

# Polish Students and Alcohol



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# Polish Students and Alcohol

Conditions and Consequences

With 26 figures

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## Introduction and Methodology

The purpose of the reported research project was to recognise the problems resulting from the consumption of alcohol among the population of students in Polish public and non-public institutions of higher education. We have relatively little information about this group with respect to public health and health education, including the conditions for the consumption of alcohol (in comparison with e.g., the group of adolescents) (Sierosławski, 2018). There exist some specific results, but the underlying research usually concerned smaller and non-representative samples, often from only one faculty (e.g., Gersternkorn, Suwała, 2003; Wojtowicz et al., 2008; Laszek et al., 2011). Insufficient data make it impossible to outline any overall picture of the situation. Therefore, we needed current population-based surveys on a representative sample in order to recognise the problem in its wider dimensions.

The survey process was planned for one year. The first stage consisted in establishing the conceptual basis regarding the theoretical framework and the structure of several survey tools (yet undefined at the moment of submitting the application), including the methodological preparation for the survey process. The subsequent months were devoted to the actual survey among third-year students (N=4503 in total), covering a proportional sample of all types of public and non-public universities. The results provided a reliable scientific foundation for the recognition of risk factors and protection factors related to the problems resulting from the consumption of alcohol as well as for the formulation of key preventive recommendations.

The process of the planned survey was based on the current state of knowledge regarding alcohol-related problems and their mutual interactions (in the context of previous research projects and deficiencies in data and knowledge). It should be noted that with respect to students this venture required a new concept and a new approach that would consider the variables previously unexplored in this group as well as the recently emerging new factors (e.g., risky behaviours on the Internet). Therefore, in certain cases, the project necessitated the construction of new tool and indicators or the considerable modification of the available tools

and indicators through a pilot programme in a group of students. The consumption of alcohol (including risky and harmful drinking as well as addiction) was subjected to a multi-aspect survey as an element in the syndrome of risky behaviours understood in the context of the research model as problems related to alcohol intake (in line with the most recent research trends in this area).

The order of presentation in the present publication is as follows: the survey methodology, results and conclusions, and key recommendations regarding prevention and consequences of the consumption of alcohol by students.

## Our Survey Methods

### The Objective of the Project

The objective of the project was to recognise the problems resulting from alcohol intake among Polish students of public and non-public institutions of higher education as well as the identification of the factors related to the consumption of alcohol in this group (both risk factors and Protective factors).

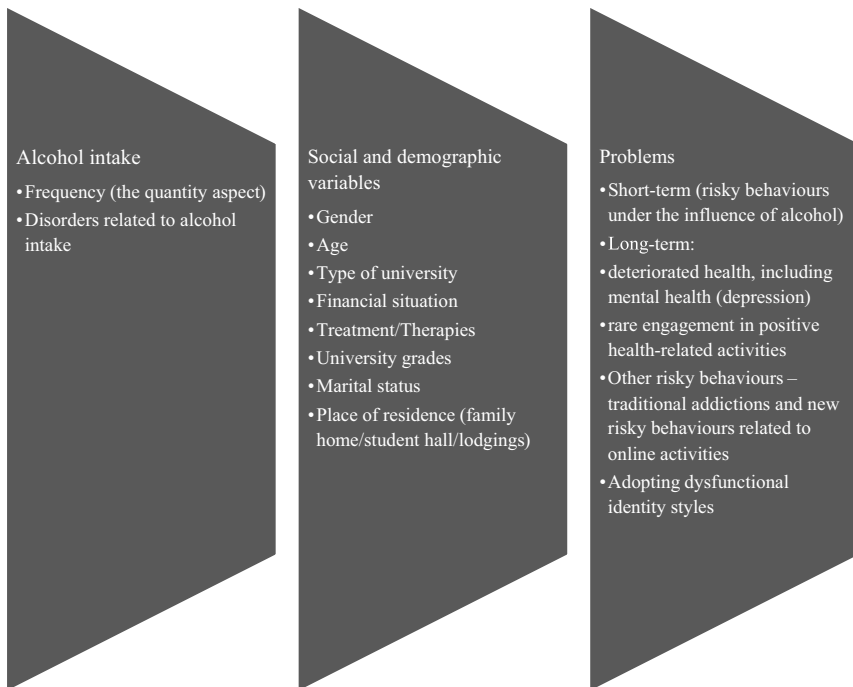


Fig. 1. The research model adopted in the survey (groups of variables)

## Survey Questions and Hypotheses

1. What is the scope of alcohol intake, risky and harmful alcohol intake and the addiction to alcohol among Polish university students?
2. How is the alcohol consumption by students related to the social and demographic variables (gender, age, marital status etc.)?
3. What short-term consequences of alcohol intake are experienced by students?
4. How is alcohol intake by students related to other traditional risky behaviours (including the use of other substances)?
5. How is the consumption of alcohol related to selected health indicators, including mental health?
6. What is the relation between alcohol intake by students and their identity styles?
7. How is the consumption of alcohol connected with selected health-related behaviours?

## Description of the Survey Sample

The multiple stage sampling was used to obtain a representative sample of third-year students in Poland. First, institutions of higher education were randomly selected (from the full list of educational institutions). The model of stratified proportional selection was applied. The strata were defined by the voivodeship (province), the category of university (public universities – 75% of the entire sample, non-public universities) and the type of university. The sampling frame was the current list of universities in the Integrated System of Information on Science and Higher Education (POL-on) and the Local Data Bank of Statistics Poland. The frame includes, inter alia, the list of universities and the information about the number of students. On this basis, the number of students for the surveyed university types was estimated. The sampling of institutions used the stratified systematic selection model with the probability proportional to the estimated size of the population (number of students) at the given university. The next step consisted in the sampling of the group of third-year students from the selected institutions. Following the basic sample, an additional (reserve) sample was also selected with the use of the same model.

At the particular university level, the sampling proceeded top-down from departments to third-year students present at the survey dates, ensuring the greatest possible diversification of faculties. The third year was chosen, because such students have a longer university experience (which makes their profile significantly different from secondary school students), but still have a relatively long period ahead of them before the graduation and the choice of a professional

career (in the case of full-time students). It was, therefore, assumed that this group would manifest the most typical mechanisms related to the consumption of alcohol among students. For approximately 25% of the sampled universities, it was necessary to make use of the reserve pool. The auditorium survey took from 40 minutes up to one hour and it was carried out in the presence of a trained interviewer.

The survey was conducted at 38 universities around Poland (including 10 non-public institutions).

The respondents included people from all voivodeships. Detailed information in this respect is presented in the table below.

Table 1. Distribution of respondents by the voivodeship of residence.

Item	Voivodeship	n	%
1.	Dolnośląskie	248	5.5
2.	Kujawsko-Pomorskie	177	3.9
3.	Lubelskie	355	7.9
4.	Lubuskie	29	0.6
5.	Łódzkie	513	11.4
6.	Małopolskie	192	4.3
7.	Mazowieckie	753	16.7
8.	Opolskie	246	5.5
9.	Podkarpackie	23	0.5
10.	Podlaskie	556	12.3
11.	Pomorskie	66	1.5
12.	Śląskie	279	6.2
13.	Świętokrzyskie	313	6.9
14.	Warmińsko-Mazurskie	41	0.9
15.	Wielkopolska	401	8.9
16.	Zachodniopomorskie	22	0.5
17.	Outside Poland	5	0.1
18.	No data	284	6.3

## Description of the Survey Sample

### Gender

The sample is not evenly divided in terms of gender. It is related to the fact that in the general population there is a similar disproportion among university graduates (more women than men). The data made available by Statistics Poland

indicate that in the academic year 2018/2019 women accounted for 58% of students and this disproportion tends to increase. 809.3 thousand people were registered as full-time students, i. e., 65.8% of all students, while 421.0 thousand people were registered as part-time students (Statistics Poland, 2019). Therefore, it may be assumed that the distribution of respondents by gender is analogous to the nationwide distribution at universities. This uneven division is necessary for the sample to be representative.

Table 2. Distribution of the sample by gender

	N	N cumulative	% of significant	% of all cases
<b>Women</b>	3052	3052	69.78	67.78
<b>Men</b>	1322	4374	30.22	29.36
<b>No data</b>	129	4503	2.95	2.86

### Age of respondents

Table 3. Distribution of the sample by age

Age [years]			
<b>Up to 20</b>	105	105	2.44
<b>21-30</b>	3877	3982	89.93
<b>31-40</b>	215	4197	4.99
<b>41-50</b>	94	4291	2.18
<b>over 51</b>	20	4311	0.47
<b>No data</b>	192	4503	4.45

The age of respondents was calculated on the basis of the provided year of birth and the date of the survey.

The majority of students are between 21 and 25 years old: 21 (3.48%), 22 (42.24%), 23 (23.8%), 24 (9.35%) and 25 (4.89%). Students from this age group are most numerous, since they commenced their studies immediately after the secondary school (or slightly later) and are now in their third year.

Table 4. Respondents' home address

Home address	N	%
<b>Family home</b>	1987	44.13
<b>Own apartment</b>	539	11.97
<b>Student residence hall</b>	274	6.08
<b>Rented apartment</b>	1061	23.56
<b>Rented room</b>	504	11.19

Table 4 (Continued)

Home address	N	%
Other place	28	0.62
No data	110	2.44

The largest group of respondents (approx. 44%) resided at their family home at the time of the survey. The second largest group had the place of residence in a rented apartment (slightly less than 25%). Around 11% lived in a rented room or apartment. The student residence hall accounted for approximately 6%. The remaining respondents (circa 3%) resided in another place or did not provide information on their home address.

Table 5. People with whom respondents share the place of residence

Alone	352	7.82
Wife/husband or partner	911	20.23
Parents or other family members	1807	40.13
Other people (e.g., students)	1233	27.38
Someone else	76	1.69
No data	124	2.75

Approximately 4 in 10 respondents live with their parents or other family members. Slightly more than 27% share their living space with other students. Every fifth respondent lives with his/her wife/husband or partner. 8% live alone, while the remaining respondents live with someone else or did not provide any information in this respect.

The largest group (more than one third) of respondents come from the rural areas, while 20% hail from small towns. A similar percentage of respondents grew up in medium-size towns and large cities, i. e., slightly less than 14%.

### Survey procedure

The field work was carried out in May–June 2019. It was an auditorium survey conducted by trained interviewers.

Having obtained the approval from the university authorities and after the prior written notification by the research manager from the Adam Mickiewicz University, the interviewers conducted the survey among the sampled groups of third-year students. They explained the objective of the project and handed out the questionnaires to the respondents. Once completed, the questionnaires were placed in a special box. The interviewer was present throughout the entire time,

i. e., until all completed questionnaires were handed back. The field contractor prepared the sampling procedure, the training for interviewers according to the recommendations of the survey team as well as the field work and the database for analysis.

In line with the adopted methodological assumptions, when the survey at the given institution had been completed, the interviewer had to fill in the survey sheet, providing all significant survey information, i. e., date and time, address of the institution, the number of students participating in the survey and any other additional comments or remarks by the interviewer. In around 30% of cases, the reserve pool was used (sampled concurrently with the basic pool).

In order to ensure the highest reliability of the survey, the contractor made phone calls to 10% of the institutions participating in the project, confirming and verifying the information included in the survey sheets.

### Statistical calculations

The analysis of the survey results always covered only those records which included all the required data (providing the full quantities in each case). Based on character of the data both parametric and non-parametric tests have been used – mainly the chi-squared test and Student’s t-test as well as Pearson’s R (linear correlations). The generally applied threshold of statistical significance  $p < 0.05$  was adopted. The structure indicators were rounded one decimal place or two decimal places.

### Survey tools

A short description of the survey tools and the grounds for their use are presented in the table. More detailed information about the tools is included below the table and follows the same numbering. The entire survey tool is contained in the Annex.

Tool	Source	Variables/ indicators	Grounds for the tool selection
<b>1. Scales of the frequency of alcohol intake and tobacco smoking</b>	Selected questions from the ‘PARPA Studenci 2000’ survey modelled on the ESPAD studies Sierosławski, J. (2018). The ESPAD project: history and assumptions. Introduction to series	Frequency of alcohol intake	The decision to use selected questions from the ‘Studenci 2000’ survey results from the need to compare certain results in order to identify a trend as well as to compare these results with

(Continued)

Tool	Source	Variables/ indicators	Grounds for the tool selection
	of papers from the ESPAD study 1995–2015. Poland against the background of Europe. <i>Alcoholism and Drug Addiction/Alkoholizm i Narkomania</i> , 31(1), 1–16.		the results of younger groups.
<p><b>2. Scales of addiction to alcohol and problem drinking: RAPS 4 (Rapid Alcohol Problem Screening)</b>  <b>The AUDIT-C Test (The Alcohol Use Disorders Identification Test Consumption), Scale of excessive drinking (binge drinking)</b></p>	Geneste, J., Pereira, B., Arnaud, B., Christol, N., Liotier, J., Blanc, O., ... Brousse, G. (2012). CAGE, RAPS4, RAPS4-QF and AUDIT Screening Tests for Men and Women Admitted for Acute Alcohol Intoxication to an Emergency Department: Are Standard Thresholds Appropriate? <i>Alcohol and Alcoholism (Oxford, Oxfordshire)</i> , 47(3), 273–281.	problem drinking addiction to alcohol Frequency of heavy episodic drinking during the year and within 30 days before the survey	All scales are generally accepted and used tools for the alcohol problem screening and alcohol addiction tests. As such, they provide important complementary information to the other scale with pertains strictly to the frequency of alcohol intake. Both tests were used in Polish surveys (including among university students) and they show high congruent validity and reliability.
<p><b>3. Engagement in risky and prosocial behaviours on the Internet</b>  <b>Models of the Internet use</b>  <b>Social support (including online support)</b></p>	Scales designed specifically for the purposes of the survey Pyżalski, (2012) Agresja elektroniczna i cyberbullying jako nowe ryzykowne zachowania młodzieży, Kraków: Impuls. Wojtasik, Ł. (2014). Seksting wśród dzieci i młodzieży. Dziecko krzywdzone. Teoria, badania, praktyka, 13(2).	Engagement in sexting or online aggression (in the role of a victim/perpetrator) – with additional questions about such actions under the influence of alcohol. (frequency during the year and within 30 days before the survey) Online activity, social support via the Internet, problematic use of the In-	It was assumed that the quantitative and qualitative patterns of using new media will correlate with the patterns of alcohol intake.

*(Continued)*

Tool	Source	Variables/ indicators	Grounds for the tool selection
	<p>Zimet, G., Dahlem, N., Zimet, S., Farley, G. (1988). The Multidimensional Scale of Perceived Social Support. <i>Journal of Personality Assessment</i>, 52 (1), 30–41.</p> <p>Buszman, K., Przybyła-Basista, H. (2017). Polska adaptacja wielowymiarowej skali spostrzeganego wsparcia społecznego. <i>Polskie Forum Psychologiczne</i>, vol. 22, No. 4. pp. 581–599.</p> <p>Young, K. S. (1998). Internet addiction: The emergence of a new clinical disorder. <i>CyberPsychology &amp; Behavior</i>, 1(3), 237–244.</p> <p>Pyżalski, J., Zdrodowska, A., Tomczyk, Ł., Abramczuk, K. (2019). EU Kids Online Polska 2019. Najważniejsze wyniki i wnioski. Poznań: Wydawnictwo Naukowe Uniwersytetu im. Adama Mickiewicza w Poznaniu.</p>	<p>ternet, including in the context of alcohol abuse</p>	
<b>4. Engagement in traditional risky behaviours under the influence of alcohol</b>	<p>Alcohol Alert, No. 29, July 1995, National Institute on Alcohol Abuse and Alcoholism</p>	<p>Vandalism, driving under the influence of alcohol, fights, unwanted sexual activities, accidents/injuries</p>	<p>The application of these scales will allow to diagnose the frequency of short-term consequences of alcohol intake.</p>
<b>5. A shortened version of the Kutcher Adolescent Depres-</b>	<p>Mojs, E., Bartkowska, W., Karczmarek, Ł. D., Ziarko, M.,</p>	<p>depression, in the context of the instances of</p>	<p>This test is a globally used six-item scale enabling the quanti-</p>

(Continued)

Tool	Source	Variables/ indicators	Grounds for the tool selection
<b>sion Scale Kutcher Depression Scale (Kutcher Adoles- cent Depression Scale)</b>	Bujacz, A., Warchoń-Biedermann, K. (2015). The psychometric properties of the Polish version of the shortened Kutcher Adolescent Depression Scale – measurement of depression in a group of students. <i>PSYCHIATRIA POLSKA</i> , 49, 135–144. doi: 10.12740/PP/22934 IF=0,753/2015	(1) feeling of sadness, (2) lack of self-confidence, (3) feeling of physical exhaustion, (4) conviction that life is difficult and overwhelming, (5) feelings of fear and anxiety, (6) thoughts and plans of suicide	tative measurement of depression symptoms in adolescents. It was validated in a group of Polish university students and it indicated high reliability and congruent validity.
<b>Beck's Depression Inventory</b>	Zawadzki, B., Popiel, A., Pragłowska, E., (2009). Charakterystyka psychometryczna polskiej adaptacji Kwestionariusza Depresji BDI Aarona T. Becka. [in:] <i>Psychologia-Etologia-Genetyka</i> . Vol. 19.	The BDI-I questionnaire contains 21 items with the assigned scale from zero (no symptom) to 3 (the greatest intensity of the symptom). In the present version of the questionnaire, it was assumed that results from 0 to 8 mean the absence of depression symptoms, from 9 to 18 – moderate intensity, and above 18 – strong intensity of depression.	A commonly used scale which allows to measure depression symptoms as a correlate of risky and problem drinking.
<b>7. Positive Health Behaviours Scale (PHBS) for Adults</b>	Woynarowska-Sołdan M., Węziak-Białowolska D.: Analiza psychometryczna Skali Pozytywnych Zachowań Zdrowotnych dla dorosłych. <i>Probl. Hig. Epidemiol.</i> 2012; 93(2):369–376	The global scale contains five groups of behaviours that constitute the subscales: nutrition, rest and activities related to mental and social health, safety, body care and physical activity.	The relevant sources indicate that people given to problem drinking and addicted to alcohol are less inclined to engage in positive health behaviours. The present scale measures the wide range of such behaviours and it was

*(Continued)*

Tool	Source	Variables/ indicators	Grounds for the tool selection
<b>8. Health self-assessment</b>	Puchalski K., Metody sondażowe i miękkie dane w badaniach zbiorowości. [in:] J. Bzdęga, A. Gębska-Kuczerowska (eds.). <i>Epidemiologia w zdrowiu publicznym</i> . Wyd. Lek. PZWL, Warszawa 2010 (pp. 64–82); Puchalski K., <i>Zdrowie w świadomości społecznej</i> , Instytut Medycyny Pracy im. prof. J. Nofera, Łódź 1997	Contextual indicators of health self-assessment	used in Polish surveys among adults.  Health self-assessment is an important variable in social research concerning public health. The present scale was used in Polish surveys among large adult populations.
<b>9. Perceived Stress Scale (PSS-10)</b>	S. Cohen, T. Kamarck i R. Mermelstein, (adaptation: Z. Juczyński i N. Ogińska-Bulik, 2009	The 10-item scale for subjective perceptions of personal problems and events, behaviours and the ways of coping.	The test will allow to assess the intensity of the stress related to the life situation of respondents within the last month.
<b>10. Identity Style Inventory, designed by M. Berzonsky</b>	Byczkowska J. (2009). <i>Tożsamość we współczesności i style tożsamości a procesy poznawcze</i> , Poznań: UAM.	Four sub-scales: the informational style scale, the normative style scale, the diffuse-avoidant style scale and the engagement style scale.	The application of these scales will make it possible to diagnose the differences in the ways of coping with identity problems by people given to risky drinking/addicted to alcohol. The identity style inventory refers to convictions, attitudes, ways of coping with various situations and making important life decisions in the context

(Continued)

Tool	Source	Variables/ indicators	Grounds for the tool selection
11. Social and Civic Engagement Scale (SCES)	Scale designed for the purposes of the survey	The tool covers various forms of engagement (social and civic). Based on the adopted theoretical assumptions and the definition of social and civic engagement as well as based on the knowledge from the empirical research, a list of twenty statements most typical of the identified engagement areas was generated.	of solving identity problems.  It was assumed that risky drinking and addiction will correlate with the social and civic engagement.
12. Rosenberg Self-Esteem Scale (SES)	Rosenberg, M. (1965). Society and adolescent self-image. New York: Princeton University Press. Rosenberg, M. (1989). Society and adolescent self-image. Revised edition. Middletown, CT: Wesleyan University Press	The applied version was used in large longitudinal studies of secondary school adolescents and university students by the Team of M. Dudzikowa.	It was assumed that risky drinking and addiction will correlate with self-esteem which can be understood as both a dependent variable and an independent variable.
13. Social and demographic variables	Traditional personal data questions used in the area of public health and student-specific questions (e.g., about the grade average).	Gender Age Type of university Financial situation Treatment/Therapies University grades Marital status Place of residence (family home/student hall/lodgings)	Variables used as criteria for comparisons between groups in the student population

## 1. Scales of the frequency of alcohol intake and tobacco smoking

The scales regarding the frequency of alcohol intake and tobacco smoking were adopted from the European School Survey Project on Alcohol and Drugs (ESPAD). They were also used in the study 'Studenci 2000' (PARPA, 2000). Using these scale, respondents indicate the frequency or the number of times of alcohol intake within specified time periods (their entire lifetime, during the year preceding the survey and within 30 days before the survey (Sierosławski, 2018). The results allow for further comparisons of indicators with the population of secondary school adolescents.

## 2. Scales of addiction to alcohol and problem drinking:

The Alcohol Use Disorders Identification Test-Consumption (AUDIT-C)

The Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) (Saunders et al., 1993). The AUDIT test contains items regarding the quantity and frequency of alcohol intake, binge drinking, addiction symptoms and drinking-related problems. Importantly, the test can detect problem drinking that is not as yet addiction (Fiellin et al., 2000).

The goal of the tool designed by the WHO experts is to identify people whose consumption of alcohol is risky or harmful to their health. The norm for women is 2–3 points, while the norm for men is 4 points or below. Any excessive values may indicate disorders related to alcohol intake.

Rapid Alcohol Problem Screening (RAPS4)

RAPS4 is a screening test for alcohol addiction and contains four questions. It is used by healthcare specialists who wish to effectively identify patients that might have alcohol-related problems (Geneste et al., 2012).

The tool design work started with a test consisting of five questions (Rapid Alcohol Problems Screen). The next stage reduced to number of questions to four and the name was changed to RAPS4. The RAPS4 test showed high effectiveness of alcohol addiction detection among various cultural and ethnic groups.

The RAPS4 test is named after the questions it contains and which pertain to remorse (R), amnesia (A), performance (P) and starter drinking behaviour (S). Each question refers to the direct behaviours of the respondent.

The affirmative answer to at least one question indicates a high likelihood of addiction to alcohol.

### Scale of binge drinking

The respondent is asked how often he/she drinks five or more standard portions of pure alcohol (i. e., 10 grams) at one sitting. The available options are: less than once a month, once a month, once a week, every day or nearly every day. The respondents are also asked about how many times they drank this amount of alcohol during the last 30 days.

## 3. Engagement in risky and prosocial behaviours on the Internet

### Models of the Internet use

The questionnaire concerns the use of devices for connecting with the Internet by young adults. In this scale, the respondent is asked how often he/she accessed the Internet during the last 6 months with the use of such devices as: smartphone/cell phone, desktop/laptop located at home, portable laptop, smartband/smartwatch, console, TV set. Respondents have the following options to choose from: never/almost never, at least once a month, at least once a week, every day or more often, I don't know/difficult to say.

### Scale of Problematic Internet Use (PIU)

Griffiths scale (Smahel et al., 2020) modified by the EU Kids team (Pyżalski et al. 2019), containing six symptoms of PIU referring to free time and university duties. Respondents use the following scale: I have never been in this situation, I have been in this situation once, I have been in this situation 2 or 3 times, I have been in this situation 4 times or more. Additionally, the question of the time spent online was included (I think that the amount of time I am spending on the Internet causes problems). The available replies are: I disagree, I rather disagree, I don't know, I agree, I agree completely.

### The extended Multidimensional Scale of Perceived Social Support (MSPSS)

In order to assess the perceived social support among students, we used the MSPSS containing 12 statements. Respondents are asked about the availability of a structural support network in their closest environment. The scale is extended with 4 statements concerning the social support via the Internet (modification:

N. Walter). The Likert scale includes the range of options from: 1 – I disagree completely, to 7 – I agree completely.

#### **4. Engagement in traditional risky behaviours under the influence of alcohol**

This scale measures negative experiences of different severity, e.g., accidents, becoming a victim of a robbery, participation in a fight (17 items in total). Respondents are asked if they have ever experienced such situations and if it was connected separately with alcohol intake, using narcotics or other reasons.

#### **5. A shortened version of the Kutcher Adolescent Depression Scale (KADS)**

The tool is the 6-item scale enabling the quantitative measurement of depression symptoms in adolescents. The scale was designed to support public health and serves to clinically identify young people threatened by depression. The scale was created by clinicians and scientists who are experts in the diagnosis and treatment of depression in teenagers.

The questionnaire contains six test items pertaining to: (1) feeling of sadness, (2) lack of self-confidence, (3) feeling of physical exhaustion, (4) conviction that life is difficult and overwhelming, (5) feelings of fear and anxiety, (6) thoughts and plans of suicide (see appendix 1 for the final version in the Polish language). By using the scale from 0 to 3, respondents indicate whether they experience such emotions rarely, sometimes, often or all the time. A result of six or above points to a risk of depression (Mojs et al., 2015).

#### **6. Aaron T. Beck's Depression Inventory**

The survey employed two tests of depressive disorders. The application of both tests was deliberate, since on the one hand, the tests are congruent in the context of the depressive disorder risk areas (Mojs et al., 2015), while on the other hand, the KADS test is intended for young people and Beck's test is designed for a wider age group, so it may indicate any occurring disorders as well as the risk of depressive disorders later in life. Furthermore, the results of the KADS test were referred back to two categories of replies, while in Beck's test three were three

categories, which enables diversification of the survey results in terms of description and allows us to refer to a wider and more diverse research perspective.

The questionnaire for the measurement of depression symptoms intensity, designed by Aaron Beck et al. in 1961. Although Beck was associated with the cognitive model of depression, his scale did not reflect any theory of depression and was based on the most common symptoms and attitudes manifested by depressive patients. Since the publication of its first version, BDI has become the most popular tool used for the self-assessment of the intensification of depression symptoms. It is usually referred to as Beck's Depression Scale, the Beck Depression Inventory (BDI) or Beck's Depression Questionnaire. It was applied in studies of mental disorders and in all other analyses of internal, oncological, urological, gynaecological and neurological diseases where the patient's mood was assessed. The BDI serves as a diagnostic screening tool for the measurement of intensification of depression symptoms, the monitoring of changes in the intensification of particular symptoms, the evaluation of the effectiveness of pharmacotherapy and psychotherapy in treating depression as well as for the additional (subjective) indicator of normothymia apart from the clinical assessment. Both the Polish and the English versions are available online, often on therapy centre websites, as encouragements to self-assessment and therapy, if needed.

The BDI-I questionnaire contains 21 items with the assigned scale from zero (no symptom) to 3 (the greatest intensity of the symptom). In the present version of the questionnaire, it was assumed that results from 0 to 8 mean the absence of depression symptoms, from 9 to 18 – moderate intensity, and above 18 – strong intensity of depression (Zawadzki, Popiel, Pragłowska, 2009).

## 7. Positive Health Behaviours Scale (PHBS)

The tool contains 32 statements regarding the choice of selected positive health behaviours in 5 areas (sub-scales): nutrition; body care; sleep, rest and mental health; safety; and physical activity. Respondents indicate the frequency of particular behaviours in their life using a 4-item scale: always or nearly always – 3 points, often – 2 points, sometimes – 1 point, never or almost never – 0. A higher score means frequent engagement in positive health behaviours. This scale also measures refraining from risky behaviours: sporadic alcohol intake, drinking only small amounts of alcohol at one sitting, non-smoking, avoiding the company of people who smoke. The statements in this sections were formulated in the affirmative so that they refer to recommended healthy behaviours. The reliability of the scale was assessed through the analysis of the internal consistency of the given sub-scale (Cronbach's alpha).

The reliability of the entire scale was satisfactory – Cronbach’s alpha for the entire scale was 0.86, for three sub-scales – above 0.72, for two sub-scales – above 0.61, which provided grounds for the conclusion that the scale was reliable (Woynarowska-Sołdan, Tabak, 2013).

Following the consultation with the author of the tool (Dr Woynarowska-Sołdan), it was decided that the following sub-scales should be included in the main questionnaire in view of the project’s research goals:

- Nutrition
- Sleep, rest and mental health
- Physical activity

## 8. Health self-assessment scale

It was determined that the best method to measure the subjective assessment of health would be the relative assessment scale (Please evaluate your health in comparison with people of your own age group). Respondents use the Likert scale to indicate if their health is better or worse. The scale was adopted from the research projects of the Labour Medicine Institute in Łódź. The scale was often used in the surveys of adult populations (employees in Polish enterprises) and it proved to be a highly accurate tool which correlated with numerous social and demographic factors as well as health indicators (Puchalski, 1997, 2010).

## 9. The PSS test – Perceived Stress Scale

The PSS test contains 10 questions concerning various subjective feelings and perceptions related to personal problems and events, behaviours and ways of coping (Cohen et al., 1995). Authors: Cohen, Kamarck, Mermelstein. Polish adaptation: Juczyński, Ogińska-Bulik.

The internal consistency was verified in the surveys of 120 adults and Cronbach’s alpha was 0.86. The correlation of all questions with the overall result of the scale is satisfactory. Reliability (defined as temporal consistency) determined on the basis of two surveys of 30 students within the interval of 2 days was 0.90, and within the interval of 4 weeks – 0.72.

The scale shows validity and its results correlate positively with the intensification of occupational stress measured on the basis of the Subjective Work Assessment Questionnaire. In our own surveys, the results of the scale were correlated with the results of the COPE scale, Rosenberg’s SES and the GSES by Schwarzer et al. The PSS-10 is valid in the measurement of subjective feelings

related to personal problems and events and methods of coping (Juczyński, Ogińska-Bulik, 2009)

## 10. Identity Style Inventory

M. Berzonsky's *Identity Style Inventory* (1992) consists of statements reflecting three identity styles expressed in different sub-scales: the informational style scale, the normative style scale, and the diffuse-avoidant style scale. The survey used the Polish version of the inventory translated and adapted by J. Byczkowska. The translator analysed identity styles in her M.A. thesis at the Institute of Psychology of the Adam Mickiewicz University, titled 'Tożsamość we współczesności i style tożsamości a procesy poznawcze' (Identity in Contemporary Times and Identity Styles Versus Cognitive Processes) (2009) (supervisor: Prof A. Brzezińska). The respondent was asked to use a 5-item scale ('that is not me at all' – please choose '1'; 'that is exactly me' – please choose '5') with reference to statements allowing to diagnose identity styles. The result is the sum of points marked for particular statements. The difference in results for one of the scales indicates the dominance of one identity style.

## 11. Social and Civic Engagement Scale (SCES)

The scale used in the survey was designed by M. Marciniak, the team member. The design procedure of the Social and Civic Engagement Scale (SCES) consisted of several stages (Marciniak, 2019), the strategy of the survey and the operationalisation of the phenomenon followed from the knowledge about procedures, methods and tools previously used in the empirical studies of engagement (first of all: Andolina, Meents-Decaigny, Nass, 2006; Harvard University Institute of Politics [HIOP], 2002; Klamut, 2015; cf. CBOS; 2012). It was assumed that the tool would contain around a dozen statements reflecting evenly the main forms of engagement under consideration (social and civic). Based on the adopted theoretical assumptions and the definition of social and civic engagement as well as based on the knowledge from the empirical research, a list of twenty statements most typical of the identified engagement areas was generated. Based on the analysis by competent experts, the list was reduced to fourteen statements referring evenly to the social sphere (seven statements) and the political sphere (seven statements). The tool contains fourteen statements. Respondents indicated whether they had engaged in particular forms of activity during the last year or before (described as 'various social activities which some people engage in'). For each activity, respondents choose the answer 'no' or 'yes' (multiple

choice with the division into: ‘during the last year’, ‘in the earlier period of my studies’, ‘before I started my studies’).

## 12. Rosenberg Self-Esteem Scale (SES)

The survey employed a shortened version of the Rosenberg Self-Esteem Scale (SES). That was the operationalisation of self-esteem by the team of M. Dudzikowa who studies school and university experiences of a large group of young people from Poznań in a longitudinal survey.<sup>1</sup> Respondents considered eight statements and indicated if these statements actually describe them. These statements are:

I wish I could have more respect for myself.
On the whole, I am satisfied with myself.
I feel I do not have much to be proud of.
At times I think I am no good at all.
I like myself.
I certainly feel useless at times.
I feel loved and trusted.
I feel lonely, though I do not want it.

Each respondent could score from 0 to 8 points (one point for each statement indicating high self-esteem).

In the full-scale version, respondents consider 10 statements and it is usually assumed that sten scores of 1 and 2 are very low, 3 and 4 are low, 5 and 6 are average, 7 and 8 are high, 9 and 10 are very high. Due to the very high level of self-esteem in our survey sample, the results were categorised as follows: 1–5 low self-esteem, 6–7 average self-esteem, 8 high self-esteem.

<sup>1</sup> The study results of Dudzikowa’s team are presented in: M. Dudzikowa, R. Wawrzyniak-Beszterda (eds.) (2010). *Doświadczenia szkolne pierwszego rocznika reformy edukacji. Studium teoretyczno-empiryczne*, Kraków: Oficyna Wydawnicza ‘Impuls’; M. Dudzikowa, S. Jaskulska, R. Wawrzyniak-Beszterda, E. Bochno, I. Bochno, K. Knasiecka-Falbierska, M. Marciniak (2011). *Kapitał społeczny w szkołach różnego szczebla. Diagnoza i uwarunkowania*, Kraków: Oficyna Wydawnicza ‘Impuls’; M. Dudzikowa, R. Wawrzyniak-Beszterda, S. Jaskulska, M. Marciniak, E. Bochno, I. Bochno, K. Knasiecka-Falbierska (2013). *Oblicza kapitału społecznego uniwersytetu. Diagnoza – interpretacje – konteksty*, Kraków: Oficyna Wydawnicza ‘Impuls’.



## Description of the early adulthood period

Personal development, through presented differently by various authors, displays certain common features, particular in terms of the time frames of specific life stages and their meaning, i.e., the indication of the direction which the development should follow. The most widespread division is: childhood (0–10/12 years old), adolescence (10/12–18/20) and adulthood (from 18/20) (Brzezińska, 2000). In our survey, the largest group includes respondents at the age of 20–30 years old (90%), so we decided to provide a more detailed description. For this purpose, we will use the theory by Erikson (1950/1997) who distinguishes the stage of early adulthood (18/20–30/35 years old), middle adulthood (30/35–60/65 years old) and late adulthood (from 60/65 years old) and the theory of Levinson (1986) who defines the era of early adulthood (17–45 years old), the era of middle adulthood (40–65 years old) and the era of late adulthood (from 60 years old). According to the latter, the eras constitute the macro-structure of the life cycle: ‘Every season has its own time, although it is part of and coloured by the whole (...) Each has its necessary place and contributes its special character to the whole’ (Levinson, 1986, p. 4). The eras partly overlap and often the end of one era is simultaneously the beginning of the next era, which is particularly significant in the context of the survey group under consideration, since the university period is the stage of transition<sup>1</sup> that concludes the era of childhood/adolescence and ushers in the era of adulthood.

In the course of individual development, one may identify important events in the family life and the career path which constitute the pivots for the performance

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1 One may refer to a psychological and social moratorium where identity undergoes integration; it is a programmed delay inscribed into the innate development pattern as well as the social status and cultural customs. It is a process of searching for oneself through testing oneself in different roles in order to find the role in which one is most effective. It is a process of self-discovery in relations with other trustworthy people alongside the acceptance of social expectations of the surrounding culture. In Western culture, this process usually happens during the university studies, since the society gives the individual the time to make a decision resulting from the obligation towards the society. (cf. Brzezińska, 2000)

of developmental tasks directly influencing the individual identity and social identity of a person. Considering the age of the respondents, it may be assumed for the purposes of this study (after: Duvall, 1971; Lerner and Hultsch, 1983; Bańka, 2000) that the majority of the respondents are in the period of early adulthood. In the context of career, it is the time of first decisions and first jobs, while in terms of the family life it is the time of becoming independent of the parents' care or starting a new family. One should also note that in recent decades this type of activity tends to come later in life.

Undoubtedly, it is the time of important decisions, of interesting and inspiring encounters with other people, but also of hesitation and dilemmas about the future. Early adulthood is the period when many young people reach the final level of education that will be the foundation for their professional careers. For many it is the time of changes in the spheres of love, work and worldview. By the end of early adulthood, most people make decisions which will have permanent consequences. When adults recall the key events in their lives, they usually mention the period of early adulthood (Arnett, 2000). In a young person's mental life, there emerges the need for continuity and completion in terms of competences in order to reach the sense of a whole and create a holistic image of oneself. On the one hand, early adulthood may seem a period of infinite possibilities to be filled with numerous activities and creative ventures, but on the other hand it may be the time when the fear of life emerges, manifesting itself in closing one's heart to love and life and in shrinking from taking the first step.

The transition from childhood and adolescence to adulthood requires a great deal of vitality and openness, which can give rise to anxiety rooted in repressed feelings and unresolved childhood fears (Lowen, 2010). The multiple developmental tasks which become dilemmas for young people can be the source of enthusiasm and fears at the same time. In line with the conception of Havighurst (1981), a young person at the age of 13–17 to 18–22 years old should: form new and more mature relationships with peers of either sex; manage gender-related social roles; accept his/her own physical appearance and make an effective use of his/her body; reach the emotional independence from the parents and other adults; reach economic safety and independence; prepare for the choice of a professional career; prepare for marriage and family life; develop intellectual abilities and civic competences; engage in socially responsible behaviours; acquire a set of values and a system of ethics that should become the guide for conduct. According to the same author, a person in the period of early adulthood (23–34 years old) should: choose a life partner; learn to live with the partner; assume family roles; take care of the children; manage the household; enter into a professional career; assume the civic responsibility and choose the appropriate socialising group.

The ability to perform the above developmental tasks depends on many factors, e.g., cognitive development, emotional development, social relationships and plans for the future and the professional career.

## Intellectual development

The period of early adulthood is marked by the type thinking which differs essentially from what Piaget defines as the formal operational stage. In reference to adults, it is described in terms of post-formal thinking which allows to solve problems, but also to discover them, and it goes beyond the categories of formal logic. In consequence, people are able to cope with ‘the caprices and illogicalities of everyday situations which rarely offer simple and straightforward solutions’ (Sternberg, 2001, pp. 350–351). Psychologists believe this thinking is relativist (Sinnot, 1984; Perry, 1968), dialectic (Basseches, 1980) and meta-systemic (Commons, Richards, 1984). As a results of the studies, some authors postulated the existence of the fifth state in cognitive development that complements Piaget’s four stages (Gurba, 2008; Kielar-Turska, 2006; Prentka, 2011; Brockman, 2011).

Relativism in thinking means the ability to see a problem with reference to various systems, which basically means that one can find many different solutions to the same problem. This gives rise to understanding that knowledge depends on subjective experiences and, as such, allows for many points of view to enter the picture. Sinnot (1984) asserted that relativist thinking is the effect of new cognitive structures, i.e., relativist operations which perform adaptive functions and shape the awareness of one’s own beliefs and ensure effective communication with others (Gurba, 2008; Kielar-Turska, 2006).

The fifth-stage thinking is subject to dialectical rules. Young people gradually realise that life offers no ultimate solutions. It is only possible to speak of some evolution of views, where one first formulates a thesis, then sees its antithesis and finally reaches a synthesis which, in its own turn, can become another thesis triggering a new dialectic (Sternberg, 2001). The formal operational patterns are necessary, but insufficient to know the reality which changes incessantly and contains numerous contradictions (Gurba, 2008). The relativist and dialectical thinking is a new mental ability, i.e., discovering problems, not only solving them (Arlin, 1975). ‘Adults can perform tasks which require formal logical operations, but also such tasks that demand creative imagination’ (Kielar-Turska, 2006, p. 319).

