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Editorial

Stanisław Głaz

In 2014, the Institute of Psychology was established at Ignatianum University in Cracow, which, as of September 1st, will be renamed the Department of Psychology. We present to you the first issue of the journal *Forum Psychologicum*, part of the Institute of Psychology at Ignatianum University. I would like to thank everyone who contributed to its establishment and wish its readers a pleasant read.

The first issue of the journal is devoted to issues of psychological well-being and religiosity. The first two articles are theoretical in nature, while the remaining ones are empirical.

In the first article, the author demonstrates the need for transformative changes in therapeutic techniques and theoretical advances, which often result from groundbreaking shifts in psychological perspectives.

In the second article, the authors present the issue of religious experience as understood by Stanisław Głaz, considering its complex structure and relevance to the lives of contemporary people.

The remaining six articles are empirical in nature and present the results of research conducted among women, focusing on various aspects of their lives, such as mental health, religiosity, marital functioning, and experiences related to illness and loss.

The third article examines the relationship between religious comfort and religious struggles, empathy, and a sense of meaning in life in healthy women and women post-COVID-19, while also highlighting the potential of religiosity in shaping aspects of mental health, such as empathy and a sense of meaning in life.

In the fourth article, the authors analyze the relationship between religious comfort and religious struggles in the life of religious and practicing women following stillbirth. Furthermore, they demonstrate the role of religious comfort and religious struggles in shaping the presence and search for meaning in life in these women.

The fifth article examines the relationship between selected emotion regulation strategies, fear of disease recurrence, and the level of acceptance of living with the disease in women after mastectomy.

In the sixth article, the authors demonstrate the extent to which fertility regulation methods differentiate psychological well-being, marital intimacy, and life

satisfaction among married Polish women of reproductive age. Furthermore, they analyze the extent to which psychological well-being and marital closeness shape life satisfaction in these women.

The seventh article presents the relationship between empathy and marital satisfaction with marital success, further demonstrating the role of empathy and marital satisfaction in shaping marital success.

The final, eighth, qualitative article concerns a qualitative analysis of the motivation of women who participated in missionary volunteering. The authors present the structure of motivation and its consequences for women who voluntarily began working as missionary volunteers.

In addition, this issue of the journal includes a book review and a conference report. The review focuses on Brittany Fair's book, "The Neuroscience of Yoga and Meditation" (2023). Written by a neuroscientist and yoga instructor, the book explores the neurological and physiological foundations of ancient practices, aiming to make these insights accessible to both practitioners and the general public. The reviewer critically evaluates Fair's contribution, highlighting its strengths as a work of scientific communication while also examining its methodological limitations, cultural assumptions, and position within the broader literature on yoga and meditation.

This report covers the conference organized to mark the 10th anniversary of the Institute of Psychology at Ignatianum University in Cracow, summarizing the Institute's teaching and research achievements to date. We hope that the content in this issue will prove valuable and inspiring.

We want the *Forum Psychologicum* to be a space for informed scholarly reflection, open to both readers and researchers interested in contemporary psychology.

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Original Article

From the Deficit to Expert Paradigm: the Specificity and Coherence of Postulates

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Abstract

Objective of the study: This article seeks to illuminate the transformative changes in therapeutic techniques and theoretical advancements that have arisen from a pivotal shift in psychological perspective. We are moving away from a deficit-based paradigm that emphasizes symptom identification and elimination toward a more empowering approach that celebrates human potential, harnesses individual strengths, fosters personal agency, and nurtures overall well-being. Method: The research method used is a scoping literature review aimed at exploring the scope, impact, and substance of research activities concerning the evolution of two main paradigms: the deficit paradigm, encompassing psychoanalysis, dynamic, behavioral, and cognitive psychology, and the expert paradigm, encompassing humanistic psychology, positive psychology, and mindfulness psychology. Results: The observed consistency between the postulates of the deficit and expert paradigms suggests the need to refine the assumptions of both perspectives. In the first case, it is necessary to base one's postulates on the research that utilizes advanced neuroimaging tools and sophisticated analytical strategies. In the second case, it is necessary to transition from nomographic to idiographic methods. Conclusions: The knowledge gained from this research review can provide psychologists with a deeper understanding of the therapeutic techniques they offer and use. Furthermore, this work can provide a source of hypotheses based on the observed advances in research tools and analytical strategies.

Keywords: deficit paradigm, expert paradigm, specificity of postulates, coherence of postulates

It is currently estimated that there are over 500 types of psychotherapy (Norcross, 2019). This statistic can be depressing, as a single therapist cannot know them all. Moreover, it can leave a therapist with a nagging sense of doubt. If there are over 500 – most of them evidence-based – how can one be sure that any one approach is optimal? What if it is missing something crucial?

Typically, a therapist's orientation determines which dimension of the disorder they focus on. For example, a therapist working with cognitive-behavioral therapy (CBT) will focus on the patient's cognitive resources, a psychoanalytic therapist will focus on the sense of self, and a behavioral therapist might focus on the client's actions. If someone is trained in existential therapy, the therapist will likely consider that this may be related to issues with meaning in life and will therefore design the therapy accordingly.

Therapeutic orientation limits one's perspective on the person. One always perceives another person from one's own perspective, which may not be accurate, and this can limit one's ability to address the root cause of the problem and provide effective treatment. In this way, the therapist's prior training biases specific dimensions over other, equally important, dimensions, where the real problem may lie.

Therefore, the question arises: what strategy should a therapist adopt to select the appropriate therapeutic technique? What are the theoretical considerations and, consequently, the advantages of specific therapeutic approaches? Does the observed development in therapeutic strategies – from psychoanalysis to positive psychology – represent progress? Perhaps we are observing a coherent direction of change?

To address these questions, the author has decided to conduct a scoping review in two opposing scientific paradigms: the deficit and the expert paradigm. The first includes generally psychoanalysis, dynamic, behavioral, and cognitive psychology, and the second encompasses humanistic, positive, and mindfulness psychology.

The Deficit Paradigm

Compared to other sciences, psychology is a relatively young field of study (its origins date back to the late 19th century). Two events constitute turning points in the emergence of psychology as a scientific discipline: Franz Brentano's publication, "Psychologie vom empirischen Standpunkte," (1874) [Psychology from an Empirical Standpoint, 2009], and the establishment of the first scientific laboratory in Leipzig by Wilhelm Wundt. These initial experiments laid the foundation for the development of experimental psychology, whose assumptions were grounded in methodological empiricism (that human behavior can be assessed empirically).

A breakthrough occurred during the rise of psychoanalysis and the development of dynamic psychology. These psychological schools altered the understanding of psychological empiricism. The formulation of general laws essentially ceased to rely on repetitive, "hard" empirical data (e.g., error rates, cortisol levels). It began to recognize and appreciate the role of insight into the patient's thinking, feelings, and experiences. From that point on, subjective perception and understanding became more important than objective reality for the individual. The predominant area of psychological research during this period was case study (idiographic method). In such studies, the patient's individual life history, family circumstances, school years, career progression, and professional background were analyzed and described, and general conclusions were drawn from this.

The basic assumption of psychoanalysis was that the influence of external events on a subject's life cannot be studied without taking into account the endogenous action of drives and the individual psychological positioning of each person in the face of lived experiences (meta-analysis: Marogna et al., 2025). Therefore, the goals of psychoanalytic therapy focus on resolving intrapsychic conflicts and exploring the truth about the self, including the extraction of unconscious material (such as ego functions, object relations, defense mechanisms, intrapsychic conflicts, transference and countertransference phenomena, and the meaning of past events) (Gabbard, 2024).

A new trend in psychology, called behavioral psychology, moved decisively in this direction, in which humans were no longer treated as unique individuals, but rather as "automatons" reacting in the same way – under similar conditions – to a specific stimulus (a reductive understanding of human behavior). At that time, nomographic studies (cross-sectional comparative studies) began to appear more frequently, to identify deviations from the norm, understood as a lack of disorders and, consequently, "averageness" (the deficit paradigm).

Since then, clinical trials have been considered the gold standard for evidence of therapeutic effectiveness in the scientific literature. Consequently, many psychoanalysts are now beginning to apply experimental psychology methods based on longitudinal studies (Ratnayake, 2025). It should be noted, however, that during the emergence of behavioral psychology, and later cognitive psychology and cognitive-behavioral CBT, there was not so much a change in the understanding of evidence for therapeutic effectiveness, but rather a narrowing of the evidence (Ratnayake, 2025). Many researchers have begun to point out that the term "evidence-based care" cannot refer solely to the results of clinical trials but must also be based on theoretical adequacy and clinical effectiveness (Barkam et al., 2021).

From the current perspective, it is worth noting that the dispute between representatives of psychoanalysis and CBT has yielded tangible results, enriching

the theoretical and methodological bases (Marogna et al., 2025). In the case of psychoanalysis, it has enabled the identification of two distinct research perspectives: clinical (case study) and non-clinical (empirical, conceptual, interdisciplinary, and historical). Distinguishing and identifying these perspectives enables the creation of a more coherent interpretive framework between research based on psychoanalytic concepts and research conducted within the psychoanalytic tradition (Marogna et al., 2025).

Currently, a significant challenge for researchers is to base their models on the findings of neuroscience, which have dominated the scientific sphere since the 1980s (Salas & Palmer-Cancel, 2019). The most recent breakthrough is the project of a group of researchers gathered around Mark Solms (1999), who has created an initiative aimed at incorporating neuroscientific knowledge into psychoanalysis. The turning point was the founding of the journal *Neuropsychoanalysis* in 1999, which formally introduced the term "neuropsychoanalysis" for the first time. Combining idiographic psychoanalytic clinical observation with nomothetic research based on neuroscience will enable the refinement and revision of psychoanalytic theory and, consequently, improve clinical treatment methodology (Salas & Palmer-Cancel, 2019).

It should also be stressed that by combining psychoanalytic thinking with neuroscience, psychoanalysts can also make valuable contributions to neuroscientific research (Johnson & Mosri, 2016). Therefore, it can be argued that there are currently consistent trends in the understanding and treatment of mental disorders that dominate these two theoretically distinct schools of psychotherapy.

In conclusion, in an era where scientific research is increasingly driven by evidence-based methods, conducting research within the psychoanalytic tradition and other schools that represent a deficit approach can shed light on the specificity and dynamics of the human subject (di Vincenzo et al., 2024). The conceptual and methodological developments of psychoanalysis and other schools can offer a way to balance currents that risk losing sight of the human subject (Marogna et al., 2025). The gradually evolving field of neuropsychoanalysis can serve this purpose, enabling a more accurate understanding of the assumptions of psychological models in the context of rapidly evolving neurosciences, without neglecting the first-person perspective.

The Expert Paradigm

It should be noted that the psychological version of empiricism represented by the Leipzig School, after a specific period of psychoanalytic-psychodynamic breakthrough, shifted back to the original version of empiricism (repeatable, "hard"

empirical data, rather than the researcher's intuition or insight, became the basis for research). The consequence of this relapse was a reductionist understanding of the human being (the deficit paradigm).

A critical response to the reductive treatment of the human subject was the emergence of cognitive psychology, humanistic psychology, and personalistic psychology ("a person-centered" perspective). However, even within these schools of psychology, nomographic research (cross-sectional comparative studies) dominated. Humanistic psychology, which emphasizes the individuality of the person, is a specific exception. Therefore, representatives of humanistic psychology emphasized the importance not only of insight into the patient's consciousness but also of the need to change the overall research strategy, focusing not only on the subject's deficits but also on their developmental potential.

The turning point for the development of the new paradigm (shift from deficit to expert) was 1998, when the then president of the American Psychological Association, Martin Seligman, delivered his famous speech, and then 2000, when Seligman, together with Mihaly Csikszentmihaly (2000), published their article, devoted to the concept of positive psychology. It is essential to note that from the outset (retrospectively referred to as the "first wave of positive psychology"), this field has garnered the attention of numerous researchers, practitioners, and consumers worldwide. It eventually developed into a thriving research domain, and this situation continues to this day.

One of the most widespread concepts in positive psychology is the concept of "well-being." The conceptualization of well-being itself can be traced back long before positive psychology was formally recognized as a scientific field (Wissing, 2022). Examples of such ideas include the concepts of Marie Jahoda (mental health), Abraham Maslow (self-actualization), Carl Rogers (an optimally functioning person), Gordon Allport (maturity), and Emmanuel Frankl (meaning). As early as 1987, Aaron Antonovsky clearly defined health not only in terms of the absence of disease but also in the context of the presence of positive (salutogenic) traits. Later, Robert A. Rutter introduced the concept of resilience in the face of adverse situations. Other important precursors included Diener (focusing on subjective well-being and life satisfaction), Edward L. Deci and Richard M. Ryan (formulating the self-determination theory), Carol D. Ryff (postulating their model of psychological well-being), and many other researchers and theorists. Findings on its aspects and dynamics can be found in many branches of psychology itself, e.g. in clinical, counseling, educational and organizational psychology, developmental psychology, social psychology, personality psychology, and health psychology (Alexandrova, 2017; Hill & Hall, 2018; Lomas & Ivtzan, 2016; Lomas et al., 2021; Wissing, 2018, 2021, 2022).

It should be emphasized that two research orientations emerge in well-being research, distinguished based on theoretical assumptions and philosophical

traditions: one focuses on human happiness (the hedonistic perspective), the other on human potential (the eudaimonistic perspective) (Czapiński, 2012; Ryan & Deci, 2001, 2003, 2017; Ryff, 1989, 2017). Well-being, in the first sense, is understood as the pursuit of pleasure and positive experiences, a low intensity of negative emotions, and high satisfaction with life. In the second sense, it is understood as a sense of meaning and self-fulfillment. The hedonistic tradition, on the other hand, treats well-being as global satisfaction with life. The eudaimonistic tradition is based on shaping human development in the context of the existential challenges life brings. Concepts developed within the eudaimonistic tradition are normative and moralistic in nature.

Other researchers emphasize that well-being is determined not only by the positive aspects of life, but also by its negative ones (Lomas & Ivtzan, 2016; Wong, 2012; Wong et al., 2018). This phenomenon stems from the fact that positive aspects are closely linked to negative ones ("the second wave of positive psychology"). Interpreting something as positive or negative depends on the cultural context (constructivist and interpretive approaches). In this phase of theoretical awareness, the multidimensional nature of well-being began to be recognized, and the concept of ideological or therapeutic neutrality (each person adopts certain axiological assumptions) began to be questioned.

Another shift in metatheoretical assumptions occurred around 2015 and was termed the "third wave of positive psychology" (Lomas et al., 2021; Wissing et al., 2018, 2021, 2022). The most distinctive feature of the third wave was the broadening of the perspective to look "beyond the individual." In the third wave, well-being was conceptualized more broadly, encompassing, in addition to cultural context, sociopolitical, economic, and ethical conditions. By moving "beyond the individual" and focusing on "supra-individual processes and phenomena", the authors referred to groups, organizations, and systems that influence human well-being (from politics to economics). In this approach, there is no clear distinction between focusing on individual psychological well-being and broader social systems. These authors point to the fact that we must decide whether to focus on how systems affect an individual or people as a collective, or on the well-being of the broader systems themselves, or on the interaction between systems.

The concept of interconnectedness is crucial and will constitute the basis for the emergence and development of a new postdisciplinary trajectory of well-being studies. The postdisciplinary trend – as argued by numerous authors (Alexandrova, 2017; Hill & Hall, 2018; Lomas & Ivtzan, 2016; Lomas et al., 2021; Wissing, 2018, 2021, 2022) – requires a clearer awareness of metatheoretical assumptions about reality (ontological, epistemological, axiological), which has been clearly neglected in previous approaches. This trend has begun to adopt an Aristotelian meta-perspective on virtue ethics and morality, in which the substantive foci are

the meaning of life (which includes interpersonal connections, with the whole society and also with transcendent powers), harmony (understood in terms of balance and peace) and relationality (related to many aspects of well-being at the individual and societal level) (Wissing, 2022).

A recent meta-analysis reveals a lack of scientific consensus regarding mental health from various perspectives and strands of positive psychology (Iasiello et al., 2024). This situation hinders academic precision and, consequently, the ongoing scientific evolution of this important field. The literature provides 155 measures of positive mental health (410 component dimensions), which can be consolidated into 21 themes. Given the lack of consensus on definitions or models of positive mental health, further research is necessary to clarify the concepts.

The results of the conducted meta-analysis (Iasiello et al., 2024) reveal that there are three "central" – distinct from each other – "umbrella concepts" of mental health, which are:

- general well-being, i.e., life satisfaction, optimism, happiness, autonomy, congruence, peace;
- quality of life, i.e., meaning, purpose, competences, physical health, vitality, development;
- resilience/coping, i.e., problem-focused coping, emotion-focused coping, avoidance coping.

These three core dimensions of mental health are uniquely related to peripheral dimensions, e.g., self-congruence and well-being, personal circumstances, and quality of life. Among the most central dimensions of the three umbrella terms are sense of community, optimism, meaning and purpose, happiness, and autonomy. This phenomenon illustrates the significant role that psychological need satisfaction plays in fostering positive states of mind (Deci & Ryan, 2011).

In summary, the concept of well-being, crucial to positive psychology, has a relatively well-codified theoretical framework; however, it also lacks sufficient conceptual rigor. It has numerous designations that overlap with other concepts, such as mental health, quality of life, self-fulfillment, optimal functioning, autonomy, maturity, psychological resilience in adverse situations, and resilience, among others. Furthermore, this concept is represented by multiple approaches and perspectives (hedonic and eudaimonistic, constructivist and interpretive, individual and global). This issue complicates the ability to draw meaningful conclusions.

The conclusions drawn from positive psychology research are also subject to criticism, due to the adopted scientific paradigm regarding the criteria for assessing therapeutic effectiveness, and a lack of theoretical adequacy (the goal of therapy is primarily to alleviate symptoms, and the assessment was based solely on empirical data). The main criticisms leveled against positive psychology include: a lack of

theoretical adequacy (the goal of therapy is primarily to alleviate symptoms), problematic measurement and research methodology (overreliance on self-assessment measures), isolation from mainstream psychology, and reliance on a neoliberal ideology that promotes individualism, can cause harm and is perceived as pseudoscience, lacking scientific evidence and having poor replication (meta-analysis: van Zyl et al., 2024). Therefore, one can agree with the assessment of some critics of positive psychology that it is more speculative and postulative than evidence-based (Radoń & Różycka, 2025).

It should be emphasized that the process of parallel development of positive psychology coincided with the independent launch of the Research Domain Criteria (RDoC) project in 2009 by the US National Institute of Mental Health (NIMH), the direct goal of which was to attempt to achieve significant shifts in the psychiatric paradigm (Auerbach, 2022; Morris et al., 2022; Sanislow et al., 2022). The essence of this project was to reject the focus on disease entities (deficit paradigm) and instead focus on creating therapeutic tools that would be effective in the broadest possible range of disorders, serving the development of positive developmental potentials (expert paradigm).

The aforementioned attempts to break the deficit paradigm and replace it with an expert paradigm coincided with the launch of a 10-year research program entitled "New Science of Mental Disorders", initiated in the Netherlands in 2012 (Roefs et al., 2022). This research program departs – like the three previous ones – from the deficit paradigm-based, "one-size-fits-all" approach to the treatment of mental disorders. Its central premise is that a disorder is not created by a single, precisely defined, and time-invariant set of symptoms, but by dynamically interacting symptoms (Roefs et al., 2022; Vanes & Dolan, 2021). The NSMD research program is founded on a network approach to psychopathology.

Because treatments worldwide largely follow a "one-size-fits-all" approach within each specific ICD-10 or DSM-5 mental disorder category, NSMD representatives report very modest treatment outcomes. They demonstrate that even when mental disorders are treated within this medical lens, intervention success rates are moderate in both adults and adolescents (Clark, 2018; Holmes et al., 2014, 2018). Generally, only about 40% of patients achieve sustained recovery, and approximately 60% either fail to respond to treatment or relapse within a year, even if treated (Clark, 2018). These modest treatment outcomes suggest that a one-dimensional approach to mental illness is flawed and results in a lack of understanding of the mechanisms by which mental disorders are maintained and the mechanisms by which therapies work (Holmes et al., 2014, 2018). Therefore, representatives of the NSMD consortium are investigating transdiagnostic networks of mental disorders and assessing the effectiveness of individually tailored interventions that are based on network measures.

In summary, many researchers argue that more in-depth studies are needed, which would not only focus on assessing the severity of symptoms but also on identifying individual mechanisms that determine positive effectiveness (see meta-analysis by Breedvelt et al., 2021). The key to such research cannot be the mere identification of a norm (whether understood in terms of deficits or in an expert manner), but rather understanding the causes of specific changes in an individual (experimental causal studies, rather than comparative studies, which are usually based on statistical analysis of differences). Hence, the search is essential not only for appropriate tools for measuring therapeutic progress, but also adequate analytical strategies for assessing therapeutic effectiveness in a single person, i.e., case study, case series study, reliable change index RCI, simulation modeling analysis SMA, ecological momentary assessment EMA, application of artificial intelligence and machine learning (Beers et al., 2021; Chaudry et al., 2024; Cruz-Gonzalez et al., 2025; Hofmann et al., 2020; Kaiser & Laireiter, 2019; Wichers et al., 2019).

Mindfulness Case

The process of appreciating the positive aspects of human development, which emerged with the development of positive psychology, coincided almost perfectly with the mindfulness movement. Although the mindfulness movement began somewhat earlier, in the late 1970s, its initial development was minimal (Kabat-Zinn, 2005). The heyday of mindfulness research actually began in the early 21st century (2005–2010), when approximately 500 articles were published annually (Radoń, 2017). Since then, the number of publications has exploded, exceeding 1,000 per year in recent years.

Although positive psychology and mindfulness psychology functioned independently, their research areas shared many consistent aspects (Radoń & Różycka-Tran, 2025). This phenomenon is primarily because both fields are concerned with helping people develop their full potential. Instead of focusing on pathologies that favor mediocrity ("race to the bottom"), these approaches emphasize the importance of development, e.g., happiness, quality of life, life satisfaction, flow, engagement, and creativity.

The uniqueness of the mindfulness model's approach to helping individuals develop lies in its development using a different strategy than that of positive psychology. In the latter case, researchers formulated their concepts primarily from theoretical assumptions. At the same time, mindfulness advocates began with empirical research on individuals distinguished in various fields, i.e., creative scientists, outstanding artists, and athletes (Radoń & Różycka-Tran, 2025). While the primary achievement of optimistic psychology advocates was the formulation

of compelling postulates, the primary contribution of mindfulness researchers lies in the practical implementation of these postulates and their empirical verification.

Researchers specializing in mindfulness have assumed that the most appropriate group for research on expert abilities will be individuals advanced in contemplative practices. These individuals appear to possess a relatively greater insight into their own internal experiences, allowing them to build the foundations for new scientific achievements (Radoń, 2017). The results of numerous studies have confirmed these assumptions, as training based on meditation strategies has been shown to induce more comprehensive neuroplastic changes than various specialized training programs, and the skills acquired during these programs can be successfully applied in new and untrained situations (Munzert et al., 2009; Slagter et al., 2011). Physical and simulation training develops skills in familiar and practiced situations (Slagter et al., 2011).

The primary advantage of the developed mindfulness model is that it is supported by a substantial body of studies, which utilized the most advanced neuroimaging research tools and techniques (Radoń, 2022). In their research, the authors use advanced analytical strategies (mathematics of networks and graphs), the leading indicators of which are: the transition from static analytical techniques (correlation and causality) to dynamic ones (Structural Equation Modeling, Multilayer network approach), from significance assessment to measurement of the clinical effect size (Reliable Change Index, Regression – Based Methods), from nomographic to idiographic methods (case study) to predict crisis or recovery (Clinical Cutoff Score). For this reason, the mindfulness model is characterized by high methodological maturity (Radoń, 2023).

The results of a recent bibliometric review (Baminiwatta & Solangaarachchi, 2021) reveal that the key areas of scientific penetration regarding the effectiveness of mindfulness-based therapeutic interventions are in four areas: health (anxiety, stress, well-being, resilience, satisfaction, burnout interventions, etc.), mental health (depression, anxiety, disorders, cognitive behavioral therapy, cognitive therapy, symptomatology, etc.), quality of life (therapy, risk, distress, interventions, pain, etc.), model (validation, validity, reliability, emotion regulation, attention, performance, self-regulation, brain, negative affectivity, etc.). This phenomenon indicates that, in many respects, the field of mindfulness research is aligned with the field of general well-being research.

Research has also identified key symptoms of various mental health problems, such as attentional biases, recurrent negative thinking, cognitive reframing, suppression, experiential avoidance, negative affectivity, and emotional reactivity (Radoń, 2017). Numerous studies demonstrate that mindfulness-based interventions induce positive changes that are not limited to reducing stress levels (learning to respond appropriately to everyday stressors) but manifest in the following

areas: functional (improved neural brain activity), topological (positive neuroplastic changes in the brain), neuroendocrine (increased immune resistance), The postulated psychological flexibility in mindfulness-based strategies relies on openness to experience and the ability to tolerate distress. A key characteristic of mindfulness-based interventions, relative to classic cognitive-behavioral therapy (CBT), is the assumption that the therapist's directive attempts to modify the patient's distorted thinking or behavior (classic CBT) can reinforce experiential avoidance processes. Instead, the emphasis is on developing an open and accepting approach to inner experiences and perceiving them for what they are (thoughts, emotions, and sensations) without trying to modify them.

Mindfulness-based strategies seem remarkably consistent with the assumptions and postulates of humanistic and positive psychology, as they focus not primarily on a person's deficits (the limitations of psychoanalysis, dynamic psychology, behaviorism, and, to some extent, cognitive psychology), but on their developmental potential. It should be emphasized, however, that while the main achievement of humanistic psychology is the formulation of compelling postulates, the primary contribution of mindfulness psychology lies in the practical implementation of these postulates and their empirical verification.

This phenomenon stems from the fact that mindfulness researchers base their research findings on groups of individuals who are experts in various fields, i.e., sports, management, artists, scientists, monks, etc. Currently, the most important task for researchers is to develop intervention strategies that are, on the one hand, optimal (quick, cheap, and effective) (Fox et al., 2016; Soler et al., 2014) and, on the other hand, accurate (Balconi et al., 2017; Kolovos et al., 2016). In this respect, the strategies offered in the third wave of CBT, specifically mindfulness-based, are worth recommending, particularly due to their short-term nature (1–2 months or even shorter) and group-based approach (inexpensive). Although their effectiveness in the case of some disorders is low and comparable to TAU, since these techniques generally do not cause adverse effects, they are worth using.

Conclusion

This article aimed to assess the progress made in psychological research, from psychoanalysis to mindfulness and positive psychology, within the context of two theoretically exclusive paradigms: the deficit and the expert paradigm. The ongoing dispute between the representatives of the deficit paradigm (psychoanalysis, dynamic psychology, behavioral psychology, and, to some extent, cognitive psychology) and the expert paradigm (humanistic psychology, positive psychology,

and mindfulness), on the other hand, has resulted in these approaches adjusting their theoretical assumptions.

It should be stressed that the progress made in psychological research, from psychoanalysis through mindfulness and positive psychology, suggests that psychology is moving away from the deficit paradigm to the expert paradigm. However, methodological developments of psychoanalysis and other schools that represent a deficit approach can offer a way to balance currents that risk losing sight of the human subject. The gradually evolving field of neuropsychoanalysis and other schools that represent a deficit approach can serve this purpose, enabling a more accurate understanding of the assumptions of psychological models in the context of rapidly evolving neurosciences, without neglecting the first-person perspective. It should be stressed that the dispute between representatives of exclusive paradigms facilitated, among other things, the identification and clarification of two distinct methodological positions (Kernberg, 2006; Zhang & Xie, 2023).

One is qualitative methodology, which is closer to hermeneutics and refers to the idiographic approach. At the same time, the other is quantitative methodology, which originates from the positivist tradition and is associated with the nomothetic perspective. The differentiation and subsequent implementation of these two methodologies enabled the introduction of so-called "mixed methods" into research practice (Marogna et al., 2025).

This dispute also enabled the identification and distinction between two types of approaches: "experimental" and "empirical." The former involves formulating hypotheses based on experimentation, while the latter is based on practical experience, i.e., clinical observation of a case. Although the terms "experimental method" and "empirical approach" are often used interchangeably in the literature (di Vincenzo et al., 2024), a closer examination of these approaches has revealed that this is a gross oversimplification (Marogna et al., 2025). Consequently, research is being conducted to clarify the theoretical assumptions of both approaches further.

This dispute consequently highlighted the need to correct the assumptions of the deficit paradigm on the one hand, and to clarify the expert paradigm on the other. In the case of the deficit paradigm, it is necessary to base its postulates on the results that are advanced. As is commonly used in the expert paradigm, neuroimaging tools and sophisticated analytical strategies will be used. In the case of the expert paradigm, there is a need to transition from nomographic to idiographic methods to predict crisis or recovery.

The adjustments made to the assumptions of both paradigms are particularly evident in the consistency of the observed changes (Radoń & Różycka-Tran, 2025):

a) transdiagnostic, i.e., identifying core psychological indicators hindering development, such as attentional bias, recurrent negative thoughts,

cognitive reformulation, suppression, experiential avoidance, negative affectivity, and emotional reactivity;

b) transtherapeutic, i.e., covering a wide range of indicators for the development of positive developmental potentials, i.e., the ability to tolerate distress, the ability to postpone gratification, psychological flexibility, openness to experience, and its acceptance as opposed to avoidance of experience;
c) applying sophisticated analytical strategies to assess therapeutic effectiveness in one person, i.e., case study, case series study, Reliable Change Index, Simulation Modeling Analysis, Ecological Momentary Assessment, Artificial Intelligence and Machine Learning, etc.;
d) taking into account not only behavioral dimensions, but also biological, socio-political, economic, ethical, and other ones;
e) moving from a hedonistic to a eudaimonistic perspective, in which the key role is played by the sense of meaning (Aristotelian meta-perspective of virtue ethics and morality) and self-fulfilment (development of one's own potentials in the context of existential challenges that life brings);
f) postulating the need to become aware of metatheoretical assumptions about reality, ontological, epistemological, and axiological, which was clearly neglected in previous approaches;
g) basing psychotherapeutic strategies on achievements in the field of neuroscience (an indicator of psychological excellence is the optimal functioning of the brain system, assessed based on research using sophisticated neuroimaging tools).

The universality and coherence of proposals from representatives of neuropsychoanalysis, CBT, positive psychology, and mindfulness demonstrate that we are at a turning point. We are heading not only for a shift in the psychiatric-psychological paradigm but also for a general transformation in the social sciences, with a standard indicator being multidisciplinarity and a focus on the individuality of the subject, as well as the development of positive potential.

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Original Article

The Concept of Religious Experience According to Stanisław Głaz*

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Abstract

Subject and Purpose: This article draws on Stanisław Głaz's publications to examine his understanding of religious experience. The authors present an analysis of religious experience, including its understanding, structure, and progression. Furthermore, by analyzing religious experience, they demonstrate its benefits for the development of a person's religious life and personality. Method: To analyze the issue of religious experience, positive exposition and analytical-synthetic methods were used to demonstrate its scope, essence, and evolution as understood by Stanisław Głaz. Conclusion: In analyzing religious experience in Głaz's work, several ways of understanding it can be discerned (religious feeling, religious phenomenon). According to Głaz, religious experience is open and connected to universal human values. In particular, it reveals the truth about humanity and their world, as well as about the Absolute. The complexity and evolution of the understanding of religious experience in Głaz's publications indicate the need for a deeper analysis of this phenomenon and the refinement of research tools that will better illuminate its role in human life. Another important conclusion is Głaz's analysis of religious experience in relation to other religions, such as Hinduism. Given the religious pluralism of contemporary societies, this strand of his research on religious experience should be further explored.

Keywords: religious experience, religious feeling, phenomenon, values, truth, freedom, religious paradigm

Religious experience and related religious feelings have occurred in the lives of many people of various religious denominations, many of whom have described the sources, course, and effects of their own religious experience (Głaz, 1995, 1998). Philosophers, theologians, and psychologists have undertaken attempts to analyze these accounts. The research conducted so far indicates a lack of uniform opinion among scientists regarding the origin of religious experience and its understanding. For example, it is believed that the vision of St. Paul near Damascus was the result of dysfunction of the occipital lobe of the cerebral cortex (Montmorand, 1920), that religious experience is the result of a conflict between the id and the ego, that it is an oceanic feeling (Freud, 1990), that it can be induced by psychedelic substances (Grof, 1985; Smith, 1964) or by brain activity stimulated by external tools (neurotheology) (Newberg, 2010).

For other researchers, religious experience is a kind of communion with a force perceived as divine (Allport, 1950; James, 1908), a feeling of holiness and dependence at the same time (Otto, 1923). This is the experience of "something more," i.e., the experience of a higher, divine reality (Jung, 1955), the experience and feeling of contact with a supernatural reality (Tatala et al., 2015). Clark (1958) and James (1908), analyzing the texts of those who had a religious experience, drew attention to its essential features. These include: inexpressibility – meaning the difficulty or impossibility of expressing the experienced states in words; passivity – the person feels captured by a higher power that surpasses them; brevity – although the effects of the experience are long-lasting, the intensity of the experience itself is short-lived. In a religious experience of a mystical nature, which is more intense, there is a feeling of delight, elation, revelation, and even ecstasy, and the relationship that is established between a person and Transcendence is deep (Hood et al., 1996).

According to some researchers, religious experience has positive effects. They concern personal and social reference, which is accompanied by spiritual and emotional states (Król, 2004; Tatala et al., 2015). Religious experience is cognitive in nature. It provides knowledge about the Absolute, oneself, and other people (Jung, 1955; Van Kaam, 1964). However, according to other scientists, it can lead to irreversible mental dysfunctions or personality changes (Grof, 1985; Snyder, 1986).

Stanisław Głaz is a scholar, researcher, and priest of the Jesuit order with clearly defined scientific interests, specializing in research in the field of philosophy of religion and psychology of religion, and sometimes also referring to theology (Głaz, 2011, 2016c). Among the issues explored by Głaz, religious experience holds a key place, as indicated by the titles of his monographic publications (Głaz, 1998, 2000, 2002). It can even be said that it is the main subject of his scientific exploration. The presence of broadly understood experience in Głaz's research is completely understandable, but its presence in the philosophy of religion and the psychology of religion he practices deserves more attention.

Philosophy can be practiced in isolation from the experience of the world around us. However, the objection arises that this type of thinking becomes a closed-minded current of thought, doomed to slow intellectual ossification. Therefore, in contemporary philosophical reflection, it is crucial to develop this tradition, which draws on empiricism as one of the fundamental sources of human knowledge about the person and the world around them (Biela, 2019). Głaz (2011) clearly refers to the aforementioned philosophical tradition, which, in his understanding, began with Aristotle and was continued in the modern era, among others, by John Locke. The issues related to religious experience are also present in the contemporary research achievements of other famous philosophers and religious psychologists. As the Polish philosopher of religion Henryk Machoń (2018) showed in his monograph, it is an important aspect of the scientific work of Rudolf Otto, William James, Carl G. Jung, and other researchers.

Therefore, as some researchers suggest (Biela, 2021; Drennan, 2000; Zarzycka, 2009), the concept of religious experience proposed by Głaz should become the subject of philosophical, theological, and psychological debate. This article may be a contribution to this aim, as it critically analyzes his concept of religious experience.

Anthropological Premises of a Religious Act

According to Głaz, the phenomenon of religiosity and the related religious experience are essential components of human existence. Therefore, it should be assumed that the concept of religious experience relates to the concept of man and has its source in it. Therefore, to establish the understanding of religious experience in the work of this scholar, it is necessary to familiarize oneself with the philosophical anthropology preferred by him and determine how he understands the human being and its essential features.

According to Głaz, "a human being is, above all, a person, which constitutes his uniqueness and distinguishes him from other beings. A person, understood by him according to the classical definition, is an individual substance having a rational/rational nature or an individual rational substance, i.e., an individual and rational substantial being" (Głaz, 2011, p. 120). In man, we can distinguish three integrated levels: physical, psychological, and spiritual, which "all together create a model of a personal subject" (Głaz, 2011, p. 121). Głaz – following Igor Caruso, Viktor Frankl, and Max Scheler – emphasizes the importance of the spiritual dimension in man. It is thanks to the spiritual dimension, which shows the uniqueness of man, that the human being gains unity. "This dimension of man – according to Głaz – also includes all activities, experiences and actions [...], as well as relations of a personal – personal and personal – object nature" (Głaz, 2011, p. 120).

A human person has certain important features, which Głaz calls "existentials", and the most important of them, those "that characterize a human as a person, include, among others: dignity, freedom, free will, intentionality, responsibility, and meaning of life" (Głaz, 2011, pp. 123–124). A human being, being a person, also has a personality, which is shaped in relations with the material, social, and spiritual world. Personality is the result of a certain process in which the possibilities of a given person's existence are revealed, especially those present in the psyche. It also constitutes a kind of "whole" of a variable nature, shaped throughout the life of a human being. Human personality is therefore seen by Głaz as a "specific whole", as a dynamic unity focused on gaining experience of another person (Głaz, 2011).

An important problem for further consideration is to grasp the difference between a person and personality. Głaz (2016c) does not identify them, but points out that they differ from each other. It should be noted that the term "personality" is commonly used in psychology, while the concept of "person" is rather the domain of philosophy and the humanities. The difference between them should be sought in the definition of a person adopted by the Jesuit philosopher, an essential element of which is the concept of substance. Substance is an independent being, which has the source of its existence and is defined by its unchanging features. It constitutes a permanent basis for every being, including the human one. In this understanding, it is something more primary than human personality in the ontological order. Personality is therefore a dynamic structure conditioned by an individual and personal subject, even the constitutive components of which may change.

Also, the entry of personality into a relationship with reality, which we generally call experience, becomes possible thanks to the fact that a person is, above all, a person. Therefore, according to Głaz, "experience is an eminently personal act" (Głaz, 2011, p. 33). At this point, it is worth paying attention to a certain element of the classical definition of a person, according to which it is a rational nature. Nature in classical philosophy, e.g., in scholastic terminology, means the dynamic aspect of existence. Thus, the personality of a human individual as a dynamic structure is connected with the fundamental level of human existence, which is the source of its dynamics.

The Structure of Religious Experience

From the above analysis of the anthropology preferred by Głaz, it follows that the possibility of experience is deeply inscribed in human nature and constitutes one of its essential aspects. In a general sense, experience is a certain act of perception of a personal subject and can be external and internal in nature. In the first

type of experience, a person learns about things through the senses. On the other hand, the second type concerns knowing about yourself.

According to Głaz, "knowing yourself" as someone who exists through acts of sensory and intellectual learning is the primary and fundamental experience of the knowing of the subject. In experiencing oneself, "as an existing personal subject, a person is given the «I», as an existing subject, and at the same time, as the source from which everything that is «mine» originates. The «I» is experienced in the acts of «mine»; it is given in direct experience. A person directly experiences that he exists, that he is unique" (Głaz, 2011, pp. 33–34).

The diversity of human experiences also includes religious experience, which, according to Głaz, can occur in two varieties. The first of them – indirect (ordinary) – consists in the subject recognizing Transcendence, and especially the presence of a personal God. The second, on the other hand, is a mystical experience caused directly by an object, which is most often the Absolute. In religious experience, the object is important, which determines the specificity of this experience. It is an object from the supernatural sphere: a deity, a personal God, the Absolute, etc. It should be noted: the object of religious experience is not passive, because it is he who initiates the religious act, which, according to Głaz, takes place especially in a mystical experience (Głaz, 1998).

Religious Feeling and Religious Experience

Human religiosity is characterized by a wealth of attitudes, relationships, states, and experiences. The latter are not the only spheres in which a human being reveals himself as *homo religiosus*. The problem of the diversity of religious states of a human person is present and analyzed in Głaz's scientific achievements, especially in the matter of the state he calls "religious feeling" (Głaz, 2016c), "which is a special internal experience [...]. The emotional-volitional dimension dominates it. The essence of religious feeling will include the bond between man and God. Religious feeling will constitute a certain kind of feeling of contact, unity with God. Religious feeling is an immanent experience of the transcendent God" (Głaz, 2016c, p. 94).

The scholar distinguishes it from the state of "religious feeling" and "religious sensation." The first is a subjective feeling of a certain intensity of psychological processes in each subject, and the second is a reaction to a strong external factor (Głaz, 2011). It should be noted that the above specific definition of religious feeling is very similar to the concept of religious experience. Głaz states many times that religious feeling is associated with the experience of the supernatural sphere. Can we see any differences between them in the conceptual and real aspects? To

capture them, we need to pay attention to the similarities occurring in religious feeling and experience, because, as the Jesuit researcher writes, we can see a certain phase structure in them (Głaz, 2016c), which consists in the occurrence of certain common stages of both processes. These are: the subject establishing contact with a personal God, the subject's personal involvement in the relationship with God, and showing reverence and respect to the Absolute through actions called religious acts. Therefore, essential features of religious experience also occur in the experience of the sacred, and so we can conclude that every religious experience is a religious feeling.

However, certain subtle differences between them indicate their distinctiveness. The basic difference is the significance of God emphasized by Głaz – and a personal God – as a specific object of religious experience, as well as His activity in initiating relations with man in order to bring him closer to the reality of his own existence and the truth about him. The specificity of this influence of God is the personal nature of religious experience. Meanwhile, in religious feeling, a person does not have to meet God, because a religious feeling is also considered to be the state of absence of God or a deity, understood differently. Głaz analyzes this aspect of religious feeling in the lives of outstanding Christian mystics (Głaz, 2016c), their religious feeling related to the state of presence and absence of God, and even loss of contact with Him or departure, which reveals the dynamics and diversity of emotional and volitional states of a Christian seeking God.

It is precisely the activity of the emotional-volitional sphere in religious feeling that indicates its difference from religious experience. This sphere dominates in religious feeling, hence the limited role of the intellect and consciousness of the cognitive subject, whose cognitive functions are directed at himself. While the religious experience of the subject contributes to crossing the boundaries of his own existence, in religious feeling, man experiences primarily himself, his immanent religious states. Głaz rightly points out that emotions present in religious feeling also have a cognitive aspect, and not only in relation to the subject itself, but also to objective reality. Emotions can direct the subject's action in feeling the absence of the Absolute towards the desire for contact with Him. In this type of religious feeling, "God is perceived by man as a value" (Głaz, 2016c, p. 101).

A religious feeling can also be considered a religious crisis that manifests itself in the disintegration of the religious sphere of the subject, as well as the personality in the psychological sense. A religious crisis is a certain borderline situation for the subject, in which the previous mechanisms regulating mental and religious life fail. However, as in every crisis, positive psychological, intellectual, and emotional factors can be revealed in it, which support the subject in transforming his personality (Głaz, 2011). Głaz allocates a good deal of space to this religious feeling, which is frequent in our times – especially among young people – although

descriptions of such an experience can also be found in the writings of many mystics of Christianity and other religions, which is an important comparative material for exploring this issue.

The above analyses of religious feeling show that it encompasses a wider range of phenomena than religious experience. One might get the impression that religious feeling is a broader concept than religious experience due to the wealth of religious states to which it can be related. This problem was noticed by Głaz in his understanding of religious experience, which he understands as a religious feeling, which seems more adequate in research on contemporary religiosity, especially among young people. Summing up this part of the article, one can assume that the concept of religious experience has undergone a certain evolution towards religious experience. Both play a positive role in human life, as Głaz points out in his monographs (Głaz, 2011, 2016c).

Religious Experience and Religious Phenomena

The religiosity of contemporary man, especially the young generation, is characterized by a high pace of change, which is expressed by contesting traditional forms of participation in the religious life of human society and traditional religious institutions, a good example of which is the Catholic Church in Poland. Despite this, contemporary man is largely interested in religion and seeks answers to existential questions that trouble him. This search is characterized by emphasizing his own individuality and the desire for new ways of experiencing *sacrum*. Hence, in research on the religiosity of contemporary man, there appeared a need to develop a new paradigm of religious experience, which would consider the specificity of modernity.

For the Jesuit scientist, this new paradigm is a religious feeling revealing the subjectivity of the religious experiences of the young generation, especially in the matter of God's presence and God's absence in human life or the broadly understood religious crisis in the individual dimension (Głaz, 2011). In other words, the religious reality of contemporary man has prompted researchers, including the Jesuit psychologist Głaz, to change the paradigm of religious experience in the direction discussed here. However, the dynamics of changes occurring in religions and religiosity of contemporary Polish society indicate that this process will not stop, which suggests the possibility of the emergence of new manifestations of religiosity, different from those known to us so far, even within religion and the Church itself. In this context, the question arises about the impact of the above changes on the way of thinking about experience and the religious feeling of contemporary man. This question also refers to the concept of religious experience

as understood by Głaz and the issue of the emergence of a new religious paradigm of a personal subject.

An important aspect of the discussed concepts of religious experience and feeling is the specific genesis of their creation. They emerged in the environment of the Christian religion, especially of Catholic provenance, which introduces certain limitations to them. Although they can be successfully applied to religious experiences occurring in Catholic and Polish society, it should be noted that there may be significant differences between religions and religious beliefs. Members of non-Christian religious communities have a different concept of religion, divinity, prayer, and contact with the sacred than in the circle of Christian culture (Głaz, 1998). An excellent example of this type of difference is the Christian concept of a personal God, which, for Głaz, is an important aspect of religious experience. If there is no concept of a person in a given religion, and the deity is understood as impersonal, can such a concept be applied to it, and the specificity of religiosity present in it be explained with its help?

A similar problem concerns the understanding of salvation, because in Christianity it is a necessary condition that the action of grace given by God in human life be cooperated with. Meanwhile, many contemporary religions and religious movements offer contemporary man the possibility of self-salvation, which is achieved through systematic work on the transformation of one's own life under the guidance of a spiritual guide, e.g., a Hindu guru (Głaz, 1995). In our times, new cults and religious movements of a syncretic nature appear, often in their rituals and doctrines, escaping the established research methods of religiosity in the integral development of youth. Also, in the Polish religiosity of the young generation, certain behaviors and views taken from other Christian denominations and religions sometimes appear (Marchwicki, 2000).

