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Psychological resilience, tendency to ruminate, and well-being in young adults

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Abstract

The aim of this study was to examine the relationship between psychological resilience, the tendency to ruminate, psychological well-being in young adults, and to analyze group differences in these variables. The study involved 174 young adults aged 18–35. Participants completed the Psychological Resilience Scale, the Rumination-Reflection Questionnaire, and Carol Ryff's Psychological Well-Being Scale. Analysis of the results revealed a negative correlation between psychological resilience and the tendency to ruminate, a positive correlation between psychological resilience and well-being, and a negative correlation between the tendency to ruminate and well-being. Significant differences were found in the variables between men and women as well as between individuals who had experienced traumatic life events and those who had not. The findings contribute to a deeper understanding of factors that influence mental health in young adults and provide valuable information for both research and psychological practice.

Keywords

psychological resilience, ruminations, well-being, young adults

Introduction

Recent years have seen a noticeable trend among young adults to delay significant life decisions, a phenomenon referred to in scientific literature as a moratorium on the fulfillment of developmental tasks. Young people are increasingly engaged in exploring diverse opportunities, which, though fostering self-actualization, may heighten the risk of mental health issues.¹ Research indicates an increase in perceived stress during this stage of life² that can be exacerbated by socio-cultural shifts and global crises, such as the COVID-19 pandemic or armed conflicts. Axiologically, also the absence of stable—among others transcendent—value systems may weaken young people's mental resilience and complicate decision-making³. Factors that facilitate effective stress management and help maintain psychological well-being need, therefore, examining.

This article focuses on the relationship between psychological resilience, the occurrence of rumination, and the psychological well-being of individuals aged 18–35. Previous research in this area has centered on clinical populations, leaving uncharted waters regarding the specific challenges that young people are beset with outside clinical settings. Understanding these relationships may be crucial for developing psychological support strategies and mental ill-health prevention programs for this age group.

1. Theoretical foundations of the study

Psychological resilience is considered a key factor in effectively coping with stress and challenging experiences. Individuals with high psychological resilience are able to mobilize their resources in the face of adversity, exhibiting emotional

¹ A. Franczok-Kuczmowska, M. Kuzian, *Psychospołeczne uwarunkowania funkcjonowania i zdrowia psychicznego w okresie wczesnej dorosłości*, "Annales Universitatis Paedagogicae Cracoviensis. Studia Psychologica" 11 (2018), pp. 115–134.

² A. A. Stone, J. E. Broderick, A. Deaton, *A snapshot of the age distribution of psychological well-being in the United States*, "Proceedings of the National Academy of Sciences of the United States of America" 107 (2010) no. 22, pp. 9985–9990.

³ E. Wysocka, *Religijność młodzieży studenckiej – przypisywane religii znaczenia w życiu codziennym (dwie dekady zmian)*, "Przegląd Religioznawczy" (2019) no. 4 (274), pp. 105–120.

stability and the ability to distance themselves from intense emotions.⁴ Psychological resilience can also be understood as the capacity to maintain a high level of well-being despite unfavourable circumstances. It enables individuals to employ essential skills to handle difficult situations, supporting their well-being and fostering an increased sense of self-efficacy and control over their lives.⁵ Resilient individuals cope better with challenges, manage stress more effectively, and are more likely to identify benefits in difficult experiences. Psychological resilience is also associated with cognitive and emotional flexibility, which contributes to internal behavioral regulation and adaptive capabilities.⁶ [This paragraph ought to be shortened: the same is said with too many sentences.]

