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RESILIENCE IN THE CONTEXT OF THE SOCIO-POLITICAL SITUATION OF YOUNG ADULTS IN EUROPE

As the epidemiological statistics for anxiety disorders and mood disorders show, adult mental health has declined in recent decades, making the life of the average person more prone to adversity. Several worldwide sociocultural changes require people to be more flexible and adaptive to cope with modern life. Therefore, people's ability to cope with daily stress and care for their well-being remain important issues. An essential factor in enhancing and protecting mental health is resilience as an inner source and the capacity to face adversity. Resilience can be described as the competence to stay flexible and adapt to changing environments, even in an unfavorable habitat. As a capability, despite its importance, it is mostly described and explored in childhood populations, leaving a space for further investigations focusing on adults. The article aims to present some findings regarding resilience among young adults, as well as to emphasize the importance of resilience in adult life.

Keywords: resilience, early adulthood, mental health, 21st century.

1. INTRODUCTION

1.1. Early adulthood in the modern world

The relatively small interest of research is aimed at the period of young adulthood. That may be caused by the fact that this period is characterized by reduced dynamics in the field of neurodevelopmental and psychophysical changes when compared to the other stages of development. Increasing pressure on self-sufficiency and individuality in Western societies (Brzezińska, Syska, 2016), brings egocentrism in the place of the previous space for interest in other people.

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At the same time, the silent assumption of "coping" of an average adult can also contribute to the marginalization of adult problems. Self-sufficiency and individuality, which have become the key values of the XXI century, alongside evident benefits, such as the ability to choose and create an individual development path, also bring with them the risk of ignorance of the problems of adults.

Early adulthood especially is an incredibly intense period in terms of having to make critical decisions for the development and well-being of the individual. The decision making process is influenced not only by the personal aspirations and needs of the individual but also often by a sense of pressure resulting from family pressure and social expectations related to culturally defined adulthood criteria, i.e., entering the labor market and starting a family.

The observed tendency to postpone the fulfillment of these expectations as well as the dynamic changes that the picture of adulthood has undergone over the past few decades have made adulthood development period more popular (Brzezińska, Kaczan, Piotrowski, Rękosiewicz, 2011; Piotrowski, Brzezińska, Pietrzak, 2013; Piotrowski, 2013; Rękosiewicz, 2013).

1.2. Socio-cultural and political changes in adulthood

The last fifty years have been a period of significant socio-cultural changes that have had a significant impact on the adults' functioning (Brzezińska et al., 2011). Dissemination of higher education and extending life by as much as twenty years brought a significant shift in the time of taking important life roles. Rapid socio-economic changes caused by the unprecedented development of technology as well as social changes in the perception of marriage, divorce, parenthood, gender roles, and sexuality. That makes the realities in which adults live radically different from those in previous generations. Therefore, it seems that today's adulthood is far more dependent on its own than its predecessors.

This situation may have its source in the change that occurs in the cultures of Western countries – towards a prefigurative culture in which the order of socialization is reversed (Mead, 2000). The reality in which parents of current adults grew up is so different from modern realities that especially young people can benefit much less from previous generations than before. In turn, they do not understand the reality that surrounds their adult children, which is why they are not able to provide them with adequate support.

A characteristic feature of adults' life is variability and instability in terms of place of residence, work, relationships. Increased mobility of people not only refers to changes in the workplace and residence, but also finds expression at the social level – in the flexibility and variability of roles taken, as well as at the psychological level – in the variability of lifestyle and professed values, as well as the need to constantly adapt to changes and new trends (Ziółkowska, 2005).

The expanded field of exploration, permission to cross the cultural boundaries, conventions, and variability in the scope of preached norms and values, promotes the personal development of adults, expanding their own experiences and competencies without much restraint by rigid norms or requirements. At the same time, functioning in unstable employment conditions and higher than ever-changing expectations and relativity of preached values characteristic of contemporary society. Anthony Giddens (2001) described that as a 'risk society', which brings new threats.