The way of thinking of an adult person who manages formal operations can develop further into systemic operations (creating systems), meta-systemic operations (determining relations between systems with a higher-level structure) and paradigmatic operations (ordering systems of systems, which results in a

complex structure containing relations between systems) (Kielar-Turska, 2006; Gurba, 2008; Brockman, 2011).

According to Pascual-Leone (1984), whom some scholars consider a follower of Piaget, early adulthood comprises the late formal stage and the pre-dialectic stage in the development of thinking. Initially, between the age of 17 and 25, a person 'extends his/her cognitive patterns with affective and personality elements, shaping new models of behaviour related to becoming independent from parents, choosing a lifestyle and developing gender roles' (Kielar-Turska, 2006, pp. 319–320). At the next pre-dialectic stage (25–30 years old), an individual begins to realise his/her place among others and the contradictions between representatives of various groups of people, resulting in social problems which are difficult to solve (Łoś, 2010).

The condition of adulthood is the ability to use the knowledge one possesses to solve practical problems. Labouvie-Vief associates the changes in the cognitive activity of adults with the transformations in the structure of the self. She distinguishes for types of self-regulation which mark the levels of development. The first two, i. e., pre-systemic and intra-systemic, correspond to Piaget's stages of cognitive development, while the next two, i. e., inter-systemic and autonomous, pertain to post-formal thinking typical of adulthood. The inter-systemic regulation level makes it possible to understand reality and logic as two separate systems and to conceive truth in a specific context, which might sometimes lead to changes in views and opinions. The situational context gains significance. Furthermore, an adult perceives and conceives himself/herself in relation to others (I – the Other), thus being able to develop creative social relationships. The autonomous regulation level, in turn, enables the individual's liberation from the impact of sensory stimuli, formal truths or social norms which exercised power over the individual at the previous stages. The structure of the self becomes the expression of aspirations, goals and values. It means the ability to take responsibility for one's actions and development, taking past and present limitations into account. A young adult has the opportunity to reveal the fullness of his or her personality (Gurba, 2008).

## Emotional development

One of the aspects related to personal development consists in the changes of emotional processes. They pertain to the changing factors which trigger emotions (from primary to secondary emotional stimuli or cognitive sources of emotions) as well as the differentiation of emotional reactions or forms of showing emotions (vegetative manifestations, motor reactions, mental processes). The ability to control emotional reactions is also an important part of development. Emo-

tions perform three basic functions: informational, communicational and motivational (Matczak, 2003).

During the transition from adolescence to early adulthood, 'people become capable of fully realising the emotions they experience' (Matczak, 2003). However, some are unable to use this new capability. An emotionally mature person is 'someone who attaches great importance to internal sources of emotions, who has a diverse and substantial emotional life, whose emotions are relatively durable (no emotional instability) and whose self-control is high. Immaturity can be defined as deficiencies or underdevelopment in one of the above aspects. Emotional maturity emerges as the result of the appropriate course of emotional development through the influence of social factors and upbringing on the basis of personal temperament and intellectual abilities. The level of emotional maturity is related to the intensification of certain dispositions – emotional competences (functional dispositions) and emotional personality traits (motivational dispositions). [...]' (Strus, 2012, p. 28). The dispositions mentioned by Strus (2012) are: emotional control, emotional stability, the ability to cope with emotions in difficult situations and emotional differentiation.

A significant aspect of a person's emotional functioning is emotional intelligence defined as the set of cognitive abilities which are necessary to effectively process affective information. The key components of emotional intelligence include: perception of emotions (in oneself and in others as well as in cultural artefacts), evaluation of emotions and expression of emotions (adequate expression of emotions and related needs), comprehension and analysis of emotions as well as conscious regulation of emotions (including the 'silencing' of emotions) (Matczak, 2003; Szczygieł, Jasielska, 2008). The theory of social and emotional selectivity postulates the existence of two primary classes of goals that people pursue in their social interactions: (1) goals of gaining knowledge about the social world and the physical world; (2) goals of regulating emotions through social interactions. The factor which determines the choice of the goal is the perception of time which is seen as unlimited by younger people (so the knowledge goals come to the fore) and as limited by older people (so the emotional goals become a priority). As time goes by, people tend to focus more on interpersonal relationships and the associated emotions (Szczygieł, Jasielska, 2008). Researchers emphasise that the level of emotional intelligence is the functional basis for emotional maturity.

Early adulthood is one of the first stages of development when people encounter critical events which shake their mental balance. Such critical events may have different emotional effects. Some are emotionally ambivalent, e.g., having a baby (fear during birth versus overwhelming joy) or graduation (difficult exams versus satisfaction with the results); others trigger positive emotions (e.g., meeting a future partner, success at work, good grades at the university, a new

apartment), while some can be a source of negative emotions (e. g., a failed exam, low performance at work, death of a close person) (Sęk, Sommerfeld, 1990). Therefore, developmental tasks in early adulthood require intellectual maturity and the ability to face and solve problems as well as emotional and social maturity related to taking responsibility for oneself and others (Kielar-Turska, 2006).

## Social development and family life

Adolescence and early adulthood are special in terms of the need to build close peer relationships at many levels. According to Erikson (1997), it is the period of developmental crisis: identity versus dispersed identity – where the most crucial question is ‘who am I?’ and the key virtue is fidelity; intimacy versus isolation – where the greatest achievement is the ability to love without losing the sense of one’s autonomy and the key virtue is love. As part of this development, the personal identity is shaped along with the social identity. The personal identity pertains to the determination of the structure of the self which is expressed through the perception of oneself as a unique person that identifies with personal goals and standards (Brzezińska, 2000). On the other hand, each person feels the need of closer or more remote relationships with others; living in a society that defines the individual, people generate their social identities through the network of interactions, which is expressed in the cognitive association of oneself with other people and identification with their goals, values or principles of conduct (Brzezińska, 2000). Due to the necessity of forming a social identity, young people tend to initiate closer relationships with their peers and such relationships become the starting point for thinking about the future. In the peer community, new members join the group through symbols, gestures and codes understood for the initiated and aimed at making the group more conspicuous and coherent. Such changes bring new cognitive and emotional horizons into the family-based system wherein the individual have been participating effectively as a parent-dependent member of a wider local community.

The social development of a person largely depends on the social interaction skills that the person has acquired during the primary socialisation stage and on external factors connected with the current social relationships of the person and his/her individual needs and predispositions in the context of intimacy versus isolation. During their studies young people explore and experiment in order to experience themselves through interactions with others whom they choose deliberately, as they see it, far from the influence and expectations of their families. This period in life becomes the time of cognitive explorations and provides the space for verification of self-perception in terms of intimate and sexual relationships. It is also the moment of entering into the previously unknown area of

building new relationships which may become the starting point for a nuclear family.

## Psychosexual development and intimate relationships

Emotional, psychosexual, social and cognitive development in the transition period between adolescence and early adulthood is certainly related to intimacy, 'close relationships, interactions, associations or friendships' manifesting in various relationships (Berscheid et al., 1989) and different forms (Lippert and Prager, 2001). Intellectual exchange may involve emotional and physical intimacy. The moment of commencing the university education is the time when young people have more and more opportunities to engage in the above relationships along with the extending cognitive horizon, emotional maturity and the growing number of people met more or less by accident. This situation opens the possibility of experiencing oneself in often previously unknown relationships, but the ways of building and maintaining them often depend on social competences gained within the family life through the process of primary socialisation and on the quality of intimate relationships from early childhood (Erikson, 1997).

When a child is growing up and his/her intimate and physical space changes with respect to the parents, the parent-child relationship structure should be reorganised. The best results in terms of communication are achieved by families which tend to seek and establish new borders of control and autonomy. According to P. Noller, 'the best chances for health and good adaptation belong to adolescents whose parents are open to renegotiations regarding the family rules and roles, who can test new identities without causing excessive criticism or violence and who are encouraged to take responsibility for their lives' (Adler, Rosenfeld, Proctor, 2007). Young people want to have the sense of continuity in their identity, so they feel better in families which let them move easily from the stage of dependence and physical intimacy to the stage of independence and creating one's own reality based on the understanding and acceptance of their activities. 'People want natural sense of belonging and rootedness, they want to be an integral part of the world and feel they belong here. In their childhood, they have this kind of relationship with their mothers, but if it still lasts after childhood ends, it is seen as an abnormal fixation. The healthiest and most satisfactory 'rootedness' is achieved through the sense of internal kinship with other men and women. However, everyone also strives for the sense of personal identity and wants to be absolutely unique and exceptional. If it is impossible to achieve this goal through an individual creative effort, one may gain a distinguishing trait by being in a relationship with another person or group' (Hall, Lindzey, 2002). In the

process of socialisation, a person learns how to maintain relationships with people who make his/her life unique and meaningful.

## Professional career and life plans

In the transition period from adolescence to adulthood, the life plan emerges and begins to be followed. Often, this plan is adjusted or totally changed as a result of gaining new experience (Kielar-Turska, 2006). 'Young people at different ages, usually immediately after 20 years old, take up new tasks, more or less consciously, and the related obligations which often determine the future of their entire lives' (Şek, Sommerfeld, 1990, p. 8).

After completing the secondary or vocational education, young adults usually make a choice between finding a job or continuing their education at universities or other facilities. In Poland, the number of people who begin university studies changes depending on the current demographic situation (the number of secondary school graduates) and the motivation to continue education (see previous chapters of this report). According to Jarecki (2008), the key reason why people choose a given university and a given field study is because they want to explore further their areas of interest and find a good job afterwards.

In early adulthood, people make the most important life decisions that 'require a conscious choice and great capabilities of creative adaptation to new tasks in the work environment and within family life' (Şek, Sommerfeld, 2003, p. 10). Many authors claim that the essence of adulthood is responsibility which takes the form of conscious decisions about one's life and responsibility for others as well as the autonomy reflected in spatial and financial self-sufficiency. The aspects involve the start of a professional career which becomes the basis for occupational independence, the extension of social life (Gurba, 2008) and the pursuit of the life plan. Super (after: Wiatrowski, 2009, p. 34) defines professional development as 'a process of growing and learning which governs all aspects of occupational conduct. It is a gradual growth and changes in a person's ability to engage in various forms of work-related behaviours'. Early adulthood usually comprises two stages of professional development: exploration (trying out different roles) and stability (making a choice and finding a job) (Gurba, 2008).

A career and professional development also involve gaining and enhancing one's qualifications, independence and self-sufficiency in one's actions, satisfying interactions with people, remuneration, stability and safety as well as the prestige of the company, function or job position. Professional development is a lifetime category, superior to a professional career related to the period of occupational activity, its course resulting directly from the achieved results and successes (Wiatrowski, 2009). Young adults are the stage of early career which

determines their choice of job offers, expectations, the crisis of transition from education to work, gaining experience, learning rules and roles as well as goal achievement (Pocztowski, 2003).

Work plays an important part in personal development. It allows people to become useful to others and it often requires collaboration. Work, therefore, is an element of social development: 'it teaches partnership. adjustment to social demands, consideration for the needs of others, subjection to assessment and control. [...] People should always be aware of the purposes of their work and see the value they have' (Matczak, 2003, p. 270).



## The situation of students in Poland

The situation of students in Poland is here conceived as the resultant of the factors related to the group comprising people who study at universities and of conditions of studying in Poland in the context of the general situation in the country. Hence this chapter is divided into three parts. The first part pertains to university students from the social and psychological perspective, the second part discusses the university as a space in which ‘being a student’ takes place, and the third part presents selected statistics concerning students. We wish to find answers to the questions about who students are, who they were and what were the conditions in which they studies when the survey was conducted.

When analyzing the data and providing statistics, we focus on the years 2018–2019, i. e., the period of our survey.

### Students in the perspective of social development

Students are a group which is defined by the criterion of the educational situation, i. e., people who study in an institution of higher education. Researchers and publicists take a special interest in students and youth especially during transition periods (rapid changes and social upheaval). The growing number of research projects regarding students in Poland was observed in the early 1990s (after the fall of Communism in 1989) and later at the turn of the century (Fatyga, 1999, p. 57). This interest resulted from the intensified activity of social and economic researchers focused on transformations in post-Communist countries (Cox, 2014). After 2003, the interest in this particular social group diminished and the issues of studies regarding young people become more dispersed and diverse (Szafraniec, 2008, p. 5, 2019a), while researchers mainly drew on data collected at the turn of the century (Koralewicz, 2009, p. 227; Pasierbek, Fearn, Ziebertz, 2005). The second decade of the 21st century brought a new interest in youth due to the fact that the first citizens of ‘free Poland’ reached adulthood and we celebrated the 20th anniversary of Poland’s accession to NATO and the 10th

anniversary of becoming the EU member state. This growing interest is concurrent with the new projects of longitudinal studies regarding the 'Millennium Cohort' (Joshi, Fitzsimons, 2016). Young people in post-Communist countries grew up in the new social and political system and try to find their place experiencing the 'lack of life stability and structural difficulties when entering adulthood' (Szafraniec 2019a, p. 188).

University students, sometimes referred to as youth or studying youth, is a group comprising mainly young people, usually at the age of 20–27. According to the data from the academic year 2018/19, more than 90% of students in Poland were below the age of 30 and in the case of full-time students it was even more: 96.7% (Statistics Poland [SP], 2020, pp. 49–50). Furthermore, a large majority (77.5% of all students) were people below the age of 25; 88.6% in the case of full-time students (SP, 2020, pp. 49–50). That is the reason why students are generally associated with youth.

Youth, understood as the period of transition from childhood to adulthood, is the time of life between the age of 10/15 and 24; young people fall into this age group (Rudolph, Rauvola, Costanza, Zacher, 2020; Szafraniec, 2019a). Meanwhile, adulthood is a social category, i. e., a person's predisposition that allows to participate in social, cultural, political and economic life. It should be noted, following K.J. Tillmann, that the category of 'youth' is social in character, not natural (i. e., invented, not discovered). 'Youth' emerged or was invented in the 19th century in connection with the growing number of students who extended the time before they adopted ant specific adult roles (Tillmann, 2010). Students/academic youth can be included in the stage of 'early adulthood' in line with the theories of Erikson or Havighurst (Erikson, Erikson 1998; Schaffer, 2006). Levinson, on the other hand, perceives this period as the 'stage of novitiate in the adult world', covering the age between 22 and 29 years old. Moreover, students can also be treated as people in 'late adolescence', which is justified by the fact that they usually do not take up developmental tasks associated with early adulthood. More often than not, student prepare themselves for adult social roles: a spouse, a parent, an employee. They form a group which, by continuing the process of education, is the state of 'moratorium' or 'deferral' of key life choices (starting a family, becoming a parent) and of responsibility (e. g., in terms of financial self-sufficiency), while being allowed to experiment in the sphere of socialising, behaviour and shaping the identity etc. (Tillmann, 2010).

This aspect of the discourse on youth deserves more attention, though the situation of students from the perspective of development psychology is discussed in more detail in the subsequent chapters. It is our opinion that it would be difficult to analyse the situation of students in Poland without considering these developmental entanglements.

Jeffrey J. Arnett (2000), an American psychologist, suggested the phase of 'emerging adulthood' (the age of 18–25/29) through the adaptation of the prolonged adolescence and moratorium (Erikson). This category has found its place in the language of psychology, because it reflects the nature of this period better than adolescence and early adulthood (Jaskulska, 2015). Arnett writes (2007, p. 70) that 'emerging adulthood is a preferred category for describing reality, since it is a new category which captures new phenomena'. People in this phase are no longer adolescents and not yet young adults. It is the time of being in between, in process (Arnett, 2004). This 'emerging adulthood' comprises explorations in the sphere of intimate relationships (looking for more permanent sexual or life partners than in adolescence), work (internships, gaining skills with a view to the future career) and world view (gaining knowledge, shaping aspirations, finding a lifestyle, a life philosophy or a system of values, often in the context of higher education). Arnett writes (2004, p. 3): 'As recently as 1970 the typical 21-year-old was married or about to be married, caring for a newborn child or expecting one soon, done with education or about to be done, and settled into a long-term job or the role of full-time mother. Young people of that time grew up quickly and made serious enduring choices about their lives at a relatively early age. Today, the life of a typical 21-year-old could hardly be more different. Marriage is at least five years off, often more. Ditto parenthood. Education may last several more years (...). Job changes are frequent, as young people look for work that will not only pay well but will also be personally fulfilling.'

The author sees 'emerging adulthood' as both a potential and a threat. On the one hand, it seems that young people refrain from typically adult tasks, because they encounter various obstacles (Arnett, 2007). On the other hand, they deliberately decide to defer adulthood and they rather make a good use of that time than waste it. Responsibility is not put off indefinitely and once it is taken, it is done with full awareness. As many as 90% of Arnett's respondents at the age of 30 define their condition as full adulthood, they no longer have the sense of 'being in-between' (Arnett, 2007). Therefore, if the consequences of emerging adulthood are mature, conscious decisions, then both individual and societies benefit, since any undertaken obligations will likely be more stable and permanent.

Young people integrate their experiences from various spheres of activity, they choose their way of self-fulfilment and reach the stage of a personal identity (Erikson, 1998). Their life structure is thus shaped, so they are able to reconcile personal values with social values. From the society's perspective, the time of emerging adulthood can also be unproductive and abundant in risky behaviours. This, however, has its upsides: emerging adulthood is the time of openness to various cultures, beliefs and behaviours, so it shapes and reinforces the attitude of tolerance (Arnett, 2012).

This uncertain, vague and incomplete status releases students from the responsibility for their studies, but it also expands the field of freedom. Obligations, responsibility for others and routine do not go well with exploration of the world. Paradoxically, this group faces high social expectations.

University students are assigned a crucial or exceptional role in society, which is expressed in the three ideals of youth described by M. Karwat (1998, pp. 47–48) and presenting young people as: 1) a **‘motor of change’**, 2) a **generation**, 3) a **‘flagship’ group**.

In the first approach (‘motor of change’ metaphor), students are seen as representatives of young people with a mission to pursue and bringing changes. They are also responsible for implementing social changes or they function as a ‘barometer’ of such changes. Researchers who focus on this ‘sociocentric’ trend in the academic discourse perceive young people from the vantage point of reproduction and transformation of the social system. They expect that the observation of youths will reveal patterns of behaviour typical of the current society or its future tendencies (Campbell, Twenge, Campbell, 2017, pp. 1321–1322; Pyöriä, Ojala, Saari, Järvinen, 2017; Szafraniec, 2008, pp. 11–12, 2019a). This role assigned to young people is related to the ‘natural innovative potential’ (Mannheim’s term) resulting from their psychological and social peculiarity and their role as ‘agents of social change’ (Szafraniec, 2019a, p. 188). That is the role of young, well-educated people who enter adulthood with new aspirations, goals and energy that can ‘push the social life towards new, more innovative tracks’ (Szafraniec, 2008, pp. 32–33).

Youths are focused on development, they pursue new identities and life philosophies. They see themselves as ‘open to innovation’ and new experiences (Cybal-Michalska, 2006, pp. 152–157, p. 159). No doubt, this results partly from the identity which is still in progress. This group seeks solutions other than those postulated by adults, new experiences, new lifestyles, new life philosophies (Kaufman, Quilty, Grazioplene, Hirsh, Gray, Peterson, DeYoung, 2016; Nico, 2019, pp. 18–23). The studies of Cybal-Michalska (2006) among adolescents from secondary schools indicate see themselves as having a relatively high driving force, curiosity and cognitive flexibility; all these qualities can be treated as the elements of the developmental attitude of youths. The high level of Openness to Experience (as the Big Five personality dimension) within young people is correlated with the higher level of their creativity measured by achievements in arts and science (Kaufman et al., 2016).

The second ideal of youth (Karwat, 1998), conceives young people as a (new) generation which sets the direction for cultural changes. One of the publicist features of youths is the attempt at presenting them as a homogeneous generation. The daily press and the news portals contain numerous discussions on the subsequent ‘generations’ and some of them are the result of academic debates

and categorisations (Fatyga, 1999; Szafraniec 2019). In recent decades, some of the age cohorts of Polish youths have been e.g., the generation of the *break-through*, of the *extreme*, of *frugo*, but also the globally identified generations: *Baby Boomers*, *GenX*, *GenY (Millennials)*, *GenZ (Zoomers)*, *GenAlpha*, *MTV*, *JP2*, (Szafraniec, 2019; Ting, Lim, de Run, Koh, Sahdan, 2018; Rudolph, Rauvola, Costanza, Zacher, 2020).

Despite the widespread use of the term ‘generations’, most of them do not meet the necessary conditions to make them a sociological generation and they are also vague and fuzzy concepts (Campbell et al., 2017). These constructs are useful for the analysis of age differences, especially in terms of work and organisation, but they need more flexibility and debunking in the way they are actually considered (Pyöriä et al., 2017; Rudolph et al., 2020).

The generation can be defined as a cohort of ‘individuals born during contiguous birth years’ (usually 17–20 years), who ‘experience similar cultural contexts’ (Campbell et al., 2017, p. 131). In line with the classical concepts of Mannheim and Inglehart, the social, cultural and historical context determines the similar individual experience resulting from important events that occurred before the individuals entered adulthood (Ting et al., 2018). This experience leads to the emergence of the generational world view and preferred system of values. At the same time, representatives of the same generation shift the culture in their own way (Campbell et al., 2017, p. 131). What is the context of the generational experience of contemporary university students?

The young people who are now students in Poland were mostly born after 1995 and they were raised in the conditions of prosperity (‘welfare society’). It results both from the local situation (the political transformation after 1989) and global changes. Youths are ‘digital natives’ raised in the world of new technologies which is their ‘natural world’. As they completed their secondary education in 2000–2014, they can be seen as the representatives of Millennials/GenY (Campbell et al., 2017, p. 134, Ting et al., 2018) or of the next generation – GenZ. They grew up within the new social and economic environment as the first Polish ‘generation for whom the reality is capitalism with all its opportunities and threats’, and as the first generation ‘entering the reality of the civilisation leap’ (Świda-Ziemba, 2005).

Life in the network society of globalisation which is open and offers lots of goods, abundance and luxury does not mean that university students are free from problems and hard choices. On the contrary, the multiplicity of options and high expectations lead to axiological confusion and to risky behaviours (Bauman 2008). This pertains to the educational context as well. Various studies reveal that the school burnout syndrome (i. e., strong negative emotions related to studying, low mood, dissatisfaction with the actual situation, no satisfaction from learning, excessive fatigue, exhaustion, disappointment, frustration, reluctance toward

self-development), depressive disorders and the use of substances in order to cope are all interconnected and interdependent (Compas, Orosan, Grant, 1993; Salmela-Aro, Savolainen, Holopainen, 2009). It means that when one of them occurs, it may cause the other two to emerge, and their combination considerably lowers the person's well-being. The protective factors at all levels of education, including universities, is the pursuit of allocentric and social goals (actions for the sake of others) which involve the sense of community and engagement (Bruner, 2006; Bochno, 2013; Kanste, 2011).

The conclusions of panel research concerning school and university experiences of Polish students indicate the 'persistence' of negative and positive tendencies – students who gather more resources of social capital in the primary and secondary school are more apt to multiply these resources once they enter the university. Those who have fewer resources at the starting point make less use of the resources they find at the university (Dudzikowa, Wawrzyniak-Beszterda, eds. 2010; Dudzikowa, Jaskulska, Wawrzyniak-Beszterda, Bochno, Bochno, Knasiecka-Falbierska, Marciniak, 2011; Dudzikowa, Wawrzyniak-Beszterda, Jaskulska, Marciniak, Bochno, Bochno, Knasiecka-Falbierska, 2013).

The research into the life goals of Polish students give similar results despite the passage of time. The key goals centre around private needs and matters, e.g., a good family life, an interesting career, meeting friends. Lower in the hierarchy are the goals related to earning money and high financial status. The middle section of the hierarchy includes the goals/aspirations related to the common weal (engagement in the community life) and, last but not least, hedonistic goals (pleasure, a life full of sensations, etc.). This hierarchy of values among Polish young people is confirmed by the surveys conducted among university students after 1989 (Hejnicka-Bezwińska, 1991; Krasnodębska, 1997; Hajduk, 2000; Kubiak-Szymborska, 2003; Pasierbek et al., 2005; Bielska, 2006; Nowak, 2009; Wysocka, 2009; Jankowska, Krasoń 2009; Kanclerz, 2015). Pleasure-related values are sometimes situated in the mid-section of the hierarchy, but are understood as a comfortable, affluent, peaceful life without problems, full of sensations and consumption-oriented (Jankowska, Krasoń, 2009; Marciniak, 2013). The conceptualisation of values and the attitude towards reality by university students show the increasing preference for privatisation and eclecticism, i.e., 'easy' choices, e.g., young people reject traditional religion and opt for individual systems of values (Chodkowska, 2010).

Study results regarding the general orientations of Polish youths correspond with global research. This research expressly identifies the expansion of individualistic attitudes and the progressing 'privatisation' of values. This trend is global and finds confirmation in research results which indicate the transformation of experiences and systems of values in the subsequent generations (Ting et al., 2018, Rudolph et al., 2020). They reveal the increasingly lower po-

sition of traditional sociocentric values (affiliation, community, obedience, and security) and the growing popularity of individualistic values (e.g., money, image, fame, adventures, fun) in the hierarchies of values upheld by the subsequent generations (Twenge, Campbell, Freeman, 2012; Nico, 2019, p. 10–14).

The third ideal of youth (the ‘flagship’ group) (Karwat, 1998) is similar to the first one, but it refers to selected groups (avant-garde youths, e.g., students) which drive change and innovation. This role assigned to young people involves the perception of universities as institutions focused on education and research, but also having a leadership position in society (Engwall, 2020). The function of universities changes throughout history, but they are still today the institutions which strive for the truth and allow free expression of thought by professors (Engwall, 2020, pp. 193–195; Gajda, 2015). Students form a clearly distinctive collective. Their social status is transitory and their uniqueness (as the ‘standard-bearing’ group) results from the fact they have long been perceived as the future ‘elite’ (Gromkowska-Melosik, 2015; Hejwosz, 2010). Nowadays, we observe the ‘overeducation’ of societies and the inflation of diplomas, but the access to different levels of education remains the function of social inequalities. This is confirmed by numerous observations and analyses by Polish researchers (e.g., Hejwosz 2010, Gmerek 2011; Gromkowska-Melosik, 2015) as well as scholars from other countries (e.g., Palfreyman, Tapper, 2014, pp. 13–15; Groot, van den Brink, 2018, pp. 233–258). University students still can be seen as the ‘elite’ up to a point, but can they perform of the role described as the ‘guide of the nation’? It seems doubtful, because the social and political role of the elites is now being strongly questioned in Poland (Szafraniec, 2019). Furthermore, contemporary schools of higher education are not supposed to be the ‘smithery of elites’ that educates intellectuals, but ‘shops with education’ that produces professionals (Potulicka, Rutkowiak, 2012; Regini, Ballarino, Colombo, Semenza, Perotti, 2011; Palfreyman, Tapper, 2014, pp. 150–170).

The second part of the chapter focuses on the conditions of studying in Poland which considerably influence the situation of students.

## University as the context of student development

Higher education in Poland and elsewhere is undergoing continuous change and faces challenges generated by postmodernity (Bowers, 2011; Palfreyman, Tapper, 2014; Bowles, Murphy, 2020; Engwall, 2020). ‘Systems of higher education around the globe must respond to the changes in the contemporary world so as to create a competitive offer attracting the best students. In Poland it is the area which demands deep transformation directed towards the mission of shaping the modern society.’ (Żylicz, 2015, p. 11). Universities have been changing dynam-

ically in Poland after 1989 due to popularisation, internationalisation and the impact of the market. Universities in large cities lost their primacy and the network of smaller (especially private) institutions of education developed rapidly. So today, when 'speaking of higher education, one must always remember about the internal diversification of this sector which encompasses traditional universities, i. e., large academic institutions, as well as vocational schools, public and non-public schools of higher education, small and large, good and poor, having different goals and different strategies' (Dybaś, Dziemianowicz-Bąk, Krawczyk-Radwan, Walczak, 2012, p. 121).

The largest academic centres in Poland are still located in cities with the greatest populations (Warsaw, Kraków, Poznań, Łódź, Wrocław). The dominant position belongs to Warsaw along with the significant role of the University of Warsaw and the Warsaw University of Technology. According to the data of Statistics Poland [SP], in the academic year 2019/2020 every tenth student in Poland was studying at one of the public universities in Warsaw (11.4% of all Polish students). Every third student received education at a university with at least 20,000 students. It is easy to notice the dominance of large academic centres with a few of them in leading positions. This corresponds to the situation in other European countries where the rules of higher education financing promote the network of several/a dozen leading academic centres in the country, usually located in large cities providing access to student services, but also to potential jobs and partnerships with local institutions, e.g., medical facilities, factories, business centres, etc. (Regini et al., 2011).

In the academic year 2018/19, there was a total of 392 schools of higher education: 130 public institutions, 230 non-public institutions and 32 other facilities – religious schools etc. (Statistics Poland [SP], 2019). A large majority of all students (1204.8 thousand) enrol at public universities (in 2019/2020 it was 71.6%) and every fourth student attends a non-public school (SP, 2020). The number of full-time students was 790.7 thousand, i. e., 65.6% of all students, while the number of part-time students was 413.3 thousand (34.4%). It comes as no surprise that public university students usually chose full-time programmes (79.4%), while the majority of non-public university students applied to part-time programmes (68.9%).

It is an ongoing process (that started after World War II) of universities shifting from the elite model to the mass higher education with universal access wherein more young people study and education is directly related to the employment market. In Western Europe one has long been hearing the voices arguing for egalitarian education at the level of primary and secondary schools as well as universities (Dybaś et al., 2012; Gromkowska-Melosik, 2015; Palfreyman, Tapper, 2014, pp. 13–15; Groot, van den Brink, 2018, pp. 233–258; Engwall, 2020). In Poland, the net enrolment rate for universities increased four times

between 1991 and 2005 (from 9.8% in 1990/1991 to 38% in 2005/2006) (Statistics Poland [SP], 2015). The upward trend lasted until 2010/2011 and then followed a gradual drop (Jelonek, Antosz, Balcerzak-Raczyńska, 2014). The percentage of people who decide to continue education in the 5-year period after graduating from the secondary school in Poland is very high against the international background and it has been on the rise during the last decades, similarly to many developing countries. According to the comparative data (2013), it exceeds 70%, which places Poland relatively high in the global ranking, e. g., the average rate for Europe is 60% and 86% in North America (Our World in Data [OWD], 2020).

Since 2006, the number of students in Poland is decreasing year by year. In 2006, the total number of students was 1,953,832, while in 2015 it was only 1,469,386 and in 2019/20 it was 1,203,998 (SP, 2015; SP 2020). The downward trend since 2006 results mainly from demographic changes, mostly due to the lower number of people at the age of 19–24 in the Polish population (SP, 2020). The changes affect the sector of non-public education in particular. For more than ten years, private schools have been teaching a gradually decreasing number of students, because fewer people are forced to start paid studies (Jelonek, Antosz, Balcerzak-Raczyńska, 2014). At present, approximately every fifth Pole has higher education. The documents providing the direction for reforms in Poland (*The higher education development strategy 2009–2020*) put forward a model of the university as an enterprise operating in line with the market principles – the key functions of universities were supposed to include preparation for career paths, ensuring competitive employability adapted to the market needs, providing a diverse educational offer as well as general inclusion and openness. This direction for reforms followed a wider trend, i. e., the commercialisation of higher education. This phenomenon was heatedly discussed (not only in Poland) and the market-driven vision of the university was juxtaposed to other traditional perceptions of the role and function of higher education (Melosik, 2009; Regini et al., 2011; Palfreyman, Tapper, 2014; Engwall, 2020).

In line with the neoliberal ideology, commercialised education is useful for the free-market economy, industry, commerce and services in such a way that the market becomes its key organisational principle (Melosik, 2009; Potulicka, 2012; Rutkowiak 2012; Glenna, Shortall, Brandl, 2015; Engwall, 2020). The university subject to the free-market structure is assumed to be an ‘enterprise of competitive business’, which means it must be seen as a profit-oriented corporation (Potulicka, Rutkowiak, 2012, p. 285; Regini et al., 2011, pp. 1–4; Engwall, 2020). Schools of higher education constitute a public burden and studying generates costs for the entire society, so either the costs are reduced or education should increase its return on investment. The public financing model is a source of threat to the freedom and independence of universities in their educational strategy and research, i. e., their role as the ‘ivory tower’ (Engwall, 2020, pp. 195–197; Regini et

al., 2011, pp. 2–3). The main threats in the process of market entry of academic education include: the excessive increase in the number of students (quantitative measurement of success), competing for financial resources, a lower quality of academic education (Potulicka, Rutkowiak, 2012, pp. 288–290, Engwall, 2020, pp. 188–189).

The wide access to higher education involves complete redefinition of the concept and the profile of a student. At present, a student need not have a socially privileged family background or access to large cultural and financial resources. More importantly, students today are motivated by different goals than they used to be. They are aware that education and a better social position do not guarantee success and that the choice of a profession and the labour market expectations are crucial. Universities around the globe convert their offers to meet the requirements of ‘customers’ (students) and, in consequence, higher education schools undergo a process of transformation and redefinition of their role (Regini et al., 2011, pp. 2–4; Palfreyman, Tapper, 2014, pp. 118–149; Groot, van den Brink, 2018, pp. 248–250).

The population of students in Poland is not a perfect reflection (also demographically) of the society. The student population includes relatively more city dwellers than people from the countryside as compared with the overall population. Among all students (without foreigners) one third comprises village inhabitants, while around 40% of all Poles live in rural areas (SC, 2019). In the academic year 2019/20, 1.8% of all students were people with disabilities (SP, 2020). Women accounted for 57.6% of students, whereof two thirds were full-time students (in line with the general trend). The greatest percentage of female students is found in such fields of study as social services (86.5%), pedagogy (82%) and languages (77.5%) (SP, 2020).

The popularisation and the current emphasis on practical aspects in academic education have specific downsides, hence the criticism of the level of education and the profile of the university graduate (Regini et al., 2011, pp. 48–60; Palfreyman, Tapper, 2014, pp. 118–149; Groot, van den Brink, 2018). If more than half of secondary school graduates become students, it is hard to expect that all of them are actually prepared for studying and that they all have competences necessary to learn a profession and participate in higher education. Stanisław Kistryn (2015, p. 99) writes: ‘a university diploma should be a guarantee that its holder has several distinguishing qualities, of which the key ones are: the capability of logical and impartial analysis of reality, tackling problems with the use of established scientific methods, analytical and synthetic reasoning based on the available information, honesty in a discussion on the accuracy and application of conclusions, and the courage to own up to any errors or mistakes.’ Theoretical profiles of graduates at particular universities encompass these ideals, but reality is often at odds with them. Certain disappointment expressed by some members

of academic staff with respect to the contemporary status of universities also affects relations with students and conditions in which they learn.

The recent report entitled 'Młodzi 2018. Cywilizacyjne wyzwania, edukacyjne konieczności' (Youths 2018. Challenges of Civilisation, Necessities of Education) shows that the educational and occupational decision of Poles at the age of 20–24 are very different from the prevailing European trends. While in Europe a growing number of people at this age only study or study and work, in Poland more and more people from this age group only work (Kutwa, 2019), so the percentage of those who treat studies as an investment in their future is diminishing slightly.

A decisive impact on the conditions of studying in Poland arise from the fact that in 1999 changes related to the Bologna Process were implemented. In organisational terms, the greatest change was probably the introduction of the three-cycle system. The aim was to increase the mobility of students and allow for their earlier entry into the labour market – after the first cycle (a bachelor's degree) students can start working in their respective professions. The 2011 report on education indicated that this division was often artificial through a mechanical arrangement of the teaching content and a bachelor's degree was not accepted by employers as a certificate of full higher education (Dybaś et al., 2012, p. 134). Nevertheless, many students take the opportunity to start working earlier and complete the second cycle in a part-time programme.

Full or partial foreign study programmes are now more available than in the past. Internationalisation is one of the key processes shaping the image of contemporary higher education (Arabkheradmand, Shabani, Zand-Moghadam, Samadi Bahrami, Derakhshesh, Rahimi Golkhandan, 2015; Bowles, Murphy, 2020). This global trend accelerated in Poland after the accession to the European Union, which can be observed at several levels. In university strategies, internationalisation has become an integral part, which results also from the principles of parametric evaluation. One of the elements in this evaluation is the position of the university in international rankings which generate the global market of higher education and global competition as well (Palfreyman, Tapper, 2014, pp. 172–191; Arabkheradmand et al., 2015, pp. 10–19; Engwall, 2020, pp. 180–189). The higher degree of internationalisation in the case of universities encompasses diversified strategies aim at activities abroad – 'internationalisation abroad' (internships, study visits etc.) and at local activities – 'internationalisation at home' (Arabkheradmand et al., 2015).

Polish universities deliberately promote themselves as mobility-friendly institutions, offering exchange and international collaboration programmes (Bryła, 2014). The goal is to attract people who want to do a part of the study programme in other countries. On the other hand, extending programmes such as classes in foreign languages is the way of appealing to foreign students. Despite

these efforts ‘mobility varies considerably on the Bologna map of Europe’ (Dybaś et al., 2012, p. 137). Poland and other countries in Central and Eastern Europe send more students abroad than they receive from abroad. In other countries it is the reverse. In Poland, the number of students who study abroad is rising (Witkoś, 2015; Karatekin, Taban, 2018). However, it is usually some part of the study programme that these students carry out abroad, not the entire programme. As regards study programmes conducted abroad in their entirety, the comparative data from 1998 and 2013 show that the percentage of students from Poland who studied in other countries did not change significantly; it actually dropped from 1.29% to 1.21% (OWD, 2020). Meanwhile, the number of foreign students in Poland in those two years increased from 0.47% to 1.46% (OWD, 2020).

From the perspective of Polish students, it is important that mobility is a fact, i. e., they actually can partly study abroad. The exchange offer is wide and one of the most popular EU programmes is Erasmus+ which had its 30th anniversary in 2017. The programme allows students to get scholarships to move for a semester/year to foreign universities or carry out practicums (at least two months) at foreign facilities (related to the studied discipline). The programme is one of the greatest successes of the EU and the collected data show its numerous benefits at both the individual level and the social level (European Commission, 2018). Those are *inter alia*: an increase in skills and competences of the participants (e. g., in terms of language, culture, adaptation, openness to diversity) and the ensuing increase in employment opportunities (European Commission, 2018). The programme also makes it more probable that its participants will start living or working abroad and will make an international career (Bryła 2018, pp. 140–143, Goździewicz, 2013). The major obstacles to the participation in the programme are: the lack of sufficient information about the programme; the financial situation; level of language command; low motivation with respect to mobility, and problems regarding the recognition of the educational results after return (Bryła 2018, pp. 148–158, Karatekin, Taban, 2018; Marciniak, 2017, 2021).

The international mobility is related to an important element of the university reality to which students must become accustomed, i. e., the ECTS points. They serve to compare achievements at different universities in different countries. The clear and comparable qualification systems were constructed through the standardisation of the European Qualifications Framework and the respective national qualifications framework. Owing to the recognition of educational experiences as expressed in the educational results, people can start new study programmes with a part of the curriculum already completed, which may shorten the studying period. Universities adapt their offer to the ideal of lifetime learning through part-time programmes, post-graduate programmes, various courses and additional classes (Machnikowska, 2015).

## Students in Poland – selected statistics

The presented trends of the higher education changes in Poland (e.g., popularisation, diversification, internationalisation) find confirmation in the annual reports by Statistics Poland and other publications. We will outline the current statistical image of students and we will focus on more detailed data regarding different forms of financial support. In this section, we will focus on the data from the academic year 2018/2019 – the period when we conducted our studies among students.

The number of higher education participants was then 1230.3 thousand people, i. e., a reduction by 4.8% in comparison with the preceding year. In 2018, the number of people who enrolled in the first-year programme was 323.5 thousand (as of December 2018). We are particularly interested in the group of 241.5 thousand of third-year students (the first-cycle programme and the MA uniform programme), accounting for 20% of all students.

As regards the type of institutions, the predominant group in 2018/19 (SP, 2019) included students at universities (363.6 thousand), schools of technology (235 thousand) and business schools (173.4 thousand). Other popular institutions were medical universities (65.4 thousand), schools of agriculture (56.7 thousand) and schools of pedagogy (39.9 thousand). A significant number of students also attended ministerial academies (under the Ministry of National Defence and the Ministry of the Interior and Administration) (22.3 thousand), physical education universities (19.4 thousand) and artistic schools (16.8 thousand). More than 240 thousand attended other institutions. In line with the International Standard Classification of Education ISCED-F 2013, the greatest number of people in the academic year 2018/2019 (SP, 2019) studies business and administration (17.9%), medicine (10.9%), social sciences (10.0%), engineering and technology (9.7%), pedagogy (6.9%), information and communication technologies (5.5%) and languages (5.2%). 3 in 10 students chose other disciplines.

