



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 dorosłych¹

<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 experi-

encing 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

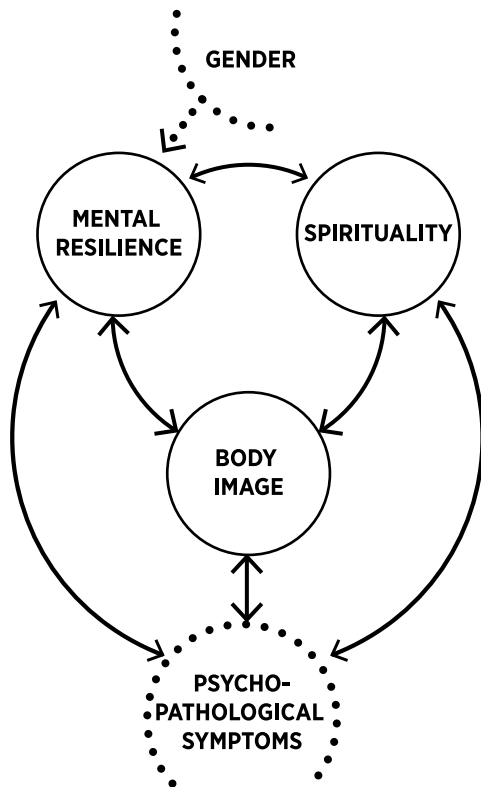


Figure 1. Mental resilience, attitude towards the body and spirituality

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.

1. Method

The study was conducted among 138 final-year secondary school and technical school students in the Malopolska 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).

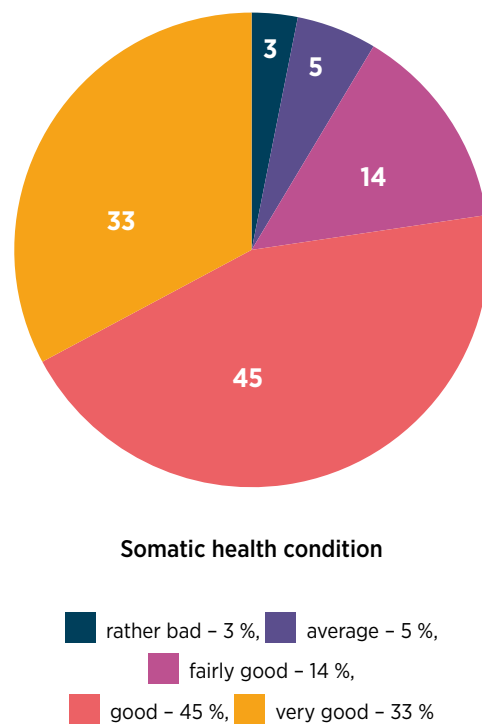


Figure 2. Pie chart of the somatic health status variable

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 p = 0.020*	0.168 p = 0.126	0.397 p = 0.001***	0.416 p < 0.001***	0.381 p < 0.001***
Appearance orientation	-0.05 p = 0.571	0.141 p = 0.651	-0.124 p = 0.219	-0.045 p = 0.577	-0.02 p = 0.539
Fitness evaluation	0.327 p = 0.024*	0.288 p = 0.031*	0.238 p = 0.026*	0.255 p = 0.013*	0.314 p = 0.004**
Fitness orientation	0.253 p = 0.036*	0.299 p = 0.013*	0.176 p = 0.148	0.235 p = 0.051	0.302 p = 0.012*
Health evaluation	0.219 p = 0.07	0.129 p = 0.291	0.226 p = 0.062	0.258 p = 0.032*	0.234 p = 0.053
Health orientation	0.295 p = 0.014*	0.336 p = 0.005**	0.124 p = 0.308	0.189 p = 0.12	0.256 p = 0.034*
Illness orientation	0.108 p = 0.378	0.187 p = 0.123	0.071 p = 0.561	-0.079 p = 0.517	0.055 p = 0.654
Body area satisfaction	0.357 p = 0.003**	0.193 p = 0.113	0.497 p < 0.001***	0.351 p = 0.003**	0.422 p < 0.001***
Overweight preoccupation	-0.077 p = 0.527	0.014 p = 0.908	-0.088 p = 0.470	-0.255 p = 0.035*	-0.114 p = 0.352
Own weight evaluation	-0.05 p = 0.683	-0.087 p = 0.478	-0.028 p = 0.817	0.042 p = 0.73	-0.04 p = 0.745

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

($Z = 4.220, p = 0.000$). Women ($W = 29.7$) declared a greater 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 ($\rho = 0.357; p < 0.001$), persistence and self-determination while taking actions ($\rho = 0.305; p < 0.001$), sense of humour and openness to new experience ($\rho = 0.341; p < 0.001$), coping competence and tolerance of negative affects ($\rho = 0.497; p < 0.001$), 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 p = 0.894	0.015 p = 0.864	0.365 p<0.001***	0.121 p = 0.156
Appearance orientation	0.04 p = 0.637	-0.021 p = 0.81	-0.056 p = 0.628	0.015 p = 0.842
Fitness evaluation	0.126 p = 0.14	0.044 p = 0.61	0.233 p = 0.006**	0.163 p = 0.055
Fitness orientation	0.141 p = 0.099	0.09 p = 0.29	0.178 p = 0.036*	0.152 p = 0.074
Health evaluation	0.108 p = 0.205	-0.094 p = 0.272	0.278 p=0.001***	0.132 p = 0.121
Health orientation	0.331 p<0.001***	0.366 p < 0.001***	0.300 p<0.001***	0.397 p < 0.001***
Illness orientation	0.251 p =0.003**	0.243 p = 0.004**	0.301 p<0.001***	0.304 p < 0.001***
Body area satisfaction	0.064 p = 0.456	0.053 p = 0.537	0.440 p<0.001***	0.196 p = 0.044*
Overweight preoccupation	0.025 p = 0.771	0.231 p = 0.006**	-0.083 p = 0.331	0.031 p = 0.72
Own weight evaluation	0.024 p = 0.776	0.082 p = 0.338	-0.025 p = 0.768	0.028 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 be-