In contrast, rumination is defined as a maladaptive coping strategy characterized by repetitive thinking about unpleasant, difficult, or painful experiences, particularly those related to the past⁷ [Can we have experiences related to the future?]. Rumination can hinder one's ability to take action and perpetuate feelings of stress, generating negative beliefs. Theoretical models of rumination generally emphasize its detrimental impact on an individual's mental health. Rumination translates into brooding over negative events or emotions, a process that intensifies unpleasant feelings and, as a result, negatively affects a person's mood.⁸

Psychological resilience and tendencies toward rumination are both associated with neuroticism—a personality trait with a strong genetic basis that is brought about by difficulties in restoring emotional balance after stressful events. Individuals with higher levels of rumination may take longer to recover as they focus on reflections about events rather than taking appropriate remedial action. High psychological resilience is a protective factor against rumination, as resilient individuals tend to focus on solving problems rather than engaging in fruitless analysis. Research has also shown that psychological resilience

⁴ F. Yi, X. Li, X. Song, L. Zhu, *The underlying mechanisms of psychological resilience on emotional experience: Attention-bias or emotion disengagement*, "Frontiers in Psychology" 11 (2020), pp. 1–12.

⁵ C. E. Waugh, A. Sali, *Resilience as the ability to Maintain Well-Being: An allostatic active inference model*, "Journal of Intelligence" 11 (2023) no. 8, pp. 1–17.

⁶ A. Asif, H. Yasin, L. Iqrar, *Personal growth initiative, resilience and psychological wellbeing in young adults of Pakistan*, "Journal of Asian Development Studies" 13 (2024) no. 1, pp. 412–421.

⁷ P. D. Trapnell, J. D. Campbell, *Private self-consciousness and the five-factor model of personality: distinguishing rumination from reflection*, "Journal of Personality and Social Psychology" 76 (1999) no. 2, pp. 284–304.

⁸ M. C. Eisma, M. S. Stroebe, *Rumination following bereavement: an overview*, "Bereavement Care" 36 (2017) no. 2, pp. 58–64.

moderates the relationship between stress and symptoms of anxiety and depression that often accompany high levels of rumination.⁹

Both psychological resilience and ruminative tendencies are tied to well-being defined as an overall evaluation of life that makes one function properly across various areas and is not confined to experiencing positive emotional states.¹⁰ Ryff and Keyes describe well-being through six dimensions: autonomy, environmental mastery, personal growth, positive relationships with others, purpose in life, and self-acceptance.¹¹

Research conducted by Kulawska indicates a positive relationship between psychological resilience and well-being among pedagogy students in Poland, suggesting that a similar relationship may exist across the broader population of young adults.¹² Rumination, on the other hand, as an ineffective response to stress that hinders effective problem-solving, can diminish levels of well-being. Ruminative tendencies trigger maladaptive cognitive styles, such as self-criticism and pessimism, which are likely to negatively influence perceived well-being levels.¹³ It is also worth noting that individuals who frequently dwell on past events experience difficulties in achieving psychological comfort and maintaining positive social relationships.¹⁴ Data on the co-existence of ruminative tendencies with the eudaimonic concept of well-being are scarce.

2. Research methodology

2.1. Research problem, objectives, and hypotheses

Our research problem was grounded in the considerations outlined above and was formulated as follows: what relationship, if any, holds between psychological

⁹ C. T. Gloria, M. A. Steinhardt, *Relationships among positive emotions, coping, resilience and mental health*, “Stress and Health” 32 (2016) no. 2, pp. 145–156.

¹⁰ D. Karaś, J. Cieciuch, *Polska adaptacja kwestionariusza dobrostanu (Psychological Well-Being Scales) Caroll Ryff*, “Roczniki Psychologiczne” 20 (2017) no. 4, pp. 815–835.

¹¹ C. D. Ryff, C. L. Keyes, *The structure of psychological well-being revisited*, “Journal of Personality and Social Psychology” 69 (1995) no. 4, pp. 719–727.

¹² E. Kulawska, *Poziom i korelaty prężności psychicznej studentów wczesnej edukacji w wybranych uczelniach w Polsce*, “Forum Pedagogiczne” 10 (2020) no. 1, pp. 111–128.