The above difficulties related to the distinctiveness of other religions were noticed by Głaz and analyzed from the perspective of religious experience. In his monograph, the researcher analyzed the issue of experiencing religious states in the main monotheistic religions: Christianity, Islam, and Judaism, as well as in Buddhism and Hinduism. He also pointed out that all types of religious experience have a specific, complex structure, specific only to them. At the same time, it should be noted that they have some common elements (Głaz, 1995). The difficulties related to the application of the above concepts indicate the need to rethink the understanding of the paradigm of experience and religious experience.

It seems advisable to use the terms "religious phenomenon" or "religious occurrence", which the Jesuit researcher often mentions. They have a more universal meaning and are devoid of associations with the terminology of Christian philosophy and theology. In his analysis, Głaz distinguishes "religious phenomenon" from "extraordinary religious phenomena." Extraordinary religious phenomena often

accompany religious feeling and concern visions, ecstasy, glossolalia (Głaz, 2014). Although it should be noted that a properly formulated paradigm of religious feeling, as a religious phenomenon, may contain all the features fundamental to its Christian understanding. The research work conducted by Głaz suggests the possibility of formulating such a paradigm of religious feeling, as indicated by his empirical research on religiosity in Poland (Głaz, 2011, 2016c).

By conducting research on religiosity among various social groups, Głaz thus analyzes certain elements of religious experience in their lives, which can be considered phenomena, such as the feeling of God's presence, the feeling of God's absence, abandonment by God, the sense of religious community, etc. The phenomena listed have a certain structure, the elements of which can be examined using an appropriate questionnaire. The empirical material collected by Głaz constitutes a good starting point for developing a paradigm of religious experience as a religious phenomenon. It should also be noted that the term "phenomenon" itself appears in Głaz's publications in reference to the religious crisis (Głaz, 1996, 2011).

In another monograph, the researcher writes: "The study of religious phenomena should be carried out on three parallel planes: empirical, ontological, and supernatural" (Głaz, 1995, p. 15). Then he adds (writing in the third person). "In the description of the religious phenomenon, which is religious experience, the author used these methods descriptively and synthetically, taking into account the historicity of the phenomenon itself, as well as the individuals who experience it" (1995, p. 15).

The researcher, therefore, formulated a paradigm of religious experience as a phenomenon of religiosity and indicated essential elements of the method for its exploration, which was an important step in the development of his understanding of religious experience. Głaz's scientific achievements are distinguished by a special concern for the empirical aspect, which translates into his development of a questionnaire and scale for research on the state of specific religious attitudes. Among them, the "Questionnaire for Research on the Structure of Religious Experience" (Głaz, 1996) and the "Scale of Religious Experience" (Głaz, 1996) are worth noting. Their advantage is the general nature of the questions and statements contained therein, which can also be understood by adepts of religion from non-Christian groups. The first of the above-mentioned questionnaires, defining religious feeling as a phenomenon, deserves special attention. However, it seems that the terms in the questionnaires that have clear connotations with Catholic theology should be changed, as stated above. The versions of these tools were the beginning of further work on the issue of religious experience.

The researcher, analyzing the religious life of mystics, developed a tool for examining the experience of God's presence and the experience of God's absence (see *Psychological Analysis of Religious Experience: The Construction of the Intensity*

of Religious Experience Scale, Głaz, 2020), as well as a tool for examining the experience of abandonment by God (see *Psychological Analysis of Religiosity and Spirituality: Construction of the Scale of Abandonment*, Głaz, 2021). These tools are more universal in nature. The content of the statements placed goes beyond the reach of the Christian religion. At the same time, they indicate the positive role of these experiences in the personality and religious life of man. To date, no other such research tools have been created, and therefore, Głaz's undertaking should be considered an important contribution. These tools can be used for empirical research in both theology and psychology.

Religious Experience and Truth

As mentioned above, religious experience in all its varieties is a certain cognitive act. However, it is common knowledge that human perception can be, and even is, exposed to cognitive errors, and no type of human cognition is free from them. This statement also applies to cognitive acts relating to the supernatural sphere. It is worth mentioning here that in the literature on religious experience, a good deal of space is devoted to the issue of its truthfulness. It is known that many religious experiences may not only be burdened with cognitive errors, but they may also be cognitive illusions or delusions (Argyle, 2000; Machoń, 2009).

In other words, the most important problem related to religious experience is the question of its truthfulness, i.e., its reference to truth. According to Głaz, such a reference is not only possible, but also real, because thanks to religious experience, "philosophy can read the truth about both man and transcendent reality," and is even a „rational acceptance of the truth about the Absolute" (Głaz, 2011, p. 45). The scholar is aware of the possibility of an erroneous assessment of a religious act by the subject, but he sees its cause in the reductionist concepts of religious experience, which are present in certain psychological trends or philosophical trends such as Marxism, atheism, and various varieties of naturalism (Głaz, 2011). Although they accept the fact of the existence of religious phenomena in individual and collective life, they explain them by referring to psychological, social, economic, and other conditions (Freud, 1989; Snyder, 1986).

Also in this context, the position of the Jesuit researcher raises certain questions, because the model of religious experience preferred by him is acceptable on the condition of accepting certain assumptions, which he has not sufficiently articulated. The first reservation refers to the transcendent reality, the existence of which must be either justified or assumed. The second concerns the assumption that a person correctly interprets their religious acts, in other words, has a criterion for their truth. Otherwise, the concept of religious experience adopted in this way

and the possibility of discovering the truth about man and Transcendence in it becomes controversial, especially in the case of the classical definition of truth, which, due to the definition of a person adopted by the Jesuit scholar, is certainly close to him.

An important aspect in the discussion about religious experience and its truth is to draw attention to the many assumptions and concepts in which it is entangled, similarly to the general human experience of the world. A person can perceive the reality surrounding them and the ways of experiencing it from four different points of view: the so-called common sense, morality, religion, or even aesthetics. These aspects can overlap, and in the practice of everyday life, a human being usually has no problem separating them. However, in religious experience, the lack of their separation can lead to different interpretations, depending on the position taken (Gutowski, 2018). When we speak about religious experience, it should be clearly distinguished from knowledge about religion and God, from the search for God or the desire to meet Him, and from consciously experiencing the Absolute in individual existence.

Piotr Gutowski's observation is probably correct that we can only talk about religious experience in the latter sense. Therefore, religious experience itself is quite narrow in relation to other religious concepts. It should also be noted that religious experience understood in this way can be applied to the Christian religion, especially in the Catholic version, in which the concept of a personal God appears. Thus, it is worth considering the issue of the universality of religious experience understood in this way – how can it be applied to religions in which there is no concept of a personal deity, or to non-theistic religious experiences (Dworkin, 2014).

A similarly important issue is explaining the nature of mystical experience. In other words, can the mystical experience of God be explained by referring to the states of the human brain and searching, as many researchers do (Grof, 1985; Snyder, 1986), for those areas of it that are responsible for the emergence of mystical experiences? The dispute mainly concerns the naturalistic interpretation of religious experience, in which the opponents cite arguments derived from neuroscience.

Referring to Głaz's position in the above dispute, it should be stated that he does not address this issue directly, but certain aspects of his concept of religious experience may help understand the sources of this controversy. First of all, the Jesuit psychologist and philosopher, in the description of religious experience, considers the freedom of the personal subject to be significant, among various "existentials" (Głaz, 2011). Human freedom is present in mystical experience and gives it a dynamic that is difficult to describe or capture in scientific exploration. And in it should be seen the source of the diversity of mystical states of believers, and thus

the difficulties in assessing the truth of this religious experience. The freedom of the individual, so clearly present in religious experience, makes it unique and difficult to capture in psychological research (Głaz, 2011).

Contemporary discussion on the possibility of religious experience and its truth is dominated by typically theoretical considerations, in which it is often forgotten that it refers to a specific human life. For a specific believer, religious experience is integrated into their life situations, everyday existential problems, joys, and pains. As Głaz claims: "religious experience and the religious feeling associated with it [...] contain a pragmatic aspect, a person acquires the appropriate references for their psychological needs, it also has an inspiring character for human action" (Głaz, 2011, p. 226).

It is the pragmatic aspect, i.e., action, that indicates the real possibility of the existence of religious experience at least in the understanding of the Christian religion, and in accordance with the scholastic principle of St. Thomas Aquinas – *agere sequitur esse*, it indicates the ontic structure thanks to which it can exist. Therefore, the view about the possibility of religious experience in the understanding of Głaz is acceptable, which also indicates the cognitive possibilities of the Christian religion in discovering the truth about the spiritual and transcendent reality, the basis of which is the personal Absolute (Gutowski, 2018).

Religious Experience and Values

The above sentence clearly suggests the connection between religious experience and the cognitive functions of the subject. Although this is a feature of every experience, religious experience reveals a certain epistemic ability, thanks to which a person opens up primarily to supernatural values. Such a value is in the first place, God himself, who is the carrier of other religious values, such as faith, hope, and love (Głaz, 2016c). The presence of theological values in religious experience is something obvious, but surveys conducted by Głaz on a group of Polish academic youth indicate the presence of other values in their religious experience. These are: salvation, wisdom, friendship, loyalty, love, peace in the world, self-respect, life success, life satisfaction, pleasure, comfortable life, inner peace, and social recognition (Głaz, 2016a).

Among them, in addition to the typically religious value of salvation, there is a large group of universal human values, also valued by religiously indifferent people or even non-believers. This indicates a certain important aspect of religious experience, which is the subject's openness to the sphere of values accepted by all people. This fact also reveals another important feature of the religious experience of the people studied, which is their relationship with the world of other people.

Therefore, assuming at least a sufficient level of maturity of the youth studied, it should be assumed that their mode of experiencing religious experience does not lead to alienation – detachment from the social environment and its positive values.

It should also be noted that theological and universal human values do not have to be opposed to each other but can create a single and coherent hierarchy of values in the religious experience of even a young person (Głaz, 2016b). However, when talking about values present in the religious experience of a young person especially, but also in the universal human experience, attention should be paid to the problem of the objectivity of the values. In religious experience, certain mental states may appear that express subjective desires and expectations, and a person may treat them as "values" (Szmyd, 2017).

The discovery of the world of values, according to Głaz, takes place in a religious experience through conscience, which for a personal subject is also a way of knowing the reality of God, the world, and oneself (Głaz, 2011). Conscience is, above all, a way of self-understanding of a religious experience and its content. It has an immanent and transcendent dimension. It is not the superego as Freud assumed (1989). It can be present as a kind of intuition that reveals the axiological aspect of experience to the personal subject. According to the scholar, the world of values is also discovered through conscious action. Głaz assumes here, following Frankl (2020), three possibilities: the first is the transformation of oneself in relation to the environment according to a given value, the second consists of the interiorization of values and integrating them into the structure of one's own personality, the third way is living values in a situation of one's own suffering, illness, and life failures.

Discovering values and their interiorization contributes to the development of the subject's personality because it exceeds its biological and emotional limitations. Thus, religious experience is a chance for a person to open up to the world of other people and their way of experiencing reality. It should be noted that this process does not lead to the depreciation of the human psychological sphere by negating their corporeality, psyche, and drives resulting from human nature, but their integration with the sphere of religious and universal human values takes place here. Frankl expressed that man is driven by drives, but he is directed by values (Frankl, 2020). It should also be added, following Scheler (1987), that values are factors in religious experience that create a human person, and they become a being in which values are realized. Moreover, in the works of this German philosopher and outstanding representative of contemporary phenomenology, there is a concept of the intentional nature of human consciousness. In other words, the consciousness of a subject involved in a religious experience is always consciousness of something, i.e., it refers to some object, e.g., an objective value. This view reinforces Głaz's (2016a) thesis about the objective nature of values present in religious experience.

A religious act, which is the experience of the *sacrum* sphere by a human being, reveals the pragmatic aspect of human nature. By establishing a relationship with Transcendence, a human being is confirmed in the reality surrounding them and creates their own personal world from it. The material of this world – specific human existence is objective values discovered in religious experience. Human nature is purposeful in its actions, and its fundamental goal is to integrate human actions, i.e., to give them a certain meaning (Głaz, 1998b). This, in turn, is constituted by the physical, mental, and intellectual actions of the individual, into which the values learned in religious experience are incorporated. Meaning is an action that integrates the natural possibilities of human existence with supernatural values, such as God, the sanctity of life, and salvation. Supernatural values are timeless and thus give human existence a new quality – eternal existence. This aspect of experiencing supernatural values is very important in searching for and building the meaning of a human being, because, like every being, it strives to maintain its own existence, and the above-mentioned values can ensure this (Głaz, 2002).

Experience of Sacred and Individual Freedom

In reference to the first section, which discussed the problem of the relationship between values and religious experience, attention should also be paid to one of the most important values – freedom, so much preferred by contemporary societies and especially by the young generation. The presence of freedom in the life of an individual and human society is universal and cannot be limited to only one sphere of the life of modern man. Therefore, the problem of freedom in this part will not be limited only to religious experience, or religious feeling, or selected religious phenomena. Therefore, it will be considered in relation to various types of broadly understood experience of the sacred, in Głaz's work. The issue of individual freedom was noticed and discussed by him in several publications (Głaz & Leżoń, 2008; Lulek & Głaz, 2009).

So, what is freedom according to Głaz? It should be noted that he does not prefer one definition of it, as he is fully aware of the complexity of the problem of human freedom and its multifaceted nature. Therefore, he adopts the definition of freedom, which can be considered a kind of descriptive "definition." Freedom, according to him, permeates the entire personality of a person, because it occurs already at the level of his desires, to give his life a dream and value. It is both the goal of the individual and the condition of his actions. Already at the stage of the desire for freedom, its subjective and objective aspects can be distinguished.

The first of them is expressed through the internal freedom of the individual, which has its source in the spiritual nature of the individual, and it is expressed

through the states of spirit that a person can achieve. Internal freedom understood in this way also considers the somatic structure of a person, because it accepts the sphere of natural (corporeal) needs and instincts, which also give dynamics to human actions. But they do not constitute their goals, because freedom seeks values and enables their actualization in human action and life. Man is driven by instincts but is attracted by values. Following Głaz, we can state that human freedom is also dynamized by needs and instincts, but its goals are values.

Values, according to Głaz, condition the humanity of an individual, because, as he writes, to be a human being, to be free as a human being, means to be rooted in the world of values that by their very existence call for realization (Głaz, 2002). The statement of the Jesuit psychologist of religion is therefore correct, that values motivate an individual to make choices through their freedom, that is, to prefer everything that is beneficial for the individual and represents a certain value in itself. This last aspect of human freedom opens up the individual to the outside world. Thus, the freedom of the individual manifests itself in the real world; it is the freedom of so-called resolutions, that is, decisions that are made in the absence of external obstacles.

The above concept of freedom is close to Frankl's views, which Głaz often cites in his publications (Głaz, 2002; Lulek & Głaz, 2009). And especially by emphasizing the personal nature of freedom, because only a person can experience freedom in all its aspects, whereby a person should be understood as a being who refers to values in his actions. In other words, a person is a synthesis of acts that realize a given value, e.g., the dignity of an individual, or refer to them, and only such acts of a human individual can be called personal.

However, a certain question can be directed to the concept of freedom in Głaz's understanding of its distinctiveness from the views of Frankl and other thinkers. Considering the entirety of Głaz's literary output, it should be noted that his research on how an individual experiences and contacts the sacred is primarily empirical, not theoretical. Therefore, he will focus mainly on the reality of everyday experiencing and realizing freedom by specific individuals, which is achieved using appropriate research tools. This conclusion about the originality of Głaz's understanding of freedom is confirmed by his research on the concepts of freedom in other thinkers, e.g., Józef Tischner, which, in his opinion, are of an eminently theoretical nature and constitute an analysis of the views of other thinkers (Głaz & Leżoń, 2008).

Conclusion

In Głaz's scientific achievements, religious experience is one of the key concepts due to its significance for the religiosity of contemporary man. Głaz developed this

concept in relation to research on the religiosity of the young generation of Poles, who almost entirely have Christian (Catholic) roots and confessionally belong to this religion. Hence, it is understandable that the paradigm of religious experience preferred by him contains such components as: a personal cognizant subject, a personal God as the object of experience, and values (natural and supernatural). In addition, the characteristic features are also the subject's awareness of experiencing God and the activity of the Absolute, which very often initiates a religious act.

However, the analysis of Głaz's works also indicates an alternative understanding of the paradigm of religious experience as a religious feeling and a religious phenomenon. For him, feeling is something very similar to religious experience, and sometimes even identified with it. However, there is a different understanding of the experienced object, which may be impersonal in nature or even absent (awareness of the lack of contact with God). The emphasis in the experience is shifted to the subject's own experiences (emotions, states of mind, etc.). Therefore, religious feeling should be considered a different religious act from religious experience. Although religious experience is included in the religious feeling thus understood, not every religious experience is automatically a religious feeling, as Głaz suggests. Therefore, it should be considered a modified version of the initial religious paradigm – religious experience.

Another way of understanding religious experience is the religious phenomenon, in which we have components of a religious act also present in other religions. This version is consistent with the concept of religious experience and religious feeling, but it exceeds them and is the most generalized version of a religious act present in Głaz's work. Therefore, in the research of the Jesuit philosopher and psychologist of religion, we have various approaches to understanding religious experience: in the Christian understanding, religious experience and religious phenomenon. Despite Głaz's preference for the first understanding, his research's openness to the specificity of the religious act is visible, which is manifested in the concepts of religious experience and phenomenon. A characteristic feature of his paradigm of religious experience is the presentation of its positive role in human life, as well as the possibility of introducing changes in its understanding by adding new elements and modifying the current ones.

The fundamental question that arises in the analysis of religious experience in Głaz's work concerns the further evolution of this important concept in his research on religion and religiosity. This scholar is open to new religious phenomena emerging in the contemporary world and in Polish society. Given the changes occurring in Polish Catholic religiosity, especially among the younger generation whose religiosity Głaz has been researching for years, it seems that the most anticipated direction of evolution of the concept of religious experience is precisely the religious phenomenon, which can also be studied using appropriate

empirical tools, as is already the case in his works. This would, in the future, involve understanding the deeper and broader function of religious experience in human life, its structures, and its sources.

Another direction of development of his religious paradigm is also possible, related to the difficulties in describing religious phenomena. Perhaps a better methodological solution would be to adopt not one universal paradigm of religious behavior of contemporary man, but several paradigms of complementary nature. Głaz's views may therefore evolve towards developing a set of patterns of religious experiences, which will be used depending on research needs.

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Original Article

The Role of Religious Comfort and Religious Struggles in the Process of Shaping Empathy and Meaning in Life of Healthy and Sick Polish Women with COVID-19

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Abstract

Objective of the study: The outbreak of the COVID-19 pandemic has brought many new challenges related to individual and social life. The study aimed to show the relationship between religious comfort and religious struggles with empathy and meaning in life in healthy women and those who had COVID-19. In addition, it shows the potential of religiosity in shaping aspects of mental health such as empathy and meaning in life. Method: The study involved 103 women. 54 women had and were sick with COVID-19 and 49 did not have COVID-19. All women were born in Poland. These tools were used: the Religious Comfort and Strain Scale (RCSS), the Empathic Sensitivity Scale (SWE), and the Meaning in Life Questionnaire (MLQ). Results: Women, both those who had COVID-19 and those who did not, were characterized by a high level of religious comfort and a sense of the presence of meaning in life, and a search for meaning. Both groups of women show no significant relationship between religious comfort and searching for meaning in life, but reveal a strong relationship between the presence of meaning in life and the absence of such searching. In the group of healthy women, empathetic concern played a key role in mediation, while in the group of sick people, perspective-taking played a key role. Conclusions: The knowledge gained from this research can help clinical psychologists, hospice workers, and hospice volunteers better understand patients' needs after serious illness. It can also provide clergy with valuable knowledge for their pastoral work. Furthermore, this work can generate hypotheses useful for further research.

Keywords: religious comfort, religious struggles, empathy, meaning in life, women, COVID-19

Religiosity is defined as a multidimensional construct that includes institutions and traditions, is perceived as a system of beliefs and practices, and is defined by norms, dogmas, and rituals, uniting people of the same religion (Pargament, 2001). Spirituality, on the other hand, concerns more the spiritual dimension of a person, and is related to the intimate sphere of a person, with their personal spiritual experiences (Zarzycka, 2017).

Many researchers have shown that people who face unfavorable life situations, for example, illness, death of a loved one, or an event involving the wider community, such as an earthquake or tsunami (Unterrainer et al., 2014), tend to seek support in religion more often. Religious and spiritual tensions sometimes appear in their lives. They refer directly to God and concern the concept of God, emotions towards Him, or relationships with Him. They can take the form of interpersonal conflicts and thus become a negative experience related to religious people and institutions. They can also concern one's own thoughts, actions, and can also include moral struggles, a sense of guilt, and religious doubts (Ano & Pargament, 2013; Exline et al., 2011). The influence of religiosity on well-being appears to be related to social support, a healthy lifestyle, existential certainty, the content of one's beliefs, as well as membership in an appropriate religious group (Zinnbauer & Pargament, 1997).

Hence, this article will show the role of religious comfort and religious struggles in the process of shaping empathy and meaning in life during the pandemic within the lives of Polish women with COVID, as well as healthy women. The following research tools were used to obtain empirical material: Religious Comfort and Strain Scale (RCSS), Empathic Sensitivity Scale (SWE), and Meaning in Life Questionnaire (MLQ).

Religiousness and Religious Struggles

Analysis of religious and spiritual life indicates their complex structure. A person is often accompanied by religious comfort, which is a clear sign of God's presence, transmitted to a person (Gallagher, 2016). It is therefore a source of comfort and tension; it integrates and disintegrates, bringing relief. It helps to remove many obstacles that could sometimes separate a given person from God. The purpose of this experience is to strengthen a person on the way to deepening their bond with God. It also becomes a source of additional life energy (Exline & Rose, 2013; Kotlewski, 2009). Religious and spiritual life is also often a source of stress and internal uncertainty, which is manifested in religious struggles (Wielgus, 2020). They focus particularly on human beliefs, observations, or emotions related to God or a higher power. They concern feelings of guilt due to personal

sin, doubts about religious doctrine, relationship with God, and relationships with believers (Exline et al., 2015).

Studies have shown that Brazilian women's frequent use of religious and spiritual practices during the COVID-19 pandemic was associated with better mental health outcomes, including hope and spiritual growth (Lucchetti et al., 2020). Colombian women who actively tried to overcome their anxiety problems due to COVID-19 and then sought support from their religious faith were less likely to experience depression, and there was no association between sleep disturbances and emotional and social loneliness (Grossman et al., 2021). Furthermore, the results of the study showed that Iranian women showed higher levels of religious health than existential health during the pandemic (Nodoushan et al., 2020). Muslims reported significantly higher levels of religious coping than Christians (Thomas & Barbato, 2020). Some Muslims did not follow recommended precautions against COVID-19. When asked why they do not follow these recommendations, they were quoted as saying, "Allah is enough for us, He is a great protector."

Older women during the pandemic reported higher levels of religious coping and lower levels of death anxiety than men. Moreover, the analysis showed a significant difference between death anxiety levels in married and widowed older people. Married older people had higher levels of death anxiety than widowed older people (Rebaba et al., 2021). In another study, women had higher levels of COVID-19 anxiety, fear, depression, stress, and lower levels of religious commitment and life satisfaction than men. With increasing age, women had lower COVID-19 anxiety, lower levels of depression, anxiety, and stress, and higher religious commitment and life satisfaction (Koçak, 2021; Kowalczyk et al., 2020).

Nurses with a master's degree during the pandemic scored higher on the presence of God and absence of God factor than nurses with a bachelor's degree. In the lives of nurses with a bachelor's degree, the experience of God's presence correlates positively with the experience of God's absence, life satisfaction, and job satisfaction. The experience of God's absence correlated positively with job satisfaction. In the lives of nurses with a master's degree, the experience of God's presence correlated positively with the experience of God's absence, the search for meaning in life, and life satisfaction. The experience of God's absence correlated positively with life satisfaction (Głaz, 2022).

Empathy and Meaning in Life

Empathy is a key element of social interactions. It promotes prosocial behavior and discourages aggressive behavior towards others. It is defined as the ability to imagine, experience, and understand what another person feels, and also includes

the affective, cognitive, and behavioral aspects of a person (Davis, 1983; Decety & Jackson, 2004). Mead (1975) defines empathy as the ability to put oneself in the role of another person and adopt alternative ways of perceiving oneself. He emphasizes the individual possibilities of entering the role of another person, which is necessary for effective functioning in the modern world.

Studies have shown that Canadian women during the pandemic showed higher levels of empathy in such dimensions as perspective-taking, empathic concern, and personal distress than men, as well as a stronger relationship between empathy and depression, anxiety, and trauma than men (Guadagni et al., 2020). High levels of empathy were found among women with children and also people with migration experience (Hajek & König, 2022). Empathic concern was positively associated with motivation to practice physical distancing and wear face masks (Pfattheicher et al., 2020). Empathy was associated with stress and burnout in healthcare workers working in extreme conditions, such as the COVID-19 pandemic (Barello & Graffigna, 2020).

Italian women during the pandemic had lower empathetic social skills, while cognitive and emotional aspects of empathy, as well as the tendency to identify with fictional characters, were high. In turn, perspective-taking abilities were associated with a higher ability to rationally assess the situation and obtain healthier points of view. Moreover, both perspective-taking and empathic concern were associated with multiple aspects of mindfulness (Baiano et al., 2022).

The results showed that the effect of the psychological symptoms of COVID-19 anxiety on empathy, in Iranian women, was positive and significant, while physical symptoms of COVID-19 anxiety on empathy were negative and significant (Sokhanvar et al., 2023). Three coping strategy components, such as seeking emotional and instrumental support and resorting to religion in women's lives, were associated with the cognitive dimension of empathy. Moreover, two coping strategies (positive reframing and behavioral withdrawal), were simultaneously negatively correlated with the cognitive and emotional dimensions of empathy (Dores et al., 2021).

Empathy was more strongly associated with prosocial attitudes than compassion (Karnaze et al., 2022). Women who frequently played sports during the pandemic showed high levels of empathy and altruism. And the willingness to take the COVID-19 vaccine was significantly associated with higher altruism in women, but not with empathy (Hajek & König, 2022). Female governors in the United States during the pandemic showed more empathy and self-confidence in their briefings than men (Sergent & Stajkovic, 2020). Empathy in the lives of Romanian women was negatively correlated with the depersonalization component of the burnout experience (Bredicean et al., 2021).

Empathetic and supportive behaviors of healthcare workers made women with high-risk pregnancies feel more at ease during the pandemic, and the support

they received protected them from the risk of developing COVID-19 (Mirzakhani et al., 2022). Less empathetic Ecuadorian doctors were more ready to leave the profession and were more likely to lose professional motivation than their colleagues (Matiz-Moya et al., 2023). A layperson-led empathy-oriented telephone interview program in Texas reduced loneliness, depression, and anxiety among women affected by coronavirus (Kahlon et al., 2021).

The concept of a sense of meaning in life refers to the subjective mental state of a specific person and is related to the feeling of subjective satisfaction with life and achieving chosen goals (Chasson et al., 2021). Studies show that people with a sense of meaning in life see themselves as more competent, more independent, and better socially integrated. It is easier for them to motivate themselves, direct their attention, and overcome failures. During the pandemic, women showed a greater sense of meaning in life than men. In women's lives, a stronger relationship between meaning in life and mental health is noted than in men (Ogan et al., 2020; So et al., 2023). Both COVID-19-related suffering and social engagement were higher in women than in men (Carli, 2020), while men showed higher levels of COVID-related stress (Liu et al., 2021).

The results indicate that mothers raising young children showed a higher presence of meaning in life before the pandemic than during it. In addition, they showed greater marital satisfaction and a greater search for meaning during the pandemic than before. High marital satisfaction and relationship with their child were associated with greater meaning, whereas lower marital satisfaction and relationship with the child were associated with a greater search for meaning in life. Finally, the mothers' marital satisfaction and relationship with child fully mediated the relationship between the study group and two aspects of meaning in life: search and presence (Chasson et al., 2021).

Studies have shown that meaning in life is a predictor of life satisfaction and happiness in the lives of Slovak women. Greater happiness during the pandemic was associated with higher levels of meaning in life and the absence of pregnancy related health problems. 65% of women reported a high level of life satisfaction, and 48% of women considered themselves happy (Majercakova & Bolekova, 2022). The results indicate that life changes due to COVID-19 fully explain the negative association between the perceived danger of COVID-19 and quality of life, but only in people who had COVID-19. In the group who had never had COVID-19, the only significant association was a positive association between the perceived danger of COVID-19 and life changes due to COVID-19 (Stone, 2022).

During the COVID-19 pandemic, Iranian women's quality of life was associated with anxiety, depression, coronavirus-related fear, sexual function, and marital satisfaction (Daneshfar et al., 2021). Women working during lockdowns and quarantines noted that their lives experienced a psychological rebirth,

a different perspective on the world, a greater awareness of women's community empowerment, as well as a greater need to redefine the world of work for women (Thompson, 2023).

Research Problem

The research indicates both negative and positive effects related to the COVID-19 pandemic in the lives of women. The negative effects most often concerned neglect in the development of spiritual life, lack of opportunity to participate in the liturgy (Lucchetti et al., 2020), a sense of loss of community, disruption of the normal rhythm of life, fear of losing work, and pandemic anxiety (Koçak, 2021; Thuné-Boyle et al., 2013). These factors manifested themselves in sadness, existential emptiness, anxiety, and depression (De Jong et al., 2020; Schnell & Krampe, 2020). On the other hand, according to women, the most common positive effects of the pandemic include; deepening religious faith (Grossman et al., 2021), the possibility of spending more time on personal reflection and for one's own family (Thompson, 2023), ensuring greater safety, greater sensitivity towards people in need, improving the medical situation of people affected by COVID-19 (Stone, 2022).

The relationship between women's religiosity and hope (Lucchetti et al., 2020), fear of infection (Grossman et al., 2021), and death caused by the virus (Rebaba et al., 2021) was analyzed. In addition, the relationship between empathy and depression and anxiety (Guadagni et al., 2020) was analyzed, in addition to a rational assessment of the situation (Baiano et al., 2022). Women's involvement in the search for meaning in life during and before the pandemic was also analyzed (Chasson et al., 2021), and the relationship between quality of life and the perception of the danger associated with the pandemic was shown (Stone, 2022).

As indicated in the literature, many studies have been conducted among women during the COVID-19 pandemic. However, there is a visible lack of studies among women who were infected with COVID-19 and are showing the psychological effects of the disease caused by the pandemic. Stone's (2022) research reveals that women who had suffered with COVID-19, experiencing trauma, were more likely to search for meaning in life than healthy women, and that women with a high level of empathy felt better and coped more effectively with the risk of infection than women with a low level of empathy (Mirzakhani et al., 2022). Hence, the research will aim to show to what extent the disease differentiates aspects of women's lives, such as religious comfort and religious struggles, as well as empathy and meaning in life.

Research suggests that religious struggles can, in some circumstances, enhance the development process and play an important role in confronting life's challenges

(illness, suffering), and sometimes hinder the growth process (Exline et al., 2015). Hence, the research will aim to show the relationship between religious comfort and religious struggles, empathy, and meaning in life in healthy women and those who have had COVID-19.

As research indicates, religious people often seek support in religion during illness and trauma (Chasson et al., 2021; Pargament, 2001). In turn, the sense of the presence of meaning in life makes it easier for them to reinterpret their own experience. It is suggested that religious women affected by COVID-19 more often sought support in religious comfort and sought meaning in life than healthy women.

The literature also indicates that religious struggles have a direct and indirect impact on the search for meaning in life and the presence of meaning in life (Zarzycka, 2017). Religious struggles either enhance or weaken it. It is expected that in this case, empathy plays a strengthening mediating role between religious comfort and religious struggles, and the presence of meaning in life, and the search for meaning in life.

Furthermore, the proposed research approach appears valuable and useful, given the lack of research on women with COVID-19 in Polish religious communities. This research may contribute to a deeper understanding of the impact of the pandemic on women's mental health. Furthermore, it may provide practical implications for the development of a faith-based support system for women affected by the pandemic. Therefore, based on the above reports, the following research hypotheses were formulated.

H_1. Sick women show higher levels of religious comfort and fear- guilt than healthy women.

H_2. Sick women show higher levels of personal distress and empathetic concern than healthy women.

H_3. Sick women show lower levels of the presence of meaning in life and higher levels of searching for meaning in life than healthy women.

H_4. In the lives of sick women, there is a stronger positive relationship between religious comfort and searching for meaning in life than in healthy women.

H_5. In the lives of healthy women, there is a stronger negative relationship between negative emotions towards God and the presence of meaning in life than in sick women.

H_6. In the lives of sick women, there is a stronger negative relationship between fear-guilt and searching for meaning in life than in healthy women.

H_7. In the lives of sick women, there is a stronger negative relationship between personal distress and the presence of meaning in life than in healthy women.

H_8. In the lives of sick women, there is a stronger positive relationship between empathic concern and the presence of meaning in life than in healthy women.

H_9. Individual aspects of empathy mediate the relationships between religious comfort, religious struggles and the presence of meaning in life and the search for meaning in life in life in women's lives.

Method

Study Group

Women were informed about the voluntary and anonymous nature of the study, as well as its purpose. The study adhered to the ethical and professional standards of a psychologist. 103 women participated in the study. 54 women had and were ill with COVID-19 and 49 did not have COVID-19. The average age of all women was $M = 33.8$, $SD = 11.6$. 79.6% lived in a city and 20.4% in the countryside. 63.0% of women had higher education, 33.3% had secondary education, and 3.7% had vocational education.

All the women were Christians. Most of them belonged to the Roman Catholic Church and were born in Poland. 77.8% described themselves as believers and practitioners, 10.2% as believers and non-practicing, 8.2% as indifferent, and 3.7% women who are spiritual seekers. 66.7% of women declared that they belonged to a religious group, while 33.3% did not indicate such affiliation. During the pandemic, 88.0% of women experienced support from close people, while 12.0% received no support at all. They most often received support from family members, friends, and the religious community.

Research Tools

Many instruments have been developed to measure religiosity, empathy, and meaning in life. In this study, the following research tools were used to gather empirical data: the Religious Comfort and Strain Scale (RCSS), the Empathic Sensitivity Scale (SWE), and the Meaning in Life Questionnaire (MLQ).

The Religious Comfort and Strain Scale (RCSS) is a tool developed by Exline and colleagues, used to assess the degree to which participants experience a sense of comfort with God and three types of struggles related to religion (Exline & Rose, 2013; Exline et al., 2015). The scale was adapted to Polish conditions by Zarzycka (2014). The Polish version of the scale contains four subscales. Religious comfort (PCR) concerns a sense of trust in God, perceiving God as an omnipotent person, supporting and caring for people, perceiving faith as a source of strength, harmony, peace, and a sense of meaning. Negative emotions toward

God (NEB) include negative feelings toward God and perceiving God as unjust, cruel, and untrustworthy. Fear-guilt (LW) refers to preoccupation with one's own guilt, sin, and a sense of God's lack of forgiveness. Negative social interactions surrounding religion (NEW) include negative emotions and relationships with other believers. Items are rated on a 10-point Likert scale (0 = *not at all*; 10 = *very much*). Cronbach's alpha coefficient for each subscale was $.56 \leq \alpha \leq .96$.

The Empathic Sensitivity Scale (SWE) by Kaźmierczak (2007) is a tool used to measure the cognitive and empathic dimensions of empathy. The scale contains three subscales. Perspective-taking (PP) refers to the ability to adopt another person's point of view in various life events. Empathic concern (ET) refers to the tendency to empathize and show compassion to others. Personal distress (OP) is experiencing negative emotions related to the suffering experienced by other people. The questionnaire contains 28 statements rated on a 5-point Likert scale (1 = *completely disagree*; 5 = *strongly agree*). Cronbach's alpha coefficient for each subscale was $.74 \leq \alpha \leq .78$.

The Meaning in Life Questionnaire (MLQ) by Steger (2006) is a tool for determining the meaning in life in two time perspectives: present and future. The questionnaire was adapted to Polish conditions by Kossakowska et al. (2013). It contains two subscales: the presence of meaning in life (MLQP) and the search for meaning (MLQS). The MLQP subscale measures the extent to which the respondent feels that their life has meaning, while the MLQS subscale indicates the degree of commitment and motivation to find or deepen their understanding of the meaning of their life. The questionnaire contains 10 statements, rated on a 7-point Likert scale (1 = *absolutely untrue*; 7 = *absolutely true*). Cronbach's alpha coefficient for the MLQP subscale is $\alpha = .82$, while for the MLQS subscale it is $\alpha = .87$.

Results

The results obtained in the Religious Comfort and Strain Scale (RCSS), the Empathic Sensitivity Scale (SWE), and the Meaning in Life Questionnaire (MLQ) for healthy and sick women were analyzed. Statistical analysis was performed using the Student's *t*-test, the Pearson *r* correlation coefficient was calculated, and structural equation analysis was performed.

Level of Analyzed Variables

There were no significant differences (Table 1) between the scores obtained by healthy and sick women on the Religious Comfort and Strain Scale (RCSS),

the Empathic Sensitivity Scale (SWE), and the Meaning in Life Questionnaire (MLQ). On the Religious Comfort and Strain Scale (RCSS), both groups of women scored highest on the religious comfort factor (PCR) and on the negative social interactions surrounding religion (NEW) factor. They scored lowest on the negative emotions toward God factor (NEB) and average on the fear-guilt factor (LW). On the Empathic Sensitivity Scale (SWE), both groups of women scored highest on the empathic concern factor (ET) and lowest on the perspective-taking factor (PP) and personal distress factor (OP). Furthermore, on the Meaning in Life Questionnaire (MLQ), both groups of women scored high on the presence of meaning in life (MLQP) and the search for meaning in life (MLQS) factors.

Table 1
Arithmetic Means (M), Standard Deviations (SD), and Results of the Student's t-test for the Group of Healthy and Sick Women Obtained in the Religious Comfort and Strain Scale (RCSS), the Empathic Sensitivity Scale (SWE), and the Meaning in Life Questionnaire (MLQ)

Variable	Healthy women		Sick women			
	M	*SD*	*M*	*SD*	*t*	*p*
PCR	7.56	2.59	7.46	2.81	0.180	.85
LW	4.37	2.38	3.98	2.33	0.836	.40
NEB	3.32	2.26	3.37	2.06	-0.120	.92
NEW	5.24	2.14	5.11	2.09	0.313	.75
PP	3.00	0.56	3.20	0.57	-1.845	.06
OP	3.12	0.75	3.26	0.88	-0.901	.37
ET	4.79	0.63	4.88	0.70	-0.665	.50
MLQP	5.20	1.33	5.31	1.43	-0.403	.68
MLQS	5.49	1.22	5.74	1.06	-1.093	.27

Note. PCR = Religious comfort; LW = Fear-guilt; NEB = Negative emotions toward God; NEW = Negative social interactions surrounding religion; PP = Perspective-taking; OP = Personal distress; ET = Empathic concern; MLQP = Presence of meaning in life; MLQS = Search for meaning in life.

Correlation Analysis

To show the covariation of variables obtained in the Religious Comfort and Strain Scale (RCSS), the Empathic Sensitivity Scale (SWE), and the Meaning in Life Questionnaire (MLQ) for healthy and sick women, the Pearson correlation coefficient *r* was calculated.

In the group of healthy women (Table 2), a significant relationship was found between religious comfort (PCR) and negative emotions towards God (NEB) ($r = -.41, p < .01$) and the presence of meaning in life (MLQP) ($r = .47, p < .01$), as well as between fear-guilt (LW) and negative emotions towards God (NEB)

($r = .41, p < .01$), negative social interactions surrounding religion (NEW) ($r = .57$, $p < .01$) and personal distress (OP) ($r = -.38, p < .01$). There is a significant relationship between negative emotions toward God (NEB) and negative social interactions (NEW) ($r = .51, p < .01$) as well as the presence of meaning in life (MLQP) ($r = -.54, p < .01$). Negative social interactions surrounding religion (NEW) are related to the presence of meaning in life (MLQP) ($r = -.40, p < .01$). Perspective-taking (PP) is significantly related to empathic concern (ET) ($r = .52$, $p < .01$) and the search for meaning in life (MLQS) ($r = .32, p < .05$). Furthermore, the presence of meaning in life (MLQP) is significantly related to the search for meaning in life (MLQS) ($r = .32, p < .05$).

Table 2
Pearson Correlation Coefficients (r) for Variables Obtained in the Religious Comfort and Strain Scale (RCSS), the Empathic Sensitivity Scale (SWE), and the Meaning in Life Questionnaire (MLQ) for Healthy Women

Variable	1	2	3	4	5	6	7	8
1. PCR	–							
2. LW	.25	–						
3. NEB	-.41**	.41**	–					
4. NEW	-.10	.57**	.51**	–				
5. PP	-.17	-.16	-.10	-.06	–			
6. OP	.01	-.38**	-.10	-.25	-.04	–		
7. ET	-.12	-.21	-.07	-.09	.52**	.14	–	
8. MLQP	.47**	-.13	-.54**	-.40**	.02	-.06	.12	–
9. MLQS	.24	.19	-.08	.20	.32*	-.27	.03	.32*

Note. PCR = Religious comfort; LW = Fear-guilt; NEB = Negative emotions toward God; NEW = Negative social interactions surrounding religion; PP = Perspective-taking; OP = Personal distress; ET = Empathic concern; MLQP = Presence of meaning in life; MLQS = Search for meaning in life.
*$p < .05$. **$p < .01$.

In the group of sick women (Table 3), a significant relationship is found between religious comfort (PCR) and negative emotions towards God (NEB) ($r = -.36, p < .01$), personal distress (OP) ($r = -.34, p < .05$), and the presence of meaning in life (MLQP) ($r = .32, p < .05$). Fear-guilt (LW) has a significant relationship with negative emotions towards God (NEB) ($r = .47, p < .01$) and the presence of meaning in life (MLQP) ($r = -.37, p < .01$). There is a significant relationship between negative emotions toward God (NEB) and negative social interactions (NEW) ($r = .27, p < .05$), personal distress (OP) ($r = .28, p < .05$), and the presence of meaning in life (MLQP) ($r = -.28, p < .05$). Perspective-taking (PP) is significantly related to empathic concern (ET) ($r = .55, p < .01$) and the presence of meaning in life (MLQP) ($r = -.28, p < .05$). Personal distress (OP) is

significantly related to empathic concern (ET) ($r = .28$, $p < .05$). Furthermore, the presence of meaning in life (MLQP) is significantly related to the search for meaning in life (MLQS) ($r = .40$, $p < .01$).

Table 3
Pearson Correlation Coefficients (r) for Variables Obtained in the Religious Comfort and Strain Scale (RCSS), the Empathic Sensitivity Scale (SWE), and the Meaning in Life Questionnaire (MLQ) for Sick Women

Variable	1	2	3	4	5	6	7	8
1. PCR	–							
2. LW	.18	–						
3. NEB	-.25	.47**	–					
4. NEW	-.36**	.18	.27*	–				
5. PP	-.06	.00	.04	-.13	–			
6. OP	-.34*	.15	.28*	.07	-.03	–		
7. ET	-.03	-.03	.03	-.26	.55**	.28*	–	
8. MLQP	.32*	-.37**	-.28*	-.21	-.28*	-.09	-.22	–
9. MLQS	.16	-.14	-.17	-.04	-.19	.03	-.24	.40**

Note. PCR = Religious comfort; LW = Fear-guilt; NEB = Negative emotions towards God; NEW = Negative social interactions surrounding religion; PP = Perspective-taking; OP = Personal distress; ET = Empathic concern; MLQP = Presence of meaning in life; MLQS = Search for meaning in life.
*$p < .05$. **$p < .01$.

Mediation Analysis

The results of the correlational analysis showed significant associations between religious struggles, empathy, and meaning in the lives of sick and healthy women. They did not provide a clear answer to the question of the role of comfort, religious struggles, and empathy in shaping women's meaning in life. To deepen this issue, a structural equation analysis was performed using the PROCESS 4.3 macro (Hayes, 2022), which showed the mediating role of empathy.

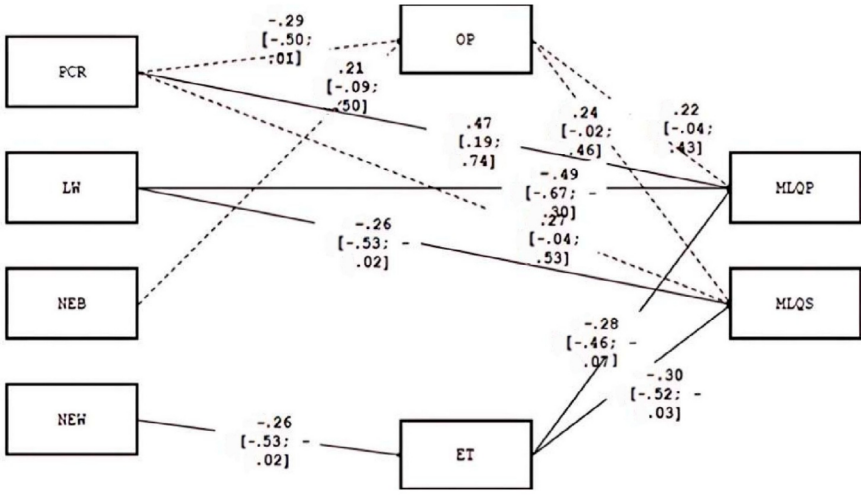
Two models were developed. One for sick women and the other for healthy women. The models included the following elements of religiosity as explanatory variables: religious comfort (PCR), fear of guilt (LW), negative emotions toward God (NEB), and negative social interactions related to religion (NEW). The mediating variables were empathy: perspective taking (PP), personal suffering (OP), empathic concern (EP), while the explained variables were the presence of meaning in life (MLQP) and the search for meaning in life (MLQS).