In parallel with the development of possibilities, we observe an increasing level of individualization and loneliness. As Oleś (2011) notes, there is progressive atrophy of the

socially determined structure of the life course, ‘a person loses clear reference points, which can give rise to uncertainty.’ Career volatility, unstable relationships, and the need to continually adapt to unstable socio-economic conditions have an impact on the individual's identity. The research results (Oleś, 2011) indicate that the prolonged period of the moratorium significantly extends the identity crisis characteristic of the adolescence period. With the relativization of values and norms, anchor points for own identity become increasingly vague and susceptible to change, resulting in uncertainty and increased anxiety accompanying modern adults (Campbell, Assanand, Di Paula, 2003).

Furthermore, the war in Ukraine, which broke out in February 2022, caused one of the most important political and social problems in Europe after the Second World War. According to the United Nations, war may cause an economic tragedy not only in Ukraine and Russia, but also in most countries in Europe and Asia.UN Secretary-General AntónioGuterres (2022) warns of the threat of a food, energy and financial crisis.Currently, young adults live in times of high political and social instability.Moreover, they arealso struggling with the problem of instability of living.Due to the conflicts in Ukraine andother countries, the number of forcibly relocated has exceeded 100 millionfor the first time (UNHCR, 2022).It is an objectively difficult situation for all young people, who have been directly and indirectly affected by the crisis in Ukraine.

2. MENTAL HEALTH IN THE XXI CENTURY

As the World Health Organisation states, ‘one in four people in the world will be affected by mental or neurological disorders at some point in their lives. Around 450 million people currently suffer from such conditions, placing mental disorders among the leading causes of ill-health and disability worldwide’ (WHO, 2001).

Ritchie and Roser (2018), based on Global Burden of Disease Study (worldwide observational epidemiological study to date), estimated the general and more specific mental health disorder prevalence across the world. They apply specific definitions, typically following the ICD-10, and believe mental disorders remain widely under-reported.

In general, Ritchie and Roser (2018) report that around 13% (11–18%) of the global population share of mental or substance use disorder, which gives around 970 million people with the disorder. More specifically, approximately 3,4% (2–6%) of the global population suffers from depression, which gives around 264 million people disordered. Approximately 3,8% (2,5–7%) of the global population suffers from anxiety disorders, which gives around 284 million people struggling with different types of anxiety. Approximately 0,6% (0,3–1,2%) of the global population has a bipolar disorder, which gives around 46 million people disordered. Approximately 0,2% (0,1–1%) of the global population suffers from eating disorders (clinical anorexia and bulimia), which gives around 16 million people disordered. Approximately 0,3% (0,2–0,4%) of global population share schizophrenia, which gives around 20 million of people disordered. Approximately 1,4% (0,5–5%) of the global population suffers from alcohol use disorder, which gives around 107 million people disordered. Approximately 0,9% (0,4–3,5%) of the global population struggle with drug use disorder (excluding alcohol), which gives around 71 million people disordered. Still, the data regarding the burden of mental disorders are underreported.

Mental illness is common and has a high prevalence. What is more, mental illness seems to increase in the last decades. This could be noticed, especially in the last decade in the early adulthood population (Twenge, Cooper, Joiner, Duffy, Binau, 2019). Very specific

issue related to mental health in the recent time is the pandemic of COVID-19 disease caused by the SARS-CoV-2 virus. The experience of global crisis as well as the fear and anxiety undelying each day of pandemic reality (Shanahan, Steinhoff, Bechtiger, Murray, Nivette, Hepp, Ribeaud, Eisner, 2020) makes people more prone to develope mental disorders. Of course the elderly suffering from the fear and isolation, especially in the beginning of the pandemic, may experience deterioration and setback (Grossman, Hoffman, Palgi, Shrira, 2021). But they are not the only ones, alongside of pandemic continuance, the research indicate that young adults also experience negative mental health outcomes (Gambin et al., 2021; Killgore, Taylor, Cloonan, Dailey, 2020; Sokół-Szawłowska, 2021; Talarowska, Chodkiewicz, Nawrocka, Miniszewska, 2021). They do suffer from emotional stress, security thread, loss, emotional isolation, post-traumatic stress disorder, anxiety and depression symptoms as well as obsesive-compulsive symptoms ans addictions (Chatterjee, Barikar, Mukherjee, 2020; Cullen, Gulati, Kelly, 2020; Fiorillo, Gorwood, 2020; Ornell, Schuch, Sordi, Kessler, 2020; Pfefferbaum, North, 2020; Shuja, Aqeel, Jaffar, Ahmed, 2020).