¹³ L. M. Smart, J. R. Peters, R. A. Baer, *Development and validation of a measure of self-critical rumination*, “Assessment” 23 (2016) no. 3, pp. 321–332.

¹⁴ S. Nolen-Hoeksema, B. E. Wisco, S. Lyubomirsky, *Rethinking rumination*, “Perspectives on Psychological Science” 3 (2008) no. 5, pp. 400–424.

resilience, the tendency to ruminate, and well-being among young adults? This question was to be answered by a specially designed study.

Research hypotheses were formulated and tested in alignment with the theoretical foundations:

- **H1:** Psychological resilience is negatively correlated with the tendency to ruminate in young adults.
- **H2:** Psychological resilience is positively correlated with well-being in young adults.
- **H3:** The tendency to ruminate is negatively correlated with well-being in young adults.

To deepen the understanding of these variables, comparative analyses within the studied population were performed to answer:

- whether there are differences in the levels of psychological resilience, tendency to ruminate, and well-being between young adult women and young adult men;
- whether young adults who have experienced particularly challenging life events differ in terms of psychological resilience, tendency to ruminate, and well-being compared to young adults without such experiences.

2.2. Research Instruments

The Psychological Resilience Scale (PRS), the Rumination-Reflection Questionnaire (RRQ), and the Psychological Well-Being Scale (PWBS) were the instruments used in this study.

The **Psychological Resilience Scale (PRS)**, developed by Ryś and colleagues, consists of 35 items that assess five dimensions of psychological resilience: 1) attitude toward difficulties and problems; 2) self-attitude in challenging situations; 3) somatization; 4) emotional sphere and interpersonal relations; and 5) attitude toward psychological injuries.¹⁵ In this study, Cronbach's alpha coefficients for the individual scales ranged from 0.68 to 0.86.

The **Rumination-Reflection Questionnaire (RRQ)**, in the Polish adaptation by Słowińska, Zbieg, and Oleszkowicz, includes 24 items divided into two subscales: *Rumination*, referring to the involuntary focus on one's experiences

¹⁵ M. Ryś, *Psychologiczne uwarunkowania kształtowania relacji w prawidłowych i dysfunkcyjnych systemach rodzinnych. Metody badań*, Wydawnictwo AEH Warszawa 2024.

triggered by anxiety, and *Reflection*, concerning engagement in better self-understanding, driven by personal curiosity.¹⁶ Cronbach's alpha for the Rumination subscale was 0.89.

The **Psychological Well-Being Scale (PWBS)**, in the Polish adaptation by Karaś and Cieciuch, comprises 84 items designed to measure well-being from a eudaimonic perspective. This tool includes six subscales: (1) autonomy; (2) environmental mastery; (3) personal growth; (4) positive relations with others; (5) life purpose; and (6) self-acceptance.¹⁷ Cronbach's alpha coefficients for the individual subscales ranged from 0.78 to 0.90, while the overall scale score was 0.96.

2.3. Participants

The study, targeting young adults, was conducted online using the questionnaire tools described above, in compliance with the principles of the Declaration of Helsinki. Participants were informed about the voluntary nature of their involvement, the purpose and procedure of the study, and were assured of full anonymity, with results used solely for scientific purposes. Participants were recruited using the snowball sampling method, whereby the link to the study was initially distributed to individuals who met the age criteria and who were then asked to share the link further with others fitting the same criteria.

The study included 174 individuals aged 18 to 33 years ($M = 23.67$; $SD = 2.44$), with 53.4% (93 individuals) identifying as female and 46.6% (81 individuals) as male. The largest percentage of participants had incomplete higher education—53.4% (93 individuals), followed by 33.3% (58 individuals) with higher education, 12.6% (22 individuals) with secondary education, and 0.6% (1 individual) with primary education. Regarding relationship status, 49.4% (86 individuals) were in informal relationships, 42% (73 individuals) identified as single, and 8.6% (15 individuals) were married. The majority, 96.6% (168 individuals), did not have children, while 3.4% (6 individuals) had.