In this study, structural equation modeling (SEM) was used, which allows for the simultaneous testing of complex relationships between latent variables

and accounts for measurement error. An initial assessment of the model fit indices in both healthy and ill groups showed that the model did not meet acceptable criteria. However, several statistically significant relationships were identified, potentially indicating important connections between variables. Due to the observed effects, paths with a strength of association indicating a weak relationship between variables (β ≥ .16) were reduced in each model. This ultimately led to the removal of at least one mediator from each model. The models showed a good fit to the empirical data. The results after reduction are presented in path diagrams (Figures 1 and 2). Effect sizes were interpreted according to Cohen (2016).

Figure 1

Empathy as a Mediator of the Relationship between Religious Comfort, Religious Struggles, and the Meaning in Life among Healthy Women



Note. PCR = Religious comfort; LW = Fear-guilt; NEB = Negative emotions toward God; NEW = Negative social interactions surrounding religion; OP = Personal distress; ET = Empathic concern; MLQP = Presence of meaning in life; MLQS = Search for meaning in life. Solid lines indicate significant paths. Dashed lines indicate non-significant paths.

The analyzed SEM model (Figure 1) meets the criteria of a good fit. The CMIN (11.54, p = .04), CMIN/df (1.05), CFI (.99), SRMR (.079), and RMSEA (.03, 95% CI [.000, .149]) indices demonstrate the satisfactory quality of the model for healthy women. The analysis of the individual paths showed that negative social interactions surrounding religion were a significant negative predictor of empathic concern, β = -.26, p < .05, indicating that the stronger the negative social interactions surrounding religion, the lower the level of empathic concern. A higher level of empathic concern was also associated with a lower sense of the

presence of meaning in life, β = -.28, p < .05. Furthermore, empathic concern had a negative impact on the search for meaning in life, β = -.30, p < .05, suggesting that more caring individuals may be less likely to engage in an active search for meaning in life.

In turn, religious comfort significantly contributed to a greater sense of the presence of meaning in life, β = .47, p < .05. At the same time, individuals experiencing a higher level of religious comfort may have felt a stronger meaning in life, indirectly through greater personal distress. On the other hand, the fear-guilt factor was negatively associated with the presence of meaning in life, β = -.49, p < .05, indicating that individuals with a stronger sense of guilt and anxiety experienced a lower level of meaning in life. Among the relationships with biased significance, it was noted that negative emotions toward God may have promoted a higher level of personal distress, β = .21, p > .05. In turn, religious comfort tended to lower the level of personal distress, β = -.29, p > .05, which may suggest that higher religious comfort promoted a lower sense of personal distress.

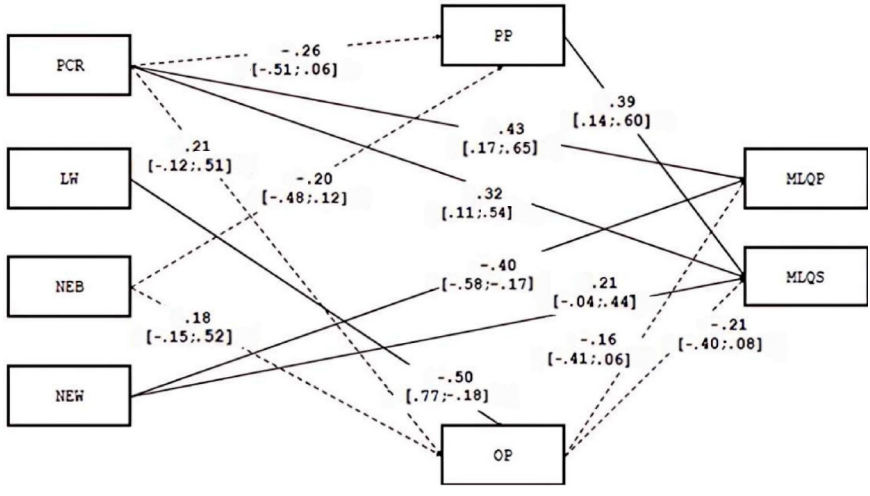
It was also shown that religious comfort could support the search for meaning in life, β = .27, p > .05, whereas fear-guilt showed the opposite tendency, β = -.26, p < .05, which suggests that greater fear and guilt could hinder the active search for meaning in life. Personal distress tended to have a positive effect on the search for meaning in life, β = .24, p > .05, which may indicate that a higher level of personal discomfort encouraged reflection on the meaning in life. Furthermore, a similar tendency was observed with regard to the presence of meaning in life, β = .22, p > .05, where higher personal distress could promote a sense of greater meaning in life.

In the presented model (Figure 1), two statistically significant mediation effects were found on the paths: NEW = > ET = > MLQS, β = .04, 95% CI [.002, .115], and NEW = > ET = > MLQP, β = .05, 95% CI [.003, .157]. This means that empathic concern is a mediator between negative social interactions surrounding religion and meaning in life in both examined aspects.

The analyzed SEM model (Figure 2) meets the fit criteria. The CMIN (10.53, p = .03), CMIN/df (1.05), CFI (.99), SRMR (.055), and RMSEA (.04; 95% CI [.000, .162]) indices indicate the good quality of the model for sick women. Religious comfort turned out to be a significant positive predictor of the presence of meaning in life, β = .43, p < .05. This result shows that people who more often experienced religious comfort were also more likely to feel a greater presence of meaning in life. Additionally, religious comfort significantly promoted the search for meaning in life, β = .32, p < .05, which suggests that people who more often used religious comfort were more engaged in an active search for meaning in life. Fear-guilt significantly negatively predicted the level of personal distress, β = -.50, p < .05, which means that individuals experiencing greater fear and guilt

experienced lower levels of personal distress. Moreover, negative social interactions surrounding religion) are significantly associated with the presence of meaning in life, β = -.40, p < .05, and the search for meaning in life, β = .21, p < .05. In turn, perspective-taking had a significant, positive effect on the search for meaning in life, β = .39, p < .05, indicating that individuals with higher levels of this ability were more likely to seek meaning in life actively.

Figure 2
Empathy as a Mediator of the Relationship between Religious Comfort, Religious Struggles, and the Meaning in Life among Sick Women



Note. PCR = Religious comfort; LW = Fear-guilt; NEB = Negative emotions toward God; NEW = Negative social interactions surrounding religion; PP = Perspective-taking; OP = Personal distress; MLQP = Presence of meaning in life; MLQS = Search for meaning in life. Solid lines indicate significant paths. Dashed lines indicate non-significant paths.

Religious comfort tended to positively predict personal suffering, β = .21, p > .05, which may indicate that higher levels of religious comfort may have promoted higher levels of personal suffering and perspective-taking, β = -.26, p > .05. Furthermore, negative emotions toward God tended to negatively predict perspective-taking, β = -.20, p > .05, and positive personal stress, β = .18, p > .05. Personal stress tended to predict the search for meaning in life negatively, β = -.21, p > .05, which means that individuals demonstrating a higher level of this ability were more likely to engage in an active search for meaning in life and the presence of meaning in life, β = -.16, p > .05.

Analysis of indirect effects showed (Figure 2), a single trend in the path: PCR = > PP = > MLQS, β = -.07, 95% CI [-.195, .002], which may indicate

that perspective-taking may be a mediator of the relationship between religious comfort and search for meaning in life among sick women.

Discussion

This study aimed to show the role of religious comfort and religious struggles in the process of shaping empathy and meaning in life in women who had COVID-19, as well as in women who did not have COVID-19. Furthermore, the study demonstrates the potential of religiosity in shaping mental health aspects such as empathy and meaning in life. Based on the obtained results of the research on the analyzed issue, the research hypotheses were verified.

The first hypothesis suggests that women who have had COVID-19 show higher levels of religious comfort and fear-guilt than healthy women. This hypothesis has been partially falsified. The analysis did not show significant differences in this respect. However, healthy women scored higher on religious comfort and medium fear-guilt. This means that healthy women had a greater sense of trust in God and were more preoccupied with their own guilt and a sense of lack of forgiveness from God than sick women. Some studies suggest that religion provides significant support in experiencing difficult situations and illness, and people with mature religiosity are characterized by increased resistance to the pandemic. For example, it has been shown that in Nigeria and India, the COVID-19 pandemic contributed to an increase in religious commitment in a significant number of the studied people (Fatima et al., 2022). In turn, as noted by Thuné-Boyle and his colleagues (2013), the experience of illness does not necessarily have to be perceived by women as a punishment and rejection by God.

Hypothesis two suggests that sick women show higher levels of personal distress and empathic concern than healthy women. The hypothesis was rejected. The difference between the two groups is insignificant in this respect. However, sick women showed higher levels of personal distress and empathic concern. This means that sick women experienced stronger negative emotions in connection with the suffering experienced by others and were more likely to show compassion for other people. This research was confirmed by previous research by Baiano et al. (2022), which showed that the pandemic had both a positive and negative impact on the cognitive and emotional dimensions of empathy and perspective-taking. The lack of differentiation in personal distress and empathic concern between sick and healthy women, as mentioned by the researchers (Sokhanvar et al., 2023), may sometimes suggest that it is associated with the search for similar forms of adaptation to the pandemic situation.

The third hypothesis suggests that sick women show a lower level of the sense of the presence of meaning in life, and a higher level of searching for meaning in life than healthy women. The hypothesis was rejected. There are no significant differences between the studied groups of women. Both groups are characterized by a high level of presence and searching for meaning in life. However, sick women are characterized by a higher level of searching for meaning in life and the presence of meaning in life than healthy women. According to Dacka (2022), situations that threaten the loss of security, characterized by uncertainty and misunderstanding, raise the question of the meaning in life in a person's life. Current research suggests that the experience of the pandemic, i.e., a situation that increases the sense of lack of security and uncertainty, could have increased reflection on the meaning in life in both sick and healthy women. Additionally, faith and their religious practices played the role of supporting factors in experiencing life's difficulties, even such as illness or death, and helped to give them meaning (Dacka, 2022; Głaz, 2020).

Hypothesis four suggests that in the lives of sick women, there is a stronger positive relationship between religious comfort and the search for meaning in life than in healthy women. The hypothesis was rejected. In both groups of women, significant correlations are observed between religious comfort and the search for meaning in life. However, a stronger positive relationship between religious comfort and the search for meaning in life is observed in healthy women. The stronger relationship in healthy women may indicate greater involvement in religious practices and feeling the presence of God, which may have been lacking in women sick with COVID-19. Sick women, due to their illness and possible quarantine, may have been deprived of the opportunity to participate in services, participate in the sacraments, and may have spent less time on personal prayer, which in turn may have contributed to a deepening lack of religious comfort in their lives.

Hypothesis five suggests that in the lives of healthy women, there is a stronger negative relationship between negative emotions towards God and the presence of meaning in life than in sick women. The hypothesis is true, there are no grounds for rejection. This hypothesis was confirmed. In the lives of both women who were sick and those who did not have COVID-19, there is a significant negative relationship between negative emotions towards God and the presence of meaning in life, but it is stronger in healthy women. Although religiosity is positively associated with meaning in life as well as in the experience of illness, experiencing a relationship with God can also lead to feeling anger towards God when experiencing difficult situations, as indicated by Exline's research (2011). COVID-19, due to its rapid spread and high contagiousness, is often associated with the risk of infecting loved ones. Fear of the consequences of the experienced disease was associated with concern not only for one's own health and life, but also for the health of loved ones, which can also cause rebellion and anger directed towards God.

Hypothesis six suggests that in the lives of sick women, there is a stronger negative relationship between fear-guilt and the search for meaning in life than in healthy women. This hypothesis has been partially falsified. In both groups of women, the relationship between fear-guilt and the search for meaning in life is insignificant. In the group of healthy women, the relationship is positive, while in the group of women who have had COVID-19, it is negative. This suggests that fear-guilt, which concerns the confrontation with one's own moral imperfection, related to the evaluative dimension of women's conscience, and at the same time is often a source of internal tensions, does not significantly affect the existential variable, which is the search for meaning in life. As other studies indicate, these are two different dimensions of human life, and each of them often plays a different function in human life (Krok et al., 2023).

Hypothesis seven suggests that in the lives of sick women, there is a stronger negative relationship between personal distress and the presence of meaning in life than in healthy women. This hypothesis was rejected. In both groups of women, the relationship is negative and insignificant. It was suggested that women who are sick due to their own illness tend to experience greater distress than healthy women, as indicated by previous studies (Chasson et al., 2021). Hence, it was expected that the relationship between personal distress and the presence of meaning in life, in the lives of sick women, would be stronger than in healthy women. The obtained result may suggest that the sense of the presence of meaning in life in women during the pandemic is more influenced by other variables, which have not been taken into account in this study. Studies suggest (Stone, 2022) that these may be openness to experience, lack of a sense of security, and lack of acceptance of the disease.

Hypothesis eight suggests that in the lives of sick women, there is a stronger positive relationship between empathic concern and the presence of meaning in life than in healthy women. This hypothesis was rejected. In the group of sick women, the relationship is negative, while in healthy women, positive. However, in both groups of women, the relationship is insignificant. This suggests that compassion for others does not promote the presence of meaning in life. The negative relationship between empathic concern and the presence of meaning in sick women could be explained by the fact that sick women experienced the effects of the disease to a greater extent than unaffected women. Hence, compassion for others could be seen as depriving oneself of one's own creative powers useful during illness (Calandri et al., 2019). On the other hand, healthy women who did not directly face the disease may have had a lower ability to imagine and understand what a sick person experiences.

Hypothesis nine, which suggests that illness has a significant impact on the presence and search for meaning in women's lives, was verified. Structural equation analysis in both models, for healthy and sick women, revealed a similar role for

religious comfort as a factor, supporting the presence of meaning in life and the search, while simultaneously showing an unfavorable effect of fear-guilt on these aspects of meaning in life. In the group of healthy women, empathic concern played a key role in the mediation and was associated with decreases in the level of presence and the search for meaning in life. Moreover, empathic concern explained the influence of negative social interactions surrounding religion on the experienced meaning in life. On the other hand, in sick people, perspective-taking became more important – it is more strongly associated with the search for meaning in life, and at the same time associated with a lower sense of the presence of meaning, which did not occur in the lives of healthy women. Additionally, in the group of sick women, relationships were observed between fear-guilt and personal distress, as well as tendencies suggesting that an increase in religious comfort may be associated with an increased level of personal distress.

Both models emphasize the importance of religious struggles and the mediating role of empathy in shaping the sense of meaning in life. However, the mediating contribution of individual aspects of empathy to the above-mentioned relationships was varied. This may suggest that individual aspects of empathy do not mediate the relationships between religious struggles and the presence of meaning in life and the search for meaning in life to the same extent, and that sometimes, to a varying extent, the effects of the pandemic were perceived in terms of limitations and unfavorable changes related to women's personal beliefs and goals (Krok et al., 2023).

Limitations of the Research

The analyzed issue fills the gap in scientific research related to the effects of the pandemic on women who were and were not ill with COVID-19. However, it should also be emphasized that the work has certain limitations. The women studied were residents of Małopolska, which may also have affected the research results. Both groups of women participants constituted a small research sample. In addition, most of the study participants were affiliated with the Roman Catholic Church and declared themselves believers and practicing Catholics. In addition, the self-report method was not used. In the future, the research should include a larger group of believers and practicing women from other regions of Poland. These could also be women of other religious denominations or non-practicing believers. Reaching this type of group of women would require a change in the form of research, including the introduction of an initial selection. However, in order to expand knowledge on the analyzed issues, it would be necessary to diversify the research group and repeat the research using other tools to measure religiosity, empathy, meaning in life, and attitude towards the pandemic.

Implications

The knowledge obtained from the conducted research can provide clinical psychologists and healthcare workers, including hospice workers and volunteers, with a deeper understanding of the needs of patients experiencing a serious illness. The results of this research can also be helpful to specialists in other fields, such as sociologists, social workers, or therapists, for whom the search for environmental factors affecting society's quality of life is essential. The analysis of the experience of illness in the context of faith is also a source of important knowledge for the clergy that can be used in pastoral work. Knowing the relationships between individual factors, one can also plan preventive actions and psychoeducation in the area of the influence of religiosity and empathy on the quality of life. The current results can be an inspiration for a creative search for the meaning in life and a deepening of its understanding. In addition, this work can be a source of hypotheses useful for further research.

Conclusions

The analysis of the connections between religious comfort and religious struggles, empathy, and the meaning in life of Polish women, in the context of the experienced pandemic, as well as the COVID-19 disease, has certainly contributed to addressing questions about the meaning in life. For believers and practitioners, the pandemic has often been an opportunity to reflect on their own religiosity, the quality of their relationship with God, and their relationship with other people. The following conclusions have been drawn from the research on religious comfort and religious struggles, empathy, and the sense of meaning in life of women experiencing the COVID-19 pandemic. Women, both those who had COVID-19 and those who did not, were characterized by a high level of religious comfort and a sense of the presence of meaning in life, and searching for meaning in the experienced pandemic situation. This suggests that the indicated level of religious comfort and the sense of meaning in life support women in the experience of the disease related to COVID-19. As researchers show (Coppola et al., 2021), mature religiosity plays and can play important roles not only in discovering the meaning in life, but also in the way of coping with illness. Hence, it is important to take care of the development of one's own religiosity, as well as to constantly search for and discover the meaning in life associated with traumatic events.

Both groups of women demonstrate a lack of a significant relationship between religious comfort and the search for meaning in life. Numerous studies indicate a positive and significant relationship between religiosity and meaning in life.

The current research suggests that both groups of women perceived the pandemic as a non-limiting obstacle to the realization of their own life plans and goals and as a harmless event (Krok, 2017). It was an event that did not mobilize them to search for a deeper meaning in life. On the other hand, religious comfort is strongly associated with the presence of meaning in life in the lives of healthy and sick women. This suggests that religious comfort, which is more related to the spiritual sphere of a person, has a large share in women's belief that human life has meaning and that a person can freely pursue their chosen goals. The current results provide new empirical data helpful in understanding the relationship between religion and meaning in life and related to one's own health.

In the group of healthy women, empathic concern played a key role in mediation, which was both associated with a lower level of presence and search for meaning in life, and also explained the influence of negative social interactions surrounding religion on the presence of meaning in life. In the group of sick people, perspective-taking became more important – it is more strongly associated with the search for meaning in life, and at the same time, it is associated with a lower sense of the presence of meaning, which did not occur in the lives of healthy women. The contribution of individual aspects of empathy was varied. It was expected that empathy, which is manifested in the ability to imagine, experience, and understand what the other person feels, plays an important mediating role between religious comfort and religious struggles and the presence and search for meaning in the lives of sick and healthy women. The current research confirmed to a small extent, the process of supporting empathy in the search for and presence of meaning in women's lives. This indicates a certain independence of empathy in this process. As researchers point out, during traumatic events, empathy does not always play a supporting role for those affected by the disease; it is necessary to refer to other available resources to achieve the best possible adaptation.

The events related to the COVID-19 pandemic, as well as recently to the war in Ukraine, have certainly contributed to readdressing extremely difficult questions regarding human existence. The knowledge obtained on the basis of the analyzed variables and research results provides us with many interesting observations regarding religiosity, empathy, and the sense of meaning in life during the pandemic in the lives of women who have and have not had COVID-19. The knowledge gained is all the more valuable because of the visible lack of such studies. It was expected that the connections between religious comfort and religious struggles, empathy, and the meaning in life would be stronger among women, which is why further research is needed in these areas. Nevertheless, the obtained results may be useful for creating new hypotheses and for a deeper understanding of the disease associated with COVID-19.

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Original Article

The Role of Religious Comfort and Religious Struggles in Shaping the Meaning in Life in Polish Women after Stillbirth

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Abstract

Objective of the study: Religion often plays a positive role when a person goes through difficult experiences. The study aimed to show the role of religious comfort and religious struggles in shaping the presence and search for meaning in life in the lives of believing and practicing women after stillbirth. Method: The study was conducted in Poland. Sixty-four women who experienced the loss of a child as a result of a stillbirth that occurred after the 22nd week of pregnancy participated in the study. The following measurement instruments were used: The Religious Comfort and Strain Scale (RCSS) and The Meaning in Life Questionnaire (MLQ). Results: The analysis shows that women after stillbirth manifest a high level of religious comfort, a medium level of fear-guilt, negative emotions towards God, and a low level of negative social interaction around religion. They present a higher level of the presence of meaning in life than the search for meaning in life. In addition, in women's lives, religious comfort has a significant and strong positive relationship with fear-guilt and a negative relationship with negative emotions toward God. Regression analysis shows that religious comfort, negative emotions toward God, and negative social interactions around religion have a stronger, more significant relationship with the search for meaning in life than with the presence of meaning in life. Moreover, as the model indicates, religious comfort has a direct, positive, and stronger relationship with the presence of meaning in life than with the search for it. Furthermore, religious comfort is positively related only to negative social interactions related to religion, which play a mediating role and are positively related more strongly to the search for meaning in life than to the presence of meaning in life. Conclusions: The knowledge gained can help women understand the specifics of child loss. It can foster a better understanding of their emotional states and experiences, especially in seeking psychological and spiritual help. It can be useful for psychotherapists, psychiatrists, and even pastoral workers, as well as others involved in providing support in situations after pregnancy loss.

Keywords: religious comfort, religious struggles, meaning in life, women, stillbirth

Religion is recognised by many researchers as an important source to support the discovery of the meaning in life. It reinforces core beliefs about human subjectivity, points to the purposes of life, and places human life in a broader context. It provides answers to questions related to life, suffering, and death (Batson & Stocks, 2004; Emmons, 2005). The supportive role of religion is often evident in situations of misunderstanding and difficulty, such as the loss of a child, illness, or sudden death (Baumsteiger & Chenneville, 2015).

In the process of developing spiritual and religious life (s/r), it is not uncommon for people to be accompanied by two distinct component states: religious comfort and religious struggle. They relate to spiritual reality and involve man's relationship with God, and they also relate to religious reality and involve religious teaching, religious practices, or the moral sphere. They can also sometimes become a source of comfort, distress, or cause conflict. They involve both the spiritual, physical, and psychological spheres of a person (Exline et al., 2015).

This article will explore the relationship between religious comfort and religious struggles and the meaning in life among Roman Catholic women living in Poland who experienced stillbirth. It will also attempt to demonstrate the role of religiosity in shaping the meaning in life in these women.

Religious Comfort and Religious Struggles

An analysis of the spiritual and religious life (s/r) indicates that the life of a Christian growing in faith goes through three intertwined periods, or states: the quiet season, religious comfort, and spiritual struggles (Głaz, 1995). The first of these fills most of human life. We deal with it when various spirits and unforeseen situations do not litter the soul, so that it can use its natural and spiritual powers freely and calmly (Klass, 2014; Pargament, 1997). Comfort is reassuring, and to console is to bring comfort or relief to someone. Understood in this way, consolation flows from the natural workings of the human psyche and body. No extraordinary intervention of God is needed for its occurrence (Mahmood & Tayib, 2019; Pineau, 2008).

The case is different for spiritual comfort, which is deceptively similar to the aforementioned, but does not come directly from us, but is aroused from outside by God. Religious comfort is a spiritual experience (Głaz, 2023). It takes place when a certain inner stirring arises in the soul, whereby the soul is kindled in love towards its Creator (Krok et al., 2014). Religious comfort flows from faith and strengthens it. On man's spiritual journey, it is a clear sign of God's presence to them and a particular experience of His presence. It demands someone else. It is a state, not a momentary and fleeting feeling or emotion (Gallagher, 2016).

According to some theologians, authentic comfort is a gift from God and reveals many mysteries. A person receives it so that they can grow in goodness (Rahner, 1961). Thus, it is a source of encouragement and tension, integrates and disintegrates, and brings solace (Klass, 2013). It fosters the removal of many obstacles that could sometimes separate one from God. The function of this experience is to strengthen a person on their way to a deeper relationship with God. From a psychological perspective, such an experience evokes a soothing peace and sense of security in a person, reduces stress, allows distraction from daily worries and drudgery, but also becomes a source of additional life energy (Exline & Rose, 2013; Kotlewski, 2009). However, as researchers point out, despite its many supportive benefits, religious consolation can also provide people with a sense of confusion and uncertainty (Głaz, 1995). In the context of stillbirth, religious comfort should not be understood only as a general spiritual state, but as a potential resource used by bereaved women in the process of coping with the loss of a child. In such circumstances, religious comfort may be experienced as a sense of being supported by God, the possibility of entrusting the lost child to God, and a belief that the loss can be integrated into a broader existential or religious meaning.

Living a s/r life can be a source of comfort and support in difficult situations, but it also contains significant potential for internal tensions and struggles. Not only does it provide benefits, but it is also often a source of stress and internal insecurities. Religious struggles are a concept that encompasses a wide range of religious elements (Haney & Rollock, 2020; Wielgus, 2020). They focus specifically on people's beliefs, perceptions, and emotions related to God or a higher power. They concern feelings of guilt about personal sin, doubts about religious doctrine, conflict, religious doubt, tension connecting to matters of faith, bonding with God, relationships with religious leaders, and believers. Most often, these relate to the understanding of God (Szcześniak & Timoszyk-Tomczak, 2020). For example, someone may fear punishment if they believe they have offended God, and experience anger if they see God as cruel or responsible for unjust suffering (Exline & Rose, 2013). Other struggles can be intrapersonal, when people face their own moral failures, when there is a conflict of values and cognitive discomfort; the struggles discussed can also be interpersonal, when there are disagreements between religious communities on religious grounds, undesirable relationships between religious people, or when there is ideological conflict (Bassett & Bussard, 2021).

This kind of experience is a time of trial for the individual, of inner turmoil, resulting also in spiritual purification. Both periods – of comfort and of struggle – are associated with a rich palette of feelings that suddenly come to the fore and permeate all human activities (Kotlewski, 2009). Intense feelings can cause us considerable difficulties because they motivate us to make all sorts of sudden changes (Pargament et al., 2004).

The Meaning in Life

Psychologists of the existential orientation believe that the experience of meaning in life lies at the core of human existence. According to some researchers, when analysing the structure of the meaning in life, it is necessary to take into account its ontological aspect, which concerns the value of life as a good in itself, and its psychological dimension, which refers to the subjective experiencing of life and the experience of life events (Klamut, 2002). Most researchers have defined meaning in life as an individual's belief in the purposeful pattern of the universe and his or her sense that life has meaning (Ryff & Keyes, 1995). Frankl (2006) defined meaning in life as the natural human need to find conscious meaning that leads to a healthy and well-adjusted life. It becomes a source of strength for confronting adversity and everyday challenges, and thus has an important motivational function. Schwartzberg and Janoff-Bulman (1991) defined meaning in life as positive valuing beliefs about the coherence of the world and one's own life, which provides a sense of wonder and enjoyment of life.

According to Steger et al. (2008), at its core, the meaning in life refers to human beliefs that human life is meaningful and that it transcends the transitory present. The meaning in life involves its search and presence. In turn, a person defines seeking, which leads to presence, as an activity associated with sustained effort, marked by persistence and intensity in establishing or extending knowledge about the meaning of one's life. Emmons (2005) defines the meaning of human life as some pursuit of meaningful personal goals coupled with values, which everyone can discover and pursue.

Meaning in life is therefore a phenomenon that relates to the way well-being is understood and is part of multidimensional conceptions of the good life (Ryff, 1989). Some psychologists regard the search for meaning in life as a defence or coping mechanism whose main function is to reassure and give a sense of security (Park, 2010, 2022; Popielski, 2008). This mechanism remains extremely important for humans, especially in difficult and threatening situations (Głaz, 2002). Moreover, it protects against frustration and a pervasive sense of meaninglessness (Popielski, 2008).

In existential psychology, it is crucial to confront a person's most difficult life experiences, not just to develop them (Popielski, 2008). Human life experiences can be interpreted both positively and negatively. Amongst the positive ones, we can include the realisation of one's goals and plans, while the negative ones include experiences that are most often associated with personal tragedy, for example, death, suffering, war, illness (Głaz, 2002). A person may also experience a lack of a sense of meaningful existence as a result of life experiences. It is commonly believed that a sense of meaninglessness is the result of a preponderance of negative

experiences over positive ones. The accumulation of negative episodes in life often leads a person to a loss of meaning in life and existential emptiness (Głaz, 2023).

The experience of the meaning in life is of great importance in a person's life, as it affects his or her physical, mental, and even spiritual state. Religious faith gives the feeling that life does not end with death. Discovering the meaning of one's life facilitates overcoming difficulties and overcoming any crises (Kamińska, 2018), and an individual's quest to realise the meaning of one's existence serves the social good (Adler, 1931). Individuals with a realised sense of life can experience more positive emotions, have greater life satisfaction, a sense of autonomy, independence, and control over their environment. They feel that they are responsible for the good things that happen to them.

A sense of meaning in life helps to cope with stress and makes us feel weaker negative emotions (Wolfram, 2023). In contrast, an unrealised need for a sense of meaning in life, which involves a sense of not realising oneself, can influence the development of dysfunctions and also result in the emergence of existential emptiness, understood as the experience of meaninglessness in life. As a consequence, existential frustration may cause symptoms, i.e., somatic illnesses, hypersensitivity, excessive concentration on oneself, and hyperactivity. A person in such a situation adopts a fatalistic and aggressive attitude towards life (Kamińska, 2018).

Research Problem

Stillbirth – as pointed out by researchers (Pisarski, 1997) – is one of the important causes of the inability to carry a pregnancy to term and also to give birth to a healthy baby. According to Polish law, the loss of a pregnancy before the 22nd week is considered a miscarriage, and after the 22nd week, a stillbirth (Regulation of the Minister of Health of April 6, 2020, Appendix 1).

Stillbirth is a process involving many different sensations. In the beginning, there is most often surprise, fear, shock, and despair, then often anger or grief, and in some women, short-term depression, sadness, and despondency. For many women, feelings of emptiness and longing for the lost child and a sense of loss of meaning in life are also not uncommon (Cacciatore et al., 2008; Sikora, 2014). It is estimated that in Poland, approximately 10–15% of all pregnancies end in stillbirth. Data collected from general hospital activity reports show that in Poland in 2023, almost 39,000 women had their pregnancy terminated by stillbirth (Centre for e-Health, 2024).

A study of women after stillbirth found that there was a lowering of mood, a lack of feelings of pleasure, pessimism, and dissatisfaction with oneself (Guzewicz, 2014; Herbert et al., 2022). Women after stillbirth were irritable in social

interactions and tended to withdraw from them, felt anxious about their own health, had lower self-esteem, and suicidal thoughts were present in some subjects. They often blame themselves and feel responsible for the loss of the child (Sikora, 2014). In the case of recurrent stillbirth, the rate of depression is four times higher and the rate of severe stress twice as high as in women without recurrent stillbirth. The loss of the child also induced disorders in the somatic sphere, including sleep disturbances, increased fatigue, lack of appetite, and difficulties at work (Murlikiewicz & Sieroszewski, 2013). Complicated grief may occur after perinatal loss, including stillbirth or the death of a newborn. In such cases, the grieving process can become prolonged and intense, making it difficult for parents to accept the loss and return to everyday functioning – unlike normal grief that usually changes over time and gradually becomes less overwhelming (Zhang et al., 2024).

The severity of symptoms in the women studied depended on their personality and coping style, with women with an anxious personality and an emotion-focused coping style being the main risk group. In this study, patients with an extroverted personality and openness to experience were better able to adapt to a difficult experience, such as a stillbirth. The most important source of support for women after stillbirth was the husband, while in the hospital, the chaplain – their presence and rational approach helped to regain lost control of life (Nuzum et al., 2018). The support shown by close family and friends is also important, and talking is one way of coping with a difficult situation. Other coping strategies for dealing with loss include engaging in work and focusing on the future (Sikora, 2014).

Women after stillbirth also sought strength in religious faith. Unborn child loss was experienced as a test of their faith in God and seen as a way to experience God's love. Faith brought women relief, as well as peace and trust in God as the giver of life. Women did not direct anger after the loss of a child to God, sometimes seeing their own negative feelings as a threat to their faith (Hamama-Raz et al., 2014). Other studies showed that women who had lost a child presented a negative attitude towards God and a low level of relationship with Him, and blamed Him for the loss of their child. Some parents were convinced that God caused their loss and viewed it as God's punishment for their sins (Downey et al., 1990; Guzewicz et al., 2014).

Women after child loss who attended structured religious workshops at least several times a month were significantly less likely to have high rates of depressive symptoms (Mann et al., 2008), and women who had experienced a stillbirth and who regularly attended church, seeking spiritual comfort in prayer, had lower levels of depression and anxiety than women who attended church irregularly. In addition, frequent attendance at church liturgy by parents who had experienced the loss of a child promoted better well-being and lower levels of anxiety (Thearle et al., 1995).

According to some researchers, the event of stillbirth and its associated consequences can paradoxically foster the strengthening of women's mental health, which manifests itself in the search for a renewed, disturbed sense of life, the formation of a more mature identity, the taking of social action in favour of other people, and the concern for the development of one's religiosity (Popielski, 2008; Roberts & Montgomery, 2015). In contrast, attaching too much attention to the negative consequences of miscarriage often leads to the deterioration and weakening of women's mental and religious health (Cacciatore et al., 2008; Krok, 2017).

The results obtained among women after stillbirth are not homogeneous. There is a conspicuous lack of research on the relationship between s/r and the meaning in life among women who have had a stillbirth. Hence, it seems warranted to show in the lives of women with the experience of stillbirth and its aftermath, who grew up in a Christian family and consider themselves believers and practitioners, the composition of the struggles of s/r and their relationship with the presence of meaning in life, and the search for meaning in life. Both dimensions of the meaning in life refer to human beliefs that human life has meaning, that it has some value, and that it transcends the transitory present (Głaz, 2023). The search for the meaning in life, which leads to a sense and conviction of its presence, is related to activity, effort, and the expansion of knowledge about the meaning of one's life (Steger et al., 2008).

Nuzum et al. (2018) conducted a qualitative study on the experiences of bereaved parents after stillbirth. The study was based on in-depth interviews and aimed to explore how parents experienced the loss of their baby and what forms of support were meaningful to them. The authors showed that stillbirth was experienced not only as a medical event, but also as a profound emotional, relational, and existential loss. The study indicated that parents often experienced shock, disbelief, sadness, despair, emptiness, and a strong need for their baby to be recognised as a real and significant person. The way in which the diagnosis was communicated, the opportunity to see or hold the baby, the creation of memories, and the attitude of healthcare professionals were described as very important elements of the bereavement experience.

It has been suggested that women believers who have had a stillbirth and who, despite experiencing loss, suffering and bereavement, present a mature s/r that is meaning-making, find it easier to understand the meaning of the painful experience (Głaz, 2023; Krok, 2015; Mann et al., 2010), although sometimes s/r can also be a source of tension and struggle (Exline & Rose, 2013; Roesch & Ano, 2003). In addition, a coherent picture of the world and one's own life is sometimes shaken under certain circumstances, which may include the loss of a loved one, suffering, or death. These events threaten the sense of meaningfulness of one's own life (Popielski, 2008). It has been argued that women who experience a stillbirth, despite

the painful experience, see the meaning of their own lives, need to understand the loss of a child, to see the suffering in a new light, while seeking and discovering a deeper meaning for their own lives (Steger et al., 2009).

The purpose of this study is to investigate how religious comfort and religious struggles are related to the presence of meaning in life and the search for meaning in life among Polish women after stillbirth. In relation to the main aim of the study, six hypotheses were formulated.

It is suggested, hypothesis I, that women believers and practice after a stillbirth present high levels of comfort and low levels of negative emotions towards God, fear of guilt and condemnation, and negative social interactions related to religion.

It is suggested, hypothesis II, that women believing and practice after a stillbirth manifest a higher level of search for meaning in life than the presence of meaning in life.

Religious affiliation is a potential resource to help cope with adversity (Roth et al., 2017). These resources allow for better adaptation to new life situations and better coping with stress, especially in the case of the loss of a loved one. When confronted with negative, disruptive events, people need to cope in order to maintain a sense of a coherent picture of their world. When these circumstances involve things that are most important to a person – life, health, safety-from the point of view of human existence, the situation becomes critical, and the need to make sense of it increases (Krok & Zarzycka, 2020).

It is suggested, hypothesis III, that in the lives of believing and practising women after stillbirth, there is a positive and significantly stronger relationship between comfort and the search for meaning in life than between comfort and the presence of meaning in life.

It is assumed, hypothesis IV, that in the lives of female believers and practitioners, there is a negative relationship between comfort and fear-guilt, negative emotions towards God, and negative social interactions around religion.

It is suggested, hypothesis V, that in the lives of believing and practising women after stillbirth, religious comfort and fear-guilt, negative emotions towards God, and negative social interactions around religion have a stronger impact on the search for meaning in life than on the presence of meaning in life.

A coherent worldview is often disrupted by the loss of a loved one, suffering, or death. These events threaten the sense of meaning in one's own life. Individuals affected by this painful experience must understand the loss of a child, view suffering in a new light, and simultaneously seek deeper meaning in the event and their own lives (Steger et al., 2009; Popielski, 2008). Furthermore, research indicates that religiosity not only plays a supportive role in the lives of individuals experiencing illness, suffering, or loss (Krok, 2017; Mann et al., 2008) but also serves an important mediating function (Zarzycka, 2017). The goal was to determine the extent

to which negative religious struggles, such as negative emotions toward God, fear of guilt and condemnation, and negative social interactions related to religion, mediate issues of religious comfort and the presence and search for meaning in life in religiously practicing women who have experienced loss.

Hypothesis VI assumes that in the lives of believing and practicing women after stillbirth, religious comfort has a positive, direct, and indirect, stronger effect on the search for meaning in life than on the presence of meaning in life, with fear--guilt, negative emotions towards God, and negative social interactions related to religion playing a negative mediating role.

Method

Women Examined

Sixty-four women who had experienced the loss of a baby through stillbirth after the 22nd week of pregnancy participated in the study. The women's ages ranged from 27 to 49 years (M = 41.87, SD = 6.31). All women were born in Poland and raised in a Christian family. 77.6% of the women declared themselves as believers and 22.4% as very believers.

73.3% of the women had a tertiary education, 20% had secondary education, 6.7% had only primary school. 91% of the women were married, 9% were living single. 86.7% of women have offspring, of which 35% have one child and 65% have two or more children. 41.7% of women have had a stillbirth twice in their lives, 31.8% women once, and 26.5% of women three times.

63.3% of the women believe that after losing a child, they were most often accompanied by sadness, 21.2% of the women by despair, and 15.5% by anxiety. 33.3% of the women surveyed said they received support from family and friends, and 16.7% from a psychologist. 11% of women received support from a priest, and 9% from a support group. 30% of the women surveyed said they did not receive any support.

The study received ethical approval from Ignatianum University in Cracow. An information leaflet was then provided, which indicated the purpose of the study and encouraged women to complete the questionnaires accurately. The recruitment process involved the women agreeing to participate in the study, which was completely anonymous. Eighty-seven women were approached to participate in the study, and sixty-four agreed to participate, so the response rate was almost 74%. All the participants provided written informed consent to complete the questionnaire. Each woman was given contact information if one of them needed additional support. Several women reported that they needed it and made use of the psychological and pastoral support offered.

Research Tools

Women participating in the study after a stillbirth completed two questionnaires to measure comfort and religious struggle, and the presence of meaning in life and the search for meaning in life. In order to verify the formulated hypotheses, a quantitative research approach was adopted, as it allowed for the standardized measurement of the analyzed variables and the statistical assessment of the relationships between them. The Religious Comfort and Strain Scale (RCSS) and the Meaning in Life Questionnaire (MLQ) were selected because they directly correspond to the key constructs examined in the study.

The Religious Comfort and Strain Scale (RCSS) questionnaire was constructed in an American setting by Exline and colleagues (Exline et al., 2000). It is an authoritative tool used to assess the extent to which individuals experience comfort with God and the types of struggles associated with religion (Exline & Rose, 2013). The scale was adapted to Polish conditions by Zarzycka (2014). It contains four subscales. Religious comfort (PCR) refers to feelings of trust in God, perceiving God as an omnipotent, supportive, and caring person, perceiving faith as a source of strength, harmony, peace, and a sense of meaning. Negative emotions towards God (NEB) include negative feelings towards God, seeing God as unjust, cruel, untrustworthy, and abandoning people. Fear-guilt (LW) refers to preoccupation with one's own guilt, sin, and feeling unforgiven by God. Negative social interaction around religion (NEW) includes negative emotions and relationships with other believers. Items are rated on a 10-point Likert scale (0 = *not at all*; 10 = *very much*). The Cronbach's alpha coefficient for each subscale was $.56 \leq \alpha \leq .96$. In the current study, the Cronbach's alpha coefficient is $.60 \leq \alpha \leq .76$.

The Meaning in Life Questionnaire (MLQ) was constructed by Steger and colleagues (Steger et al., 2006). This tool was adapted to Polish conditions by Kossakowska et al. (2013). The questionnaire measures the meaning in life in two time perspectives: the present and the future. The two time perspectives are complementary, as the researchers assume that both the presence of meaning in life and the search for it are important for assessing the meaning of an individual's life as a whole. The questionnaire consists of 10 questions, which were assigned a 7-point Likert scale: from *absolute untruth* (= 1) to *absolute truth* (= 7). The questions in the MLQ-P subscale refer to the presence of meaning in life – they measure the declared, obtained meaning in life and its realisation. In contrast, the questions in the MLQ-S subscale relate to the search for meaning in life, the need for ongoing meaning and purpose in a person's life. Cronbach's alpha coefficient as an indicator of the reliability of the questionnaire for the ten test items was .79. In the current study, for the subscale presence of meaning in life, Cronbach's alpha coefficient was .78, and for the subscale search for meaning in life, it was .60.

Results

The data obtained for women after stillbirth on the Religious Comfort and Strain Scale (RCSS) and the Meaning in Life Questionnaire (MLQ) were statistically and psychologically analysed.

Level of Analysed Variables

The results of women after stillbirth were interpreted by referring to the obtained descriptive statistics and psychological data.

Table 1
Descriptive Statistics and Relativity for Variables Obtained on the Religious Comfort and Strain Scale (RCSS) and the Meaning in Life Questionnaire (MLQ) for Women after Stillbirth

Variable	*M*	*SD*	Cronbach's α
PCR	5.62	1.39	.76
LW	4.51	1.44	.60
NEB	4.27	1.44	.64
NEW	3.72	0.75	.61
MLQ-P	5.21	0.93	.78
MLQ-S	4.66	0.97	.60

Note. PCR = Religious comfort; LW = Fear-guilt; NEB = Negative emotions towards God; NEW = Negative social interactions around religion; MLQ-P = Presence of meaning in life; MLQ-S = Search for meaning in life.

The results obtained in the Religious Comfort and Strain Scale (RCSS) (Table 1) show that women after the birth of a stillborn child present a high level of religious comfort ($M = 5.62$, $SD = 1.39$), a medium level of guilt and fear ($M = 4.51$, $SD = 1.44$), negative emotions towards God ($M = 4.27$, $SD = 1.44$), and low levels of negative social interaction around religion ($M = 3.72$, $SD = 0.75$). On the other hand, results from the Meaning in Life Questionnaire (MLQ) show that women after stillbirth present a high level of presence of meaning in life ($M = 5.21$, $SD = 0.93$) and a level of search for meaning in life ($M = 4.66$, $SD = 0.97$).

Correlation Analysis

An *r*-Pearson correlation coefficient was calculated to show the correlation between the life outcomes of women after stillbirth.

Table 2
Correlation Coefficients Obtained between Variables Obtained on the Religious Comfort and Religious Strain Scale (RCSS) and the Meaning in Life Questionnaire (MLQ) for Women after Stillbirth

Variable	2	3	4	5	6
1. PCR	.77***	-.69**	.13	.38*	.42*
2. LW	—	.71***	.16	.05	-.03
3. NEB		—	.42*	-.29*	-.32*
4. NEW			—	.30*	.36*
5. MLQ-P				—	.56**
6. MLQ-S					—

Note. PCR = Religious comfort; LW = Fear-guilt; NEB = Negative emotions towards God; NEW = Negative social interactions around religion; MLQ-P = Presence of meaning in life; MLQ-S = Search for meaning in life.

*$p < .05$, **$p < .01$, ***$p < .001$

In women's lives after stillbirth (Table 2), religious comfort (PCR) correlates positively with fear-guilt ($r = .77$, $p < .001$) and negatively with negative emotions towards God ($r = -.69$, $p < .01$) and positively with presence of meaning in life ($r = .38$, $p < .05$) and search for meaning in life ($r = .42$, $p < .05$). Fear-guilt is positively correlated with negative emotions towards God ($r = .71$, $p < .001$). Also, negative emotions towards God positively correlate with negative social interactions around religion ($r = .42$, $p < .05$) and negatively with the presence of meaning in life ($r = -.29$, $p < .05$), and the search for meaning in life ($r = -.32$, $p < .05$). Negative social interactions around religion correlate positively with the presence of meaning in life ($r = .30$, $p < .05$) and the search for meaning in life ($r = .36$, $p < .05$). In addition, the search for meaning in life correlates positively with the presence of meaning in life ($r = .56$, $p < .01$).

Analysis of Regression

In order to show the relationship between the variables analysed, a regression analysis was also carried out. Taking religious comfort and religious struggle as independent (explanatory) variables, and the presence and search for meaning in life as dependent (explained) variables.

In the group of women after stillbirth (Table 3), religious comfort ($\beta = .78$), negative emotions towards God ($\beta = -.77$), and negative social interactions around religion ($\beta = .47$) are significantly related to the presence of meaning in life. They explain 38% of the variance in this variable. Negative emotions towards God are negatively related to the presence of meaning in life, whereas religious comfort

and negative social interactions around religion are positively related to the presence of meaning in life.