The data regarding graduates of higher education institutions (types of institutions, modes of studying etc.) reflect the above trends concerning students. According to the Statistics Poland data (2020), 313.8 thousand people graduated from higher education schools in the academic year 2018/19. A great majority (238.5 thousand, 76.0%) received diplomas confirming their graduation from public universities. The number of full-time programme graduates was 208.6 thousand and it considerably exceeded the number of part-time programme graduates (105.2 thousand). The distribution of first-cycle graduates (167.8 thousand people, of which 53.0 thousand with an engineer's degree and 114.8 thousand with a bachelor's degree) and MA (second-cycle and long-cycle) pro-

gramme graduates (146.0 thousand, of which 19.8 thousand and 126.3 thousand, respectively) was quite even.

The number of foreign students in Poland rose considerably within the last three decades. In the academic year 2018/19, the number of these students was 78.3 thousand, while in 1990/91 it was 4.3 thousand and in 2000/01 it was 6.5 thousand (SP, 2019). Furthermore, the types of universities chosen by foreign students has been changing. The majority attended higher school institutions classified as others (18.8 thousand), business schools (16.8 thousand) and universities (16.0 thousand). Medical universities (7.3 thousand) and schools of technology (8.8 thousand) also enjoyed popularity. Students from other European countries form the majority of all foreign students (78.0%). In terms of nationality, the dominating group comprises students from Ukraine – 37.8 thousand (50.1% of all foreign students), followed by Belarus (9.3%), India (4.6%), Spain and Turkey (each around 2.5%).

University students in Poland can use the financial aid system which covers various benefits: financial support (social scholarships, special scholarships for people with disabilities, the rector's scholarship for the best students, the minister's scholarship for outstanding achievements, and allowances) and accommodation in student dorms during studies. The key criteria of granting financial aid are the generated income (e.g., the monthly income per a household member) and academic achievements (e.g., the grade average, activity in students' initiatives, participation in competitions). If a student meets the criteria for specific types of scholarship, he or she can be awarded several scholarships (e.g., the rector's scholarship for the best students and the minister's scholarship for outstanding achievements and an allowance). Students may also receive benefits outside the university's budget. If a student pursues several degree courses, he or she may receive benefits only under one such course (as selected by the student).

The observable decrease in the number of students using various forms of financial support pertains to both scholarships and accommodation in student dorms (SP, 2019). In the recent decade, the number of students with scholarships dropped by more than 50%. In the academic year 2005/06, it was more than 572 thousand people, in 2010/11–423 thousand, and in 2018/19–228.0 thousand. A great majority (nearly 80%) of students receiving scholarships attend public universities. It can be assumed that every fifth student has used some form of financial support provided by the university (SP, 2019). In the academic year 2018/19, the most frequent benefit was the social scholarship (129.9 thousand people, 10.5% of all students) followed by the rector's scholarship for the best students (97.0 thousand people, 7.9%). Special scholarships were relatively rare (19.1 thousand students with disabilities, 1.5%) and funded scholarships – 3.5 thousand (0.3%).

In the last two decades, a decreasing number of students are interested in student hall accommodation. A consistent downward trend is observable. In the academic year 2000/01, students used 143.5 thousand places in student halls, while in 2018/19 it was only 90.6 thousand. During the recent years, the number of used places in student halls has been increasing. Year to year, this indicator rises by approximately 1.5–3 thousand; in 2018/19 it was 33.8 thousand places (SP, 2019).

Changes in the use of financial aid can be explained in several ways: demographic changes (a reduction in the general number of students), changes in the financial aid criteria (e. g., in the number of scholarships and the available funds) and the improvement in the society's financial status.

\* \* \*

It should be noted that at present the role and operation of higher education institutions in Poland is regulated by the Constitution for Science Act (Act of 20 July 2018 – *Law on Higher Education and Science*). It became formally effective on 1 October 2018, but it has been only gradually implemented. This Act considerably changes the structure and principles of operation of universities in Poland, which also affects students. For instance, higher education institutions were divided into research institutions and vocational institutions. The latter cannot offer courses for PhD candidates. It is assumed that the quality of education and studying conditions should be improved – free-of-charge public study programmes, stable scholarship systems, protection of student rights and the stable value of university diplomas are the key points of this, yet another, reform of higher education which coincides with the present research.



## Alcohol intake by students and alcohol-related problems

Significant points of reference for terminology and diagnostic aspects of the present report are the most popular diagnostic handbooks – World Health Organisation’s *International Classification of Diseases* (ICD), version 11, and the American Psychiatric Association’s *Diagnostic and Statistical Manual* (version V). As indicated by psychiatrists, the structure and description of mental disorders in the recent diagnostic systems (DSM-IV, DSM-5, ICD-10, ICD-11) differ from traditional concepts in some respects. It pertains to e. g., the need to develop more precise concepts within operationalisation, the increased consideration of the most recent research results, particularly in the ICD system, the necessity of wider reconciliation and compromises at the international level. The general aim is the improvement in validity and reliability of psychiatric diagnostics (Möller 2018, p. 612).

Clinicians and researchers also refer to the increasingly greater possibilities of pharmacological treatment of disorders related to alcohol intake and the increasingly more widespread approach to *harm reduction* with the emphasis on controlled consumption of alcohol instead of abstinence (Habrát 2013; Samochowiec et al. 2015). This situation leads to even higher expectations for the formulation of diagnostic criteria and tools for diagnosing problems related to alcohol intake, resulting also from the necessity to differentiate the impact in relation to specific subgroups of patients.

DSM-5 introduces the diagnostic category of ‘disorders caused by the use of substances’ which comprises (previously separate in DSM-IV): ‘abuse of alcohol’ and ‘addiction to alcohol’. The definition of addiction to alcohol (absent in name from the currently applicable typologies) is not changed: it is a set of behavioural and somatic symptoms in people consuming large quantities of alcohol, including the withdrawal syndrome, alcohol tolerance and alcohol craving (Samochowiec et al. 2015).

In the ICD-11 classification, the diagnosis of ‘disorders caused by alcohol intake’ covers acute alcohol intoxication, harmful use, the addiction syndrome,

the abstinence syndrome as well as mental disorders and behavioural disorders caused by alcohol.

DSM V does not use the terms of 'dependency' or 'addiction'. With reference to alcoholism, DSM-5 uses the term of 'disorders related to alcohol intake'. It encompasses 11 diagnostic criteria of which at least two must be permanent for 12 months in order to diagnose a problem.

The problem pattern of alcohol intake occurs when a person's behaviour meets at least two of the following criteria for the duration of 12 months.

1. Consumption of alcohol in larger quantities or for a longer period than intended;
2. Persistent alcohol craving or accompanying unsuccessful attempts at limiting or controlling the alcohol intake;
3. Spending a great amount of time on activities related to obtaining alcohol, drinking and eliminating the negative effects of drinking;
4. Alcohol craving or strong thirst / need to drink;
5. Recurrent consumption of alcohol which results in neglecting the key duties at work, school or home;
6. Consumption of alcohol despite continuous or recurrent social and interpersonal problems caused or intensified by the effects of alcohol intake;
7. Limiting or quitting important social, occupational or recreational activities due to alcohol;
8. Repeated alcohol intake in situations when it is risky (e.g., driving a vehicle or operating a machine under the influence of alcohol);
9. Consumption of alcohol despite continuous or recurrent physical or mental problems probably caused or intensified by the effects of alcohol intake;
10. Alcohol tolerance which results in the need to consume a considerably greater quantity of alcohol in order to achieve the desired effect or which results in the considerable decrease of the effect of consuming the given quantity of alcohol;
11. The occurrence of typical abstinence symptoms caused by a break in drinking or a reduction in the alcohol portion or drinking alcohol/using a substance with similar effects (i.e., benzodiazepines) in order to mitigate or avoid the abstinence symptoms (American Psychiatric Association 2013; Samochowicz et al. 2015).

A disorder related to alcohol intake can be divided into three levels of intensification depending on the number of symptoms, while moderate intensification (4–5) and severe intensification (6 or more) are similar to the clinical profile of patients with an 'addiction' in its traditional meaning. A mild disorder means the existence of 2–3 criteria (Möllers, 2018).

Significant changes in comparison with the previous versions of DSM include the definitions of a short-term remission (up to 3 months without any symptoms) and a long-term remission (up 12 months with the occurrence of alcohol craving) (Samochowicz et al. 2015).

An important problem in the area of public health is the consumption and abuse of alcohol by students. As indicated by certain Polish and other surveys, drinking is more frequent among young people who study than among those who do not. The intensification of alcohol intake during studies is attributed to such factors as peer pressure and expectations of peer acceptance (Meyer, 2003; Sidor, Makara-Studzińska, 2012)

An extensive research project almost two decades ago ('Studenci 2000') indicated that around 25% of students got drunk at least once within 30 days before the survey, while 6% did so three or more times (PARPA, 2000). In the narrow group of medicine students 46.5% of respondents engaged in risky consumption of alcohol (more men than women) (Gersternkorn, Suwała, 2003).

More recent surveys (Sidor, Makara-Studzińska, 2012) show that ¼th of medical students drink alcohol in a risky way. 'The group of students who preferred a risky style of alcohol consumption comprised 33% of men and 18.2% of women. As regards the field of study, this group included 22.9% of dental students, 23.6% of pharmacy students, 24.1% of health science students and 25.6% of medical students. Among the risky drinkers, the largest group was fourth-year students (29.9%), followed by third-year students (26.5%), last-year students (24.4%), second-year students (23.6%) and first-year students (22.1%)' (Sidor, Makara-Studzińska, 2012, pp. 86–87).

The most generalised indicator of alcohol consumption by students is the information about the estimated frequency of alcohol intake in specific period of time. The respective results are presented in the table.

Table 1. Frequency of alcohol intake during the entire lifetime, 12 months and 30 days before the survey.

	At any time in life (N=4317)	Last 12 months (N=4285)	Last 30 days (N=4335)
	%	%	%
<b>I did not drink</b>	3.6	5.5	15.9
<b>1–2 times</b>	2.3	6.7	27.8
<b>3–5 times</b>	2.4	11.5	24.5
<b>6–9 times</b>	3.4	13.9	15.3
<b>10–19 times</b>	6.9	19.8	10.8
<b>20–39 times</b>	11.0	15.4	2.7
<b>40 times and more</b>	70.5	27.1	3.1

As expected, the largest group comprises people who did not drink alcohol at all within 30 days before the survey. Only one in twenty respondents did not consume alcohol during the 12 months before the survey. Finally, only 3.6% had never drunk alcohol in their life. It should be noted that a large proportion of students (around 20%) only had alcohol 20 or fewer times throughout their lifetime.

A more detailed analysis must be applied to the distribution of alcohol intake frequency within 30 days before the survey. As many as 65% of respondents drank alcohol five times (i. e., every sixth day on average), while 5.8% drank very often (20 times and more). It should be emphasised that the latter group comprises people who drink alcohol nearly every day or more often (several times a day). Considering the frequency of alcohol intake, they are exposed to a high risk of alcohol-related problems. Of course, such a diagnosis also requires an analysis of the consequences of drinking, not only of its frequency.

In terms of abstinence, a number of differences were identified between men and women in shorter and longer periods. In each case, the number of non-drinking women is significantly larger than men. The greatest differences in percentage points occur within 30 days before the survey.

Table 2. Abstinence by gender in different periods

	At any time in life (N=4317)	Last 12 months (N=4285)	Last 30 days (N=4335)
	%	%	%
<b>Women</b>	3.8	5.9	17.1
<b>Men</b>	3	4.1	12.8

p<0.00001

Interesting data are provided by the analysis of the types of alcohol consumed by students. Beer is the strongly predominating type. Only every fifth respondent did not drink beer within 30 days before the survey. Wine and vodka are chosen less often (nearly one half of respondents do not drink these beverages). At the same time, the distributions of wine and vodka consumption are very similar.

Table 3. Percentages of respondents who drank various types of alcohol within 30 days before the survey

	Beer (N=3495)	Wine (N=4348)	Vodka (N=4340)
	%	%	%
<b>I did not drink</b>	21.0	47.5	47.3
<b>1–2 times</b>	27.9	32.1	30.1
<b>3–5 times</b>	22.3	11.7	11.9

Table 3 (Continued)

	Beer (N=3495)	Wine (N=4348)	Vodka (N=4340)
	%	%	%
<b>6–9 times</b>	13.9	4.6	5.0
<b>10–19 times</b>	9.3	2.0	3.1
<b>20–39 times</b>	2.6	0.9	0.9
<b>40 times and more</b>	3.0	1.3	1.7

The further analysis of distributions shows that women drink beer and vodka more seldom than men. They drink wine more often ( $p < 0.00001$ ).

## Large alcohol intake at one sitting

It is assumed that large alcohol intake at one sitting (binge drinking) starts from 5 portions. A standard portion of alcohol (i.e., 10 g of pure 100% alcohol) is contained in 250 ml of beer with 5% ABV (alcohol by volume), in 100 ml of wine with 12% ABV and in 30 ml of vodka with 40% ABV (Curtney, Polich, 2009).

Table 4. Large alcohol intake at one sitting (more than 5 portions)

1. Frequency of drinking more than 5 portions of alcohol at one sitting (N=3974)				
Never	less than once a month	once a month	once a week	Every day or nearly every day
%	%	%	%	%
23	44.7	22.6	8.4	1.2

2. Frequency of situations when the respondent drank more than 5 portions of alcohol (within 30 days before the survey) (N=3966)				
Not once	1–2 times	3–5 times	6–9 times	10 times or more
%	%	%	%	%
42.1	35.9	13.7	5.2	3.0

Considering the average frequency of large alcohol intake at one sitting, respondents do not do it at all or less often than once a month (68%). The group of those who have such experiences more often is decisively smaller – only 8.4% do it once a week, while 1.2% do it every day or nearly every day.

The distribution of results when students were asked about the period of 30 days before the survey was as follows: 42.1% say they had no such experience. The group of those who had it often is relatively large (6–9 times – 5.2% and 10 or

more times – 3%). It should be noted that the latter category covers very frequent consumption of large quantities of alcohol by respondents, i. e., every three days on average.

## The AUDIT-C results

The Audit-C test results indicate a generally high risk of alcohol-related disorders among students.

Only every tenth student had the score of 0 points. A significant proportion of respondents reached 8 points or more (the number of standard units was multiplied by two for men). Considering that 4 points for men and 3 points for women are deemed high, the fact that every eleventh respondent reached 8 points or more should be perceived as disconcerting, since this result may be cautiously identified with severe disorders related to alcohol consumption (formerly ‘addiction’).

Table 5. The distribution of respondents with particular scores in the Audit-C.

	n	% of significant	
0	445	10.1	
1	485	11.0	
2	622	14.1	
3	683	15.5	
4	714	16.2	
5	461	10.4	
6	368	8.3	
7	243	5.5	
8	176	4.0	9% in total
9	125	2.8	
10	51	1.2	
11	22	0.5	
12	22	0.5	

Table 6. Disorders related to alcohol intake based on the Audit-C norms

<b>problematic</b>	2265	50.30
<b>norm</b>	2037	45.24
<b>no data</b>	201	4.46

Adopting the Audit-C norms, it should be concluded that 50% of students have alcohol intake experiences indicating they are threatened with alcohol-related disorders.

Table 7. Disorders related to alcohol intake by gender based on the Audit-C norms

	Disorders related to alcohol intake (%)	Norm (%)
female	49.82	50.18
male	59.19	40.81

Chi<sup>2</sup> =32.1; p<0.0001).

This threat is significantly more frequent among male students (nearly 60%) than female students (slightly below 50%).

### The RAPS-4 test results

Considering the norms used in the interpretation of the RAPS4 test result, the threat of addiction to alcohol is present in 38.2% of the sample. The norms of the test say that an affirmative answer to only one question in the test is enough to include the person in the threatened group.

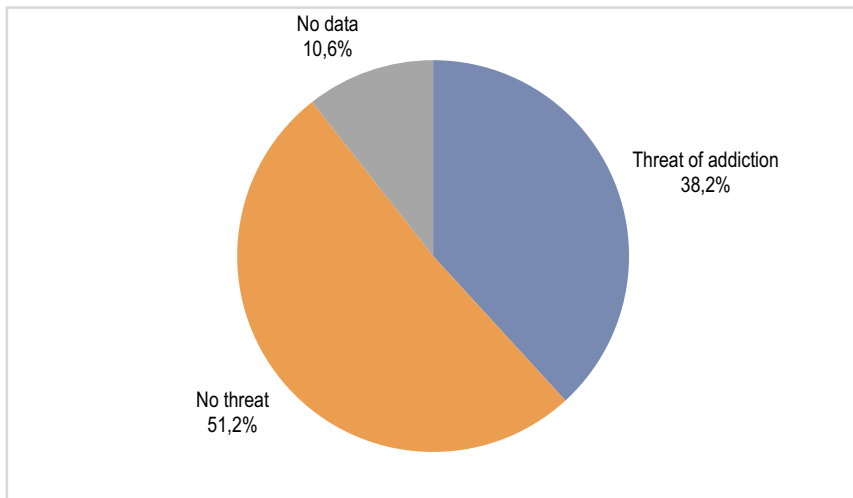


Chart 1. The threat of addiction to alcohol based on the RAPS4 test (N=4503)

The threatened group that scored at least one point included 36.7% of women and 55.8% of men (chi-squared=125.9476, p<0.001). This distribution is similar to the above results of Audit-C. However, both the overall percentage of threatened

people and the percentage in the groups divided by gender are lower than in the second test. This confirms the obvious necessity of considering the key role of phenomena operationalisation when interpreting results.

For the purpose of more detailed analyses, Table 8 presents the percentage values for respondents with particular scores in this test. These results do not account for people whose responses had missing data in the scope of the test under analysis. It should be noted that the relatively high proportion of missing data (above 10%) may result from the sensitive nature of alcohol-related disorders.

Table 8. Percentages of respondents with particular scores in the RAPS4 test (N=4026)

Score	n	% of the group that completed the test
0	2306	57.3
1	759	18.9
2	563	14.0
3	296	7.4
4	102	2.5

The percentages of those with 1 point or 2 points are higher (18.9% and 14% respectively). A significantly smaller groups scored 3 points and 4 points (7.4% and 2.5%). It should be noted that the latter groups are definitely exposed to the risk of addiction to alcohol. It means that this risk pertains to **every tenth student**.

## Therapy or seeking advice in connection with addiction to alcohol

Approximately 2.4% of respondents admitted they had sought specialist advice or participated in a therapy in connection with addiction to alcohol, including both outpatient and inpatient care (the missing data amounted to around 3%). There were no statistically significant differences in terms of gender. 2.3% of women and 2.5% of men underwent therapy. The treatment took place more often in the case of married people (7.5% of such people in comparison with people in partnerships (2.4%) or singles (2.1%) ( $\chi^2 = 53.03$ ;  $p < 0.0001$ ). Parents went for a therapy more often (7.7%) than people without children (1.8%) ( $\chi^2 = 42.04$ ;  $p < 0.0001$ ),

## Problems related to the use of alcohol and narcotics

Respondents were asked whether they had ever experienced specific problems in connection with the consumption of alcohol and the use of illegal psychoactive substances (narcotics).

As evidenced by Table 8, alcohol was usually the cause of less serious problems (a quarrel or a squabble, damaging clothes or belongings). Unfortunately, a relatively large group had much more serious issues.

- Every tenth respondent got into a fight or a squabble.
- Problems with parents were indicated by every eleventh respondent.
- 8.5% lost money or valuable items.

More serious issues such as problems with the police were reported by fewer but still quite many respondents:

- Every twentieth respondent had problems with the police.
- 5% drove a vehicle under the influence of alcohol.
- More than 4% had unwanted sexual experiences.

It should be noted that the percentage values for such experiences caused by narcotics are significantly lower.

A strong emphasis must be put on the fact that the consequences of such experiences related to alcohol intake may generally affect a person's functioning through severe health deterioration (e.g., due to an accident or a sexually transmitted disease) or legal consequences (e.g., due to committing a crime).

Table 9. Problems experienced in connection with the use of alcohol and narcotics

	Yes, due to alcohol	Yes, due to narcotics
	%	%
A quarrel or a squabble	15.7	2.1
Damage to belongings or clothes	13.5	1.6
A scuffle or a fight	9.9	1.6
Problems with parents	9.5	1.75
Loss of money or valuable items	8.5	1.2
Problems with friends	6.7	2
An accident or a bodily injury	6.6	1.5
Damaging public property	5.5	1.2
Troubles with the police	4.8	2.2
Driving vehicles under the influence of illegal substances	4.7	2.3

Table 9 (Continued)

	Yes, due to alcohol	Yes, due to narcotics
	%	%
Lower grades at the university/performance at work	4.1	1.8
Unwanted sexual experiences	4.1	1.3
Using emergency medical services	2.7	1
Falling victim to robbery/theft	2	1.2
Problems with lecturers	1.8	1.1

Though a majority of respondents did not have unpleasant situations following alcohol intake or experienced only several types of such situations, the data in Table 10 indicate a large percentage of those who had multiple types of such situations. Nearly 7% admit to 5 or more types. **It must be noted that all of these consequences were more frequent in the case of men than of women.**

Table 10. Percentages of people who experience a specific number of problems in connection with alcohol intake (N=4466)

The number of experienced problems	%	
0	64.1	
1	14.3	
2	7.7	
3	4.0	
4	3.1	
5	2.2	6.8%
6	1.8	
7	1.1	
8	0.6	
9	0.4	
10 and more	0.7	

The number of experienced problems shows a strong correlation with the results of the tools measuring the risk of exposure to alcohol-related problems.

- In the Audit-C  $r=0.34$ ,  $p<0.001$
- In the Raps-4 test  $r=0.46$ ,  $p<0.001$

Such results confirm the congruent validity of the used tools and the quality of the collected data.

## Other health-related behaviours of students

In contemporary approaches to health, a lifestyle understood as the set of habits and activities of an individual (or a social group) is seen as an important factor that has a bearing upon health (Heszen, Sęk 2012). Moreover, this factor undergoes modifications and allows individuals to influence their own health. From this perspective, it is essential to diagnose the widespread lifestyles related to health and to develop solutions in the area of health education and promotion in order to change or improve the lifestyles of individuals and groups so they become healthier.

Barbara Woynarowska, a well-known researcher into health-conditioning factors, defines health-related behaviours as ‘conduct and actions (or non-actions) which directly or indirectly influence a person’s health and well-being’ (Woynarowska 1995, p. 16).

In this context, the goal of actions, i. e., health and improving or maintaining health, is posited even in situations where the objective relation between the given action and health is absent. On the other hand, actions which, though influencing health, have a different goal are excluded (Gruszczyńska, Bąk-Sosnowska, Plinta 2015; Puchalski 2010; Spring, Moller, Coons 2012). When such actions turn into permanent patterns, one may refer to them as a healthy or unhealthy lifestyle.

The simplest analytical division of health-related activities is as follows: healthy behaviours (good for health) and unhealthy behaviours (bad for health) (Puchalski 2008; 2010).

The relevant sources present a wide spectrum of healthy behaviours (cf. Fig. 1).

Healthy behaviours translate into good health understood in line with the generally accepted definition by the World Health Organisation as physical, mental and social well-being. This understanding is positive (salutogenic) and contrary to the concept of health as the lack of illness (Kulik, 2002). Such an approach implies a subjective concept of health, i. e., a healthy person is someone who feels healthy.

On the other hand, unhealthy behaviours disrupt physical, emotional, mental and social well-being (Puchalski 2010). It should be noted in passing that Poles



Fig. 1. Types of pro-health behaviours. Source: own work on the basis of Kosiba et al. 2017; Puchalski 1990; 2008; 2010.

from different groups have different perceptions of behaviours that impact health. Often behaviours related to health monitoring, medical tests and doctor's appointments are assessed as more significant than proper nutrition and physical activity (CBOS, 2012). In the present context, it is worth mentioning that abstinence from alcohol is increasingly seen as a health-improving factor (CBOS, 2012). Importantly, convictions concerning health-related behaviours and their significance are social in nature; they emerge in the process of socialisation and need not reflect current medical knowledge. The value attached by people to specific behaviours can be at odds with the results of scientific research. However, there is no doubt that in many situations convictions are consistent with the well-established empirical conclusions which assert that proper nutrition, well-chosen physical activity (moderate physical activity), sleep duration, etc., have a beneficial impact on health (Gruszczyńska et al. 2015).

The list of factors conditioning health-related behaviours and confirmed through a number of empirical research projects is extensive (Gruszczyńska et al. 2015; Palacz 2014; Puchalski 2010; Spring, Moller, Coons 2012).

The key factors are presented in the illustration below (cf. Fig. 2).

Numerous studies of health-related behaviours among Poles present a fairly pessimist picture of the society as rarely active and often engaging in unhealthy behaviours (Gruszczyńska et al. 2015). For the sake of their health, Polish people choose various activities, but mostly they engage in passive forms (Boguszewski, 2007; Palacz 2014).

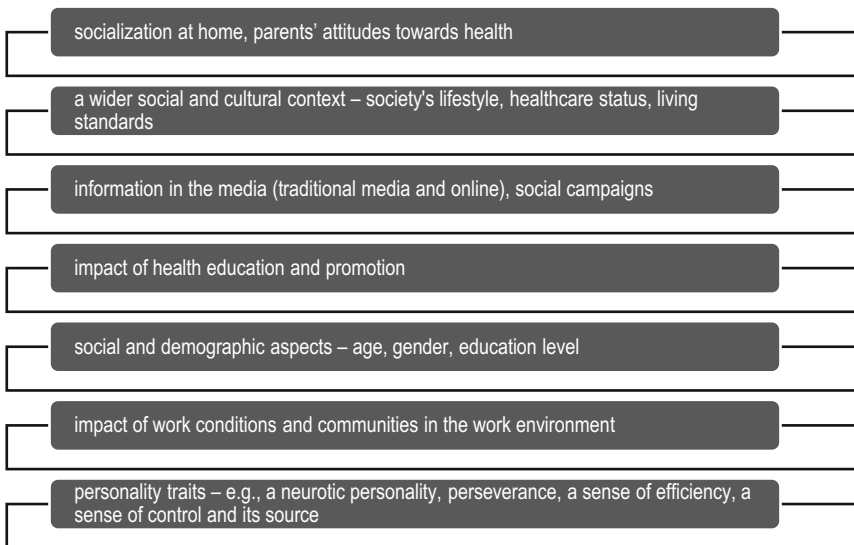


Fig. 2. Factors conditioning health-related behaviours. Source: own work on the basis of Gruszczyńska i in., 2015; Puchalski, 2010

University students are no different (cf. Binkowska-Bury 2009; Palacz 2014). The relevant surveys consistently indicate that proper eating habits constitute the least popular form of healthy behaviours. There is a pronounced consistency in the health-related conduct among students. For instance, those who are physically active also demonstrate better nutritional habits and a positive mental attitude. In general, female students do more for the benefit of their health than do their male counterparts (Palacz, 2014). Furthermore, differences were identified between specific fields of study: students of medical sciences manifested more healthy behaviours (Binkowska-Bury, 2009).

In addition to the key topic of alcohol-related behaviours, we also diagnosed a number of other behaviours and their connection with the threat of alcohol-related problems.

In the first place, we looked at positive health behaviours measured with the use of selected sub-scales of the Positive Health Behaviours Scale (PHBS) for Adults.

Table 1. Key statistics for positive health behaviours in the sample

PHBS sub-scale	N	Average	Median	SD
<b>Nutrition</b>	4472	12.4	12	5.2
<b>Rest and behaviours related to mental and social health</b>	4471	13.5	13	4.3

Table 1 (Continued)

PHBS sub-scale	N	Average	Median	SD
Physical activity	4466	7.4	7	3.4

In terms of statistical significance, women were much more engaged in positive health behaviours related to nutrition, while men showed primacy in the other two sub-scale, i. e., rest and behaviours related to mental and social health as well as physical activity. The PHBS has no norms, so it is impossible to present the distributions of low, medium and high results.

Table 2. A comparison of engagement in selected positive health behaviours by women and men

PHBS sub-scale	Average - women	SD women	Average - men	SD men	t	p
Nutrition	12.6	5.3	12.2	4.9	2.32	p<0.01
Rest and behaviours related to mental and social health	13.3	4.3	13.9	4.2	-4.30	p<0.0001
Physical activity	7.1	3.4	8.1	3.3	-9.03	p<0.0001

Table 3. Linear correlations between the threat of risky drinking/addiction to alcohol and the engagement in selected positive health behaviours

	Nutrition	Rest and behaviours related to mental and social health	Physical activity
RAPS 4	-,09	-,06	-,01
	p<0.001	p<0.001	p=n.i.
Audit-C	-,07	,008	-,01
	p<0.001	p=n.i.	p=n.i.

The RAPS-4 test results indicate that the higher threat of risky drinking/addiction to alcohol correlates with a lower engagement in correct nutrition as well as rest and behaviours related to mental and social health. However, it should be noted that despite the high statistical significance, the correlation coefficients are low. Consistency can be observed in the negative correlation of the Audit-C and healthy eating. In this case, the correlation coefficient is also very low.

Therefore, though positive health behaviours are negatively correlated with risky alcohol intake, this dependency is extremely low. Perhaps it results from the developmental characteristics of the dominating age group, where patterns of alcohol consumption (in contrast to older groups) fail to translate into positive health behaviours in a wider context.

These analyses provide new and interesting insights after comparing the average values in terms of health behaviours between people within the norm and people threatened with risky drinking (based on the RAPS-4 and Audit-C results).

Here, in the case of the division based on the norms, the connection between the variables is evident. In the RAPS-4 test results, threatened people are less engaged in healthy eating and physical activity. The Audit-C results indicate that threatened people are less predisposed to eat healthy food and pay less attention to good rest and mental/social health (Table 4 and Table 5).

Table 4. People within the norm and people threatened with risky drinking/addiction to alcohol based on the RAPS-4 test results versus selected health behaviours.

PHBS sub-scale	Average – people within the norm	SD – people within the norm	Average – threatened people	SD – threatened people	t	p
Nutrition	12.9	5.3	12.1	5	-5.26	p<0.0001
Rest and behaviours related to mental and social health	13.5	4.3	13.6	4.2	0.82	p=n.i.
Physical activity	7.5	3.4	7.3	3.4	2.27	p<0.05

Table 5. People within the norm and people threatened with risky drinking/addiction to alcohol based on the Audit-C results versus selected health behaviours.

PHBS sub-scale	Average – people within the norm	SD – people within the norm	Average – threatened people	SD – threatened people	t	p
Nutrition	12.8	5.1	11.8	5.1	6.15	p<0.0001
Rest and behaviours related to mental and social health	13.8	4.2	13.3	4.2	3.44	p<0.001
Physical activity	7.4	3.5	7.4	3.4	0.59	n.i.

## Tobacco smoking

Nearly 25% of respondents have never smoked tobacco. After adding the people who have smoked only up to 9 times, the cumulative value is 50%. On the other hand, one third of all respondents have smoked more than 40 cigarettes.

Table 6. Tobacco smoking instances ever in life

	N	%
<b>I have never smoked</b>	1026	23.1
<b>1–2 times</b>	597	13.4
<b>3–5 times</b>	368	8.3
<b>6–9 times</b>	268	6.0
<b>10–19 times</b>	331	7.5
<b>20–39 times</b>	240	5.4
<b>40 times and more</b>	1612	36.3
<b>No data</b>	61	1.4

The current tobacco use within 30 days before the survey was as follows: more than 60% of students did not smoke at all and 8% smoked less often than 1 cigarette per day. The remaining group mostly includes people who smoked fewer than 10 cigarettes per day. Every fiftieth person smoked more than 20 cigarettes per day.

Table 7. Tobacco smoking within 30 days before the survey

	N	%
<b>I have not smoked at all</b>	2749	62.2
<b>Less often than 1 cigarette per week</b>	362	8.2
<b>Less often than 1 cigarette per day</b>	245	5.5
<b>1–5 cigarettes per day</b>	426	9.6
<b>6–10 cigarettes per day</b>	316	7.1
<b>11–20 cigarettes per day</b>	229	5.2
<b>More than 20 cigarettes per day</b>	96	2.2

Table 8. Tobacco smoking within 30 days before the survey by gender

	not at all	Less often than 1 per week	Less often than 1 per day	1–5 per day	6–10 per day	11–20 per day	More than 20 per day
<b>women</b>	1949	238	139	319	203	124	49
<b>%</b>	64.52%	7.88%	4.60%	10.56%	6.72%	4.10%	1.62%
<b>men</b>	763	117	98	96	101	93	42
<b>%</b>	58.24%	8.93%	7.48%	7.33%	7.71%	7.10%	3.21%

$\text{Chi}^2 = 57.34$   $p < 0.00001$

Men smoke cigarettes significantly more often. Among them there are fewer people who have not smoked within the last 30 days. The group of men also

includes more heavy smokers. For instance, 5.72% of women and 10.31% of men have smoked more than 11 cigarettes. Such correlations with gender reflect the trend in the general population.

## The threat of risky drinking/addiction versus tobacco smoking

Regardless of the test measuring the threat of risky drinking/addiction to alcohol, the correlation with smoking showed that people exposed to risk smoke more often than people within the norm. This pertains to smoking in general and frequent smoking alike.

Table 9. People within the norm and people threatened with risky drinking/addiction to alcohol (Audit-C) versus tobacco smoking

	not at all	Less often than 1 per week	Less often than 1 per day	1–5 per day	6–10 per day	11–20 per day	More than 20 per day
<b>Threatened people</b>	1152	239	169	271	204	151	57
%	51.36%	10.66%	7.53%	12.08%	9.09%	6.73%	2.54%
<b>People within the norm</b>	1514	110	64	138	100	64	28
%	75.02%	5.45%	3.17%	6.84%	4.96%	3.17%	1.39%

$\text{Chi}^2 = 262.00$   $p < 0.00001$

Table 10. People within the norm and people threatened with risky drinking/addiction to alcohol (RAPS-4) versus tobacco smoking

	not at all	Less often than 1 per week	Less often than 1 per day	1–5 per day	6–10 per day	11–20 per day	More than 20 per day
<b>People within the norm</b>	1580	154	97	197	144	82	33
%	69.09%	6.73%	4.24%	8.61%	6.30%	3.59%	1.44%
<b>Threatened people</b>	817	191	138	210	158	131	53

Table 10 (Continued)

	not at all	Less often than 1 per week	Less often than 1 per day	1-5 per day	6-10 per day	11-20 per day	More than 20 per day
%	48.12%	11.25%	8.13%	12.37%	9.31%	7.71%	3.12%

$\text{Chi}^2 = 188.07$   $p < 0.00001$

It should, therefore, be concluded that in the case of correlation between smoking and risky drinking there exists a concurrence of risky behaviours in multiple instances.

## The ability of students to cope with stress and the abuse of alcohol

In recent years, science has provided various definitions of stress, identifying its internal and external sources. Numerous concepts explain the stress mechanism, since everyone experiences situations which are contrary to their goals, values or internalised norms. This creates a specific tension in the body and in the mind, forcing one to seek new strategies of coping. In contemporary psychology, the source of stress is not within the individual or in the environment, but in the relation between the two. In Polish publications, before 'stress' became widely used, the standard term was 'a difficult situation' which is now defined as a stressful situation (Tomaszewski, 1963). According to Tomaszewski, the starting point for the analysis of a difficult situation is the normal situation, i.e., the balance between what tasks demand, the environment of activity, and the resources or features of the person who acts. Such an approach to a stressful situation expressly indicates that for each person a different situation can trigger emotional reactions that the person will not be able to overcome in a normative manner and people may have different reactions to the same situation. Tomaszewski (1975) suggested an overview of difficult situations that reflects the contemporary knowledge about stress; they include: 'situations of deprivation (no conditions for normal living and functioning), situations of overburden (tasks which strain the limits of the person's capabilities), situations of hindrance (the emergence of superfluous elements or the lack of necessary elements), situations of conflict and situations of threat (the increased likelihood of the violation of a person's values)' (Heszen, 2013, p. 25). In this concept, stress is defined as: 'an objective relation between external factors and a person's characteristics, including the determination whether stress actually appeared – verifying the person's reaction to the given factor is not required. (...) psychological stress mainly refers to factors of threat and disruption which break into the current course of activity, thereby forcing the person to seek new coordination' (Tomaszewski, 1963, p. 37).

The problem of stress and its conceptualisation was also studied by another Polish researcher (Strelau, 1996) who defined stress as follows: 'I understand

psychological stress as the state of intense negative emotions (such as fear, anxiety, anger, hostility or other states of mental discomfort) accompanied by physiological and biochemical changes significantly exceeding the level typical of resting activities' (Strelau, 2006, p. 152). It should be noted that this definition of stress draws a distinction between fear and anxiety, the latter referring to an experience which need not be related to a direct threat or a contact with stimuli causing the threat; anxious people want to escape/fight, or they feel helpless, but this state of agitation or physiological reactions can be caused by imagining or remembering threatening situations which do not actually exist at the moment in reality, but they only emerge in the mental sphere of the individual's imagination. Studies (Adam, Epel, 2007; Lowen, 2010, 2012; Berceci, 2011) indicate that an organism triggers the same physiological reactions to both fear and anxiety. It means that one only needs to remember or anticipate a situation of threat for the reaction to stress to be triggered to the same degree as if it was a situation of a direct stressful experience.

In the already classic concept of H. Selye, stress is a 'non-specific reaction of an organism to any faced demands' (Selye, 1977, p. 25), where 'non-specific' means 'distinctive' or 'unrepeatable'. All factors we are exposed to cause specific reactions as well as the non-specific growth in the need to perform adaptive functions and thereby to return to the normal state. This phenomenon does not depend on the type of the specific reaction that trigger the growth in this need. The non-specific demand for activity as such is the essence of stress. It points to the necessity of undertaking some action or at least of sufficient agitation for a specific reaction.

## Physiology of stress

The familiarity with the physiology of stress may be crucial in coping with its effects. Our bodies regulate the stress level through the HPA (hypothalamic-pituitary-adrenal) axis. The mechanism of reaction to stress shows how chemical signals flood the brain and the body in response to emotions. The first line of defence against a potential threat is the hypothalamus, i. e., the portion of the brain which controls biological reactions such as body temperature, hunger or thirst. The hypothalamus produces a chemical substance that stimulates receptors in the pituitary gland which, in its turn, secretes warning hormones stimulating the adrenal glands. The latter secrete stress hormones known as glucocorticoids which trigger a series of defence reactions. Some of these reaction are observable, e. g., emotions such as fear or anger as well as physical symptoms such as a faster heart rate, sweat, or dry mouth. However, multiple effects of how the HPA axis functions escape our attention when they actually happen: neu-

rotransmitters are triggered, the sugar level rises, the circulatory system pumps blood to the muscles and acute-phase proteins appear in the bloodstream (Kosslyn, Rosenberg 2006).

In the present publication, we describe a group of students who are at the stage of adolescence or early adulthood in their development. In terms of biology and physiology, these two groups differ, also as regards reactions to stress. Younger people in their adolescence are probably more exposed to stress than early adults. The reason is the organism's reaction to allopregnanolone (THP), a hormone secreted in response to stress. Its role is to calm the organism following a stressful situation. However, it actually increases anxiety in a young organism (22–23 years old) due to the immature amygdala which fails to recognise the effects of allopregnanolone. Today, it is believed that the inability of young people to cope with stressful situations, resulting from the immaturity of the callosal commissure and the effects of THP, is the reason why they seek intoxicants. If the organism at this age has no natural capability of coping with stress effects, it needs external substances that will produce relaxation. Therefore, young people tend to consume alcohol and use other intoxicants in stressful situations to achieve the state of relaxation and homeostasis thanks to the artificial chemical substances (Jensen, F., Nuttin, A.E. 2016).

