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RESILIENCE IN CONTEMPORARY PSYCHOLOGY

Resilience issues are currently very popular, taking into account both the modern research directions in psychology and practical issues, that are important from social point of view. The beginning of resilience should be associated with studies of psychologists and psychiatrists from the 1970s, in which they considered what causes the fact that children experiencing traumatic events during childhood develop normally in spite of that fact. At the beginning, the intention of the question was clinical: it concerned understanding of mechanisms of psychopathology of children and adolescents. As described by Masten (2001), in scientific literature and mass media appeared a category of invulnerable children who have special, extraordinary biological, personal and social competencies that constitute a kind of shell protecting them against the influence of traumatic experiences during the development. It is not without reason that Masten, summing up the three decades of studies on resilience, entitled his scientific paper *Ordinary Magic: Resilience Processes in Development*, concluding that a set of characteristics described as resilience is not extraordinary, but turned out to be a normal, common defensive mechanism of an individual against trauma, fulfilling on different levels. However, its effects are sometimes such spectacular and amazing, that it deserves to be called an “ordinary magic”. Treating resilience as a natural mechanism inclines to optimism in dealing with children and adults after traumatic experiences.

Nowadays, in research studies resilience is defined in different ways. In conceptualization by Ogińska-Bulik and Juczyński, resilience constitutes a disposition of personality, significant in the process of coping with daily stress and traumatic events. The authors emphasize a subjective character of this notion, using the term

“resiliency”. Popularity of this perspective in Poland is associated with applying the SPP-25 questionnaire for the measurement of resiliency, in which the above-mentioned authors considered five measurement indicators, i.e.: Determination and Persistence in Action, Openness on New Experiences and Sense of Humour, Personal Coping Competences and Tolerance of Negative Affect, Tolerance of Failures and Considering Life as a Challenge, Optimistic Life Attitude and Ability to Mobilize in Difficult Situations (Ogińska-Bulik, Juczyński, 2008).

Importance of resilience in the process of coping with stress is highlighted by Heszen and Sęk (2007), who found that: “Resilience is a set of skills of effective coping with severe stress, consisting in flexible (resilient), creative coping with adversities; the main role is played by an ability to break away (bounce-back) from the negative experiences and an ability to induce positive emotions” (Heszen, Sęk, 2007, p. 173). As previously, the definition localizes resilience by the side of an individual, but the authors highlight the contextuality of this term, taking into consideration developmental, social, cultural and primarily situational context.

A presentation of resilience that is different from the previous ones clearly indicates its transactional character in the sphere of an individual-situation, analogously to the term ‘coping’ in the theory of coping with stress by Lazarus and Folkman (1984). In this processual approach, resilience is a transaction that occurs in time between dispositions of an individual and characteristics of a situation. The dispositions of individual can be considered in the light of two above-mentioned theoretical approaches. On the other hand, the situation can be stressful for the individual, which means that in cognitive approach it is categorised in the process of primary cognitive appraisal as “burdening or exceeding the resources of the individual and threatening its welfare” (Heszen-Niejodek, 2000, p. 470). If the situation involves the process of coping, i.e. effort and managing the situation, it depends on resiliency whether an individual will make the effort and manage the situation effectively or not.¹ This presentation is the closest to real functioning of resilience and, at the same time, the most difficult methodologically. The reality is associated with the fact, that predispositions of an individual, that constitute resilience, reveal just in confrontation with a specific, difficult situation in the process of coping. Adequate presentation of this process requires survey repeated in time of both features of an individual and a situation and transaction between them, which is associated with a need to apply special methodology.

The term *resilience* has a positive connotation, what in the field of psychology means, that it is a contemporary term, corresponding with a trend of studying rather resources than deficits of an individual.

¹ A reference to the definition as presented by Lazarus and Folkman (1984, p. 141), cited by Heszen-Niejodek (2000, p. 476), in which the authors emphasize that coping involves “constantly changing cognitive and behavioural efforts, which aims to manage with specific internal and external requirements, assessed by a person as burdening or exceeding his/her resources”.

