity (Yang, Wang, 2020).

The mechanism of the relationship between CR and cognitive functioning in late life has been extensively investigated, and two major trends can be identified in the related research; more specifically, some studies focus on the impact of lifetime experiences on the currently assessed cognitive capacities or particular domains of cognitive performance, whereas other researchers focus on longitudinal studies assessing the dynamics of cognitive capacities over the years of life, in an attempt to determine whether CR can delay or minimise the risk of cognitive disorders, including dementia.

The studies following the former approach, in most general terms, show that higher level of CR favourably affects both general cognitive functioning (Clare et al., 2017) and its specific domains (Perneczky et al., 2019). This positive effect was found e.g., in memory (Lavrencic et al., 2018), semantic and phonological fluency, subscales of Mini Mental State Examination (MMSE) and Clock Drawing Test (Grasso et al., 2021) and in executive functions (Oosterman, Jansen, Scherder, Kessels, 2021). This is significant since the latter capacities affect performance in other cognitive domains and in daily life (e.g., independence). The protective effect of CR on cognitive performance may be linked to the so-called brain reserve (BR, neurobiological resources). It comprises both structural and functional properties of the brain which can be modified by activity, education, etc. Better brain parameters not only explain good cognitive performance at later stages of life but are also associated with a lower risk of age-related cognitive decline (Stern et al., 2020). CR components affect BR efficiency by improving blood perfusion in brain vessels, reducing oxidative stress and inflammatory processes, stimulating growth factors, especially brain-derived neurotrophic factor (BDNF), and by preventing beta-amyloid deposition (Cheng, 2016). Higher CR contributes to the integration of neural networks despite the fact that this integration decreases with age (Marques et al., 2015). This characteristic, as some studies have shown, is particularly related to the cortex of the left frontal lobe, an area important for executive functions involved in other cognitive processes (Franzmeier et al., 2018). This pattern may be gender-related.

On the other hand, longitudinal studies reported various findings. Williams, Pendleton and Chandola (2021) found no evidence showing that CR, understood as the level of education, protects against the development of deficits in certain cognitive domains. In fact, a study by van Loenhoud et al. (2019) has shown that once the threshold of cerebral pathology is crossed, higher levels of CR cease to play a compensatory or masking role and promote rapid progression of cognitive deficits.

3. Role of various factors contributing to CR versus cognitive functioning in late adulthood

Although CR is an effect of interaction between various factors, attempts have been made to identify the distinctive role of each of these.

3.1. Early childhood

Risks related to the development of CR over the years are primarily linked to adverse impact of biological factors (low birth weight, malnutrition, neurodevelopmental deficits) and environmental factors (various forms of deprivation, national social policies) (Mosing et al., 2018). Meta-analyses have shown that in developing countries and those with low GDP, there is less opportunity for building the reserve (illiteracy, poverty) (Prince et al., 2012). In the absence of such risks, better socioeconomic status of the family fosters higher psychophysical competences later in life, but it does not affect the trajectory of cognitive ageing (Aartsen et al., 2019). A study (Aartsen et al., 2019) showed a positive correlation between socioeconomic status and the efficiency of selected cognitive functions in late adulthood, however higher socioeconomic status was also shown to be related to deficits in certain cognitive domains (e.g., verbal fluency deficits) emerging in late life.

3.2. Parental education

Education is not only about the formal level achieved, but also about the commitment to the learning process. Parents with a higher level of education create a nurturing environment for the child by providing financial, and psychological support, and by promoting spiritual values and a healthy lifestyle (Yang, Wang, 2020). However, as shown by interviews with sisters participating in the Nun Study (Snowdon, 1997), most of them came from large families, with poor economic status, working physically, and many had lost parents and siblings at an early age, but still received various forms of support and role models (Danner et al., 2001) that determined the need for education. Owing to education, they were able to acquire higher occupational competences and most of them took up teaching jobs. Parental education level does not necessarily explain the trajectory of their children's ageing; indeed, there are other factors that either interfere with the child's normal development by adversely affecting their education in the early years (low IQ) or make impact during later stages of life (e.g. acquired CNS diseases, deterioration of socioeconomic status, political changes e.g. wars, etc.).

3.3. Acquired education

Conroy et al., (2010), Prince et al., (2012), Bruno et al., (2014) and Wilson et al., (2019) showed that a higher level of education, as a component of CR, promotes better cognitive capacities later in life. Higher educational attainment corresponds to greater tendency to continue intellectual activity after the period of formal education, and to be involved in various forms of activity (social or physical) in leisure time; it is also associated with a greater awareness of healthy lifestyles. Importantly, even 6 years of education, despite such conditions as extreme poverty, can be conducive to better functioning in middle and late adulthood (Then, Riedel-Heller, Luck, Chatterji, 2017). Finally, evidence reported by Thow et al., (2018), Wilson et al., (2019) and Williams et al., (2021) shows that early education may promote cognitive functions up until adulthood, but not during advanced age. Meta-analyses also suggest that early education does not predict the course of cognitive ageing (Lövdén et al., 2020). A study involving 10,000 subjects from ten European countries, aged 65+, conducted by Cadar et al., (2017), showed a positive relationship between education level and memory efficiency, but this factor did not protect against a decline of this competence at older age. It was also observed that the strength of the positive relationship between higher educational attainment and cognitive capacities was varied, relative to ethnicity. This relationship is clear in the group of white subjects; according to the researchers, this may be linked to the fact that subjects of a different ethnic origin, often immigrants, were given the opportunity to learn or return to education much later than white children, hence their early experiences (poor quality education, racial segregation, poor economic and health status of their families) and forms of activity taken later (manual work) possibly were not conducive to building CR (Avila et al., 2020).