Furthermore, a young person's brain differs from an adult's brain in that it is unable to fully use the frontal lobe, so other brain areas may not be in the state of full readiness, which is perceived as the sense of even greater danger. Primal emotions such as fear are triggered by the hypothalamic-pituitary-adrenal axis; in a stressful situation the amygdala is the first to react, but in young people its control by the frontal lobe is weaker, so they experience stronger emotions in response to stress than adults whose prefrontal cortex is able to manage fear and anger (Jensen, Nuttin, A.E., 2016). According to the same author, another neurochemical substance which accounts for the emotional instability of young people is cortisol, also known as the stress hormone. Its concentration in young people who are relaxed significantly exceeds its level in an average adult who is under stress. The high level of cortisol is also the reason why young people often feel abandoned, lonely and misunderstood, which additionally intensifies the functions of the HPA axis. The increase in cortisol in response to stress may affect memory, thinking and learning. The hippocampus, responsible for these processes, is one of the brain structures that suffer most due to chronic stress. However, the consequences of normative stress for the organism and the psyche are different than in the case of chronic or traumatic stress.

## Strategies of coping with stress

Having asserted that stress is the organism's physiological reaction to specific situations, e.g., danger, we can describe strategies of coping with stress at the level of the organism, which has two systems available for this purpose: the dopaminergic system and the serotonergic system. The former is responsible for multiple significant processes which enable coping with a stressful situation: "it regulates the emotional response and it manages the selectivity of information processes as well as learning." The central nervous system has three dopaminergic pathways: from the substantia nigra to the striatum, from the midbrain to the limbic system, and from the midbrain to the cortex. An important role in the stress reaction is played by the third pathway from the midbrain to the cortex (particularly the prefrontal cortex which manages the short-term memory). The serotonergic system produces serotonin (in the raphe nuclei) which responds to acute stress by intensifying its activity in the prefrontal cortex, the amygdala, the hypothalamus and the nucleus ambiguus, which is located in the medulla. The role of this neurotransmitter depends on the brain area and the serotonergic receptor that is activated (Landowski, 2007.)

In psychology, the strategies of coping with stress were classified in line with the current dominating paradigm (Heszen, 2015): in reference to the goals and mitigation of effects (Maslow, 1949; Mittelman, 1941); need-oriented reactions (Rosenzweig, 1944; Newcomb, 1962); counter-stress reactions (Reykowski 1966) and the defence reaction against stress (Maruszewski 1981). Lazarus and Folkman (1984) conclude that the same form of coping may both counter and nullify stress. Schwarzer and Knoll (2003) assert that one way of coping with stress targets the problem, while the other focusses on its significance.

The publication by Heszen (2015) includes a classification of the forms of coping that is consistent with the approach by Lazarus (1999): seeking information which is the first step for further actions or which is positive and reduces anxiety; direct action, e.g., expressing emotions, taking medications, learning for an exam; non-action which does not involve a passive attitude but the effort to refrain from actions (e.g., destructive actions); intrapsychic methods, i.e., cognitive activity that regulates emotions.

Contemporary psychology offers solutions which allow to regain the control of one's emotions and the course of one's life. Nearly every psychological conception of the human being includes a model of support for people after traumatic events, and the assumptions are often directly associated with the system of the human functioning representation in line with the theoretical foundations of the given theory. Below I will describe the cognitive behavioural model, recognised as the most effective.

The cognitive behavioural therapy based on the Oxford model sets the key goal of integrating two types of trauma-related memory: SAM (situationally accessible memory) and VAM (verbally accessible memory).

In the cognitive model, the basic therapeutic aims are: recognition of the dominating cognitive content related to the trauma; exploration of the most difficult moments in the memory about the trauma; determination of the nature and the structure of the memory about the trauma, intrusions, flashbacks and nightmares as well as the factors sustaining the disorder (defence mechanisms used by people facing the symptoms of the PTSD). As in each cognitive therapy model, one of the elements is educational, i. e., reliving the traumatic events (imaginal exposure) followed by the therapy of the negative assessments of the trauma. Actions are taken to allow the patient to regain control of his or her life and to return to the place of the trauma with the therapist (exposure *in vivo*).

Below (after: Gulcz, Polak, 2002) is a description of the educational part in the cognitive behavioural therapy of the PTSD and most frequently discussed therapeutic techniques.

The educational part helps the patient to understand that though avoiding thoughts and emotions related to the trauma may seem protective at first, it can be harmful in a longer perspective. The traumatic information may be so hard to bear that the patient represses any thinking about the trauma, which stops the processing of the trauma-related content. It is a vicious circle of avoidance and intrusion of memories about the trauma, while the information about it is kept at the starting point of the processing. The exposure related to triggering short-term distress is the cumulated vent for tension.

A significant aspect in this part of the therapy is for the patients to develop a feeling that their emotions during the traumatic event were normal, so that they can gain the sense of safety and trust. Moreover, many patients are convinced that what they felt during the trauma was strange or bizarre, so they are ashamed to openly talk about these experiences. For this reason, patients must be brought to realise that the feelings they had were normal. An important task in this part is to get feedback from the patient regarding the educational process.

Further on, the therapy usually used the following techniques: prolonged exposure, cognitive restructuring and control of anxiety (Gulcz, Polak 2002).

As can be seen from the research results regarding the effectiveness of various forms of therapy in the case of children and adolescents suffering from PTSD, Cohen, Berliner (2000) recommend the cognitive behavioural therapies as the first choice, before the EMDR, the pharmacological therapy, the dynamic psychotherapy, debriefing, the family therapy and the group therapy (Gulcz, Polak, 2002).

The above list does not include the increasingly popular methods related to the bioenergetic abreaction to post-traumatic stress. The bioenergetic therapy

combines body and mind. Its aim is to help in solving emotional problems by considering the holistic relation of body and mind. These and other cognitive therapies of coping with stress gain more and more recognition from theoreticians and practitioners.

In the short space of the present text, it would be impossible to comprehensively discuss the topic of stress which is becoming the focus of attention for researchers from various fields. The challenges of modern times are associated with the lack of time, excessive expectations and incessant changes to which people are not adapted through evolution. Their biological systems and physiological reactions in dangerous situations still function mainly from the level of the reptilian brain.

The studies conducted in recent years indicate that university students do not always know how they should define stress (Grzewacz, 2012), which confirms the results of Sęk (2002) and her team. Most respondents, apart from the reply: 'hard to say' (33%), chose the answers related to the feelings or emotions accompanying stress: 'bad mood' 16%), or 'mental discomfort' (15%). Nearly a half of the respondents, as evidenced by the analyses of the team: Kozłowski, Kożuch, Kozłowska, Cuch, Kozłowska (2016), experience stress several times a week, while the survey by Grzewacz (2012) indicates that nearly half of the respondents experience stress several times a day. The most frequent cause of stress is family life (58% of respondents in the survey by Grzewacz and 59.8% in the survey by the above-mentioned team).

However, until now no study regarding stress among students covered a sufficiently large group in order to project the results onto the entire population. The results presented in the present publication will be the pioneering description of this phenomenon in the university student population in Poland.

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Many studies attempted to define the mechanism of alcohol abuse in order to fight stress. It can be assumed that the specific properties of alcohol that reduce anxiety are the main reasons why it is consumed in the circumstances of severe stress (Cappell, 1972, Conger, 1951, Hodgson R.J., Stockwell T.R., Rankin H.J.,

1979). Relatively few studies evaluate the impact of spontaneous alcohol intake on the reactions triggered by stress. It is important, because ethanol may reduce biochemical changes caused by stress (Dyr, 2005).

In the present survey, respondents answered 10 questions in the PSS test<sup>1</sup> regarding various subjective experiences related to personal problems and events, behaviours and the ways of coping.

More than half of the students (60.9%) had a high result in the test, 25.74% had an average result, while only 13.3% had a low result.<sup>2</sup>

There exists a correlation between gender and perceived stress (chi-squared=153.21,  $p=0.00$ ). The results of the GFK Polonia survey (2015) indicate that 98% of Poles are stressed. In the population of students, women are more stressed (74%) than men (60%).

The assessment of the stress evaluation on the Perceived Stress Scale (PSS) is the outcome of replies to the questions regarding the ability to control anger and irritation or the ability to overcome difficulties. The above data indicate that a majority of students assess their ability in these respects as very low.

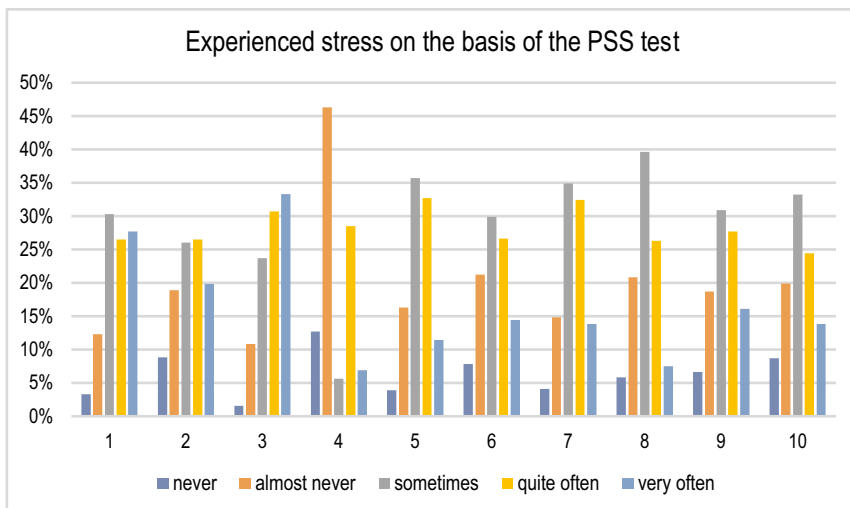


Chart 1. Experienced stress on the basis of the PSS test (N=4467).

More than a half of respondents (64.0%) felt upset or tense frequently or very frequently during the last month, while 54.1% were upset because an unexpected event occurred in their life.

1 The study results are described in detail in: Karmolińska-Jagodzik, E., (2020). *Stres a nadużywanie alkoholu wśród studentek i studentów w Polsce*. [in:] *Przegląd pedagogiczny*, No. 2  
 2 sten scores 1–4 = low result, 5–6 = average result, 7–10 = high result.

Nearly 50% of respondents were frequently or very frequently unable to control their irritation (46.1%), felt that things did not turn out the way they wanted, (44.1%), were angry, because they had no influence on what happened (43.8%) or said they were not coping with all their duties (41.0%).

Every third respondent admitted to being unable to overcome the increasing difficulties (38.3%) or felt that important things in their life were escaping their control (36.2%) during the recent month.

The smallest group included people who said that during the recent month they were able to cope with personal problems (35.3%) or had the feeling that they manage to cope well with everything (33.8%).

## Stress and the abuse of alcohol

One of the definitions of stress says it is a dynamic adaptive relation between the capabilities of an individual and the situational demands, where physical and mental balance is lacking. Remedial behaviours constitute the attempt at bringing back the balance (Selye, 1969).

One of such remedial behaviours can be the consumption of alcohol as a method to relax the tension in the organism under stress. In most surveys (Pohorecky, 1991), though not in all of them, respondents said they drank alcohol when under stress and did it for various reasons. These surveys indicate that people treat alcohol as a way of coping with economic stress, stress at work, marital problems or the lack of social support, and the stronger and the longer the stressor is, the higher the alcohol intake is.

Furthermore, one of the biological systems activate by stress and alcohol is the hypothalamic-pituitary-adrenal axis. In humans the key hormones of the axis are: the corticotropin-releasing hormone (CRH), the adrenocorticotrophic hormone (ACTH) and cortisol (produced by the adrenal cortex). CRH stimulates the frontal lobe of the pituitary gland to synthesise and secrete ACTH, which impacts the synthesis and secretion of cortisol by the adrenal cortex. (Dyr., 2005). Animals studies show that the activation of the axis increases after alcohol intake (Pohorecky, 1991) and that both CRH and cortisol can influence behaviours related to the consumption of alcohol (Fahlke, Hard, Eriksson, Engel, Hansen, 1995).

Whether a given person will drink alcohol due to stress depends on many factors, including genetic predisposition to alcohol intake in response to stress, the individual behaviours related to drinking, expectations regarding the impact of alcohol on stress, the stressor intensity and type, the individual sense of control over the stressor, the scope of the used ways of coping with stress and the availability of social support acting as the 'buffer' protecting from negative effects

of stress (Kurza, 1999). Some researchers (Sadava, Pak, 1993; Jennison 1992) believe that a high level of stress results in alcohol intake when there are no alternative resources, alcohol is available and the affected person is convinced that alcohol will help to reduce stress.

In the context of the increasing knowledge about the human brain, young people are attributed with the growing tendency to consume alcohol due to the hormone called allopregnanolone (Ottander et al., 2005). It is produced in response to stress, but it does not relax a young organism (as it does work in an adult). Instead, it intensifies stress and, thereby, makes young people more eager to seek external substances that will provide relaxation, since the organism is unable to do it on its own. The immature amygdala which is under weaker control by the frontal lobe makes young people react to stressful situations with stronger emotions than adults whose prefrontal cortex manages fear and anger. In addition, cortisol (stress hormone) boosts the emotional instability in a fashion similar to adrenaline. Young people have much higher cortisol levels than does an average adult. Negative emotions such as stress, worry, anxiety or anger are related directly with a rise in this hormone which is also connected with the sense of loneliness. That is why young people associate loneliness with greater anxiety (Jennsen, F, Nutt, A.E., 2016). According to the most recent research, the inability to cope with stress or experiencing mood swings are the most frequent reasons for using intoxicants in order to achieve the quick relaxation that the as-yet immature brain cannot produce on its own (Musiała, 2018).

This is confirmed by the results of the present survey. The people who had high scores indicating an alcohol-related problem in the Audit-C have high (61.9%) or average (24.8%) results in the PSS test.

There is a similar correlation between the PSS test and the RAPS4 test. The people who had high scores indicating an alcohol-related problem in the RAPS4 test have high (64.4%) or average (24.6%) results in the PSS test.

## Summary

It should be noted that the people who have high scores indicating an alcohol-related problem in the Audit-C have high (61.94%) or average (24.89%) results in the PSS test. The people who have high scores indicating an alcohol-related problem in the RAPS4 test have high (64.49%) or average (24.6%) results in the PSS test.

There is a dependency between the depressive disorder tests (Beck and KADS),<sup>3</sup> the PSS test and the results of AUDIT-C and RAPID. The conclusion is

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3 The surveys also assumed the analysis of depression test results (Beck and KADS) in the

that students tend to consume alcohol and perhaps also other intoxicants in the situations of stress, tension or low moods. It can be conditioned by the lack of knowledge about constructive methods of combatting disorders and mental illnesses. Therefore, university curricula should include education on ways to solve everyday problems, coping with stress, time management, and planning for the future as well as learning how to make satisfying and deep intrapersonal and interpersonal relationships. It would be a good solution if all students had a wider access to practical aspects of psychology or had the possibility to participate in optional classes conducted by specialists (practitioners) instead of academic lecturers. The objective of such classes would be to gain practical abilities of coping with stress and contemporary challenges in a constructive manner without resorting to intoxicants.

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context of alcohol intake. The relevant article was published in: Karmolińska-Jagodzik, E. (2019). *Zaburzenia depresyjne wśród studentek i studentów w Polsce*. Studia Edukacyjne, No. 55. UAM Poznań.

## Depressive disorders among the surveyed students

When setting out to characterise mood disorders related to depression, one should define mental health in order to recognise the scope of behaviours pertinent to human nature. According to the World Health Organisation's constitution adopted in 1948, mental health is the 'complete physical, mental and social well-being' (WHO, 1948). Since then, however, many definitions of mental health have been put forward, resulting from cultural conditions, subjective experiences or antithetical scientific theories. What the majority of theories share is the opposition between mental health and mental disorders, i. e., the lack of any diagnosed mental illness does not equal mental health. K. Dąbrowski (1985) describes mental health in the following words: 'the ability to develop in the direction of comprehensive understanding, experiencing, discovering and joining the increasingly higher hierarchy of reality and values, reaching the individual and social ideal' (Dąbrowski, 1985).

### A historical outline

Depression is a state that disrupts the normative functioning of a person in multiple dimensions, including biological, mental and social dimensions. It is the most frequently diagnosed disorder both among professionals and the average population. Almost everyone associates depression with a low mood, sadness, dejection and the lack of will to act. The analysis of relevant sources demonstrates that depression has been accompanying humankind from times immemorial. The grounds for depression were identified through two different approaches. One was related to rational thinking which looked for a biological explanation of this disorder; the other was mystical and spoke of the sickness of the soul and noble suffering. Already in the neolithic period, depression was associated with the presence of evil spirits, for which the remedy was trepanation, the cutting of a hole in the skull to free the spirits that had taken over the control over the affected person (Musiał, 2007). The first mention of the biological causes for depression

comes from Hippocrates (ca. 460–377 BC) who connected emotions and behaviours with ‘humours’, i. e., bodily fluids. This theory served as the basis for the typology of temperaments (Pużyński, 2002). Aristotle differentiated temperamental traits and the everyday sense of misery from mood disorders (Dewhurst, 1992). Soranus of Ephesus made a distinction between melancholy/manias on the one hand and exogenous disorders on the other. Rufus of Ephesus observed the seasonal occurrence of mood disorders which were more frequent in spring and autumn (Willmuth, 1979). Galen believed that mood disorders originate in the brain (Lie, 1999). Later on, Sigmund Freud saw depression as the effect of unresolved internal conflicts of id, ego and superego, relating it to the loss of the primary object of love in childhood. He posited a difference between endogenous depression and reactive depression (Colonna, 1999). Throughout the centuries, depression has been explained in multiple ways, and the resonances of these theories are present today in the way we think and speak on a daily basis. Despite the long interest in the phenomenon and in mental disorders and illnesses generally, there was no uniform system of classification, which led to differences in diagnostics by various specialists or research teams. This has led to the standardisation of disorders and diseases, resulting in a generally accepted classification. Today, the DSM-5 classification is in effect in the United States and the ICD-10 classification is used in Europe.

## **Causes of depression from the contemporary perspective**

The aetiopathogenesis of this disorder is complex (Hasler, 2011; Shannon et al. 2007; Mitjans, Arias, 2012; Rajewska-Rager, Rybakowski, 2008). After years of intense studies in the causes of depression, researchers emphasise four factors: stressful life events, stressful life events in early childhood, the role of the hypothalamic-pituitary-adrenal (HPA) axis and genetic predispositions (Mojs et al. 2015, Mitjans, Arias, 2012; Rajewska-Rager, Rybakowski, 2008; Godlewski, Czerski, 2000; Szpera, 2008, after: Mojs et al. 2015). Stressful life events comprise loss or overburden, e. g., changes in the financial status, interpersonal conflicts, emotional disappointments, marital and family conflicts, chronic diseases and the death of a close person. An important role in the pathogenesis of depression is also played by early stressful life events, e. g., sexual abuse, physical or mental abuse, neglect in childhood. When referring to the deregulation of the HPA axis, one should note that the aetiology of depression is particularly related to neuroendocrinology pointing to the stress reaction mechanisms which largely depend on corticotropin-releasing factor (CRF) and cortisol, which mediate between stressful events, with a larger vulnerability to stress and biological changes observed in the case of depression. There is an increasing number of studies

which explain depression through inheriting a genetic predisposition which conditions the individual response to stress (Godlewski, Czerski, 2000; Szpera, 2008).

As we can read in contemporary publications, depression is also related to disruptions in the release of neurotransmitters, causing serious consequences for the entire organism. The incorrect secretion of neurotransmitters has a negative impact on the nervous system as a whole, resulting in the pathology of particular systems. People with depression have lower levels of GABA, serotonin and noradrenaline. Such a reduction is enough to change a person entirely regardless of his or her disposition in the past (Markowicz-Narękiwicz, 2009–2011). This explanation gives rise to a new perspective in terms of coping with depression and treating it through therapies. People suffering from depression often feel ashamed, which makes them engage in behaviours directed inward and against themselves. That, in turn, excludes them from social life and can lead to a suicidal crisis. Shame emerges when people connect their own evaluation of negative events with external factors which are permanent, out of control and global (Lewis, 1971). When the understanding of the depression symptoms can be associated with objective and mutable factors instead of the general image of oneself ('I am angry', 'I am depressed'), then it is easier to recognise the mechanism of depression and gain the sense of control over one's behaviours ('Something angers/frustrates me', 'The situation/my health makes me feel depressed').

Epidemiological studies estimate that this disorder affects up to 15% of adolescents and young adults (females twice more often than males). The first episodes of depression usually happen between the age of 12 and 18. Another rise is observed after the age of 19 years old. It is asserted that university students are particularly exposed to the risk of depression (Mojs et al. 2015).

Though this distinction is becoming rare, one may still find endogenous depression contrasted with exogenous (reactive) depression, referred to by Sigmund Freud. Endogenous depression, often identified with severe depression, is conditioned biologically (also genetically). As such, it has no perceptible external cause (e.g., stressful circumstances or experiences) and it usually involves intensified suffering. On the other hand, exogenous depression is related to social factors or stressful shattering events, e.g., losing a close person, misfortunes, adversities or health problems.

This division is not accepted by all researchers and clinicians – some claim that in fact it is the same unipolar depression in both cases and the distinction is based solely on the intensity of symptoms (Sadock et al. 2015; Rybakowski et al. 2010).

## Depression in DSM-5

One of the key notions in the description of depression and the comprehension of its aetiology is the deregulation of the organism / disruption of homeostasis. Depression can be seen as a longer, more intense or particularly painful reaction to certain stimuli. It is also misleading to define depression as 'a low mood which we cannot overcome'. The difference is not quantitative and the related ailments affect multiple functions of the organism (Godlewska, 2007).

A depressive disorder belongs to the group of disorders related to mood episodes or mood disorders. DSM-5 uses three groups of criteria to diagnose mental problems pertaining to mood: 1. mood episodes, 2. mood disorders, 3. details describing the recent episode and the course of relapses. For the purpose of the present publication, we will refer to the mood episode and the mood disorder.

Depression is present when the following symptoms appear nearly every day. The clinical picture of depression assumes that for at least 2 weeks one can observe 5 symptoms such as: a low mood, loss of pleasure, loss of appetite and loss of weight, fatigue, psychomotor inhibitions, low self-esteem or guilt, problems with concentration (Morrison, 2016). Patients with depression can have more symptoms than the ones listed above. They may experience period of weeping, phobias, obsessions, compulsions; they can admit to feeling hopeless, powerless or worthless.

## Symptoms masking depression

The course of the disease may include states which are recognised as separate disease entities, while in fact they are caused by depression.

Anxiety symptoms or panic attacks can be so severe that it makes them masking symptoms that are often diagnosed by clinicians as independent disorders, not as depression. A small number of patients lose their touch with reality and develop delusions or hallucinations.

Symptoms of depression are often classified as disorders related to the problem of internalisation (Höfer et al. 2012; Campbell, 1995), which means the patient feels that s/he is the disorder/problem/depression, and not the experiencing subject. The sadness is overwhelming and the patient becomes the problem without access to the healthy parts of personality and to the inner resources that could be used to overcome the problem.

Furthermore, there exist somatic disorders that impact the diagnosis of the mental state; in the case of depression these include: Addison's disease (adrenal insufficiency), Cushing disease, hyperthyroidism, hyperglycaemia, hypopar-

athyroidism, hypothyroidism, pancreatic tumour, AIDS, virus infections, heavy metals as well as metabolic illnesses such as a hepatic disease, hypokalaemia, malnutrition, epilepsy, seizures, Huntington disease, multiple sclerosis, systemic lupus erythematosus, vitamin B12 deficiency (Morrison, 2016).

When depression is diagnosed, one must consider three situations that can distort the picture of the disease entity and lead to a misleading or erroneous diagnosis (Morisson, 2016):

1. The symptoms can be explained away by another illness.
2. The symptom results from delusions or hallucinations inconsistent with the mood.
3. The sense of guilt or worthlessness has its source in the mood that is too low for the patient to perform his or her obligations. One should look out for the sense of guilt which considerably exceeds any reasonable scope.

## Depression and alcohol

A large group of patients start abusing alcohol during depressive episodes. It may lead to difficulties in the differential diagnosis and the related dilemma about what was first: alcohol abuse causing depression or depression leading to alcohol abuse.

In the 1980s, the issue of whether alcoholism can cause depression or it is its effect was studied in depth by researchers. Alcoholism was sometimes explained as the self-treatment of affective disorders. It was suggested that a large group of alcoholics initially had anxiety depressive disorders which they tried to alleviate with alcohol. This concept had social resonance, because it destigmatised alcoholics, presenting them not as the victims of their own carelessness, but as suffering from the effects of an untreated affective disease. The studies from the late 1980s confirmed the concept of 'self-treatment' but restored the correct proportions. People with the dual diagnosis (alcoholism and depressive disorders) can be divided as follows: 85% suffer from depression due to alcoholism, while 15% are patients who had anxiety depressive disorders first and then became addicted to alcohol as a result of self-treatment. These studies restored common sense. The cases of 'drowning depression in alcohol' do happen, but they are relatively rare (Habrat, 2015).

The clinical differentiation of various alcoholism forms was confirmed by studies and became the basis for contemporary typologies (Habrat, 1998). The treatment of patients with the dual diagnosis always involves additional difficulties. People who come to a physician or a therapist with specific symptoms often hide their alcohol-related problems (Anthenelli, 1997; Helzer, Pryzbeck, 1998).

‘The group of patients with the dual diagnosis is extremely heterogeneous. The coexisting disorders combine and emerge in various interdependencies at different stages:

- the initial mental disorders may lead to alcohol abuse and the development of addiction;
- harmful use or addiction to alcohol may be the risk factor for other mental disorders;
- alcohol intake can be the form of ‘self-treatment’ of coexisting mental disorders, leading to harmful use and then, relatively often, to addiction;
- alcohol withdrawal syndromes can be the stimulus that reveals other mental disorders;
- addiction and other mental illnesses can emerge independently of one another’ (Klimkiewicz et al., 2015).

According to the estimates of the State Agency for the Prevention of Alcohol-Related Problems (PARPA), 600,000–900,000 of people living in Poland meet the criteria of alcohol addiction and more than 3 million exhibit risky or harmful drinking habits. [http://www.parpa.pl/index.php?option=com\\_content&task=view&id=44&Itemid=8](http://www.parpa.pl/index.php?option=com_content&task=view&id=44&Itemid=8). [access: 01. 10. 2021].

Furthermore, many studies demonstrate that harmful use of alcohol in the past results in the fourfold increase in the risk of a depressive episode, even in the situation of current abstinence (Hasin, Grant, 2002). This risk is greater in the case of people who have ever met the criteria of addiction to alcohol than those who only engaged in harmful drinking, and the connection between addiction and depression is much stronger for women (Grant, Harford, 1995).

## Survey results

Depression as the most frequently diagnosed disorder is becoming the focus of attention for an increasing number of researchers, physicians, psychotherapists and the society at large. Despite the ever-more widespread knowledge about this disorder, many myths still remain, e. g., the confusion of a simple low mood with depression or the misconception that only weak persons suffer from depression. Therefore, it is worth considering which inclinations to depressive disorders are shown by contemporary students and how they correlate with their alcohol intake. The normatively low mood resulting from external situations, due to the overburden by duties, or melancholy coming from fatigue are often the reasons why students consume alcohol. However, students usually drink in the company of their peers, because they want to spend time together and integrate or break the ice. The interesting question is whether the abuse of alcohol relates to de-

pression. One of the hypotheses in the present publication is that students exhibiting the habit of risky drinking or addiction would have higher depression indicators. Therefore, let us analyse the survey results for students who completed the KADS test and Beck's test.<sup>1</sup>

Table 1 Depressive disorders among students. KADS

Category	N	%
Broad norm	3220	72.26
Serious depressive disorders	1236	27.73

Table 2. Depressive disorders among students. Beck's test

Category	N	%
No depression	3100	69.88
Mild depression	1044	23.53
Moderate and deep depression	292	6.58

Among the surveyed students, 27.7% had results which indicate serious depressive disorders (KADS), which means that every fourth students shows inclinations towards depressive disorders. In Beck's test, 23.5% had results suggesting mild depression, while 6.5% exhibit the symptoms of moderate or deep depression. It should be noted that the Beck's test results confirm the findings of the WHO report (2017) regarding the global scale of depression and indicating that 5.1% of the Polish population suffer from depression, i. e., 1.8 million people. However, let us bear in mind that no survey test can replace a clinical diagnosis by a specialist.

## Analysis of the KADS test results

KADS is the 6-item scale enabling the quantitative measurement of depression symptoms in adolescents. The scale was designed to support public health and serves to clinically identify young people threatened by depression. The scale was created by clinicians and scientists who are experts in the diagnosis and treatment of depression in teenagers. The particular components of the survey are based on the key areas in the diagnosis of depression according to DSM-5 (see the theoretical section for details).

1 A detailed description of the results within the particular sub-scales of Beck's test can be found here: Karmolińska-Jagodzik, E. (2019). *Zaburzenia depresyjne wśród studentek i studentów w Polsce*. Studia Edukacyjne, No. 55. UAM Poznań.

Table 3. Kutcher Depression Scale (KADS)

Item	What were your most frequent feelings/sentiments last week?	almost never	quite often	usually	always
		%	%	%	%
1.	Sadness, gloom, dejection, depression, general disaffection (N=4431)	51.8	30.8	12.5	4.7
2.	Lack of self-confidence, bad moods, a sense of uselessness and hopelessness; a feeling that I disappoint other or that I am not a good person. (N=4436)	59.7	25.4	10.8	3.9
3.	Physical exhaustion, fatigue, lack of energy, lack of motivation, a feeling that I fail to cope with things that have never been difficult to me, a need to rest or stay in bed. (N=4439)	38.3	39.3	14.8	7.4
4.	A feeling that life is hard, lack of good mood in situations that used to make me feel good, lack of pleasure in situations that used to make me happy. (N=4447)	56.8	27.4	11.5	4.1
5.	Worry, distress, panic, tension, irritation, disquiet. (N=4445)	42.0	38.5	14.2	5.1
6.	Did you think, plan or do things related to suicide or self-harm? (N=4434)	86.0	8.4	3.4	1.9

The table above indicates that a relatively large group of respondents (61.6%; quite often: 39.3%, usually: 14.8%, always: 7.4%) feel physical exhaustion, fatigue, lack of energy, lack of motivation, a feeling that they fail to cope with things that have never been difficult to them, a need to rest or stay in bed.

More than a half of respondent (57.9%; quite often: 38.5%, usually: 14.2%, always: 5.1%) experienced worry, distress, panic, tension, irritation, disquiet.

Nearly half of the respondents (48.1%; quite often: 30.8%, usually: 12.5% or always: 4.7%) experienced sadness, gloom, dejection, depression, general disaffection.

However, more than half of the respondents did not experience lack of self-confidence, a sense of uselessness or lack of meaning or a feeling that they disappoint their closest persons (59.7%) and did not feel their life is hard (56.8%). A large majority of the respondents (86.0%) did not think about suicide or self-harm.

The above data (both the KADS test results and the BECK's test results) indicate that a large majority of students did not manifest depressive disorders. Nevertheless, the data can be seen as unsettling, because they confirm the upward trend in the detection of depressive disorders. The forecast by the WHO (2017), referred to above, says the number of depression cases will continue to grow. Academic studies (Vilagut, 2016) demonstrate that the depression incidence rate

is rising in developed countries. There are no screening tests, but it is estimated that only half of the people who suffer from severe depression are actually diagnosed, of which only 50% receive the proper pharmacological treatment. Untreated depression involves a greater risk of suicide and deaths as well as the emergence of somatic diseases and the reverse – somatic diseases may lead to depression (Banaś et al., 2005). It is estimated (WHO, 2017) that as of 2020 depression will have been the second most widespread disease and thereafter it will be in the lead.

## Depressive disorders in correlation with independent variables

The data in the analysis below pertain to people who indicated depressive disorders, i. e., the data for 27.7% of respondents who had results pointing to depressive disorders (KADS) and 6.5% of respondents who had results proving the presence of depressive disorders (Beck's test). It should be noted that the data regarding the correlation of the independent variables analysed below are concurrent in the KADS test and Beck's test, so the degree of dependence between the variables is given only for the KADS test, unless an exception occurs and Beck's test shows a dependence that is absent from the KADS test.

The present survey employed two tests of depressive disorders. The application of both tests was deliberate, since on the one hand, the tests are congruent in the context of the depressive disorder risk areas (Mojs et al., 2015), while on the other hand, the KADS test is intended for young people and Beck's test is designed for a wider age group, so it may indicate any occurring disorders as well as the risk of depressive disorders later in life. Furthermore, the results of the KADS test were referred back to two categories of replies, while in Beck's test there were three categories, which enables diversification of the survey results in terms of description and allows us to refer to a wider and more diverse research perspective.

## Depressive disorders and gender

Of the group of people whose results indicated depressive disorders, 76.2% were women and 23.8% were men (KADS), while Beck's test showed: 73.3% (women) and 26.7% (men), which would confirm the hypothesis: in line with the normal distribution in the general population, women are more exposed to the risk of depression than men are. In the study by E. Mojs et al. (2015), female respondents included 30.2% of persons with depressive disorders, while in the case of male respondents it was 21.8%.

There exists a correlation between gender and the depression scale results chi-squared=32.53,  $p=0.00$ , but the strength of the correlation is low  $\phi$  Yula = 0.0862. In Beck's scale, the results in terms of gender are similar to KADS: the group of people with results pointing to deep or moderate depression includes 73.3% of women and 26.7% of men. Among women, 32.5% exhibit depressive disorders, while in the case of men it is 24.3%. There exists a correlation between gender and the depressive disorder results chi-squared=30.29,  $p=0.00$ , but the strength of the correlation is low  $\phi$  Yula= 0.083.

## Depressive disorders and the place of residence

The place of residence (home address) was one of the independent variables in the present study. The territory of Poland is diversified in terms of access to culture, education and healthcare. Therefore, it can be assumed that there will be a significant diversity as regards the quality of life depending on the place of residence. According to the GOV report (2018), 83% of Poles above the age of 16 are satisfied with their lives. The highest level of satisfaction was recorded for villages and small towns with a number of inhabitants below 20,000 (84% in either case). The lowest level – in cities of 100,000–500,000 inhabitants, and 20,000–100,000 inhabitants (81% in either case).

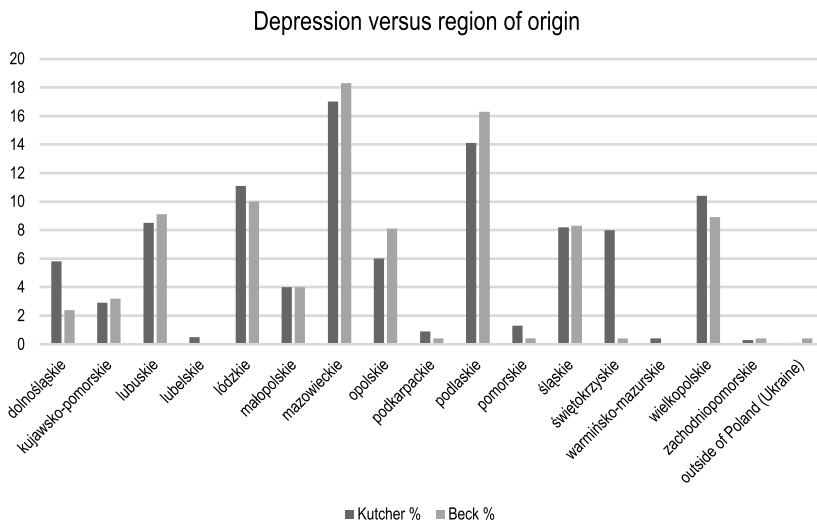


Chart 1. Depression versus region of origin (Beck's test  $N=4215$ , KADS  $N= 4321$ )

The greatest number of people with depressive disorders live in the following provinces (voivodeships): Mazowieckie (17.0% KADS and 18.3% Beck), Podlaskie (14.1% KADS and 16.3% Beck), Łódzkie (11.1% KADS and 10.0% Beck) and Wielkopolskie (10.4% KADS and 8.9% Beck). The lowest number of people in this group come from the following provinces (voivodeships): Lubelskie (0.5% KADS, 0.00% Beck), Podkarpackie (0.9% KADS, 0.4% Beck), Zachodniopomorskie (0.3% KADS and 0.4% Beck) and Pomorskie (1.3% KADS, 0.4% Beck) or from outside Poland, in this case: Ukraine (0.1% KADS and 0.4% Beck).

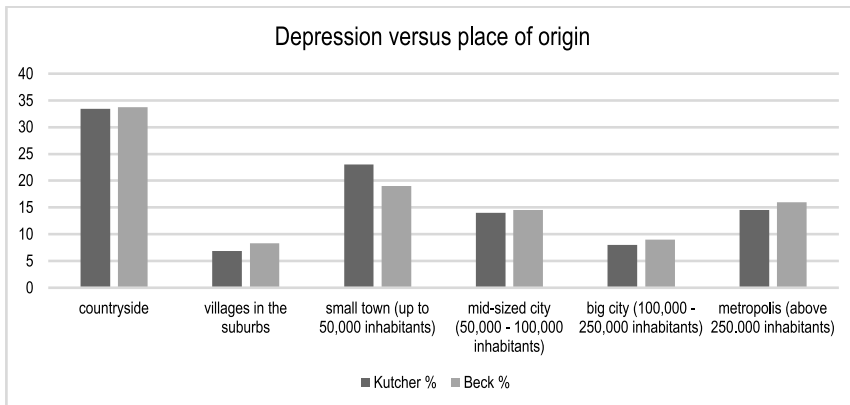


Chart 2. Depression versus place of origin (Beck N=4374, KADS N= 4383)

The greatest number of people in the group with depressive disorders come from the countryside (33.4% KADS and 33.7% Beck), while the lowest number come from villages in the suburbs, that often are bedroom communities that serve bigger cities (6.9% KADS, 8.3% Beck). Considering the exogenous (reactive) factors that can contribute to a depressive episode, the place of origin belongs to such factors. People living in the rural areas may have worse development opportunities as well as social and economic disadvantages. After they move to a large city, they often feel homesick and experience difficulties in adapting to the new situation of living and studying in the city.

Some people change their place of residence or leave the family home to study at the university; some stay at home and commute to the university or they study in the city where they live.

The greatest percentage of people with depressive disorders lived at their family home (43.1% KADS and 43.6% Beck). The smallest group lived in student halls (7.7% KADS and 6.9% Beck). Difficulties in adaptation and in facing new challenges result from depressive disorders to a large extent. It is, therefore, understandable that people with depressive disorders will choose residence options which are more secure for them.

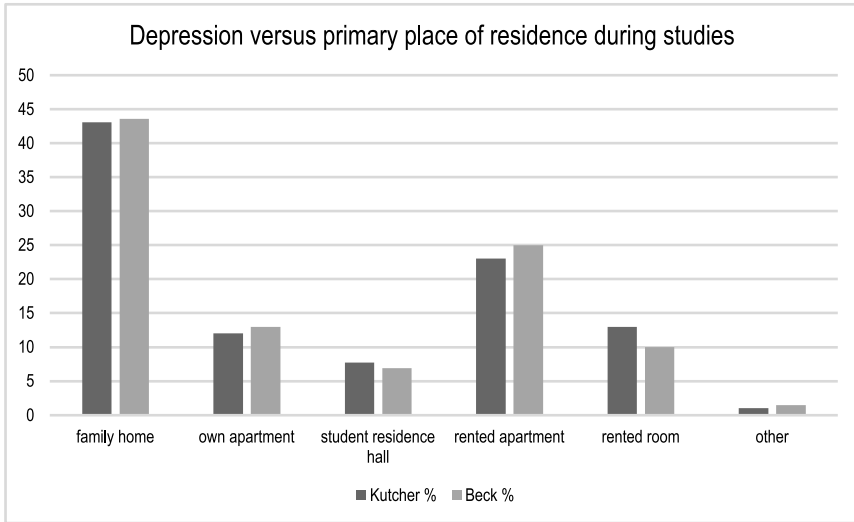


Chart 3. Depression versus primary place of residence during studies (Beck N=4379, KADS N=4389)

Whether one lives alone or with other people may have great significance in terms of quality and frequency of social interactions. Frequent interactions with others do not necessarily involve a subjective sense of better quality of life. They can, however, be related to the ability of taking independent decisions and spending time.