As for the financial status, 47.1% (82 individuals) rated it as “rather good,” 37.4% (65 individuals) as “average,” 12.1% (21 individuals) as “very good,” 1.7%

¹⁶ A. Słowińska, A. Zbieg, A. Oleszkowicz, *Kwestionariusz Ruminacji-Refleksji (RRQ) Paula D. Trapnella i Jennifer D. Campbell – polska adaptacja metody*, “Polskie Forum Psychologiczne” 19 (2014) no. 4, pp. 457–478.

¹⁷ D. Karaś, J. Cieciuch, *Polska adaptacja kwestionariusza dobrostanu*, pp. 815–835.

(3 individuals) as “poor,” 1.1% (2 individuals) as “rather poor,” and 0.6% (1 individual) refrained from answering. 82.8% of the participants (144 individuals) came from intact families, while 17.2% (30 individuals) were from single-parent families. Within the single-parent group, 60% (18 individuals) cited parental divorce as the reason, 16.7% (5 individuals) reported the death of the father, and another 16.7% (5 individuals) cited parental separation.

58% (101 individuals) experienced significant hardships in life, such as parental alcoholism, psychological abuse, serious illness, the death of a loved one, or physical abuse. Of these cases, 52.5% (53 individuals) encountered these experiences during adolescence, 34.7% (35 individuals) in childhood, and 12.9% (13 individuals) in adulthood. In addition, 42% (73 individuals) did not encounter events they would classify as very difficult.

3. Presentation of the results

3.1. Correlation analysis

To test the hypotheses regarding the co-occurrence and directional relationships between mental resilience, rumination tendencies, and well-being, we conducted linear correlation analyses using Pearson’s r coefficient, with a significance level of $\alpha = 0.05$. The results of these analyses are presented in Tables 1, 2, and 3.

Table 1. Correlations Between Specific Scales of the Mental Resilience Scale and the Rumination Scale (N = 174)

Variable	RRQ – Rumination	
	r	p
SOP – Attitude toward difficulties and problems	-0.53	<0.001
SOP – Attitude toward oneself in difficult situations	-0.59	<0.001
SOP – Somatization	-0.49	<0.001
SOP – Emotional sphere and relationships with others	-0.53	<0.001
SOP – Attitude towards wounds	-0.61	<0.001

These results suggest significant negative correlations between the various dimensions of mental resilience (attitude toward difficulties and problems, attitude toward oneself in difficult situations, and somatization) and rumination.

Each degree of the Mental Resilience Scale shows a strong inverse relationship with the tendency to ruminate, indicating that higher resilience in each area is associated with lower rumination levels.

As shown in Table 1, all subscales of the Mental Resilience Scale demonstrated negative correlations with the Rumination Scale. In line with the hypothesis, it was found that the higher the level of mental resilience, the lower the tendency to ruminate.

Table 2. Correlations Between Subscales of the Mental Resilience Scale and Scales of the Well-Being Questionnaire (N = 174)

Variable	PWBS – Autonomy	PWBS – Environmental mastery	PWBS – Personal growth	PWBS – Positive relations with others	PWBS – Purpose in life	PWBS – Self-acceptance	PWBS – Overall score
SOP – Attitude toward difficulties and problems	0.54***	0.74***	0.53***	0.26***	0.65***	0.69***	0.73**
SOP – Attitude toward oneself in difficult situations	0.55***	0.71***	0.44***	0.27***	0.57***	0.72***	0.70**
SOP – Somatization	0.40***	0.50***	0.26***	0.15	0.34***	0.48***	0.46**
SOP – Emotional sphere and relationships	0.43***	0.58***	0.37***	0.40***	0.45***	0.58***	0.60**
SOP – Attitude toward wounds	0.29***	0.49***	0.26***	0.29***	0.25***	0.53***	0.46**