3.4. Social activity and social relationships

The factor contributes to the development of CR and, consequently, to good cognitive performance in late life, in a multidimensional way. Social activity, understood as involvement in voluntary work, interest groups, and work for loved ones, or religious groups, etc., fosters intellectual and physical activity, improves self-esteem, reduces feelings of loneliness or depression, and strengthens social competences in later stages of life (James, Wilson, Barnes, Bennett, 2011; Kelly et al., 2017; Lee, Kim, 2016). A study involving a large cohort (N = 2788) of subjects aged 65–101 years showed that a large network of family relationships during childhood, adolescence and early adulthood promoted better cognitive well-being later in life (Sauter, Widmer, Ihle, Kliegel, 2019). A study by Conroy et al., (2010), involving subjects aged 65+ years, showed that low levels of social support as a result of divorce in earlier years and living alone, lack of social engagement or hobbies adversely affected the subjects' cognitive performance. A review of research (Håkansson et al., 2009) confirms that single or divorced people are twice as likely to develop cognitive deficits due to a lack of daily stimulation, as well as depression or addictions and nearly 8 times more likely to develop Alzheimer's disease. It is obvious that social engagement requires diverse competences, and therefore a failure to get socially involved may be due to poor health, cognitive problems or lifestyles typical for the given community; inactivity negatively reinforces existing difficulties (Aartsen et al., 2002).

3.5. Physical activity

Meta-analyses show that physical activity undertaken from an early age stimulates cognitive performance at each stage of development (Greene, Lee, Thuret, 2019). People reporting higher levels of physical activity during earlier years of life face a lower risk of dementia or cognitive impairment which may progress into dementia (Blondell, Hammersley-Mather, Veerman, 2014). Different evidence has also been reported. Sabia et al. (2017) found no relationship between cognitive performance at older age and physical activity during middle adulthood and they suggest there may be a reverse relationship (cognitive decline may adversely affect the ability to engage in this type of activity). At present, research focuses on the relationship between specific types of physical activity (exercise/sport, frequency and intensity) and effects observed in cognitive performance (Greene et al., 2019).

3.6. Leisure time and hobbies

Leisure activities, their type and intensity, are part of our lifestyle, just as some other forms of activity, constituting an essential part of our lives. They also change with age. They comprise various components described above–intellectual, social or physical engagements and their interactions, also subject to change with age. A study by Lee et al. (2020) found a positive relationship between only this aspect of CR and performance in many cognitive domains; no such link was identified in the case of education and occupational activity. According to these and other authors (Sauter et al., 2019), a high frequency of various leisure time activities during the week or year (reading books, cinema, theatre, sports, dance and learning as well as using advanced technologies) promotes language, memory, executive and visuospatial functions through cognitive stimulation. Lower activity during leisure time over the course of subjects' life led to a three-fold increase in the risk of cognitive deficits in the cohort (mean age M = 75.6). Importantly, the type, intensity of leisure time engagements and their impact on cognitive performance, particularly executive functions, are linked to ethnicity (Peterson et al., 2020).

3.7. Spirituality and intangible values

Although religiosity of older people has been extensively investigated, few studies have focused on the role of religion in maintaining cognitive capacities in later stages of life. A study of a large cohort (N = 2,938) of subjects reporting varied religious engagement showed that greater attendance was associated with lower cognitive decline in a period of three years (a longitudinal study). The authors point out that through religious attendance (meetings, services, clubs), the subjects also benefit from cognitive stimulation and social support, which are important for CR (Corsentino, Collins, Sachs-Ericsson, Blazer, 2009). This type of engagement evokes hope, encourages a healthy lifestyle and alleviates symptoms of depression, one of the causes of cognitive deficits. However, a study involving adults aged 65+ years, showed that subjects reporting significant religious engagement, understood as highly frequent attendance in services, exhibited poorer working memory and lower general cognitive performance than the subjects attending religious functions less frequently (Hill, Carr, Burdette, Dowd-Arrow, 2020). According to the authors, this result should be linked to the operationalisation of the variable 'religious engagement', as attendance at church celebrations cannot be a determinant of religious involvement.

3.8. Occupation

It is not only the fact of being economically active but also the type of challenges and responsibilities at work that can contribute to CR and, consequently promote cognitive capacities in late life. Researchers tends to use country-specific classifications of occupations, or, in general terms, it is assumed that more demanding jobs involve managerial, technical and professional responsibilities, whereas physical work, sorting, machine operation, etc. are seen as less demanding. A study by Smart, Gow and Deary (2014) found that personal history of more demanding and complex jobs was conducive to cognitive efficiency at 70 years of age, whereas less demanding jobs (e.g. manual labour) may be associated with a greater risk of cognitive deficits later in life, which is mainly linked to lower educational attainment (Perneczky et al., 2019). A similar tendency was observed in the case of unemployed individuals and homemakers (Chung, Kim, 2020). However, another study showed that the protective effect of education and occupation (elements of CR) on cognitive performance is observed only in healthy individuals or those exhibiting mild cognitive impairments with a risk of dementia (β-amyloid [Aβ] positivity); paradoxically, following the onset of clinical characteristics of dementia, CR defined this way promotes more rapid progress of the condition (van Loenhoud et al., 2019). Retirement from work may by a risk factor for cognitive deficits. Although such change in economic activity is naturally associated with age or health status, when controlling for these factors, verbal memory, for example, has been shown to decline as much as 38% faster compared to the period before retirement, while decline in other cognitive domains is associated with age rather than occupational status (Xue et al., 2018). Research also showed a different relationship between type of occupation and gender; a study involving 5,865 Korean people aged 45–64 years showed an over three times higher risk of cognitive deficits in female homemakers compared to individuals performing highly demanding jobs (Chung, Kim, 2020). Looking for possible explanation, the authors of the study point to cultural and economic determinants; giving up work by women to take care of their families is one possible explanation.