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 p < 0.001***	-0.278 p = 0.001***	-0.237 p = 0.005**	-0.498 p < 0.001***	-0.430 p < 0.001***
Vegetative symptoms	-0.227 p = 0.007***	-0.14 p = 0.101	-0.14 p = 0.102	-0.316 p < 0.001***	-0.233 p = 0.006**
Symptoms of agoraphobia	-0.225 p = 0.008**	-0.187 p = 0.028*	-0.326 p < 0.001***	-0.324 p < 0.001***	-0.334 p < 0.001***
Symptoms of social phobia	-0.346 p < 0.001***	-0.359 p < 0.001***	-0.41 p < 0.001***	-0.516 p < 0.001***	-0.507 p < 0.001***
Symptoms of pain	-0.064 p = 0.455	-0.03 p = 0.729	-0.049 p = 0.568	-0.290 p = 0.001***	-0.127 p = 0.139
Lifetime depression symptoms	-0.274 p = 0.001***	-0.110 p = 0.198	-0.116 p = 0.176	-0.329 p < 0.001***	-0.239 p = 0.005**
Psychopathological symptoms	-0.266 p = 0.002**	-0.228 p = 0.007**	-0.33 p < 0.001***	-0.463 p < 0.001***	-0.397 p < 0.001***

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

tween 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 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 p<0.001***	-0.328 p< 0.001***	-0.288 p=0.001***	-0.448 p<0.001***	-0.17 p = 0.046*	-0.303 p<0.001***	-0.395 p < 0.001***
Appearance orientation	0.268 p=0.001***	0.109 p = 0.202	0.252 p = 0.003**	0.239 p = 0.005**	0.203 p = 0.017*	0.159 p = 0.062	0.271 p = 0.001***
Fitness evaluation	-0.286 p=0.001***	-0.225 p = 0.008**	-0.178 p = 0.037*	-0.203 p = 0.017*	-0.091 p = 0.287	-0.143 p = 0.094	-0.216 p = 0.011*
Fitness orientation	-0.284 p=0.001***	-0.127 p = 0.139	-0.095 p = 0.267	-0.13 p = 0.129	-0.037 p = 0.667	-0.075 p = 0.384	-0.101 p = 0.239
Health evaluation	-0.305 p<0.001***	-0.436 p< 0.001***	-0.201 p = 0.018*	-0.186 p = 0.029*	-0.42 p<0.001***	-0.172 p = 0.044*	-0.376 p < 0.001***
Health orientation	-0.062 p = 0.473	-0.122 p = 0.154	0.104 p = 0.226	-0.059 p = 0.494	-0.053 p = 0.538	0.003 p = 0.974	-0.02 p = 0.816
Illness orientation	-0.039 p = 0.649	0.043 p = 0.618	0.132 p = 0.121	0.014 p = 0.868	-0.063 p = 0.463	0.015 p = 0.859	0.091 p = 0.289
Body area satisfaction	-0.438 p<0.001***	-0.286 p=0.001***	-0.375 p<0.001***	-0.513 p<0.001***	-0.112 p = 0.191	-0.268 p=0.001***	-0.432 p < 0.001***
Overweight preoccupation	0.242 p = 0.004**	0.157 p = 0.066	0.228 p = 0.007**	0.192 p = 0.024*	0.182 p = 0.033*	0.137 p = 0.109	0.263 p = 0.002**
Own weight evaluation	0.047 p = 0.585	-0.118 p = 0.167	-0.041 p = 0,629	0.062 p = 0,467	-0.047 p = 0,582	0.037 p = 0,67	-0.01 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 appearance – 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 p = 0.69	0.204 p = 0.016*	-0.422 p<0.001***	-0.094 p = 0.275
Vegetative symptoms	0.095 p = 0.269	0.204 p = 0.016*	-0.198 p = 0.02*	0.037 p = 0.667
Symptoms of agoraphobia	-0.052 p = 0.543	0.029 p = 0.739	-0.256 p=0.002**	-0.12 p = 0.159
Symptoms of social phobia	-0.02 p = 0.82	0.05 p = 0.557	-0.406 p<0.001***	-0.13 p = 0.13
Symptoms of pain	0.078 p = 0.364	0.165 p = 0.053	-0.103 p = 0.229	0.045 p = 0.599
Lifetime depression symptoms	-0.04 p = 0.638	0.155 p = 0.069	-0.294 p<0.001***	-0.059 p = 0.492
Psychopathological symptoms	0.055 p = 0.519	0.148 p = 0.083	-0.313 p<0.001***	-0.04 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 Yarollahi, 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 (Czeczor-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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