2.1. The meaning of resilience

Therefore there is a general need for prevention and early interventions in the light of high rates of depression and anxiety disorders. Resilience may be a construct that could aid and foster the XXI century people mental health. Resilience has many definitions. It may be defined as the ability to "bounce back or recover from stress, to adapt to stressful circumstances, not to become ill despite significant adversity, and to function above the norm despite stress or adversity" (Smith, Dalen, Wiggins, Tooley, Christopher & Bernard, 2008). It may also be described as a process of effective overcoming negative life events and bouncing back after stressful time (Borucka, 2011; Borucka, Ostraszewski, 2012; Masten, Powell, 2003; Ogińska-Bulik, 2011; Junik, 2011; Luthar 1991; Luthar, Cicchetti, Becker, 2000; Wright, Masten, Narayan, 2013; Venter, Snyders, 2009). Resilience can be understood as the ability to cope with stressful situations, dynamic and fast ability to "self-repair" and recovery after a threat, flexibility, or mental plasticity (Sikorska, 2016). In other words, resilience is a flexible response to changing situation and stressors (Ogińska-Bulik, Juczyński, 2008) and may be expressed by the terms: flexible, resistant, and resourceful (Junik, 2011).

Derived from the Health Psychology area (Heszen Niejodek, Wrzesiński, 2000), while combining knowledge of Social Psychology, Developmental Psychology and biological sciences, it includes both the disposable properties of the individual and the process of effective overcoming adverse life events (Borucka, 2011; Borucka, Ostraszewski, 2012; Masten, Powell, 2003, Ogińska-Bulik, Juczyński, 2008a, 2008b), and is also recognized as a developmental result (Sikorska, 2016).

Several transformations in the last decades led to the dynamic development of broad research on psychological factors for health and illness (Heszen-Niejodek, Wrześniewski, 2000), especially in the field of resilience. Some reasons are due to the diseases change types, and the death causes structure, as well as the psychological factors enhancing health evidence and importance. Not less significant is the rise in health care costs. In addition, an increase in people's aspirations to participate in solving their health problems is widely observed. All of those reasons resulted in the increase in the interest of positive health psychology factors research.

Resilience remains a significant factor in the mental health area. As Hu, Zhang, and Wang (2014) reported, the resilience correlates negatively to negative indicators of mental health and correlates positively to positive indicators of mental health. Thus, resilience performs a protective role in the populations' mental health. In literature and in the history of understanding the concept of resilience, a transformation is observable. From the homeostatic concepts, in which the essence is a return to equilibrium or an earlier state, to idealization concepts understood as growth, development, and exceeding the level that was reached before the imbalance (Sikorska, 2016). Important concepts cited by the author are a vulnerability, risk factors, protective factors, stress, coping and mental resilience.

2.2. Different approaches to resilience

As the American Psychology Association (APA) claims based on the research results, resilience is ordinary, not extraordinary – in general, people tend to be resilient. Furthermore, people can learn how to be more resilient, to make one's life more stress- and adverse event resistant as well as to promote well-being. In the search for the key factors that can change adults' life quality, APA indicates factors that contribute to resilience. Among them, APA lists supportive relationships, making realistic plans and realizing them, a positive view of ourselves and confidence in our strengths, communication, and problem-solving skills as well as managing strong feelings and impulses (more details on the protective and risk factors is described in the following section). Based on these findings, APA suggests ten ways to build resilience. The steps include making connections, avoiding seeing crises as insurmountable problems, and accepting that change is a part of living. Following, moving toward the goals, taking decisive actions, and looking for opportunities for self-discovery. Furthermore, nurturing a positive view of oneself, keeping things in perspective, and maintaining a hopeful outlook. Last but not least, taking care of oneself and taking one's own ways of strengthening one's resilence.