It has been a basic trend in health psychology since its beginning in the 1970s, associated with focusing on health promotion and disease prevention.² In both areas resilience plays a fundamental role in explaining the mechanisms of change in health-related behaviours and improvement of the quality of life.

When talking about resilience it should be emphasized that it is more than a positive notion. More than positive, because it belongs to salutogenetic categories, which not only explain positive processes in life of an individual, such as maintenance of good health condition, but also serve to answer the question: why does an individual achieve good results in the situations when failure can be expected? This means: why does an individual cope with a situation despite everything,³ whereas the others surrender to stress? An element of this group of notions is also coherence – as presented by Antonovsky (1987, 1991) – as a complex metadisposition to coping with especially difficult situations, or a will to meaning, which according to the theory of Frankl (1984/1950), constitutes a leading motivation in the development of an individual and existential fulfilment of its personal potency.

The idea of resilience is also associated with another term, situated between different subdisciplines of contemporary psychology – flourishing, whose popularity in science is linked to, among others, a development of positive psychology (Kendrick et al., 2016). Flourishing is identified as a peculiar well-being, characterised by relatively optimal human functioning, expressing in subjective experience of happiness, personal development, a sense of potentiality and creativity. Authors of the majority of chapters in this monography: Ostrowski and Adamczyk, Sikorska and Paluch, Gerc, Wróbel as well as Piasecka also express themselves in this convention.

Resilience is an idea composed of many aspects linked together. According to some concepts (Ostrowski, Sikorska, Gerc, 2015), its definition can differ depending on the reference point – context in which the notion is analysed and subjective interpretation of the issue – an individual sense, but also a level of quality of life.

In a monograph, in order to enable a broad scientific discourse between the representatives of different positions and academic centres, it has become necessary to accept certain theoretical frames and to establish a precise area of contextual reference. Such frames were made of, appropriately to the individually selected parts of publication, resilience issues interpreted in the following contexts: theoretical and philosophical (Heszen, Ostrowski and Adamczyk, Banicki), perspective of lifespan developmental psychology (Marinovich, Kielan and Stradomska, Sikorska and Paluch), experience of chronic disease and disability (Gerc and Wróbel), as well as in the familiar and social field (Novak et al., Piasecka, Golonka et al. and

² However, it should be stipulated that health promotion and disease prevention are different in character, which is strongly emphasized by Sęk (1997). One of fundamental differences is that the first one belongs to positive strategies, while the second – to the negative ones.

³ Bearing in mind the trend of research concerning a positive result of coping with difficult situations, against expectations, Ostrowski speaks about “psychology despite everything” (Ostrowski, Sikorska, Gerc, 2015).

Mańkowska), and also methodological (Loscalzo et al.). An element that binds together these individual parts constitutes principles of positive psychology (Kaczmarek et al., 2014).

In positive psychology and in health psychology, when assessing the quality of life, the term well-being is used most often. This notion refers to elements of human situation that are potentially beneficial for him and can be evaluated. In this convention, high quality of life and high well-being mean nearly the same. However, referring to the quality of life, many factors are taken into consideration, which compose a certain set describing a situation of the person. A general assessment of the situation, e.g. happiness that is experienced, is regarded as well-being (Lyubomirsky, Sheldon, Schkade, 2005).

Positive psychology has an important contribution to studying a sense of happiness, and the quality of life in psychology is broadly understood as a sense of satisfaction, happiness or well-being with regard to an individual. Thus, concerning happiness and well-being, positive psychology also refers to the quality of life and considers a broadly understood context of resilience (Sheldon, Lyubomirsky, 2006). Positive psychology, health psychology and developmental psychology constitute an area of research on resilience, which is presented in this monograph. A monograph *Resilience and Health: Challenges for an Individual, Family and Community* is composed of four parts. They are concentrated on, respectively, theoretical background of health and resilience issues, resilience issues from developmental perspective, crisis and family as well as social/professional context.