Note: *p < 0.05; **p < 0.01; ***p < 0.001

The results from Table 2 lead to the conclusion that nearly all correlations proved to be statistically significant, with the exception of the relationship between the Positive Relations with Others scale and the Somatization scale. The highest correlation coefficients were observed between Attitude toward difficulties and problems and Environmental mastery, Purpose in life, and Self-acceptance. Similarly, a strong correlation was found between Attitude toward oneself in difficult situations and both Environmental mastery and Self-acceptance. A strong association was noted between Attitude toward difficulties and

problems and overall well-being score. These findings align with expectations, indicating a positive relationship between mental resilience and well-being.

Table 3. Correlations between individual scales of the Well-being Questionnaire and the Rumination scale (N = 174)

Variable	RRQ – Rumination	
	r	p
PWBS – Autonomy	-0,41	<0,001
PWBS – Environmental mastery	-0,49	<0,001
PWBS – Personal growth	-0,17	0,023
PWBS – Positive relations with others	-0,17	0,027
PWBS – Life purpose	-0,33	<0,001
PWBS – Self-acceptance	-0,52	<0,001
PWBS – Total score	-0,46	<0,001

Table 3 shows that all the subscales of the Well-being Questionnaire are negatively related to the Rumination scale. The highest correlations were observed for the Self-acceptance, Mastery over the environment and Autonomy scales, and their value can be assessed as moderate. The remaining correlations were low or very low. The results are consistent with the adopted assumption that the higher the level of the tendency to ruminate, the lower the level of well-being.

3.2. Between-group difference analysis

To examine whether women display higher levels of mental resilience, rumination, and well-being compared to men, an independent sample t-test was conducted. The assumption of normality for the distributions of the studied variables was confirmed through statistical analysis, as skewness and kurtosis measures were within the acceptable range of $<-1, 1>$. Next, the assumption of homogeneity of variance between the compared groups was tested. Levene's test results were statistically non-significant for all variables, suggesting that this assumption proved correct. A chi-square test was conducted to assess the equivalence in group sizes. The result was statistically non-significant ($\chi^2 = 0.83$; $p = 0.363$), confirming the relative equivalence in group sizes. The results of the t-test and Cohen's d effect sizes are presented in Table 4.

Table 4. T-tests for Questionnaire Scales between female (n = 93) and male (n = 81) Groups

Variable	Women (M)	Women (SD)	Men (M)	Men (SD)	t	df	p	d
SOP – Attitude towards difficulties and problems	3.24	0.65	3.52	0.69	-2.75	172	0.007	-0.42
SOP – Attitude towards self in difficult situations	2.55	0.87	3.21	0.93	-4.78	172	<0.001	-0.73
SOP – Somatization	2.58	0.79	3.30	0.75	-6.10	172	<0.001	-0.93
SOP – Emotional sphere and relationships	2.82	0.60	3.16	0.75	-3.35	172	<0.001	-0.51
SOP – Attitude towards wounds	2.53	0.80	2.93	0.86	-3.23	172	0.001	-0.49
RRQ – Rumination	3.81	0.85	3.55	0.84	2.02	172	0.045	0.31
PWBS – Autonomy	3.80	0.89	4.16	0.87	-2.68	172	0.008	-0.41
PWBS – Environmental mastery	3.76	0.83	3.94	0.82	-1.48	172	0.141	-0.23
PWBS – Personal growth	4.33	0.69	4.36	0.72	-0.27	172	0.786	-0.04
PWBS – Positive relations with others	4.35	0.77	4.20	0.77	1.21	172	0.227	-0.18
PWBS – Purpose in life	4.16	0.89	4.25	0.88	-0.65	172	0.517	-0.10
PWBS – Self-acceptance	3.70	1.08	3.91	0.98	-1.35	172	0.178	-0.21
PWBS – Overall well-being	4.02	0.69	4.14	0.66	-1.19	172	0.236	-0.18

Note: *p < 0.05; **p < 0.01; ***p < 0.001

The data in Table 4 shows statistically significant differences in certain scales between women and men.