3.9. Gender

Gender determines the acquisition of resources and consequently cognitive functioning in late life in many different ways (Subramaniapillai, Almey, Rajah, Einstein, 2021). Women and men differ with regard to the risk factors for developing conditions that negatively affect cognitive function. Female gender is associated with a greater risk of depression and AD due to hormonal changes during puberty, childbearing and menopause. Risk factors for diseases in men may be related to unhealthy lifestyles. Early education enables women to build their reserve, but the typically more demanding jobs performed later in life by men present more advantages for further enhancement of CR. Poorer education and physical work for women but not men are among risk factors for dementia, but if such work is done under healthy conditions, its positive effects will manifest themselves in women to a greater extent than in men (Subramaniapillai et al., 2021). It has also been reported that social engagement and social relationships may be of greater value for women than for men in building CR (Hwang, Park, Kim, 2018), whereas physical activity appears to be of greater importance for men than for women. However,

women's greater social involvement can result in burnout and exposure to stress, and these promote cognitive disorders developing in late life.

3.10. Stress and traumatic events

Seil, Yu and Alper (2019) investigated a possible association between the experience of trauma or PTSD and later cognitive performance in a study taking into account 14,576 subjects, aged 35-64 years, enrolled in the World Trade Center Health Registry in connection to September 11 terrorist attacks in New York City. Cognitive reserve was measured using dichotomised indicators of educational attainment, social integration, numbers of close friends, people the respondent had communicated with in the last 30 days and people knowing their problems, as well as marital status, employment status and physical activity. The study showed that higher CR was associated with lower likelihood of cognitive deficits being reported by subjects with PTSD. According to the authors, cognitive reserve acts as a buffer by modifying or delaying cognitive deficits. Another study emphasises the role of trauma experienced earlier in life as a risk factor for early cognitive decline and dementia at later stages of life (Burri, Maercker, Krammer, Simmen-Janevska, 2013). The authors point out that there is ample evidence showing that stress experienced early in life induces structural and functional changes in those areas of the brain that are closely involved in cognitive processes and cognitive development i.e. the frontal and temporal regions, including the hippocampus.

Conclusions

Cognitive reserve is a hypothetical construct devised in an attempt to explain the causes of the differences in the trajectory of cognitive ageing. It is difficult to account for biological, environmental, and self-activity related factors contributing to CR, and to identify their role in cognitive capacities in late life because these factors are interrelated, and change significantly over the life cycle. Undoubtedly, development of CR begins at an early age and, in the absence of adverse events, the accumulation of experiences contributing to cognitive performance at later stages can continue throughout one's life. Greater CR promotes cognitive efficiency in late life, but does not eradicate the negative impact of genetic factors (e.g., risk factors for Alzheimer's disease). It is with attention and hope that researchers look at the modifiable aspects of CR, i.e. those factors which at least partly are under our control (e.g., taking various activities in middle and late adulthood, cognitive training).

On the other hand, the construct of CR and the ways in which it is operationalized raise many doubts (Nilsson, Lövdén, 2018). In research, measurement of CR commonly is based on isolated indicators (e.g. level of education) or on combinations of various data acquired by means of interview or self-report questionnaires. The latter include: Cognitive Reserve Index questionnaire (CRIq) (Nucci, Mapelli, Mondini, 2012), Cognitive Reserve Questionnaire (CRQ) (Rami et al., 2011), Cognitive Reserve Scale (CRS) (Leon, Garcia, Roldan-Tapia, 2011), Lifetime Experience Questionnaire (LEQ) (Valenzuela, Sachdev, 2007) and Retrospective Indigenous Childhood Enrichment scale (RICE) specifically designed for the needs of Australian Aboriginal communities) (Minogue et al., 2018). A lot of questions are raised by the fact that different methods are applied to measure CR (different indicators, different populations), and the CR indicator is largely based on self-reported data (Kartschmit, Mikolajczyk, Schubert, Lacruz, 2019). Furthermore, CR has rarely been investigated in the context of culture-related factors or through longitudinal studies. There is also a difficulty in understanding causal relationships; for example, does a better level of education contribute to greater CR, consequently favourably affecting cognitive performance at old age, or does a higher level of CR acquired in childhood enable better educational attainment, which at later stages promotes cognitive capacities? Additionally, the different CR and BR indicators (volumetric or CNS functional data) explain only a part of the variation in cognitive performance observed in senior citizens. The question about factors enabling successful aging is still relevant.

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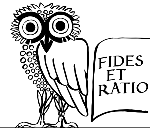

Quarterly Journal Fides et Ratio
Issue 4(52)2022, ISSN 2082-7067, Pages 114-123

Problematic using of the Internet among seniors – a pilot study

Problematyczne używanie Internetu wśród seniorów – badanie pilotażowe[1]

https://doi.org/10.34766/fetr.v4i52.1117

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Abstract: The use of the Internet is nowadays an important element of each person's life. Along with the advancement of technology, older adults use the Internet ever more frequently. (CBOS, 2016; CBOS, 2018). The aim of the study was to verify if seniors actually differ from people in middle adulthood in terms of the severity of problematic Internet use and its selected correlates–personality structure and coping strategies. The conducted research was a pilot study. The statistical analysis included the results of studies conducted among 44 individuals in late adulthood and 41 individuals in middle adulthood. The average age among seniors was 67 years and in the control group – 35 years. The respondents resided in the Malopolska Province. The study used the Problematic Use of the Internet Test in the Polish adaptation by Ryszard Poprawa. This tool makes it possible to identify the severity of symptoms of problematic Internet use (Poprawa, 2011). In addition, the Inventory for Measuring Coping with Stress–Mini-COPE and the IPIP-BFM-20 Questionnaire were used. The results of the analyses showed no significant differences in the severity of problematic Internet use and the personality structure between the studied group of seniors and people in middle adulthood. Significant differences were found in the aspect of coping with stress. Specifically, people in late adulthood obtained significantly lower results on the sense of humour subscale and significantly higher results on the subscale of religious coping than people in middle adulthood. It should be emphasized that the conclusions of the conducted research may not only provide a significant indication for effective preventive interventions aimed at seniors, but also confirm the need for further, in-depth analysis in this area.
Keywords: people in late adulthood, problematic Internet use, coping strategies, personality structure