In the first part, entitled: *Resiliency in the Theoretical Context*, in the first article entitled *Self-Regulation of Emotions Accompanying Stressful Events*, Heszen discusses classical studies on coping with stress, which were concentrated on reduction of negative emotions and led to unjustified generalization of inefficiency of emotional self-relaxation. The author, citing the results of contemporary studies, proves that in stressful, even extreme conditions, individuals experience not only negative, but also positive emotions. Positive emotions play energizing, motivating and behaviour-modulating function in stress. The article also indicates the direction for further studies on positive emotions in stressful conditions, which should use both quantitative and qualitative approach. In the second article entitled *Existential Determinants of Resiliency in Alcohol Use Disorder* Ostrowski and Adamczyk, referring to a libertial-value-grounded theory of the meaning of life, are searching for an answer to the question of existential factors of resiliency. The authors describe results of studies conducted, among others, on people addicted to alcohol. From the conclusions of the conducted studies the readers will learn whether the meaning of life depends on personal freedom and sensitivity to values, and whether resiliency of alcohol addicts is different compared with the general population. The first part of the monograph ends with an article by Banicki *Resilience and the Normative Dimension of Psychology*. The author, quoting the criticism and reservations towards the inviolability of the fact-value distinction in scientific studies, suggests considering more descriptive perspectives, especially with reference to the notion of resilience. In

defining resilience, Banicki refers to Luthar (Luthar, Cicchetti, 2000; Luthar, 2006), where resilience is based on positive adaptation and “withstanding” adversities. The second part of this monograph, dedicated to resilience of children and adolescents, is opened with an article by Marinovich *An Early Intervention & Prevention Approach to Parent Education & Promotion of the Caregiver-Baby Dyad*, in which the author presents her experience in preventive and interventive work with parents of children in early developmental stage. The workshops are interactive, enriched with music, play and sensory exercises. Parents, sustaining multimodal exchange during workshops, transfer these experiences to relationships with their children. In the following article, entitled *Suicide Among Children Under 14 Years Old in Poland*, the authors Kielan, Stradomska and Soczewka raise a very important issue of suicides among children and adolescents. The article contains not only alarming statistics and analysis of structure and dynamics of suicides among children and adolescents, but also proposals of preventive solutions implemented, among others, in nursery schools and schools. In the article by Sikorska and Paluch, entitled *Resilience in Adolescents: Temperament and Family Dynamics as Protective Factors*, the authors seek associations between resilience and subjective variables as well as contextual/family variables. They also present results of studies conducted among the 18-year-old people attending general secondary school, taking into consideration relations between temperament features, degree of attachment to parents and educational style in the families of the studied persons. The third part of the monograph, *Resilience in the Experience of Chronic Disease and Disability*, consists of two articles. The first one is written by Gerc. The paper entitled *Self-Image and Body Image Characteristics in Blind People: An Empirical Study* contains comparative analysis of studies conducted among the blind people and the healthy people. a theoretical background of the studies consists of cognitive theory of body image by Cash and Pruzinsky (Cash, 2002, 2011). Gerc explores issues associated with experiencing body in the aspect of visual impairment, taking into consideration the role of subjective and demographic factors. In the article entitled *Coping Style's Correlates in Young Women with Type 1 Diabetes*, Wróbel shows the results of studies carried out among women aged 19–30 years, suffering from diabetes mellitus type 1. This study aimed at investigating the selected correlates of coping with the disease. The author considered many variables in the analysis: an image of a patient herself and an image of her own disease, but also affective state and social support as well as metabolic control level. The fourth part of the book concludes the discussion on resilience, concentrating on familial and social context of the issue. In the article *Building Awareness of Diversity in the Treatment of Autism: a Look from a Historical Precedence Set by Kanner to the Current Collaborative Healing Trend to Create Resilient Outcomes for Families*, Novak and collaborators investigate the factors influencing resilience in a family system. The study concerns families with children of special needs, for example, children diagnosed with autism spectrum diseases. Programs developed by Autism Tree Project Foundation (ATPF), which helps and supports families