Table 3
Relationship of Variables Obtained on the Religious Comfort and Strain Scale (RCSS) with the Presence of Meaning in Life (MLQ-P)

Variable	β	*b*	*t*	*p*
PCR	.78	0.52	3.23	.003
NEB	-.77	-0.52	-3.15	.004
NEW	.47	0.51	2.83	.008

Note. PCR = Religious comfort; NEB = Negative emotions towards God; NEW = Negative social interactions around religion.

Model summary: Presence of the meaning in life (MLQ-P); $R = .62$, $R^2 = .38$, Adjusted R Square = .29, $F = 4.49$, $p = .006$.

In the group of women after stillbirth (Table 4), religious comfort (β = .19), negative emotions towards God (β = -.91), and negative social interactions around religion (β = .41) are significantly related to the search for meaning in life. Together, they explain 40% of the variance in this variable. Negative emotions towards God are negatively related to the search for meaning in life. In contrast, religious comfort and negative social interactions around religion are positively related to the search for meaning in life.

Table 4
Relationship of Variables Obtained on the Religious Comfort and Strain Scale (RCSS) to the Search for Meaning in Life (MLQ-S)

Variable	β	*b*	*t*	*p*-value
PCR	.19	0.56	2.91	.007
NEB	-.91	-0.70	-3.70	.001
NEW	.41	0.53	2.51	.0018

Note. PCR = Religious comfort; NEB = Negative emotions towards God; NEW = Negative social interactions around religion.

Model summary: The search for meaning in life (MLQ-S); $R = .64$, $R^2 = .40$, Adjusted R Square = .29, $F = 4.41$, $p = .007$.

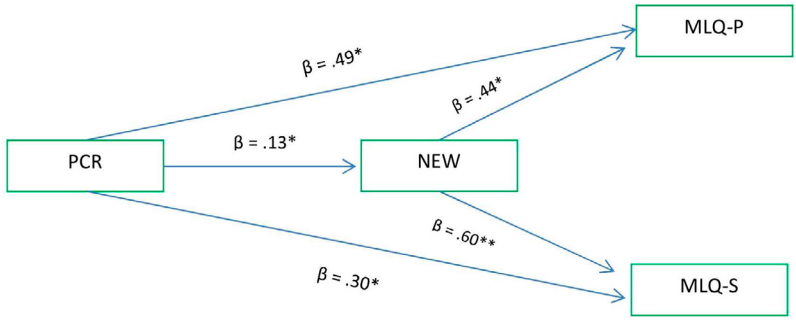
Mediation Analysis

There is no clear answer to the question of the mediating role of religiosity with the meaning in life. A structural equation method was used to examine the complex interdependence, accounting for the contribution of mediating variables.

The initial model included religious comfort (PCR) as an independent variable, fear-guilt (LW), negative emotions towards God (NEB), and negative social interaction around religion (NEW) as mediating variables, while presence of meaning in life (MLQ-P) and search for meaning in life (MLQ-S) as dependent variables. Religious comfort (PCR) was found to be significantly related to the presence of meaning in life (MLQ-P) and search for meaning in life (MLQ-S), with only negative social interactions around religion (NEW) playing a mediating role.

After removing variables with non-significant relationships from the model, a satisfactory model was created (Figure 1). Model fit indices within acceptable limits were obtained. The CMIN/*df* value was 2.26, GFI .91, AGFI .92, RMSEA .06, indicating good model fits.

Figure 1
Model Mediating the Relationship between Religious Comfort (PCR) and the Presence of Meaning in Life (MLQ-P) and the Search for Meaning in Life (MLQ-S) by Negative Social Interactions around Religion (NEW)



As indicated by the model presented (Figure 1), religious comfort has a direct positive relationship with the presence of meaning in life (β = .49) and the search for meaning in life (β = .30). Furthermore, religious comfort has a positive relationship only with negative social interactions around religion (β = .13), which have a mediating role, having a positive relationship with the presence of meaning in life (β = .44) and the search for meaning in life (β = .60).

Discussion

The analysis aimed to show the role of religious comfort and religious struggles in shaping the presence of meaning in life and the search for meaning in life in the lives of women after stillbirth who grew up in a Christian family and declared themselves to be believers and practitioners. Hence, the level of religious comfort

and religious struggles, and the level of the presence of meaning in life and the search for meaning in life were estimated, and the strength and direction of the relationship between the analysed variables were shown.

Hypothesis one, which suggests that believing and practising women after stillbirth present high levels of comfort and low levels of negative emotions towards God, fear-guilt and condemnation, and negative social interactions around religion, was only partially confirmed. Women after stillbirth manifest high levels of religious comfort, medium levels of fear-guilt, negative emotions towards God, and low levels of negative social interactions around religion. This may suggest that the religious comfort element of religiosity dominates their lives and the way they experience their religiosity. At the same time, they are not sufficiently concerned with the development of their own religiosity. God is often treated instrumentally. They are accompanied by a feeling of a lack of forgiveness from God and a sense of guilt, as well as an excess of negative emotions related to their own religiosity. They do not accept issues related to religious doctrine and sometimes feel disillusioned with the religious institution. This supposes, as researchers have previously shown in their work, that people affected by trauma and loss often manifest a reduced ability to perform various spiritual and religious activities, as well as a lack of concern for the development of their religious life (Hathaway et al., 2004).

Hypothesis two, which indicates that women of faith and practice after stillbirth manifest higher levels of the search for meaning in life than the presence of meaning in life, was not confirmed in its entirety. Women present high levels of presence of meaning in life and search for meaning in life, with a higher intensity of presence of meaning in life than search for meaning in life. This supposes that the experience of child loss has not caused a disruption of the meaning in their lives. Women after a stillbirth understand the meaning of their lives, feel subjective satisfaction with their lives, with the activity of sustained effort taking place in their lives, marked by persistence in expanding their knowledge of the meaning of their lives. In line with other research, it has been suggested (Guzewicz, 2014) that in the lives of women with the experience of stillbirth, which brings anxiety, insecurity, bereavement, and sometimes guilt into their lives, their high level of engagement in the process of searching for meaning in life again will be evident.

Hypothesis three, suggesting that in the lives of believing and practising women who have experienced stillbirth, there is a positive and significantly stronger relationship between religious comfort and the search for meaning in life than between the presence of meaning in life, was confirmed in its entirety. This was confirmed by correlation analysis as well as regression analysis. This indicates, in line with previous research (Nuzum et al., 2018), that in the lives of women after stillbirth who have experienced loss, associated feelings of loss, anxiety and disruption of personal relationships, the factor of religiosity, such as religious consolation,

has a positive and active participation in the search for and rediscovery of the meaning in life, and is also a creative factor in the construction of a new perspective on life.

The fourth hypothesis, suggesting a negative and significant association between religious solace and guilt-anxiety in the lives of religious and practicing women following stillbirth, negative emotions toward God, and negative social interactions related to religion, was only partially supported. Religious solace was not significantly associated with negative social interactions related to religion, as confirmed by correlation analysis and the presented model. This indicates that religious solace is independent of whether a person experiences conflict, rejection, or pressure from the religious community. Furthermore, religious solace provides psychological resilience, which allows women to maintain inner peace even when their religious environment is a source of stress. However, religious solace has a significant and strong positive association with guilt-anxiety and a negative association with negative emotions toward God. This indicates a complex process in the development of women's religious life. This may suggest that women experiencing a stillbirth experience a preoccupation with their own guilt and sin, as well as a sense of God's lack of forgiveness (Gallagher, 2016). Furthermore, religious comfort does not protect against guilt; on the contrary, it may increase the likelihood of its occurrence (Stauner et al., 2019). This suggests a paradoxical mechanism in which religious support is closely linked to inner tension, fear of salvation, and harsh self-esteem, while simultaneously protecting against anger or hatred toward God. Often, a person feels imperfect but simultaneously believes that only God can save them, which provides a sense of being loved but is still accompanied by a sense of not being good enough (Wielgus, 2020; Zarzycka, 2017).

Hypothesis five, which suggests that in the lives of believing and practising women after stillbirth, religious comfort and fear-guilt, negative emotions towards God, and negative social interactions around religion have a stronger impact on the search for meaning in life than on the presence of meaning in life, was only partially confirmed. Fear-guilt is not significantly related to the sense of the presence of meaning in life or the search for meaning in life. As suggested by Tangney's (1991) research, fear-guilt can be both mature and neurotic in nature and, consequently, may not be conducive to, or sometimes serve, the search for meaning in life. In contrast, according to the hypothesis, all three variables – religious comfort, negative emotions towards God, and negative social interactions around religion – have a stronger significant relationship with the search for meaning in life than with the presence of meaning in life. At the same time, negative emotions towards God have a negative and strong relationship with the sense and search for meaning in life. This supposes, as Krok (2017) has previously shown, that religious comfort and negative social interactions around

religion increase the search for meaning in life, while negative emotions towards God will decrease the search for meaning in life.

Hypothesis six, which assumes that in the lives of believing and practicing women after stillbirth, religious comfort has a positive, direct, and indirect, stronger effect on the search for meaning in life than on the presence of meaning in life, with fear-guilt, negative emotions towards God, and negative social interactions related to religion playing a negative mediating role, was only partially confirmed. Religious comfort has a direct, positive relationship with the presence of meaning in life and the search for meaning in life. This relationship is stronger between religious comfort and the presence of meaning in life than between the search for meaning in life. This suggests that women who experience religious comfort work intensively to understand the meaning of their situation and pain, using religious faith to do so. Furthermore, religious comfort has a direct, positive, and weak relationship only with negative social interactions related to religion, which play a mediating role. Negative social interactions related to religion have a direct, positive relationship with the presence of meaning in life and the search for meaning in life. The relationship between negative social interactions related to religion is stronger in the case of the search for meaning in life than in the case of its presence. However, fear-guilt and negative emotions toward God do not have an indirect, significant relationship with the presence of meaning in life and the search for meaning in life. As Zarzycka's (2017) earlier research demonstrated, this study similarly suggests that religious solace intensifies negative social interactions related to religion, which in turn increases tension in the relationship between God and believers. Furthermore, negative social interactions related to religion intensify the search for meaning in life more than its presence. Negative social interactions related to religion (e.g., conflicts within the community, feelings of rejection by the religious group), which are related to the search for meaning in life and its presence, mean that the experienced interpersonal pain directly impacts the individual's existential foundations. Furthermore, they can push the individual to intensively search for new meaning in life, often outside of organized religious structures, which can lead to a change in worldview or individualization of faith. A person simultaneously experiences an intense search for meaning (attempting to understand their difficult situation) and a low sense of meaning (lack of purpose).

Our findings may be referred to the study by Wilski et al. (2024), conducted among patients with multiple sclerosis, which demonstrated that the religious meaning system was positively associated with the presence of meaning in life, but not with the search for meaning. Furthermore, the authors reported a significant indirect effect of the religious meaning system on life satisfaction through the presence of meaning in life, suggesting that religion may function as an important

meaning-making resource in the context of chronic illness. A similar pattern of relationships was reported in Krok's study (2014) conducted among oncology patients, in which the religious meaning system and the presence of meaning in life emerged as positive predictors of eudaimonic psychological well-being, whereas the search for meaning in life showed a weaker association with well-being and, in the regression analyses, was even negatively related to it.

Overall, to further interpret the model obtained, it should be noted that religious comfort influences meaning-making in a twofold manner. On the one hand, it directly strengthens both the presence of meaning in life and the motivation to continue the search. On the other hand, religious comfort is also associated with negative social experiences related to religion, which at first glance do not appear to be beneficial, and certainly not pleasant. However, as noted above, these negative experiences may nevertheless stabilize the sense of meaning and stimulate its further search. Thus, it seems that this more difficult and painful dimension of religious experience may activate a profound process of existential work.

Study Limitations

This analysis brings useful insights to a rarely discussed issue. At the same time, it has some limitations. These relate to the number of people surveyed. The small group of women may have influenced the results obtained. The people included in the study lived in only one region of Poland. Only one tool was used to examine religiosity and sense of life. Moreover, in future research, the relationship between religiosity and meaning in life should be examined among individuals who have experienced forms of trauma other than a stillbirth – e.g., the death of a close family member, divorce, serious illness, infertility, the loss of a job, domestic violence, exposure to natural disasters, accidents, or warfare.

Although the present study adopted a quantitative approach, future research could also benefit from the use of qualitative methods. A qualitative design would make it possible to explore more deeply the subjective experiences of women after stillbirth, including how they interpret religious comfort, religious struggles, guilt, negative emotions toward God, and the search for meaning in life. Such an approach could provide a richer understanding of the personal, emotional, relational, and spiritual dimensions of stillbirth that may not be fully captured by standardized questionnaires. In-depth interviews or narrative analyses could help identify individual meaning-making processes, forms of spiritual coping, and the specific types of psychological and pastoral support perceived as helpful by bereaved women. Therefore, future studies should consider combining quantitative and qualitative methods in a mixed-methods design.

Moreover, future studies focusing on difficult emotional states after stillbirth, such as sadness, despair, anxiety, anger, guilt, and emotional numbness, could be conducted using clinical scales. The instruments used in the present study were designed to assess religious comfort, religious struggles, and the presence of and search for meaning in life. Future research could complement these tools with scales assessing, in particular, depression, anxiety, trauma-related symptoms, and complicated grief after stillbirth.

A final limitation of this study is that all participating women were raised in Christian families, which determines their religious experience. Future studies should also include participants from other religious traditions in order to determine whether the relationships identified in the present study are consistent across different religious contexts.

Recommendations

The analysis of the question suggests several conclusions. In the future, it would be advisable to conduct a similar study among a larger group of people who have suffered a stillbirth, and to apply other tools to the study of religiosity and the meaning in life to obtain a broader view of these two dimensions of human life.

Women who have experienced a stillbirth face many tasks: coming to terms with the loss, dealing with guilt, and rebuilding self-esteem. In such a situation, women have specific needs and wishes; they expect both psychological and spiritual support, which they do not always have from those closest to them (Bubiak et al., 2014). This kind of support should be guaranteed by the family, the psychologist, the doctor, and even the pastor.

The emotional sphere plays an important role in critical situations (Guzewicz et al., 2014). It should not be ignored that there is often a lack of consent on the part of women for negative emotions to arise, which prevents the unpleasant experience from being worked through. Suppression or denial as defence mechanisms often have a high health cost, and unworked emotions can be subconsciously transferred to other areas of functioning, i.e., to motivation or the quality of sexual intercourse (Bielan et al., 2010).

The knowledge gained may, in the future, serve to better understand the specific nature of loss and trauma in women who have lost a child. It may be useful for psychotherapists, psychiatrists, and even pastors, as well as others involved in providing support in situations of child loss. This analysis may also help women themselves better recognize their emotional states, understand their own experiences, and, especially, seek psychological help or other forms of spiritual support.

Conclusion

This analysis explores the complex structure of religiosity and its importance in shaping meaning in life in women who have experienced stillbirth. Faced with constant confrontation with negative circumstances that disrupt their sense of meaning, women after a stillbirth must struggle to maintain a coherent worldview. When these circumstances concern the most important things to a person, such as health, illness, or suffering, the situation becomes critical to human existence, and the need to find meaning in these events intensifies (Batson & Stocks, 2004).

A coherent view of the world and one's own life can be disrupted by certain circumstances, such as stillbirth and the associated trauma and suffering. These circumstances threaten one's sense of meaning in life. Support is often found in religion, although not all research supports this (Shoshan et al., 2024), and it should be emphasized that religion is only one of many potential sources of values that give meaning to human existence (Ano & Vasconcelles, 2005). There is no room for stillness in the spiritual life, and personal growth often involves reassessing and transforming what no longer serves our well-being. This process can be challenging, but it also offers an opportunity for a deeper understanding of ourselves and our religious beliefs, as the research presented in this article amply demonstrates.

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Original Article

The Relationship between Emotion Regulation and Fear of Relapse with the Level of Acceptance of Cancer in Women after Mastectomy

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Abstract

Objective of the study: Breast cancer is the most frequently diagnosed malignancy among women in Poland, and it also significantly impacts their psychological functioning. This article aims to examine the relationships between selected emotion regulation strategies, fear of disease recurrence, and the level of acceptance of the illness in women after mastectomy. Method: The study involved 150 Polish women after mastectomy, aged 22 to 73 ($M = 44.67$, $SD = 8.11$), and was conducted using an electronic questionnaire. A set of standardized psychometric tools was used in the study: the Interpersonal Emotion Regulation Questionnaire (IERQ), the Cancer Worry Scale (CWS), and the Acceptance of Life with Illness Scale (ALS) to measure emotion regulation, fear of disease recurrence, and the level of acceptance of illness. Statistical analyses included Pearson's *r* correlation, stepwise regression, and cluster analysis. Results: The results showed that social modeling demonstrated a positive association with acceptance of illness, but smoothing, contrary to assumptions, was negatively associated with coming to terms with the illness. Fear of relapse showed a significantly negative correlation with satisfaction with life despite the disease. Fear of relapse is the most important negative predictor of acceptance of illness – it reduces satisfaction with life despite illness, and distancing oneself from the disease. Social modeling is a positive predictor of acceptance of disease, but soothing, although seemingly adaptive, was associated with lower levels of acceptance of illness – likely a manifestation of emotional withdrawal. Conclusion: The study's results confirm that the process of psychological adaptation to the disease is not one-dimensional but depends on many factors – both individual and environmental. At the same time, they provide important information that may be helpful in disease acceptance among women after mastectomy.

Keywords: mastectomy, emotion regulation, fear of relapse, disease acceptance, women

Breast cancer is the most frequently diagnosed malignancy in women in Poland and one of the leading causes of cancer-related deaths (Wojciechowska et al., 2020). Mastectomy, the primary treatment method, in addition to its undoubted medical benefits, also entails psychological consequences. These include, among others, lower self-esteem, a sense of loss of femininity, and increased anxiety (Rocławska, 2015). In this context, analyzing the psychological mechanisms that facilitate adaptation to life after cancer is particularly important.

Emotion regulation is defined as the process of modifying the intensity, duration, and expression of emotions, encompassing both conscious and automatic strategies (Thompson, 2019). The ability to use constructive regulatory strategies, such as cognitive reinterpretation, enhancing positive affect, and social modeling, promotes effective adaptation. Strategies based on rumination and catastrophizing are associated with increased distress and difficulty in adjustment (Kulpa et al., 2017). Fear of cancer recurrence (FCR) is defined as persistent concerns about the possibility of cancer return or progression, which may lead to increased distress, avoidance, and reduced quality of life (Lebel et al., 2013; Simard et al., 2013). Illness acceptance, in turn, is an important dimension of adaptation, encompassing the ability to maintain life satisfaction, come to terms with the consequences of the disease, and distance oneself from them (Janowski & Steuden, 2012).

Literature review

A study by Kulpa et al. (2017), which examined 112 patients aged 19–78 years, using the Cognitive Emotion Regulation Questionnaire (CERQ) and the Mini-Mastery of Cancer Adjustment Scale (MINI-MAC), found that patients were characterized by lower levels of anxiety and a higher fighting spirit, suggesting good adaptation to the disease. Patients were found to use adaptive strategies more frequently, such as acceptance and focusing on the positive, which correlated with a positive attitude toward the disease.

Statistically significant correlations were identified between emotion regulation strategies and attitudes toward the disease. For example, positive reappraisal was associated with fighting spirit, while rumination and catastrophizing increased anxiety levels. The results suggest that the psychological support patients received during treatment may have supported their positive adaptation to the disease.

Another example of the link between emotion regulation and illness acceptance is the study by Basińska and Woźniewicz (2012). The study was conducted in a group of people with psoriasis. In this case, emotion regulation was included in the variable of emotional intelligence, one of its components, alongside the ability to appropriately perceive, evaluate, and express emotions, the ability to access

feelings, and the ability to generate them in difficult moments. In the group of 81 psoriasis patients, the average level of emotional intelligence (EI) varied considerably, but no significant differences in EI were found between women and men or between older and younger patients. However, it was noted that individuals with longer disease duration had higher EI levels. The study indicated a significant relationship between one of the components of EI – the ability to use emotions in thinking and acting – and higher acceptance of the disease.

People who were better at managing their emotions found it easier to accept their illness. It's worth noting that this relationship was stronger among women and older adults. For younger patients and men, the relationship was not significant. Analyses that took into account patient health status (e.g., duration of illness, symptom severity) showed that those with milder illnesses and longer illness durations, who were able to use emotions in daily life, had better acceptance of their illness. However, for patients with more severe symptoms, the role of emotional intelligence in illness acceptance was less significant. The study shows that emotional intelligence, particularly the ability to use emotions in thought and action, can support patients in accepting their illness, especially in women and older adults (Basińska & Woźniewicz, 2012).

Interesting results were obtained from studies on anxiety levels, illness acceptance, and stress coping strategies among patients seeking balance after being diagnosed with a serious gynecological condition (Dryhinicz & Rzepa, 2018). Cancer patients had higher levels of both state and trait anxiety compared to non-cancer patients. This indicates that cancer and its treatment induce more intense anxiety, which intensifies the experience of symptoms and complicates adaptation to the situation. Anxiety in cancer patients may stem from uncertainty about the future, treatment, and prognosis. Cancer patients had lower levels of disease acceptance than non-cancer patients. Over time, this level of acceptance may increase, particularly after the stage of adaptation to the disease. Younger cancer patients were more willing to accept their disease than older patients. Age and stage of disease were also found to influence these variables, suggesting the need for an individualized approach to patient care. Anxiety and low levels of disease acceptance negatively impact the treatment process, so psychological support and adaptive coping strategies should be an integral part of therapy.

Rumination, or persistent, usually negative thoughts about past events or potential future problems, has a significant impact on emotion regulation. The phenomenon is particularly significant in patients with chronic illnesses, such as cancer, and in those who have undergone major surgery, where such emotions can exacerbate anxiety, stress, depressive symptoms, and other psychological difficulties. The importance of rumination in the context of emotion regulation and illness acceptance was highlighted in Załuski's (2016) study. The author analyzed rumination levels in three

groups of patients: those hospitalized after neurological episodes, those undergoing cancer treatment, and those who had undergone major surgery. The results indicate that individuals in the oncology and surgical groups exhibited significantly higher levels of rumination than neurological patients. Furthermore, higher levels of illness acceptance were associated with lower levels of rumination, while more intense ruminations were often accompanied by higher levels of self-reported personal growth.

The results obtained by Dziukiewicz (2020) demonstrated a correlation between psychological functioning in women after mastectomy and the perceived impact of cancer on their lives. The study identified various difficulties women experience after a mastectomy. The most common concerns were loss of femininity, sexual attractiveness, and self-esteem related to mastectomy. Furthermore, lymphedema and postoperative pain also triggered fear and uncertainty. Among the actual difficulties identified by respondents, the most common were: limited physical fitness – 18.6% of women indicated difficulty performing daily activities, such as carrying groceries or suitcases, which led to a sense of dependence on others. Treatment-related difficulties – chemotherapy, radiotherapy, and related side effects (fatigue, nausea, dry skin) were also significant challenges. Body acceptance after surgery – 16.28% of respondents considered self-acceptance and body acceptance a significant challenge. The study indicates that every woman experienced some form of life change after a breast cancer diagnosis and mastectomy. Furthermore, it was shown that although women who had a mastectomy experience many challenges related to treatment, body acceptance, and adapting to their new situation, many can shift their life perspective to a more positive one. Nevertheless, fear of recurrence remains common, which can impact their sense of security and ability to fully accept their new reality.

In the study by Krok-Schoen and colleagues (2018), the aim was to assess the prevalence of factors associated with fear of disease recurrence in older women who had survived breast, colon, endometrial, or ovarian cancer. The results indicated that 16% of participants experienced high levels of fear of disease recurrence. Factors that significantly increased the risk of increased fear of disease recurrence included younger age at diagnosis, receiving chemotherapy, higher levels of physical and psychological symptoms, and poorer subjective health assessment. Cancer type did not significantly influence its level, suggesting that fear of recurrence is a common phenomenon across various groups of cancer patients, regardless of the type of cancer.

From the perspective of emotion regulation and fear of disease recurrence, the results of the study by Krok and colleagues (Krok et al., 2024) are significant, emphasizing the role of psychological flexibility and self-esteem as psychological resources supporting the adaptation process after cancer treatment. A study conducted among 304 cancer survivors demonstrated that higher psychological flexibility was associated with lower levels of fear of disease recurrence and more

effective meaning-making of illness experiences. Importantly, from the perspective of emotion regulation, it was fear of recurrence that mediated the intensity of overall pain, including emotional and spiritual pain. Cognitive processes, such as meaning-making, and emotional processes, such as anxiety, clearly align with our understanding of the psychological mechanisms of adaptation in cancer patients. These results indicate that in working with cancer survivors, including women who have undergone mastectomy, it is crucial to strengthen resources that facilitate flexible processing of experiences and to limit the destructive impact of fear of disease recurrence.

In a subsequent study by Krok and colleagues (Krok et al., 2024), focusing directly on women with breast cancer, the impact of social support (both perceived and received) on disease acceptance was analyzed, taking into account the mediating role of meaning-making and fear of recurrence. A cross-sectional study of 246 patients after chemotherapy or radiotherapy demonstrated that higher levels of social support were positively associated with greater disease acceptance and lower levels of fear of recurrence. The process of meaning-making played a key role in this mechanism – more powerful than fear itself – highlighting the importance of cognitive interpretation of the disease experience in emotion regulation and adaptation. These results are particularly relevant in the context of working with women after mastectomy, who – due to the physical, emotional, and social consequences of treatment – may be particularly vulnerable to difficulties in disease acceptance and persistent fear of recurrence. The findings from both studies support the assumption that psychological interventions aimed at enhancing psychological flexibility, reducing fear of relapse, and building meaning and significance of the disease can promote disease acceptance in women after mastectomy. Incorporating these mechanisms into therapeutic programs can significantly improve the quality of life of cancer patients and their ability to emotionally adapt.

Hypotheses

The available literature indicates that there is a lack of research among Polish women after mastectomy on the relationship between emotion regulation and fear of recurrence, and the level of cancer acceptance. Therefore, this article aims to demonstrate the relationship between these variables. Based on the above studies, the following research hypotheses were formulated.

H_1. More frequent use of interpersonal emotion regulation strategies aimed at soothing and social modeling is associated with higher levels of illness acceptance.

H_2. Strategies based on enhancing positive affect and changing perspectives will be positively associated with illness acceptance.

H_3. The level of fear of relapse will be negatively correlated with acceptance, especially in the dimension of satisfaction with life despite illness.

H_4. Fear of relapse may also co-occur with processes that promote reconciliation and distancing oneself from the disease, performing an adaptive function under certain conditions.

Method

Subjects and Study Procedure

The study was cross-sectional in nature and designed in accordance with methodological principles that facilitate replication and minimize the risk of artifacts resulting from researcher-participant interactions (Brzeziński, 1999). The sample included 150 post-mastectomy Polish women aged 22 to 73 years (M = 44.67, SD = 8.11). They were all born in Poland and live here. The time since surgery ranged from 7 days to 19 years. Participants were recruited through nationwide online Amazon communities. Participation in the study was voluntary and anonymous. All participants provided informed consent.

Research Tools

A) Emotion regulation was measured using the Interpersonal Emotion Regulation Questionnaire (IERQ) developed by Hoffman and colleagues (2016). Adaptation to Polish conditions was performed by Grzywna and her colleagues (Grzywna et al., 2020). The Polish version of the questionnaire consists of 20 items divided into four subscales: enhancing positive affect (WPR), changing perspective (ZP), soothing (UK), and social modeling (MS). The questionnaire examines four dimensions, each with five statements assigned to it, to which the respondent responds on a five-point scale, where 1 means *definitely not true* and 5 means *describes me very truthfully*. Cronbach's alpha was .86 for the entire instrument.

B) Fear of relapse was assessed using the Cancer Worry Scale (CWS) by Custers et al. (2014). The scale was adapted to Polish conditions by Krok and Telka (2022). The scale measures concerns about the possibility of cancer recurrence and the impact of these concerns on daily functioning. It can be used by both cancer survivors and patients currently undergoing cancer treatment. It is a screening tool that provides a global score (LN). The instrument consists of eight items rated on a four-point Likert scale, where 1 indicates *never*, and 4 indicates *almost always*. The obtained overall score was used in this study.

The instrument is highly reliable, as evidenced by a Cronbach's alpha coefficient of .87 (Krok et al., 2024).

C) Acceptance of life with illness was measured using the Acceptance of Life with Illness Scale (ALS) by Janowski and Steuden (2018). It consists of 20 items and covers three dimensions: satisfaction with life despite illness (SAC), coming to terms with the illness (PZC), and distancing oneself from illness (MZC). The sum of these items provides a global score (AKC). The results for each subscale and the overall score were used in this study. Acceptance of life with illness is defined as the ability to come to terms with illness and maintain overall life satisfaction despite the burdens associated with the illness. Standardization of the tool demonstrated high psychometric reliability, with Cronbach's alpha for the entire scale reaching .91.

Results

To test the hypotheses, multi-stage statistical analyses were conducted using *Statistica* software. Basic descriptive indices, such as the arithmetic mean, standard deviation, skewness, and kurtosis, were first calculated, and the results are presented in Table 1. The Shapiro-Wilk test was used, which indicated that the data distribution deviated from normality. Nevertheless, parametric tests were used because the study included 150 participants, and the skewness and kurtosis measures were within acceptable limits. In addition, correlation analysis, regression analysis, and cluster analysis were performed.

Descriptive statistics

Table 1
Descriptive statistics for research variables (N = 150)

Variable	*M*	*SD*	*Mdn*	*Sk*	*Kurt*	*S-W*	*p* <
WPR	4.05	0.71	4.20	-0.97	1.80	.92	.001
ZP	2.41	0.91	2.40	0.50	0.06	.96	.001
UK	2.45	1.04	2.30	0.52	-0.46	.95	.001
MS	3.28	0.90	3.40	-0.54	-0.31	.96	.001
LN	2.87	0.69	2.88	-0.27	-0.68	.87	.001
SAC	1.68	0.64	1.56	1.06	0.60	.91	.001
PZC	1.85	0.74	1.67	0.85	0.70	.97	.006
MZC	2.44	0.77	2.50	-0.08	-0.75	.92	.001
AKC	3.08	1.15	3.17	0.68	-0.57	.94	.001

Note. WPR = Enhancing positive affect; ZP = Changing perspective; UK = Soothing; MS = Social modeling; LN = Fear of relapse (total score); SAC = Satisfaction with life despite illness; PZC =

Coming to terms with the illness; MZC = Distancing oneself from illness; AKC = Acceptance of illness (total score).

Mdn = Median; *Sk* = Skewness; *Kurt* = Kurtosis; *S-W* = Shapiro-Wilk test.

Correlation analysis

The next step of the statistical analysis was to verify the relationships between variables. Pearson's *r* correlation was used for this purpose. The results of these correlations are presented in Tables 2 and 3.

Table 2
Correlations of research variables with respect to the age of the participants and the time elapsed since the mastectomy procedure (N = 150)

Variable	Age (years)	Time since mastectomy (years)
WPR	-.05	.01
ZP	.06	-.01
UK	-.01	-.02
MS	-.02	-.00
LN	-.01	-.00
SAC	-.05	-.02
PZC	-.09	.01
MZC	-.01	.03
AKC	-.05	.01

Note. WPR = Enhancing positive affect; ZP = Changing perspective; UK = Soothing; MS = Social modeling; LN = Fear of relapse (total score); SAC = Satisfaction with life despite illness; PZC = Coming to terms with the illness; MZC = Distancing oneself from illness; AKC = Acceptance of illness (total score).

The results presented in Table 2 do not show significant correlations between scores on any of the scales and the age of the patients studied. The correlation coefficients were close to zero, indicating no correlation between age and the variables analyzed. Similarly, no statistically significant correlations were found between the subscale scores and the time elapsed since mastectomy. The obtained correlation values also fluctuated around zero, indicating a lack of correlation between the length of the postoperative period and the level of the subscale dimensions assessed.

Table 3
Correlations between individual subscales of variables (N = 150)

Variable	WPR	ZP	UK	MS	LN	SAC	PZC	MZC	AKC
WPA	–								
ZP	.30***	–							
UK	.29***	.46***	–						
MS	.44***	.68***	.50***	–					
LN	.16*	.10	.16	.24**	–				
SAC	.10	-.02	-.12	-.09	-.42***	–			
PZC	.02	-.11	-.24**	-.14	-.60***	.81***	–		
MZC	.06	-.01	-.09	-.10	-.71***	.64***	.75***	–	
AKC	.07	-.05	-.17*	-.12	-.61***	.93***	.94***	.85***	–

Note. WPR = Enhancing positive affect; ZP = Changing perspective; UK = Soothing; MS = Social modeling; LN = Fear of relapse (total score); SAC = Satisfaction with life despite illness; PZC= Coming to terms with the illness; MZC = Distancing oneself from illness; AKC = Acceptance of illness (total score).

*$p < .05$. **$p < .01$. ***$p < .001$.

Analysis of the Pearson *r* correlation matrix revealed two groups of correlated scales. The first group consists of subscales: enhancing positive affect, changing perspective, soothing, and social modeling, which are significantly correlated with each other, ranging from low to high. The second group consists of variables concerning fear of relapse, satisfaction with life despite the illness, coming to terms with the illness, distancing oneself from the illness, and the overall score of accepting life with the illness, which are significantly correlated with each other, ranging from moderate to high. In addition to these within-group correlations, a significant ($p < .01$) negative correlation was observed at a low level between soothing and coming to terms with the illness, and a significant ($p < .05$) negative correlation at a low level between soothing and acceptance of the illness. Furthermore, fear of relapse is significantly positively correlated at a low level with enhancing positive affect and significantly positively correlated at a low level with social modeling.

Regression analysis

The next stage of statistical analysis involved stepwise regression, which allows for the identification of the most significant predictors of the dependent variable by gradually including or eliminating independent variables based on their contribution to explaining variance.

Table 4
Stepwise regression analysis for the dimension of satisfaction with life despite illness (N = 150)

Satisfaction with life despite illness: $R = .42$, $R^2 = .17$, $F(1,148) = 31.33$, $p < .001$			
	β	$t(148)$	$p <$
Fear of relapse	-.42	-5.60	.001

The results presented in Table 4, obtained using stepwise regression, indicate that fear of relapse is a statistically significant predictor of satisfaction with life despite illness. This variable explains 17% of the model's variance. The β coefficient value indicates that the lower the level of fear of relapse, the higher the level of satisfaction in the face of illness.

Table 5
Stepwise regression analysis for the dimension of accepting life despite illness (N = 150)

Accepting life despite of illness: $R = .64$, $R^2 = .41$, $F(2,147) = 33.83$, $p < .001$			
	β	$t(148)$	$p <$
Fear of relapse	-.60	-9.22	.001
Soothing	-.19	-2.91	.001

Table 5 presents a stepwise regression model for the prediction of accepting illness, which is statistically significant. Based on the obtained results, it can be concluded that fear of relapse and soothing explain 41% of the observed variability in the scale of accepting illness. Looking at the β coefficients, it can be concluded that the higher the level of fear of relapse and soothing, the lower the reconciliation with life despite the disease.

Table 6
Stepwise regression analysis for the dimension of distancing oneself from the illness (N = 150)

Distancing oneself from the illness: $R = .74$, $R^2 = .54$, $F(1, 14.78) = 87.70$, $p < .001$			
	β	$t(147)$	$p < .001$
Fear of relapse	-.75	-13.11	.001

Table 6 presents a stepwise regression model for the prediction of distancing oneself from the illness, which is significant. Variability in the fear of relapse scale explains 54% of the model's variance. The β coefficient shows that the higher the fear of relapse, the lower the index of distancing oneself from the illness.

Table 7
Stepwise regression analysis for the acceptance of illness (N = 150)

The acceptance of illness: $R = .61$, $R^2 = .38$, $F(1,148) = 89.10$, $p < .001$			
	β	$t(148)$	$p < .001$
Fear of relapse	-.61	-9.44	.001

The final stepwise regression model (Table 7) demonstrated a statistically significant prediction of the acceptance of illness. Variation in fear of relapse explained 38% of the observed variance in the score. The β coefficient value indicates that higher levels of fear of relapse predict lower overall levels of acceptance of illness.

Cluster Analysis

In the final phase of statistical analysis, it was decided to conduct cluster analysis to refine the results. Based on five factors: enhancing positive affect, changing perspective, soothing, modeling, and fear of relapse, three clusters of patients were identified, each differing significantly ($p < .001$ and $p < .01$) from the other on each of these factors (Table 8 and Table 9). The first cluster consists of individuals who demonstrate the highest scores on each of the above five factors. The third cluster consists of individuals who demonstrate the lowest scores on each of the five factors. The second cluster consists of individuals who demonstrate intermediate levels of scores on each of the five factors.

Table 8
Arithmetic mean results for the three clusters within the emotion regulation and fear of relapse subscales

Variable	Cluster I	Cluster II	Cluster III
WPR	4.32	4.22	3.50
ZP	3.07	2.55	1.48
UK	3.78	2.12	1.61
MS	3.88	3.60	2.15
LN	3.11	2.86	2.65

Note. WPR = Enhancing positive affect; ZP = Changing perspective; UK = Soothing; MS = Social modeling; LN = Fear of relapse (total score).

Table 9
Results of the analysis of variance of the F-test for the dimensions of emotion regulation and the fear of relapse scale

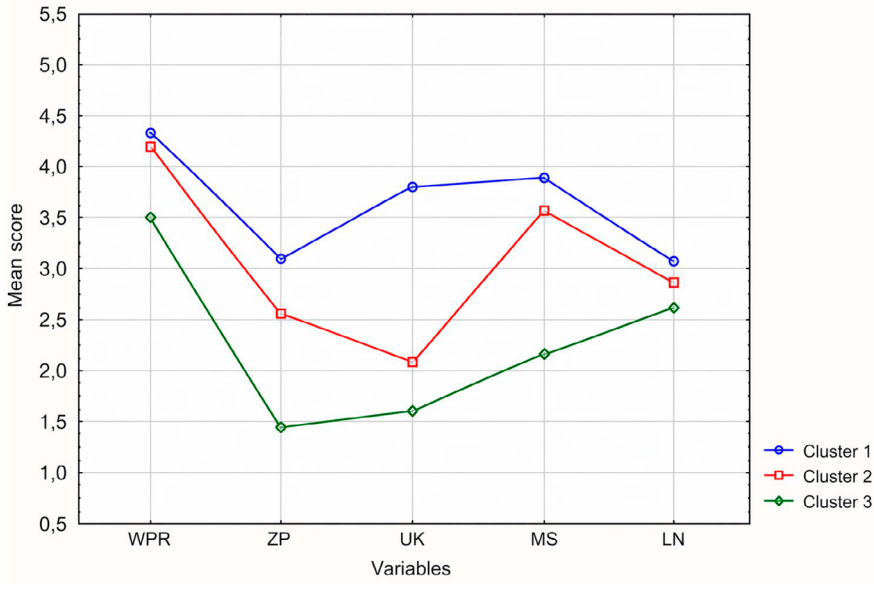
Variable	Between *SS*	*df*	Within *SS*	*df*	*F*	*p* <
WPR	17.69	2	58.45	147	22.24	.001
ZP	55.39	2	69.16	147	58.87	.001
UK	109.67	2	50.60	147	159.29	.001
MS	74.27	2	46.71	147	116.87	.001
LN	4.37	2	66.83	147	4.81	.010

Note. WPR = Enhancing positive affect; ZP = Changing perspective; UK = Soothing; MS = Social modeling; LN = Fear of relapse (total score).

A graphical presentation of the results obtained by the distinguished groups in the individual dimensions concerning the strengthening of positive affect, change of perspective, soothing, social modeling, and fear of relapse is presented in Figure 1.

Figure 1

Mean scores between the identified clusters for the factors of enhancing positive affect (WPR), changing perspective (ZP), soothing (UK), social modeling (MS), and fear of relapse (LN)



In the next stage of statistical analysis, we decided to determine differences in acceptance of illness between clusters with different levels of emotion regulation and fear of relapse. First, an ANOVA was conducted for acceptance of illness scores (overall score) (Table 10).

Table 10

Univariate significance tests for the acceptance of illness within the three clusters

Effect	*SS*	*df*	*MS*	*F*	*p*
Group	2.9	2	1.46	3.73	.03

The obtained results (Table 11) indicate that there were statistically significant differences in acceptance of illness between clusters of individuals with different levels of emotion regulation and fear of relapse. Next, a Tukey post hoc test was performed between the three clusters.

Table 11
Tukey post hoc test comparison results between the three clusters

Group	Cluster I 2.86	Cluster II 3.20	Cluster III 3.12
1	–		
2	.04	–	
3	.16	.83	–

Scores regarding acceptance of illness differ significantly ($p < .05$) depending on cluster (Table 11). The lowest scores were recorded in cluster one ($M = 2.86$), and the highest in cluster two ($M = 3.20$). Considering the results of Tukey's post hoc test, statistically significant differences were found only between clusters one and two. No statistically significant differences were observed in the remaining scores.

Discussion

The statistical analysis performed using the Statistica program allowed for the identification of the relationship between emotion regulation, fear of disease relapse, and the level of acceptance of life with the disease. In light of the available empirical data, there is a noticeable lack of research examining these three variables simultaneously – especially in the context of breast cancer and its frequent sequela, mastectomy. Addressing this topic and conducting research is also important given the alarming prevalence of this cancer, which is the most common malignancy among women, and its incidence is constantly rising.

This article aimed to examine the relationship between emotion regulation strategies and the level of fear of relapse, and the ability to accept life with the disease among Polish women after mastectomy. The analysis aimed to identify which of the variables studied, and to what extent, may be significant for the process of psychological adaptation to cancer. It was also important to determine whether the level of acceptance of life with the disease depends on specific dimensions of emotion regulation and to what extent the fear of recurrence can disrupt this process. Cancer, and breast cancer in particular, not only has physical consequences but also carries a significant emotional burden. A cancer diagnosis is associated with severe stress, a sense of life-threatening consequences, as well as fear of treatment and its side effects. Patients often experience low mood, anxiety, insomnia, and a sense of loss of control over their bodies and the future. This burden affects not only mental health but also daily functioning – it makes it difficult to maintain social and family roles, weakens motivation for professional work or physical activity, and often leads to social isolation (Bergerot et al., 2024; Sebri et al., 2024).

Consequently, the treatment process requires a comprehensive approach, taking into account not only the somatic aspects but also psychological and psychosocial support, which can significantly improve quality of life and the effects of therapy.

The analysis of the results began by examining whether age and the time elapsed since mastectomy differentiated patients with respect to emotion regulation strategies, the severity of fear of relapse, and dimensions of acceptance of life with the disease. Correlation analysis was performed for this purpose. The Pearson *r* correlation coefficient showed that the relationships were not statistically significant, therefore nonexistent. The reasons may be found in the elapsed time. Testing the first hypothesis, regarding the positive relationship between solace and social modeling with acceptance of life with the disease, yielded ambiguous results. In particular, a significant, albeit weak, negative correlation was observed between solace and the overall level of acceptance, which may indicate that excessive solace-seeking does not always promote adaptation – it can sometimes take the form of emotional withdrawal or avoidance. In the context of Gross's (1999) emotion regulation theory, it can be assumed that solace used reactively, rather than preventively, may lead to emotion suppression rather than processing. Meanwhile, social modeling, despite its theoretical role in adaptation (through observing and imitating others' effective strategies), did not demonstrate significant associations with acceptance. This suggests that the mere presence of role models is not sufficient for the women studied – perhaps internal psychological resources or the quality of supportive relationships, which were not measured in this study, are more important. Women after mastectomy often experience feelings of social alienation and changes in interpersonal relationships, which may limit the effectiveness of this strategy.

In contrast, social modeling, despite its theoretical role in adaptation (through observation and imitation of others' effective strategies), did not demonstrate significant associations with acceptance. Mieszkowski and colleagues (2015) note that women after mastectomy often experience social alienation and changes in self-perception and relationships, which may limit their willingness to learn through observation. Rocławska (2015) also emphasizes that difficulties in accepting a changed body image and fear of social evaluation contribute to isolation. Ogińska-Bulik and Kozak (2002) point out that the ability to identify with people who demonstrate constructive coping strategies is crucial for the effectiveness of social modeling, which may be difficult for women with low self-esteem. Based on the obtained results, it can be concluded that the first hypothesis was only partially confirmed. In a broader theoretical perspective, it should be noted that solace can take on a dual nature. On the one hand, it may serve an adaptive function – as a form of calming down, promoting constructive processing of emotions and further action. On the other hand, in some cases, calming down

may take the form of emotional suppression or avoidance, which – according to Gross's concept of emotion regulation – can lead to worsening mental functioning. Consequently, the negative correlation with acceptance may indicate that in this study group, calming down more often took the form of emotional withdrawal rather than active coping.

The second hypothesis, which assumed a positive relationship between enhancing positive affect and changing perspective, was not confirmed. The lack of a relationship may indicate limited use of these strategies by participants or their insufficient effectiveness in a situation of such a profound existential crisis as breast cancer. These strategies, although considered more advanced and adaptive, may require longer practice and environmental support to produce positive results. According to Eisenberg (2000), the emotion regulation process may be less effective when social support is lacking or when stressors are chronic. As is well known, breast cancer, even in remission, requires constant monitoring. Recurrences and even metastases to other organs can occur, making eliminating stressors extremely difficult, and in some cases, even impossible.

From a health psychology perspective, adapting to illness requires not only regulating emotions but also building new life narratives that allow for the integration of the illness experience with the individual's identity. This requires redefining existing values, plans, and life roles to account for the realities of treatment and the uncertainty surrounding the future (Guo et al., 2025; Krok, Telka & Moroń, 2023). Creating new narratives allows for making sense of difficult events, thus minimizing the sense of chaos and loss of control. This process also fosters a stronger sense of agency, allows for the discovery of new sources of social and spiritual support, and promotes acceptance of the limitations brought by the illness. As a result, integrating the experience of illness with one's identity becomes not only a form of coping but also an opportunity for personal growth and life reevaluation. If such integration does not occur, even the most effective regulatory techniques may be insufficient.