Abstrakt: Używanie Internetu stanowi w obecnych czasach ważny element życia każdego człowieka. Wraz z postępem technologicznym coraz częściej z sieci korzystają osoby w okresie późnej dorosłości (CBOS, 2016; CBOS, 2018). Celem przeprowadzonych badań było sprawdzenie czy seniorzy istotnie różnią się od osób w okresie średniej dorosłości w zakresie nasilenia problematycznego używania Internetu oraz jego wybranych korelatów- struktury osobowości oraz strategii radzenia sobie ze stresem. Zrealizowane badania miały charakter pilotażowy. Analiza statystyczna uwzględniła wyniki badań przeprowadzonych wśród 44 osób w okresie późnej dorosłości oraz 41 osób w okresie średniej dorosłości. Średnia wieku w grupie seniorów wyniosła 67 lat, z kolei w grupie kontrolnej 35 lat. Respondenci byli mieszkańcami województwa małopolskiego. W badaniu wykorzystano Test Problematycznego Używania Internetu w polskiej adaptacji Ryszarda Poprawy. Narzędzie to umożliwia zidentyfikowanie stopnia nasilenia symptomów problematycznego używania sieci (Poprawa, 2011). Ponadto zastosowano Inwentarz do Pomiaru Radzenia Sobie ze Stresem- Mini-COPE oraz Kwestionariusz IPIP-BFM-20. Wyniki przeprowadzonych analiz ukazały brak istotnych różnic w zakresie nasilenia problematycznego używania Internetu oraz struktury osobowości pomiędzy badaną grupą seniorów a osobami w okresie średniej dorosłości. Istotne różnice wykazane zostały w aspekcie strategii radzenia sobie ze stresem. Doprecyzowując, osoby w okresie późnej dorosłości otrzymały istotnie niższe wyniki w podskali poczucie humoru oraz istotnie wyższe wyniki w podskali zwrot ku religii niż osoby w okresie średniej dorosłości. Należy podkreślić, że wnioski z przeprowadzonych badań mogą stanowić nie tylko istotną wskazówkę do prowadzenia skutecznych oddziaływań profilaktycznych kierowanych do seniorów, ale i potwierdzają one konieczność przeprowadzenia na tym gruncie dalszych, pogłębionych analiz.
Słowa kluczowe: osoby w okresie późnej dorosłości, problematyczne używanie Internetu, strategie radzenia sobie, struktura osobowości

Introduction

In the 20th century the Internet was commonly recognized as an innovative and revolutionary technology (Klimczak, 2012). One of the factors that makes it popular is that the Internet allows us to satisfy essential social needs (Zając, Krejtz, 2007). In other words, the world wide web has influence on human life and various world transformations (Klimczak, 2012). It enables people to access information,

1 Artykuł w języku polskim: https://www.stowarzyszeniefidesetratio.pl/fer/2022-4-Wojciak.pdf

resources, books, education, entertainment, and it makes the exchange of opinions possible (Grzegorzewska, Cierpiałkowska, 2018). Furthermore, the cyberspace allows people to gain knowledge on other cultures and religions, and learn foreign languages (Klimczak, 2012). It also offers the opportunity to establish interpersonal relations (Grzegorzewska, Cierpiałkowska, 2018). Notably, the Internet has become a place where new communities are forged and new cultural and social norms are created (Zając, Krejtz, 2007). In addition, the interactive properties of the web allow its users the development of selected psychophysical functions (Augustynek, 2015).

Apart from positive aspects of the use of the Internet we should also emphasize that, alongside the benefits, it involves various types of risks (Klimczak, 2012). One of the results of problematic use of the Internet, which in the recent years has affected an ever-wider group of people, is Internet addiction. Given that it is observed among all user groups, it is worthy to characterize it briefly.

1. Internet addiction in the context of behavioural addictions

Internet addiction belongs to the group of behavioural addictions, which can be defined as "forms of disorders (addictions) not related to the use of psychoactive substances, but to the uncontrolled performance of certain activities" (Rowicka, 2015, p.6). When analysing behavioural addictions, it is worth pointing out that until now this term has not been included in any classification of diseases and disorders. Specifically, it has not been included in the International Classification of Diseases (ICD-11) or in the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (DSM-5). It is worth noting that the ICD-11 classification distinguishes only gaming disorders and gambling disorders, which have been included in the category of disorders due to substance abuse or addictive behaviours (Gaebel, Zielasek, Reed, 2017; Krawczyk, Święcicki, 2020). The DSM-5 classification, in turn, distinguishes only gambling disorder, which has been classified in the category of disorders non-related to psychoactive substances (Rowicka, 2015).