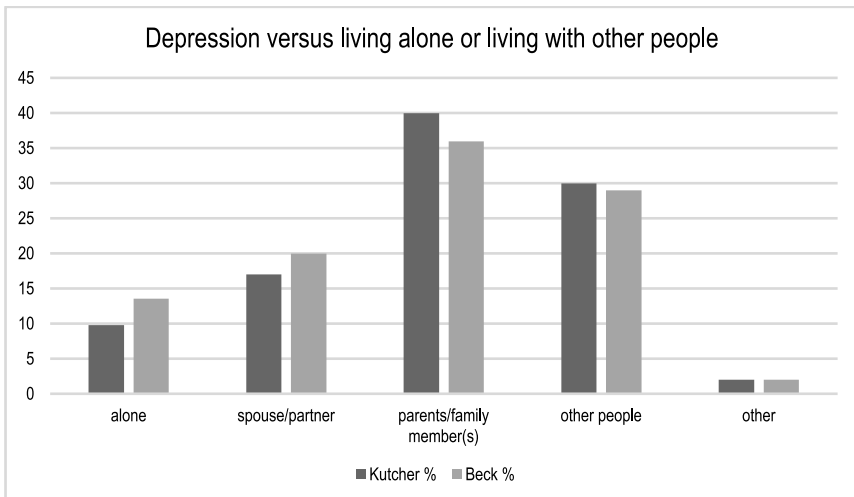


Chart 4. Depression versus living alone or living with other people (Beck N=4366, KADS N=4375)

The majority of people with depressive disorders live with their parents or other family members (40.0% KADS and 36.0% Beck). Apart from the category 'Other', the least number of people in the group live alone (9.8% KADS, 13.6% Beck). There is a high likelihood that depressive disorders are accompanied with anxiety and fears about the ability to cope with life and low self-confidence, hence the greater susceptibility to the need of further educational influence by the family.

## Depression and family relationships

A natural human need is to enter intimate relationships with others, especially in the developmental period which is, according to E.H. Erikson, one of intimacy versus isolation (Erikson, 2002).

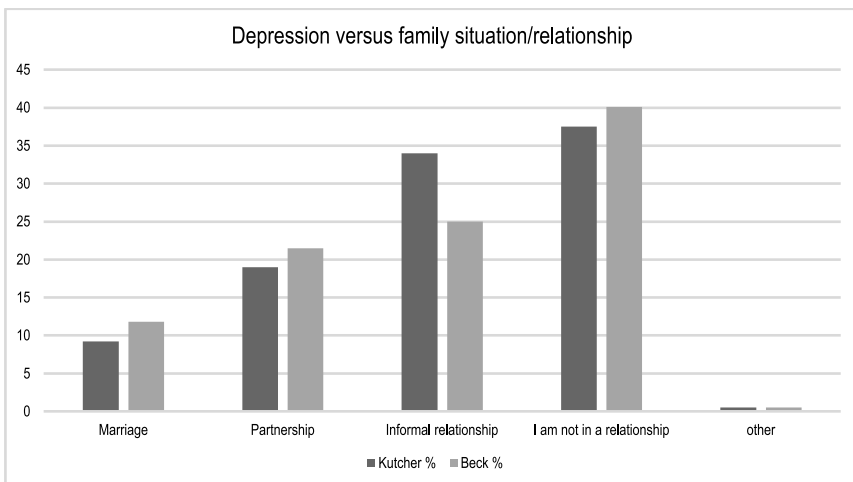


Chart 5. Depression versus family situation/relationship (Beck N=4353, KADS N= 4362)

The largest group among those with depressive disorders are people who are not married and do not have a partner (37.5% KADS, 40.1% Beck). The smallest group are married people (9.2% KADS, 11.8% Beck). It cannot be assumed that loneliness (which is subjective and need not involve the lack of relationships) is the cause of depression, but it can be surmised that people with depressive disorders are less open towards relationships, and loneliness can intensify depression, which is demonstrated by studies on cortisol, i. e., the hormone which at excessive levels accounts for the sense of loneliness, especially in the case of young people (Janota, Zauska, 2011).

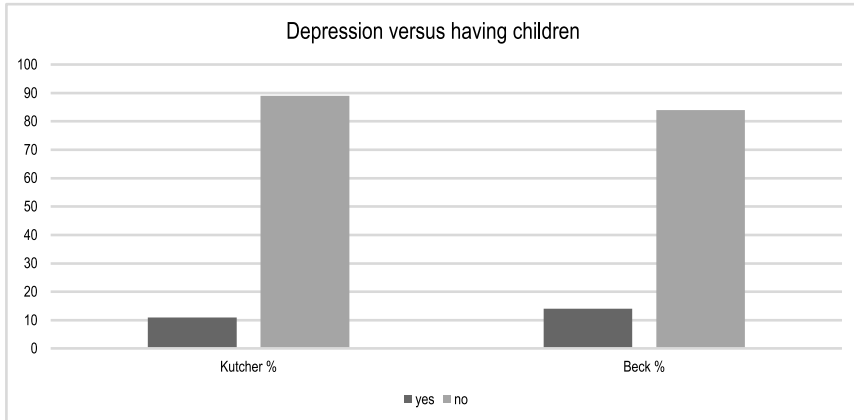


Chart 6. Depression versus having children (Beck N=4353, KADS N= 4362)

Beck's test shows a correlation between having children and experiencing depressive disorders (chi-squared=12.70,  $p=0.00$ ). The great majority of respondents with depressive disorders do not have children.

## Depression versus financial and occupational situation

One of the significant variables that can contribute to the sense of satisfaction with life is the financial and occupational situation. In view of the fact that the respondents are students, it may be assumed some people focussed more on the financial situation of their parents rather than their own. Moreover, students often enter the employment market only after they graduate.

Every third person with depressive disorders does not have a job (31.0% KADS, 29.5% Beck). The smallest group includes self-employed people (1.1% KADS, 2.4% Beck). Many symptoms of depressive disorders changes the perception of one's coping abilities and personal competences with respect to starting and performing work, which explains why the majority of people suffering from depression do not work.

The financial situation of respondents who had high results in the tests for depression is as follows: nearly 50% say they have enough for basic expenses, but they cannot put money aside (43.3% KADS and 38.8% Beck), while every third person (40.00% KADS, 36.5% Beck) has sufficient funds for basic expenses and can also put aside large amounts of money.

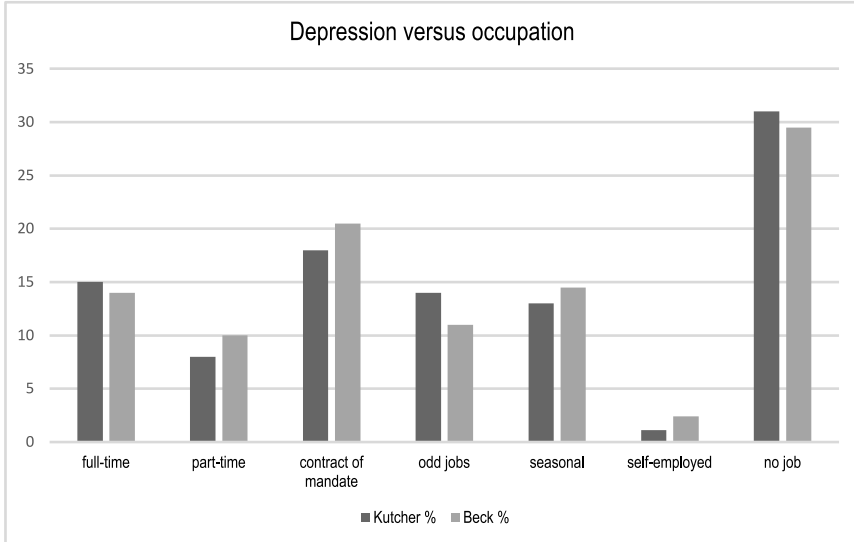


Chart 7. Depression versus occupation (Beck N=4395, KADS N= 4405)

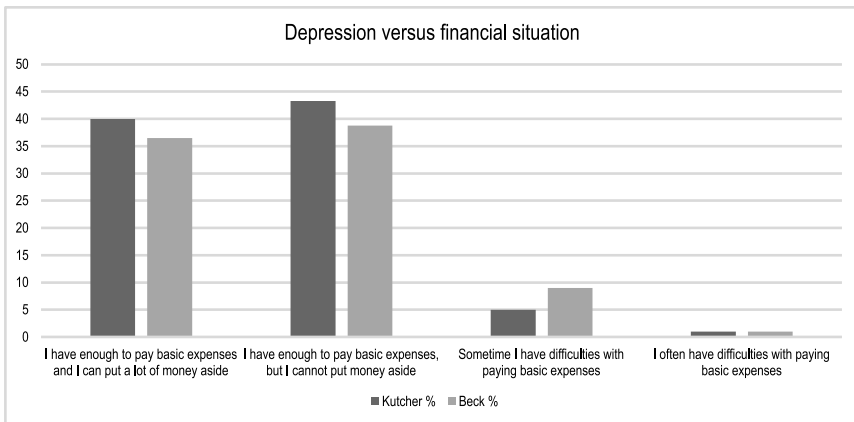


Chart 8. Depression versus financial situation (Beck N=4368, KADS N= 4377)

## Depressive disorders and alcohol intake

As it has been already mentioned in the theoretical section, it is difficult to determine which of the two is the cause and which is the effect. Can depression be the consequence of excessive alcohol intake or is it rather the cause of alcohol abuse? The overview of studies and the solution to this dilemma are included in the theoretical section.

In the present survey, it is crucial to verify the hypothesis which pertains to the problem: How is the consumption of alcohol related to selected health indicators, including mental health?

The hypothesis formulated in the context of this problem is as follows: Students who engage in risky drinking and are addicted will have higher indicators of depression.

Table 4. Problem drinking (Audit-C) and depressive disorders (KADS)

KADS test results	Problem drinking	No problem drinking
	%	%
Broad norm (n=2114)	27.58	72.42
Serious depressive disorders (n=1185)	57.30	42.70

Among the people with depressive disorders, more than a half (57.30%) engage in problem drinking.

Table 5. Problem drinking (RAPS 4) and depressive disorders (KADS)

KADS test results	Problem drinking	No problem drinking
	%	%
Broad norm (n=1857)	25.42	74.58
Serious depressive disorders (n=1117)	52.55	47.45

A similar dependence can be observed when we compare RAPS 4 results and KADS results. More than a half of respondents (52.55%) who have serious depressive disorders engage in problem drinking.

Table 6. Problem drinking (Audit-C) and depressive disorders (Beck)

Beck's test results	Problem drinking	No problem drinking
	%	%
No depression (n=3830)	51.91	48.09
Mild depression (n=442)	59.28	40.72
Moderate and deep depression (n=8)	75.00	25.00

The table above demonstrates that people with moderate and deep depression have significantly more frequent problems with non-normative consumption of alcohol than those who do not manifest depressive behaviours.

Table 7. Problem drinking (RAPS 4) and depressive disorders (Beck)

Beck's test results	Problem drinking	No problem drinking
	%	%
No depression (n=3571)	40.86	59.14
Mild depression (n=411)	58.39	41.61
Moderate and deep depression (n=7)	42.86	57.14

The results of these tests show that more than half of the respondents (59.14%) who have no depressive disorders do not engage in problem drinking of alcohol, while 58.39% with mild depression abuse alcohol.

There exists a correlation between the KADS test results and the RAPS4 results, where Pearson's chi-squared=304.3113,  $p=0.00$ , but the strength of the correlation is low: Cramer's  $V=0.3198811$ . A similar correlation can be observed between RAPS4 and Beck's test: Pearson's chi-squared=77.88984,  $p=0.00$ , but the strength of the correlation is also low (Cramer's  $V=0.0988083$ ), which makes it statistically insignificant.

The correlation between Audit-C and KADS is: Pearson's chi-squared=979.3922,  $p=0.00$  and its strength is moderate (Cramer's  $V=0.5371832$ ). The correlation between Audit-C and Beck's test: Pearson's chi-squared=6.3011,  $p=0.00$ , but its strength is very low: Cramer's  $V=0.1612256$ .

## Conclusion

Addiction to alcohol is a group of symptoms which may partly resemble depressive disorders. There is no doubt that people who abuse alcohol are more susceptible to depressive symptoms. This dependence is double-sided, which means that people suffering from depression seek to alleviate their problem through alcohol more often than the general population. Although at present no study expressly demonstrates that depression causes addiction to alcohol, the coexistence of these two groups of symptoms is very frequent. However, it should be noted that more people suffer from depression due to alcoholism than the reverse. Due to their young age, students are able to cope effectively with sporadic alcohol intake and despite the fact that their results in RAPID 4 and AUDIT-C may indicate disorders caused by alcohol, their organism is more efficient in the metabolism of ethanol. Moreover, students engage in a number of other activities which may prevent depressive disorders, hence the low correlation between the tests for depression and the tests for alcoholism.



## Students self-esteem, health behaviours and risky behaviours

When preparing the present survey, we assumed that the level of self-esteem would be correlated with students' health and risky behaviours. Since we focus on risky behaviours (related to alcohol intake), we wanted to verify how low/high self-esteem could be a risky/protective factor. Relevant studies indicate that the common-sense opinion that high self-esteem protects from risky behaviours and contributes to healthy behaviours is not necessarily confirmed by empirical research. In this section of the present publication, we refer to various study results and focus on the relation between self-esteem and healthy/risky behaviours.

### Self-esteem in a psychological perspective

In psychology, self-esteem is defined as the general self-perception and the positive or negative attitude towards oneself (Raj, Thoma, 1986). The components of self-esteem include emotions, convictions and behaviours (McGuire, 1985) embedded in a global self-evaluation.

In the classic Polish psychological literature, Janusz Reykowski described self-esteem as the regulatory mechanism which mediates between the individual and the environment. The way we perceive ourselves in terms of appearance, position in the group, intellectual abilities and degree of influence on other people modifies our actions in the environment and impacts our relations with the environment. Self-esteem can, therefore, be understood as the mediating and conditioning factor in the relation between a person and his/her environment (Turowska, 2008).

Self-esteem can be low or high. Rosenberg conceives self-esteem as the conviction that one is a sufficiently good and worthy person, not necessarily better than others (Rosenberg, 1965). Low self-esteem means dissatisfaction with and rejection of oneself.

High self-esteem is related to the effective performance of tasks, though there exist various results regarding the direction of this dependence and the role of other factors. Students with higher self-esteem have better academic achievements, but studies show it is not necessarily self-esteem that is a predictor of success – often, good grades enhance self-esteem, and one should also consider the role of such factors as the social and economic status of the student's family, which influence both self-esteem and grades (Baumeister, Campbell, Krueger, 2003).

It can be asserted with certainty that self-esteem allows one to predict the direction of affectivity and the level of activity. Higher self-esteem is related to the inner sense of control and the strong conviction of one's efficiency (Shubina, 2017). People with high self-esteem show more positive emotions, are active and persevering, while people with low self-esteem show more negative emotions and lesser activity; they even tend to avoid difficulties and challenges, including risk (Łaguna, Lachowicz-Tabaczek, Dzwonkowska, 2007).

High self-esteem involves the ability to use defence mechanisms and a lower focus on negative events; such people do not brood on such events unless their ego is threatened (more details below). Many years of longitudinal studies by Maria Dudzikowa and her team indicate that the high self-esteem of students is conducive to multiplication of educational capital resources – people with high self-esteem trust their peers, are trusted by teachers and show more engagement at school (Dudzikowa, Jaskulska, Wawrzyniak-Beszterda, Bochno, Bochno, Knasiecka-Falbierska, Marciniak, 2011).

However, research also identifies the dark side of high self-esteem, as it was dubbed by Roy F. Baumeister, Laura Smart and Joseph M. Boden (1996). Very high self-esteem in connection with the threatened ego makes a person react with aggression or violence in a situation where someone allegedly questions this self-esteem. This reaction is disproportionate to the threat and it aims at protecting the self-esteem.

High self-esteem is not enough for an individual to function optimally. Research indicates that people with good cognitive skills are best at coping with high-risk situations. The secondary significant factors include positive personality traits and temperament (sociable disposition), self-control mechanisms, social skills (e.g., communication, initiating and maintaining contacts), optimism, and plans for life as well as the sense of coherence and high self-esteem (Ostaszewski, 2008).

Below we present the relations between self-esteem and health/risky behaviours of students, considering both sides of self-esteem as a regulatory mechanism.

## Self-esteem and health behaviours of students

'Health behaviours are indicators of attitudes towards health resulting from a person's values as well as intentional actions aimed at reinforcement or enhancement of the health potential' (Kropornicka, Baczewska, Dragan, Krzyżanowska, Olszak, Szymczuk, 2015, p. 58).

In reference to university students, one can observe the deficiency of health behaviours rather than their sufficient level (Currie, Hurrelmann, Settertobulte, Smith, Todd, 2000). It results from a number of factors related to the stage of development. The young age allows for an irregular lifestyle, including sleep and nutrition, and lack of physical activity, since the effects are not strongly and immediately felt between the age of 20 and 30. What a 40-year-old or a 50-year-old finds a serious difficulty will bring no perceptible consequences for a young person. The financial situation sometimes does not allow students to engage in health behaviours that require funds. It seems that the physical and mental distance from the family home may lead to risky behaviours, including the use of substances, but research indicates that people coming from the countryside to the city manifest better health behaviours than their peers living in the city (Kropornicka, Baczewska, Dragan, Krzyżanowska, Olszak, Szymczuk, 2015). Therefore, there must exist other factors related to rural and urban areas which contribute to this trend.

The level of health behaviours also varies depending on what people study. It comes as no surprise that students of sport-related disciplines show very good results in terms of health behaviours. The lowest results in this respect are demonstrated by students of pedagogy and information technology.

Health self-assessment in surveys among adults and young adults remains in a statistically significant relation with the actual health behaviours. This trend is sometimes observed in the case of students as well. For this particular group conclusions can be considerably different, as evidenced by the survey among the students of the Jan Kochanowski University of Kielce. It indicates that 95% of respondents assess their own lifestyle as healthy or rather healthy. However, it finds no corroboration in their daily behaviours. A definitely positive self-assessment was expressed by students who smoke, abuse alcohol, do not eat healthy food and do no sports (Pawłowski, 2008).

Various surveys among students in Poland (e.g., Agnieszka Kulik, Joanna Grądziel, Aleksandra Smotrycka, 2018) indicate the high self-assessment is related to the greater number of health behaviours. People with high self-esteem believe they deserve to treat themselves with care. They know that they can and should care for themselves. At the same time, they can cope with difficult situations through positive distancing, which is also a good health behaviour (Kulik, Grądziel, Smotrycka, 2018).

Paweł Kowalski (2018) confirmed the regulatory function of self-esteem in shaping health behaviours among the surveyed students. 'As part of the self-image structure, there usually is a statistically significant correlation between behaviour self-assessment, identity and self-acceptance on the one hand and health behaviours on the other hand' (Kowalski, 2018, p. 307).

Studies from other countries also identify this relation in the case of teenagers and young adults. For instance, the conclusions of the study by Emine Geçkil and Özlem Dünder (2011) from Turkey assert that self-esteem of young people should be reinforced since it prevents risky health behaviours due to the strong and statistically significant correlation between low self-esteem and negative health behaviours.

Similar results can be found in the survey of Arizona State University students. A low quality of students' health behaviours was observed along with the positive correlation between high self-esteem and a high quality of behaviours (Hunt-singer, Luecken, 2004).

Also the Spanish students surveyed by Rivas Torres and Fernandez Fernandez (1995) cared more for their health when their self-esteem was better.

Low self-esteem can contribute to harmful health behaviours, especially at a young age, as exemplified by tobacco smoking in the study by Monika Csibi, Sándor Csibi, Marton Dénes, Zoltán Ábrám (2018). Teenagers with higher self-esteem and the support from peers and teachers were less eager to start smoking.

It is, therefore, justified to pose questions about the relation between self-esteem and risky behaviours (see below), especially that in some cases it is also high self-esteem that can become the cause of such behaviours.

## Self-esteem and risky behaviours

Risky behaviours are actions which deviate from social and legal norms for particular age groups and result in social control (Hurrelmann, Raithel 2005). Especially in the context of the developmental stages of secondary school students and university students, one must keep in mind the potential positive perception of risky behaviours. They provide the opportunity of self-expression and identity expression by young people, shaping mental resilience, reducing anxiety (Łoś, Hawrot, Grzelak, Balcerzak, 2017; Duell, Steinberg, 2018) or making the transition toward adulthood. Risky behaviours in adolescence and emerging adulthood show traits of the rite of passage which is absent from contemporary societies, and young people compensate for this lack in various ways (Jaskulska, 2018). Bjørn Thomassen (2014) refers to the concept of liminality describing one of the phases in the tribal rites of passage and calls some behaviours of contemporary people 'limivoidal'. Limivoidality is the propensity for near-death

experiences, a leap into nothingness, a desperate search for oneself in the world of ontological excess. In this context, it is possible to apply this term to risky behaviours of young people who look for an identity.

Studies indicate that high self-esteem is one of the factors protecting young people from engaging in risky behaviours. For instance, the use of psychoactive substances by students usually correlates with low self-esteem (Rodrigues, Figueiredo, Rocha, 2018; Grant, Lust, Chamberlain, 2019). It also involves risky sexual behaviours (Enejoh, Pharr, Mavegam, Olutola, Karick, Ezeanolue, 2016).

High self-esteem, however, does not always guarantee social successes and a healthy life, including a rational attitude towards risky behaviours.

Factors which can be disruptive to a person's functioning include low self-esteem, but also excessively high self-esteem or adequately high self-esteem combined with adverse personality traits.

For example, studies regarding the use of computer games indicate that people with high self-esteem and a threatened ego (a threatened self-image) choose a game level above their abilities and lose the game more often than others. People whose ego is not threatened choose the adequate game level and win more often. High self-esteem as such is desired, but if the person fails to have a stable ego, it may lead to wrong decisions, striving for immediate gratification, breaking one's own records and balancing at the border of tasks/challenges which remain outside the possibilities of the individual. High self-esteem may result in overestimating one's competences and influence on events, which means a propensity for bravado and taking up tasks beyond one's capabilities or generally deemed impossible to perform (Baumeister, Heatherton, Tice, 1993). That is why it can also bring about the inclination for risky behaviours.

People strive to keep their self-esteem high and tend to explain their own failures in such a way that does not weaken the self-image. Thereby, they falsify the perception of events and their participation in them, but keep up the positive self-opinion (Markus, 1980). Failures must be covered up for their self-esteem to remain high. The blame is shifted to other people or external factors and circumstance in order to explain the failure (Fitch, 1970).

## Self-esteem of students and its conditions

The survey employed a shortened version of the Rosenberg Self-Esteem Scale (SES).<sup>1</sup> Respondents considered eight statements and indicated if these statements actually describe them. The table presents the percentage distribution of the answers to the eight questions (Table 1).

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1 That was the operationalisation of self-esteem by the team of M. Dudzikowa who studies

Table 1. Self-esteem of students – percentage distribution of answers (N=4503)

SES statements	Yes	No
	%	%
I wish I could have more respect for myself	18.76	81.24
On the whole, I am satisfied with myself.	83.46	16.54
I feel I do not have much to be proud of	33.37	66.63
At times I think I am no good at all.	35.33	64.67
I like myself.	84.93	15.07
I certainly feel useless at times .	28.86	71.14
I feel loved and trusted.	86.75	13.25
I feel lonely, though I do not want it.	20.60	79.36

In general, students had high results. They usually replied affirmatively to statements 'I feel loved and trusted' and 'I like myself'. The least number of answers confirming high self-esteem was recorded for the following statements: 'I feel I do not have much to be proud of', 'At times I think I am no good at all' and 'I certainly feel useless at times'. These are statement most closely related to action. Numerous studies accentuate the strong relation between self-esteem and motivation to act. People with low self-esteem expect a failure so they refrain from actions in order to avoid it (Tice, 1993; Basco, Han, 2016). In our survey, the statement related to actions were the ones which lowered the results to the greatest degree.

Respondents could score from 0 to 8 points.

As can be seen in Chart 1, self-esteem was high or rather high. Identically to the survey by Dudzikowa and her team, students were divided by results into three groups: low, average, and high self-esteem (Knasiecka-Falbierska, 2010).

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school and university experiences of a large group of young people from Poznań in a longitudinal survey. The adoption of the same indicators allows to compare those results with our results. The study results of Dudzikowa's team are presented in: M. Dudzikowa, R. Wawrzyniak-Beszterda (eds.) (2010). *Doświadczenia szkolne pierwszego rocznika reformy edukacji. Studium teoretyczno-empiryczne*, Kraków: Oficyna Wydawnicza 'Impuls'; M. Dudzikowa, S. Jaskulska, R. Wawrzyniak-Beszterda, E. Bochno, I. Bochno, K. Knasiecka-Falbierska, M. Marciniak (2011). *Kapitał społeczny w szkołach różnego szczebla. Diagnoza i uwarunkowania*, Kraków: Oficyna Wydawnicza 'Impuls' M. Dudzikowa, R. Wawrzyniak-Beszterda, S. Jaskulska, M. Marciniak, E. Bochno, I. Bochno, K. Knasiecka-Falbierska (2013). *Oblicza kapitału społecznego uniwersytetu. Diagnoza – interpretacje – konteksty*, Kraków: Oficyna Wydawnicza 'Impuls'.

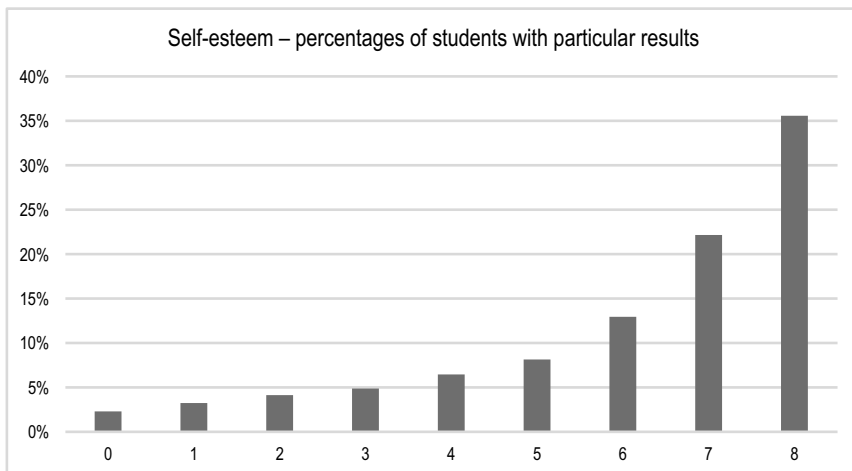


Chart 1. Self-esteem – percentages of students with particular results (N=4503)

Table 2. Self-esteem of students – percentage distribution (N=4503)

Self-esteem of students	TT
	%
Low	29.30
Average	35.13
High	35.57

The respondents' self-esteem is very high. As many as 35.57% of students scored the maximum of 8 points. In the survey by Dudzikowa and her team, more people belonged to the group with average self-esteem (42.7%) and significantly fewer to the group with high self-esteem (25.5%), though the point ranges for each of the three groups were the same (Knasiecka-Falbierska, 2010).

There is no statistically significant relation between self-esteem and gender. Women had lower self-esteem, but it was not statistically significant. In other surveys among Polish students, men usually have higher self-esteem (cf. Jelonek, 2011; Romanowska-Tołoczko, 2016). People living in their own apartment (not with their parents or in a student hall) have significantly higher self-esteem in statistical terms (as many as 42% students living in their own apartment have high self-esteem, while among those living in student halls it was 32%;  $\chi^2=25.72$ ,  $p<0.005$ ), and it was the highest when they live with a spouse ( $\chi^2=47.70$ ,  $p=0.000$ ). The place of origin and having children has no impact on self-esteem. Higher self-esteem is observed in the case of people with a job ( $\chi^2=30.84$ ,  $p=0.000$ ) – 42% in this group have high self-esteem. A better financial situation corresponds to

higher self-esteem ( $\chi^2=100.40$ ,  $p=0.000$ ). In the case of this variable, percentage differences are very significant (Table 3).

Table 3. Self-esteem versus financial situation of students

Financial situation	High self-esteem	Average self-esteem	Low self-esteem	Total
	%	%	%	%
I have enough for basic expenses and I can also put aside a lot	40.41	34.23	25.36	100
I have enough for basic expenses, but I cannot put aside anything	33.63	36.77	29.60	100
Sometimes I have difficulties with paying basic expenses	22.60	36.99	40.41	100
I often have difficulties with paying basic expenses	19.67	24.59	55.74	100

Considerably more than half of the respondents in the most difficult financial situation have low self-esteem. In many surveys, the financial situation and self-esteem are co-dependent factors which condition how school/university students cope with educational requirements (cf. Baumeister, Campbell, Krueger 2003).

In terms of didactic results, our survey indicates that statistically, the highest self-esteem is demonstrated by students with the grade average of 4.1–4.5 ( $\chi^2=19.73$ ,  $p=0.01$ ), which is high but not the highest grade average in the group, which confirms various diagnoses regarding how people with the best educational achievements actually function. For instance, the research by Sylvia Jaskulska (2018) regarding the process of transition between levels of education by students in Poland indicates that students with very good but not outstanding grades are most efficient in difficult situations. In our survey, students with the best grades did not have such high self-esteem as their peers with slightly lower grades.

## Self-esteem of students versus problem drinking and potential depression

In our survey, we assumed the relation between self-esteem and risky behaviours connected to alcohol intake but also depression. Interestingly, no statistically significant correlations were detected between problem drinking of alcohol (measured by RAPS4 and Audit-C) and self-esteem. On the other hand, there is a

dependence between therapy for addiction to alcohol and self-esteem ( $\chi^2=40.29$ ,  $p=0.000$ ) (Table 4).

Table 4. Self-esteem of students versus treatment of alcohol-related problems

	High self-esteem	Average self-esteem	Low self-esteem	Total
	%	%	%	%
Started a therapy	15.09	30.19	54.72	100
Did not start a therapy	36.10	35.49	22.41	100

Since the question was: ‘Have you ever concluded that drinking alcohol is a problem for you and therefore consulted a specialist in the field of alcohol addiction (e.g., a therapist, a psychologist, a physician)?’, the group of students who did not start a therapy includes both those who felt they had a problem but did not seek help as well as those who did not feel they had a problem. Therefore, it is difficult to determine whether self-esteem correlates with treatment in any significant terms. One should also be cautious in drawing conclusions, considering that 106 people admitted they had started a therapy, while the second group includes 4255 people. However, it can be tentatively assumed that persons who have an alcohol-related problem have statistically lower self-esteem than the rest of the sample. Setting this result against the data regarding problem drinking measured by the Audit-C test (Table 5) which did not detect correlation of this phenomenon with self-esteem, it may be concluded that people with self-esteem who engage in problem drinking do not seek help. Perhaps they believe they have sufficient resources to cope or they feel that seeking help equals admitting to a problem, which can threaten the self-image.

Table 5. Self-esteem and problem drinking (Audit-C)

	High self-esteem	Average self-esteem	Low self-esteem	Total
	%	%	%	%
Risky drinking	35.40	35.15	29.47	100
No problem drinking	35.99	32.25	28.76	100

When Rosenberg designed his scale, he was interested in the relationship between self-esteem and depression. In his studies, people with low self-esteem were perceived by the nurses who took care of them as more depressive than other patients, and this correlation was confirmed by the SES test and the scale test measuring the depressive mood (Rosenberg, 1965). The results of our survey expressly corroborate this tendency. On the basis of Beck’s test ( $\chi^2=1024.614$ ,

p=0.000) and Kutcher’s test ( $\chi^2=556.43$ , p=0.000), we have identified a statistically significant relation between a higher risk of depression and low self-esteem.

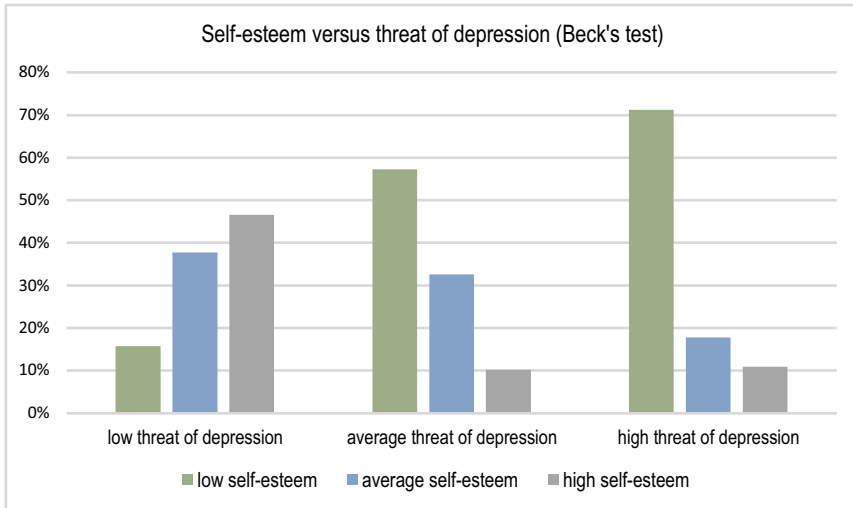


Chart 2. A comparison of student groups with different levels of self-esteem versus potential depression (Beck’s test)

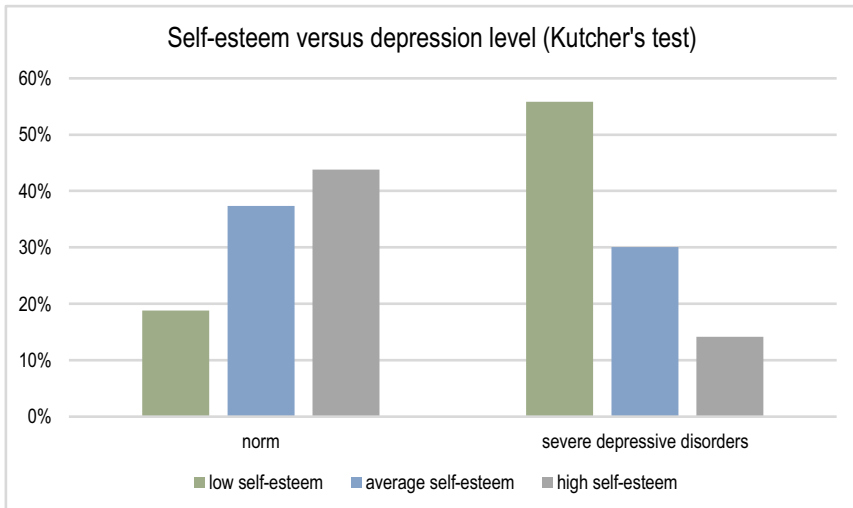


Chart 3. A comparison of student groups with different levels of self-esteem versus potential depression (Kutcher’s test)

Significantly higher self-esteem was demonstrated by people without the risk of depressive disorders.

## The activity of students on the Internet

### The use of the Internet by university students – the research overview

The ongoing rise in interest in how people at different ages use the Internet was the reason we decided to include this factor in our research. According to EUROSTAT, 86% of Europeans at the age of 20–24 used the Internet in 2018. The Ofcom report (2019) *Adults: Media use and attitudes report* informs that mobile phones with the Internet access have become an integral part of adult Brits' daily life. Only 1% of people between the age of 16 and 24 do not use the Internet. 79% of respondents watch films on demand or use online streaming, while 93% have a social media account.

The Internet is now a part of economic transactions, production processes and social relationships. The growing online activity of adults can reflect their academic, social and cultural engagement. The research results from the previous decade indicate that university students used the Internet for educational purposes (Myers, 2011) by accessing academic journals and other items in virtual libraries, participating in remote courses and studies, and doing academic research (Al-Gamal et al., 2015). At the same time, there has been an ongoing debate about the pros and cons of using the Internet and its impact on students' mental health. Shields and Kane (2011) studies the relation between the frequency/methods of the Internet use and the selected mental/social variables, alcohol intake, use of narcotics and academic achievements. They discovered that three ways of using the Internet (starting the day with the Internet, checking message, watching films) reduces symptoms of depression. Jones et al. (2009) demonstrated that university students perceived several positive aspects of the Internet in their daily lives: recreational surfing on the Internet, online socialising, academic applications, initiating relationships, collecting information, and entertainment. Some researchers asserted that the frequent and improper use of the Internet might lead to mental problems (Adalier and Balkan, 2012; Frangos et

al., 2011). For instance, Koc (2011) concluded that students who used the Internet for at least six hours per day might have mental symptoms: obsession and compulsion, somatisation, interpersonal sensitivity, anxiety, depression, hostility and paranoia. As regards study results and academic achievements, Chen and Peng (2008) indicated that students who were not intense users of the Internet had better grades and better relationships with the administrative personnel than permanent users. A large sample survey (n=1839) by Junco (2012) showed that the time spent on Facebook had a strong negative impact on students and affected the time devoted to preparations for classes (Rayan, Dadoul et al., 2017).

However, all these studies do not account for the most recent changes in the use of the Internet. As mentioned at the beginning of the present chapter, nearly 90% of young adults access the Internet on a daily basis. The surveys among younger users of the Internet (Nastolatki 3.0. Raport z ogólnopolskiego badania uczniów, eds. Bochenek, Lange, 2019; Polskie badania EU Kids Online 2018. Najważniejsze wyniki i wnioski, Pyżalski et al., 2019) show that number of children and adolescents who are permanently online is rising. Similarly to young people, adults often have their smartphones with them all the time, enjoying unlimited access to the Internet which they use regardless of the actual type of activity. This use 'in the background' obliterates the difference between being 'online' and 'offline'. Therefore, it becomes necessary to verify how and how often university students use the Internet and whether there exist any correlations between their online activity and risky or prosocial behaviours.

Contemporary students are perceived as the generation that has internalised the convergence of the media and that knows how to use various digital devices and media with social awareness which the previous generations did not have. According to the Havas Media study on young prosumers (EuroRSCG, 2011: 4), 47% of the population at the age between 18 and 25 in 2018 considered themselves to be prosumers. The fact most of them only consumed content without generating it was explained by the argument that sharing the content created by others is a form of generating new content. For these people the fact of sharing information is a part of their social engagement (Sánchez Martínez, Alonso, 2015). The previously mentioned EU Kids and Nask studies indicated even lower creative engagement of young users of the Internet.

## **Problematic Internet Use (PIU)**

In the colloquial discourse and partly in the academic (or quasi-academic) discourse, the addiction to the Internet or the abuse of the Internet is seen as an obvious phenomenon. At the same time, the empirical and normative main-

stream of mental health sciences raise numerous doubts about terminology and diagnostics. It should be noted that this research area has been facing such problems since it was defined (cf. Augustynek, 2010). First of all, qualitative differences are pointed out between the addiction to various substances and the behavioural addiction to various forms of using the Internet. In particular, the addiction to the Internet is not included in the basic commonly used classifications of mental disorders. These classifications comprise only certain related and narrowly defined phenomena.

For instance, the International Statistical Classification of Diseases and Related Health Problems ICD 11 says that extreme online gambling and uncontrolled immersion in video games are treated as a disorder. However, the addiction to the Internet as such has not been defined. It is related to the qualitatively diverse use of the Internet and various criteria for PIU. It may include the addiction to social media portals (e.g., Pontes, Taylor, Stavropoulos, 2018), the use of file streaming websites, online shopping or compulsive sexual behaviours with the use of the Internet. In order to arrive at a precise definition of PIU or the addiction to the Internet, it is necessary to conduct further research into the definition of disorders, the validation of clinical tools, the determination of consistent diagnostic criteria, the biological determinants of the addiction to the Internet, the scale of the phenomenon and its consequences. It is also necessary to empirically corroborate the effectiveness of therapy approaches, considering the differentiation due to cultural conditioning (Fineberg et al., 2018; Brand et al. 2019; Tomczyk 2019ab).

The diagnostics are very diverse, but they usually include the following criteria of the problematic Internet use, of which the majority shows a resemblance to the criteria of addiction to substances (e.g., alcohol): fears about the level of addiction; neglecting the time devoted to rest in order to use the Internet; imaginings of life without the Internet; permanent logging in during free time; spending more and more time online, and a feeling of boredom when the Internet is not available (Pawłowska, Potembska, 2011; Rębisz, Sikora, Smoleń-Rębisz 2016; Tomczyk, 2019).

As regards the scale of PIU among university students, recent empirical studies show that 4.3% of female students and 6.3% of male students demonstrate a high level of PIU symptoms. 1.6% of surveyed women and 11.8% of surveyed men manifest the symptoms of problematic use of video games. It should be mentioned that the surveys pertained to students of the humanities and social sciences (Cudo, Kopiś, Stóžak, 2016).