Statistically significant differences were observed across all scales of the Mental Resilience Scale, as well as in the Rumination and Autonomy scales. Women scored higher on the Rumination scale ($M = 3.81$; $SD = 0.85$) compared to men ($M = 3.55$; $SD = 0.84$), with a small effect size ($d = 0.31$). For the remaining scales, men scored higher than women. The largest differences between women and men were found in the subscales of the Mental Resilience Scale, particularly in the areas of Attitude towards difficulties and problems and Somatization.

Next, differences in the levels of the studied variables were examined between individuals who had experienced very challenging events and those who had not. Statistical analysis, including skewness and kurtosis measures, indicated that most variables were approximately normally distributed, with the exception of the Rumination and Self-Acceptance scales. The chi-square test result was statistically significant ($\chi^2 = 4.51$; $p = 0.34$), suggesting an imbalance in group sizes. Therefore, a random sample of 73 individuals was selected from the group that had experienced challenging events to meet this assumption. Levene's test result was significant only for the Rumination scale, indicating that the assumption of homogeneity of variances did not prove correct for this scale. The results of the independent samples t-test are presented in Table 5.

Table 5. Independent samples t-test results for the scales of the questionnaires between the group of individuals who had not experienced a very challenging life event ($n = 73$) and the group who had experienced a very challenging life event ($n = 73$).

Scale	Group 1	Group 2	t	df	p	d
	M	SD				
SOP – Attitude towards difficulties and problems	3.51	0.67	3.21	0.67	2.67	144
SOP – Attitude towards self in difficult situations	3.09	0.91	2.67	0.95	2.78	144
SOP – Somatization	3.24	0.79	2.65	0.86	4.37	144
SOP – Emotional sphere and relationships	3.13	0.67	2.82	0.72	2.71	144
SOP – Attitude towards I wounds	3.05	0.74	2.43	0.82	4.78	144
RRQ – Rumination	3.50	0.95	3.89	0.73	-2.74	135.01
PWBS – Autonomy	4.06	0.82	3.84	0.93	1.50	144
PWBS – Environmental mastery	3.99	0.80	3.70	0.89	2.12	144
PWBS – Personal growth	4.33	0.68	4.34	0.75	-0.08	144
PWBS – Positive relations with others	4.28	0.79	4.23	0.78	0.38	144
PWBS – Life purpose	4.28	0.85	4.09	0.89	1.29	144
PWBS – Self-acceptance	4.02	0.95	3.56	1.08	2.75	144
PWBS – Total score	4.16	0.64	3.96	0.70	1.80	144

Note: Group 1 = individuals who had not experienced a very challenging life event;
Group 2 = individuals who had experienced a very challenging life event.

The table shows statistically significant differences for the scales within the Psychological Resilience Scale (SOP), as well as for Rumination and Self-Acceptance. Specifically, Group 1 scored higher on measures of resilience and environmental mastery, while Group 2 scored higher on Rumination.

Statistically significant differences between the groups were found in all subscales of the Psychological Resilience Scale, in the Rumination subscale, and in two subscales of the Well-Being Questionnaire—Environmental mastery and Self-acceptance. Individuals who had not experienced very challenging life events scored higher on all subscales of the Psychological Resilience Scale, as well as on the Environmental mastery and Self-acceptance subscales, and had lower scores on the Rumination scale compared to those who had experienced difficult events. The effect sizes (d-Cohen) indicate that the largest differences were observed in the areas of Somatization and Attitude towards wounds.

4. Discussion of the results

The main objective of this study was to examine the relationships between psychological resilience, rumination tendencies, and well-being in young adults. Based on the literature review and previous research findings, three main hypotheses and additional research questions regarding intergroup differences were formulated.