In terms of models and empirical research, there are several concepts proposed. One of them is Kobasa's concept of hardness personality (3C). It assumes the dimensions of control, commitment, and challenge. Hard personality improves health by buffering and moderating stress effects (Soderstrom, Dolbier, Leiferman, Stinhardt, 2000). The next model based on the dimensions proposed by Kobasa is Mental Toughness, proposed by Clough and Strycharczyk (2012). Apart from control, commitment, and challenge, the "4C" concept also assumes confidence (Gerber, Kalak, Clough, Perry, Puhse, Elliot, Holsboer-Trachsler, Brand, 2012) and is often used in the business environment and the coaching process.

The next one, Antonovsky's sense of coherence model, is a construct recognized as part of salutogenesis, and is often compared to mental resilience and falls on the health-illness continuum. It consists of three elements: a sense of comprehensibility (cognitive aspect), a sense of resourcefulness – controllability (cognitive-instrumental aspect, with an emphasis on felt control), and a sense of meaningfulness (emotional-motivational aspect) (Antonovsky, 1995; Ogińska-Bulik, Juczyński, 2008). Review of empirical research presents that high level of coherence is associated with better health (mainly in women), reduced risk of health disorders, low level of physical discomfort, satisfaction with youth, prevents PTSD symptoms, negatively correlates with depression and anxiety and also allows to predict the subjective state of health in the next 4 years of life (Ogińska-Bulik, Juczyński, 2008).

The empowerment model of Zimmermann and Warschausky (1998), was treated as an alternative to mental resilience and as a protective resource of the individual, refers to the

sense of control. Empowerment consists of three strengthening components: intrapersonal, interactive, and behavioral. One of the main elements of the concept in terms of intrapsychic strengthening is a sense of control (Kaczmarek et al., 2011).

As Kent and Davis (2010) argue, the study of adult resilience is a vibrant area of research. They present the general resilient US population after the World Trade Center attack on September 11, 2001, instead of forecasted trauma and depression. Nonetheless, Kent and Davis indicate some therapeutic interventions for adults that build the capacities, and at the same time, refer to the basic resilient concept. Among them are: Life skills training for PTSD related to childhood abuse (Cliotre et al., 2002), Safety skills for PTSD and substance abuse (Najavits, 2002), Behavioural activation (Jacobson et al, 2001), Well-being therapy (Fava, 1999), Mindfulness and change therapies such as Dialectical behavior therapy [DBT] (Linehan, 1989), Mindfulness-based cognitive therapy [MBCT] (Teasdale et al., 2000), and Acceptance and commitment therapy [ACT] (Hayes, 2004).

2.3. The protective factors and the risk factors

Taking into consideration the essential factors contributing to resilience, protective factors seems to play important role. In general, protective factors reduce or neutralize the effects of risk factors. Garmezy (1985) and Masten (2007) distinguish categories of factors, which include individual, family, community, and social features. The individual features include good intellectual functioning, socially and adaptively positive temperament, the ability to establish and maintain positive relationships with peers, effective emotional and behavioral regulatory strategies, positive image own person, positive attitude to life, faith and sense of meaning in life as well as possessing qualities valued by society. The family features include warmth, coherence, harmonious relations between parents, having clearly defined expectations, parents' involvement in the child's affairs, positive relations with siblings, authoritative parental style (high level of warmth, parental structure / monitoring and expectations), supporting relationships with further family members, socioeconomic position of the family, as well as a higher than secondary education of parents.The community features include the adults outside the family, good neighborhood, well-functioning school, employment opportunities for parents and teenagers as well as public health care (Junik, 2014; Wright, Masten, Narayan, 2013). The social features and the features related to culture include the policies protecting children, values, and measures directed at education, prevention, and protection against oppression or political violence as well as low acceptance of physical violence (Borucka, Ostraszewski, 2012; Pat-Horenczyk, 2009).