Importantly, during the works on the DSM-5 debates were held on whether it should include Internet use disorders (Rowicka, 2018). Those in support thereof emphasized that individuals diagnosed with Internet addiction demonstrate a behavioural pattern similar to other addictions: tolerance and withdrawal, excessive use, negative effects related to social functioning. Another argument in favour of including Internet addiction in the classification as a psychiatric disorder was that it would contribute positively to seeking help and treatment from specialists by people with its symptoms. The counterargument put forward by the opposing group of specialists was that there are no analyses that would confirm the physiological symptoms of withdrawal syndrome and the presence of tolerance. Moreover, it was emphasized that classifying Internet addiction as a disorder would lower the social trust in psychiatric diagnosis and would contribute to the escalation of current barriers and stereotypes. Noteworthy, according to the opponents of inclusion of web addiction in the classification, establishing a separate "Internet addiction" category could become an argument for proposing new addiction categories along with the technological progress (Pies, 2009). As a result of the discussions, upon the exploration of the broad scope of Internet addiction and insufficient empirical data, only one dimension of the addiction has been included: the gaming disorder, which, as it was already pointed out, is listed in DMS-5 under section 3 (Rowicka, 2015; Rowicka, 2018).

The category "Internet addiction" has not been included in the classifications that have been in use in the recent years, hence the ambiguities in its scope. First of all, the name itself is ambiguous. So far, there is no agreement among specialists in and researchers of harmful and maladaptive Internet use as to its definition (Krzyżak-Szymańska, 2018). Therefore, in relevant literature Internet addiction is sometimes referred to as Internet dependence, cyber dependency, or Internet dependency disorder (Jarczyńska, Orzechowska, 2014, p.122). Another example of imprecision is related to the diagnostic criteria of this addiction. The lack of a definite set of such criteria has yielded frequent attempts among specialists to define them precisely (Izdebski, Ko-

tyśko, 2016; Klimczak, 2012; Woronowicz, 2009). In Poland, one of the researchers who have worked on that is Bohdan Woronowicz. As he pointed out, in order to diagnose Internet addiction, the following symptoms must be present:

- a strong need or compulsion to use the Internet,
- a subjective belief of the individual that they have less control over their behaviour related to the Internet,
- obsessive thoughts experienced by the individual (after stopping Internet use or reducing the time spent on it) related to what is happening online, a visibly lower mood, dreams and fantasies related to this medium, psychomotor agitation, involuntary or deliberate movement of fingers imitating typing on a computer keyboard,
- extending the time spent online in order to achieve satisfaction that was earlier achieved in a significantly shorter time,
- a recognized, increasing in frequency negligence of forms of pleasure or interests (other than using the web),
- continued use of the Internet, even in the face of harmful mental and physical consequences related to the time spent online (Woronowicz, 2009, p.481).

It is worth noting that Woronowicz made an attempt to identify and describe the stages of Internet addiction. He stated that, in the first stage of cyber-dependency, the Internet becomes an object of fascination. The individual gets acquainted with the possibilities of the web, often experiencing a sense of lack of boundaries and feels a strong connection with the rest of the world. In the next stage, the person believes that the Internet use makes relaxation easier and contributes to a reduction of discomfort brought about by, for example, tension or loneliness. In the third stage of Internet addiction, the individual spends time in the virtual world more frequently. Being online acts as a regulator of emotional states, which can be related to the growing number of virtual relations. The final, fourth stage is related to experience of discomfort, fear, or irritation in situations when the individual cannot access virtual space. At this stage, various (financial, social or health) problems related to excessive use of the web can appear (Woronowicz, 2009).

The use of the Internet (apart from manifold advantages) entails some risks. They are mostly related to the possibility of problematic using of the Internet, which influences the life of an individual in a negative way. It is worth analysing the epidemiology of this phenomenon.

2. The epidemiology of Internet addiction

The research carried out in the recent years related to the patterns of Internet use and addiction indicates that problematic using of the Internet is becoming an ever more frequent diagnosis, both in Poland and abroad. It should be noted that this is the case for all age groups (Wójciak, 2022). We will therefore present selected relevant statistics in order to outline and specify the scope of this phenomenon.

In the modern world, the use of the Internet is a commonly undertaken activity (Jarczyńska, Orzechowska, 2014). Basing on the data from Internet World Stats as of 31st of December 2020, the number of web users worldwide exceeded 5 billion. It is worth noting that this medium was used by about 700 million of people[2]. We should also point out that the frequency of Internet use around the world is varied. This is evidenced, for example, by the meta-analysis of 80 studies covering 31 countries from several regions of the world, carried out in 2014 by scientists from Hong Kong. The authors proved that the highest rates of Internet use are observed in Central and Eastern Asia. The lowest rates were found in the northern and western Europe (Izdebski, Kotyśko, 2016).

Just as elsewhere in the world, similar studies were recently also conducted in Poland in order to assess the prevalence of Internet use (including problematic use indicating addiction) among various age groups. First, it is worth mentioning the latest data from the survey report carried out by the Public Opinion Research Centre (CBOS) in 2018-2019. According to the report, almost ¾ (74.2%) of the respondents living in the territory of Poland aged 15 or above used the Internet at least sporadically. We should clarify that the vast majority of them (98.0%) were average users, who did not present any difficulties related to web usage in their daily functioning. Addiction from the Internet was found in about 0.03% of the surveyed population (which was 0.04% of Internet users). The percentage of respondents at the risk of addiction was 1.4%, which constituted 1.9% of people using the Internet. The report data are especially interesting in the terms of groups that are at a particular risk of becoming addicted to the Internet. These were individuals under 25 years of age. More specifically, in the group of adolescents aged 15 to 17, 8.0% of the respondents exhibited a risk of addiction or addiction to the Internet. Among people aged 18-24, such risk was found in 4.2% of respondents (CBOS, 2019, p. 194).