The first hypothesis posited that there would be negative relationships between psychological resilience and rumination in young adults. The empirical verification of this hypothesis confirmed the validity of this assumption (Table 1). It was found that higher levels of psychological resilience were associated with lower levels of rumination in young adults. These findings are consistent with the existing knowledge about psychological resilience that helps individuals cope with everyday challenges and rumination that hinders effective problem-solving and decision-making. Referring to the research by Waugh and Sali,¹⁸ who analyzed the relationships between psychological resilience and self-confidence or a sense of agency, it can be concluded that frequent unwanted thoughts related to unpleasant events or self-reflection are associated with lower resilience. Resilient individuals tend to experience more positive emotions and possess

¹⁸ C. E. Waugh, A. Sali, *Resilience as the ability to Maintain Well-Being*, pp. 1–17.

the ability to emotionally distance themselves from extreme feelings, unlike individuals prone to rumination.¹⁹

The second hypothesis expected positive correlations between psychological resilience and well-being in young adults. This relationship was confirmed by significant positive correlations between all subscales of psychological resilience and the overall well-being score (Table 2). These results are consistent with previous studies that highlight the clear links between psychological resilience and mental health.²⁰ Based on the results of this study, it can be concluded that psychological resilience plays a crucial role in how young adults evaluate their overall life satisfaction. A healthy attitude toward difficulties and problems along with a constructive attitude toward one's self in difficult situations seem to be particularly important for better environmental mastery, which reflects a sense of the individual's agency and ability to shape reality according to one's needs. It also reflects self-acceptance, which manifests itself in a positive attitude toward one's self and a mature evaluation of one's strengths and weaknesses.²¹ Both elements facilitate overcoming challenges and coping with inevitable life setbacks, contributing to a higher level of well-being.

The third hypothesis posited that rumination tendencies would coexist with well-being in young adults. This hypothesis was confirmed by significant negative correlations (Table 3). The highest correlation coefficient was found for the relationship between rumination and the self-acceptance scale (Table 3). This may be due to the fact that rumination plays a role in constructing a negative self-image by focusing on repeated thoughts about one's mistakes, flaws, or failures. This leads to increased self-criticism and, consequently, diminished self-acceptance. This conclusion aligns with research on rumination in clinical groups, especially among individuals suffering from depression.²² Another dimension of well-being that was most strongly correlated with the rumination scale was environmental mastery (Table 3). Therefore, a lack of control over one's

¹⁹ F. Yi, X. Li, X. Song, L. Zhu, *The underlying mechanisms of psychological resilience on emotional experience*, pp. 1–12.

²⁰ T. Hu, D. Zhang, J. Wang, *A meta-analysis of the trait resilience and mental health*, "Personality and Individual Differences" (2015) no. 76, pp. 18–27.

²¹ D. Karaś, J. Cieciuch, *Polska adaptacja kwestionariusza dobrostanu*, pp. 815–835.

²² R. Cooney, J. Joormann, F. Eugène, E. Dennis, I. H. Gotlib, *Neural correlates of rumination in depression*, "Cognitive, Affective, and Behavioral Neuroscience" 10 (2010) no. 4, pp. 470–478.

thoughts can generate a sense of lack of control over the external environment, which, in turn, inhibits individuals from attempting to cope with challenges.²³

4.1. Intergroup analyses

The intergroup analyses indicated that young adult women exhibited higher levels of rumination than young adult men (Table 4). Considering the fact that women in the general population are more likely to exhibit symptoms of depression and anxiety, this could amplify their tendency toward rumination, thereby creating a vicious cycle of negative thoughts that sustain these symptoms. Emotional coping styles may also play a significant role in this, as studies by Howerton and Gundy²⁴ suggest that women are more likely than men to rely on emotional coping strategies. Emotional coping is closely related to rumination, as both mechanisms focus on internal emotional states.²⁵

Significant sex differences were also observed in the level of psychological resilience. Young men showed higher levels of psychological resilience than young women (Table 4). This is consistent with studies conducted among adults in Poland that suggest that men tend to have higher levels of psychological resilience than women.²⁶

However, within the studied sample of young adults, no significant differences in well-being were found between women and men. This suggests that despite the differences in psychological resilience and rumination, sex may not play a significant role in the overall well-being of young adults in this specific sample.