with regard to resilience, will also be presented. Likewise, the article by Piasecka *Couple Therapy: Building Family Resilience – a Case Study* concerns resilience in the family context. The author presents a description of the process of couple therapy, which aimed at rebuilding family resilience, i.e. initiation of the family repair potential by the spouses and building a unique, adaptive method of coping with crises and developmental phenomena. The two articles at the end of the monograph explore the professional area. Golonka, Mojsa-Kaja, Popiel, in the study entitled *Burnout and Well-Being: The Consequences of Long-Term Work-Related Stress for Mental Health*, discuss the issues of professional burnout as a factor decreasing the mental health condition. Results of studies presented in that paper confirm that there are significant differences concerning mental and behavioural functioning between the group of people affected with professional burnout and the control group. The article by Mańkowska, closing the monograph, explores the subject of professional burnout as well. In the study entitled *Styles of Coping with Stress as Mediators of Professional Burnout: Research on Social Workers*, she includes deliberations concerning predictors of professional burnout into the area of resilience concept. Mańkowska presents the studies conducted among social workers, which aim was to find styles of coping with stress, that play the role of mediators in burnout process.

Authors of the first chapters of the monograph, with academic attention to retain the methodological canon of the disquisition, reveal that the notion of resilience evolves adequately to changes in classifications and modes of understanding of the meaning of category of attachment of a person to dynamically changing life conditions and factors arising from the specificity of culture we live in (Heszen, Ostrowski, Banicki). Within this last aspect, resilience issues in the aspect of social inclusion of people with developmental disorders or disabled are raised by Marinovich, Gerc and Novak with collaborators. a human being adopts the way of interpreting his own abilities and their emotional context from the environment (including family) of which he is a part and also from an organisation of which he is a patient/pupil/charge, that is also an element of broadly understood social ecosystem.

Mykota and Muhajarine (2005) referred the notion of resilience to society, characterizing it as an ability to cope with difficulties and achieve higher (more favourable) limit of functioning of the society. In this convention they studied *community resilience*, taking into account ecological and social transformation that takes place in the specific society (especially in case of wars, terrorist attacks, etc.). In this aspect resilience is created by such factors as social interactions facilitating the experience of community, sense of belonging to a group, social support network or sense of creating community (interpersonal bonds). According to the investigators, group cohesion favours shaping the abilities of its members to make decisions and solve problems efficiently. The cited authors focus on social studies and are representatives of this trend with regard to the issue of resilience. The chapters of this monograph written by Piasecka, Golonka with collaborators and Mańkowska are parts of convention of understanding resilience. The monograph

is closed by an article in which Loscalzo, Giannini, Golonka present a inventory (SI-10) for diagnosis studyholism.

Characterization of development of an individual as well as of a group of people is characterized by synergic effect of influence of elements determined by genetic laws and standards of environment in which a person grows up. Such effect is often explained by defining and estimating the degree of ability to manifest certain features, more or less expected. Thus, both in scientific literature and in common perspective such expressions as favourable environment and terms opposing to it are functioning. A basis to name determinants and their assessments is provided by criteria that were evolutionally formed, scientifically described or sustained by cultural conceptual message: something is characterised as attractive, adaptational. This way of understanding the issue, with reference to different contexts of analyses, is taken up in this monograph by Heszen, Novak with collaborators and Marinovich.

Many contemporary investigators examine the notion of resilience as a multi-dimensional theoretical construct and thus place it into one of the most recent theoretical approaches to this issue (Taormina, 2015, 2016). Taormina (2015), proposing the following dimensions of resilience in adults: determination, resistance, adaptation ability and recovery ability, indirectly indicates a trend of new scientific and application prospctions.