Due to the scope of the research described in this article, it is worth looking at the statistics on the use of the Internet by individuals in late adulthood. This group is becoming increasingly active as Internet users. It is evidenced for example by the data from survey report of the Public Opinion Research Centre No. 163: *Forms of spending time by seniors*. The report shows that nearly one third of respondents (30%) have used the web (CBOS, 2016). Further research carried out in 2018, available in CBOS Report No. 62: *The Use of the Internet*, indicates that nearly the half of respondents at the age of 55-65 have actively used the Internet. Among the people above the age of 65, twenty-five percent declared using the Internet (CBOS, 2018).

When presenting the analyses related to seniors' online activity, we should consider if these individuals show symptoms of problematic using of the Internet. Unfortunately, literature on the subject lacks sufficient analyses in this scope (Wójciak, 2022). This was confirmed, among others, by the publications of Khaled M'hiri, Alessandra Costanza, Yasser Khazaal, Riaz Khan, Daniel Zullino and Sophia Achab (2015). These researchers found that, until today, no comprehensive analyses have been performed showing the scope of the Internet addition in the aforementioned age group. The possible risk of addiction is estimated based on analyses where seniors constituted just a certain proportion of all respondents. The results of analyses carried out in Sweden could serve as an example here: the researchers found out that nearly the half of respondents (the median age was 45 years) met at least one criterion of problematic Internet use (M'hiri et al. 2015). Considering that there are no detailed analyses regarding problematic Internet use among seniors, it seems legitimate to devote attention to this aspect of their functioning.

3. Research methods

3.1. The aim of the research

The analysis of the available reports prepared by CBOS shows that seniors are becoming increasingly active as virtual space users. Not only is the Internet a source of knowledge for them, but it also enables communication and entertainment. Furthermore, using the Internet allows people in late adulthood to access cultural assets (CBOS, 2018).

The present research aimed to identify and verify the difference between people in late adulthood and middle adulthood in terms of intensity of problematic Internet use. It should be noted that the problematic use of the Internet is referred to as "excessive involvement in the use of certain Internet applications (mainly related to interactivity), giving rise to problems in individuals' psychological, social and health problems, and having clear features of addictive behaviour" (Poprawa, 2011a, p. 217). Moreover, the research made an attempt to check the differences between the studied groups in terms of the selected correlates of web addiction. These correlates were: personality structure and strategies of coping with stress (Wójciak, 2022).

The conducted pilot study is both a response to the insufficient number of publications on this subject and an inspiration to conduct further, in-depth analyses.

2 https://www.internetworldstats.com/stats.htm, (access: 20.04.2021).

3.2. Research problem

The research problem of this study was to answer the question: How do individuals in late adulthood differ from persons in middle adulthood in terms of intensity of problematic Internet use and its selected correlates? Hence, the following hypotheses were verified during the analyses:

- H1: The group of seniors exhibits a lower intensity of problematic Internet use than the group of individuals in middle adulthood.
- H2: The group of seniors differs from the group of individuals in middle adulthood in terms of personality structure.
- H3: The group of seniors differs from the group of individuals in middle adulthood in terms of strategies of coping with stress.

3.3. Variables and their operationalization

To clarify the research problem, a dependant variable and independent variables were distinguished. The variables were operationalized into indicators, which were subjected to empirical research.

3.4. Research methods and tools

The conducted study was comparative and diagnostic in nature. The method used was diagnostic survey. In accordance with the adopted theoretical background and methodological assumptions, the study used: Test of Problematic Using of the Internet (TPUI) by Kimberly Young, in the Polish adaptation by Ryszard Poprawa (Poprawa, 2011b), IPIP-BFM-20 Questionnaire (Topolewska, Skimina, Strus, Cieciuch, Rowiński, 2014), Inventory for the Measurement of Coping with Stress–Mini-COPE (Ogińska-Bulik, 2014) and a socio-demographic questionnaire.

The Test of Problematic Using of the Internet (TPUI) is a tool prepared on the basis of Kimberly Young's Internet Addiction Test (IAT). TPUI in the Polish adaptation by Poprawa consists of 22 questions that the respondents answer on a six-point scale: 0 - never, 1 - sporadically, 2 - rarely, 3 - sometimes, 4 - often, 5 - very often (Poprawa, 2011b). The test allows to diagnose the level of intensity of problematic using of the Internet (Makaruk, Wójcik, 2012). The test result is the sum of the respondent's answers to all questions, which can range from 0 to 110. The higher the achieved score, the more symptoms of problematic Internet use are confirmed and the stronger the addictive use of the virtual space by the respondent (Poprawa, 2011b). TPUI is often used both in clinical practice and in scientific research (Grzegorzewska, Cierpiałkowska, 2018). The Test of Problematic Using of the Internet reveals good psychometric properties. The results of factor analysis confirmed the single-factor structure of the tool. The internal consistency of Cronbach's α test was 0.935, and the discriminatory power of particular items ranged from 0.40 to 0.70 (Cudo, Kopiś, Stróżak, 2016). It is noteworthy that the calculated split-half reliability was 0.95, with the split-half correlation of 0.91 (Grzegorzewska, Cierpiałkowska, 2018).

Table 1. Variables, measurement methods and indicators of own research

Independent variable		Dependent variables	
Variable	Indicator	Variable	Indicator
Age of the respondents	The indicator is belonging to the group of seniors or to the group of individuals in middle adulthood.	Problematic Using of the Internet	The indicator is the intensity of symptoms of problematic Internet Use – the results were obtained by asking respondents to fill in the Test of Problematic Using of the Internet (TPUI).
		Personality features	The indicator is the results showing the personality structure, obtained by completing the IPIP-BFM-20 Questionnaire.
		Coping with stress	The indicator is the results showing the dominant strategies of coping with stress in a difficult situation obtained by completing the Inventory for Measuring Coping with Stress–Mini-COPE.

Source: Own elaboration.