According to Załuski's (2016) research, promoting positive emotions and cognitive reinterpretation can foster adaptation, but their effectiveness depends on the individual's cognitive and emotional resources. Krok et al. (2024) also indicate that a shift in perspective can support the acceptance process, but this requires the ability to make sense of difficult experiences and the availability of social support. As Gross (1999) points out, emotion regulation is more effective during the cognitive reinterpretation stage, provided the individual possesses adequate emotional resources.

The third hypothesis assumed that higher levels of fear of disease recurrence would be associated with lower levels of satisfaction despite illness in women after mastectomy. Regression analysis confirmed this relationship – more intense fear of recurrence was associated with decreased satisfaction despite completed treatment. This result corresponds to the so-called Damocles syndrome, described in

oncology literature, according to which people after cancer treatment experience a chronic sense of threat of disease recurrence, even in the absence of objective medical reasons. This condition makes it difficult to psychologically release the experience of illness and can result in a long-term deterioration in quality of life.

This phenomenon has been extensively described by Dziukiewicz (2020), who indicates that post-mastectomy women who are dominated by fear of recurrence often demonstrate lower levels of life satisfaction, difficulty experiencing positive emotions, and a weakened sense of hope. These patients' daily lives are often dominated by hypervigilance to bodily signals and thoughts of a possible recurrence, leading to increased psychological distress and limiting their ability to derive satisfaction from life.

The results regarding the fourth hypothesis showed that women with higher levels of fear of recurrence scored lower on the dimensions of coming to terms with and distancing themselves from the disease. Regression analysis revealed a significant explanation for the variability of these variables by the level of anxiety. Fear of recurrence can act as a cognitive-emotional filter, through which the entire health experience takes on the character of a constant threat. In such a situation, the disease—despite the physical completion of treatment – is still perceived as constantly present, making it difficult for patients to achieve inner peace, come to terms with the situation, and create a healthy psychological distance.

Lebel and colleagues (2012) observed that individuals experiencing intense fear of relapse tend to engage in avoidance, intrusive thoughts, and rumination, which limits adaptive capacity. From the perspective of Lazarus and Folkman's (1984) stress and coping theory, anxiety as an element of primary cognitive appraisal can significantly determine adaptation strategies, including the ability to distance oneself from difficult emotions or reframe the meaning of the illness. Załuski (2016), in his study of ruminations in patients after cancer treatment, emphasized that constructive reflection on the illness can support the process of acceptance. However, under conditions of high anxiety, destructive rumination often dominates – intrusive, negative considerations that deepen stress and hinder adaptation to life after the illness.

These results are also reflected in the research by Krok et al. (2024), who demonstrated that fear of relapse can impair the process of making sense of the disease and limit the ability to build internal psychological resources, such as cognitive and emotional flexibility. Women who are unable to integrate the experience of illness with a positive life narrative are less likely to achieve a state of acceptance and more likely to remain in an alarm mode, which translates into difficulties in adapting. Importantly, the anxiety discussed is not identical to general anxiety – it refers to the specific experience of fear of relapse, and therefore, its measurement requires dedicated diagnostic tools. The Fear of Relapse Questionnaire

was used in this study, which allows for the capture of this specific form of anxiety and its relationship with disease acceptance more precisely than traditional tools measuring generalized anxiety.

In summary, a high level of fear of relapse is associated with difficulties in adapting to life after cancer treatment. Reducing this anxiety may contribute to both improved quality of life and better processing of emotions related to the experience of illness.

The results of this study indicate that fear of disease recurrence is associated with significant difficulties in the psychological adjustment of women after mastectomy. This relationship is supported by the concept of regulatory flexibility (Janowski & Biedrycka, 2014), which posits that the effectiveness of emotion regulation strategies depends not only on their content but primarily on their appropriateness to the situational context. The obtained results suggest that some strategies considered adaptive, such as soothing, may serve a maladaptive function in cases of chronic anxiety related to cancer. This observation is consistent with the assumption that strategies that provide relief in the short term may lead to deterioration of mental functioning in the long term, especially in the context of chronic emotional disorders. The identified relationships between the level of fear of disease recurrence, the emotion regulation strategies used, and the level of disease acceptance constitute a significant contribution to the development of theoretical models describing the process of adaptation to chronic illness. The study's findings are consistent with the tenets of Lazarus and Folkman's (1984) transactional theory of stress and coping, which posits that the cognitive appraisal of a health situation and the selection of emotional and behavioral strategies are crucial for the quality of psychological adjustment. Furthermore, the data are supported by attachment theories – Kozińska's (2013) research indicates that attachment style influences how one reacts to stressful situations and the preferred coping strategies. The study found that women who used more flexible and socially oriented strategies, such as social modeling, demonstrated higher levels of illness acceptance. These results reinforce the theoretical foundations, indicating the importance of interpersonal relationships and a positive self-efficacy in the process of emotional adjustment to cancer diagnosis and treatment.

Limitations

Although the obtained results provide valuable information, they should be interpreted with several limitations in mind. First, the study was cross-sectional in nature, meaning we cannot conclude on cause-and-effect relationships. Relationships between variables may be co-occurring, but not necessarily causal. Therefore,

longitudinal studies are worth considering in the future to assess the dynamics of change over time. The study group was specific – it included only women who had completed oncological treatment (mastectomy), which limits the generalizability of the results.

In expanding future research, it would be worthwhile to further classify patients by mastectomy type, distinguish between full and breast-conserving mastectomy, and expand the context of mastectomy. Some women choose a mastectomy with breast reconstruction in one operation, which may have a much more positive prognosis for well-being and psychological well-being after the surgery, as the woman cannot physically see the missing breast, nor is it visible to others. However, this is not always possible, for example, due to oncological reasons, such as inflammatory cancer or the need for further treatment with radiotherapy or chemotherapy. As is known, radiotherapy can damage tissue, making reconstruction with implants difficult, while chemotherapy may require postponing the procedure. Neither women undergoing treatment for other types of cancer nor men were included in the study. Furthermore, the time since treatment completion could have varied between participants, which could have influenced the level of anxiety and acceptance. In some cases, study participants who had undergone a mastectomy many years ago reported experiencing full joy in life and that the disease had faded away. Methodological limitations related to the use of self-report questionnaires should also be considered. Although the tests used are characterized by high validity and reliability, their results are based solely on the subjective assessment of participants.

Application

From a clinical practice perspective, the obtained results emphasize the need for individualized psychological support for women after mastectomy. Varying levels of fear of disease recurrence, different styles of emotion regulation, and the degree of acceptance of the health situation indicate the need to tailor interventions to the patient's individual emotional resources, personality traits, and social context. In particular, it is recommended to implement therapeutic interventions aimed at developing psychological flexibility, emotional awareness, and the ability to accept difficult experiences. Mindfulness-based approaches, such as Acceptance and Commitment Therapy (ACT) and elements of Gestalt therapy (Janowski & Biedrycka, 2014), are effective in this regard, enabling better processing of illness experiences and fostering internal cohesion.

The study results also point to the importance of peer support environments, such as Amazon associations. Such groups offer not only emotional support but also enable contact with real-world models of effective coping with the disease.

The observation of social modeling strategies as a positive predictor of illness acceptance supports the inclusion of group work and experience-sharing in programs supporting women after cancer treatment. The study addresses the current needs of clinical practice, where increasing attention is being paid to the psychological aspects of recovery and quality of life in cancer patients.

Based on the obtained data, recommendations can also be formulated for preventing the recurrence of emotional distress. It is worthwhile to implement psychoeducational programs and stress management training to help patients identify the fear of relapse and develop constructive ways to manage it. Such activities can contribute to improving women's quality of life after treatment and strengthen their adaptability in daily functioning. The results of this study may find practical applications – both in the development of psychological support programs for women after cancer treatment and in broader reflection on the need to consider patients' emotions, anxiety, and narratives in the recovery process. Therapies focused on emotion regulation strategies and anxiety management may be particularly helpful in improving the quality of life of women after mastectomy. Interventions based on working with beliefs, strengthening a sense of control, and activating internal resources can support the healing process and improve patients' mental functioning.

Conclusion

Summarizing the content of this study, fear of disease recurrence proved to be a key predictor hindering the acceptance of life with the disease in women after mastectomy – it negatively impacted life satisfaction, hindered reconciliation with the disease, and prevented distancing from it. The lack of correlation between age and the time elapsed since mastectomy may lead to the conclusion that psychological support should not end with the completion of oncological treatment – long-term psychological care and psychoeducation are necessary. Emotion regulation, although important, has not always proven directly effective – its importance may depend on context, personality, or the level of psychological resources. The results of this study confirm that the process of psychological adaptation to the disease is not one-dimensional but depends on many factors – both individual and environmental.

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Original Article

The Role of Psychological Well-being in Shaping Marital Closeness and Life Satisfaction Among Women Using Different Methods of Fertility Regulation

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A – Study design; B – Data collection; C – Statistical analysis; D – Interpretation of data; E – Preparation of the manuscript; F – Literature search.

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Abstract

Study Objective: This study aims to demonstrate the extent to which fertility regulation methods differentiate psychological well-being, marital closeness, and life satisfaction among Polish women of married and reproductive age. Furthermore, the study examines the extent to which psychological well-being and marital closeness influence life satisfaction among these women. Method: The study included Polish-born women aged 22–45 ($M = 36.9$) who were married at the time of the study. Fifty-nine participants were women using the natural method of fertility control, and fifty-four were women using contraception. The following research tools were used: the Psychological Well-Being Scale, the Spousal Closeness Scale, and the Satisfaction with Life Scale. Results: Women using natural fertility control methods achieved similar scores on psychological well-being factors as those using contraception, but higher scores on marital closeness factors. In the group of women using natural fertility control methods, the relationship between psychological well-being and closeness was stronger than in women using contraception. Regression models showed a higher level of explained variance in marital closeness and life satisfaction by psychological well-being in women using natural fertility control methods than in women using contraception. Conclusion: Analyzing this issue can help develop educational programs for young couples, addressing the psychological dimensions of contraceptive methods and their potential impact on quality of life and relationships. It can also aid in educating family counselors, psychologists, and psychotherapists. It may also prove helpful in conducting informational and educational campaigns presenting natural contraceptive methods as a modern approach that can support not only fertility management but also the quality of the marital bond.

Keywords: psychological well-being, marital closeness, life satisfaction, natural family planning, contraception, quality of the marital relationship

Contemporary marriage is undergoing dynamic social and cultural changes. Delays in marriage, declining fertility rates, rising divorce rates, and redefinitions of marital and parenting roles pose significant challenges for analyzing the durability and quality of marital relationships. Spouses face numerous challenges stemming from both changing social roles and rising expectations for marital relationships (Harwas-Napierała, 2006). The growing difficulty of maintaining a long-term, satisfying relationship indicates that marital quality is gaining importance. Marriage is a space where shared choices and decisions about work, children, and the future can build relationships. Among these, fertility management can be an important and bond-building element (Fijałkowski, 1999). Contraceptive choices are not solely a matter of biology or worldview – they can also have a real impact on shaping marital intimacy, a sense of meaning in life, self-acceptance, and life purpose.

Given that this topic is often the subject of medical or moral analysis, rather than a psychological one, this article attempts to demonstrate how contraceptive choices influence women's psychological aspects, such as psychological well-being, marital intimacy, and, consequently, life satisfaction. It is important to note that this analysis can complement contemporary knowledge by addressing a new dimension of marital functioning and providing valuable insights for psychotherapeutic practice, marriage counseling, and spouses themselves.

Psychological Well-Being: Hedonic and Eudaimonic Perspectives

Well-being is a broad concept that can be considered through the lens of two main philosophical traditions: hedonic and eudaimonic. The hedonic tradition, rooted in the works of Bentham and Mill, focuses on maximizing pleasure and minimizing suffering (Ryan & Deci, 2001). This concept defines well-being as a state of subjective life satisfaction resulting from experiencing positive emotions and avoiding negative experiences (Ryff, 2013). Diener's (1984) model of subjective well-being, which is the most comprehensive operationalization of this approach, encompasses two dimensions: emotional (positive and negative affect) and cognitive (life satisfaction). Positive and negative emotions function as separate systems – an individual can experience high levels of both types of emotions simultaneously, which means that improving quality of life involves not only reducing negative affect but also enhancing positive experiences (Diener et al., 1999). Life satisfaction, as a cognitive dimension, is a more stable and long-term indicator of well-being, resulting from comparing one's life with personal expectations and values (Diener et al., 1985; Pavot & Diener, 1993). Although the hedonic approach is easier to operationalize, critics emphasize its short-term nature and potential superficiality (Ryff, 2013).

The eudaimonic tradition, derived from Aristotle's philosophy, postulates that true happiness stems not merely from momentary joy but from leading a life consistent with virtue and the realization of an individual's potential (Huta & Waterman, 2014). Ryff's (1989, 2013) concept of psychological well-being represents the most comprehensive operationalization of this approach. Drawing on Rogers's theory of full development, Allport's concept of maturity, Erikson's theory of psychosocial development, Frankl's search for meaning in life, and Maslow's self-actualization, Ryff identified six key dimensions of well-being: autonomy (the ability to make independent decisions in accordance with one's values), environmental mastery (competence in managing one's life circumstances), positive relationships with others (the ability to build close, trusting bonds), personal development (continuous self-improvement and openness to new experiences), life purpose (a sense of meaning and direction), and self-acceptance (a positive and realistic self-perception). According to this approach, well-being is not a static state, but a dynamic balance that can be developed and nurtured throughout life (Karaś & Cieciuch, 2017).

Empirical research indicates that both approaches, although different in their assumptions, intertwine, offering a more comprehensive understanding of human well-being. Individuals with high levels of eudaimonic well-being often experience momentary satisfaction typical of hedonism, and hedonic pleasures can foster reflection on life and support eudaimonic pursuits (Huta & Waterman, 2014; Józefczyk, 2023). Attempts to integrate both perspectives have been made by, among others, Seligman (2011) in his PERMA model, encompassing positive emotions, engagement, relationships, meaning, and achievement, and Czapiński (2004) in his onion theory of happiness, which posits a hierarchical structure of well-being with the will to live as the central core surrounded by layers of partial satisfactions and affect. This study adopts a eudaimonic perspective, using Ryff's (2013) model as a theoretical framework to capture the multidimensional nature of well-being in the context of the marital relationship.

Marital Closeness and Its Dimensions

Marital closeness, as conceptualized by Ryś (1999, 2024), is understood as a dynamic process in which spouses build their relationship through various forms of interaction, leading to a sense of connectedness. Ryś (2024) distinguishes three interdependent dimensions of closeness. Emotional closeness refers to the level of mutual trust, a sense of security, and the satisfaction of partners' emotional needs – higher scores indicate stronger emotional commitment, acceptance, and a sense of security (Ryś, 1999). Intellectual closeness refers to the partners' ability to exchange

thoughts, views, reflections, and experiences and includes subscales of intellectual understanding, convergence of views, and similarity of values and expectations (Ryś, 2024). Behavioral closeness refers to cooperation, joint undertaking of tasks, and the achievement of life goals, reflecting the partners' level of involvement in daily responsibilities and willingness to cooperate. The balance of these three dimensions forms the foundation of a lasting, satisfying marital bond.

Marital closeness fits into a broader tradition of research on relationship quality, which emphasizes the role of secure attachment, communication, and interdependence between partners. Bowlby's attachment theory, adapted to adult relationships by Hazan and Shaver (1987), suggests that a secure attachment style promotes relationships based on trust, closeness, and mutual support. Bartholomew and Horowitz (1991) distinguished four attachment styles in adult relationships, indicating that the secure style is characterized by comfort with closeness and autonomy. Collins and Feeney (2000) emphasized that in secure relationships, the partner serves as a secure base, enabling exploration and personal growth. Kuczyńska (1998), in turn, pointed to the importance of bonding behaviors – such as commitment, care, and communication – in shaping and maintaining bonds in close relationships.

Well-being and Marital Relationships

Numerous studies confirm a significant association between psychological well-being and the quality of marital relationships. A meta-analysis by Proulx and colleagues (2007), encompassing 93 studies (66 cross-sectional and 27 longitudinal), found a positive correlation between these variables, suggesting that interventions aimed at improving relationship quality may contribute to higher well-being. Huntington and colleagues (2022) confirmed that married individuals experience better overall health, lower levels of psychological distress, and higher levels of life satisfaction. An international study by Diener and colleagues (2000), conducted in 42 countries, found that married individuals are more satisfied with their lives and experience more positive emotions than those in other forms of relationships. However, it is important to emphasize that this relationship is bidirectional: not only does marital quality influence well-being, but individual well-being can also shape relationship quality (Brown, 2000; Kamp Dush & Amato, 2005). Determining the directionality of this relationship requires longitudinal studies, which is a significant limitation of the current state of knowledge.

Studies have shown that well-being and relationship satisfaction increased in the period preceding marriage and declined significantly shortly after marriage (Dupuis et al., 2025). Hierarchical regression results showed that the socioeconomic status of married couples in India (upper, middle, and lower), location

(rural and urban areas), marital conflict, family relationships, and relationship satisfaction were significant predictors of overall health. Furthermore, location, family relationships, and relationship satisfaction were significant predictors of psychological well-being (Singh et al., 2023). Furthermore, we analyzed how health, depression, and relationship dynamics influence relationship satisfaction and life satisfaction among German couples. Analyses show that key predictors differ significantly between these two areas. In the case of relationship satisfaction, intimacy and mutual satisfaction with one's partner emerge as the strongest predictors. However, life satisfaction is primarily shaped by personal health and depressive symptoms, with relationship quality having an additional, though less dominant, role. Importantly, partners' subjective assessments of the relationship account for greater variability in both outcomes than objective factors such as age, income, or health limitations (Reinhardt et al., 2026).

Life Satisfaction and the Quality of Marital Relationships

When considering the determinants of life satisfaction, one can certainly accept the thesis, consistent with the views of many researchers, that it depends on a person's relationality—their relationship with the sphere of norms and values, including the spiritual sphere, in which positive aspects of life can be found. People seem to feel satisfied when they perceive their relationships with family, friends, and coworkers as good and fulfilling (Proctor et al., 2017). They also report satisfaction when they feel at peace with themselves and aware of their inner balance (Rojas, 2006). Many researchers point to such psychological determinants of life satisfaction as age, gender, intimacy, social and professional roles, aspirations, need fulfillment, and marital relationships (Moksnes & Espnes, 2013). According to Holak (2016), the three basic dimensions of life satisfaction are satisfaction, goal fulfillment, and acceptance of the reality in which we function. Scientists have conducted several studies indicating a high quality of life, better health perception, and life satisfaction among childless women living in cities, with higher education and a good or very good financial situation (Bień et al., 2017).

For married women, life satisfaction is directly related to their satisfaction with their marriage, work, and leisure experiences. However, for unmarried women, satisfaction depends on their leisure experiences and education level (Kousha & Moheen, 2004). A study conducted among Iranian women shows that women have average levels of life satisfaction across all age groups. Overall life satisfaction decreased with age, while overall life satisfaction increased with increasing personal income. Furthermore, as family income increased, women's overall life satisfaction also increased (Muzamil & Tasia, 2008).

Other studies have shown that generosity in marriage is associated with relationship quality (Gove et al., 1990). For married women, life satisfaction is directly related to their satisfaction with their marriage, work, and leisure experiences. However, for unmarried women, satisfaction depends on their leisure experiences and education level (Kousha & Moheen, 2004). A study conducted among Iranian women shows that women have average levels of life satisfaction across all age groups. Overall life satisfaction decreased with age, while overall life satisfaction increased with increasing personal income. Furthermore, as family income increased, women's overall life satisfaction also increased (Muzamil & Tasia, 2008).

The authors conceptualized generosity as a relationship-maintaining behavior and analyzed survey data accordingly. For married women, life satisfaction is directly related to their satisfaction with their marriage, work, and leisure experiences. However, for unmarried women, satisfaction depends on their leisure experiences and education level (Kousha & Moheen, 2004). A study conducted among Iranian women shows that women have average levels of life satisfaction across all age groups. Overall life satisfaction decreased with age, while overall life satisfaction increased with increasing personal income. Furthermore, as family income increased, women's overall life satisfaction also increased (Muzamil & Tasia, 2008).

They found that generosity—defined here as small acts of kindness, showing respect and affection, and a willingness to forgive one's spouse for their faults and shortcomings—was positively associated with marital satisfaction and negatively with marital conflict and the perceived likelihood of divorce (Dew & Wilcox, 2013). Furthermore, life satisfaction and optimism have been found to have a potentially positive impact on personal achievement and on how people experience old age among middle-aged and older women (Bhattacharyya et al., 2024).

Birth Control Methods and the Quality of the Marital Relationship

Researchers rarely attempt to demonstrate the relationship between psychological well-being and relationship satisfaction with life satisfaction among individuals using various methods of fertility regulation. This applies to natural conception planning and contraceptive methods. Natural conception control methods include single-symptom methods, the best-known of which are the Billings ovulation method and the Döring thermal method, as well as multi-symptom methods, including the sympto-thermal method. Natural methods of fertility regulation control are primarily based on the observation and interpretation of fertility indicators such as basal body temperature, cervical mucus, and cervical position, and require the involvement of both partners, periodic abstinence, and open dialogue (Fehring & Manhart, 2020; Unseld et al., 2017). Artificial

methods of conception control, on the other hand, most often involve mechanical or hormonal interventions.

Research indicates that fertility management practices can influence sexual satisfaction, intimacy, communication, and bonding between partners (Fehring & Lawrence, 1994; Kornas-Biela, 2006; Unseld et al., 2017). Kornas-Biela's (2006) research suggests that menstrual abstinence did not generate frustration but was perceived as a factor promoting intimacy and the development of behaviors that enhance emotional closeness. VandeVusse et al. (2003) demonstrated that religious women who used a method of conception control based on cervical mucus ovulation symptoms demonstrated greater respect, spiritual enrichment, and sensitivity to their spouse's needs, as well as negative aspects: strained sexual interactions and difficulties with the method.

Women using oral contraception scored lower on measures of sexual satisfaction and attraction to their partner, experienced sexual dissatisfaction, and were more likely to initiate final separation if one occurred. However, these same women were more satisfied with their partner's paternal care and, consequently, maintained longer relationships and were less likely to decide to separate (Roberts et al., 2012). Other women experienced decreased mood and depression (Skovlund et al., 2016) and changes in emotion regulation and emotional reactivity (Lewis et al., 2019; Montoya & Bos, 2017). Komorowska-Pudło and Rawicka's (2020) study confirmed that couples using natural methods had better communication and higher levels of emotional expression. Studies have shown that women using hormonal contraception had higher levels of jealousy (Cobey et al., 2011), and women who had ever been married and used natural methods of birth control had a lower risk of divorce, while those who used the most common contraceptive methods had a higher risk of divorce (Manhart & Fehring, 2023). Jankowska (2014) found significant differences in relationship quality, with spouses using natural methods achieving higher scores on emotional, intellectual, and action-related closeness scales.

Researchers found a negative association between oral contraceptive use and depression. Other negative associations were also found between current oral contraceptive use and feelings of dissatisfaction, uselessness, irritability, and loss of interest in people. No significant associations were found between current LNG-IUS use and its duration or any of the components studied (Teffol et al., 2012). Similarly, no significant effect of oral contraceptive use during relationship formation was observed on sexual satisfaction or relationship satisfaction (Fiurašková et al., 2022). However, research by Duke et al. (2007) found that the prevalence of depressive symptoms among young Australian women using oral contraceptives did not differ significantly from that among women not using them. Most women suggested that oral contraceptives reduced the frequency of sexual thoughts and psychosexual arousal (Sanders et al., 2001).

Researchers attempted to assess the level of satisfaction with contraceptive use among Spanish and English women who were new to contraception. The methods studied included the implant, copper IUD, levonorgestrel IUD, and oral contraceptives. After 3 months of using contraception, 52.1% of participants were completely satisfied with their contraceptive method, 30.7% were somewhat satisfied, 4.2% were neither satisfied nor dissatisfied, 6.9% were somewhat dissatisfied, and 6.1% were completely dissatisfied. Women whose method significantly improved their sex life reported greater sexual satisfaction than other women (Kramer et al., 2022). Other studies show that women using hormonal methods alone rarely reported decreased pleasure but had lower overall sexual satisfaction scores (Higgins et al., 2021). Twenty-seven percent of women using hormonal contraception reported a decrease in sexual desire, which they attributed to hormonal contraception use (Malmborg et al., 2015). Wives who used hormonal contraception during their union were less satisfied with their lives after discontinuing it (Russell, 2014). Similarly, women who chose a hormonal method reported better overall health-related quality of life compared to those who used a non-hormonal method. Furthermore, a moderated mediation model showed that the effect of hormonal method on health-related quality of life was partially explained by the moderated mediation of duration of method use (Leon-Larios et al., 2019).

A study by Kowalczyk et al. (2023) found no differences in basic cognitive and executive functions between women using oral contraceptives and those using non-conventional contraception. Women using oral contraceptives experienced less affect variability across the menstrual cycle and fewer negative affective symptoms during menstruation (Oinonen & Mazmanian, 2002). Some combined oral contraceptives (COCs) are beneficial in controlling HMB and anemia, reducing the incidence of endometrial, ovarian, and colon cancers, and ectopic pregnancy, as well as alleviating symptoms of premenstrual syndrome (Bahamondes et al., 2015).

In contrast, among South Africans, only 14% of men and 17% of women reported consistent or occasional condom use as an effective means of preventing pregnancy and disease. Condom use is significantly more common among urban, more educated individuals (Maharaj & Cleland, 2004). Men's use of condoms in a relationship was most strongly associated with decreased sexual pleasure in women, regardless of whether condoms were used alone or in combination with hormonal methods. Furthermore, bivariate correlational analysis revealed no significant associations between guilt related to sex, communication, and condom use for conception control (Souva, 1997).

It should be noted that research on the psychological impact of this method of fertility regulation is inconsistent. Some studies do not confirm significant negative effects, and individual differences in response to hormonal treatments are significant (Lewis et al., 2019). It can be suggested that this association

may be moderated by confounding variables such as religiosity or adopted values.

Research Purpose and Hypotheses

Although several studies, primarily published in English, have demonstrated differences in the quality of marital relationships depending on the birth control methods used, there is a lack of such analyses among women living in Poland. This study attempts to fill this gap. The study aims to determine the extent to which the methods of fertility control used differentiate levels of psychological well-being, marital intimacy, and life satisfaction among married women, and to examine the strength and direction of the relationships among these variables.

Based on the literature review, five research hypotheses were formulated:

H_1. Women using the natural method of fertility control demonstrate higher levels of well-being in the dimensions of self-acceptance and positive relationships with others.

H_2. Women using the natural method of fertility control achieve higher levels of marital closeness in all dimensions.

H_3. Correlations between the dimensions of marital closeness and well-being are stronger among women using the natural method of fertility control than among those using contraception.

H_4. In the group of women using contraception, there is a negative relationship between emotional closeness and autonomy.

H_5. In the lives of women using natural methods of fertility control, psychological well-being is a stronger predictor of marital closeness and life satisfaction than in women using contraceptive methods.

Participants

The study involved 113 women, aged 22 to 45 ($M = 36.9$), who were married at the time of the study. Fifty-nine of the participants were women using the natural method of fertility control (NPR), and fifty-four were women using contraception (NA). Of the women studied, five were in civil unions, while the remaining 108 were married. The average length of marriage was 11.5 years. The vast majority of the women had higher education (102), 10 had secondary education, and 1 had primary education.

Forty-three women lived in cities with more than 500,000 inhabitants, 16 in cities with 100,000 to 500,000 inhabitants, 26 in cities with up to 100,000

inhabitants, and 28 lived in rural areas. Fourteen women had no children; 19 were mothers of one child; 37 were mothers of two children; 24 were mothers of three children; 11 were mothers of four children; 7 were mothers of five children; and 2 were mothers of six children.

Of the women using contraception, 31 used condoms, 9 used birth control pills, 8 used withdrawal, 4 used intrauterine devices (IUDs), 1 used a vaginal ring, and 1 used a contraceptive patch. Of the women using natural methods of fertility control, 41 used the Rötzer method, 5 used the Creighton Model, 4 used the Thermal method, 3 used fertility monitors, 2 used a marriage calendar, 2 used the Billings method, and 2 used the LMM method.

Research Tools

To collect empirical data and verify the hypotheses, the following research tools were used: the Psychological Well-being Scales, the Spouses' Closeness Scale, and the Satisfaction with Life Scale.

The Psychological Well-Being Questionnaire (PWQ) was developed by Ryff (2013). Adapted to Polish conditions by Karaś and Cieciuch (2017), it encompasses six dimensions of psychological well-being: (a) autonomy (AUT), (b) environmental mastery (PON), (c) positive relationships with others (PR), (d) personal development (RO), (e) purpose in life (CZ), and (f) self-acceptance (AS). The questionnaire consists of 84 items. Each statement refers to subjective beliefs about the person and their life. Participants rate each statement using a seven-point Likert scale, where 1 means *strongly disagree*, and 7 means *strongly agree*. The questionnaire is valid and reliable. All factors have Cronbach's alpha coefficients above .70.

The Spousal Closeness Scale (SCS) is used to determine the degree of closeness between spouses (Ryś, 2024). It includes the following factors: (a) emotional closeness (BE), (b) intellectual closeness (BI), and (c) behavioral closeness (BD). The questionnaire allows for the diagnosis of both the current level of closeness and a retrospective assessment of the relationship from the initial period of marriage. The questionnaire consists of 27 bipolar statements, to which spouses respond based on a 7-point scale, where 1 means *strongly disagree*, and 7 means *strongly agree*. The instrument's validity was obtained based on an external criterion. The reliability of the scales was assessed using Cronbach's alpha, which was .74.

The Satisfaction with Life Scale (SWLS). Constructed by Diener and colleagues (Diener et al., 1985), the Life Satisfaction Scale is a commonly used instrument that measures life satisfaction as a conscious and cognitive evaluation of one's own life, during which the individual compares the conditions of their life with self-imposed

standards. The scale contains 5 statements to which the person surveyed gives an answer on a 7-point scale. 1 means I *strongly disagree*, and 7 means I *strongly agree*. If the result of the comparison, indicating the general degree of satisfaction with one's own life, is satisfactory, this results in a feeling of satisfaction with one's own life. The higher the score obtained, the greater the person's feeling of satisfaction with life. The scale can be used individually or in groups. The reliability of the scale, measured by the test-retest method, was .83. After a two-week retest, it was .84, while the Cronbach's α reliability coefficient was .72. The scale was adapted to Polish conditions by Juczyński (2001). The Polish version of the tool has satisfactory psychometric indices. The Cronbach's α reliability coefficient is .81, and the tool's theoretical accuracy was assessed using factor analysis, which confirmed a single factor.

Data Procedure and Analysis

Data were collected via an online survey, and statistical analysis was conducted. Descriptive statistics were calculated, and the normality of distributions was assessed using the Shapiro-Wilk test. Due to deviations from normality, the Mann-Whitney *U* test was used to compare groups. Interdependencies were examined using Spearman's rank correlation. Linear regression analysis was also conducted to determine the extent to which psychological well-being explained the variance in marital closeness and life satisfaction. A significance level of $p < .05$ was adopted. The effect size for the Mann-Whitney *U* test was expressed using the biserial rank correlation (r), and the strength of the correlation was interpreted according to Cohen's (1988) criteria.

Results

Descriptive Statistics

Table 1 presents descriptive statistics for the dimensions of psychological well-being. In the group using the natural method of fertility control, the highest mean scores were observed for positive relationships with others ($M = 67.5$, $SD = 10.19$), purpose in life ($M = 65.8$, $SD = 9.52$), and personal development ($M = 64.6$, $SD = 7.89$). Similarly, women using contraception (NA) achieved the highest mean scores on the personal development factor ($M = 65.5$, $SD = 8.55$), life purpose ($M = 64.6$, $SD = 13.94$), and positive relationships with others ($M = 64.1$, $SD = 13.43$). The lowest mean scores were obtained by women using the natural method of fertility control (NPR) ($M = 59.4$, $SD = 9.87$) and women using contraception (NA) ($M = 58.9$, $SD = 15.75$) on the environmental mastery factor.

In the group of women using contraception (NA), higher standard deviations were observed, indicating greater heterogeneity of results, which may reflect the greater diversity of experiences and contexts of contraceptive use in this group.

Table 1

Descriptive statistics (M, SD) for psychological well-being measured by the Psychological Well-being Questionnaire among women using the natural method of fertility control (NPR) and contraception (NA)

Variable	Group	*M*	*Mdn*	*SD*	MIN	MAX	*As*	S-W	*p*
Autonomy	NPR	61.5	62.0	10.57	31.0	83.0	-.29	.98	.30
	NA	60.9	63.5	11.49	32.0	84.0	-.48	.95	.02*
Mastery of the environment	NPR	59.3	59.0	9.87	22.0	82.0	-.75	.95	.02*
	NA	58.9	61.5	15.75	25.0	84.0	-.35	.96	.11
Personal development	NPR	64.6	67.0	7.89	44.0	81.0	-.31	.98	.32
	NA	65.5	66.0	8.55	44.0	84.0	-.15	.99	.83
Positive relationships	NPR	67.5	71.0	10.19	40.0	82.0	-.92	.92	.00**
	NA	64.1	66.0	13.43	28.0	83.0	-.58	.95	.02*
Purpose in life	NPR	65.8	66.0	9.52	36.0	83.0	-.78	.95	.02*
	NA	64.6	66.5	13.94	29.0	84.0	-.65	.93	.00**
Self-acceptance	NPR	64.3	67.0	10.68	33.0	83.0	-.83	.95	.01*
	NA	60.1	63.5	16.02	17.0	81.0	-.78	.92	.00**

Note. *Mdn* = median; *As* = skewness; S-W = Shapiro-Wilk test statistic; *p* = *p*-value.

*$p < .05$. **$p < .01$.

Table 2

Descriptive statistics (M, SD) for the results obtained on the Spousal Closeness and Life Satisfaction scales among women using the natural method of fertility control (NPR) and contraception (NA)

Variable	Group	*M*	*Mdn*	*SD*	MIN	MAX	*As*	S-W	*p*
Emotional closeness	NPR	109.1	116.0	17.26	38.0	119.0	-2.87	.60	< .001***
	NA	97.3	109.5	27.40	17.0	119.0	-1.45	.78	< .001***
Behavioral closeness	NPR	25.1	27.0	4.00	9.0	28.0	-2.13	.73	< .001***
	NA	22.8	25.0	5.87	4.0	28.0	-1.54	.81	< .001***
Intellectual closeness	NPR	150.2	154.0	17.89	76.0	168.0	-2.04	.81	< .001***
	NA	130.8	141.0	34.68	30.0	168.0	-1.36	.85	< .001***
Life satisfaction	NPR	20.2	24.1	3.92	8.8	27.9	-1.52	.89	< .001***
	NA	21.1	22.2	6.28	4.1	27.8	-1.01	.90	< .001***

Note. *Mdn* = median; *As* = skewness; S-W = Shapiro-Wilk test statistic; *p* = *p*-value.

***$p < .001$.

Table 2 presents descriptive statistics for marital closeness and life satisfaction. Women using natural fertility control (NPR) achieved higher means than women

using contraception (NA) across all dimensions of closeness, with particularly large differences observed in emotional and intellectual closeness. Conversely, women using contraception scored slightly higher on the life satisfaction factor than women using natural fertility methods. For all analyzed variables, the Shapiro-Wilk test revealed significant deviations from the norm ($p < .001$). Note the clearly left-skewed distribution, which indicates a clear ceiling effect – many participants achieved scores close to the maximum scale.

Intergroup Comparison

The Mann-Whitney *U* test (Table 3) did not reveal statistically significant differences in psychological well-being between the groups of women. Research indicates that women using the natural method of fertility control (NPR) only had slightly higher scores on most dimensions of well-being than women using contraception (NA). However, these differences did not reach statistical significance. The effect sizes were negligible ($r < .10$ for all dimensions), confirming the lack of practically significant intergroup differences in well-being.

Table 3
Results of the Mann-Whitney U test for psychological well-being among women using the natural method of fertility control (NPR) and contraception (NA)

Variable	NPR	NA	*U*	*z*	*r*	*p*
	M	*M*				
Autonomy	61.5	60.9	1591.5	-.01	.001	.49
Mastery of the environment	59.3	58.9	1559.0	-.20	.02	.42
Personal development	64.6	65.5	1517.5	-.43	.04	.33
Positive relationships with others	67.5	64.1	1404.5	-1.08	.10	.13
Purpose in Life	65.8	64.6	1570.0	-.13	.01	.44
Self-acceptance	64.3	60.1	1451.0	-.81	.08	.21

Note. *r* – biserial rank correlation as a measure of effect size. No results reached statistical significance.

Differing results were obtained regarding marital closeness and life satisfaction across the groups of women (Table 4). Women using natural fertility control (NPR) scored higher than those using contraception (NA) on all marital closeness factors. However, women using contraception scored higher on the life satisfaction factor. The Mann-Whitney *U* test revealed significant differences across all dimensions of marital closeness and life satisfaction. The most striking differences were observed for the intellectual closeness factor. Effect sizes ranged from small to medium ($r = .22–.31$), indicating practically significant differences between the groups.

Table 4
Results of the Mann-Whitney U test for marital closeness and life satisfaction among women using the natural method of fertility control (NPR) and contraception (NA)

Variable	NPR	NA	*U*	*z*	*r*	*p*
	M	M				
Emotional closeness	109.1	97.3	1171.0	-2.45	.23	.007**
Behavioral closeness	25.1	22.8	1190.0	-2.36	.22	.009**
Intellectual closeness	150.2	130.8	1024.5	-3.27	.31	.001**
Life satisfaction	20.2	21.1	1112.1	-2.13	.25	.003**

Note. r = Biserial rank correlation as a measure of effect size. All results achieved statistical significance.
**$p < .01$. ***$p < .001$.

Correlations between well-being, marital closeness, and life satisfaction

In the group of women using the natural method of fertility control (NPR) (Table 5), significant positive correlations were found between all well-being factors and marital closeness and life satisfaction. The strongest correlations were observed between emotional closeness and self-acceptance (*rho* = .61, $p < .001$) and emotional closeness and environmental mastery (*rho* = .58, $p < .001$). The weakest correlations were observed for positive relationships with others' intellectual closeness (*rho* = .22, $p < .05$) and behavioral closeness (*rho* = .24, $p < .05$). Furthermore, life satisfaction correlates positively with all dimensions of marital closeness. Their relationship is positive and weak.

Table 5
Spearman's rank correlations between well-being, marital closeness, and life satisfaction in the group of women using the natural method of fertility control (NPR) and contraception (NA)

Variable	NPR			NA		
	BE	BD	BI	BE	BD	BI
Autonomy	.41**	.38**	.34**	.19	.21	.23*
Mastery of the environment	.58***	.56***	.55***	.48***	.47***	.44***
Personal development	.52***	.46***	.47***	.35**	.26*	.27*
Positive relationships	.32**	.24*	.22*	.38**	.40**	.28*
Purpose in life	.53***	.49***	.48***	.50***	.52***	.45***
Self-acceptance	.61***	.57***	.52***	.42**	.43***	.38**
Life satisfaction	.27*	.25*	.24*	.20	.31*	.26*

Note. BE = Emotional closeness; BD = Behavioral closeness; BI = Intellectual closeness.
*$p < .05$. **$p < .01$. ***$p < .001$.

In the group of women using contraception (NA) (Table 5), significant positive correlations were also found across many factors between well-being factors, marital closeness, and life satisfaction. No significant associations were found between emotional or behavioral closeness and autonomy, or between emotional closeness and life satisfaction. The strongest correlations in the group of women using contraception were observed between behavioral closeness and purpose in life ($rho = .52, p < .001$) and emotional closeness and purpose in life ($rho = .50, p < .001$). The weakest correlations were observed between intellectual closeness and autonomy (rho = .23, $p < .05$) and behavioral closeness and personal development ($rho = .26, p < .05$).

Comparison of correlation patterns between groups reveals differences not so much in the direction of the relationships, but in their strength. This suggests that in the group of women using natural fertility control methods, the relationship between many factors of psychological well-being, life satisfaction, and marital closeness is stronger.

Regression Analysis Results

To analyze the relationships between dimensions of psychological well-being and marital closeness, and life satisfaction, a series of linear regression models were performed using the insertion method. Analyses were conducted separately for the group of women using natural methods of fertility control and methods of contraception. Predictors in each model were the dimensions of psychological well-being: autonomy, mastery of the environment, personal development, positive relationships with others, purpose in life, and self-acceptance. The dependent variables were emotional closeness, behavioral closeness, intellectual closeness, and life satisfaction, respectively. Analyses were performed in IBM SPSS Statistics 31. The level of statistical significance was set at the classic threshold of $\alpha = .05$. Results are presented in Tables 6–9.

The first regression model examined whether dimensions of psychological well-being predicted the level of emotional closeness depending on the method of fertility control used by women. The results of the analysis are presented in Table 6. In the group of women using contraception, the resulting regression model proved statistically significant and explained 27.5% of the variance in emotional closeness. Analysis of individual predictors revealed that personal development and self-acceptance were significant positive predictors of emotional closeness. This means that, when controlling for other dimensions of well-being, higher levels of personal development and self-acceptance were associated with higher levels of emotional closeness. The other dimensions of well-being were not significant predictors of this variable.

Table 6
Well-being as a predictor of emotional closeness depending on the method of fertility control used by women in the linear regression

Predictor	*b*	*SE*	Beta	*t*	*p*
Using method of contraception: $\boldsymbol{F(6,52) = 4.66, p < .001, R^2_{adj.} = .275}$					
(Constant)	36.69	17.29		2.12	**.039**
Autonomy	0.12	0.25	.07	0.46	.647
Mastery of the environment	-0.41	0.37	-.24	-1.10	.275
Personal development	1.01	0.37	.46	2.72	**.009**
Positive relationships	-0.30	0.31	-.18	-0.99	.328
Purpose in life	-0.21	0.36	-.12	-0.59	.555
Self-acceptance	0.92	0.41	.57	2.24	**.030**
Natural methods of fertility control: $\boldsymbol{F(6,47) = 7.99, p < .001, R^2_{adj.} = .442}$					
(Constant)	62.44	24.38		2.56	**.014**
Autonomy	-1.37	.36	-.57	-3.82	**<.001**
Mastery of the environment	0.38	.43	.22	0.89	.378
Personal development	0.16	.46	.05	0.34	.733
Positive relationships	-0.10	.34	-.05	-0.28	.781
Purpose in life	0.71	.50	.36	1.43	.160
Self-acceptance	0.76	.47	.45	1.64	.109

Note. *b* = unstandardized regression coefficient; *SE* = standard error; Beta = standardized regression coefficient; *t* = Student's t-test result; *F* = result of analysis of variance; *p* = probability of the test statistic; $R^2_{adj.}$ = adjusted *R*-squared.
Statistically significant results are marked in bold.

In the group of women using natural methods of fertility control, the regression model was also statistically significant, explaining 44.2% of the variance in emotional closeness. Autonomy was the only significant predictor, and this relationship was negative. This means that, when controlling for other aspects of well-being, higher levels of autonomy were associated with lower levels of emotional closeness. The remaining predictors did not reach statistical significance. In both groups, dimensions of well-being significantly predicted the level of emotional closeness, but the pattern of predictors was different. Among women using contraception, personal development and self-acceptance were significant, whereas among women using natural methods of fertility control, only autonomy was significant, and it was negatively associated with emotional closeness.

Next, a regression analysis was performed with behavioral closeness as the dependent variable. The analysis aimed to determine whether the level of this form of closeness could be predicted by dimensions of psychological well-being

in both groups of women compared. The results are presented in Table 7. In the group of women using contraception, the entire regression model was statistically significant and explained 23.3% of the variance in behavioral closeness. Despite the significance of the entire model, none of the analyzed dimensions of well-being reached statistical significance as an independent predictor. This means that the combined system of variables predicted the level of behavioral closeness, but no single dimension of well-being could be identified that would have a clear, independent contribution to explaining this variable.

Table 7
Well-being as a predictor of behavioral closeness depending on the method of fertility control used by women in the linear regression

Predictor	*b*	*SE*	Beta	*t*	*p*
Using method of contraception: $\boldsymbol{F(6,52) = 3.93, p = .003, R^2_{adj.} = .233}$					
(Constant)	11.92	3.60		3.31	**.002**
Autonomy	0.04	0.05	.13	0.83	.410
Mastery of the environment	-0.03	0.08	-.09	-0.40	.689
Personal development	0.10	0.08	.23	1.34	.185
Positive relationships	-0.11	0.06	-.32	-1.70	.095
Purpose in life	0.06	0.08	.18	0.86	.392
Self-acceptance	0.14	0.09	.42	1.63	.110
Natural methods of fertility control: $\boldsymbol{F(6,47) = 4.38, p = .001, R^2_{adj.} = .277}$					
(Constant)	14.39	4.69		3.07	**.004**
Autonomy	-0.17	0.07	-.42	-2.47	**.017**
Mastery of the environment	0.03	0.08	.09	0.32	.754
Personal development	0.04	0.09	.08	0.50	.620
Positive relationships	0.05	0.07	.15	0.79	.431
Purpose in life	0.17	0.10	.51	1.76	.085
Self-acceptance	0.01	0.09	.04	0.14	.887

Note. *b* = unstandardized regression coefficient; *SE* = standard error; Beta = standardized regression coefficient; *t* = Student's t-test result; *F* = result of analysis of variance; *p* = probability of the test statistic; $R^2_{adj.}$ = adjusted *R*-squared.
Statistically significant results are marked in bold.

In the group of women using natural methods of fertility control, the regression model was also statistically significant, explaining 27.7% of the variance in behavioral closeness. Autonomy proved to be a significant predictor, with higher levels of autonomy associated with lower levels of behavioral closeness. The remaining aspects of well-being were not significant predictors of this form of closeness. The obtained results indicate that the dimensions of well-being, as a set of variables,

predicted behavioral closeness in both groups of women. At the same time, only in the group of women using natural methods of fertility control did autonomy emerge as a significant predictor. Its relationship with behavioral closeness was negative.