Determination constitutes a cognitive reflection of the dimension of resilience, which is characterised by determined attempts to pursue a defined goal that a person takes. Resilience is characterized as a personal resource of an individual (fortitude, valour), expressing its abilities to retain inner peace and bravery (both in physical and cognitive dimension) in case the difficult life events occur. The ability to adapt and the ability to recover (again interpreted both in physical and cognitive aspect) indicate the predispositions to recover to normal functioning of a subject. Taormina (2016), not including to his theory factors associated with the so-called stressful character of a situation, is inclined to think that resilience should be interpreted only as a feature of an individual, what places the theory in the opposite trend to the transactional concept of resilience.

It seems interesting and important, both for broadening scientific knowledge and for plans of preventive actions, to obtain information on such aspects of life and social and family functioning that take into consideration the context of resilience and parallely address an issue of adaptation to disease or disability. In the monograph, this issue is taken up by Ostrowski and Adamczyk, Gerc, Wróbel, Marinovich, as well as Novak with collaborators.

After reading the reports on condition and resilience of children and adolescents – despite many preventive actions that are taken – it can be concluded that in this age group a growing scale of emotional disorders is revealed as well as an increase in the number of risky behaviours. This regularity has been observed in the countries of Europe and America for several years. It concerns Poland as well, so the monograph (Sikorska and Paluch, also Kielan and Stradomska) contains discussion of the issue previously distinguished in the studies (e.g. Ostrowski, 2014;

Sikorska, 2014; 2016; Piasecka et al., 2012; Gerc, Jurek, 2014; Gerc, Ziółkowska, 2016; Sikorska, 2016), concerning the characterization of a family dealing well with difficulties and everyday life problems. They come down to the following criteria, described as:

- satisfying the need of security, stabilization of emotional relationship, sense of belonging, a possibility to exchange feelings;
- a possibly broad range of common values of family members and various social groups (including gathering around the values that are particularly important in certain periods of life);
- solving tasks and problems together.

Family system functions well when flexible boundaries enable exchanging information with the environment, adapting to external conditions and varying needs of family members. Appropriate functioning is provided by balanced processes of positive and negative feedback, contributing to maintaining homeostasis. If family boundaries are too rigid, they unable effective exchange of information with the external world and within the system. Due to lack of information, feedback loops do not fulfil their roles regulating the functioning of family system. In the face of isolation, a family does not develop normally and stops at certain constant level. All the information coming from the outside as well as changes are treated as a threat to and violation of individual homeostasis and as a factor that hinders building resilience. In this monograph, an issue of family system in the context of resilience is especially taken up by Piasecka, Sikorska and Paluch, Marinovich as well as Novak with collaborators.

When introducing a nature of the notion of resilience, its interdisciplinarity should be emphasized, as it inspires studies, going beyond a broad area of human sciences and contextuality associated with it, as it was highlighted by previously mentioned Heszen and Sęk. This contextuality means that resilience – as it was mentioned – cannot be understood in a separation from biological, cultural, social, transgenerational and even historical background. Personal resources of an individual that compose resilience have broad determinants that should be considered in the circumstances assessed here and now.

In the context of resilience, cognitive mechanisms of experiencing difficult situations are also noticed. They are associated with internal narration of a human being (internal dialogue). Extensive and well-structured narration is a sign of cognitive restructuring of stressful events (Ostrowski, 2014). Discerning social mechanisms of resilience, the authors of the present monograph tried to take into consideration the fact that they are based on social support network and on an ability to use social resources of an individual in order to increase the level of resiliency of an individual (Ostrowski, 2014). Particularly clear references to this area are contained in the chapters written by Ostrowski and Adamczyk, as well as Golonka with collaborators and Mańkowska.

Resilience plays a particular role in health sciences, which was noticed by Sęk who emphasized that it is a notion in which issues of threat, health risk factors

meet with problems of resources and disposition to coping with difficulties. This is not the first presentation of this type. An idea of comparing risk factors with resources is contained in “Albee’s formula” (1982), as a particular algorithm of probability of occurring of health disorders due to the proportion of risk factors: biological, psychical, social and environmental (in the numerator) divided by resources corresponding to them (in the denominator).