Additionally, more likely to cope with the traumatic experience and adversity are people who have “an optimistic attitude, self-esteem and efficiency, and a belief that they can shape their lives, are deeply involved in the implementation of [...] tasks and experience changes as exciting challenges, they are able to use support, help others and are altruistic, coping with affect regulation well, they are resourceful, have better cognitive skills and greater intelligence, high self-esteem and internal control location, high temperament, are witty, have a sense of humor, are flexible, empathic and socially sensitive” (Szwajca, 2014).

Risk factors can be recognized as random factors that are not subject to the will of the individual. These can be negative events or life experiences that interfere with the course or development of the individual. Borucka and Ostraszewski (2012) and Borucka (2011) list groups of the risk factors – as the predictors of disorders – family, individual, and environmental factors. Family factors include, e.g., mental disorders of parents (depression,

schizophrenia), living in poverty, parental crime, divorce, hostile family climate, low parental education, lack of parenting skills, and orphanage. Individual factors include, e.g., related to genetic and biological susceptibility: difficult temperament [impulsiveness, frequent negative moods, emotional imbalance] and low level of intelligence, [male gender]. Environmental factors include, e.g., high unemployment, crime, violence at home as well as a low level of education at school (Borucka, Ostraszewski, 2012).

They distinguish three groups of children exposed to risk factors and the corresponding processes and resilience factors. Children experiencing violence (positive adaptation in 6–21% of children) are protected by positive and supportive relationships with foster caregivers, mutual friendship (a source of strengthening self-esteem), and a stronger sense of being accepted and developing social skills. For children raised in homes with alcohol abuse, the protective factors are: having a family of constant rituals, supporting the attitude of a non-drinking parent (good care and safety), psychological distance of the child to family problems, at least one caring and caring adult for the child, support and help from older siblings, as well as lasting and mutual friendship. However, in the group of children who survived the war trauma, the sense of agency, social intelligence, sharing their experiences, thinking about the future, hope for change, faith in God, and morality are protective. What is more, referring to the interaction of risk factors with protective factors, Borucka and Ostraszewski (2012) mention the three overlapping models mentioned above: the risk balancing model, the risk reduction model, and the risk immunization model.To summarize, Zautra, Hall, and Murray (2010) present the following profile to express the risk and resilience factors.

Table 1. Risk and resilience factors

Risk factor index	**Resilience resource index**
Biological: - Blood pressure: diastolic > 90, systolic > 140 - Cholesterol > 240 mg, resting glucose > 124, body mass index > 25 - Genetic factors associated with anxiety - High C-reactive protein and/or other elevations in inflammatory processes	*Biological*: - Heart rate variability - Regular physical exercise - Genetic factors associated with stress resilience - Immune responsivity and regulation
Individual: - History of mental illness - Depression/helplessness - Traumatic brain injury	*Individual*: - Positive emotional resources - Hope/optimism/agency - High cognitive functioning, learning/memory and executive functioning
Interpersonal/ family: - History of childhood trauma/adult abuse - Chronic social stress	*Interpersonal/ family*: - Secure kith/kin relations - Close social ties
Community / organizational: - Presence of environmental hazards - Violent crime rates - Stressful work environment	*Community / organizational*: - Green space and engaging in the natural environment through community gardening - Volunteerism - Satisfying work life

Source: (Zautra, Hall, Murray [2010]).

2.4. Resilience and early adulthood

Due to many socio-cultural changes and new challenges that adults face daily, the need for early intervention is rising. The meaning of resilience and the interventions enhancing individual inner sources may partially answer the need for prevention. As resilience is a multidimensional term regarding the process, the outcome, or the personal traits, depending on definition, the basic idea is that resilience promote mental health and well-being among the population. What is more, successful coping with daily stresses, and adverse events, even traumatic ones, bring the self-confidence in oneself. This fact results in higher self-esteem and the credit for one's abilities in return. Thus, based on the positive feedback loop, the individual is more prone to cope with adversity in the future. Based on the undeniable impact of people's resilience on their' mental health, several interventions were designed and tested, both in science and in practice.