PIU is somewhat identical to FOMO (Fear Of Missing Out) understood as the 'all-encompassing fear that other people at this very moment are having extremely satisfactory experiences that I am not participating in' (Przybylski et al. 2013). This explanation of this phenomenon and its operationalisation are used

in the key Polish studies (Jupowicz-Ginalska et al. 2018). In the context of our project, the correlation of FOMO with age, as evidenced in top Polish studies, is significant. As it turns out, it is age that makes the biggest difference in terms of the level of FOMO. ‘High FOMO is experienced by 21% of the youngest Internet users (15–24 years old), average FOMO by 69%, and low FOMO by 10%. In the group of 25–34 year-olds, FOMO is the strongest for 17% of respondents (69% – average, 14% – low), while in the group of 35–44 year-olds, FOMO is the strongest for 18% (61% – average, 21% – low). Among the people between the age of 45 and 55, FOMO is high for 12% (60% – average, 28% – low), while among the people above the age of 55 the strongest fear is experienced by 5% of respondents (65% – average, 30% – low)’ (Jupowicz-Ginalska et al. 2018, p. 230). Importantly, there was no significant correlation between FOMO and gender in any age group (Jupowicz-Ginalska et al. 2018).

The present survey uses the items applied in the largest Polish studies, i. e., EU Kids online, covering seven behavioural aspects presented in Table 1.

Table 1. Behavioural aspects of PIU included in the present survey (Smahel et al., 2020; Tomczyk, 2019a)

a) I neglected eating or sleeping because of the Internet
b) I was bored when I had no access to the Internet
c) I used the Internet though I was not really interested
d) I spent less time with family/friends or I neglected my studies because of the Internet
e) I tried to spend less time on the Internet but without success
f) I had conflicts with my family/friends because of the time I was spending on the Internet
g) I think that the amount of time I am spending on the Internet causes problems

The adoption of this operationalisation provides the opportunity to compare the results of the present survey with the results for younger groups that are more thoroughly surveyed in terms of the phenomena in question (cf. Pyżalski, 2012).

## Online threats

The attempts at academic systematisation of online threat have been carried out in Poland for more than a decade (Sienkiewicz, Świeboda, 2006; Pyżalski, 2012) and globally for more than twenty years (cf. Pyżalski et al. 2019).

Below is an example of an older typology proposed by Sienkiewicz and Świeboda (2006):

1. Offensive and illegal content.
2. Malware.

3. Collecting information (e.g., wiretap).
4. Attempts at breaking into systems.
5. Breaching user accounts.
6. Limited access to online resources (e.g., by blocking servers).
7. Unauthorised access to information.
8. Computer frauds.

This typology is provided here in order to show that today we need more advanced typologies with relevant ordering dimensions due to the development of the Internet and social phenomena related to it.

For the purposes of contemporary research, the analytically well-prepared typology of the largest European studies regarding the use of the Internet by young people (EU Kids Online) is applied. This typology, though designed to study adolescents by an international team of researchers, is also adequate for other groups (including university students) due to its clear dimensions.

	Commerce	Aggression	Sex	Values
<b>Content (recipient)</b>	Spam/ads	Aggressive content	Pornography	Content contrary to generally accepted human values
<b>Contact (participant)</b>	Activity tracking/ collection of personal data	Victim of electronic aggression	Encounters with strangers/ harassment	Incitements to engage in self-destructive behaviours etc.
<b>Behaviour (perpetrator)</b>	Gambling/ hacking/piracy	Perpetrator of electronic aggression/production of aggressive content	Production of pornography/ sexting	Production of content with inadequate information on risky behaviours

Fig. 1. Typology of threats (EU Kids Online). Source: EU Kids Online typology of threats (after: Pyżalski et al. 2019)

This typology has many advantages that were used for the operationalisation of the problems in our survey and for the analysis of results.

Firstly, it comprises the role typical of the users of new media: recipient, participant (contacting others) and agent (perpetrator) who is responsible for specific online deeds. The roles extend the scope of potential risks, but also help in prevention.

The typology also includes problem areas, e.g., commerce related to business activities, mainly online digital services, aggression, sexual pathology and anti-values. It should be noted that each of these areas has different threats related to one of the above roles. In the present research programme, the threats of the

sexual area (sexting) and aggression (cyberviolence) were partly subject to operationalisation.

## Social functioning on the Internet

The Internet is defined as the space where people function socially. Though today it may be hard to imagine, the origins of the Internet were related to altruistic behaviours. The first protocols used in the prototypical computer networks were open and free. It was just the same in the case of operating systems, programmes and applications. The open and accessible source code was crucial for the development of the Internet (Castells, 2003). The culture of the Internet derives from the academic tradition of collaboration, exchange of information and dissemination of research results along with names of authors. Its essence is technomeritocracy, i.e., the belief in the goodness of scientific and technical progress. The key features of this culture are the following principles: 1) a technical invention has the highest value, 2) the most essential element is the specialist knowledge applied to improve a technical product, 3) an invention is subject to the evaluation by all community members who are equal, 4) coordinators of tasks and projects are designated by authorities who supervise resources, 5) community members must abide by the rules and cannot use resources only for their own benefit (unless they develop skills which are useful to the entire community) and 6) open access to software and other improvements (Castells, 2003).

The functioning within digital media may overshadow the social and cultural context. The Internet is a space which seems to make more things possible and where relationships and interactions are different from the real world. Therefore, social awareness becomes crucial in the process of communication in the cyberspace. In contrast to direct contact, virtual communication has no non-verbal elements such as gestures, eye contact, facial expressions and body language. Social awareness in the virtual space is related to the cultural and global awareness of the self. This includes adherence to norms and the etiquette, safety, respect for privacy, intellectual property and freedom of convictions, as well as honesty and responsibility for one's online activity. The difficulties resulting from the limitations of indirect communication may lead to misunderstandings and social offences, including reduced sensitivity to other people (Walter, 2017). 'In contemporary societies, tendencies towards the greater autonomy of individuals become more and more common, which results in growing rivalry [...] and diminishing solidarity, leading to isolation and decline of social connections. This slow disintegration of the society, increased egoism and ruthlessness hap-

pen at the time when economic and social reality requires more complete activity and mutual care.’ (Goleman, 1997: 4).

One of the key notions of digital social functioning is altruism, a term coined by August Comte, the French positivist. He believed that ‘the most important task of humankind should be the incessant perfecting of human nature in its individual and collective dimensions’. The motto of his philosophy was: *vivre pour autrui*, i. e., live for others (Tatarkiewicz, 1997: 23). This idea was expressed by earlier philosophers: the Stoics believed that ‘the one who follows the principles of reason, wisdom and virtue shall not find any contradiction between personal interests and social interests’ (Tatarkiewicz, 1997: 135). Contemporary social psychologists assert that the essence of altruism is the activity ‘which is beneficial to another person but not to the helper who often needs to pay some personal cost’ (Aronson, 2001: 449). Altruism is usually connected with empathy. Batson’s hypothesis quoted by Aronson, Wilson and Akert (1997) assumes a relation between empathy towards another person and the willingness to help the person regardless of the consequences. When there is no empathy, help will be given if it brings some benefit to the helper, e. g., recognition. If there is not empathy or social exchange, help will not be provided at all (Walter, 2016).

The interconnection of the real world and the virtual world or their actual unity make social behaviours (including altruism) of everyday situations appear on the Internet as well. Online altruistic behaviours were observed by Wallace (2001) who asserts that ‘the Internet community is ready to help both in small and serious matters. Most often, this help means sharing information and the willingness to help is one of the main reasons why people visit discussion groups’ (Wallace, 2001: 249). To a large extent, the Internet is created by volunteers, i. e., people who share knowledge and experience selflessly. In contrast to real life, where the willingness to help diminishes along with the growing number of people around, help is provided on the Internet even if the presence of other users is obvious and acknowledged (Wallace, 2001). Social support is a special kind of help received from others. When critical events occurs (both normative and traumatic), the intensity of stress and the possibility of its reduction/elimination depends on the situation, its meaning and scope, the individual’s personality, and his/her relations to the environment, including the perceived and received social support. The lack of support results in the deterioration of the mental well-being of a person exposed to life stress (Sęk, 2004). Support may be provided by individuals and organisations or institutions, including those which operate online. Such support can be emotional, informational, spiritual or tangible: financial or instrumental.

It is difficult to determine if social support on the Internet is common among the surveyed group of students who are mostly in their early adulthood. Research (Walter, 2016) says that less than a half of early adult respondents declare they

would use online support in a critical situation, i.e., a situation they could not cope with on their own. Early adulthood is filled with optimistic dreams about the future and any thoughts about possible difficulties are rare. Parenthood, which is the closest normative critical event for young adults, is perceived as wonderful and full of happiness. Therefore, they are probably unable to predict if faced with the situation of parental stress, they would seek online support or participate in virtual support groups. The lack of interest in online support may also result from other matters described in specialist sources, e.g., individual ways of coping with stress, personality traits which exclude the use of external resources or strong support from the closest people who ensure peace and safety (Sęk, Cieślak, 2004). Young adults, who usually do not yet have the stable support of a spouse, often seek outside help, including on the Internet. However, due to their age and the related lack of experiences of critical events, they are not the key recipients and providers of social support. People engaging in online social support are prosocial, open, active and critical thinkers. They are characterised by altruism typical of the Internet users with a productive personality. They feel the need to care for others and selfless help comes from them naturally (Walter, 2016).

Online social support is available through various services. In a stressful situation, the Internet users resort to thematic portals and forums, while blogs, social media portals and discussion groups are among the less frequent choices. This distribution shows that in the case of a critical event professional information is crucial and only after that comes the discussion with people who experience similar difficulties. When faced with a stressful situation, people first seek informational support, then instrumental support and lastly emotional, spiritual or financial support (Walter, 2016, 2020).

As regards various concepts of contemporary digital competences, one should mention the division presented by Park at the World Economic Forum in 2016. She listed eight digital competences which children and adolescents should possess: digital identity, digital use, safety, protection, digital emotional intelligence, communication, digital literacy and digital rights. They all make up the digital intelligence (DQ – by analogy to IQ) which includes social, emotional and cognitive skills that allow people to take up challenges and adapt to the demands of the digital life. The last competence indicated by Park (2016) is the digital emotional intelligence: it means empathy and the ability to build good interpersonal relationships on the Internet. It inspired us to consider the online social engagement of Polish university students in our research.

Based on the above-mentioned studies (EUROSTAT, Ofcom) and the results of our analyses, one may definitely conclude that mobile phones with access to the Internet have become an integral part of the daily life of young adults. As regards devices with the Internet access, Polish students use smartphones

(82.1%), desktops/laptops located at home (45.5%) portable laptops (22.9%). There is no conspicuous difference in how men and women use smartphones, while desktops/laptops located at home are more often used by men (58%) than women (41%). Only slight differences were observed in the case of portable laptops. Devices used to connect to the Internet with the least frequency are tablets, smartbands, smartwatches and consoles which enjoy a greater popularity among teenagers (cf. Pyżalski et al., 2019).

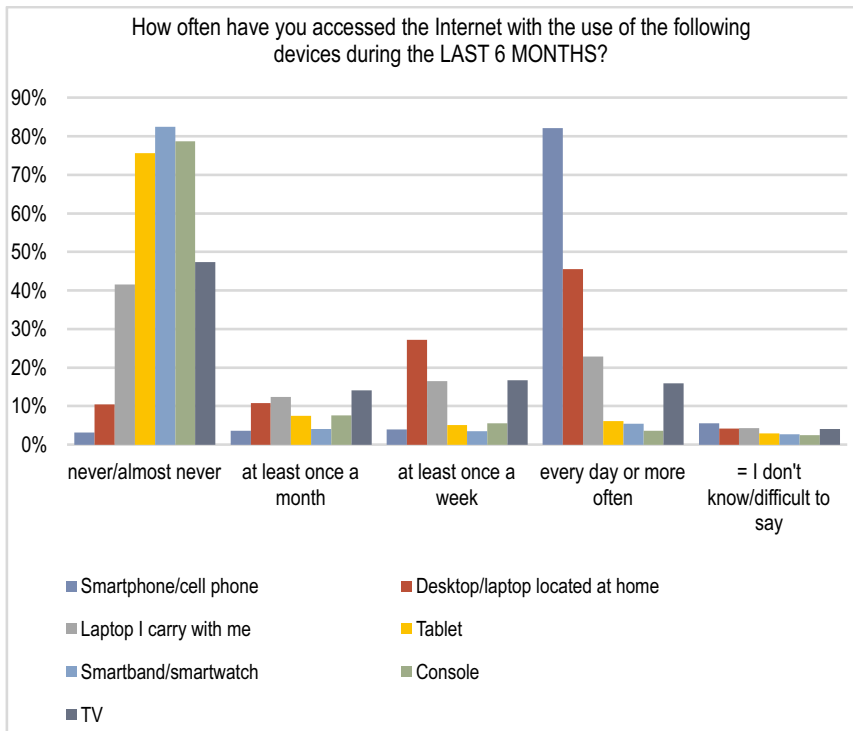


Chart 1. Devices which young adults use to access the Internet (N=4511)

A smart phone with Internet access is popular among all students regardless of the place of residence or the social status. It is a daily companion for all types of activity.

## Problematic Internet Use by students

Problematic Internet Use (PIU) means a dysfunctional use of the Internet related to the abuse of the Internet and addiction to information. PIU is the ‘excessive engagement in the use of certain online applications (mainly involving interactions) which generates mental, social and health-related problems and shows the characteristics of an addiction’ (Poprawa, 2012, p. 59). More details can be found in the theoretical chapters of the present publication.

The best method for the clinical detection of the compulsive use of the Internet is the comparison with the criteria for other addictions. Researchers, including Kimberly Young, compared the Internet addiction with the syndromes similar to impulse control disorders in the Axis 1 Scale of DSM and applied various criteria based on DSM-IV for the purposes of definition. The Internet Addiction Diagnostic Questionnaire (IADQ) was the first tool for screening tests and contained 8 questions (Young, 1998). At present, the most popular test of the Internet abuse is the Internet Addiction Test (IAT) by K. Young. In Poland, the IAT was adapted by the team of Paweł Majchrzak and Nina Ogińska-Bulik (Majchrzak, Ogińska-Bulik, 2010). In our survey, we used Young’s scale (1998) as modified by the EU Kids team (Pyżalski et al., 2019), containing six symptoms of PIU referring to free time and university duties.

Table 2. Problematic Internet Use by young adults (N=4503)

PIU symptoms	I have never been in this situation	I have been in this situation once	I have been in this situation 2 or 3 times	I have been in this situation 4 times or more
	%	%	%	%
I neglected eating or sleeping because of the Internet	67.4	13.7	10.2	7.2
I was bored when I had no access to the Internet	42.7	24.1	18.7	12.8
I used the Internet though I was not really interested	32.3	20.8	23.9	21.1
I spent less time with family/friends or I neglected my studies because of the Internet	55.7	17.9	14	10.7
I tried to spend less time on the Internet but without success	62.7	17.5	11.4	6.6%

Table 2 (Continued)

PIU symptoms	I have never been in this situation	I have been in this situation once	I have been in this situation 2 or 3 times	I have been in this situation 4 times or more
	%	%	%	%
I had conflicts with my family/friends because of the time I was spending on the Internet	81.3	9.7	4.8	2.5%

In addition, following the symptoms originally indicated by K. Young (1998), we included the question of the time spent on the Internet. 22.9% of respondents recognised their time on the Internet as problematic ('I agree' and 'I agree completely'). It is a significant indicator and its value seems unsettling.

Table 3. Time spent on the Internet (N=4503)

I think that the amount of time I am spending on the Internet causes problems				
I disagree	I rather disagree	I don't know	I agree	I agree completely
%	%	%	%	%
31.9	19	21.7	19.3	3.6

PIU pertains to both men and women. All women detected at least one of the six PIU symptoms in their behaviour, while 37% of men identified none of the symptoms. Most frequently, women pointed to one PIU symptom which they observed at least twice (43.9%). 18.9% of men had the same result. Men (31.1%) slightly more frequently than women (22.6%) neglected studying or spent less time with family or friends because of the Internet (chi-squared=35.874,  $p < 0.0001$ ). Men (9.8%) also had more conflicts with family/friends than (6.3%) due to the time they were spending online (chi-squared=16.263,  $p < 0.0001$ ).

The results also indicate that the Internet can be a 'time killer' used automatically, without being aware of it. It should be noted that the Internet is often used 'in the background', which is concurrent with the studies which demonstrate the close interpenetration of the online reality and the offline world. A person can spend time with family or friends and use the Internet at the same time, which need not mean that interpersonal relationships are dysfunctional. The content of websites or files (e.g., photos) on the smartphone can be the starting point for discussions about the past, present or future events.

We listed the PIU symptoms in the population of the surveyed students. We included a symptom if it was repeated (twice or more times). The answers of respondents who observed that the given symptom at least twice in their behaviour (answer 3 or 4) were grouped depending on the number of simultaneously observed factors. 42% of respondents do not recognise any of the PIU symptoms in their behaviour. 33% have one or two symptoms (15% and 18%, respectively). 2% of students had all six symptoms. Our results are concurrent or similar to the results of the surveys among teenagers (Pyżalski et al., 2019; Dębski, 2016; Pawłowska et al., 2015, Solecki, 2018), though a direct comparison is impossible due to the differences in the tools used for the measurement of PIU.

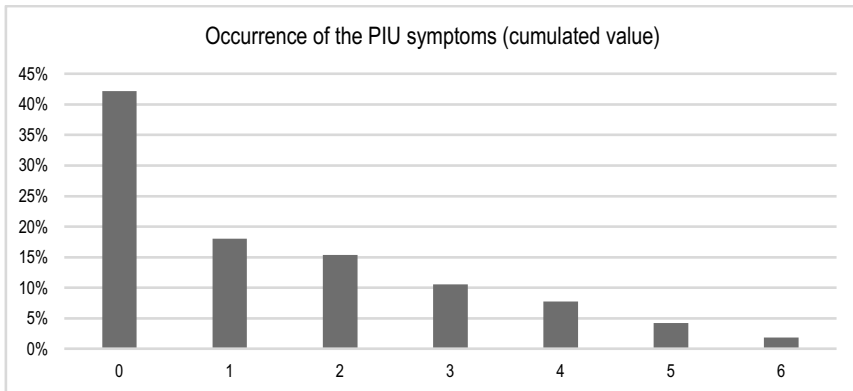


Chart 2. Occurrence of the PIU symptoms (N=4439)

Following the results of the authors who study the connection between depression and problematic Internet use, we decided to verify this theses in our research. The significance of depression in the aetiology of PUI was first theoretically analysed by Davis (2001), who presented a model in which the existing psychopathology makes the individual unable to adapt to the rational use of the Internet, which then leads to PIU. Other studies analyse the relationship between PIU and various mental problems, including depression (Amorosi et al., 2012, Dalbudak et al., 2013, Hawi, 2012, Park et al., 2013). In the cross-sectional study with the participation of 11,356 European teenagers (the average age of 15), Kaess et al. (2014) concluded that problematic Internet use involves hyperactivity, attention-related difficulties as well as suicidal thoughts and attempts. The survey among Turkish university students by the team of Dalbudak (2013) demonstrated the positive correlation of alexithymia and PIU (Dalbudak et al., 2013). The surveys among Korean teenagers showed that the symptoms of depression correlated with PIU (Park et al., 2013). Moreno, Jelenchick and Breland (2015) observed that the risk of PIU significantly increased in the case of people

who met the criteria of severe depression. Problems with concentration, psychomotor deregulation and suicidal thoughts were most strongly connected with the risk of PIU (Moreno, Jelenchick, Breland 2015).

The results of our survey indicate a correlation between people with at least two symptoms of PIU and those who show a potential risk of depression (Beck's test and Kutcher's test). For the purpose of better data visualisation, we provide the cross chart of (1) people without the PIU symptoms and a degree of depression, (2) people with at least two PIU symptoms and a degree of depression.

The analysis of the results leads to the conclusion that there exists a statistically significant correlation between people with mild/moderate/deep depression and the occurrence of at least two PIU symptoms ( $r=0.171$  for Beck's test and  $r=0.216$  for Kutcher's test), though the correlation is not strong.

PIU is often concurrent with the abuse of psychoactive substances (cf. Dalbudak, Evren, Aldemir i Evren, 2014; Ko et al., 2006; Lee, Han, Kim and Renshaw, 2013). We decided to look for a similar dependence in our survey. We observed a statistically significant ( $p<0.0001$ ) correlation between PIU and alcohol-related problems (in RAPS4  $r=0.159$ , in Audit-C  $r=0.081$ ), though the strength of these correlations was low.

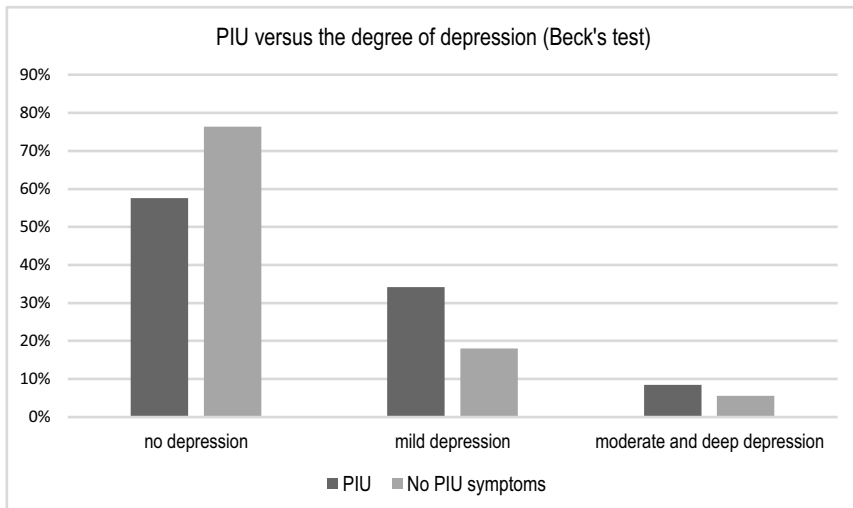


Chart 3. A comparison of people without the PIU symptoms and people with at least two PIU symptoms versus the degree of depression (Beck's test)

Another thesis that we subjected to verification pertained to negative online activities resulting from alcohol intake or use of narcotics. Respondents admit that such situations happen only sporadically. However, it should be emphasised

that the Internet may become the tool for short-term negative actions by people under the influence of intoxicants.

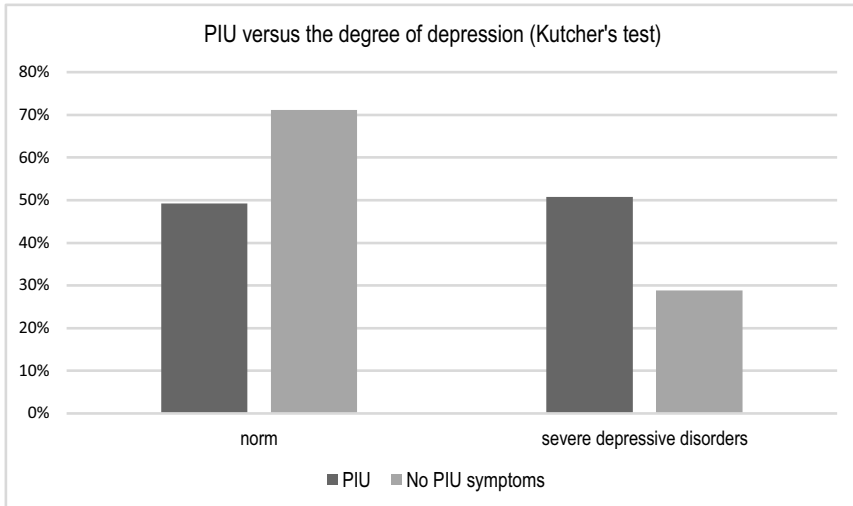


Chart 4. A comparison of people without the PIU symptoms and people with at least two PIU symptoms versus the degree of depression (Kutcher's test)

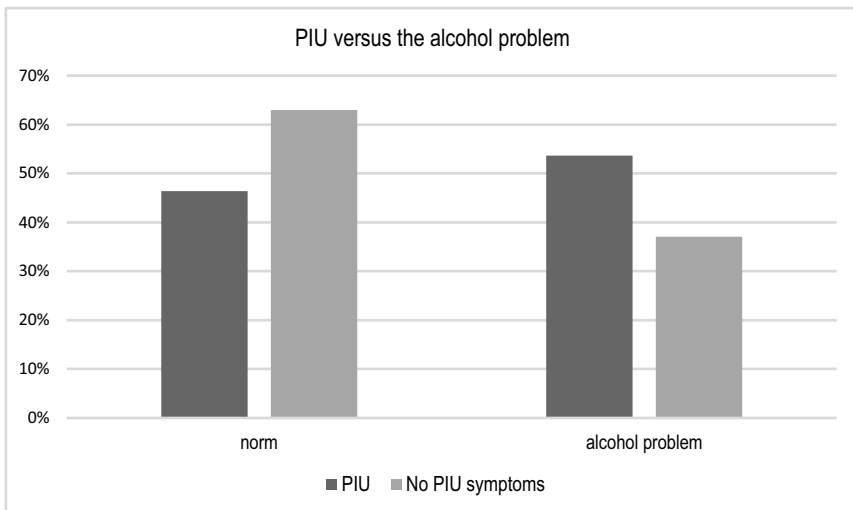


Chart 5. A comparison of people without the PIU symptoms and people with at least two PIU symptoms versus alcohol-related problems (RAPS4)

Table 4. Short-term consequences of using substances in the context of online activity (N=4511)

Have you ever had any of the problems listed below?	Never	Yes, due to alcohol	Yes, due to narcotics	Yes, due to other reasons
	%	%	%	%
Sending erotic messages via the Internet	86.4	3.6	1.2	8.1
Sharing offensive messages/ comments on the Internet	83.6	3.3	1.2	11.4

Our survey indicates that 3.6% of respondents admitted to sending erotic messages via the Internet due to alcohol (162 people), while 3.3% admitted to sending offensive message via the Internet (148 people). These are not, therefore, only sporadic incidents. However, there is no statistically significant difference between people with an alcohol-related problem (Audit-C) who sent offensive/erotic message online and those had no such problem detected (within the norm in Audit-C).

## Online social support and prosocial activity of students

Mental well-being is conditioned by multiple factors. One of them is social support which is helpful to people facing a critical event in their life. Such an event may be normative, as a part of human development (the birth of the first baby, the first job, the death of the spouse), or traumatic (a sudden illness in the family, a cataclysm, an accident). Support may perform the function of a protective buffer, ensuring the quick return to mental well-being. It should be added that received support need not be identical with perceived support. Studies show that the Internet can be the space of social support, especially in situations which call for interactions with people who had similar experiences (cf. Bambina, 2000, Walter, 2016, Walter, 2020).

In order to verify social support as perceived by students, we applied the Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet, Farley, 1988; Polish adaptation: Buszman, Przybyła-Basista, 2017). In addition, we included questions regarding online social support. The Likert scale included the range of options from: 1 – I disagree completely, to 7 – I agree completely.

Table 5. Offline and online social support (N=4511)

	1	2	3	4	5	6	7
	%	%	%	%	%	%	%
1) There is a special person who is near me when I need it.	2.4	3.3	5.2	8	13.5	19.9	47
2) There is a special person with whom I can share my joys and sorrows.	2	2.8	5.3	7	11	20.1	50.8
3) My family really tries to help me.	1.5	2.8	7.3	8.9	14.1	20.7	43.8
4) My family gives me the emotional help and support that I need.	2.2	3.7	6.7	10.5	15.3	21.5	39.2
5) There is a special person in my life who gives me true consolation / support.	2.4	2.8	4.8	8.5	10.5	19.4	50.6
6) My friends really try to help me.	1.7	2.9	6.6	11.8	18.4	25.2	32.5
7) I can count on my friends when something is wrong.	2	3.2	6.3	11.5	17.7	25.7	32.9
8) I can talk about my problems with my family.	3.4	5.2	9	11	16.5	21.4	32.5
9) I have friends with whom I can share my joys and sorrows.	1.8	3.1	6.5	10.1	15.3	25.6	36.6
10) There is a special person in my life who cares about my feelings.	3.3	3.5	5.7	9.1	11.6	17.5	48.5
11) My family is ready to help me with making decisions.	3.1	4.5	7.9	12.8	17.9	21	32

Table 5 (Continued)

	1	2	3	4	5	6	7
	%	%	%	%	%	%	%
12) I can talk about my problems with my friends.	2.2	4.2	6.8	11.3	16	24.7	33.9
13) When I am in a difficult situation, I seek support on the Internet (e.g., in online support groups).	41.4	16.9	11.4	11	7.9	6.2	4
14) I browse the Internet for information about the problem that bothers me.	21.3	16.2	14.8	14.2	15.4	9.8	7.2
15) I seek advice from online specialists with regard to my problems, e.g., health-related problems.	55.5	13.6	7.7	8.2	5.4	4.8	3.7
16) When I have difficulties, I can count on help from my online support group.	62.4	11.7	6.4	7.6	4.1	3.5	3

For the purpose of more complete visualisation of the results, we joined the positive answers (5, 6, 7: from I rather agree to I agree completely). These results are presented in Chart 2.

The unquestionably greatest source of support for young adults are people close to them (70–80% of respondents). Online social support is less appreciated, but it remains significant. Students are reluctant to seek online social support when the situation necessitates contacts with other people over the Internet (e.g., a support group – 10.6% or specialists – 13.9%). Most frequently (32.4%) they seek anonymous support, unrelated to any specific people or groups, by searching for information on their own. Students also seek online social support when they can rely on their closest relatives and friends.

When analysing online social engagement of students, we referred to their participation in daily help actions. It was revealed that people who take part in

assistance actions offline are also more frequent participants of such actions via the Internet (chi-squared=866.929;  $p < 0.0001$ ).

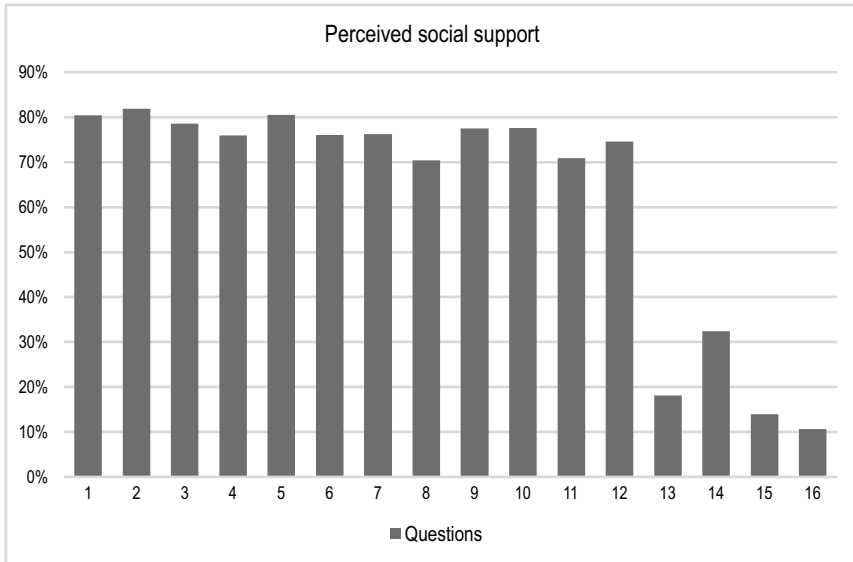


Chart 6. Perceived social support (N=4470)

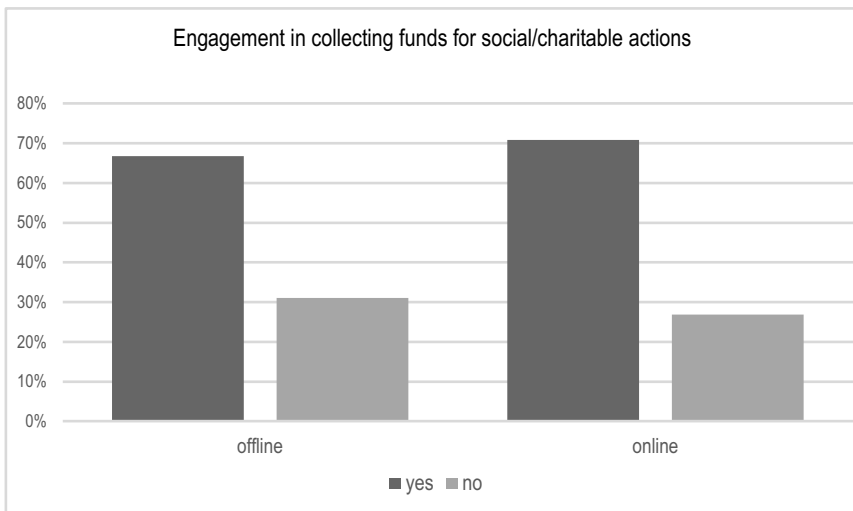


Chart 7. Engagement of students in collecting funds for social/charitable actions (N=4511)

Similarly to offline engagement, women are more frequent helpers online (28.8%) than men (23.6%) (chi-squared=12.991,  $p = 0.002$ ). There are no stat-

istically significant differences between people with/without alcohol-related problems (Audit-C). It should also be noted that many students never engaged in collecting funds either online or offline.



## **Social and civic engagement of students versus risky behaviours<sup>1</sup>**

We included social and civic engagement in our project, since it may be related to the problematic consumption of alcohol among students. We describe this phenomenon by referring to its accepted understanding and we justify its choice as the factor which may differentiate risky behaviours, particularly problem drinking.

### **Social and civic engagement in the concept of social capital and civic society**

The extensive literature regarding social and civic engagement contains diverse definitions of the phenomenon (or the phenomena of social engagement and civic activity). This notion is thematically related to many categories, e.g., social capital, social participation, civic society, citizen, social activity, civic education, (pro)social attitudes, public sphere, public life and civic dialogue. For the purposes of synthesis, we will refer only to selected categories. We will analyse engagement in the context of social capital, the crisis of democracy and civic society.

Social and civic engagement is one of the key elements in the concepts of social capital next to social networks and social trust. It is specifically significant for Robert Putnam (1993) who assumes that the foundations of social capital in the given group are adherence to the norms of reciprocity by the group members and the networks of civic engagement (Putnam, 1993, pp. 170–178). They allow the building of social capital: they ‘encourage social trust and cooperation, because they reduce incentives to defect, reduce uncertainty and provide models for future cooperation’ (Putnam, 1993, p. 177). Actions undertaken in a social

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1 This paper benefited from networking activities (its content was discussed during the meetings) carried out within the EU funded COST Action on ‘Transdisciplinary solutions to cross sectoral disadvantage in youth, YOUNG-IN’ (CA17114) and represents a contribution to it.

structure (any community) determine the power of social capital and demand social trust. The ability to create groups depends on the degree to which the given community recognises and shares a set of norms and values as well as on the fact that its members can sacrifice personal interests for the sake of the community (Fukuyama, 1995, pp. 15–25).

Social capital is present in relations between people and as the effect of their interactions. Its origin also goes beyond individuals, since it defines ‘determinants of success’ in which the individual ‘acquires or obtains [...] participation by belonging to a group’ and ‘networks, contacts and mutual recognition’ (Herbst, 2005, p. 24). Social and civic engagement refers to activities by people within the social network based on mutual trust and focused on creating and maintaining networks as well as the interests of various groups (which need not exclude personal interests). The created networks and relations may be vertical (hierarchies) or horizontal (partnerships). At the same time, ‘vertical networks are less helpful than horizontal networks in solving dilemmas of collective action’, which makes the systems based on the latter relations are more effective (Putnam, 1993, p. 175).

The engagement in social life and civic activities is the expression of what Pierre Bourdieu defines as *illusio*, i. e., the ‘participation in a game in the given field’ (Bourdieu, Wacquant, 2001, pp. 104–107). In reference to this category, one may assume that people engaging in social and civic activities perceive the games in this field are ‘interesting’ and ‘worthwhile’. Others show indifference towards the field, because ‘they do not see what the game is about’. It results from various kinds of *habitus*, i. e., differences in shaping the cultural capital – differently internalised and learned rules, principles and cultural resources (Bourdieu, Wacquant, 2001, pp. 105–106). The purpose of the game depends on the people who create the social network, which allows to make a distinction between the *bridging capital* and the *bonding capital* (Quinn, 2008, pp. 8–9). The bonding capital refers to strong social ties among non-diversified groups (e. g., families, ethnic groups) whose members often live at the same location and it allows the people to survive, but it supports social segregation. The bridging capital (between vertical networks in Putnam’s theory) refers to weaker ties between diversified groups and it is precious, because it ‘nourishes wider cooperation’ and in consequence it enables social mobility, provided that the members of the group actually come from diversified areas (Quinn, 2008, Putnam, 1993, p. 175).

For several decades, researchers focussing on social and cultural reality have been diagnosing the crisis of mature democracy and deterioration of social and civic engagement. These phenomena are observed in the majority of developed and developing countries (Putnam, 1993, Fukuyama 1995), including Poland (Pasierbek, Fearn, Ziebertz, 2005; Rogaczewska, 2005; Ozga, 2007; Nowak, 2009; Szczegóła 2013, Cox, 2014; Szafranec, 2019a). The causes of the reduced en-

gement are seen in, e.g., individualisation processes, development of welfare and consumption societies as well as the change of the civic ethos. In Poland, the additional factor is the hybridisation of social life conditions after the post-transformation trauma, including the low level of social trust, especially the trust in the authorities (Rogaczewska, 2005, Szafranec 2019a). There also exist extensive studies and analyses of the phenomenon of citizens' apathy as well as the specific social capital and democratisation processes in post-Communist countries (Pasierbek, Fearn, Ziebertz, 2005; Cox, 2014; Petrova, 2014; Szczegółka, 2013).

One of the reasons for the globally observed crisis of democracy and civic engagement is the shift from collective values to individualistic values. A traditional community based on real ties and the strict division of roles provides the sense of safety, but it also involves resignation from a fragment of the individual freedom of choice and autonomy (Bauman, 2008, pp. 9–30). As a result of individualisation and the exodus towards the 'I', people focus on themselves and their closest environment: individualism is the 'escape into small worlds of life and deficiency of solidarity' (Marianiński, 2010, pp. 44–45). The canon of values subjected to the labour market demands and the consumption-oriented lifestyle are impulses of individualisation, whereas the '*traditional* principle of social life organisation in Poland is collectivist' (Rogaczewska, 2005, p. 244).

Engagement means investing one's energy in a chosen sphere of life. Members of the welfare society stand before the choice between investing in relationships and obligations (family, intimate relationships, future generations etc.) and investing in themselves and the wider external reality (Offer, 2006, p. 334). The current cultural imperative is obvious: 'one must make efforts to increase the financial success at the cost of sleep, family or social life' (Whybrow, 2006). Due to the rampage of material desire, families and communities have been disassembled (Whybrow, 2006, pp. 10–45). Social groups, ties and intimate relationships are disrupted for the sake of career (Offer, 2006).

Another factor related to the transformations of social and civic engagement is the community crisis analysed in detail by Zygmunt Bauman (2008). He points out that contemporary engagement is different because we do not act within actual communities, but in alternative collectives resembling swarms/hives. Members of such a collective do not have complementary skills and do not gather to collaborate; there is a physical contact between them and they pursue the target, so they are coordinated, but not integrated (Bauman, 2002, pp. 18, 103; 2008b, pp. 15–17). Bauman provides the following terms to describe such communities: 'coat hanger community', 'spectators community' or 'aesthetic community' (Bauman, 2002, 2008, 2008b.). They have an advantage over real communities due to their short-term duration and the scant engagement that is needed to gather (Bauman, 2008, p. 25; 2002). Disintegration of ties, the growing

sense of disinheritance from communities, atomisation of individuals and decline of social solidarity are also observed by other scholars (Aldridge, 2003, pp. 85–102; Barber, 2007).

Engagement in such conditions is possible – collectives, groups or virtual associations (not necessarily online) are formed where belonging is reduced to temporary contacts and daily routine. Members of such ‘aesthetic communities’ seek individual interests instead of the public good and remain members until they can get personal satisfaction (Bauman, 2002, 2008). This peculiar form of communities shapes the manner of engagement which is possible only on condition that it should be short and beneficial to the individual.

The crisis of engagement and democracy also results from economic, political and civic transformation, including the new definition of a ‘good citizen’ (Aldridge, 2003). In contemporary societies, the emphasis is shifted from the citizen’s political rights to consumer rights. A similar conclusion about freedom is formulated by Benjamin Barber (2007, pp. 50–56) who asserts that it is measured by consumer choices instead of participation in elections or public engagement. This model of infantile ethos, as Barber puts it, is promoted by the ‘guards’ who prevent citizens from reaching maturity. They present the consumption of goods as a patriotic duty and change public debates into media spectacles (Barber, 2007, pp. 55–76). These processes undermine and trivialize the public sphere. The state (politics) and the economy, working under the influence of market forces, generate conditions in which long-term planning and engagement become impossible. The withdrawal of the state from welfare functions and the shift of responsibility onto the citizens (who are forced to take their life into their own hands) weakens the significance of solidarity and shared motivations, removing the needs of the society from the list of factors which are considered by people when they make important life decisions (Bauman, 2002, pp. 230–237). In consequence, people turn their backs on politics or fall into a political apathy and are much less interested in the active participation in political processes (Bauman, 2008b, pp. 28, 140–143).