Table 8
Well-being as a predictor of intellectual closeness depending on the method of fertility control used by women in the linear regression

Predictor	*b*	*SE*	Beta	*t*	*p*
Using method of contraception: $\boldsymbol{F(6,52) = 4.11, p = .002, R^2_{adj.} = .243}$					
(Constant)	74.65	18.32		4.08	**<.001**
Autonomy	-0.01	0.26	-.01	-0.05	.962
Mastery of the environment	0.14	0.39	.08	0.35	.731
Personal development	1.07	0.39	.47	2.73	**.009**
Positive relationships	-0.28	0.32	-.16	-0.88	.383
Purpose in life	-0.14	0.38	-.07	-0.37	.715
Self-acceptance	0.43	0.43	.26	0.99	.329
Natural methods of fertility control: $\boldsymbol{F(6,47) = 5.82, p < .001, R^2_{adj.} = .353}$					
(Constant)	95.92	33.22		2.89	**.006**
Autonomy	-1.43	0.49	-.47	-2.93	**.005**
Mastery of the environment	0.35	0.58	.16	0.59	.556
Personal development	-0.08	0.62	-.02	-0.13	.896
Positive relationships	-0.27	0.47	-.11	-0.58	.566
Purpose in life	1.10	0.68	.44	1.62	.111
Self-acceptance	0.88	0.63	.41	1.39	.170

Note. b = unstandardized regression coefficient; *SE* = standard error; Beta = standardized regression coefficient; t = Student's t-test result; F = result of analysis of variance; p = probability of the test statistic; $R^2_{adj.}$ = adjusted R-squared.

Statistically significant results are marked in bold.

The third regression analysis examined whether dimensions of psychological well-being predicted the level of intellectual closeness. Models were calculated separately for women using contraception and natural methods of fertility control. The results are presented in Table 8. In the group of women using contraception, the regression model was statistically significant and explained 24.3% of the variance in intellectual closeness. Among the analyzed dimensions of well-being, personal development was a significant positive predictor. This means that a higher level of personal development was associated with a higher level of intellectual closeness when controlling for other dimensions of well-being. The remaining variables were not significant predictors of intellectual closeness.

In the group of women using natural methods of fertility control, the resulting model also achieved statistical significance and explained 35.3% of the variance in the dependent variable. Autonomy was a significant predictor of intellectual closeness, with higher levels of autonomy associated with lower levels of this form of closeness. Other dimensions of well-being did not reach statistical significance. The results indicate that intellectual closeness was predicted by different aspects of well-being depending on the group. Among women using contraception, personal development was a significant predictor, whereas among women using natural methods of fertility control, autonomy was a significant predictor, with a negative relationship with intellectual closeness.

Table 9
Well-being as a predictor of life satisfaction depending on the method of fertility control used by women in the linear regression

Predictor	*b*	*SE*	Beta	*t*	*p*
Using method of contraception: $\boldsymbol{F(6,52) = 2.25, p = .053, R^2_{adj.} = .114}$					
(Constant)	21.75	4.19		5.19	**<.001**
Autonomy	-0.08	0.06	-.23	-1.36	.181
Mastery of the environment	0.05	0.09	.12	0.51	.614
Personal development	-0.06	0.09	-.13	-0.70	.489
Positive relationships	-0.01	0.07	-.03	-0.13	.898
Purpose in life	0.01	0.09	.02	0.10	.918
Self-acceptance	0.18	0.10	.51	1.83	.072
Natural methods of fertility control: $\boldsymbol{F(6,47) = 15.17, p < .001, R^2_{adj.} = .616}$					
(Constant)	9.14	4.26		2.15	**.037**
Autonomy	0.05	0.06	.11	0.85	.398
Mastery of the environment	-0.02	0.08	-.06	-0.28	.780
Personal development	-0.15	0.08	-.23	-1.94	.059
Positive relationships	0.01	0.06	.03	0.24	.813
Purpose in life	0.16	0.09	.38	1.81	.076
Self-acceptance	0.19	0.08	.54	2.39	**.021**

Note. b = unstandardized regression coefficient; *SE* = standard error; Beta = standardized regression coefficient; t = Student's t-test result; F = result of analysis of variance; p = probability of the test statistic; $R^2_{adj.}$ = adjusted R-squared.
Statistically significant results are marked in bold.

The final regression analysis focused on predicting life satisfaction based on dimensions of psychological well-being. Models were run separately for the group of women using contraception and natural methods of fertility control. The results are presented in Table 9. In the group of women using contraception control, the

regression model did not reach statistical significance, although the result was close to the assumed significance threshold. The model explained 11.4% of the variance in life satisfaction. None of the analyzed dimensions of well-being were significant predictors of the dependent variable. This means that in this group, it was not confirmed that the dimensions of psychological well-being entered simultaneously into the model significantly predicted the level of life satisfaction.

In the group of women using natural methods of fertility control, the regression model was statistically significant and explained 61.6% of the variance in life satisfaction. Self-acceptance proved to be a significant positive predictor. This means that, when controlling for other dimensions of well-being, higher levels of self-acceptance were associated with higher levels of life satisfaction. The remaining predictors did not reach statistical significance. Psychological well-being significantly predicted life satisfaction only in the group of women using natural methods of fertility control. Self-acceptance was crucial in this group. Among women using contraception, a similar model was not statistically significant, indicating a weaker role of psychological well-being in this group.

Discussion

This study aimed to determine the extent to which birth control methods differentiate married women in terms of psychological well-being, marital closeness, and life satisfaction, and to examine the relationships between these constructs in the context of the method used. The results are discussed below in relation to the hypotheses, existing theories, and previous empirical research.

Comparative analysis using the Mann-Whitney *U* test did not confirm the first hypothesis, which predicted higher levels of psychological well-being in the dimensions of self-acceptance and positive relationships with others in women using a natural method of fertility control. Although mean scores were slightly higher in this group on most dimensions, the differences did not reach statistical significance, and the effect sizes were negligible. This result can be interpreted in several ways. First, psychological well-being – as an individual construct by definition, shaped by numerous personality, biographical, and environmental factors – may be relatively resistant to the influence of a single behavioral variable, such as the method of birth control. Second, the lack of statistical significance may be due to the limited sample size ($n = 59$), which may not have provided sufficient statistical power to detect small effects. Third, unaccounted-for intragroup differences – such as duration of method use, specific method type, or worldview – may have obscured the differences between the groups. The risk of social acceptance bias should also be considered in a self-report-based tool, particularly in the area

of intimate topics. The observed trend corresponds with the results of Fehring and Lawrence (1994) and Komorowska-Pudło and Rawicka (2020), who indicated higher levels of self-acceptance and bond quality in women using natural methods of conception, although in those studies, these differences reached statistical significance.

The second hypothesis, which predicted higher levels of marital closeness in women using the natural method of fertility, was fully confirmed. Across all dimensions of closeness – emotional, behavioral, and intellectual – women using natural methods of fertility control achieved significantly higher scores, with effect sizes ranging from small to medium (Cohen, 1988). These results can be interpreted in the context of the specific nature of natural methods, which require ongoing cooperation, shared responsibility, and dialogue between spouses. According to Ryś (2024), the involvement of both partners strengthens the bond and supports healthy interdependence. The obtained results are consistent with previous studies by Jankowska (2014), VandeVusse et al. (2003), and Unseld et al. (2017). However, interpretation should be cautious. The cross-sectional nature of the study does not allow for a definitive conclusion as to whether the use of the natural method of fertility control leads to higher closeness or whether couples with higher initial closeness are more likely to use natural methods. It is also possible that a third variable – e.g., religiosity or value systems – could influence both the choice of method and the quality of the relationship. The issue of self-selection is a fundamental limitation of these results and requires consideration in future research.

Correlation analysis supported the third hypothesis, indicating stronger associations between dimensions of marital intimacy and well-being among women using natural fertility control than among women using contraception. For example, stronger associations between emotional intimacy and self-acceptance (*rho* = .61 vs. .42) and environmental mastery (*rho* = .58 vs. .48) in the natural fertility control group suggest that experiencing understanding and emotional support in the reproductive sphere promotes positive self-perception and builds a sense of life competence. The present results are consistent with the hypothesis, although differences between correlations were not formally tested. Managing fertility naturally requires daily collaboration and dialogue, which may contribute to a sense of efficacy – a characteristic of the environmental mastery dimension. These results are consistent with a broader tradition of research linking intimacy to well-being (Fehring & Lawrence, 1994; Proulx et al., 2007). In the group of women using contraception, where correlations were significant but weaker, emotional closeness may not translate into the same degree of personal integration and sense of control, which may be the result of a more individualized style of making decisions regarding reproduction.

A similar pattern was observed for intellectual and behavioral closeness. Shared planning, reflection, and decision-making regarding fertility management create a context of partner engagement that fosters a deeper sense of meaning in life and agency. As Keyes (2002) emphasizes, close, committed relationships foster a sense of meaning in life and higher levels of self-acceptance. It is worth emphasizing, however, that differences between correlation coefficients were not formally tested statistically (e.g., using Fisher's exact test for differences between correlations), which limits conclusions regarding these hypotheses.

Hypothesis four, which predicted a negative relationship between emotional closeness and autonomy in the group of women using contraception, was not supported. A weak, positive, nonsignificant correlation was found between these variables in this group, whereas in the group using the natural method of fertility control, the relationship was positive and significant ($rho = .41$, $p < .01$). The results suggest that in relationships based on partnership and mutual commitment, emotional closeness coexists with autonomy rather than precluding it. This is consistent with attachment theory, in which a secure attachment style enables the integration of closeness with individuality (Bartholomew & Horowitz, 1991; Hazan & Shaver, 1987). Autonomy, understood as acting in accordance with one's beliefs, and emotional closeness, understood as empathetic presence, may be integrated in relationships based on support rather than control (Ryff & Singer, 2008).

Hypothesis five, which suggests that in the lives of women using natural methods of fertility control, psychological well-being is a stronger predictor of marital closeness and life satisfaction than in women using the method of conception, was confirmed. All regression models indicate that in the lives of women using natural methods of fertility control, psychological well-being explains from 27.7% to 44.2% of the variance in marital closeness, and in the regression models for women using contraception, from 23.3% to 27.5%. In the lives of women using natural methods of fertility control, psychological well-being explains 61.6% of the variance in life satisfaction, and for women using contraception, 11.4%.

In the regression models for women using natural methods of fertility control, autonomy was a common explanatory variable, while emotional closeness and intellectual closeness were explained. In the group of women using contraception, the explanatory variable was personal development, and the dependent variable was emotional and behavioral closeness. This suggests that in couples using natural methods of fertility control, a woman's personal sense of happiness and life satisfaction is a key, direct building block of her closeness with her partner. In couples using contraception, closeness is influenced by more external factors, and psychological well-being is less important. The tool used to examine psychological well-being examines the objective dimension of this construct (Ryff, 2013). Whether couples using contraception draw on different sources of well-being is, however, an

open question that the present data cannot address and should be tested directly in future studies. Lower determination coefficients in the group of women using contraception suggest that closeness in these relationships is built by additional relational mechanisms, exceeding individual psychological resources. Natural methods of fertility control initially require cooperation, discussion about fertility, and acceptance of the cycle (VandeVusse et al., 2003). This promotes deeper communication and emotional engagement, which means a woman's well-being has a stronger impact on the quality of the relationship. Contraceptive methods often remove the burden of discussing fertility from a couple, which can lead to less intimacy, and consequently, a woman's psychological well-being is less strongly linked to her marital relationship.

As indicated by previous and current research, birth control methods may be a factor influencing marital relationship quality, psychological well-being, and life satisfaction. Natural fertility control can be viewed not only as an alternative to contraception but also as a tool for building deep, supportive relationships and individual psychological maturity (Montoya & Bos, 2017). The pattern of these results is internally consistent and suggests that the fertility control method is not a direct predictor of well-being, but rather a contextual factor that modifies the mechanisms of building closeness in a relationship.

Limitations and Directions for Further Research

The present study has several limitations that should be considered when interpreting its findings. First, the use of purposive sampling restricts the generalizability of the results. The predominant share of women with higher education (90.3%) and in sacramental marriages (95.6%) indicates that the sample is not representative of the broader population of married Polish women, and likely overrepresents a religiously and educationally homogeneous segment. Second, only women's perspectives were considered, which is a notable limitation given that marital intimacy is inherently a dyadic construct; examining it from the standpoint of a single partner only partially captures the phenomenon and precludes the identification of partner and interaction effects. Third, the data were derived from self-report questionnaires, which may have introduced social desirability bias, particularly in relation to intimate topics. The pronounced left-skewed distributions on the closeness scale – especially in the group using natural fertility regulation, where median scores approached the maximum – indicate a ceiling effect that restricted the variance available for analysis and likely attenuated the observed correlations. The moderate reliability of the Spouses' Closeness Scale ($\alpha = .74$) further constrains the precision of these estimates. Fourth, several theoretically

relevant variables were neither measured nor controlled for, most notably religiosity, length of marriage, number of children, and quality of sexual life. Religiosity is a particularly consequential omission: the choice of fertility regulation method is closely intertwined with worldview and value orientation in the Polish context, and it cannot be ruled out that the observed group differences in marital closeness reflect underlying axiological commitments rather than the method itself. Causal language regarding the role of natural fertility regulation should therefore be interpreted with caution; the present design supports descriptive, not causal, conclusions. Fifth, the statistical strategy carries several limitations. The different types of methods were not differentiated within groups, and no correction for multiple comparisons was applied despite several dozen significance tests being conducted, which inflates the risk of Type I error. Group sizes ($n = 59$ and $n = 54$) afforded power sufficient only for medium-to-large effects, which may explain why the Mann–Whitney comparisons of psychological well-being yielded no significant results despite consistent directional trends. Furthermore, between-group comparisons of correlation strength and explained variance (R^2) were made descriptively rather than inferentially; conclusions about whether well-being is a stronger predictor in one group than the other should be tested formally – for example, through Fisher's r-to-z transformation or, preferably, a single moderated regression on the pooled sample with method group as a moderator. Sixth, in the regression models predicting closeness in the natural-method group, autonomy emerged as a negative predictor despite showing a positive zero-order correlation with closeness. This sign reversal is characteristic of suppression or shared variance among predictors; multicollinearity diagnostics (e.g., VIF, tolerance) were not reported and should be examined and disclosed in subsequent analyses.

These limitations point to several directions for future research. A longitudinal design would enable the tracking of changes in bonding, well-being, and closeness across the family life cycle, capturing the dynamics of change and identifying factors that foster or hinder the development of these psychological variables. Subsequent studies should incorporate the perspectives of both spouses – ideally through dyadic analyses such as the Actor – Partner Interdependence Model (APIM) – measure religiosity and value orientation as covariates or moderators, control for length of marriage, number of children, and sexual quality, and differentiate the types of methods used within each group. They should also be designed with an a priori power analysis targeting larger and more balanced samples, and apply formal statistical tests for between-group comparisons (e.g., Fisher's r-to-z, moderated regression). Complementing quantitative measurement with qualitative methods and developing instruments sensitive to the physiological (cyclicality and phases of the cycle), emotional, and axiological contexts of fertility regulation would more adequately reflect the lived experiences of women using different methods.

Conclusion and Practical Implications

This study provides new empirical evidence regarding the relationship between fertility control methods and psychological well-being, marital closeness, and life satisfaction among married Polish women. The results indicate that although birth control methods do not significantly influence psychological well-being, they do significantly influence marital closeness across all dimensions. Women using the natural method of fertility control achieve higher levels of emotional, intellectual, and behavioral closeness. Stronger correlations between well-being and closeness were found in the group using the natural method of fertility control, suggesting that psychological resources and relationship quality are mutually reinforcing under conditions of conscious engagement in reproductive processes.

The natural method of fertility control, as a method requiring cooperation, dialogue, and shared responsibility, can serve not only as a tool for fertility management but also as a mechanism supporting the development of a deep and stable bond. It should be emphasized, however, that the choice of birth control method is not merely a technical, medical, or ideological matter; it also has a psychological dimension that truly impacts the quality of life of the individual and the marital relationship.

In a practical context, these results can form the basis for several recommendations. First, it is advisable to develop educational programs aimed at young couples, taking into account the psychological dimension of birth control methods and their potential impact on the quality of their relationships. Second, it is advisable to incorporate knowledge about the psychological aspects of birth control methods into the training of family counselors, psychologists, and psychotherapists. Third, it seems justified to conduct informational and educational campaigns presenting natural contraceptive methods as modern methods that can support not only fertility management but also the quality of the marital bond. These recommendations should be formulated with caution due to the limitations of this study.

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Original Article

The Role of Empathy and Marital Satisfaction in Shaping Marital Success

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Abstract

Objective of the study: At each stage of development, professionally, each spouse takes on new social roles and meets new challenges. The work aimed to examine the roles of empathy and marital satisfaction in shaping marital success among Polish people. Method: The study involved 40 women and 40 men who had been married for approximately 5 and 15 years, respectively. All respondents were born and raised in Poland. The following research tools were used: the Empathic Sensitivity Scale (ESS), the Matched Marriage Questionnaire (KDM), and the Successful Marriage Scale (SPM). Results: People with long marital experience scored higher on marital satisfaction factors than those with short marital experience. Conversely, individuals with short marital experience scored higher on the marital success factor than those with long marital experience. In couples with short marital experience, marital experience factors were found to be more strongly associated with marital success than in couples with long marital experience. In both marriage groups, empathetic concern had a direct negative impact on various aspects of marital satisfaction. Similarly, disappointment, which played a mediating role, had a significant negative impact on marital success in both groups. Furthermore, in both groups, perspective-taking had a direct impact on intimacy and disappointment, with both variables having a direct impact on marital success. Conclusions: The analysis of this research may have practical value for married couples, psychologists, couple psychotherapists, and researchers. It may encourage researchers to conduct further research in the field of empathy, marital satisfaction, and marital success. Unconfirmed hypotheses allow for a critical look at selected research groups and the formulation of new research hypotheses.

Keywords: empathy, marital satisfaction, marital success, Polish people

In social psychology, the issue of prosocial behavior and relationships with other people is important. Prosocial behaviors, characteristic of empathetic people, play a significant role in establishing friendships, teamwork, and creating relationships between people. Empathy and satisfaction with marriage are important for the success of marriage. Many studies indicate that empathy and satisfaction with marriage shape the success of marriage. People in a marriage in which behaviors filled with empathy take place feel safer, and there is trust and care for the other person between spouses (Groot & van Den Brink, 2002). The ability to freely share emotions with a partner, as well as receiving emotional support from him, causes the level of intimacy and kindness in marriage to increase (Bondarevs'ka & Mons'ka, 2014; Voydanoff, 2005). Concern for empathetic communication makes partners feel happier and satisfied with their marriage (Davis, 2001; Lysenko, 2018), and at the same time, their marriage is more successful (Furstenberg, 2019).

Researchers have conducted many studies showing the relationship between empathy and marital satisfaction among women and men of various marital lengths (Majchrzak & Skupińska-Majchrzak, 2011; Wang-Sheng & McKinnish, 2017). However, there is a visible lack of current, in-depth studies examining the role of empathy and marital satisfaction in shaping the success of marriage, taking into account the length of marriage. Hence, the topic and purpose of this work will be to show the relationship between empathy and marital satisfaction, and the success of marriage, in people in marriages of short and long duration. And also to show the role of empathy and marital satisfaction in shaping marital success

Empathy

The concept of empathy refers to many spheres (Depow et al., 2021). It includes the emotional, cognitive, and behavioral spheres of a person. Scientists Lipps (1979) and Titchener (2009) connected the phenomenon of empathy with a mechanism that meant internal imitation of the observed person or object. According to Lipps, an observer noticing the emotional state of another person receives information that causes him to internally imitate the signs of the observed state of the person. Piaget's (1972) research, conducted among children, led to the indication that empathy has a cognitive-emotional structure. Cognitive empathy refers to the ability to recognize the emotions of others, while affective empathy refers to the ability to empathize with and experience the emotions of others. In other words, people with high levels of empathy can easily recognize and experience the emotions of others (Brett et al., 2022). Stotland (1969) defined empathy as the emotional reaction of the observer caused by the feeling that someone else

is experiencing or is on the way to experiencing some kind of emotion. In his definition, he included the element of accuracy of perception.

Wispé (1986) defined empathy as an attempt made by self-awareness to non-judgmentally understand the positive and negative experiences of another self. He therefore presented empathy as a more active process, which involves making a certain effort to make the observer understand the observed object by deliberately establishing contact with it. Hoffman (2000) defined empathy in a way that is consistent with the views of contemporary researchers, i.e., as an affective reaction more appropriate to the situation of another than one's own. In his theoretical model of empathy, Hoffman (2000) included role-taking, personal feeling of distress created by the suffering of others, and experiencing sympathy/care for others, and Wakabayashi (2006) and his colleagues took into account recognizing another person's thoughts or feelings and responding to those thoughts or feelings with appropriate behavior.

The research framework for empathy was created by Davis (2001). It aimed to draw attention to the common points of different concepts of empathy. The research framework for empathy was based on an inclusive definition, in which empathy is described as a set of theoretical constructs concerning the reactions of an individual to the experiences of others. The constructs that were highlighted are the processes occurring in the observer and the affective and non-affective effects that appear during such processes. The research framework assumes the course of a typical empathic episode (Davis, 1980). It is described as the encounter of the observer with the observed in some way, which results in a certain type of reaction on the part of the observer, which can be cognitive, affective, and behavioral in nature.

The cognitive aspects are perspective-taking, i.e., the tendency to adopt the psychological point of view of others, and fantasy. Affective aspects are presented in it through empathic concern, i.e., the tendency to feel sympathy and compassion for people affected by failure, and through personal distress, i.e., feeling distress and discomfort in response to the suffering of others. Behavioral aspects, in turn, are the type of reaction to a given event (Davis, 2001).

The research design contains the elements of a prototypical episode: antecedent conditions, process, and intrapersonal and interpersonal effects. The antecedent conditions are the properties of the observer, the observed, and the situation. The process is understood as the individual mechanisms that lead to the appropriate intrapersonal effects (having the nature of cognitive or affective reactions of the observer) or to interpersonal effects (related to behavioral reactions focused on the observed). Davis (2001), in his understanding of the research scheme, includes the interdependence that occurs between any construct, i.e., an element of an empathic episode, and all the other dimensions present within the scheme.

Marital Satisfaction and Marital Success

In the literature on the subject, many terms are synonymous with the concept of marital happiness, such as marital satisfaction, marital contentment, marital adjustment, or marital success (Czechowska-Bieluga & Lewicka-Zelent, 2021).

Researchers have indicated many factors that determine satisfaction with marriage and the way of functioning in it (Lysenko, 2018). Satisfaction with marriage is influenced by the social environment, i.e., friends, life successes, and social status (Hatami et al., 2016). The importance of similarity is also emphasized, which, in terms of education level, allows the couple to achieve a certain socio-economic status, but similarity in the context of race or nationality is equally important, because it means similar traditions, values, or views (Jackson, 2012). Belonging to the same social class makes it easier to maintain or achieve family status because it is associated with a certain economic and intellectual level of the spouses' families of origin, and this shapes their life goals, ambitions, and behaviors (Karimi et al., 2019; Rostowska, 2003).

Personality factors play a very important role in creating satisfaction with marriage (Braun-Gałkowska, 1992), such as intimacy, which is characterized by the desire for closeness with the partner, giving and receiving emotional support, trust, and understanding each other. In understanding intimacy, its interactive nature is important, i.e., revealing one's emotions to the partner, empathizing with them, and noticing the emotions of the other person (Plopa, 2003; Steil, 1997).

Passion is associated with the sexuality of partners, their physical attractiveness, and psychological and physiological arousal. Commitment concerns taking care of maintaining a good relationship, which makes the relationship durable and stable (Rostowski, 1987). Communication has an indisputable influence on the quality of the marital relationship. Proper communication is characterized by the openness of partners, empathetic understanding, and simplicity of the message (Rostowska, 2001; Trawińska, 1977). The partner communication style respects the views and expectations of the other person, and is characterized by tolerance and a lack of critical judgment. The non-partner style is one in which the person is focused solely on themselves, and the partner subordinates themselves to the other person, which results in abandoning their own needs (Płaszczyński, 1993).

According to Rostowska (2001, 2003), one of the key aspects influencing satisfaction with marriage is maturity. The social context is associated with such features as independence, responsibility, and autonomy, which make a person capable of making a conscious decision to take on new roles: spouse and parent. This is associated with becoming independent and feeling responsible for fulfilling this social role. Intellectual and emotional maturity play an important role in it. An intellectually mature person can rationally perceive reality, engage in logical

reasoning, and use verbal cause-and-effect thinking, and can also use imagination, which is also characteristic of empathy (Kaźmierczak, 2008). Realistic thinking, which helps partners maintain emotional stability and thus make decisions appropriate to the situation, has a positive impact on communication between partners (Rostowska, 2003) and parent-child relationships (Halian, 2024).

Another important element of maturity is the ability to compromise, which has a significant impact on overcoming conflicts (Li et al., 2024). A socially mature person can also share with others, which gives them satisfaction (Walęcka-Matyja & Szkudlarek, 2019). The highest level of maturity is the ability to cooperate in a relationship, which leads to satisfaction in both partners. Such a relationship between two people focuses on achieving a higher goal and taking care of the common good. The relationship moves to a deeper level, which positively affects the sense of satisfaction with it. According to Braun-Gałkowska (1985), two partners before entering into marriage should have at least "initial maturity" and be characterized by the desire to further develop it, i.e., adopt an active attitude.

In the literature, one can also find a view that indicates that satisfaction with marriage is the effect of similarity of partners' personality traits (Rostowski, 1987), attitudes, values (Kotlova & Saukh, 2019), level of intelligence, and being in agreement regarding the social roles performed. Researchers indicate that similarity in terms of values is a very important issue in the initial phase of acquaintance or marriage, when two people build trust and enjoy spending time together.

The concept of marital success has emerged as a multidimensional construct encompassing relationship satisfaction, intimacy, mutual respect, and adaptability to stressors over time (Glenn et al., 2010; Salehi et al., 2022). Marital success is a dynamic and multidimensional process rooted in transparency, mutual respect, and the simultaneous development of both partners (Molaee et al., 2025). According to Iranian researchers, marital success depends on emotional security, respect, and value congruence as integral elements (Nikooy et al., 2024). Attempts to define marital success encompass a wide range of approaches, from psychological and behavioral models to sociocultural and religious frameworks.

Contextual researchers often emphasize marital satisfaction and stability as key indicators. However, marital success goes beyond subjective satisfaction; It also encompasses long-term commitment, adaptive coping strategies, and emotional regulation between partners (Butzer & Campbell, 2008). Dynamic processes underlying successful marital adaptation include emotion regulation, conflict management, and intimacy (Zaheri et al., 2016). Empirical research confirms that these processes vary across cultural and religious contexts. Beyond communication, emotional rights, and mutual respect constitute the psychological foundations of marital success. The absence of such foundations often predicts marital dissolution and separation or divorce (Yoo et al., 2023). Marital success stems from a specific

form of transgressive behavior within marriage, demonstrated by both spouses. This involves recognizing difficulties as they arise, identifying their sources, and jointly taking steps to overcome them (Dakowicz, 2021). Many unhappy marriages (from the spouses' perspective) persist for a variety of reasons, including the lack of a perceived good alternative to the current marriage, moral and religious objections to divorce, concerns about the impact of divorce on children, economic dependence, and the economic costs of divorce (Glenn et al., 2010).

The success of marriage also may depend on the consistent expectations of both partners regarding the type of marriage and the roles that should be performed by them in the relationship. In some aspects, similarity of personality traits is not advisable, e.g., a high level of neuroticism (Gonzaga et al., 2007). It is important to remember that personality traits have different impacts at different stages of a relationship's existence and development, and as the relationship progresses, spouses' traits often have an increasing impact on marital satisfaction (Rostowski, 1987).

Problem and Purpose of the Research

Marriage is described as a social institution. It is inscribed in the social context, has its own specific structure, and performs a specific function (Neswiswa & Jacobs, 2023). According to Rostowska (2003), marriage is an interpersonal system, defined as a small social group. Spouses, wishing to create the best and most lasting relationship, use their individual, psychological, and physical characteristics. Marriage, just like spouses themselves, is subject to certain dynamics, i.e., it is subject to change due to the passage of time and changing contexts (Groot & van Den Brink, 2002).

According to researchers (Davis, 2001; Kaźmierczak, 2008), empathy factors, such as perspective-taking or empathetic care, influence specific behaviors of spouses that are useful in marriage. They decide whether the satisfaction with the relationship is satisfactory. Researchers (Rembowski, 1989; Trzebińska, 1985) believe that empathy should include not only the emotional and cognitive components of interpersonal empathy, but also the executive element, which concerns specific behaviors resulting from affective-cognitive empathizing.

Many researchers have conducted studies that focused on the subject of the influence of empathy on behaviors that have a positive effect on the quality of marriage and its need. Sitarczyk and Waniewski's (2002) studies confirmed the thesis that with increasing empathy, the level of satisfaction with the relationship increases. Boetther (1977) demonstrated that with the growth of husbands' empathy, wives' marital satisfaction increased, and similarly, higher wives' empathy led to an increase in husbands' relationship satisfaction. Davis and Oathout's (1992)

studies showed that empathic care is related to the spouses' kindness, optimism, and openness in communication. Braun-Gałkowska's (1985) studies showed that spouses who do not feel satisfied with their relationship show a deficit in empathy.

In contrast, perspective-taking among spouses was associated with emotional stability and negatively with indifference or hostility towards their partner. Personal distress influenced destructive behaviors – possessiveness or suspiciousness (Davis & Oathout, 1992). Long and Andrews (1990) showed that couples whose marriage lasts longer are characterized by a decrease in the willingness to initiate attempts to understand the partner's point of view, while there is a noticeable increase in awareness of the other person's feelings, needs, and attitudes. People with an increased willingness to understand the other person's point of view feel more satisfied with their married life. This feature increased the probability that the partner of a person with a high level of empathy will feel satisfaction with the relationship.

Gottman and Krokoff (1989) proved that the lack of appropriate communication skills of the husband, which causes withdrawal from conflict situations, stubbornness, and self-pity, is the most destructive to mutual marital interactions in the long term. Schweinle, Ickes and Bernstein (2002) in their research showed that partners who are unable to correctly recognize and interpret the thoughts and feelings of their partners, to a large extent, attribute a critical attitude to women. This pattern of thinking causes aggression in men. Correctly reading thoughts and feelings correlates positively with marital satisfaction.

Middle-aged marriages experienced greater intensity of negative emotions, such as contempt, anger, or self-pity. On the other hand, elderly respondents showed feelings more often and experienced less intense negative emotions. Older people who are married use strategies that reduce the impact of negative emotions more often than young people (Cartensen et al., 1995). Couples with the highest similar level of empathetic care and perspective-taking and couples with the lowest similar level of personal distress are more satisfied with their relationship than the others (Kaźmierczak, 2008).

Majchrzak and Skupińska-Majchrzak (2011) showed that women with short and long marriages scored higher in terms of empathy than men. The lowest level of empathy was observed among men in short-term relationships, while the highest was observed among women in short-term couples. Spouses from the group of short-term couples scored higher in terms of marital satisfaction compared to long-term couples. People with a higher level of empathy showed a higher level of marital satisfaction.

Braun-Gałkowska's (1985) research showed that a few years after the wedding, in the period of 5–9 years, marital satisfaction decreases, but after a few years, marital satisfaction increases. The analysis of the research shows that many factors determine the success of a marriage and that the convergence of many components

is important (Kaźmierczak, 2008). They determine whether a given marriage is more successful and another less exemplary (Birditt et el., 2010; Wang-Sheng & McKinnish, 2017).

Since there is a visible lack of current research in this area, and the obtained results are not uniform, it was decided to show the role of such components of empathy as empathetic concern, personal distress, and perspective taking, and satisfaction with marriage, which includes intimacy, disappointment, self-fulfilment, and similarity in the process of shaping the success of marriage. At individual developmental, social, and professional stages, each spouse takes on new social roles and encounters new challenges. Hence, the research included people with short and long marital experiences. In recent years, many factors, such as the COVID-19 pandemic, the outbreak of war in Ukraine, or economic changes, could have influenced the development of the aforementioned aspects and shaped the success of marriage.

Taking into account the occurrence of external and developmental factors, it is suggested that there are differences in the perception of marital success by spouses depending on their marital experience. Referring to the literature and previous studies, it is assumed that people with a short marital experience will demonstrate greater satisfaction with marriage in terms of fulfilling their own needs and agreement regarding the fulfillment of important marital goals, such as free time, family traditions, and relationship development. People with a long marital experience will, on the other hand, demonstrate greater satisfaction with marriage in terms of being in a close relationship with their partner, commitment to working on the relationship, and a sense of knowing their personality traits. We expect that the length of marital experience will influence the strength of the relationship between empathy, marital satisfaction, and marital success. Furthermore, factors shaping marital satisfaction are expected to play an intermediate role between empathy and marital success, simultaneously enhancing marital success.

The literature suggests multiple understandings of empathy, marital satisfaction, and marital success. This article adopts the following understandings of empathy, marital satisfaction, and marital success. Furthermore, based on these dimensions, the researchers developed appropriate research instruments that will be used in this study.

The understanding of empathy is adopted from Davis (2001). He defines the phenomenon of empathy broadly and holistically as a set of theoretical constructs that concern an individual's response to the experiences of others. He defines these constructs as processes occurring in the observer and the affective and non-affective outcomes that emerge as a result of these processes. Davis developed the Interpersonal Reactivity Index – a multidimensional measure of empathic skills – based on the assumption that empathy comprises several distinct yet interrelated emotional and cognitive constructs.

The study adopted the understanding of marital satisfaction according to Plopa and Rostowski (2008). According to these researchers, marital satisfaction is the subjective belief in a successful relationship between spouses. According to these researchers, marital satisfaction is determined by several factors: a sense of closeness between the partners in a relationship based on true love. Another factor is openness. This dimension allows the couple to realize themselves and be who they want to be in the relationship. The similarity factor indicates a high degree of compatibility between partners, which relates to the achievement of important marital and family goals. Finally, the fourth factor – disappointment. This dimension is related to the sense of failure in life resulting from entering into marriage. Spouses experience no pleasure in being together, do not want to become closer, and avoid each other. Avoidance tendencies also dominate in problematic situations. The researchers constructed a tool to examine the dimensions of a successful marriage, which can be defined using four factors. The questionnaire is designed to examine the strengths and weaknesses of a good marriage.

The understanding of marital success was adopted according to Braun-Gałkowska (1980). According to this assumption, the ultimate criterion for marital success is the subjective belief of the parties involved. Although the ultimate measure of marital success is the subjective feeling of the spouses, it is suggested that this feeling is conditioned by various external or internal factors that can promote or hinder success. Spouses may be aware of these factors, may fail to notice them, or may misjudge them. Internal determinants are those that reside within the individual and are the result of their development, experiences, and temperament, while external determinants refer to factors beyond the spouses' direct control but that significantly influence marital life. Based on this theory, she created a tool for measuring marital success (1985). It consists of a series of statements (e.g., mutual love, similar interests, mutual fidelity, etc.).

Taking into account previous studies and considering the research problem, the following research hypotheses were formulated.

H_1. In people with long marital experience, there is a higher level of perspective-taking and empathic concern than in people with short marital experience.

H_2. In people with long marital experience, there is a higher level of intimacy and disappointment than in people with short marital experience.

H_3. In people with short marital experience, there is a significantly stronger relationship between empathic concern and self-fulfillment than in people with long marital experience.

H_4. In people with long marital experience, there is a significantly stronger relationship between empathic concern and perspective taking, and intimacy than in people with short marital experience.

H_5. In people with short marital experience, there is a significantly stronger relationship between personal distress, similarity, and intimacy than in people with long marital experience.

H_6. People with long marital experience rate their marriage as more successful than people with short marital experience.

H_7. Length of marriage has a significant impact on empathy, marital satisfaction, and the success of a marriage.

Method

Characteristics of the Group

The study was conducted online. Participants were informed of their anonymity. Random sampling was used in the study. Due to the nature of the study, the condition for participation was to be married for about 5 years (short marital experience) and 15 years (long marital experience). The study involved 80 people, 40 women and 40 men, who had been married for about 5 years (40 people) and 15 years (40 people), living in the southern region of Poland. The largest percentage of respondents was in the age group of 35–60, 48.7%, i.e., in the period corresponding to middle adulthood. 43.75% of respondents were in the age group of 20–35, i.e., early adulthood, 7.5% of people declared their age as over 60, i.e., late adulthood.

The current place of residence in the countryside was declared by 36.2% of respondents, in the cites of up to 100 thousand. residents – 35%, in a city with 100,000 to 500,000 residents – 15%, and in a city with more than 500,000 residents – 13.7%. Higher education was declared by 56.2% of people, secondary education by 30%, vocational education by 11.2%, and primary education by 2.5%.

Research Tools

To collect empirical material among married people with short and long marital experience, the following research tools were used: the Empathic Sensitivity Scale (ESS), the Matched Marriage Questionnaire (KDM), and the Marriage Successful Scale (SPM).

The Empathic Sensitivity Scale (ESS) was constructed by Kaźmierczak, Plopa and Retowski (2007). It was created based on the Interpersonal Reactivity Index (IRI) by Davis (1980). It is used to measure personality empathy. It contains 28 statements, to which the respondents express their attitude by responding on a five-point Likert scale according to the degree to which a given statement describes

them (from 1 – *I completely disagree*, to 5 – *I strongly agree*). The test consists of three components: Empathic concern and personal distress, both referring to the emotional side of the empathy coin, and perspective taking, a cognitive aspect of empathy. Empathic concern (ET) is the ability to emotionally empathize with people who are having difficulties, which results in a desire to help. Personal distress (OS) is manifested in the tendency and susceptibility to experience negative feelings about others. Perspective-taking (PP) refers to the cognitive aspect of empathy, which involves taking on the other person's point of view in everyday life situations. The authors' research confirms the validity and reliability of the tool. Reliability measured using Cronbach's alpha index was $.60 \leq \alpha \leq .78$ for individual subscales.

The Matched Marriage Questionnaire (KDM) by Plopa and Rostowski (2008), used to examine the level of marital satisfaction, consists of 32 statements – the respondents mark their attitude towards them on a five-point Likert scale according to the degree to which a given statement describes them (from 1 – *I completely disagree*, to 5 – *I strongly agree*). The scale measures the marital bond and contains four subscales: Intimacy (IN) – is associated with satisfaction with being in a close relationship with a partner, with trust in the partner, being open towards them, caring for one's own and the partner's well-being. Self-fulfilment (SA) is associated with satisfaction with a relationship that allows for the realization of one's own goals, desires, and values; acceptance of the performed marital and family roles. Similarities (PO) – is a measure of the spouses' agreement regarding views on marriage and the realization of important goals. Disappointments (RO) – is responsible for the lack of satisfaction with marriage, lack of willingness to solve problems, and get involved. Reliability for the entire Cronbach's α scale is: .94.

The Marriage Success Scale (SPM) by Braun-Gałkowska (1985) consists of two parts containing an identical set of 46 statements, which in this tool are understood as dimensions of a successful marriage. In the first part, the surveyed people mark any number of statements that they consider true for their own marriage (SPM I – real image). In the second part, they mark statements that, in their opinion, are important for a successful marriage (SPM II – ideal image). The combined results of both factors enable the determination of the marital success indicator. The tool is valid and reliable. Cronbach's α for the scale was .79.

Results

The obtained data in the Scale of Empathic Sensitivity (SWE), the Scale of Success of Marriage (SPM), and the Matched Marriage Questionnaire (KDM) for people with short and long marital experience were analyzed. The results are presented in Tables 1 to 5 and Figures 1–2.

Level of Analyzed Variables

Table 1
Level of analyzed variables obtained in the Empathic Sensitivity Scale (ESS) for people with short and long marital experience

Variable	Short marital experience		Long marital experience		95% CI				
	M	*SD*	*M*	*SD*	*t*	*p*	*LLCL*	*ULCL*	Cohen's *d*
ET	39.4	7.7	39.5	6.6	-0.05	.48	-3.27	3.12	0.01
OS	22.4	6.4	23.4	7.0	-0.75	.44	-4.11	1.86	0.17
PP	33.3	7.1	33.4	5.9	-0.07	.47	-3.02	2.82	0.02

Note. ET = Empathic concern; OS = Personal distress; PP = Perspective-taking; *M* = Mean; *SD* = Standard deviation; *t* = Test statistic value; *p* = Statistical significance; *CI* = Confidence interval for the difference between means; *LLCL* and *ULCL* = Lower and upper limits of the confidence interval; Cohen's *d* = Effect size index.

The obtained results in Table 1 showed that there are no statistically significant differences in the factors concerning empathic sensitivity between people in a short marriage and people in a longer marriage. A significant trend is visible in the factors of empathic concern and perspective-taking. Both groups of subjects obtained similar results in the personal distress factor.

Table 2
Level of analyzed variables obtained in the Matched Marriage Questionnaire (KDM) and in the Marital Success Scale (SPM) for persons with short and long marital experience

Variable	Short marital experience		Long marital experience		95% CI				
	M	*SD*	*M*	*SD*	*t*	*p*	*LLCL*	*ULC L*	Cohen's *d*
IN	16.7	8.4	17.9	6.4	-0.76	.22	-4.60	2.05	0.17
RO	19.3	10.2	21.4	9.4	-0.95	.17	-6.48	2.28	0.21
SA	17.1	7.0	18.8	6.5	-0.51	.61	-3.78	2.23	0.11
PO	14.4	7.1	15.5	5.8	-0.79	.43	-4.05	1.75	0.18
SPM	36.13	25.27	29.18	20.97	1.34	.09	-3.39	17.29	0.30

Note. IN = Intimacy; RO = Disappointment; SA = Self-fulfillment; PO = Similarity; SPM = Marital success; *M* = Mean; *SD* = Standard deviation; *t* = Test statistic value; *p* = Statistical significance; CI = Confidence interval for the difference between means; *LLCL* and *ULCL* = Lower and upper limits of the confidence interval; Cohen's *d* = Effect size index.

The obtained results in Table 2 reveal that there are no statistically significant differences between the analyzed factors. However, it should be noted that higher scores in the marital success factors were obtained by people with a long marital

experience than by people with a short marital experience. However, people with a short marital experience received a higher score on the factor concerning marital success than people with a long marital experience.

Correlation Analysis

A correlation analysis was conducted between the empirical data obtained in the Empathic Sensitivity Scale (ESS), the Matched Marriage Questionnaire (KDM), and the Marriage Success Scale (SPM) for people with short and long marital experience. Then, the correlations were compared using Fisher's *Z* transformation, and Pearson's *r* was calculated.

Table 3
The relationship between variables obtained in the Empathic Sensitivity Scale (ESS), the Matched Marriage Questionnaire (KDM), and the Marriage Success Scale (SPM) for people with short and long marital experience

	ET				OS				PP			
Variable	Short marital experience	Long marital experience	*z*	*p*	Short marital experience	Long marital experience	*z*	*p*	Short marital experience	Long marital experience	*z*	*p*
IN	-.41**	-.36*	-0.25	.80	-.05	-.22	1.20	.23	-.39*	-.33*	-0.26	.77
RO	-.34*	-.36*	-0.09	.93	-.03	.02	0.23	.82	-.40**	-.35*	-0.28	.78
SA	-.43**	.22	-1.01	.31	-.01	.40*	-2.30	.02	-.30	-.21	-0.40	.69
PO	-.38*	.31	-0.36	.72	.02	.33*	-1.37	.17	-.43**	-.26	-0.82	.41
SPM	-.44**	-.36*	-0.41	.68	-.05	.25	-1.30	.19	-.43**	-.33*	-0.50	.61

Note. ET = Empathic concern; OS = Personal distress; PP = Perspective-taking; IN = Intimacy; RO = Disappointment; SA = Self-fulfillment; PO = Similarity; SPM = Marital success.
*$p < .05$. **$p < .01$.

The results obtained in Table 3 indicate that in the group of people with short marital experience there are statistically significant negative differences between empathic concern and intimacy ($r = -.41$, $p < .01$), disappointment ($r = -34$, $p < .05$), self-fulfillment ($r = -.43$, $p < .05$), similarity ($r = -.38$, $p < .05$) and marital success ($r = -.44$, $p < .01$). Similar relationships were noted between perspective-taking and intimacy ($r = -.39$, $p < .05$), disappointment ($r = -.40$, $p < .01$), similarity ($r = -.43$, $p < .01$), and marital success ($r = -.43$, $p < .01$).

In the case of people with long marital experience, a statistically significant and negative relationship was found between empathic concern and intimacy ($r = -.36$, $p < .05$) and disappointment ($r = -.36$, $p < .05$). In addition, personal

distress positively correlated with similarity ($r = .33, p < .05$) and self-fulfillment ($r = .40, p < .05$). Perspective-taking negatively correlated with intimacy ($r = -.33$, $p < .05$), disappointment ($r = -.35, p < .05$), and marital success ($r = -.33, p < .05$).

The Mediation Relationship of the Analyzed Variables

The results of the correlation analysis indicated significant relationships between empathy, marital satisfaction, and marital success in the lives of women with short and long marital experience. They did not provide a clear answer to the question about the role of empathy and marital satisfaction in shaping marital success in women with different marital experiences. To deepen the analysis of the issue, a structural equation analysis was performed using the PROCESS 4.3 macro (Hayes, 2022), which showed the mediating role of marital satisfaction. Two parallel mediation models were performed. One for women with short marital experience and the other for women with long marital experience.