According to Heszen and Sęk, a contemporary concept combining the issues of health threat factors and resources of an individual is exactly the notion of resilience. Thus, it belongs to a category serving to synthesize knowledge. In this case, we can even use the term resilience approach, which keynote is just a confrontation of the pathogenetic presentation with the salutogenetic one, and more broadly – clinical psychology with health psychology. An expression of synthesis of the two approaches is a model of mutual interaction between risk factors and resources in the range of achieving health and preventing pathology, developed by Sęk. A multilevel model shows the context of resilience in biological, social, ecological and social/cultural dimension (Sęk, 2005).

The above-mentioned definitions of resilience associate this notion with change. The essence of resilience, as presented by Heszen and Sęk (2007), is – as it was mentioned before – flexible (resilient), creative coping with adversities, an ability to break away (bounce-back) from negative experiences and an ability to induce positive emotions. a change is also included in the presentation of resilience, as a transaction between an individual and the environment, in a processual approach. However, it seems that equally important expression of resilience is constancy, expressing in the ability of an individual to maintain the chosen direction of acting on the specified target, regardless, or in spite of situationally occurring difficulties. This way of regarding resilience emphasizes the stability of behaviour which does not exclude flexible changing of strategies in the process of coping with stress, respectively to the evolving situation. An expression of stability of motivation, becoming a part of resilience, is the factor of determination and persistence in action, appearing in the first place in the SPP-25 questionnaire developed by Ogińska-Bulik and Juczyński (2008).

Analysing the contemporary presentation of resilience, it should be noted that the vast majority of studies associated with this notion concerned a reaction to severe, sometimes prolonged stress situations. It is strongly emphasized by Masten (2001), who concludes that it is impossible to talk about resilience without any links to traumatic experiences, because these are competencies that reveal exactly in confrontation with trauma. Certainly, resilience understood in this way can be described as state-resilience,⁴ which varies depending on a situation and has an advantage of reaction. However, operationalisation of resilience as a complex personal disposition, as in the SPP-25 questionnaire, enable to pass

⁴ An analogy to the concept of Cattel and Spielberger, who distinguished state-anxiety and trait-anxiety (Sosnowski, Wrześniewski, 1983).

to the direction of investigating determinants and mechanisms of resilience in healthy and ill individuals, operationalized, as a potential disposition, a kind of trait-resilience. Thus, basic studies are possible, inspired by a question of correlation between resilience and motivational processes, such as a sense of meaning of life, regardless the experienced trauma (Ostrowski, 2015).

The term “resilience” includes a sequence of emotional and cognitive mechanisms that constitute a subject of studies. In the scope of emotional mechanisms, the meaning of positive emotions is particularly emphasized. Their role was highlighted by Fredrickson in her *broaden-and-build theory of positive emotions* (Cohn et al., 2009). A substantial element of resilience is readiness to induce positive emotions in response to difficult situations. It is indirectly achieved by mechanisms of cognitive redefinition of stressful experiences, such as: discovering positive aspects of a difficult situation – *benefit finding*, or exploring meaning of a difficult experience by incorporating it to a natural course of human life – *sense making* (Davis, Nolen-Hoeksema, Larson, 1998). Crucial role of such kind of mechanisms is emphasized by Folkman and Moskowitz (2000), indicating coping with stress oriented on the meaning of an event (*meaning-focused coping*), in the context of values, convictions, beliefs and aims of an individual, apart from coping oriented on a task and emotions.

Resilience issues constitute a broad area of theoretical reflection, empirical studies and applications, which gather principal subjects in psychology and practical applications.

Concluding the above deliberations and description of the following articles it should be noted that, depending on the adopted theory of resilience, the adaptational problems appearing in an individual, specific person as well as in social system, can be conceptualised differently and the interventions focused on different aspects of human action can be performed. However, a common motif in all the articles presented in this publication are psychological factors determining human functioning and striving to development as well as a perspective of a happy life.

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