The perspective of overcoming the crisis of democracy, social and civic engagement as well as social capital can be found in the analyses of transformations in post-Communist countries and the in the concepts of the civic society and new social movements (cf. Cox, 2014; Mamzer, 2017; Szczegółka, 2013, Szafranec 2019). The construction of the civic society is one of the key democratization processes in post-Communist countries. In view of the deliberate external efforts (including financial means) in this respect, one can follow Hahn-Fuhr and Worschech (2014) and indicate two groups which create the civic society: the financed group of ‘professionals’ and the non-financed group of ‘volunteers’. The first group comprises professional and institutionalized providers of political services (e.g. political organizations and lobby groups) and social in-

stitutions (e.g. taking over the functions of public institutions and providing services in the sectors of healthcare, education etc.). The second group is the widely understood social opposition (minor social and political movements formalized to a limited degree) and bottom-up social initiatives (unrelated to politics and influencing education etc.) (Hahn-Fuhr, Worschech, 2014, pp. 29–31).

The analyses of social engagement and civic activity in the theories of the civic society and the theories of new social movements often go far beyond the framework of political and economic participation of individuals in the structures of public or political institutions. These theories focus on the idea that a strong civic society based on social organizations is necessary to stand up against the control over citizens (Mudhai, 2013, p. 21). A developed civic society can perform four groups (models) of functions: the school of democracy (democratic competences of the citizens), building social capital (engagement and trust networks), modernization (implementation of social and economic networks) and safeguarding (control over the government) (Hahn-Fuhr, Worschech, 2014, pp. 17–22).

A civic society emerges as a space of social interactions between the economy and the state and it is created by non-governmental agents who become groups of pressure rather than groups of interest. It does not involve the opposition towards the state or the economy provided that the network of democratic pluralized organizations and social movements can actually participate in holding the power and contest the actions of the government (Mudhai, 2013, pp. 22–26). Therefore, efforts towards the development of the civic society are closely related to the construction of the ‘third sector’, i.e. the network of non-governmental organizations. However, the level of civic participation (especially in post-Communist countries) is low if measured by trust in and acceptance of civic and political institutions or by participation in or belonging to these institutions (Petrova, 2014, p. 82; cf. Mamzer, 2017). It partly results from the fact that the third sector institutions are often financed externally, so the trust in such institutions is low among the citizens whose interests they are supposed to represent (Petrova, 2014, p. 82). The elements of civic participation of a great political value are also wide and strong interpersonal networks which enjoy high levels of trust (Petrova, 2014, pp. 81–85). They enable indirect political impact through the engagement of local institutions in the protection of citizens’ interests (Petrova, 2014, p. 83).

Members of a civic society act in two areas: political and social (Hahn-Fuhr, Worschech, 2014, p. 29). They focus on the public sphere and its traditional concept formulated by Habermas needs an update due to the changes in information and communication technologies (ICT) and new communication networks which emerge as a consequence of these changes (Mudhai, 2013, p. 21).

The new phenomena are now the global citizenship and the supranational public sphere of groups and individuals without a place/territory but with a sense of belonging, shared cultural heritage and a political care in their specific situations (Mudhai, 2013). New media create the new public sphere with private flows as well as new forms of civic engagement through ICT (Trottier, Fuchs, 2015).

Based on the available theoretical analyses, one can formulate a broad definition of social and civic engagement:

- it refers to deliberate and intentional activity oriented towards the social interest (for the sake of both the group and the individual); it usually involves the act of sharing one's resources (e.g. time, work, knowledge, money) with others (individuals, institutions, groups) and it allows to build one's resources as a feedback at the same time;
- it covers actions in the social sphere (e.g. voluntary services, charities, commitment to the community, solving local problems) and the political sphere (e.g. participation in congresses and elections, political debates);
- it pertains to actions in the name of specific ideas and group interests (e.g. prosocial activity, boycotting, fund raising) and actions against various phenomena or entities (demonstrations, protests etc.);
- it refers to activity that results from the fact of belonging to groups and institutions (e.g. associations) and individual activity (e.g. participation in discussions and debates);
- it assumes activity based on cognitive processes, in particular the knowledge about social and civic mechanisms and realities, and based on individual attitudes, goals and motivations.

One of the most frequent methods of providing a more precise definition of social and civic engagement is to determine the forms of activity that it covers. That is the reason for difficulties in studying this phenomenon – particular researchers create their own lists of activities which define social and civic engagement, which makes the studies heavily segmented and impossible to compare.

## **Social and civic engagement of young people in the context of risky behaviours**

Margaret Mead's anthropological theory of youth assumes that in the context of tumultuous transformations a conflict of generations emerges, leading to unrest and the rebellion of young people. Such conditions provide the opportunity for the development of the prefigurative culture in which young people understand

the reality better and ‘point the way’ for older generations (Mead, 1975). Are young people today, half a century after Mead’s diagnosis, still pointing the way? It seems possible, especially in the situations when the desired vision of the world is at odds with the reality, which can trigger the ‘rebellious potential’ of young people. However, this potential which can drive new social movements has diminished, since ‘(...) it is distracted by the ideology of consumption that is taking control over young people and channelling their energy’ (Szafraniec, 2008, p. 31, cf. Szafraniec, 2011; Nico, 2019). In consequence, they act towards keeping the status quo than changing it.

The concepts of the civic society assume that the social capital resources in the post-Soviet countries in Western Europe will be possible owing to the intensified activity of the third sector institutions and educational efforts (Petrova, 2014). Contemporary Polish university students were born and raised after the transformation in 1989, so they were shaping their identities in the conditions of ‘axiological turmoil’ and ‘hybridization’ of values, which may lead to motivational conflicts (Rogaczewska, 2005, pp. 243–244).

Numerous studies on democratic values and attitudes as well as social engagement and civic activity of youths were conducted at the turn of the century. Their results indicate sociocentric goals and prosocial values are relatively low in the hierarchies of young people (Hajduk, 2000, pp. 145–150; Kubiak-Szymborska, 2003, pp. 188–195; Bielska, 2006, p. 69; Nowak, 2009; Wysocka, 2009; Kanclerz, 2015, pp. 212–218, Kulesza, Kosowska, 2017). Prosocial (civic etc) values are rarely in the mid-section of the hierarchy (Jankowska, Krasoń 2009). The fact that, when completing various questionnaires, young people choose ‘family life, work, being with friends’ as their life goals instead of acting towards the good of the society is described by B. Fatyga (1999, p. 57; 2000) as the ‘orientation towards privacy’. This prioritization of family, friends or neighbours is sometimes explained by the belief in traditional values, a difficult economic situation and the pessimist assessment of the possibility to achieve the goals related to the financial success, which leads to minimalistic attitudes (Pasierbek et al., 2005; Szafraniec, 2019a, pp. 202–203).

Young Poles are becoming more individualistic and undergoing the process of ‘privatization’ in various spheres of individual and institutional life (family, religion, nation); young people make easy and convenient choices and manifest such traits as: freedom of choice, individualisation of opinions and systems of values, self-confidence, interactions with groups by choice, putting personal interests above the community (Koralewicz, 2009, p. 243; Chodkowska, 2010; Marciniak, 2013; Szafraniec, 2019). A relatively high position in young people’s hierarchies of goals and values is held by individual freedom, autonomy and independence, pragmatism, market-oriented values and a wealthy life, i.e. goals

and values typical of democracies with free-market economies (Koralewicz, 2009, pp. 238–245; Kubiak-Szymborska, 2003, p. 189; Hajduk, 2000, pp. 145–176).

The direction of changes in the hierarchies of values upheld by next generations of young Poles is in line with globally observed tendencies. Surveys among the representatives of different generations in the United States have indicated that the life goals related to intrinsic values (self-acceptance, affiliation, community) were lower among Millennials compared to Boomers at the same age, whereas those related to extrinsic values (money, image, fame) were higher among Millennials (Twenge, Campbell, Freeman, 2012). In turn, the European Social Survey conducted in 23 European countries among people above the age of 15 has confirmed similar trends within the hierarchy of values. People above the age of 30 identify with such values as ‘conservatism and traditionalism (behaving properly, being humble, obedience, and security)’ more often than younger people do. Meanwhile, people below the age of 30 identify with such values as ‘adventures, want to have fun, want to be rich and successful, like having a good time, trying new things and being creative’ more often than elder people do (Nico, 2019, pp. 10–14).

University students in Poland have been exhibiting a stable low level of social and civic engagement for many years (Pasierbek et al., 2005, pp. 99–100; Ozga, 2007, pp. 180–183; Nowak, 2009, pp. 112–113; Chodkowska, 2010; Jaskulska, 2013; Kulesza, Kosowska, 2017). One can identify multiple signals of this ‘disengagement’ in both the social aspect and the civic aspect. For instance, in 2013 only 20% of students in Poland provided voluntary services (most of them were future teachers), nearly 15% belonged to various associations and organizations, only 3.7% made use of foreign scholarship programmes such as SOCRATES or ERASMUS (Jelonek, Antosz Balcerzak-Raczyńska, 2014). Social and civic engagement of students is limited to participation in elections, while voluntary services and engagement in the public life is outside of young adults’ areas of interest (Jaskulska, 2013). Students are also marginally interested in extra-curricular classes at their universities, though they systematically attend all obligatory courses (Marciniak, 2018). The reason might be that they often take jobs alongside the full-time study programme – in 2013 around 40% of full-time students worked (Jelonek, Antosz Balcerzak-Raczyńska, 2014).

Surveys of diverse age groups show that engagement of young educated people, including students, is relatively higher than in other social groups (Adamiak, 2014). The ‘Młodzi 2018’ report reveals interesting conclusions about the public sphere and civic engagement of youths (Szafraniec, 2019). The collected data confirm the low level of social and civic activity among young people, which is explained by the minor significance of social participation in school programmes, the low level of civic education and the superficiality of democratic institutions in schools, i. e. the students’ self-government and the school council.

The report also mentions groups of engaged youths: ‘civic elites’ (young people with a high level of social participation who are not necessarily members of political parties) and ‘intellectual elites’ (educational representatives, editors of periodicals and foundation members who influence the public sphere without direct political affiliations) (Szafraniec, 2019, pp. 11–13). Observations revealed the development of positive social processes and new forms of engagement, including social movements driven by young people or their engagement in the world issues as part of global citizenship (Karatekin, Taban, 2018; Szafraniec, 2019, 2019a).

These new tendencies follow global trends observed during the recent decade. The emergence of new networks and communication forms has changed the practices of social and civic engagement (Mudhai, 2013, pp. 20–23). Citizens have now new ways of self-organization and action (access to fund raising options, collecting signatures under lists of support/protest etc.) via the Internet, without leaving home. Furthermore, ICT have given us new tools for quick sharing of information about events, demonstrations, marches etc. (Kaczmarek, 2011; Mudhai, 2013; Trottier, Fuchs, 2015). The general access to ICT has created the global citizenship and international public sphere which generate a sense of belonging and motivate people to act for the sake of broadly understood supranational interests (Gaiser, de Rijke, 2008; Mudhai, 2013). Good examples of such actions are: protection of human rights, anti-nuclear power, peace initiatives, environmental protection, animal rights etc. (Gaiser, de Rijke, 2008, pp. 200–203). Young people were participating in the environment protection demonstrations all around the globe in 2018. However, it should be underlined that young people show very different levels of engagement: there emerges a conspicuous group of activists, but many still are totally indifferent to the ideas of global citizenship (Nico, 2019, pp. 20–24). The necessity to transform education (including higher education) towards a leading role in terms of the ‘global citizenship education’ has been postulated for more than a decade (Bowers, 2011; United Nations Educational, Scientific and Cultural Organization [UNESCO], 2014).

The data referred to above consistently confirm the low level of social and civic engagement among young people, through new trends and movements are observable.

The relevant sources (theories and social practices) and various study results allow to put forward a hypothesis about the relation between social and civic engagement of young people and their risky behaviours, including the consumption of psychoactive substances (alcohol). However, it would be difficult to formulate any directional hypotheses regarding this relation.

Socialization processes condition both civic activity and risky behaviours. Environmental conditions of using substances are connected with institutions

which socialize young people at the primary stage (family) and at the secondary stage (peers, school, religion, state, economy). Socialization is also one of the factors which explain why people do take up social and civic activity. A person's actions, attitudes, norms, values, motivations, decisions and aspirations depend on the way that the personality has been shaped (and indirectly on the social context) (Arnett, 2007; Tillmann, 2010; UNESCO, 2014). What can be, therefore, the relation between engagement and risky behaviours?

One may identify several premises which provide grounds for the hypothesis about the inverse proportionality between the phenomena under analysis.

In line with legal regulations regarding preventive measures with respect to the solution of alcohol-related problems and counteracting the use of narcotics by children and adolescents, extracurricular sport activities and other extracurricular classes are postulated (Journal of Laws of 2012, item 1356, consolidated text, as amended). Many prevention programmes which aim at deferring the initiation and limiting the scale of using psychoactive substances by adolescents assume/recommend actions targeted at shaping and triggering the potential and resources enabling prosocial development (*Przeciwdziałanie uzależnieniom w szkole*, 2013). The idea behind the prevention programmes is that social and civic engagement should make young people refrain from alcohol intake. It is assumed that engagement in activity which stimulates development will prevent risky behaviours in line with the strategies of 'prevention education' and 'positive alternatives' (Substance Abuse and Mental Health Services Administration. SAMHSA. 2017, p. 13, ).

The prevention concepts emphasise that the implemented prophylactic programmes should comprise creativity and creative reasoning, i. e. they should be based on both defensive and creative prevention (Harpine, 2011; Karmolińska-Jagodzik, Marciniak, 2015; Szymańska 2012, pp. 29–31; SAMHSA, 2017). Creative prevention uses constructive activities and aims at supporting and inspiring actions that allow to cope effectively with various risks and threats. To a lesser degree, it focuses on risk factors, while shifting attention and efforts to protective factors for youth (SAMHSA, 2017, p. 5). Social engagement and civic activity may be the source of creative prevention by providing recipients with social competences (Szymańska 2012, pp. 29–31). It is in line with prevention programmes conducted according to the principles of 'group-centred prevention'. In such programmes, a group, as a community, becomes the 'tool for improving psychological adjustment and mental well-being' with the use of group interactions, process, motivations and self-efficacy (Harpine, 2011, p. 4).

The presented grounds for the relation between social/civic engagement and risky behaviours are inscribed into the salutogenetic approach (i. e. seeking the causes of health, not of pathology). The notion of *resilience* is deeply embedded in this approach (Windle, 2002; Ostaszewski, 2014). It was developed on the basis

of longitudinal studies on the positive adaptation of young people raised in adverse life conditions (Windle, 2002, pp. 162–164). The concept asserts that individual development is possible despite risk factors if relevant protective factors are available (social environment resources and personality traits). What seems problematic is the definition of the scope – in the restricted model the resiliency focuses on risk and protective factors, but in the global model it becomes the more general concept of adaptation, where focus is on contextual features with ‘interactive risk x protective factors’ (Windle, 2002, p. 163).

The concept of *resilience* has a large scope of application when development is understood in a consistently positive perspective (Pyżalski, 2017). Protective factors include individual traits and abilities (e.g. engagement in daily activities, social skills), local environment resources (e.g. youth clubs, religious communities, voluntary services, participation in organized extracurricular classes/out-of-school activities) and relationships with people, e.g. maintaining contacts with prosocial peers (Ostaszewski, 2014, p. 97). It can be assumed that people who exhibit a high level of social functioning and participation in the social life will, in consequence, be more reluctant to engage in risky behaviours (Karmolińska-Jagodzik, Marciniak, 2015; Ostaszewski, 2014, pp. 98–99, SAMHSA, 2017, p. 12). At the same time, it should be remembered that this perspective is simplified and with respect to the relations between risk factors and protective factors one should consider ‘the dynamic, bidirectional approach’ by ‘viewing children/adolescents as active agents’ who also contribute to their development with their ‘actions and inactions’ (Windle, 2002, p. 168).

The relevant sources also provide grounds for the hypothesis about the directly proportional dependence between social/civic engagement of young people and the risk of problem drinking of alcohol.

The desired short-term effects of alcohol intake include the stimulation of social behaviours (‘breaking the ice’) and ‘releasing the brakes’ – consumption may trigger behaviours which are held in check in the state of sobriety for fear of their negative consequences (Cungi, 2007, pp. 215–220; Kuntz, 2009, pp. 88–90; Teeson, Hall, Proudfoot, Degenhardt, 2012, pp. 42–47, 49–50). Due to these (often desired) effect of alcohol, it can accelerate certain behaviours related to social and civic engagement, e.g. open expression of political opinions, participation in protests or resistance. Personality traits (e.g. introversion vs. extroversion) may be crucial for comprehending this correlation. The tendency to use substances (and the propensity for addictions) is connected with temperamental characteristics which also condition a person’s overall level of activity (Barnes, Murray, Patton, Bentler, Anderson, 2002).

Contemporary reality is often described as the ‘world of risk’ or the ‘world of liquid modernity’, without clear frames and prospects for the future, without principles and models which would ensure success (Bauman, 2002). These

conditions make people seek and open up to new experiences. Young people try different solutions than those recommended by adults; they develop through experimenting and are more open to experiences as part of their identity search (Arnett, 2007; Szafranec, 2008, 2019a; Cybal-Michalska, 2006, p. 159; Kaufman et al., 2016; Nico, 2019). These tendencies may lead to risky behaviours related to alcohol intake and some forms of social and civic engagement (especially those requiring active opposition, but also all new, challenging and interesting forms of engagement).

The consumption of alcohol has a social dimension and it is related to the ritualistic use of psychoactive substances in a group. It allows to satisfy the need of affiliation. Each culture has legal regulations or verbally transferred models of conduct, rituals related to the consumption of substances specific for the given sociocultural group (Teeson et al., 2012, pp. 12, 31–33, 42–46). Social and civic engagement as well as alcohol intake are social behaviours, i. e. both may ‘enforce’ the adjustment to obligatory norms in a group and this normativeness may be the indicator of their co-existence.

The above theoretical concepts and observations of daily practices reveal mutual relations between social and civic engagement of students and risky behaviours (including alcohol intake), but the actual nature of these relations is extremely complex.

Based on the analyses presented above, we assumed that social and civic engagement of university students might differentiate their problem drinking. Therefore, we studied the degree of social and civic engagement and then we statistically verified the hypotheses about the mutual significant correlation between such engagement and problem drinking (as indicated by RAPS4, AUDIT-C and the use of specialist help).

## The degree of social and civic engagement

We adopted a broad meaning of social and civic engagement, i. e. intentional activity for the sake of the interest of other people and groups; the social sphere and the political sphere; institutional and individual participation; actions ‘for the sake of’ / ‘against’; activity on a great (nationwide, supranational) scale or smaller-scale initiatives; the use of traditional and new forms of networks and communication (e. g. Bourdieu, Wacquant, 2001; Hahn-Fuhr, Worschech, 2014; Mudhai, 2013; Petrova, 2014; Putnam, 1995; Szczegóła, 2013). Following the example of researchers who studied the subject, we also formulated a list of pursuits which allowed to specify the understanding of social and civic engagement in more detail; the measure of engagement was the diversity and the number of

social/civic activity forms (Ozga, 2007; Nowak, 2009; Doolittle, Faul, 2013; Jaskulska, 2013; Adamiak, 2014; Klamut, 2015; Kulesza, Kosewska, 2017).

Mateusz Marciniak's Social and Civic Engagement Scale (SCES) was used – the detailed description of the scale construction process and research results are available within the article: Marciniak, 2019. The tool design procedure consisted of several stages, while the strategy of the survey and the operationalisation of the phenomenon followed from the knowledge about procedures, methods and tools previously used in the empirical studies of engagement (first of all: Harvard University Institute of Politics [HIOP], 2002; Andolina, Meents-DeCaigny, Nass, 2006; CBOS; 2012; Doolittle, Faul, 2013; Klamut, 2015). It was assumed that the tool would contain around a dozen of statements reflecting evenly the main forms of engagement under consideration (social and civic). Based on the adopted theoretical assumptions and the definition of social and civic engagement as well as based on the knowledge from the empirical research, a list of twenty statements most typical of the identified engagement areas was generated. Based on the analysis by competent experts, the list was reduced to fourteen statements referring evenly to the social sphere (seven statements) and the political sphere (seven statements).

The tool had the form of a table with fourteen statements. A check-list was provided for respondents to indicate whether they had engaged in particular forms of activity during the last year or before (described as 'various social activities which some people engage in'). For each statement, respondents could choose the answer 'no' or 'yes' (multiple choice with the division into: 'during the last year', 'in the earlier period of my studies', 'before I started my studies').

We are mainly interested in the most recent engagement (during the last year), since we measured problem drinking for this period. Table 1 presents the percentages of respondents divided into those who: 1) did not engage in any form of activity, 2) engaged in forms of activity during the last year (or before that), 3) engaged in forms of activity before (during their studies or earlier, but not during the last year).

Table 1. Division of respondents based on the forms of social and civic engagement (N=4503)\*

Forms of social and civic engagement (statements from the Social and Civic Engagement Scale)	NO	YES, during the last year	YES (before that period)	No data
	%	%	%	%
I collaborated informally with other people or groups in order to solve a problem in the local community (e.g. where I had my place of residence).	75.6	15.6	7.0	1.8
I took part in voluntary activities (e.g. I helped people who needed it and I did it for free).	58.2	20.5	19.3	2.0
I actively participated in the activities of an association, a foundation or a non-governmental institution.	72.1	14.1	11.4	2.4
I actively participated in fund raising events for social/charitable activities (e.g. I co-organised a run, a race, a show, a festival etc.).	66.9	14.0	17.1	2.0

Table 1 (Continued)

Forms of social and civic engagement (statements from the Social and Civic Engagement Scale)	NO	YES, during the last year	YES (before that period)	No data
	%	%	%	%
I donated funds/money for a social/charitable cause.	42.8	<b>43.5</b>	11.6	2.1
I actively participated in fund raising events for social/charitable activities through a crowd funding portal or another online platform (e.g. siepomaga.pl).	70.9	<b>18.3</b>	8.7	2.1
I contacted or tried to contact the media, a politician or an official in order to express my own political views.	87.7	<b>6.2</b>	4.2	1.9
I voted in elections (e.g. local government / parliamentary / presidential elections).	30.8	<b>54.9</b>	12.1	2.2
I took part in a protest (a march, a manifestation, a demonstration).	81	<b>10.4</b>	4.3	2.4

Table 1 (Continued)

Forms of social and civic engagement (statements from the Social and Civic Engagement Scale)	NO	YES, during the last year	YES (before that period)	No data
	%	%	%	%
I signed letters/petitions (also in an electronic form) regarding social or political issues.	58.7	29.7	9.5	2.1
I boycotted or deliberately purchased specific products due to political, ethical or environmental reasons.	79.7	13.5	4.5	2.3
I participated in a political meeting/gathering (e.g. a rally, a lecture, a forum).	82.9	9.4	5.3	2.4
I discussed political or social topics at meeting with other people (e.g. friends, family members).	51.3	41.4	5.4	1.9
I discussed political or social topics with other people on the Internet.	75.5	16.3	6.4	1.8

Social and civic engagement of respondents is low. More than 50% of respondents responded 'No' with reference to nearly all forms of engagement. Only with respect to voting in elections and giving money for social purpose, more than a half of respondents were engaged in some period of their lives. Relatively many students (4–5 in 10) indicated they discussed political issues, signed letters/petitions or provided voluntary services at some point in their lives. The smallest

group (nearly 2 in 10) indicated experiences of contacting important people in order to express views, participating in protests or meetings with politicians. The structure of students' engagement is in line with the results of other studies, but the percentages of people engaging in particular forms of activity are larger in comparison with the representative sample of the entire Polish population (CBOS, 2012) and the results of surveys regarding selected forms of engagement among young Poles (Nowak, 2009; Wysocka, 2009; Chodkowska, 2010; Jelonek, Antosz Balcerzak-Raczyńska, 2014) and smaller in comparison with engagement shown by students of universities in the United States and Western Europe (HIOP, 2002; Andolina et al., 2006; Gaiser, de Rijke, 2008).

If respondents do actually engage, they choose short-term forms of activity. Most of them participated in one-off events, e.g., elections or fund raising. Significantly fewer people indicated forms of engagement which required intense efforts or independent initiative (e.g. they would rather sign protest letters than be active in associations).

With reference to nearly all forms of activity (except for the participation in fund raising for social/charity activity), more people indicated they had done it during the last year than only in previous periods (but not last year). The smallest differences pertain to community efforts (voluntary services, working for associations or organization of fund raising events). In this respect, more people were active before started studying.

Apart from the differentiation of social and civic engagement, we were also interested in its quantitative aspect, i.e. the number of activities per student. We only counted the activities during the last year and included only those people who responded to all statements, i.e., no missing data (Chart 1).

It is a conspicuously rightward skewed distribution. Nearly one in five respondents did not engage in any of the social and civic forms of activity during the last year. Active students usually chose only one or two forms of engagement. Approximately every second person (the second quartile) indicated more than 2 forms of engagement during the last year, while every fourth person (the third quartile) indicated more than 4 forms of engagement. The maximum selectable number of activities was fourteen, so it can be concluded that the overall (absolute) degree of students' social and civic engagement was low.

Based on the resultant distribution of data regarding the number of social and civic engagement forms, respondents were divided into four groups in keeping with the proportions similar to the normal distribution. The groups differed in the degree of social and civic engagement: **zero** – the group of people who did not indicate any form of social and civic engagement during the last year, **low** – 1 or 2 forms of engagement; **average** – from 3 to 5 forms of engagement; **high** – 6 or more forms of engagement (Chart 2).

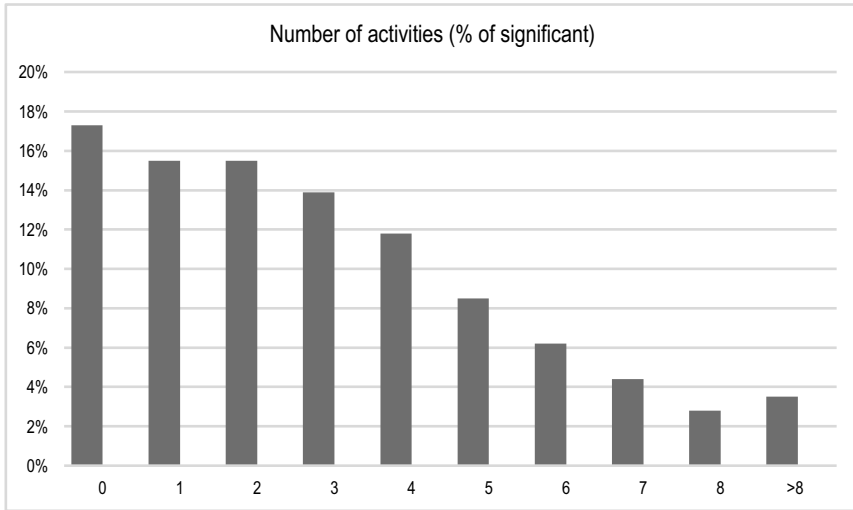


Chart 1. The number of social/civic engagement activities within the last 12 months (N=4216)

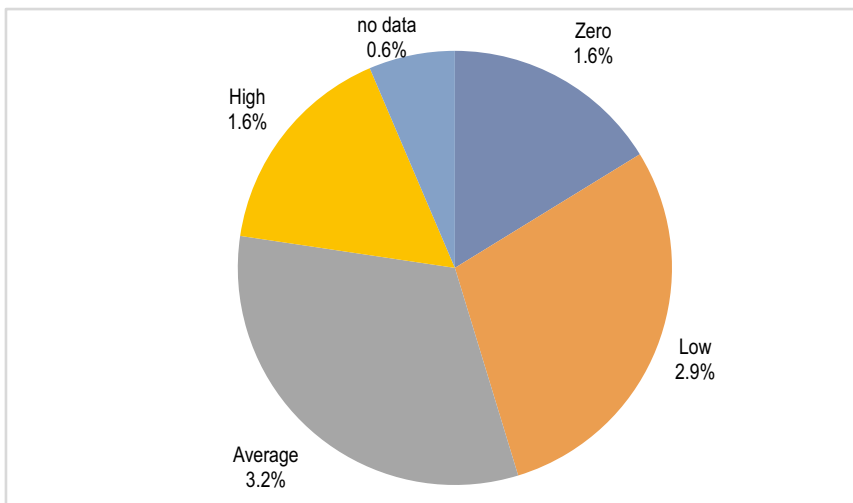


Chart 2. Differentiation of the sample based on the degree of social and civic engagement (N=4216)

The degree of social and civic engagement differs for men and women and the difference is statistically significant (N = 4160; chi-squared= 21.886, Cramer’s V = 0.0718, df = 3, p<0.0005). Women (18.8%) did not engage in any forms of social and civic activity relatively more often than men (13.8%). There were also more women in the low engagement group. An inverse proportion was observed in the average and high engagement groups: more men (56.4%) than women (49.7%). It

can be asserted that the degree of social and civic engagement measured by the number of selectable activities is higher among male students, though the strength of the correlation is very low.

The degree of social and civic engagement was significantly differentiated by job/work, especially by odd jobs ( $N = 4188$ ; chi-squared = 20.2, Cramer's  $V = 0.0694$ ;  $df = 3$ ,  $p=0.0001$ ), and academic achievements, especially as measured by the grade average ( $N = 4161$ ; chi-squared = 47.0, Cramer's  $V = 0.061$ ;  $df = 12$ ,  $p<0.0001$ ). It was revealed that people with zero or low social and civic engagement did not work (51.8%) more often than those that did work (47.0%) and they had the grade average below 3.7 (51.1%) more often than above 4.5 (38.1%). In turn, people with high social and civic engagement did work (18.9%) more often than did not work (13.1%) and they had the grade average above 4.5 (25.0%) more often than below 3.7 (14.4%). It can be concluded that people who did work during their studies and had better grades were also more engaged in social or civic activity.

## The degree of social and civic engagement versus problem drinking – correlations

We confirmed the hypotheses about the statistically significant correlations between social/civic engagement of students and the instances of problem drinking.

The degree of social and civic engagement of university students is differentiated by *consultations with specialists for alcohol addictions* ( $N = 4171$ ; chi-squared = 21.6, Cramer's  $V = 0.05$ ;  $df = 6$ ,  $p=0.001$ ). Students who never consulted a specialist physician or therapist for addictions were equally often the members of the zero engagement group (17.3%) and the high engagement group (17.1%). On the other hand, who did seek specialist help were more often the members of the zero engagement group (26.0%) than the high engagement group (12.5%). While interpreting this result, one must be cautious, since there was a significant disproportion between the number of people who never sought and those who sought (only 3% of the entire sample) this form of help (and the analysis also included 22 people who chose the answer 'other').

The degree of social and civic engagement provides statistically significant differentiation for *the alcohol problem threat* as measured by the number of points in the RAPS 4 screening test ( $N=3803$ ; chi-squared = 25.7, Cramer's  $V = 0.0822$ ;  $df = 3$ ,  $p<0.0001$ ). People with the identified alcohol problem threat belonged to the groups of average or high social/civic engagement (56.8%) more often than people who were not exposed to the risk of alcohol addiction (49.2%).

An inverse proportion was observed for the zero or low engagement groups (43.2% to 50.8%). The result can be interpreted as follows: people who indicated zero or low social/civic engagement during the last year did admit to experiences pointing to the alcohol addiction threat less often than people who engaged in two or more forms of social/civic activity.

A very similar correlation can be identified between the degree of social/civic engagement of students and *harmful drinking or addiction* as measured by AUDIT-C (N=4098; chi-squared=8.3, Cramer's V=0.0450; df=3, p=0.039). According to the data distribution, people with the identified threat of harmful/risky drinking more often belonged to the group of average or high social/civic engagement (53.8%) in comparison with those for whom harmful drinking was not identified (49.5%). In turn, people who exhibited risky drinking less often (in comparison with those who did not drink harmfully) belonged to the zero or low engagement group (46.2% to 50.5%). These results can be treated as a premise for the conclusion that people who engaged in more forms of social and civic activity during the last year exhibited relatively more risky drinking habits (in terms of quantity and frequency) than people with zero or low social/civic engagement.

This leads to the clear assertion that students who are more exposed to the threat of alcohol addiction (more risky drinking, i. e., drinking larger quantities, drinking with a greater frequency or experiencing the consequences of heavy intoxication more frequently) engage in more forms of social and civic activity. To simplify, people with higher social and civic engagement have the tendency to be exposed to the alcohol problem more often.

This result can be explained in several ways. It seems to undermine the basic assumption about the protective function of social and civic activity. The concept of *resilience* asserts that people who possess large resources and manifest a high level of social functioning and participation in social life will be more reluctant to engage in risky behaviours (Marciniak, 2019; Windle, 2002; Ostaszewski, 2014, pp. 98–99). However, this mechanism finds no confirmation in our research. The concept of *resilience* is addressed mainly to groups from heavily threatened environments subject to difficult life conditions (Windle, 2002). The reason might be that respondents do not belong to groups which are exposed to exclusion or are marginalised (as indicated by their self-esteem, socio-economic status etc.). This explanation is, however, highly implausible, because the concept of *resilience* is also applied to fully positive development, i. e., groups with extensive resources (Marciniak, 2019; Ostaszewski, 2014; Pyżalski, 2017).

Why does the mechanism of *resilience* supporting numerous prevention programmes find no confirmation in our survey? In view of the difficulties in the implementation of studies on resilience, one should consider 'actions and in-actions' of the surveyed students as the factor that moderates the relation between social/civic engagement and risky drinking of alcohol (Windle, 2002,

p. 168). Perhaps the type ('content') of engagement by university students is as important as the number of forms of such engagement (quality vs. quantity).

Civic engagement by participation in clubs, youth communities, voluntary services or by regular interactions with prosocial peers is supposed to perform a protective function (Harpine, 2011, p. 4; Ostaszewski, 2014, p. 97; Pyżalski, 2017, pp. 296–297). Meanwhile, students in our survey were active in different organisations with a relatively low frequency. Furthermore, interactions within groups may be significantly conducive to mental health and prevent adverse behaviours of at-risk youth, but these processes must be consciously directed to perform the function of 'group-centred prevention' (Harpine, 2011, p. 4). The most frequent forms of their activity were the participation in elections and the transfer of money for social causes. They were incidental and one-time actions that did not require any special efforts. Perhaps for this reason they were insufficient to provide the protection against risky factors which might be harmful to personal development.

One of the most frequent forms of engagement indicated by the surveyed students was a discussion on political issues (offline). Meanwhile, the consumption of alcohol 'releases the brakes' and leads to behaviours which would not occur in the state of sobriety (Cungi, 2007, pp. 215–220; Kuntz, 2009, pp. 88–90; Teeson et al. 2012, pp. 11–12, 42–46). Perhaps due to the reduced fear of negative consequences it may lead to the open expression of views (including political opinions).

The positive correlation between the degree of social/civic engagement and risky drinking among students can also be explained by reference to the needs satisfied by these two forms of activity. Relatively many (1 in 5 persons) respondents indicated participation in voluntary services and fund-raising events (e.g., rallies), so these activities contributed to their engagement to a major extent. Both involve interactions with people and a sense of belonging, so they fulfill the need of affiliation (Andolina et al., 2006; Jaskulska, 2013; Kulesza, Kosowska, 2017). The very same need is satisfied by the consumption of alcohol which facilitates making and maintaining contacts in social and cultural dimensions (Teeson et al., 2012). Therefore, the correlation between the phenomena under analysis may result from the strong need of affiliation or the high level of social approval among the surveyed students exhibiting major engagement in these forms of activity.

A similar line of interpretation may be followed by referring to Stanisław Gerstman's concept of activity (1987). According to this author, an individual's activity is regulated by subjective indicators belonging to personality. They are orientations which include: beliefs, systems of assertions, opinions, expectations, convictions, knowledge about the properties of objects and the rules that govern them, and norms or common principles and models of conduct (Gerstmann,

1987, pp. 84–109). They provide knowledge about the world and the laws that organise it. Social and civic engagement as well as problem drinking were measured through the forms of activity. It seems, therefore, that the underlying elements regulating the personality are at least partly consistent and set one direction for students' activities. It could be the generalised orientation towards engagement in opposition to passivity, distance or neutrality (Elias, 2012, pp. 80–107). It would mean that more engaged students (blinded, activated) in one are turn out to be more active in other areas as well. Our study observes this dependence in the relations between social/civic engagement and other factors. Students who exhibit higher social and civic activity tend to take up a job more often and have better grades, but they also engage in risky behaviours with a greater frequency (which would be their expression of the general engagement in various forms of life activity). The factors underlying all these activities might be temperamental or personality traits, e.g., a relatively high level of extroversion (Barnes et al., 2002).

The interpretation of these results may also consider the studies by other researchers.

A comprehensive analysis of more than 40 surveys regarding the relations between the broadly understood social capital (including family and institutions) and risky behaviours (smoking cigarettes, drinking alcohol, taking narcotics and sexual initiation) was performed by a team from Glasgow (McPherson, Kerr, Morgan, McGee, Cheater, McLean, Egan, 2013). They formulated the conclusion that family relations are expressly connected with a reduced likelihood of risky behaviours, but this effect is not observed (or it is a counter-effect) in the case of parental control. The results also vary with respect to social capital in institutions (social participation). In general, young people participating in institutions (group meetings, particularly religious) or exhibiting civic activity had lower results regarding their alcohol intake.

It is a well-documented dependence that the occurrence of risky behaviours in adolescence is negatively correlated with civic activity in adulthood. For instance, the experience of peer violence in adolescence reduces the likelihood of voluntary services in adult life (Chen, Propp, Lee, 2014). On the other hand, surveys among young people in Italy indicate that teenagers (11–15 years old) who engage in social participation show a lower degree of risky behaviours (as evidenced by participation in scuffles, smoking cigarettes and drinking alcohol), but this correlation was observed only for girls. Interestingly, this dependence for the entire sample had the shape of the letter 'U' – teenagers with the average level of participation (1–4 times a week) showed the smallest number of problem behaviours (Vieno, Nation, Perkins, Santinello, 2007). These results suggest both the lack of social/civic engagement and its high level may correlate with the increased likelihood of risky behaviours. For the interpretation of our survey, the

right edge of the U-shaped dependence is particularly interesting. What makes the excessive engagement correlate with the rise in risky behaviours?

In this context, one should definitely mention the longitudinal studies on the relations between diverse forms of social/civic engagement in adolescence/early adulthood and health/well-being in adulthood (Ballard, Hoyt, Pachucki, 2019). The results of longitudinal analyses demonstrate that all forms of adolescent engagement are positively correlated with the level of education and income in adulthood. No form of engagement is correlated with physical health in the future. Voluntary activities and participation in elections correlate positively with better mental health and healthy behaviours. However, civic activism is not related to mental health, but it correlates with the higher likelihood of risky behaviours in adulthood (Ballard, Hoyt, Pachucki, 2019).

Perhaps our surveyed students with the highest level of civic engagement were people who exhibited the greatest activism (signing petitions, participating in demonstrations). It would thus follow that they engaged in contesting actions (opposition and protest) which exposed them to the highest potential risk. In consequence, their high level of engagement would involve a greater inclination towards risk which conditioned the threat of addiction and risky drinking.

The interpretation of these results can also be supported by the longitudinal studies in Germany regarding the effects of voluntary memberships and volunteering on use of alcohol and tobacco (Pavlova, Lühr, Luhmann, 2019). In the light of the survey results, voluntary memberships and volunteering seems to rather promote than to protect against, alcohol and tobacco use. There were several effects showing that voluntary memberships and volunteering were usually associated with more alcohol consumption (on low or moderate level) and with less smoking. These effects are relatively greater among men than women and they usually emerge around one year after voluntary services (no differences were observed in terms of age or the political character of the voluntary memberships). This survey indicates that more engaged individuals (usually) drink more alcohol (Pavlova, 2019). The results of our survey can, therefore, be interpreted as an insight into a momentary effect: both factors (problem drinking and social/civic engagement) were measured on the basis of the last 12 months of activity. The participation in voluntary initiatives may correlate with alcohol intake due to the affiliation with a group or the manner of organising life activities.