The explanatory variables were empathetic concern (ET), personal distress (OS), and perspective-taking (PP). The mediators in the model were the dimensions of a matched marriage: intimacy (IN), self-fulfillment (SA), similarity (PO), and disappointment (RS). The explained variable was marital success (SPM), measuring the correspondence between the real and ideal image of marriage. Models were calculated separately for people with short and long marital experience. Both models showed a good fit to the empirical data. Results are presented in Tables 4 and 5 and Figures 1 and 2, limiting visualization of effects that reached an effect size of $\beta \geq .20$. The strength of effects was interpreted according to Cohen (2016).

Table 4

Standardized direct and total effects for individual paths of the tested parallel mediation models for couples with short and long marital experience

Models	Direct effects	Short marital experience			Long marital experience		
		β	*p*	R^2	β	*p*	R^2
1	ET → IN	**-.32**	**.011**	.21*	**-.31**	**.014**	.26**
	OS → IN	.08	.612		.37	.001	
	PP → IN	**-.22**	**.024**		**-.21**	**.031**	
2	ET→ RO	**-.20**	**.031**	.19*	**-.26**	**.025**	.16*
	OS → RO	.06	.711		.15	.353	
	PP → RO	**-.30**	**.011**		**-.20**	**.036**	
3	ET → SA	**-.39**	**.049**	.19*	**-.23**	**.026**	.30**
	OS → SA	.03	.843		**.52**	**.001**	
	PP → SA	-.08	.657		-.19	.353	
4	ET → PO	**-.28**	**.015**	.23*	**-.34**	**.010**	.30**

	OS → PO	.15	.368		**.47**	**.003**	
	PP → PO	**-.28**	**.012**		-.02	.485	
5	ET → SPM	**.26**	**.014**	.46**	.10	.638	.35**
	OS → SPM	**-.27**	**.006**		**-.23**	**.022**	
	PP → SPM	.10	.542		**.42**	**.005**	
	IN → SPM	**-.90**	**.000**		**.65**	**.017**	
	RO → SPM	**-.42**	**.004**		**-.56**	**.001**	
	SA → SPM	-.10	.591		-.06	.785	
	PO → SPM	**.98**	**.001**		.10	.822	
Total effects		β	*p*		β	*p*	
ET → SPM		**.33**	**.035**		**.29**	**.071**	
OS → SPM		-.07	.678		.06	.727	
PP → SPM		**.28**	**.078**		**.39**	**.013**	

Note. ET = Empathic concern; OS = Personal distress; PP = Perspective-taking; IN = Intimacy; RO = Disappointment; SA = Self-fulfillment; PO = Similarity; SPM = Marital success. Effects marked in bold are β ≥ .20; R^2 = Percentage of explained variance.

*p < .05. **p < .01.

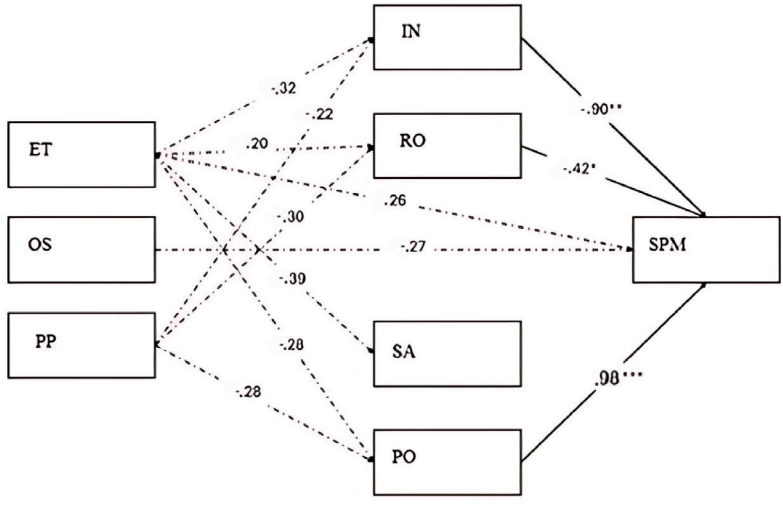
Table 5

Indirect effects for individual paths of the tested parallel mediation models for couples with short and long marital experience

Paths	Short marital experience			Long marital experience		
	Indirect effect	95% *LLCI*	95% *ULCI*	Indirect effect	95% *LLCI*	95% *ULCI*
ET → IN → SPM	**-.34**	**.07**	**.75**	-.24	-.92	.23
ET → RO → SPM	.15	-.02	.34	.19	-.19	.50
ET → SA → SPM	.03	-.17	.23	.04	-.10	.20
ET → PO → SPM	**-.39**	**-.87**	**-.09**	-.01	-.27	.49
OS → IN → SPM	.05	-.25	.40	.11	-.19	.59
OS → RO → SPM	.02	-.15	.21	-.01	-.23	.19
OS → SA → SPM	.02	-.06	.14	-.05	-.28	.16
OS → PO → SPM	.03	-.37	.34	.03	-.42	.46
PP → IN → SPM	**.34**	**.05**	**.81**	-.26	-.89	.10
PP → RO → SPM	.16	-.05	.36	.17	-.07	.53
PP → SA → SPM	.04	-.09	.19	.04	-.09	.19
PP → PO → SPM	**-.46**	**.98**	**-.10**	.02	-.17	.41

Note. ET = Empathic concern; IN = Intimacy; OS = Personal distress; PP = Perspective-taking; RO = Disappointment; SA = Self-fulfillment; PO = Similarity; SPM = Marital success; *LLCL* = Upper Limit Confidence Interval; *ULCI* = Upper Limit Confidence Interval.

Figure 1
Matched marriage variables as mediators of the relationship between empathic sensitivity and marital success for people with short marital experience

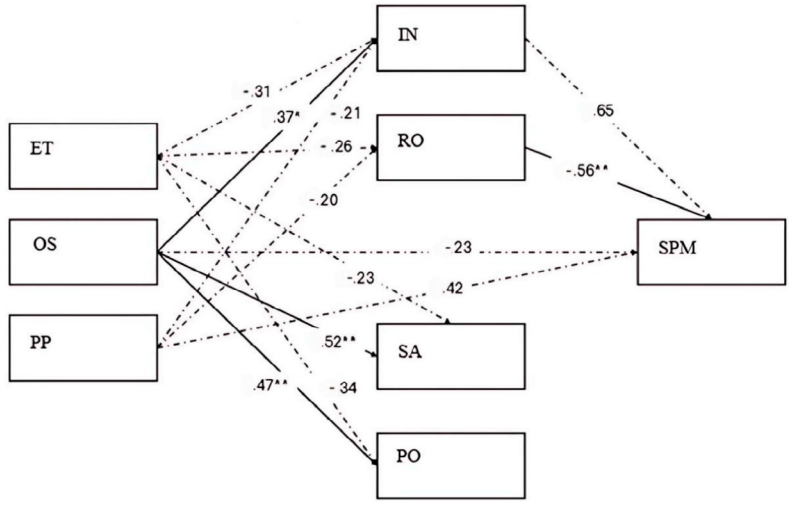


Note. ET = Empathic concern; OS = Personal distress; PP = Perspective-taking; IN = Intimacy; RO = Disappointment; SA = Self-fulfillment; PO = Similarity; SPM = Marital success. Solid lines indicate significant paths. Dashed lines indicate non-significant paths.
$^{*}p < .05$. $^{**}p < .01$. $^{***}p < .001$.

The mediation analysis conducted for individuals with long marital experience (Figure 1) revealed that there were trends toward a direct effect of personal stress (PS) and empathic concern (ET) on marital success (SPM). There are biased direct effects in terms of the negative impact of empathic concern (ET) on such aspects of a matched marriage as: intimacy (IN), self-fulfillment (SA), disappointment (RO), and similarity (PO). Moreover, perspective-taking (PP) also showed a trend of direct and negative impact on aspects of marital disappointment (RO), similarity (PO), and intimacy (IN). Intimacy (IN), disappointment (RO), and similarity (PO) play a mediating role between empathic concern (ET) and perspective-taking (PP) and marital success (SPM).

The tested parallel mediation model was statistically significant, $F(7,32) = 3.94$, $p = .003$, $R = .68$, $R^2 = .46$. The model shows that 46% of the variance of the dependent variable, i.e., marital success, is explained by the independent and mediating variables. This indicates a satisfactory fit of the tested model to the empirical data.

Figure 2
Matched marriage variables as mediators of the relationship between empathic sensitivity and marital success for people with long marital experience



Note. ET = Empathic concern; OS = Personal distress; PP = Perspective-taking; IN = Intimacy; RO = Disappointment; SA = Self-fulfillment; PO = Similarity; SPM = Marital success. Solid lines indicate significant paths. Dashed lines indicate non-significant paths.
*$p < .05$. **$p < .01$.

When analyzing the model for people with long marital experience (Figure 2), it was observed that personal distress (OS) has a direct negative effect and perspective-taking has a positive effect (PP) on marital success (SPM). In turn, empathic concern (ET) has a negative direct effect on intimacy (IN), disappointment (RO), self-fulfillment (SA), and similarity (PO). In addition, perspective-taking (PP) has a biased negative effect on intimacy (IN) and disappointment (RO). In turn, personal destress (OS) has a positive effect on intimacy (IN), self-fulfillment (SA), and similarity (PO). Intimacy (IN) and disappointment (RO) play a mediating role between empathic concern (ET) and perspective-taking (PP) and marital success (SPM).

The tested model was statistically significant, $F(7,32) = 2.46$, $p = .038$, $R = .59$, $R^2 = .35$, which indicates the explanation of 35% of the variance of marital success among people with long marital experience. This indicates a satisfactory fit of the tested model to the empirical data.

Discussion

The study aimed to show the relationship between empathy and marital satisfaction and marital success in people's lives with short and long marital experience in Poland. When developing the study plan, such empathy factors as empathic concern, perspective-taking, and personal distress, as well as matched marriage factors such as intimacy, disappointment, similarity, and self-fulfilment, as well as marital success, were taken into account. Based on the available literature and previous and current research, the research hypotheses were tested.

The results obtained regarding the first hypothesis, which suggests that people with a long marital experience have a higher level of perspective-taking and empathic concern than people with a short marital experience, indicate that there are no significant differences in the level of empathic concern and perspective-taking between the two groups, i.e., marriages with a short and long marital experience. Both groups show high scores on the subscales of empathic concern and perspective taking. This means that they are characterized by the ability to take someone else's point of view and the ability to empathize with people experiencing failures. Previous studies (Wojciszke, 2020) have shown that the level of empathetic sensitivity varies in people with different lengths of marriage.

The results regarding the second hypothesis, which suggests that people with long marital experience have higher levels of intimacy and disappointment than those with short marital experience, indicate that both groups present a similar level of intimacy and disappointment, on average. This suggests that people with both short and long marital experience do not attach much importance and care to building close relationships with others, and are also accompanied by a lack of willingness to solve problems and engage in the process of creating good marital relationships. Previous studies by Majchrzak and Skupińska-Majchrzak (2011) have shown that in the lives of married couples with long marriages, intimacy plays an important role in the success of the marriage and in the lives of successful marriages, intimacy plays an important role.

The results obtained regarding the third hypothesis, which suggests that in people with a short marital experience, there is a stronger and significant relationship between empathic concern and self-fulfilment than in people with a long marital experience, suggest that there is no significant relationship between the analyzed variables in people with a long marital experience. In people with a short marital experience, a significant negative relationship with a moderate correlation was found between empathic concern and self-fulfilment. This means that in the lives of people with a short marital experience, the greater the capacity for compassion towards people experiencing difficult experiences, the lower the satisfaction with the roles they fulfill in the marriage. Moreover, this suggests that

the participation of empathic concern in the process of self-fulfilment may not depend on the length of the marriage, but on the partners' complex personality structure. The development of empathy and the sense of satisfaction may be related to partners' personality traits (Wojciszke, 2020).

The values related to the proposed fourth hypothesis, which assumes that in people with a long marital experience, there is a stronger significant relationship between empathic concern and perspective-taking and intimacy than in people with a short marital experience, indicate that a stronger relationship between empathic concern and perspective-taking and intimacy occurs in people with a short marital experience. On the other hand, the hypothesis in terms of the significance of relationships was confirmed, because in both groups of people, there are significant relationships between the analyzed variables. This indicates that both groups are characterized by the following relationship: the higher the intensity of the tendency to sympathize with people affected by misfortune or the ability to empathize with the other person's point of view, the lower the intensity of satisfaction with being in a close relationship. This suggests, in accordance with the literature (Kaźmierczak, 2008), that empathetic people more often experience the other person's negative emotions, which affects their perception of the relationship and their satisfaction with it.

According to the obtained material, the fifth hypothesis, which states that in people with a short marital experience, there is a stronger and significant relationship between personal distress and similarity and intimacy than in people with a long marital experience, indicates that in people with a long marital experience, there was a positive and significant relationship between personal distress and similarity and intimacy. This means that in people with a long marital experience, the greater the tendency to experience unpleasant emotions in response to the negative experiences of others, the greater the agreement of spouses in terms of important marital goals.

The results obtained regarding the sixth hypothesis, which states that people with a long marital experience assess their marriage as more successful than people with a short marital experience, suggest a lack of significant differences in this assessment. Both groups are characterized by a low score on marital success, which means that the studied people perceive the characteristics of their marriage as inconsistent with what they consider to be an ideal marriage. This suggests that factors other than marital length may also affect the perception of one's marriage. This may be influenced by the phase of the relationship, the age of the partners, having children, the quality of marital communication, or the personalities of the spouses (Rostowski, 1987).

Hypothesis seven, which suggests that the length of marriage has a significant impact on empathy, marital satisfaction, and marital success, was verified and not falsified. Therefore, at the adopted significance level of $\alpha = .05$, it can be concluded that the hypothesis is true with a probability of making an error not exceeding 5%.

Statistical models (1 and 2) for both groups showed a satisfactory fit to the empirical variables, although they explained different amounts of variance of marital success. In the lives of people with a short marital experience, the variables explained 46% of the variance of marital success, and in the case of people with a long marital experience, 35% of the variance of marital success. In terms of similarities, it can be stated that in both groups (young and older couples), empathetic concern shows a direct negative effect on various aspects of marital satisfaction. Similarly, disappointment, which plays the role of a mediator, has a significant negative effect on marital success in both groups. These are important factors that lower the assessment of marital success. In both groups, perspective taking appears to have a direct negative effect on intimacy and disappointment, both of which have a direct effect on marital success, while in older couples, perspective taking may lower the sense of marital success.

The models also showed fundamental differences, for example, in people with short marital experience, a lower level of personal distress was directly related only to a higher sense of marital success. In people with long marital experience, personal distress had a more complex effect – it increased the assessments of intimacy, self-fulfilment, and similarity, but at the same time negatively determined marital success. In people with short marital experience, a particularly strong effect of the influence of marital similarity on a higher intensity of marital success was found, while in people with long marital experience, this effect was close to zero strength of dependence. Moreover, in people with short marital experience, the mediators (intimacy and similarity) had significant indirect effects in the relationship between empathy and marital success, while in people with long marital experience, no significant indirect effects were observed.

Both models emphasize the importance of empathy and the mediating role of marital satisfaction in shaping marital success. However, the mediating contribution of individual aspects of marital satisfaction in individual relationships was different. This may suggest that individual aspects of marital satisfaction do not mediate the relationships between empathy and marital success to the same extent. Also, to varying degrees, marital experience was perceived in terms of limitations and sometimes beneficial changes related to women's personal beliefs and individual and social development (Braun-Gałkowska, 1992; Karimi et al., 2019).

Limitations of the Study

The analysis of the issue concerning the relationship between empathy and satisfaction with marriage and the success of marriage of adults with different lengths of marriage allows for a broader perspective on the social group that is marriage. The analyzed problem is not without certain limitations.

Firstly, the respondents came from one region of Poland, where there are very few divorces, and the marital bond among spouses is very strong. Another limitation that should be mentioned is the method of conducting the research. In order to obtain empirical data, the Internet was used. A limitation that is related to this may be the reliability of the study participants. In an online survey, it is not possible to check who filled in the questionnaires, and sometimes it is easier for the respondents to provide false data. This is a weakness of this study, which can be eliminated when examining subsequent groups.

Furthermore, another limitation of this study may be the difference in years between short and long marital experience. Some researchers believe (Wojciszke, 2020) that too small a difference in the length of marriage does not always differentiate the formed features related to the developmental phase of people, which could have resulted in the lack of significant differences between the groups of analyzed aspects. It would be necessary to propose further studies in which the comparative groups would differ from each other in terms of longer marriage duration, and which would be conducted using other research tools.

Applications

The analysis of the relationship between empathy and marital satisfaction and marital success of people with short and long marital experience indicates several important conclusions.

Some specialists assume that the level of marital success decreases with the length of the marital experience (Majchrzak & Skupińska-Majchrzak, 2011), which was partially confirmed in this study. This study may constitute a basis for drawing attention to the approach of psychologists and psychotherapists working with married couples. Specialists working with married couples should sometimes demonstrate greater awareness and openness to the individual situations of spouses.

Psychoeducation in the scope of elements that make up marital satisfaction, i.e., intimacy, similarity, and self-fulfilment, would be important for married couples. Conducting such psychoeducation by psychologists during the preparation of engaged couples for marriage could help partners to focus on taking care of a close relationship, reaching compromises on marital goals, and ways of developing themselves through fulfilling roles in the relationship.

The higher level of disappointment in short-term marriages suggests that attention should be paid to educating young people, engaged couples, about the changes that occur in a relationship after marriage. During pre-marital education or workshops for engaged couples, psychologists could show what life in marriage looks like in terms of life changes. By describing the feelings that may accompany

newlyweds and those that appear in relationships after the birth of children, as well as by educating them about the fact that these feelings appear in most people and are considered normal, the sense of guilt due to emerging feelings would be reduced. Young engaged couples would also have more realistic ideas about their married life.

Researchers based on culture, contemporary challenges, and economic situation developed different models of marriage, as mentioned earlier (Kaźmierczak, 2008; Moreno, 2021). However, none of them meets the perfect model. This research can provide researchers with deeper knowledge to develop more useful models of marriage, taking into account such needs as empathetic care, intimacy, self-fulfillment.

This research does not exhaust the problem of empathy and satisfaction with marriage with different lengths of marriage. It would be justified to conduct further in-depth studies taking into account the stationary form on a larger research group, with a greater difference in years between the lengths of marriage in the compared groups. Such studies would allow for the observation of other interesting connections and dependencies. It would also be worth paying attention to gender differences in the level of empathy and marital satisfaction. Perhaps a comparison of research groups divided into women and men would show significant differences, providing a new perspective on the analyzed problem.

Conclusion

The study was conducted to show the relationship between empathy and marital satisfaction and marital success in adults with different lengths of marriage. When developing the study plan, empathy factors such as empathetic concern, perspective-taking, and personal distress were taken into account, as well as factors of a matched marriage, i.e., intimacy, disappointment, similarity, and self-fulfillment, which shape the success of marriage.

Empirical data did not fully confirm any of the hypotheses, although they indicate significant relationships between empathy and marital satisfaction in both groups. This may suggest that the ability to empathize emotionally with people experiencing difficulties, the tendency to experience negative feelings of others and to accept the other person's point of view in everyday life situations, and factors of marital satisfaction – such as: satisfaction with being in a close relationship with a partner, a sense of acceptance of the marital roles performed, and agreement between partners on the implementation of important goals – play an important role in the context of a marital relationship regardless of its duration. It can also be suggested that other variables concerning personality traits, the age of partners, the

quality of marital communication, or having children, play a role in the process of developing empathy and marital satisfaction, as well as the success of the marriage.

The analysis of this study may encourage researchers to conduct further research on empathy and marital satisfaction. Unconfirmed hypotheses allow for a critical look at the selected study group and the formulation of new research hypotheses. Further studies may be a chance for researchers to obtain interesting results that may serve other marriages.

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Original Article

Motivations of Volunteers Undertaking Work at Mission Stations

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Abstract

Objective of the study: The article aimed to conduct a qualitative analysis of motivation and show its structure among women who participated in foreign missionary volunteering. Method: Qualitative research was conducted among women who are believers and practice their faith. Ten women, aged 23 to 37, participated in the study. All were born and live in Poland. All participated in missionary volunteering abroad. The research tool was a narrative interview script based on McAdams's approach. This method focuses on personal narratives, i.e., how people tell their life stories, make sense of their experiences, and interpret them. Results: Qualitative analysis of narrative interviews revealed that the motivations of women volunteering for missionary work were complex, multidimensional, and dynamically structured within their life stories. No single dominant motive was identified. The most central dimension was spiritual and religious motivation, expressed in a sense of calling and response to God's presence. Participants described their decision as the result of a long-term process of spiritual discernment, rooted in personal faith, prayer, and religious formation. A second key dimension was altruistic motivation, specifically the desire to help others, share, and build meaningful relationships. Developmental and travel-related motivations also emerged, although they played a complementary rather than primary role. These included the desire to gain new experiences, develop professional and interpersonal skills, learn languages, and experience different cultures. However, participants clearly distinguished their involvement from „volunteering," emphasizing service over personal gain. The results also indicate that prior life experiences, such as involvement in religious communities and previous volunteering, significantly influenced their decision to engage in missionary work. Participating in missionary volunteering contributed to deeper personal growth, increased self-awareness, strengthened interpersonal skills, and deepened spirituality. Upon return, participants reported both positive transformations (greater appreciation of life, redefinition of values) and challenges (difficulty adapting, feeling misunderstood, and reverse culture shock). Conclusion: An analysis of the volunteering landscape indicates the need for a comprehensive approach to preparing missionary volunteers. Training should combine spiritual elements with psychoeducation and intercultural training. Equally important is post-return support, which includes mentoring, support groups, and supervision, as well as activities that help translate missionary experiences into daily life. Based on this analysis, we can propose an original concept for an integrated model of missionary motivation, in which the religious-spiritual, altruistic, developmental, and cognitive dimensions form a coherent whole.

Keywords: motivation, missionary volunteering, Polish women

Volunteering is one of the most sincere and selfless forms of engagement – a space where values, meaning, and a willingness to act for the benefit of others converge (Ariza-Montes, 2017). It is based on the volunteer's free will and takes the form of conscious, altruistic activity motivated by concern for others, regardless of their social or cultural identity (Muchacki et al., 2020). These characteristics are particularly evident in missionary volunteering, where the work requires openness, a high degree of flexibility, sensitivity to cultural differences, and a willingness to make sacrifices (Mich, 2016).

In this context, missionary volunteering represents a unique form of service. It combines elements of spirituality, altruism, and community work, in which volunteers undertake unpaid work in remote parts of the world, often in challenging and uncomfortable conditions (Buttler, 2018). The decision to go on a mission involves reflecting on one's own motivations, particularly religious and spiritual ones. This forms the foundation of such activities. In the realities of the modern world, dominated by haste and the pursuit of success, the decision to sacrifice one's time and comfort for the sake of others takes on particular significance and becomes a phenomenon worthy of in-depth analysis (Bomber, 2017).

Previous research into volunteer motivation has focused primarily on volunteers' motivations, such as altruism, personal development, the desire to gain professional experience, or personal fulfilment (Chen et al., 2022). In contrast, spiritual and religious aspects, despite their particular significance in secular activities as well, often remain marginalised. The literature also contains critical voices pointing to the existence of ambivalent motivations, such as the desire for prestige, gain, escape from everyday life, or treating mission trips as a form of religious tourism (Mich, 2016).

Given the interest many people have in missionary tourism, it is advisable to explore the motivations that lead volunteers to decide to undertake a long-term missionary trip. Previous research has focused particularly on altruistic and development-related aspects, overlooking the significance of religious motivations. Therefore, it is crucial to pay attention to religious and spiritual motivations and their coexistence with developmental, travel, and social motivations. Empirical analysis based on the narrative interview method allows for capturing the subjective experiences of the participants. The study participants are religious and practicing women living in Poland. It is suggested that this analysis will reveal the structure of volunteers' motivations and how missions shape their attitudes, spiritual lives, and activities for others.

Motivations

The concept of motivation refers to the forces that initiate, direct, and sustain an individual's behaviour. It is a complex process of behavioural regulation, encompassing both the choice of goals and the means of achieving them (Pawłowska, 2009; Zimbardo & Gerrig, 2010). Motivation is a multidimensional phenomenon. Researchers point out that human behaviour never stems from a single cause. It is the result of the interaction of various motives: conscious and unconscious, individual and social (Reykowski, 1998). The literature indicates that numerous typologies of motivation have been developed, each emphasising different aspects of the motivational process.

Yeung (2004) notes that volunteers' motivations are not static, but are shaped by cultural and situational contexts as well as individual experiences. He points to a continuum of motivations ranging from selfish (e.g., the desire to gain experience, personal satisfaction) to spiritual (e.g., the need for meaning, self-actualisation, or religious development). Chen et al. (2022) argue that volunteers are motivated by both the need to serve others and the desire for self-actualisation. Nalichaeva et al. (2021) note that compassion, empathy, and the desire to help often go hand in hand with developmental motives. These include gaining professional experience, boosting self-esteem, and the need to be appreciated.

Spiritual motivations, on the other hand, form the foundation of the decision to go on a mission (Morawski, 2012). Participants often view missions as a response to a personal calling, a desire to proclaim the Gospel, and to strengthen their bond with God. This inner sense of mission is often linked to altruism through a desire to share the love and goodness received. Spirituality strengthens determination, provides a sense of purpose, and validates the decision to undertake missionary work (Deci & Ryan, 2012). In the context of missionary volunteering, spirituality plays both a motivating and a sustaining role (Olczyk, 2018).

Religious motivations are of a personal (e.g., the desire to draw closer to God, the search for meaning, spiritual growth) and communal nature (participation in the Church's mission, responsibility for the community of believers) (Mich, 2016). In practice, they coexist with the need for autonomy, competence, and relatedness, as well as basic psychological needs (Deci & Ryan, 2012). For many volunteers, it is precisely this convergence of spiritual and psychological motivations that fosters long-term service in difficult conditions.

Research shows that religiously motivated actions foster the development of prosocial attitudes (e.g., empathy, responsibility) and soft skills (cooperation, communication, coping with stress) (Bomber, 2017). At the same time, missionary engagement leads to a re-evaluation of goals, a redefinition of identity and sense of purpose (Omoto & Snyder, 2002). This formative dimension links spirituality

with personal and social development. Volunteers report greater openness towards others and sensitivity to global issues. Confrontation with cultural differences fosters deeper reflection on one's own faith and develops intercultural competencies: tolerance, empathy, and the ability to engage in dialogue (Francis, 2013; Krakowiak, 2013).

Missionary volunteering, alongside core spiritual motivations, often also involves individual motivations that are autotelic in nature, as well as those related to travel and personal development. Autotelic motivations refer to actions undertaken for their own sake, without the expectation of external rewards (Deci & Ryan, 2000). In this context, missionary volunteering can be seen as a space for self-fulfilment, testing one's own capabilities, or experiencing a sense of purpose.

Travel- and development-related motivations, in turn, encompass the need to learn about different cultures, acquire new skills, and broaden one's horizons. In functional terms, this corresponds to the functions of 'understanding' and 'enhancement', i.e., the need to understand the world and develop one's own skills (Clary et al., 1999). These motivations are particularly significant in the case of international volunteering, which combines the aid dimension with the opportunity for cultural exploration (Yeung, 2004). Researchers, however, draw attention to the risk of a phenomenon known as 'voluntourism', i.e., a situation in which curiosity about travel overshadows altruistic and spiritual goals (Mich, 2016). In this sense, travel and development motivations should encompass other dimensions so that volunteering retains its formative and pro-social character.

Critics emphasise that in some cases, volunteer trips may focus more exclusively on personal experiences, exploring exotic cultures or building one's own experience, rather than on actually supporting the communities they are intended to support (Buttler, 2018). For this reason, the line between missionary work and tourism can be difficult to define.

Missionary Volunteering

The definition of 'missionary volunteering' was proposed by Załuska (1996), who emphasised that volunteers forgo financial gain and rest to devote their time, energy, and knowledge to others. Similarly, Górski (2014) highlighted the voluntary nature, the fact that it is unpaid, and the awareness that the work is undertaken for the benefit of people outside one's circle of family and friends.

The specific nature of missionary volunteering stems from several factors. Firstly, it is often long-term in nature and takes place in countries in the Global South, where access to education, healthcare, and basic resources is limited (Kiciński, 2018). Secondly, the religious and spiritual dimension plays a key role. The trip is perceived not

only as aid work but also as a response to a calling (Kubiak, 2020). Thirdly, missions take place in intercultural environments, requiring flexibility and communication skills. Fourthly, the communal nature of missionary work is of significant importance, strengthening a sense of bond and responsibility (Mich, 2016).

Missionary volunteering in the Catholic Church is understood as a response to the Christian vocation to proclaim the Gospel and serve one's neighbour. John Paul II (1990) emphasised in the encyclical *Redemptoris Missio* that "missionary activity is a matter for all Christians", and not merely for the clergy. Pope Francis (2013), too, in his apostolic exhortation *Evangelii Gaudium*, reminds us that the lay believers are to be "missionary disciples" in their daily lives, and that their missionary activity is expressed not only in words but also in deeds of love.

In the Catholic context, this integration is part of an understanding of mission as a service that encompasses both the proclamation of the Gospel and a commitment to the social, educational, and health development of local communities (Congregation for the Evangelisation of the Peoples, 1998). This means that religious motivations do not exclude other dimensions, but complement them and give them a transcendent meaning.

The literature notes that missionary volunteers often perceive their departure as a concrete fulfilment of their vocation through the experience of "being sent" (Olczyk, 2018). This sense of mission is deeply personal in nature and links individual spiritual experience with the universal message of the Church.

Research on volunteering indicates that engagement rarely stems from a single factor. Omoto and Snyder (2002) note that motivations are multidimensional and often overlap (Sikora, 2020). In this context, spirituality and religiosity act as a catalyst that reinforces other motivations, such as altruism, the need for social connections, and personal development.

Morawski (2012) emphasises that in the case of missionary volunteering, spirituality and religiosity not only initiate the decision-making process but also sustain motivation in difficult conditions, making volunteering a space for personal and communal formation. This integrative approach is confirmed by the research of Saroglou (2013), who demonstrated that religiosity reinforces prosocial behaviour and facilitates the undertaking of actions requiring sacrifice.

Missionary volunteering requires significant sacrifice and a willingness to work in difficult conditions (Gil-Lacruz et al., 2019). It points to strong internal motivations (Mariański, 2010). Its unique character stems from the combination of a religious vocation with practical social action (Muchacki, 2020). The literature indicates that missionary volunteering constitutes a testimony of faith and a way of life stemming from a personal Christian vocation (Mich, 2016). At the same time, it serves as a space for social formation, the development of interpersonal and intercultural skills, and the strengthening of solidarity (Muchacki, 2020).

Research on volunteering emphasises that whilst external motivations may provide an important initial impetus, in the long term, internal motivations play a greater role in sustaining engagement (Deci & Ryan, 2012; Occhipinti, 2016). In the case of missionary volunteering, both types of motivation often coexist. Internal motivations are linked to a spiritual calling, altruism, and the need to give meaning to one's own life. External motivations, on the other hand, manifest themselves in the pursuit of gaining experience, broadening professional skills, or social recognition. Their integration means that missionary volunteering becomes both a space for personal development and the realisation of social goals (Bekkers & Wiepking, 2011; Omoto & Snyder, 2002).

A long-term stay in a different cultural environment is associated with a sense of isolation, acculturation stress, and difficulties in adapting. Berry (2005) describes acculturation stress as emotional tension resulting from confrontation with a new culture. Missionary volunteers sometimes experience frustration related to poverty, disease, or social exclusion. Volunteer burnout is a recurring phenomenon (Heist et al., 2021). Research indicates that initial enthusiasm is followed by fatigue, a decline in motivation, and spiritual crises (Bennett et al., 2018; Borgonovi, 2008). A lack of emotional support and an excessive workload sometimes lead to 'quiet quitting', which involves remaining formally in the project whilst showing limited commitment (Clary & Snyder, 1999). This phenomenon is often accompanied by withdrawal, reluctance, or resentment.

Operating in unfamiliar cultural environments confronts volunteers with language barriers, different traditions, and value systems. A lack of understanding of local customs can lead to a sense of alienation. On the other hand, confrontation with otherness? fosters the development of intercultural competencies: empathy, openness, and adaptability (Bennett et al., 2018).

Analyzed Problem

Empirical research conducted in various countries consistently shows that volunteers' motivations are multidimensional. Clary et al. (1998), in a quantitative study conducted on a sample of volunteers from non-profit organisations in the United States, demonstrated that the most common motivating factors were altruistic values, namely the desire to help others, concern for the community, and the pursuit of ethical convictions. In turn, the longitudinal panel studies by Omoto and Snyder (2002), involving volunteers from humanitarian organisations, showed that people who are guided by pro-social values are more likely to maintain a long-term commitment and undertake tasks requiring a great deal of dedication. Similar tendencies are confirmed by Yeung's (2004) research among medical volunteers in Hong Kong.

The respondents indicated that helping others gave them a sense of purpose in their work, satisfaction, and a greater sense of belonging to the community.

Research by Penner (2002) indicated that, alongside the desire to help others, opportunities for self-development, expanding one's skills, and learning teamwork were of significant importance. Similar results were obtained by Clary and Snyder (1999), who demonstrated that motivations related to career and personal development – though less frequently dominant – play an important role in sustaining long-term engagement. Yeung's (2004) research also showed that individuals seeking personal development were more likely to engage in intercultural initiatives requiring openness and communication skills.

Particular attention should be paid to research focusing on spiritual and religious motivations, which are of fundamental importance in the case of missionary volunteering. Kashirskaya (2023), in a study of Christian volunteers, demonstrated that most of them viewed their activities as the fulfilment of a religious calling, deepening their bond with God, and sharing their faith with others. Similar trends were confirmed by Michałowski and Mich (2016) in their study of participants in the Academic Missiological Circle (Club/Society) in Poznań. Missionary volunteering was perceived as a testimony of faith and an integral part of religious life, in which spiritual motivations coexisted with altruistic ones. In turn, Bomber's (2017) qualitative research conducted among missionary volunteers in the United Kingdom showed that spiritual motivations also serve as a psychological resource, strengthening resilience to stress and helping to cope with the difficulties arising from working in demanding conditions.

Petrovic et al.'s (2020) study showed that religiosity promotes engagement in volunteering more through the reinforcement of religious motives rather than social motives. Okun and Yeung (2015) confirmed that volunteers who described themselves as more religious were more likely to view volunteering as an opportunity to put their ethical and spiritual beliefs into practice than others.

The literature indicates that volunteers' motivations are multidimensional, combining altruistic, egoistic, developmental, and spiritual components (Bomber, 2017; Clary & Snyder, 1999; Okun et al., 2010). Despite this, there remains a lack of in-depth qualitative research on missionary volunteering. Available studies incorporating elements of religiosity, whilst valuable, remain fragmentary. Many of them involve small sample sizes and are quantitative in nature. They often concern volunteering in general, marginalising the religious and spiritual dimension. The few studies relating to missions focus mainly on organisational or altruistic issues. They rarely analyse the process of discerning a vocation or post-return experiences, which are crucial for missionary volunteers.

The lack of analysis regarding Polish female volunteers is particularly noticeable. Their motivations and biographical narratives remain poorly documented,

even though they constitute a significant portion of the missionary journey participants. This phenomenon deserves analysis. In societies dominated by individualism and consumerism, the decision to forgo comfort, career, and stability in favor of unpaid work in difficult conditions is a unique, countercultural choice. It is often downright shocking to those around them and their loved ones.

The commitment of female mission volunteers who decide to leave their country and undertake long-term, unpaid work in often difficult conditions raises questions about the sources and nature of their motivation. In the context of this research, particular attention has been paid to the religious and spiritual dimension, which is key to missionary service. At the same time, altruistic, travel-related, and personal development motivations have also been taken into account.

It is suggested that an analysis of these areas allows us to capture the multidimensional nature of the decisions made by female volunteers undertaking missionary work in various settings, operating under different social and cultural conditions. At the same time, it is assumed that different categories of motivation exist and complement one another. In addition to analysing the reasons behind the decision to go abroad, it is assumed that the missionary trip provided the volunteers with certain benefits and contributed to their transformation resulting from their involvement. It is also assumed that post-return reflections will indicate how volunteering influences the volunteers' identity and subsequent lives.

For this research project, the following research question has been formulated:

1) In what way did previous life experiences shape the volunteers' decision to go on a mission?

2) How do spiritual motivations and a sense of vocation influence the volunteers' decision to undertake missionary work?

3) What role do altruistic values and the desire to help others play in the decision to undertake missionary volunteering?

4) How do travel motivations and the need for personal and professional development influence the decision to participate in missionary volunteering?

5) What personal, spiritual, and professional benefits do volunteers gain from participating in long-term missionary volunteering?

6) What reflections do volunteers formulate upon their return, and what significance do these have for assessing the meaning and value of missionary volunteering?

Research Methodology

This section presents the research methodology. It includes a profile of the volunteers, research questions, an interview script, and a description of the research procedure and research tools.

Research Perspective

The analysis of missionary volunteers' motivations is situated within the framework of research on volunteering and theories of social and religious motivation (Clary & Snyder, 1999; Muchacki, 2020). This approach allows us to understand that missionary activity does not stem from a single cause, but is the result of the coexistence of many factors: spiritual, social, cultural, and developmental.

By adopting a perspective centred on the participants' experiences, it is crucial to capture the meanings that the volunteers themselves ascribe to their involvement in missions. The experience of long-term missionary volunteering facilitates a deeper understanding of the reality under study, yet requires maintaining a reflective stance and consciously separating the personal perspective from empirical analysis. The analysis is based on narrative interviews, which allow for the capture of individual interpretations of volunteering and the reconstruction of the dynamics of motivation within a biographical context.

Characteristics of the Participants

The study involved ten women aged between 23 and 37 who had completed at least three months of missionary volunteer work at centres in South America or Africa. Participants were recruited through the Salesian Missionary Volunteer Programme "Młodzi Światu" ("Young People of the World") in Cracow and the Salesian Missionary Centre in Warsaw. The work carried out by the missionary volunteers was entirely unpaid, in keeping with the spirit of volunteering. Some volunteers went on missionary work twice. They had varied experiences in terms of both the length of their stay and the nature of the tasks they performed. The women came from different regions of Poland, from both cities and smaller towns, which allowed for a diverse perspective on missionary experiences. All women were born in Poland and grew up in a Catholic family. They consider themselves believers and practitioners. Here is a brief profile of the missionary volunteers who took part in the study.

1. Aneta (28) – a nurse from southern Poland, she has undertaken two missionary trips. In 2017, she spent a year in Bolivia, working in a children's home where she looked after the children and took part in daily educational activities. In 2019, she travelled to Ethiopia for two months, supporting nuns in their work at a medical clinic and putting her professional experience to use.
2. Ola (37) – office worker, married, on maternity leave. She volunteered in Uganda in 2015 and 2016, for three and five months, respectively. Her

duties included supporting homeless boys staying at the centre and running educational activities for children, including holiday workshops.

3. Sylwia (27) – holds a Master's degree in social rehabilitation pedagogy, whilst also studying for a postgraduate qualification and doing casual work. In 2023, she spent six months working in South Sudan in primary schools and a clinic run by the Salesian Sisters.
4. Edyta (23) – a student of education from northern Poland, living with her parents. In 2023, she undertook a nine-month voluntary placement in Bolivia, where she worked with children in an orphanage, focusing on their upbringing and education. She is currently preparing for her next missionary trip.
5. Marysia (30) – a graduate in business psychology, formerly a recruiter in a corporation, now a pilgrimage guide. Between 2021 and 2022, she spent two years in Bolivia: the first year in an orphanage run by nuns, and the second working with young people and pastoral groups within the parish.
6. Weronika (24) – a student of education specialising in speech therapy and social communication. In 2022–2023, she undertook a year-long voluntary placement in Peru (Monte Salvado and Quebrada), supporting children and adolescents aged 12–17.
7. Gabriela (31) – a graduate in economics, currently working in a corporate environment on a hybrid basis. In 2016, she spent a month in Cameroon at a school for deaf and disabled children, and in 2021, 10 months in Gambia, working in a school and an after-school club.
8. Agnieszka (37) – a teacher and trained musician. Between 2021 and 2022, she spent a year in Peru (Lima) at a home for boys requiring constant care.
9. Anna (36) – a psychologist, living with her parents. She spent a total of 10 months in Bolivia: eight months in Tupiza at a children's home and two months in Santa Cruz, where she was transferred due to difficult relationships at her previous placement.
10. Martyna (24) – a nursing graduate from Kraków, working in a hospital. Between 2022 and 2023, she spent a year in Peru (Monte Salvado, Cusco district), supporting a boarding school run by the Salesians.

Interview Script

The original interview script was structured around six main thematic areas, corresponding to the research questions. This ensured coherence between the research subject and the collected empirical material. The individual areas covered the following topics:

a) Life and spiritual experiences before departure

The questions in this section concerned the participants' personal circumstances and their previous spiritual and social experiences. They enabled an understanding of the participants' individual life stories, as well as the factors that may have influenced their decision to undertake missionary volunteering. The reference point was the research question: how did previous life experiences shape the volunteers' decision to go on a mission?

b) Spiritual motivations and a sense of vocation led to the decision to go

This part of the interview focused on the personal understanding of spirituality and religiosity. The participants were asked to reflect on the role of faith, their experience of a calling, and the sense of purpose that accompanied their decision to go. This area relates directly to the question: how do spiritual motivations and a sense of calling influence the volunteers' decision to undertake missionary work?

c) Altruistic values and the need to help others

The next area concerned altruistic values, empathy, and the need for social engagement. The questions focused on sources of motivation linked to caring for others, a desire to support those most in need, and a sense of social responsibility. It addressed the question: What significance do altruistic values and the need to help others have in the decision to undertake missionary volunteering?

d) Motivation for travel and personal development

This section asked about the desire to travel, discover new cultures, learn languages, and gain life and professional experience. An important element was the analysis of how these factors supported or complemented religious and altruistic motivations. This relates to the research question: how do travel motivations and the need for personal and professional development influence the decision to participate in missionary volunteering?

e) Personal, spiritual, and professional benefits of volunteering

The questions in this section concerned the effects and consequences of participating in long-term missionary volunteering. The participants described the changes that had taken place in their personal, professional, and spiritual lives. This section addressed the question: What personal, spiritual, and professional benefits do volunteers gain from participating in long-term missionary volunteering?

f) Reflections after returning

The final area covered experiences related to returning from the mission: the adaptation process, the significance of the mission in the participants' life stories, and messages addressed to others. Analysis of this dimension allowed for an assessment of how the participants perceive the meaning and value of their volunteering experience. This relates to the research question: what post-return reflections do the volunteers formulate, and what significance do these have for assessing the meaning and value of missionary volunteering?

Procedure and Research Tool

The research was qualitative in nature and was conducted using individual in-depth interviews in a narrative format. Due to the participants being spread across various regions of Poland and organisational difficulties, all interviews were conducted remotely – via an instant messaging platform with the camera switched on.

The interviews lasted between 1.5 and 5 hours, with the participants' consent, depending on their openness and willingness to share their experiences. During recruitment, certain difficulties were encountered – some people, despite having previously agreed, ultimately withdrew from participation, and with some interviewees, it was difficult to arrange a convenient time for the meeting. An additional challenge was the varied nature of the responses: some interviewees gave detailed, extensive, and reflective answers, whilst others provided more factual and concrete responses. This required flexibility in conducting the interviews and an individual approach to each volunteer. A semi-structured method based on the approach proposed by McAdams – *The Life Story Interview* (1995). This method focuses on personal narratives, that is, how people recount the story of their lives, assign meaning to their experiences, and interpret them. Hence, in line with McAdams's concept (1993), it was assumed that identity is shaped through the narrative of one's own life – through the way in which a person connects past, present, and future events into a coherent whole. This form of interview allowed participants to freely share their stories, whilst enabling the researcher to steer the conversation in situations requiring further exploration of specific themes.

Presentation Findings

This section presents the results of the analysis of narrative interviews conducted with missionary volunteers discussing their experiences related to missionary trips. The presentation covers six main thematic areas that were discussed with the volunteers.

a) life and spiritual experiences before departure,
b) spiritual motivations and a sense of vocation led to the decision to go,
c) altruistic values and the need to help others,
d) motivation for travel and personal development,
e) personal, spiritual, and professional benefits of volunteering,
f) reflections after reading.

Life and Spiritual Experiences Before Departure

The volunteers repeatedly emphasised that this choice was not a sudden, spontaneous decision or a random act. Rather, it was the result of a lengthy process of maturing towards the mission, rooted in their life stories, previous activities, often missionary involvement, and religious formation. Many participants indicated that the desire to go on a missionary trip had already emerged in childhood or adolescence. This was shaped by participation in the life of the Church. Joint prayers for vocations, catechesis, and community life encouraged discernment. This built the foundation upon which the decision to go abroad matured. Edyta says, "When I was a child and heard in church: 'Let us pray for missionary vocations', my heart would always beat strongly. Even then, I felt that this might be something for me." Aneta, meanwhile, recalls: "Ever since I was a teenager, I've had this desire within me to one day be a missionary volunteer. It matured alongside me."

The women had often been involved in voluntary, charitable, or pastoral work beforehand, which enabled them to acquire the necessary skills – something that could be seen as preparation and a kind of 'training ground' ahead of their missions. As Marysia recalls: 'I'd already been working with Caritas and in the parish. It felt so natural – since I was comfortable with it, I wanted more, something more challenging." Martyna adds: "During my studies, I started helping out at a community centre. That's when I realised this was where I belonged – working with children, giving them my attention. The missions were simply the next step."