4.2. Comparison of groups with and without life-altering experiences

A comparative analysis between young adults who had not experienced a very difficult life event and those who had revealed that the first group had significantly higher scores in all aspects of psychological resilience, rumination, and

²³ S. Nolen-Hoeksema, B. E. Wisco, S. Lyubomirsky, *Rethinking rumination*, pp. 400–424.

²⁴ A. Howerton, K. Van Gundy, *Sex differences in coping styles and implications for depressed mood*, “International Journal of Stress Management” 16 (2009) no. 4, pp. 333–350.

²⁵ S. Nolen-Hoeksema, B. E. Wisco, S. Lyubomirsky, *Rethinking rumination*, pp. 400–424.

²⁶ A. Lasota, K. Tomaszek, S. Bosacki, *Empathy, resilience, and gratitude—Does gender make a difference?*, “Anales de Psicología” 36 (2020) no. 3, pp. 521–532.

two dimensions of well-being: environmental mastery and self-acceptance (Table 5). Individuals who have not experienced a traumatic event are likely not to feel regret about the past or engage in the repetitive rumination of events that could lead to chronic stress or negative emotional states. Self-acceptance may also be easier for individuals who have not experienced traumatic events that could diminish their sense of self-worth. The absence of such difficult experiences might mean that these individuals still have resources that help maintain high levels of psychological resilience.

In the examined sample, there was no significant difference between the two groups in terms of the overall well-being score (Table 5). This suggests that experiencing a very difficult life event does not play a significant role in overall life satisfaction but impacts certain dimensions of life, such as emotional resilience, coping, and self-acceptance.

4.3. Limitations of the study

For all the confirmation of the hypothesized relationships, it is important to note some limitations that may affect the interpretation of the findings.

The first limitation is the correlational nature of the analyses. Correlations allow only the identification of the co-occurrence of the variables, but they do not point to conclusions about causality. This means that while statistically significant relationships were found between mental resilience, rumination, and well-being, it cannot be definitively stated which of these variables influences which others.

The second limitation is that most of the study participants were students, which may limit the generalizability of the findings to the broader young adult population. Students may have specific characteristics, such as higher levels of education, access to social support resources, or fewer life experiences, which could influence the results and their interpretation.

4.4. Future research directions

Nonetheless, the results align with the existing literature on the determinants of mental resilience and serve as a good starting point for further studies. Future analyses could consider additional psychological resources, such as basic hope or self-esteem, which may also influence the development of mental resilience and well-being.

Longitudinal studies could provide more precise information on how the levels of the variables change over time. This would allow for a better understanding of how mental resilience, rumination, and well-being evolve over a longer period and how they may influence each other.

Another important direction would be to investigate the impact and effectiveness of various therapeutic interventions aimed at enhancing mental resilience, reducing rumination, and improving well-being among young adults. Such studies could contribute to the development of effective support programs to help young adults better cope with life challenges, thereby improving their quality of life.

5. Conclusions

The verification of the relationship between mental resilience, the tendency for rumination, and well-being in the young adult population is of immense importance both scientifically and practically. The results expand the knowledge about the determinants of mental health quality in young adults, which has important implications for future research and psychological practice. These findings provide valuable information for psychologists, educators, and specialists working with young people. Increased awareness of the factors affecting mental health quality in this age group may lead to the development of more effective support strategies, including prevention, interventions, psychoeducation, and educational and therapeutic programs. Ultimately, this could contribute to improving the quality of life of young adults. It is also essential to support young people in seeking foundations and moral values that may serve as significant aids in strengthening their psychosocial well-being.

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