Table 2. Frequency of converted scores for the Test of Problematic Using of the Internet, divided into the group of seniors and individuals in middle adulthood

		Frequency	Percent	Valid percent	Cumulative percent
Seniors	Low	18	40.9	40.9	40.9
	Average	25	56.8	56.8	97.3
	High	1	2.3	2.3	100
Individuals in middle adulthood	Low	13	31.7	31.7	31.7
	Average	24	58.5	58.5	90.2
	High	3	7.3	7.3	97.6
	Very high	1	2.4	2.4	100

Source: Own elaboration.

The IPIP-BFM-20 Questionnaire is a short version of the Goldberg Questionnaire. It consists of 20 items which enable the measurement of five personality dimensions: intellect, extraversion, conscientiousness, agreeableness, and emotional stability. The respondents give their answers on a 5-point scale. The questionnaire is used, among others, in scientific research. The tool has satisfactory validity and reliability (Topolewska et al. 2014).

Mini-COPE (Inventory for the Measurement of Coping with Stress) is a short form of the Multidimensional Coping Inventory – COPE. It contains 28 items which correspond to 14 strategies of coping with stress (Ogińska-Bulik, 2014). The tool can be applied in the diagnosis of typical reactions to and feelings of respondents in situations when they experience strong stress. Noteworthy, Mini-COPE is used for research purposes and in practice (mainly in prophylaxis)[3]. The Inventory for Measurement of Coping with Stress has satisfactory psychometric properties (Ogińska–Bulik, 2014).

Socio-demographic information was obtained in a survey form. Respondents had to provide necessary socio-demographic information: their sex, age, and place of residence.

3.5. Research sample characteristics

The respondents of the conducted research were seniors and middle-aged adults living in Małopolska province. The respondents voluntarily consented to participate in the anonymous survey. The group of people in late adulthood consisted of 33 women and 11 men. The age of these seniors ranged from 60 to 77 years. The average age was 67 years. The control group included 41 people in middle adulthood – 28 women and 13 men. The average age in this group was 35 years.

4. Results

The conducted analyses presented in this article aimed at a statistical verification of the research hypotheses. The hypotheses were subjected to verification in the order given in 3.2.

3 https://www.practest.com.pl/mini-cope-inwentarz-do-pomiaru-radzenia-sobie-ze-stresem, (access: 10.06.2021).

4.1. Differentiation in the intensity of problematic using of the Internet in the groups of seniors and individuals in middle adulthood

In order to verify hypothesis 1 of the study, the frequency of the scores converted for TPUI and the differences in the level of problematic Internet use were analysed.

4.1.1. Frequency analysis of the scores converted for the Test of Problematic Using of the Internet

The frequency analysis of the converted scores for the Test of Problematic Using of the Internet (TPUI) showed that the majority of respondents (56.8% among seniors and 58.5% in the group of individuals in middle adulthood) obtained average scores. It is worth pointing out that 9.7% of respondents in the sample group of individuals in middle adulthood obtained high and very high scores. Such scores among seniors were obtained by 2.3% of respondents. A detailed frequency analysis of converted scores can be found in Table 2.

4.1.2. Differences in intensity of symptoms of problematic using of the Internet

At the next stage of the analysis, the differences in the intensity of symptoms of the problematic using of the Internet among seniors and middle-aged adults were verified. For this aim, using the Mann-Whitney U test, both groups were compared in terms of scores obtained by respondents in the Test of Problematic Using of the Internet. It should be noted that the chosen test is used when "the dependant variable is measured on an ordinal scale or when the dependent variable has a quantitative level of measurement, but the analysed data do not meet the assumptions provided for parametric tests" (Cypryańska, Bedyńska, 2013, p. 185). The detailed data are present in Table 3.

The analysis indicated a lack of significant differences between the group of seniors and middle-aged individuals in terms of problematic using of the Internet. The results allow us to reject hypothesis 1 which assumed, based on statistics related to the use of the Internet, that the intensity of problematic using of the Internet in the group of seniors is lower than in the group of people in middle adulthood.

4.2. Differentiation of the personality structure in the group of seniors and people in the middle adulthood

In order to verify hypothesis 2, we used student t-test for independent samples. This particular test was used due to the distribution of scores for the individual scales in IPIP-BFM-20 questionnaire. To be more precise, the result of Kolmogorov-Smirnov Test was statistically significant, which means that the distribution deviated from normal significantly. However, skewness of the distribution in particular factors of personality structure did not exceed the conventional absolute value of 1. This meant that the asymmetry of the distribution was insignificant and it was possible to use a parametric test (with the other assumptions met). Detailed data is presented in Table 4.

Table 3. A comparison of the intensity of symptoms of the problematic using of the Internet among seniors and individuals in middle adulthood

	Seniors			Individuals in middle adulthood			Z	p
	Mean rank	Mdn	IQR	Mean rank	Mdn	IQR		
Problematic using of the Internet	38.22	9	13	48.13	15	24	-1.854	0.064

Source: own elaboration

Table 4. A comparison of intensity personality structure factors among seniors and people in middle adulthood

	Seniors		Individuals in middle adulthood		t	p	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	
Extraversion	11.43	2.74	*12.37*	3.15	1.46	0.626	-0.34	2.21	0.32
Agreeableness	14.02	2.07	14.78	2.34	1.58	0.358	-0.20	1.71	0.34
Conscientiousness	13.21	2.72	12.66	2.50	-0.96	0.953	-1.67	0.58	-0.21
Emotional stability	11.75	2.76	11.95	3.23	0.31	0.554	-1.09	1.50	0.07
Intellect	14.27	2.94	14.61	2.85	0.54	0.607	-0.91	1.59	0.12