Meetings with people who had missionary experience played a significant role. The testimonies of missionaries, lay missionaries, and post-mission volunteers during formation and community meetings inspired. Edyta recalls a meeting with a sister who had returned from Africa. "She told us how people live there and what daily work is like. I thought to myself then: I want to try it too." Zofia recalls: "I had a friend who went to Peru for a year. As I listened to her stories, I became increasingly convinced that I wanted that too." The idea of going abroad was often met with mixed reactions from family and friends. For some volunteers, the support was encouraging; for others, the lack of acceptance posed an additional challenge. Aneta says: "My parents were worried, but they said: 'If this is your calling, give it a go'. That gave me a lot of strength." Martyna recalls: "When my family found out I was leaving, there was a huge argument – they said I was selfish and self-centred, and that something bad could happen to me. It was awful." Marysia's friends reacted similarly: "My friends said: 'Why do you need this? You can find a good job here'. But I felt I had to try, otherwise I'd regret it."

Spiritual Motivations and a Sense of Vocation Led to the Decision to Go

Underlying the inner conviction of the need to leave was faith, a belief in a calling and a divine vocation, and involvement in parish life contributed to an awareness of shared responsibility for the mission of the universal Church. A thematic analysis of this research topic constitutes a key focus of this study; hence, five main categories have been presented, illustrating various aspects of the volunteers' spiritual motivations.

Spiritual discernment and inner calling

The participants' statements suggest that the decision to go was not the result of a spontaneous impulse, but of a long-term process of spiritual discernment. Aneta says, "It was also a discernment of my vocation", which was linked to an experience related to prayer. Ola adds, "I prayed, I reflected, and I felt inner peace and a sense that this was it." The volunteers emphasised that they felt their decision was a response to God's voice, and not merely the result of a personal need. The decision was well-considered and conscious, not random. Zofia recalls: "I knew that He was calling me. I wanted to show Him my love." Zofia interprets this as God's desire: "I knew that this was my desire, which I wanted to fulfil, and that it was also God's desire. I simply knew that I was going where God wanted me to go and would accept whatever came." Anna, on the other hand, says, "I see it as a calling. It gave me a sense of inner peace that I was doing something God was leading me to do."

It is clear from many of their accounts that this desire emerged as early as childhood and was deeply personal to them. Edyta says: "When I was a child and heard: 'Let us pray for new and holy missionary vocations', my heart would always beat strongly at those words, and I would think to myself that I would like to go on a mission one day. That was the first time I googled how to go on a mission."

The experience of God's presence and grace

The participants repeatedly emphasised that the experience of God's presence and His guidance was a key factor in their decision to go on a mission. Aneta says, "The experience of God's presence was powerful, a strength from above to keep working, to give more and more of myself." As for Marysia: "I was amazed at how God works through the people I met. It was an experience of His presence that

strengthened me." They saw the mission not so much as their own choice, but as a gift and a grace. Martyna notes, "I see it as a grace that I was able to go. Not everyone is given the chance to answer such a call." Edyta sees the trip as an opportunity to respond to a call that appeared in their lives. "I felt that God was guiding me, that it wasn't me who chose, but He who showed the way." The decision was not viewed in terms of purely personal plans or ambitions, but as a response to God's action. Weronika says, "I was convinced that it was no coincidence that I received the invitation. It was a grace and an answer to my prayers." Agnieszka adds, "The trip was a confirmation for me that God is actively at work in my life, that He does not leave me on my own, but gives me the grace to fulfil this calling."

The search for meaning and an alternative way of life

For many of those surveyed, a mission trip was a way to break away from a consumerist lifestyle and seek a deeper meaning. Gabriela says, "For me, volunteering gives meaning to my life." Volunteering is understood as doing something for another person. Agnieszka admits: "I was glad I could do something good." Missionary volunteering was seen by the participants as an alternative path. Zofia says: "I had this feeling that I was suffocating in Poland, that I'd become too caught up in consumerism. I wanted to do something that would really have value. I felt the need to live life to the fullest, rather than just to work and go shopping. I needed a place where I could pursue spiritual and existential values." Marysia adds, "Generally speaking, I was looking for something more spiritual. I wanted to change something in my life. I was starting to feel that something was missing in my super-organised life."

Sharing one's faith and serving others

For the respondents, missionary volunteering was a way of putting their faith into practice and serving others. Gabriela says: "The motivation should be simple: God and other people, because I am supposed to see Him in other people." Zofia adds: "For me, what mattered was doing something for other people wherever I was needed." Helping others was seen not only as a moral duty but also as a testimony of faith. Aneta emphasises: "We did simple things – e.g., at the orphanage – but that in itself was a testimony? You are with others all the time; it is about being there and being there for others."

Trust, openness, and a readiness for missionary experiences

Another defining feature was an attitude of complete trust and openness towards what the mission would bring. One of the participants put it this way: "God does not call the gifted, but gifts the called." The participants emphasised that they had not planned the trip in detail. Zofia said: "I didn't have any specific expectations, thinking, 'It would be great if this, that, and the other happened'. I simply knew that I was going where God wanted me to go." Instead, they placed their lives in God's hands and entrusted to Him whatever was to come. Aneta adds: "I trust that whatever comes, it will be God's will for me." The participants reduced their missionary commitment to a simple message: "to love and to serve." As Aneta put it: "When I went on missions, I used just two words: to love and to serve. To love another person... simply a person."

Altruistic Values and the Need to Help Others

Many of them emphasised that the desire to be there for others was just as important as religious motivations. The participants' accounts indicate that altruism was a key motivating factor in their decision to go. The volunteers stressed the need to offer help and to share themselves and their skills. The desire to bring about real change in the lives of the people they worked with proved to be important. The idea of sacrifice and selflessness, which gave meaning to the mission they had undertaken, featured in many accounts. Hence, three thematic categories were identified within the framework of altruistic values and the need to help others.

The desire to help and to share oneself

The volunteers often cited their motivation as stemming from a need to provide concrete, tangible help to others. Anna says: "I wanted to do something real for another person. Something genuinely helpful that would make a difference to their life. I wasn't interested in business-related, imaginary problems." Agnieszka emphasises: "For me, the number one reason, the most important one, and why I wanted to go, was simply to do something for another person. I became fascinated by the missions, and I believe this is my space, where I find fulfilment in this volunteering. I recognised this as my calling." The participants also pointed to the need to share themselves. Zofia says: "The chance to give something of myself, to others." Anna adds: "My main motivation was to give something of myself."

Weronika notes: "It wasn't about developing skills or prestige, but about actually giving something to others."

Serving others as an expression of faith and selfless commitment

The volunteers emphasised that their altruistic motivations were closely linked to a sense of service and the spiritual dimension of missionary work. They viewed working for others as a form of helping others through the fulfilment of a personal and religious vocation, which at the same time fostered their own spiritual development. Gabriela says, "This is a big part of my life. I see volunteering as doing something for another person. Through this work, I have discovered my place in the Church. For me, a mission is not just a trip to Africa, but living it out every day." Aneta expressed a similar view, emphasising both the dimension of service and the expression of a personal relationship with God: "I wanted to serve others there, but I also wanted to show my love for God through it. I felt that He was calling me to this and that I had accepted the invitation to the mission. I undertook this out of love for Him as well." Agnieszka emphasised that her trip was not driven by personal ambition, but was a response to a spiritual calling: "I had the feeling that I was going to these people together with God. Not for glory, but for them, to give of myself and show them, God, too."

Daily presence and interpersonal relationships

The volunteers highlighted the importance of being there for others on a daily basis, building relationships and "being there for others", regardless of formal duties. Gabriela emphasised that the missions had given her the space to connect more deeply with others: "It's a calmer time and a way of life where you can truly be there for others. There are no targets to meet and nothing to rush about. You can stand with someone for half an hour, have a chat on the street, and simply notice another person." Similarly, Aneta noted that the essence of missionary work is not merely material or task-based assistance, but daily presence and relationship: "It's not just ordinary help – it's presence, it's relationship, it's everyday life with another person." Equally important was the aspect of direct action on behalf of another person, particularly in difficult situations. Anna pointed out that she found satisfaction in the opportunity to have a real impact on the lives of others: "I can do something directly for another person, which will be tangible help. In real problems, which are sometimes truly difficult." The volunteers also emphasised the universal value of closeness, which did not require a shared language. Anna

recalled that even in situations where there were communication barriers, simple gestures, such as a hug, were of immense importance: "Sometimes on missions, especially in Africa, when you don't know the children's tribal language, simply being with them and hugging them already means a great deal."

Motivation for Travel and Personal Development

Motivations of this kind were rarely the dominant factor. However, they often coexisted with religious and altruistic motivations. Participants emphasised the importance of the opportunity to discover new cultures. They also highlighted the chance to learn foreign languages. Developing interpersonal and professional skills was also a significant added value of the mission trip. Participants indicated that the travel-and-development enriched their experience. In many cases, it also strengthened their sense of purpose and satisfaction with the decision they had made. The main purpose of the trip remained service and the fulfilment of a spiritual calling. At the same time, the opportunity to explore the world provided an additional source of satisfaction. Acquiring new skills played a similar role. Motivations for travel and personal development fall into the following three distinct thematic categories.

Language and social skills development

For some participants, acquiring or improving their language skills was important. Edyta says: "That's also what motivated me – the chance to improve my command of another language, but also to learn a new one. It's a life experience that will help me develop in my future career. It's also about developing skills: professional skills, soft skills, openness, flexibility, and resilience in stressful situations." The participants highlighted the development of interpersonal skills and qualities as useful in their future careers. Agnieszka emphasised: "It's a life experience that will help you develop in your career later on. Professional skills, soft skills, openness, flexibility, and resilience in stressful situations." This development complemented the altruistic and spiritual mission. It was not an end goal in itself, but rather something additional. It was the result of the work carried out on the missions.

Motivations for travel and a fascination with culture

The volunteers often emphasised their desire to discover new places and cultures. However, this was not about tourism, but about everyday life within the local

community. A sense of curiosity about the world and a fascination with culture were clearly evident in the comments of the volunteers surveyed. These were key factors in their motivation to go on missions. Zofia said, "I was really fascinated by the idea of going to a new culture. I'll be able to experience that culture first-hand, be with those people, and experience that life." Although this aspect was not the main factor determining participation in the mission, it played a complementary role. It enriched the missionary experience and gave it a more personal dimension. Edyta emphasised: "It's a desire to get to know a new place. To experience life from the inside – how they spend their free time, what education is like, how they live and go about their daily lives." The volunteers also noted that the mission presented them with challenges related to the need to adapt to local realities. This required giving up their own habits and being open to different ways of thinking and acting. Weronika said: "It's not just about seeing, but about getting to know and understanding how the system works. I knew that this was an integral part of it, that I couldn't just turn up there and insist on my own beliefs."

The quest for adventure and the fulfilment of dreams

For some volunteers, the mission trip was a unique "adventure of a lifetime" and the fulfilment of their travel dreams. Edyta: "It will be the adventure of a lifetime, a continuation of the adventure I started earlier. I'm returning to something familiar, to South America; it fills my heart." Weronika emphasised: "Yes, it was a desire to experience the adventure of a lifetime. Everyone feels that the trip is unusual and very transformative." In their accounts, there was a clear conviction that such a trip offers an opportunity to explore new places. The volunteers treated it as an extraordinary event. Martyna remarked, "In terms of getting to know this culture, I knew that this is an integral part of it. I can't go there and insist on doing things the way I've always done them. I'm less keen on quick trips now, because I'd like to stay in one place for longer and really get to know it."

Personal, Spiritual, and Professional Benefits of Volunteering

For the participants, this experience was transformative. The missions were not limited to aid work. They provided a space for personal, spiritual, and professional development. Within the framework of the benefits obtained, the women distinguished three thematic categories.

Personal development and self-fulfilment

The mission trip provided the participants with an opportunity to test themselves and their own limits. This process took place through personal development and self-fulfilment. Volunteering allowed them to face challenges. These required courage, determination, and mental resilience. For some of the participants, the mission was an attempt to answer the question of their own capabilities. It also concerned whether they could fulfil themselves in difficult and unfamiliar conditions. Agnieszka said, "I think I wanted to go to see if I was even capable of fulfilling myself in any way." At the same time, the missionary experience encouraged reflection on life priorities and one's value system. In the new reality, many of their previous beliefs and plans were being re-evaluated. Agnieszka notes: "My life goals were also re-evaluated. For example, I came to the conclusion that I no longer need to start a family. I'll be open to it, but it's not my main life goal."

Mission trips provided an opportunity to pause and critically reflect on the life choices they have made so far. Martyna also emphasised that volunteering had given her greater self-confidence. She also pointed to an increased openness towards others and the development of specific interpersonal skills. As she said, "Definitely lots of new relationships, lots of self-confidence and courage. Now I know how to talk to my patients, and I have more patience."

The mission trip also proved to be a space for intense self-discovery for the participants. It encouraged deep self-reflection and a confrontation with their own limitations. As Ola emphasised: "Through volunteering, I got to know myself and my limitations. I saw how I react in crises." This experience revealed both the difficult aspects of their personalities and their strengths. Previously, these might have remained hidden. Volunteering thus became a form of deep self-reflection. Zofia said: "I discovered truths about myself – difficult traits, but also good ones." Volunteering thus became a form of intense self-discovery. This kind of reflection is not provided by everyday, comfortable life. Weronika summed it up: "I can say that a person might not learn as much about themselves in a whole lifetime as they do on missions."

Deepening of spirituality and sense of vocation

The participants noted that the time spent on missions had enabled them to experience inner peace and a closeness to God. This relationship gave them a sense of confidence and the strength to carry out their activities. Agnieszka said: "At that time, I had such a good relationship with God as I don't think I'd ever had before. I felt immense peace in my heart. I knew that what I was doing made sense."

Spirituality also developed through gradually learning to trust: moving from the need to control reality to adopting an attitude of openness and faith in God's guidance. Anna adds: "I learnt to trust that nothing happens without a reason and that God will guide it all. Even if sometimes one doesn't understand the meaning of a particular event, I have this sense that God is watching over it." Volunteering gave the participants a sense of self-worth and served as a form of fulfilling their calling, confirming the meaning of their presence and actions. Agnieszka says: "The second important aspect for me was testing myself and achieving a degree of self-fulfilment. I wanted to see if I could actually be valuable in the eyes of others. Just as I am valued in the eyes of the Lord."

Acquiring professional and life skills

For the participants, taking part in long-term missionary volunteering provided an opportunity to acquire skills useful in their professional lives and everyday activities. The missions were a practical experience in which the participants could test their aptitudes and develop their interpersonal skills. Weronika emphasised: "The missions also developed my interpersonal and communication skills, which proved extremely useful in my subsequent professional life." Volunteering helped them discover talents and abilities they hadn't fully realised before. Martyna says: "I think I'm probably more hard-working than I used to be." For some of the respondents, the mission experience served as confirmation of their professional competence. Anna said: "I realised that I can work with children and that such work brings me joy."

Reflections after Return

An analysis of the collected material indicates that the period following their return became a time of intense confrontation with reality for them. Martyna says: "After returning, I began to look at my life here differently. Things that once seemed important no longer held such significance. This is what remains, what is simplest and most authentic." The volunteers emphasised that the missions were a real confrontation with everyday difficulties. They often differed from earlier ideas and narratives that idealised missionary trips. Weronika noted, "It's not that it was bad, it's just that it wasn't as rosy as in the stories. You have to face everyday life, not just Facebook photos. Only then can you see if you really want to be part of it." Similarly, Zofia pointed out that the difficulties weren't limited to work. They also extended to her relationships with others after her return and the

emotions associated with them. As she said, "I thought it would be difficult, but that I'd manage somehow. But it turned out to be a different kind of difficulty – relationships, loneliness, a feeling of not being understood. You can't predict that."

Returning home encouraged them to reassess their daily lives and cultivate a greater sense of gratitude. The participants emphasised that the mission experience had taught them to enjoy simple things. They also pointed to a greater detachment from a consumerist lifestyle. As Aneta noted: "Over there, you were happy just to have water, to be able to drink, to see the children smiling. After returning, I maintained that approach for a long time. I realised that you don't need to have everything. A couple of things are really enough." Edyta expressed similar reflections, noting that the missionary perspective had allowed her to view everyday difficulties differently: "I've learnt not to complain. Even if things aren't going my way here, I know that I'm still incredibly privileged compared to what I saw."

Not all reflections following a return from a mission were positive. For many participants, coming home was associated with a sense of alienation and a lack of understanding from those around them. Zofia emphasised that her friends' reactions often failed to reflect the true nature of her experiences: "When I started telling my friends about it, they said: 'Wow! What an amazing adventure'. But I knew it wasn't an adventure, just hard work, often in solitude. I felt that nobody really understood that." Edyta described a similar experience. She pointed to the difficulties of finding her feet in her old environment after returning from the mission: "You change, you see the world differently, yet you return to people who live exactly as they did before. It's hard to fit in. I felt a bit of regret that there was no one to share it with." Ola added, "It was a total breakdown. For the first two months, I missed Uganda terribly. I missed the children. I missed everything: the weather, the smells. I wanted to go back there at every moment. At the same time, I felt a complete lack of understanding from other people."

Among the respondents, there were also reflections on the possibility of taking part in missions again. Some of the participants expressed a desire to return. They emphasised that the missionary experience remains a lasting part of their lives and spirituality. Aneta says: "If the opportunity arose, I would go again. This experience stays in my heart forever." At the same time, other interviewees stressed that careful discernment of the decision and taking into consideration the significance of one's current personal situation and spiritual readiness are necessary. Zofia adds: "I don't know whether I would decide to do it now. Maybe someday, but I need to be sure it's the right time."

The volunteers emphasised that the decision to go abroad should not be taken lightly, but requires careful consideration and a firm grounding in spiritual values. Agnieszka said: "First and foremost, this is not just some casual decision on our part, and it should not be treated as a wild adventure. People shouldn't

be discouraged if they have this desire in their hearts. Everything can be achieved through hard work and the sense that God comes first." Many reflections also included encouragement to be courageous both in making the decision and in overcoming fears associated with going abroad. Anna says, "It depends on whether they are religious or not, but the first thought is that they should trust in God and pray through this decision. They shouldn't worry that they lack sufficient skills or experience, because that's not what matters most. Everyone has something to offer."

Alongside these encouragements, some women also voiced critical comments, highlighting the need for proper preparation and a realistic approach to the mission. Martyna adds: "I don't see the point in short trips. I believe that if someone is going for a month, two, or three, there needs to be a specific project. Not just turning up and figuring things out once they're there." Similarly, Marysia emphasised the need for a responsible approach and careful preparation for the trip: "I'm happy that the volunteering programme now also looks after the volunteers. There is a psychologist who carries out thorough assessments before anyone leaves. It is worth remembering that not every missionary needs a volunteer alongside them, so you need to match the destination and your tasks well."

Discussion

This study aimed to answer the question of what motivates female volunteers to undertake long-term missionary volunteering. The results obtained show that the decision to undertake long-term missionary volunteering is a complex and multi-dimensional process. No single dominant motive emerges from the volunteers' statements. On the contrary, their commitment stemmed from the coexistence of several factors: religious-spiritual, altruistic, and developmental. Travel-related motives also appeared as a supplementary dimension.

This picture fits well with multi-factor models of volunteer motivation. According to many researchers, these models take into account the dynamic and changeable nature of motivation (Clary & Snyder, 1999; Reykowski, 1998). The strongest dimension of missionary motivation in the volunteers' narratives was spirituality and a sense of vocation. These were understood both as a response to an inner 'call' and as the practical fulfilment of Christian responsibility towards others. The participants spoke of discerning their decision through prayer, spiritual direction, and community practices. They also emphasised the experience of meaning and inner peace in their decision to go. Motivation stemming from an inner conviction – consistent with one's own values and identity – proved to be the most enduring and resilient in the face of adversity. This type of motivation,

described as autonomous, best captures the nature of the decisions made by the volunteers surveyed.

The second prominent theme was altruistic motivations, namely the need for real, everyday action 'for' people, building relationships and being 'with' them. Importantly, this altruism was practical in nature. It manifested itself in 'small acts' and a long-term presence, rather than in one-off 'heroic' deeds.

Developmental motivations (skills, language, flexibility, stepping out of one's comfort zone) and cognitive-travel motivations emerged as secondary factors. They enhanced the experience but did not play a dominant role. The participants distanced themselves from the phenomenon of so-called 'voluntourism', emphasising the primacy of service over adventure. This phenomenon, described in the literature as a form of aid tourism (Simpson, 2004), contrasts with the attitudes of the volunteers studied. For them, spiritual and altruistic motivations were paramount.

Reflections on returning from the mission proved to be a strong yet relatively under-discussed theme in the literature. The participants' narratives indicated a more realistic assessment of their experience, a deepening of their spiritual life, as well as difficulties in adapting and a sense of being misunderstood in their environment upon their return. These phenomena correspond to the classic concepts of culture shock and readjustment (Gullahorn & Gullahorn, 1963) and the theory of transition and reintegration (Bridges, 2004). According to Bridges, every change comprises three phases: ending, transition, and new beginning.

The first stage: ending (ending, losing, letting go) – involves the necessity of saying goodbye to one's previous role, environment, and way of life (Bridges, 2004). The participants described it as a moment of emotional separation from the mission location, colleagues, and the daily rhythm of life. It often evoked regret and a sense of emptiness.

The next phase: the transition zone (neutral zone) – is a period of uncertainty and self-redefinition. Old patterns cease to function, and new ones have not yet taken shape. At this time, the volunteers experienced disorientation and difficulty finding their bearings upon their return. They expressed this in reflections on a sense of not being understood and a longing for 'missionary life'.

The final stage: new beginning – signifies the gradual integration of experiences. The participants began to perceive the mission as an experience permanently embedded in their life story and identity. This influenced their future life choices and relationships with others.

This process clearly illustrates that returning from the mission is not the end in itself. It is the next stage of the journey – a moment of spiritual and identity transformation. During this stage, the volunteers learn to integrate their missionary experience with everyday life back home. This highlights the importance of

the return phase as an integral part of the entire missionary experience, requiring special attention in the process of preparing and supporting the volunteers. It should not be overlooked; it is worthwhile to provide post-return support for the participants.

In summary, the research findings present missionary volunteering as a transformative life experience. It combines various dimensions of motivation. It encompasses religious and spiritual motivations and a sense of vocation, which form its central aspect. Relational altruism is also important, manifesting itself in daily presence and service to others, as well as the need for personal development and new travel experiences. Involvement in missionary work led the participants to reflect on the meaning of life, faith, and their own place in the world, serving as a significant point of reference in their future lives.

The example of the volunteers studied testifies to their genuine commitment. It may inspire people who, in a world dominated by consumerism, are seeking a deeper meaning and actions based on values rather than the pursuit of profit or prestige. Missionary volunteering differs from secular forms of social activity due to its strongly emphasised spiritual dimension and the high degree of integration of spiritual, altruistic, and developmental motives, which confirms its unique, formative nature (Hustinx, 2010).

Reference to the Literature

The analysis of the narratives indicates that religious-spiritual and altruistic motivations co-occur and reinforce one another. The participants emphasised that their decision was both a response to a spiritual calling and an expression of the need to serve others. In this way, religious and altruistic motivations formed a coherent whole, combining spiritual meaning with action for the benefit of others. This finding is consistent with Polish research on religious volunteering (Mariański, 2010; Olczyk, 2018) and with theories emphasising that actions consistent with one's own values are more enduring and resilient to burnout (Deci & Ryan, 2012).

Being with people and the value of small, everyday activities correspond well with the literature on altruism and helping. Sustained engagement fosters the development of compassion and a sense of agency (Batson, 2011). Compared to secular volunteering, missionary volunteering more often emphasises the community dimension and the continuity of presence, which may increase the chances of qualitative change both among volunteers and in local communities (Hustinx, 2010; Stukas et al., 2014).

The study participants emphasised the developmental value of the mission (e.g., acquiring language skills, flexibility, broadening horizons). At the same time, they

clearly distanced themselves from 'adventure travel'. Critical literature on so-called 'voluntourism' highlights the risk of exploiting local communities and treating the volunteering experience as a consumer product (Simpson, 2004). In the case of missionary volunteering, service clearly dominates. There is also a degree of caution regarding short trips without a specific purpose, which means that it can be regarded as qualitatively different from travel-aid practices.

Reflections following their return featured prominently in the volunteers' accounts. These included a more realistic assessment of their experiences, a deepening of spirituality, as well as difficulties with adaptation and a sense of being misunderstood by those around them. These phenomena correspond to the classic concept of return culture shock (Gullahorn & Gullahorn, 1963) and transition theory (Bridges, 2004). These findings indicate that the return and reintegration phase is a key element of the entire missionary experience for the volunteers.

In their statements, participants frequently returned to the themes of the meaning of life, peace, and alignment with their calling. This reinforces the interpretation of the results within the paradigm of Self-Determination Theory (Deci & Ryan, 2012). Missionary volunteering can be seen here as an experience conducive to the development of autonomy (alignment of actions with values), competence (increased sense of agency), and bonds (relationships and community). From a logotherapeutic perspective (Frankl, 2010), it may constitute a response to the fundamental need for meaning in life, particularly during moments of biographical turning points and re-evaluations.

Limitations of the Study

Although the study provided an in-depth understanding of the experiences and the motivations of missionary volunteers, it has certain limitations. First and foremost, it was qualitative in nature and involved a relatively small sample size (10 people).

The results obtained should be treated as an illustration of specific phenomena and mechanisms, rather than as a basis for generalisations about the entire population of missionary volunteers.

An additional limitation is the homogeneity of the sample. All participants in the study were women, which does not allow for a comparison of experiences and motivations between the sexes. Possible differences arising from differing social roles, cultural expectations, or ways of experiencing spirituality, therefore, remain outside the scope of this analysis.

The narrative interview method used made it possible to present personal experiences fairly accurately, but this also had its limitations. The accounts are

based on subjective memories, which may be selective, incomplete, or distorted by subsequent experiences. The retrospective nature of the narrative makes it difficult to capture the 'original' picture of the emotions and experiences at the time of the missionary departure. Many statements may have been overshadowed by subsequent reflections and a more mature perspective.

The study also lacked the voices of those who, due to difficult missionary experiences, chose not to participate in the interviews. Their perspective could have significantly broadened the analysis, revealing additional factors influencing the decision-making process and potential difficulties in adaptation. Those experiencing serious difficulties on missions, unable to cope emotionally in those conditions, could have provided valuable insights regarding both the stay itself and the pre-departure phase. Another limitation is the absence of the perspective of mission organisers and the local communities to which the volunteers travel. As a result, the findings reflect the volunteers' own perceptions and interpretations of their experiences.

It is also worth noting the specific characteristics of the study group. Most of the participants had a university education and came from a Catholic cultural background. This may have influenced the greater reflectiveness of their statements and the way they framed their experiences through the prism of religious and worldview categories. The results cannot, therefore, be directly applied to people representing other religious traditions or different social backgrounds.

The researcher's role in the process of data collection and interpretation is also significant. The thematic and ideological affinity may have facilitated a better understanding of the narratives and the building of relationships with the interviewees. At the same time, it may have influenced the interpretation of the material, for example, through the subconscious selection of themes or the evaluation of these themes.

In summary, the limitations identified do not undermine the value of the study, but rather define its context and scope of interpretation. They highlight the need for caution when generalising the results. They emphasise the need for further research involving broader, more diverse groups. It is also worth developing research that combines qualitative and quantitative methods and encompasses a multifaceted perspective: volunteers, organisers, and host communities.

Implications

The study's findings point to the need for a comprehensive approach to the preparation of mission volunteers. Training should combine spiritual elements with psychoeducation (resilience, managing anxiety, emotional regulation),

intercultural training (intercultural competencies, addressing prejudices, non-verbal communication), and preparation for mission work (goals, tasks, scope of responsibility).

Post-return support is equally important, encompassing mentoring, support groups, and supervision, as well as activities that help translate missionary experiences into everyday life. Introducing such measures helps to reduce the risk of frustration associated with re-entry shock and supports the integration of experiences from the mission into post-return daily life.

From an organisational perspective, the choice of placement and the duration of the assignment are also of key importance. Criticism of short and unfocused forms of volunteering suggests that missionary volunteering should be based on clearly defined tasks and preparation. This approach distinguishes it from voluntourism practices and fosters greater responsibility.

Based on the participants' experiences, it is also worth emphasising the importance of relationships and everyday life. Organisations should support forms of work that focus on building bonds and companionship, rather than solely on carrying out technical tasks. It was precisely these relationships that were identified as the main source of meaning and agency.

The study conducted went beyond the traditional framework of the *Volunteer Functions Inventory*, highlighting the significance of the spiritual and vocational dimensions, which were not included in Clary and Snyder's model. On this basis, we can propose an original concept of an integrated model of missionary motivation, in which the religious-spiritual, altruistic, developmental and cognitive dimensions form a coherent whole. This model demonstrates that personal and prosocial motivations can coexist and reinforce one another, and that the sustainability of commitment depends on the alignment of actions with one's professed values.

Directions for Future Research

The findings to date, whilst making a valuable contribution to understanding the specific nature of missionary volunteers' motivations, also point to the need for further research. In particular, it seems appropriate to conduct quantitative and mixed-methods studies, which would enable the scale of individual phenomena to be determined and the significance of various categories of missionary volunteers' motivations to be compared within a broader population. Analyses based on questionnaires and statistical methods would allow us to verify the frequency of religious, altruistic, or development-oriented motivations, as well as to examine their links with personality traits and religiosity.

Another important area of focus is intergroup comparison. A comparison of the motivational profiles of missionary and lay volunteers could highlight commonalities and differences, pointing to the specific nature of missionary motivation. It would also be important to analyse potential differences between women and men, as well as between volunteers from different religious and cultural backgrounds. Such research could contribute to a better understanding of the cultural and gender-related factors influencing decisions regarding missionary involvement.

Another aspect worth exploring is the perspective of local communities and mission organisers. Existing research has focused primarily on the experiences of volunteers, whereas the views of beneficiaries, mission stations, missionaries and host institutions could broaden the perspective on missionary volunteer work, with particular emphasis on spiritual and religious aspects. Including these voices would make it possible to verify how the presence of volunteers is perceived in a cultural context, what benefits it brings, but also what tensions or organisational challenges it may give rise to.

Longitudinal studies are also recommended, as they would allow us to track the long-term consequences of participation in missionary volunteering. Participation in missions may, in fact, influence volunteers' identity, career choices, spirituality, attitudes, and life decisions. Meanwhile, most research focuses on immediate experiences and rarely analyses the durability and evolution of effects over the long term.

The process of reintegration following a return from a mission appears to be a particularly interesting and necessary area for further analysis. The experiences of female volunteers indicate that this stage can be difficult and ambiguous, and that the forms of support available are limited. Future research should focus on an in-depth analysis of post-mission adaptation mechanisms and on evaluating the effectiveness of various forms of support, such as mentoring, supervision, spiritual guidance, and support groups.

Conclusion

Missionary volunteering emerges as a distinctive form of activity in which the intertwining of religious, altruistic, and personal development values gives the volunteers' actions a unique character. The research conducted confirmed that the motivations of those deciding to participate in missionary volunteering are varied and deeply interconnected, but religious, spiritual, and altruistic considerations occupy a central place, often expressed as a strong sense of calling and responding to a perceived vocation. It is these that form the foundation of the decision to undertake missionary service, giving it meaning, direction, and sustainability, as well as

providing a framework that helps volunteers persevere despite the difficulties of everyday work in demanding conditions. Developmental and travel-related factors play a supplementary role, enhancing the experience and sense of satisfaction, but they rarely constitute the main reason for involvement; rather, they complement the core motivations by enabling the acquisition of new linguistic, interpersonal and intercultural competences and broadening personal horizons. These motivations do not function independently, but remain closely intertwined and mutually reinforcing, creating a coherent motivational structure that distinguishes missionary volunteering from secular forms of engagement.

The research findings indicate that women's decision to undertake missionary volunteering is an expression of a well-considered attitude, rooted in spiritual values, a need to serve, and a search for meaning in acting for the benefit of others. At the same time, altruistic motivations are strongly connected with the need to build relationships and engage in meaningful interactions, which turn community life into a key source of both meaning and personal agency. Participation in missions leads to a multidimensional transformation, including a re-evaluation of priorities, a strengthening of faith, and a deepening of relationships with oneself, with other people, and with God. It is a process that influences both personal and spiritual life, as well as future career choices and the way one perceives one's own role in society, often encouraging reflection on life plans and long-term directions.

An important yet often challenging stage of this experience is the return and reintegration phase, which emerges as a significant and integral part of missionary volunteering. This phase may involve difficulties in readjusting to everyday life, a sense of being misunderstood by others, and challenges in translating the mission experience into the previous social context. At the same time, it plays a crucial role in the long-term integration of the experience into one's life story, allowing the transformation initiated during the mission to take on a more permanent and meaningful character.

A comparison of the findings with the relevant literature suggests that the results of the present study largely correspond with some earlier research (Bomber, 2017; Mich, 2016; Nalichaeva et al., 2021). At the same time, the present study highlights specific elements of missionary volunteering in the Polish context, particularly the importance of the process of discerning one's vocation, which proves to be a key aspect of preparation for departure. This points to the need for further analysis, covering both the spiritual and practical dimensions, as well as the necessity of providing systematic support for volunteers not only during the preparation phase, but also throughout the mission and upon their return, especially in the context of reintegration challenges.

Missionary volunteering can be seen as a space where personal searches for meaning intersect with relational needs, and the individual's experience fits into

a broader religious, social, and cultural context. It constitutes not only an act of helping others but also a process of personal growth and self-discovery embedded in everyday practices and relationships. In the daily life of the mission, far from media attention, a quiet yet lasting transformation takes place for both those who help and those to whom help is extended. Missionary volunteering demonstrates that in a world full of haste and individualism, there is still room for selflessness, faith, and the courage to be there for others.

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Book Review

Can yoga reshape the brain?

Review of the Book *The Neuroscience of Yoga and Meditation* by Brittany Fair, 2023. Handspring Publishing.

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The intersection between contemplative practices and neuroscience has become one of the most dynamic areas of interdisciplinary inquiry over the past two decades. Yoga and meditation, once framed primarily within spiritual or religious traditions, are now increasingly examined through the lens of brain imaging, psychoneuroendocrinology, and clinical psychology. This shift has produced a burgeoning field often referred to as contemplative science (Davidson & Kaszniak, 2015; Tang et al., 2015).

Brittany Fair's *The Neuroscience of Yoga and Meditation* (2023) positions itself squarely within this discourse. Written by a neurobiologist and yoga instructor, the book seeks to demonstrate the neurological and physiological underpinnings of ancient practices, with the stated goal of making such insights accessible to both practitioners and the general public. This review critically evaluates Fair's contribution, highlighting its strengths as a work of science communication while interrogating its methodological limitations, cultural assumptions, and position within the broader literature on yoga and meditation.

Author Profile

Fair's professional background is emblematic of the interdisciplinary character of contemplative science. With training in philosophy, ecology, and neurobiology, she combines multiple epistemic perspectives. Her role as a science writer at the Salk Institute for Biological Studies and her presidency of the San Diego Science Writers Association further illustrate her orientation toward public engagement (Salk Institute for Biological Studies, n.d.).

Fair's dual identity – as both scientist and practitioner – adds authenticity and accessibility to her writing. However, it also introduces potential tensions. Scholars such as Van Dam et al. (2018) have warned that the enthusiasm of practitioner-scientists can sometimes lead to „hype," where preliminary or equivocal findings are presented with undue certainty. While Fair's background allows her to bridge communities, it occasionally risks conflating advocacy with critical analysis, a challenge that requires careful navigation.

Scientific Framing of Yoga and Meditation

Fair emphasizes the role of neuroplasticity, presenting yoga and meditation as tools capable of reshaping the brain. She highlights increased prefrontal cortex activity, associated with executive control and emotional regulation, alongside decreased amygdala reactivity, linked to stress responses (Fair, 2023, pp. 56–60).

These claims are consistent with findings from imaging studies (Hölzel et al., 2011; Tang et al., 2015).

The book also explores psychoneuroendocrinological mechanisms, particularly cortisol regulation and parasympathetic nervous system activation through breathing techniques and asanas (Fair, 2023, pp. 78–83). This is supported by evidence that yoga can reduce markers of physiological stress (Pascoe et al., 2017).

Yet the presentation is often more enthusiastic than cautious. Much of the cited literature consists of small-scale trials, often lacking active control groups, with samples skewed toward motivated, healthy participants (Fox et al., 2014; Van Dam et al., 2018). Fair does not consistently clarify these limitations, and her narrative may leave general readers with the impression that causal links are more firmly established than current evidence supports.

Holistic Health and the Question of Universality

A central theme in Fair's book is the holistic integration of body, mind, and spirit – a framing that reflects her dual perspective as scientist and practitioner. She presents yoga and meditation as universally applicable practices that benefit individuals regardless of age, background, or experience (Fair, 2023, pp. 121–128). She describes the downregulation of the brain's default mode network during mindfulness (Brewer et al., 2011), linking this to decreased rumination and improved well-being.

However, the claim of universality is problematic. Research indicates that the reception of mindfulness and yoga varies across cultural and socio-economic contexts (Christopher et al., 2009; Park et al., 2019). Kabat-Zinn (2012) emphasizes the importance of adaptation when introducing mindfulness to diverse populations. Moreover, scholars have noted the risk of cultural appropriation and commercialization when Eastern contemplative practices are transplanted into Western wellness markets (Carrette & King, 2005). Fair briefly acknowledges inclusivity but does not engage deeply with these issues, leaving her portrayal of universality oversimplified.

Practical Orientation and Pedagogical Approach

One of the most appealing aspects of the book is its pedagogical structure. Each chapter includes exercises, accompanied by explanations of their neurological and physiological mechanisms (Fair, 2023, pp. 133–140). This format makes the book especially useful for yoga instructors, therapists, and health professionals seeking to integrate scientific rationales into practice.

Yet the prescriptive tone raises concerns. While providing ready-to-use exercises enhances accessibility, it risks overstating the strength of the evidence base. Systematic reviews and meta-analyses have shown significant variability in outcomes, with effect sizes often moderated by participant expectations, instructor expertise, and cultural context (Khoury et al., 2013). Fair rarely foregrounds these complexities, leaving readers with an impression of consistency that does not reflect the heterogeneity of findings.

Methodological Challenges in Contemplative Science

A more thorough engagement with methodological challenges would have improved the book's critical balance. Research on yoga and meditation faces several recurring issues:

Placebo and expectancy effects – Participants often know they are engaging in stress-reduction practices, which may bias outcomes (Davidson & Kaszniak, 2015).

Heterogeneity of interventions – „Yoga" and „meditation" encompass diverse techniques, making it difficult to generalize findings (Park et al., 2019).

Lack of active controls – Many studies compare yoga or meditation to waitlist controls, limiting the ability to distinguish specific effects (Goyal et al., 2014).

Publication bias – Positive findings are more likely to be published, potentially skewing the literature (Coronado-Montoya et al., 2016).

Fair's narrative rarely acknowledges these limitations, and as a result, her book reads more as advocacy than as a critical synthesis. In contrast, Van Dam et al. (2018) provide a comprehensive evaluation of such pitfalls, offering a corrective to overly optimistic portrayals.

Clinical Implications and Therapeutic Applications

Fair highlights potential clinical benefits of yoga and meditation for stress, anxiety, and depression (Fair, 2023, pp. 145–160). These claims are supported by meta-analyses suggesting moderate efficacy for mindfulness-based interventions in reducing symptoms of anxiety and depression (Hofmann et al., 2010). Similarly, yoga interventions have shown promise for reducing stress-related physiological markers (Pascoe et al., 2017).

However, enthusiasm must be tempered. Goyal et al. (2014) conclude that while meditation programs can produce small to moderate improvements in psychological stress, their effects are comparable to other established interventions. Fair presents yoga and meditation as particularly powerful tools but does not

situate them within the broader landscape of behavioral therapies, where they may function as adjuncts rather than replacements.

Position within Contemporary Literature

Fair's book occupies a hybrid space between popular wellness guides and scholarly syntheses. Compared to Davidson's *The Emotional Life of Your Brain* (2012), Fair's work is more practice-oriented but less conceptually rigorous. In contrast to Goleman and Davidson's *Altered Traits* (2017), which emphasizes longitudinal data and trait-level change, Fair focuses on immediate applications of neuroscience to daily practice.

This positioning enhances accessibility but also reveals limitations. The book neither meets the standards of critical academic reviews nor fully embraces the narrative style of popular wellness literature. Instead, it offers an introductory overview that may inspire practitioners while leaving scholars unsatisfied.

Conclusion

The Neuroscience of Yoga and Meditation (Fair, 2023) is a valuable contribution to science communication, successfully translating complex research into an accessible and practice-oriented format. Its integration of personal practice with scientific explanation makes it a compelling resource for instructors, therapists, and lay readers.

Nevertheless, the book's portrayal of evidence is sometimes overly enthusiastic, its claim of universality risks oversimplification, and its lack of engagement with methodological challenges diminishes its scholarly value. For those seeking an accessible introduction to the neuroscience of contemplative practices, Fair provides a useful starting point. For readers interested in critical or comprehensive analysis, supplementary texts such as Van Dam et al. (2018), Goleman and Davidson (2017), and Davidson (2012) remain essential.

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Conference Report

Contemporary Psychology: Academic and Practical Perspectives

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Report on the Jubilee Conference on the 10th Anniversary of the Institute of Psychology at the Ignatianum University in Cracow, Poland, June 17, 2025.

In 2025, the Institute of Psychology at Ignatianum University in Cracow celebrated its 10th anniversary. On June 17, 2025, a ceremonial National Conference was held at the University to summarize the teaching and research activities of our Institute of Psychology. A little over 10 years ago, by the resolution of His Magnificence Rector Prof. Józef Bremer SJ, the Institute of Psychology was established at the University Ignatianum in Kraków. The first Director of the Institute was Jacek Bielas, PhD. Since 2022, the position of Director has been held by Jacek Prusak SJ, PhD. Currently, the Institute consists of seven departments: Department of General Psychology, Department of Experimental Psychology, Department of Human Development Psychology, Department of Psychopathology and Psychoprophylaxis, Department of Social Psychology and Interpersonal Communication, Department of Psychology of Religion and Spirituality, and Department of Forensic Psychology and Psychocriminology. The Institute also includes the Center for Trauma and Dissociation Research and the Sleep Research Laboratory.

During the conference, research activities of the individual departments as well as the research and practical contributions of Ignatianum graduates were presented. The conference began with a lecture by Jacek Bielas, PhD, who discussed the context of the Institute's founding, the people involved, and his reflections on the challenges of leading a newly created Institute.

The Department of Experimental Psychology was represented by Łukasz Michalczyk, PhD, who presented research on covert attention orientation and its motor foundations. The results supported the premotor theory of attention, summarized by the author as: *look where you prepare to act*.

Next, Krzysztof Nowakowski, PhD, presented the activities of the Department of Forensic Psychology and Psychocriminology, focusing on criminal violence risk assessment and studies on juvenile psychopathy. The data highlighted the integration of forensic psychology with clinical contexts and other subdisciplines.

The Department of Psychopathology and Psychoprevention was introduced by Adam Pawlak, PhD, who outlined its wide-ranging research areas: psychological aspects of religion and personality, psychosomatic conditions, sleep disorders and sleep quality, changes and dynamics of personal identity, personality disorders, chronic fatigue, as well as psycho-oncology and psychological approaches to authoritarianism. Key publications of the department, including monographs and articles, were also highlighted.

Prof. Halina Grzymała-Moszczyńska, together with Adam Anczyk, PhD, presented cultural psychology as a useful theoretical and empirical perspective for the psychology of religion. Their talk addressed research perspectives on religion

in the context of globalization and multiculturalism, linking psychology with anthropology and religious studies. They distinguished three approaches to the psycho-cultural interface: universalist, absolutist, and relativist, and demonstrated how the cultural perspective has been applied in research at the Department of Psychology of Religion and Spirituality at the Institute

The Department of General Psychology was represented by Jerzy Gruszka, PhD, who discussed measures of subjective income inequality and how people understand them. He outlined the development of these methods – from vignette studies, through questions about perceived and desired earnings, to simple indicators based on income visualization. The studies revealed inconsistent and sometimes contradictory results regarding perceived and desired inequalities, as well as methodological challenges due to participants' limited knowledge of earnings and numerical reasoning difficulties.

A key part of the conference was devoted to presentations by alumni. The first was given by Weronika Jarecka, MA, who presented research on the experiences of older siblings of individuals on the autism spectrum. Interviews showed that siblings faced difficulties and additional responsibilities, but also developed empathy and new ways of understanding their family situation. The ambivalence of these experiences was emphasized, along with the importance of considering siblings' perspectives in research and family support practices.

Next, Natalia Brzozowska, MA, presented research on the relationship between moral intuitions and Poles' economic views. Analysis of data participants showed that individuals with right-leaning economic views exhibited weaker care and fairness intuitions than those with left-leaning views. The study also found that in Poland, the terms „left" and „right" more often refer to cultural issues than to economics. The conclusions underscored the need for further research into the semantics of these concepts and their social differentiation.

The final presentation was delivered by Piotr Kochowicz, MA, who discussed the work of psychologists in psychiatric hospitals, highlighting the gap between expectations and daily practice. He examined the psychologist's role in interdisciplinary teams, the limitations imposed by the healthcare system, and opportunities for professional development. Particular attention was given to the problem of burnout, its scale, risk factors, and protective mechanisms, stressing the need for systemic solutions to support psychologists in their work.

The conference also featured a poster session, where psychology students and doctoral candidates presented their research. Topics included: *Between Suffering and the Need for Understanding; The Emotional Face of Misophonia*, *The Role of Synchrony in Interpersonal Communication; A Review of Scientific Research*, *Attitude as a Useful Concept in Qualitative Research*, *BI-AS; What Connects Bi – and Asexual Identities*, *Individual Experience as a Category in Qualitative Research*,

Drug-Like Behavior; Selected Aspects of Behavioral Addictions; *Sleep Quality in Older Adults Living in a Nursing Home*; *Nomads of the Global World – Third Culture Kids*; *Cult Online Communities as a Research Space*; *It's Like Someone Was Telling Me About Another Planet – The Experience of Conducting Psychotherapy for Foreigners*.

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