In the history of resilience research, four main search trends are clearly distinguished. The first one aimed at protective factors, focusing on children with difficult and negative life experiences. The second one aimed at discovering the resilience processes. The third one was testing the resilience in practice. Furthermore, finally, the fourth one was based on the interdisciplinary approach to processes and resilience mechanisms (Borucka, 2011; Sikorska, 2016; Wright, Masten, Narayan, 2013). Alongside the development of knowledge regarding resilience, also a noticeable extension of interest is reported, from the population of children, through adolescents and young adults, and finally to adults. Still most research put the emphasis on the children and on the ones, who are at risk of traumatic life events (Borucka, Ostraszewski, 2012), Therefore further exploration of resilience in those exposed to daily struggles, stressors, and everyday challenges in young adults seems to be important direction for the future.

What is important is to maintain a focus on adulthood while thinking about enhancing resilience. Intervention programs enhancing resilience in children are well-developed and have a broad range of choices (e.g., the Penn Resilience Programme, the Zippy's Friends, the Emotional First Aid Kit, the DECA program, and so forth). On the contrary, there are not many programs dedicated strictly to adults. Most of the interventions that enhance resilience, by the way, come from cognitive-behavioral methods and therapy. Thus, in the light of the need for further research and dedicated evidence-based interventions for adults, along with the benefits coming out of high resilience level, science should continue to follow this way. At the same time, the consciousness of organizations, companies, and global policies should bear the idea of development in individuals' resilience.

3. CONCLUSION

As Wynne, De Broeck, Leka, Houtman and McDavid (2014) argue, "the cost of poor mental health has a major impact on jobs. As part of the work on The European Pact for Health, it was estimated that in terms of performance, the total cost of absence caused by mental illness in 2007 amounted to EUR 136 billion. This amount corresponds to around 624 Euros for employed then a person in the EU. Of this, EUR 99 billion was due to depression and anxiety disorders. The costs of mental illness can be compared with those of cardiovascular disease, which in 2007 amounted to EUR 36 billion. It should be noted that these costs do not apply to medical treatment or care benefits social or other costs incurred by the general public. Many other studies have also found that the cost of poor mental health is very high. For example, in 2002, the European Commission estimated the

costs arising from associated stress with work represent 3-4% of the gross national product, and in Germany, the annual cost associated with disturbances psychological estimates were estimated at 3 billion Euros. [...] Data collected in many states indicate that poor mental health is responsible for an increasing proportion of absence, disability, and time for early retirement" (p. 13).

Recent data (Tracz-Dral, 2019) show that economic and social costs of mental health diseases are serious burden for national health care systems and economic development of many European countries. It is estimated that the global cost of mental health issues is more than 4% of the gross national product, that is around 607 billion Euros. Around 1,3% of GNP (EUR 194 billion) cover direct expenses of health care system, 1,2% of GNP (EUR 170 billion) cover social intervention programs, and 1,6% of GNP (EUR 243 billion) cover indirect costs of labour market.

According to COVID-19 pandemic outcomes, it is estimated that total short-term costs for the young generation mental health issues reaches around EUR 352 billion (Kutwa, 2021).

According to the epidemiology statistics on mental health across the world, especially within depression and anxiety symptoms, more attention needs to be drawn into prevention, prophylaxis, and protective factors. Instead of post-factum actions, such as treatment, rehabilitation, or hospitalization, the great opportunity of supporting the inner sources of resilience seems to rise just in front of our society. Not only for the sake of the public money or the entrepreneurs' money that is invested year by year in citizens and employees that are unable to live a productive life due to the mental illness. But primarily for the quality of each citizen day-to-day life.

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