Source: own elaboration

Table 5. Comparison of the intensity of styles of coping with stress among seniors and individuals in middle adulthood

	Seniors		Individuals in middle adulthood		t	p	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	
Active coping	4.30	1.13	4.66	1.18	1.45	0.15	-0.14	0.86	0.32
Planning	4.39	1.16	4.00	1.07	-1.58	0.12	-0.87	0.10	-0.34
Positive reframing	3.07	1.53	2.95	1.63	-0.34	0.73	-0.80	0.56	-0.07
Acceptance	4.05	1.22	3.95	1.20	-0.36	0.72	-0.62	0.43	-0.08
Humour	1.09	0.98	2.07	1.46	3.67	0.00	0.45	1.52	0.80
Religious coping	3.36	2.00	2.15	2.03	-2.78	0.01	-2.09	-0.35	-0.60
Seeking emotional support	3.55	1.25	3.73	1.29	0.68	0.50	-0.36	0.73	0.15
Seeking instrumental support	3.20	1.42	2.73	1.43	-1.53	0.13	-1.09	0.14	-0.33
Distraction	3.16	1.70	2.76	1.46	-1.17	0.25	-1.09	0.28	-0.25
Denial	1.41	1.32	1.41	1.38	0.02	0.99	-0.58	0.59	0.00
Venting of emotions	2.16	1.20	2.39	1.30	0.85	0.40	-0.31	0.77	0.19
Behavioural disengagement	1.55	1.15	1.44	1.32	-0.40	0.69	-0.64	0.43	-0.09
Self-blame	2.36	1.56	2.73	1.70	1.04	0.30	-0.34	1.07	0.23

Source: own elaboration

Table 6. Comparison of intensity of style of coping with stress – psychoactive substance use – among seniors and individuals in middle adulthood

	Seniors			Individuals in middle adulthood			Z	p
	Mean rank	Mdn	IQR	Mean rank	Mdn	IQR		
Psychoactive substance use	41.14	0.00	0.75	45.00	0.00	2.00	-0.90	0.367

Source: own elaboration

The analysis of the results indicated that both groups – seniors and individuals in middle adulthood – did not differ significantly as to specified personality factors. Hypothesis 2 was therefore, rejected.

4.3. Differentiation of coping strategies in the group of seniors and people in middle adulthood

With the aim to verify research hypothesis 3, we used student t-test for independent samples and Mann-Whitney U test. The use of this specific test was justified by the distribution of scores in particular scales of the Inventory for the Measurement of Coping with Stress. The Kolmogorov-Smirnov Test result was statistically significant for all scales of the Mini-COPE tool. This indicated that the distribution deviated from normal significantly. However, skewness of nearly all variables did not exceed the conventional absolute value 1. It followed that the asymmetry of the distribution was insignificant and it was possible to use a parametric test, provided that the other assumptions were met. An exception here was the style: using alcohol or other psychoactive substances, in case of which the distribution was significantly asymmetric and required the use of a non-parametric test.

The analysis showed significant differences between respondent groups in terms of two strategies of coping with stress in difficult situations: humour and religious coping. Individuals in late adulthood obtained significantly lower scores in the subscale humour and significantly higher scores in the subscale religious coping. Moreover, the effect size in case of humour was large, and in the other strategy it was medium. Thus, the assumed hypothesis 3 was partially rejected.

Discussion of the results

In the recent years, many publications have been made available, both in Poland and abroad, on the topic of addiction to new technologies (especially the Internet). Yet, most of them focused on selected groups, usually adolescents (Makaruk, Wójcik, 2012; Warzecha, Krzyżak-Szymańska, Wójcik, Żądło, 2016; Warzecha, 2018), and seniors were excluded. Hence, the purpose of the research presented here was to identify and verify the difference between senior and middle-aged users in terms of level of intensity of problematic Internet use. Moreover, the research also aimed at verifying intergroup differences with regard to selected correlates of Internet addiction. These correlates were: personality structure and strategies of coping with stress (Wójciak, 2022).

The results of the own research showed that the sample group of seniors did not differ significantly from individuals in middle adulthood when it comes to intensity of problematic using of the Internet. This key finding indicates that the virtual space might be just as dangerous for individuals at the older ages as it is for younger people. This is particularly noteworthy when, in relation to the pandemic of SARS-CoV-2 in the last two years, seniors have been using the Internet more often and more willingly, as it has allowed them to socialize and access cultural events and entertainment. In further analyses it would, therefore, be advisable to carefully examine their activities and apply preventative measures which will be effective for this group.

Another aspect of the conducted study was to verify if the sample groups of seniors and users in middle adulthood differed significantly as to selected personality factors. As a result of the analyses, we found out that there were no significant differences. This may be due to the fact that these psychological variables are mostly biologically conditioned (Finogenow, 2013).

The last analysed area referred to the difference in the strategies of coping with stress in difficult situations between the sample groups of seniors and individuals in middle adulthood. The results of the analyses indicated that the respondent groups differed significantly in terms of two strategies: individuals in late adulthood scored significantly lower than people in middle adulthood in the subscale humour and significantly higher in the subscale religious coping. The obtained results seem to be in line with the life stage of the respondents. According to the analyses presented by P. Ulman, people in their senior years

more often turn their thoughts towards God (Ulman, 2017). Further to that, people in middle adulthood demonstrate greater reserve, distance, and humour than people in late adulthood. This may be related to the fact that seniors show increasing difficulties in understanding humorous content (Daniluk, Borkowska, 2017).

Summarizing the above findings, we would like to emphasize that the results of the presented study show the necessity of further analyses. It would be legitimate to conduct them in an appropriately larger group of seniors and individuals in middle adulthood. The group should also be suitably differentiated as to sociodemographic variables.

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