Our own survey results presented thus far and the results documented by other authors demonstrate that social and civic engagement may correlate positively with risky behaviours as regards the consumption of alcohol. A direction for explaining the nature of these correlations may be provided by the model which American researchers developed on the basis of longitudinal studies regarding young adults (Kosterman, Hill, Lee, Meacham, Abbott, Cata-

lano, Hawkins, 2014). These studies demonstrate that two separate mechanisms are simultaneously active. The first mechanism pertains to pathways of prediction in young adulthood such that the mechanisms influencing positive functioning (constructive engagement, civic engagement, physical exercise, and lack of depressive symptoms) were primarily prosocial: socialisation (bonding, involvement); beliefs in a moral order and skills for interaction. In turn, the second mechanism pertains to the impact of alcohol-specific mechanisms: alcohol-use socialisation (opportunities, involvement and bonding with others) and beliefs in pro-alcohol values on the occurrence of the symptoms of the AUD (alcohol use disorder). Interestingly, no crossover effects were identified between these two factors (Kosterman, 2014, pp. 353–355). It seems, therefore, they are independent – the positive functioning in early adulthood (30 years old) is related with the earlier level of the positive functioning (20 years) old and prosocial socialisation, but it is not related to alcohol-use socialisation or the symptoms of the alcohol use disorder. Probably, there exist two socialisation pathways with respect to these phenomena.

An in-depth statistical analysis with a division into various forms of social and civic engagement of the surveyed students will allow us to explain our results in more detail.

## Identity problem solving by students

The complexity and temporal multi-dimensionality of contemporary society (its ambiguity, ambivalence, transiency and diversity) as well as the social and cultural transformation of the world under globalisation are subject to incessant fluctuations. This means that the description and standardisation of the heterogeneity of the society which is objectified in its activities can be difficult to capture. In consequence, the nature of global connections and interdependencies is not without significance for the quality of individual functioning. The reality of permanent change and ambivalence leads to the reflection on the contemporary *conditio humana* and the solutions to identity-related problems. The multi-layered and multi-level structure of the social reality – defined by K. Dąbrowski as the ‘totality of phenomena which occur in the external and internal environments of people and are perceived, conceived and experienced through senses, thoughts, emotions, imaginings, intuitions, all mutually connected’ (Tylikowska, 2000) – points to the particular relevance of the questions about the meaning and the scope of the notion of ‘identity’. This becomes specifically important with respect to university students (Cybal-Michalska, 2020).

The concept of identity crystallises the problem of the individual fate trajectory. In this sense, just as ‘any other formalised narrative, it is something that must be developed and requires a creative contribution by its very nature’ (Giddens, 2001, p. 107) as well as the reflection on one’s own biography. Identity is ‘a reflective loop in which you start with yourself and return to yourself’ (Zawadzki, 2003, p. 5). In the context of contemporary global transformations, it becomes particularly important to find a precise answer to the question: ‘Who am I in this rapidly changing world?’ (a dynamic question). In response to the dynamic question, an individual who perceives the speed and intensity of global transformations tries to define the degree to which he or she is the active subject of prospective changes happening in cultural and social contexts (Miształ, 2000). As pointed out by B. Miształ, identity is a cognitive practice consisting in the search for the answers to such questions as: Who am I?, Who am I becoming?, Who am I not?, but also the more precise question: Who am I, since I am so

different from others? (a contrasting question), Who am I, since people's characteristics are distributed so unevenly? (a gradation question), which allows one to see the scale of differentiation in the intensity of particular qualities among various subjects of the social life (Cybal-Michalska, 2020).

In the situation of the perceived organisation of the social life around multiplicity and diversity of alternatives (it is both observed and experienced), young people face the challenge of defining their relations with the world. It is a peculiar inner exploration and the search for the answer to the complex question demanding repeated reflection: Am I the subject of prospective changes and if so, to what extent? The significance and dynamics of changes implies transformations in the identity-related aspects of the social life wherein a young person seeks and defines himself or herself. For young people participating in an unstable reality, being in the period of double transition (from adolescence to adulthood and from university education to employment), the answer to the question 'Who am I becoming?' is particularly significant, but it also appears difficult to find in the 'multiplicity of worlds'.

The identity development is reflective. As it was put by J. Rainwater, 'we are not what we are, but what we make of ourselves' (Giddens, 2001, p. 102). Young people at the threshold of adulthood choose their identity directions which will provide the foundations for further development of the inherent potential. Consciousness, perception and assertion of the subject about who s/he is and who s/he becomes allow to formulate the vision of the desired state. The unprecedented diversity of individualised lifestyles understood as 'the culturally conditioned way of fulfilling needs, habits and norms' (Fatyga, Rogala-Obłękowska, 2002, p. 24) makes it possible and necessary to live by change, where 'everyone must become the model for the epoch we want to create' (Illich, after: Kwieciński, 2000, p. 269). In this sense, the loss and the permanent change of individual points of reference renews the problem of *identity styles* and the question of 'how identity is created and changed' (Jawłowska, 2001, p. 54) depending on the social context and the quality of a young person's engagement in the process of exploration. Recognising and understanding oneself develops the sense of agency and responsibility for agency, i.e., committing oneself. Exploration is one of the basic dimensions in the process of identity crystallisation, which is emphasised by such psychologist as J. Marcia, Erikson, A. Brzezińska. The key idea is to 'look back upon yourself, self-contemplation, striving to understand who you were, who you are and who you can be in the future (...) which allows you to become aware of who you are and your relation to the external world and the environment' (Stanišauskienė, after: Adomaitiene, Zubrickiene, 2010, p. 90, (Cybal-Michalska, 2020).

When entering adulthood, university students face the necessity of permanent self-definition (in the situation of dominating changes and ambivalence) and

individualisation (enforced by the lost 'connection' with the community) of their biography. This idea is elaborated upon in the Berzonsky's concept of identity styles. It can be assumed that it is an important supplement to the theory of identity statuses by J. Marcia, who refers to the identity structure as the stable disposition of the subject, i. e., identity as a state (not a process), resulting from its development (Berzonsky, Ciecuch, Duriez, Soenens, 2011; Czyżowska, Gruba, Białek, 2012; Berzonsky, 2003). However, identity is shaped in the context of social and cultural influences within the permanently changing reality. Berzonsky's model provides the opportunity to dynamically capture the crystallisation of identity. Identity styles are formed by social and cognitive processes and pertain to individual preferences in the processing of information about the 'I', decision-making and choosing the strategy for constructing one's identity or for avoiding its crystallisation. The identity style is defined by the author as 'the individual's way of coping with identity problem solving' (Czyżowska, Gruba, Białek, 2012, p. 60).

Considering the need of a multi-contextual approach to studies on alcohol-related problems among Polish students, the reference to their identity styles sheds a new light on the peculiarities of analysing the alcohol problem as a disease and a social phenomenon. Identity styles of university students revealed differences in the processing of information, negotiating the identity aspects and making personal decisions (Berzonsky, 2003, p. 131) by respondents as well as the peculiarities of alcohol-related problems, which makes them analytically important in cognitive terms, since they also serve to explain the relations which can be captured between the identity process styles and problem drinking.

In order to define identity styles of the surveyed students from public and non-public universities, we referred to *Identity Style Inventory* by M. Berzonsky (1992). The identity style model proposed by the author refers to differences in the individual processing of identity-relevant information as well as differences in the contents which build the self-concept of the person. For instance, an individual can be focused on gaining information and then process it deliberately and assess it, before deciding to make a commitment and define himself/herself, or may automatically adapt and internalise the normative recommendations of important people or groups/collectives to which the person belongs (Berzonsky, Ciecuch, Duriez, Soenens, 2011, p. 295). M. Berzonsky postulated that values influence how people engage in the process of developing their identities and how they cope with identity conflicts. Values motivate people and set a life direction. The conscious and rational approach to identity which is typical of the information style is connected with values which underline independence and autonomy of the self along with the ability to go beyond personal pleasure and self-indulgence. The normative approach to identity is related to the values of conformism, institutional commitment and responsibility. The diffuse/avoidant

approach characterised by deferrals and evasions is connected with self-interest, personal pleasure and avoiding annoyance (Berzonsky, Ciecuch, Duriez, Soenens, 2011, p. 297–299, Cybal-Michalska, 2020).

Cognitive orientations in the identity crystallisation process may indicate, as presented by M. Berzonsky, different identity styles: *the information style*, *the normative style*, and *the diffuse/avoidant style*. Furthermore, the author points to the factor of identity-related *commitment*, also referred to as the strength of engagement. The author of the identity style model emphasises that ‘the formation of identity is a dynamic long process where the determination of commitments may provide new information and reactions, which can then lead to the change of priorities’ (Berzonsky, Ciecuch, Duriez, Soenens, 2011, p. 299). The identity style inventory refers to convictions, attitudes, ways of coping with various situations, making important life decisions and constructing identities in the context of solving identity problems. The observed differences in identity styles of the surveyed students at public and non-public universities result from the diverse preferences in the choice of social and cognitive strategies used during the engagement (or non-engagement) in tasks consisting in the construction, maintenance and/or reconstruction of the sense of identity (Berzonsky, Ciecuch, Duriez, Soenens, 2011, p. 295).

The information style is most widespread among the surveyed university students (69.7%). Next is the normative style (18.0%) and finally the diffuse/avoidant style (12.3%).

The information style (Cybal-Michalska, 2020) means that people seek information in the identity construction process before making any identity-related commitments. The ways of exploration in the identity crystallisation process are based on independent and active searching and processing of multiple and diverse data. The central idea covers such elements of the SELF as: personal standards, goals and systems of values (Czyżowska, Gruba, Białek, 2012, p. 61). People exhibiting the information style act rationally and purposefully: they seek and assess information which is useful to them. The information style can be observed in people who reflect on their own views by assessing and re-assessing them, especially when faced with contradictory feedback. The information style is positively correlated with the need to know, cognitive complexity, self-reflection, rational coping with problems, careful decision-making, openness to new experiences and conscientiousness. The information style involves independence, agency and competence of the individual. E. L. Deci and R. M. Ryan accentuate *integration* as one of the regulatory processes. Actions demanding the awareness of goals, values and standards constitute the result of integrated self-regulation and choices from among the possibilities which, by being chosen, determine the agency of the person based on his/her preferences through the feedback mechanism (Berzonsky, 2003, pp. 132, 139).

Research indicates that the information style is more typical for men than women ( $\chi^2=15.7$ ;  $df=2$ ;  $p<0.001$ ) and for students coming from large cities (above 250,000 inhabitants –  $\chi^2=27.9$ ;  $df=10$ ;  $p=0.002$ ). University students who rent a room/an apartment or have their own apartment ( $\chi^2=19.0$ ;  $df=10$ ;  $p=0.040$ ) as well as young people who live alone during their studies ( $\chi^2=24.8$ ;  $df=8$ ;  $p=0.002$ ) engage in the inner exploration through seeking information, reaching deep into themselves and treating personal values and internalised standards as the points of reference. The active exploration of alternatives, the search for information and flexibility in making commitments (Berman, Schwartz, Kurtines, Berman, 2001, p. 514) are the attributes of the style presented by people who declare that they are not in a relationship: they are single ( $\chi^2=30.6$ ;  $df=8$ ;  $p<0.001$ ); they do not work full-time (under an employment contract –  $\chi^2=14.0$ ;  $df=2$ ;  $p=0.001$ ); they participate in student exchanges and international practices (e.g., in the Erasmus programme –  $\chi^2=10.6$ ;  $df=2$ ;  $p=0.005$ ); they achieve a grade average above 4.5 ( $\chi^2=26.6$ ;  $df=8$ ;  $p=0.001$ ); they have received a scholarship for academic achievements ( $\chi^2=6.1$ ;  $df=2$ ;  $p=0.047$ ) and distinctions for academic activities ( $\chi^2=6.9$ ;  $df=2$ ;  $p=0.032$ ). Studies indicate that the information style involves 'self-insight, an open mind, strategies of coping with problems, careful decision-making, cognitive complexity, emotional autonomy, empathy, adaptive self-regulation, high levels of engagement and the achieved status of identity' (Berzonsky, Ciecuch, Duriez, Soenens, 2011, p. 296).

Therefore, it can be surmised that these psychological predispositions, as evidenced by the research, contribute to the fact that students from public and non-public universities who exhibit the information identity style declare with a significantly greater frequency that they never drink alcohol or that they do it once a month or less often in comparison with students presenting a different identity style ( $\chi^2=22.2$ ;  $df=8$ ;  $p=0.005$ ), and if they actually drink alcohol, it stays within the norm, which means they have no alcohol-related problem ( $\chi^2=50.6$ ;  $df=8$ ;  $p<0.001$ ). It should also be accentuated that young people with the information style never drink five or more portions of alcohol at one sitting (1 portion is around 10 g of 100% alcohol) – ( $\chi^2=37.0$ ;  $df=8$ ;  $p<0.001$ ). The active exploration of alternatives, seeking information and making commitments (Berman, Schwartz, Kurtines, Berman, 2001, p. 514) which define the information style are typical of university students who say they are as interested in people as they used to be and they do not lose this interest – ( $\chi^2=35.9$ ;  $df=6$ ;  $p<0.001$ ). The studies by D. Czyżowska, E. Gruba and A. Białek indicate that there exists a relation between the information identity style and the orientation towards horizontal collectivism. People who manifest horizontal collectivism also do not find it easy to submit to authorities (Czyżowska, Gruba, Białek, 2012, pp. 60, 64).

The normative style (Cybal-Michalska, 2020) means that people make decisions which are important to the SELF by accepting and internalising the ex-

peceptions of their authorities or the current social norms. Identity conflicts are solved through such elements of the SELF as family, nation and religion (Czyżowska, Gruba, Białek, 2012, pp. 60–61). Normatively oriented individuals are not very eager to engage in the inner exploration, they have a clearly defined direction for their actions, they exhibit limited tolerance to contradictory information and they avoid any information that could undermine their personal convictions and systems of values. The normative process which, as presented by E. L. Deci and R. M. Ryan (1991), involves the internalisation of standards, goals and values of authorities (significant people) results in the perception of engagement as not fully one's own. The actions of such a person is tainted with the sense of possible guilt, approval, or duty (Berzonsky, 2003, pp. 132, 139). Among the surveyed university students, the normative identity style is more frequent for women than men ( $\chi^2=15.7$ ;  $df=2$ ;  $p<0.001$ ) as well as for respondents who live at their own apartment or at the family home during their studies ( $\chi^2=19.0$ ;  $df=10$ ;  $p=0.040$ ), and for people who live with a spouse, a partner, parents, or a family member ( $\chi^2=24.8$ ;  $df=8$ ;  $p=0.002$ ). In comparison with other identity styles, this group of university students have no experiences related to international exchanges or practices ( $\chi^2=10.6$ ;  $df=2$ ;  $p=0.005$ ) and they usually come from rural areas ( $\chi^2=27.9$ ;  $df=10$ ;  $p=0.002$ ). The acceptance and internalisation of the expectations of authorities (significant persons) and of the axionormative layer of culture are more typical (in comparison with the other two identity styles) of people who are parents ( $\chi^2=30.6$ ;  $df=8$ ;  $p<0.001$ ), who work full-time under an employment contract ( $\chi^2=14.0$ ;  $df=2$ ;  $p=0.001$ ) and who declare their financial situation is good/very good, because they can cover basic expenses and put aside large amounts of money ( $\chi^2=19.4$ ;  $df=8$ ;  $p<0.013$ ). The normative commitment is more rooted in emotions than information; it pertains to people who admit to alcohol intake more often, from two to four times a month ( $\chi^2=22.2$ ;  $df=8$ ;  $p=0.005$ ), and young people who did not feel guilty after drinking alcohol within the last 12 months ( $\chi^2=28.7$ ;  $df=2$ ;  $p<0.001$ ). The process of solving identity conflicts by referring to authorities and social norms is also typical of normatively oriented students who declare more often that during the last week they did not feel sadness, dejection or gloom ( $\chi^2=59.6$ ;  $df=6$ ;  $p<0.001$ ), hopelessness and lack of self-confidence ( $\chi^2=75.1$ ;  $df=6$ ;  $p<0.001$ ), physical exhaustion and the need to rest ( $\chi^2=19.6$ ;  $df=6$ ;  $p=0.003$ ), lack of good mood and lack of pleasure in situations that used to make me happy ( $\chi^2=36.2$ ;  $df=6$ ;  $p<0.001$ ) or distress, panic and tension ( $\chi^2=22.4$ ;  $df=6$ ;  $p=0.001$ ). Following groups norms and referring to the elements of the SELF that reflect the important socialising agendas are manifested by people who do not think about suicide or self-harm ( $\chi^2=30.9$ ;  $df=6$ ;  $p<0.001$ ). Therefore, it comes as no surprise that within the last 7 days their feelings are as follows: no sadness or dejection ( $\chi^2=59.6$ ;  $df=6$ ;  $p<0.001$ ), no excessive worries about the future ( $\chi^2=70.3$ ;  $df=6$ ;  $p<0.001$ ), the conviction that

they are not seriously neglectful ( $\chi^2=81.4$ ;  $df=6$ ;  $p<0.001$ ) and what they do gives them pleasure ( $\chi^2=58.4$ ;  $df=6$ ;  $p<0.001$ ), they do not feel guilty about themselves or others ( $\chi^2=44.1$ ;  $df=6$ ;  $p<0.001$ ) and they are convinced they do not deserve punishment ( $\chi^2=27.6$ ;  $df=6$ ;  $p<0.001$ ) and they feel satisfied with themselves ( $\chi^2=80.4$ ;  $df=6$ ;  $p<0.001$ ), they do not feel to be worse than others ( $\chi^2=75.1$ ;  $df=6$ ;  $p<0.001$ ), and they do not think about suicide ( $\chi^2=17.3$ ;  $df=6$ ;  $p=0.008$ ). The normative style typical of this group of surveyed students comprises (following Berzonsky) limited exploration of alternatives, submissiveness, the inclination to respect the authorities, adherence to norms and dogmas, conformity to social and family expectations as well as strict attitudes while making any commitments (Berman, Schwartz, Kurtines, Berman, 2001, p. 514). Surveys of university students indicate that normatively oriented people show the least frequency of depressive episodes ( $\chi^2=77.3$ ;  $df=4$ ;  $p<0.001$ ). In the contexts where problems, demands and standards are rather stable, the strength of commitment as such supports effective functioning regardless of the rationality of attitudes. Thereby, engagement based on emotions may materialise the commitment that exemplifies the person's agency and competence (Berzonsky, 2003, p. 139).

The diffuse-avoidant style scale (Cybal-Michalska, 2020) reflects the attitude of procrastination and deferring decisions which are important for the shaping of identity and solving identity conflicts. Individuals exhibiting the diffuse-avoidant style escape from personal problems as long as they can and defer important decisions, their behaviour being determined mostly by situational factors. The crucial and central components of the SELF structure are popularity, impact and reputation (Czyżowska, Gruba, Białek, 2012, p. 61). In the case of persons classified as diffuse-avoidant, the demands related to and determined by the situational context usually dictate or limit the behavioural reactions. The diffuse-avoidant style is positively correlated with emotional strategies of coping with problems, changing situations, neuroticism and depressive reactions as well as meticulousness and cognitive inquisitiveness (Berzonsky, 2003, pp. 131–132). The studies of M. Berzonsky and L. Kuk (2000) or J. M. White and R. M. Jones (1996) indicate that people exhibiting the diffuse-avoidant style experience different behavioural problems, nutrition disorders, neuroticism, depressive reactions and problems related to the addiction to alcohol and narcotics (p.138). In Berzonsky's model of identity styles, diffusion-avoidance is more than a dispersed 'lost' SELF. This style involves 'the strategic attempts at avoiding or hiding potentially negative relevant feedback (...) with little engagement, with external control and impulsiveness'. The diffuse-avoidant style is more typical of the university students who live in student residence halls during their studies ( $\chi^2=19.0$ ;  $df=10$ ;  $p=0.04$ ), people who are not parents ( $\chi^2=8.9$ ;  $df=2$ ;  $p=0.011$ ), people who sometimes have difficulties in paying their basic expenses ( $\chi^2=19.4$ ;  $df=8$ ;  $p<0.013$ ), those who have the grade average below 3.7 ( $\chi^2=26.6$ ;  $df=8$ ;

$p=0.001$ ) and students who received no scholarship for academic achievements ( $\chi^2=6.1$ ;  $df=2$ ;  $p=0.047$ ) or distinctions for academic activities ( $\chi^2=6.9$ ;  $df=2$ ;  $p=0.032$ ). Those who avoid the solution to personal problems and tend to react to situations are the people who drink alcohol two or three or more than four times a week ( $\chi^2=22.2$ ;  $df=8$ ;  $p=0.005$ ), respondents who consume from seven to nine portions of alcohol when they drink ( $\chi^2=50.6$ ;  $df=8$ ;  $p<0.001$ ), and they do it usually once a week or even daily ( $\chi^2=37.0$ ;  $df=8$ ;  $p<0.001$ ). Considering that this group of university students avoids facing identity problems and conflicts as long as possible, they (as evidenced by research) exhibit the alcohol-related problem (harmful drinking or addiction –  $\chi^2=24.8$ ;  $1$ ;  $df=2$ ;  $p<0.001$ ), they feel guilty after drinking alcohol ( $\chi^2=28.7$ ;  $df=2$ ;  $p<0.001$ ), they have been in a situation when someone spoke of things they did or said while drinking that they could not remember or recollect ( $\chi^2=16.3$ ;  $df=2$ ;  $p<0.001$ ) and they did drink alcohol in the morning right after waking up ( $\chi^2=19.0$ ;  $df=2$ ;  $p<0.001$ ). In this particular group, the likelihood of addiction to alcohol is very high ( $\chi^2=39.1$ ;  $df=2$ ;  $p<0.001$ ). Therefore, it can be asserted that these groups of university students will avoid facing conflicts and problems related to identity as long as they can, while their actions, decisions and commitments will be accompanied by behaviours which mainly reflect the response to the external context and its possible consequences. However, the moment of conformity (behaviour – context) is rather a short-term modification that can impact self-identification (Berzonsky, Ciecuch, Duriez, Soenens, 2011, p. 296). The diffuse-avoidant style involves the constant feeling of sadness and misery that become unbearable ( $\chi^2=59.6$ ;  $df=6$ ;  $p<0.001$ ), the feeling that the future is hopeless and nothing can change it as well as that the future will bring nothing good ( $\chi^2=70.3$ ;  $df=6$ ;  $p<0.001$ ), and the lack of satisfaction and the feeling that all they do is wrong ( $\chi^2=81.4$ ;  $df=6$ ;  $p<0.001$ ). The inclination towards situational reaction to events and avoidance of facing problems are shown by people who do dislike themselves ( $\chi^2=80.4$ ;  $df=6$ ;  $p<0.001$ ) and find it difficult to make decisions ( $\chi^2=34.8$ ;  $df=6$ ;  $p<0.001$ ).

Procrastination, avoidance or deferral of solving problem situations often involve waking up at night and the inability to fall asleep again ( $\chi^2=34.3$ ;  $df=6$ ;  $p<0.001$ ), fatigue, the lack of strength to do anything ( $\chi^2=43.4$ ;  $df=6$ ;  $p<0.001$ ), worrying about health ( $\chi^2=23.1$ ;  $df=6$ ;  $p<0.001$ ) and the lack of any interest in sex ( $\chi^2=30.8$ ;  $df=6$ ;  $p<0.001$ ). Furthermore, a relation was observed between the diffuse-avoidant style and depressive episodes of moderate or even deep intensity, i.e., depressive disorders ( $\chi^2=29.6$ ;  $df=2$ ;  $p<0.001$ ). Making decisions accompanied by behaviours reflecting mainly the response to the external context (so typical of the diffuse-avoidant style) is positively correlated with the statement that ‘during the last week I have always felt’: sadness, gloom and dejection ( $\chi^2=27.5$ ;  $df=6$ ;  $p<0.001$ ), lack of self-confidence and hopelessness ( $\chi^2=75.1$ ;  $df=6$ ;  $p<0.001$ ), physical exhaustion, the need to rest ( $\chi^2=19.6$ ;  $df=6$ ;

$p=0.003$ ), distress, panic and tension ( $\chi^2=22.4$ ;  $df=6$ ;  $p=0.001$ ). In comparison to the information style and the normative style, people exhibiting the diffuse-avoidant style have more thoughts about suicide and self-harm ( $\chi^2=30.9$ ;  $df=6$ ;  $p<0.001$ ) and they usually admit that during the last week they lacked good mood and felt no pleasure in situations that used to give them positive experiences ( $\chi^2=36.2$ ;  $df=6$ ;  $p<0.001$ ).



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## Basic recommendations of preventive actions

The analysis of the results allowed the formulation of the following recommendations of preventive actions with respect to disorders related to alcohol intake among students:

1. The available results indicate that alcohol intake among Polish students is widespread. During the year preceding the present survey, only every twentieth student did not drink alcohol, while nearly 6% of respondents admitted to the consumption of alcohol more than 20 times within the last 30 days. All these indicators are more negative among male students than female students. The surveyed persons drink more beer than vodka or wine (consumed at a similar level). It is disturbing that 8% of respondents drink large amounts of alcohol at one sitting more than 6 times per month.

**In view of the high norms of the AUDIT-C and RAPS-4 tests, it should be concluded that around 10% of students are seriously exposed to harmful drinking or addiction. Assuming the lowest exposure norms, 40–50% of the population are at risk.** A number of students also experienced short-term problems related to the influence of alcohol (e.g., becoming a victim of a crime, troubles with the police). Nearly 7% of respondents had more than five problems of that kind. At the same time, the frequency of these problems is correlated with the intensity of alcohol-related disorders.

**These results consistently show that the group of students should be subjected to preventive actions, including universal prevention and indicated prevention, as well as *harm reduction* programmes for people drinking alcohol who do not choose abstinence or reduction in alcohol intake. This pertains, for instance, to programmes related to the reductions of harm following such behaviours as driving mechanical vehicles under the influence of alcohol or engaging in risky sexual behaviours after alcohol intake.**

2. Risky drinking or addiction is negatively correlated with engagement in positive health behaviours, i.e., proper nutrition, physical activity, rest and good social relationships. These are, however, weak correlations. It should be cautiously mentioned that at this stage of their life students who drink

alcohol in a harmful way do not experience severe consequences in terms of health. It could lead to graver problems, since students are not stopped by the problems they actually experience and will not be forced to take up any remedial actions. Nevertheless, the alcohol intake programmes should be included in the wider programmes of health education and student health promotion.

3. The threat of risky drinking and addiction is closely related to tobacco smoking among students. This justifies treating these two problems of public health as related and integrating them into education and prevention programmes.
4. The popularity of alcohol among Polish students indicates the adequacy of solutions which are described for this group in the relevant sources (e.g., Meyer, 2003). These include legislative solutions and the law implementation solutions, i.e.:
  - The responsible policy of alcohol sale (limiting the sale in large containers, e.g., jugs, no alcohol to intoxicated persons);
  - The increase of the statutory sales limit to the age of 21 years old;
  - The enforcement of regulations on driving motor vehicles under the influence of alcohol;
  - Limitations of the number of alcohol selling locations and their opening hours (Meyer, 2003).
5. The survey results indicate that a great majority of respondents do not manifest any depressive disorders. Nevertheless, the data can be seen as unsettling, because it confirms the upward trend in the detection of depressive disorders. Furthermore, female students are more exposed to the risk of depression than their male counterparts.

The KADS test results confirm the above assertion. They indicate that a relatively large group of respondents (61.6%; quite often: 39.3%, usually: 14.8%, always: 7.4%) feel physical exhaustion, fatigue, lack of energy, lack of motivation, a feeling that they fail to cope with things that have never been difficult to them, a need to rest or stay in bed. More than half of the respondents (57.9%; quite often: 38.5%, usually: 14.2%, always: 5.1%) experience worry, distress, panic, tension, irritation, disquiet. Nearly a half of respondents (48.1%; quite often: 30.8%, usually: 12.5% or always: 4.7%) experiences sadness, gloom, dejection, depression, general disaffection. 60.93% of respondents had high results in the PSS test regarding the ability to cope with stress, 25.74% had average results and only 13.31% had low results. Women exhibit significantly more difficulties in coping with stress: 75.85% of them had high results in the PSS test, whereas in the case of men it was 24.15%.

It should be noted that the people who had high scores indicating an alcohol-related problem in the Audit-C have high (61.94%) or average (24.89%) results in the PSS test. The people who had high scores indicating an alcohol-related problem in the RAPS4 test have high (64.49%) or average (24.6%) results in the PSS test.

It should be noted that there is a dependency between the depressive disorder tests (Beck and KADS), the PSS test and the results of AUDIT-C and RAPID. The conclusion is that students tend to consume alcohol and perhaps also other intoxicants in the situations of stress, tension or low moods. It can be conditioned by the lack of knowledge about constructive methods of combatting disorders and mental illnesses. Therefore, university curricula should include the education on ways to solve everyday problems, coping with stress, time management, planning of the future as well as learning how to make satisfying and deep intrapersonal and interpersonal relationships. It would be a good solution if all students had a wider access to practical aspects of psychology or had the possibility to participate in optional classes conducted by specialists (practitioners) instead of academic lecturers. The objective of such classes would be to gain practical abilities of coping with stress and contemporary challenges in a constructive manner without resorting to intoxicants.

6. Problematic Internet Use (PIU) is often concurrent with the abuse of psychoactive substances. We also observed the correlation between PIU and alcohol-related problems, but its strength was low. As regards negative actions on the Internet resulting from alcohol intake or the use of narcotics, respondents admit that such situations happen only sporadically. However, the Internet may become the tool for short-term negative actions by people under the influence of intoxicants.

Our survey confirms that after drinking alcohol people tend to send erotic or offensive messages via the Internet. These incidents are more than rare, but they are not common either. However, we have not observed any statistically significant difference between people with an alcohol-related problem (Audit-C) who sent offensive/erotic message online and those had no such problem detected (within the norm in Audit-C).

People who experience the alcohol problem score slightly fewer points on the Multidimensional Scale of Social Support. It means they perceive less support from people around them than those who do not have alcohol-related problems, but the difference is small. No such differences were identified for the category of online social support.

7. The identity formation process largely depends on the quality of related cognitive processes. The students who represent the information style choose their identity construction strategy on the basis self-exploration and

the resulting commitments, self-knowledge and the coherently structured self-concept. Therefore, it comes as no surprise that these respondents show very few traits that would indicate the threat of risky drinking or alcohol addiction. It is the choice of the construction strategy (as exemplified by the information style persons) and not the avoidance of the identity crystallisation (as in the case of the diffuse-avoidant style) that contributes to coping with problems on the basis of rational reflection instead of escaping into 'prostheses' or 'desensitizers' in the form of alcohol abuse. Therefore, young people should be made aware of the importance of the intentional search for information and its deliberate processing before they make any commitments which are necessary elements in the identity formation process.

8. The degree of social and civic engagement of students at Polish universities is low and if the respondents actually engage, they choose such activities that require less intense efforts (e.g., a one-time instead of regular engagement). The degree of engagement shows a statistically significant increase for the following groups: men (compared to women), workers (compared to the unemployed) and people with a higher grade average (compared to lower average students). Our results are consistent with the results of other surveys regarding the engagement of students (Adamiak, 2014; Chodkowska, 2010; Jaskulska, 2013; Kulesza, Kosowska, 2017; Marciniak, 2012; Nowak, 2009, pp. 112–113; Ozga, 2007, pp. 180–183; Przewłocka, 2011).

The study of the relation between civic engagement (more broadly: social capital) and risky behaviours by adolescents and young adults gives ambiguous results. Though the dependence between these factors is complex, it allows to see engagement more as protection against problem drinking than as a risk factor (Ballard, Hoyt, Pachucki, 2019; McPherson et al., 2013; Ostaszewski, 2014; Pyzalski, 2017; Vieno et al., 2007).

Our survey results confirm the correlation between the degree of social/civic engagement and the indicators of risky drinking/addiction to alcohol among Polish university students. People who showed little or zero social/civic engagement during the last year exhibited less risky intake of alcohol (they drank less frequently, they drank smaller amounts, they felt fewer consequences of harmful drinking) than people with a higher degree of engagement. People from the groups exhibiting a higher risk of addiction and problem drinking (in comparison with the norm – AUDIT-C and RAPS-4) were relatively more frequent members of the groups with a high degree of social and civic engagement.

Based on the results of our survey and the analyses of other researchers, it should be concluded that it is necessary to revise the perception of social and civic engagement as the factor that consistently prevents problem drinking

or addiction (Ballard et al.; Cungi, 2007, McPherson et al., 2013; Ostaszewski, 2014; Pyżalski, 2017; Vieno et al., 2007, pp. 215–220; Kuntz, 2009; Teeson et al., 2005). One may recommend the following solutions for harmful drinking prevention among students:

- Supporting prosocial institution networks, e.g., clubs, youth communities, religious groups (e.g., providing university rooms for meetings of student organisations);
- Stimulating social participation of university students in voluntary or charity activities (e.g., increasing the tolerance of academic teachers for student absences at obligatory classes due to the organisation of charity events);
- Animating interactions with prosocial peers (e.g., developing the idea of student voluntary services, celebrations of the International Volunteer Day at the university);
- Motivating the participation in university elections (e.g., increasing the competences of the student government and its influence on the university life);
- Reinforcing the civic activism based on democratic values, not radical values (e.g., organising workshops of mediation skills, solving university disputes through arbitration);
- Intensifying the awareness of social consequences of alcohol intake (e.g., antisocial behaviours resulting from the mechanism of ‘releasing the brakes’).

The above recommendations, after relevant modifications, can be applied to adolescents as well.

9. The students participating in our survey show high levels of self-esteem. High self-esteem is one of the resources which facilitate coping with problems and is connected with other resources, e.g., the declared good financial situation, the high level of a student’s independence and his/her stable situation in life. Self-esteem does not provide any statistically significant differentiation for the results regarding problem drinking of alcohol by students.

The level of self-esteem is correlated with the risk of depression as well as the experience of depression among the surveyed students.



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## Annex

### Survey Questionnaire

Dear Madam, Dear Sir,

we would like to ask you to participate in the survey regarding the daily life of university students. We have invited more than 4 thousand students from all parts of Poland. We intend to determine the actual situation of Polish students with respect to several areas, including difficult issues such as the use of substances, e.g., alcohol. This will be possible only if we collect reliable data, therefore we invite you to take part in the survey. Otherwise our important academic project cannot be carried out. It takes around 30 minutes to complete the questionnaire.

The survey is anonymous and its results will be used only for scientific purposes. The collected data will be processed statistically. We assure you that it will not be possible to determine the identity of the respondents. Please provide true and honest answers. Thank you for your time.

prof. UAM dr hab. Jacek Pyżalski  
and the survey team  
Faculty of Educational Studies  
Adam Mickiewicz University in Poznań

*The survey is carried out as part of the Grant No. 90/40/3.4.3/19/DEA from the State Agency for the Prevention of Alcohol-Related Problems (PARPA), the task financed by the National Health Programme 2016–2020.*

**1. Which of the following statements are true about yourself (please draw a circle around YES) and which are false (please draw a circle around NO)?**

1) I wish I could have more respect for myself	YES	NO
2) On the whole, I am satisfied with myself.	YES	NO
3) I feel I do not have much to be proud of	YES	NO
4) At times I think I am no good at all	YES	NO
5) I like myself.	YES	NO
6) I certainly feel useless at times.	YES	NO
7) I feel loved and trusted.	YES	NO
8) I feel lonely, though I do not want it.	YES	NO

**2. Below are statements concerning convictions, attitudes and/or ways of coping with important issues. Please read them carefully and mark the extent to which each statement describes yourself. Please draw a circle around one number for each statement using the following scale: from 1) that is not me at all, to 5) that is exactly me.**

1) I spend a lot of time seriously reflecting on what I should do with my life.

That is not me at all	1	2	3	4	5	That is exactly me
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2) I am not really sure about what I am doing at the university (at work); I think all will just work out for good by itself.

That is not me at all	1	2	3	4	5	That is exactly me
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3) I usually follow the values that I was taught through my upbringing.

That is not me at all	1	2	3	4	5	That is exactly me
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4) I spend a lot time reading and talking to people about religious topics.

That is not me at all	1	2	3	4	5	That is exactly me
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5) When I talk to people about important issues, I try understand their point of view and see the problem from their perspective.

That is not me at all	1	2	3	4	5	That is exactly me
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6) It is pointless to think ahead about values and the principles of conduct; I just decide about particular situations when they actually happen.

That is not me at all	1	2	3	4	5	That is exactly me
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7) I have always had a goal in my life. I was brought up according to the principle that I should know what I want to achieve.

That is not me at all	1	2	3	4	5	That is exactly me
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8) When I did not pay any attention to my problems, they very often just solved themselves.

That is not me at all	1	2	3	4	5	That is exactly me
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9) I have spent a lot of time reading about political issues and trying to understand them.

That is not me at all	1	2	3	4	5	That is exactly me
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10) I have not been thinking about my future yet; I still have a lot of time to do so.

That is not me at all	1	2	3	4	5	That is exactly me
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11) Very often I talk to many people about values and principles in order to shape my own system of values.

That is not me at all	1	2	3	4	5	That is exactly me
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12) As regards religion, I have always known what I believe in and what I do not believe in; I have never had any serious doubts.

That is not me at all	1	2	3	4	5	That is exactly me
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13) Since the times of the secondary school, I have known that I will go to a university and what I will study (or that I will not study anything).

That is not me at all	1	2	3	4	5	That is exactly me
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14) I think it is better to have a solid system of beliefs than an open mind.

That is not me at all	1	2	3	4	5	That is exactly me
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15) When I have to make a decision, I put it off as long as I can in order to see what will happen.

That is not me at all	1	2	3	4	5	That is exactly me
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16) When I have a personal problem, I try to analyse the situation in order to understand it.

That is not me at all	1	2	3	4	5	That is exactly me
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17) I think that when I experience a problem, the best way is to go and get some advice from a specialist (a priest, a physician, a lawyer).

That is not me at all	1	2	3	4	5	That is exactly me
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18) It is best not to take life too seriously; I simply try to enjoy life.

That is not me at all	1	2	3	4	5	That is exactly me
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19) I think it is better to have a well-established system of values than to consider alternative solutions.

That is not me at all	1	2	3	4	5	That is exactly me
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20) I try not to think about problems and not to give them too much of my time.

That is not me at all	1	2	3	4	5	That is exactly me
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21) Often I find personal problems to be interesting challenges.

That is not me at all	1	2	3	4	5	That is exactly me
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22) I try to avoid personal situations which demand that I should give them a lot of thinking and cope with them by myself.

That is not me at all	1	2	3	4	5	That is exactly me
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23) When I know a solution to a problem, I prefer sticking to it.

That is not me at all	1	2	3	4	5	That is exactly me
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24) When I have to make a decision, I like giving it a lot of time in order to consider various possible options.

That is not me at all	1	2	3	4	5	That is exactly me
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25) I prefer situations in which I can follow social norms and standards.

That is not me at all	1	2	3	4	5	That is exactly me
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26) I like being responsible for coping with problems which make me rely only on myself.

That is not me at all	1	2	3	4	5	That is exactly me
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27) Sometimes I just pretend the problem does not exist and the situation somehow takes care of itself.

That is not me at all	1	2	3	4	5	That is exactly me
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28) When I make important decisions, I want as much information as I can get.

That is not me at all	1	2	3	4	5	That is exactly me
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29) When I know that a particular situation will get me stressed, I try to avoid it.

That is not me at all	1	2	3	4	5	That is exactly me
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30) I think that when I have a problem, it is best for me to rely on the advice from my family and friends.

That is not me at all	1	2	3	4	5	That is exactly me
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**3. Below is a list of statements. Please decide to what extent each statement is a true description of yourself. Please draw a circle around one number for each statement according to the following scale from 1 to 7, where:**

- 1 – I disagree completely
- 2 – I disagree
- 3 – I rather disagree
- 4 – I don't know
- 5 – I rather agree
- 6 – I agree
- 7 – I agree completely

1) There is a special person who is near me when I need it.

I disagree completely	1	2	3	4	5	6	7	I agree completely
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2) There is a special person with whom I can share my joys and sorrows.

I disagree completely	1	2	3	4	5	6	7	I agree completely
-----------------------	---	---	---	---	---	---	---	--------------------

3) My family really tries to help me.

I disagree completely	1	2	3	4	5	6	7	I agree completely
-----------------------	---	---	---	---	---	---	---	--------------------

4) My family gives me the emotional help and support that I need.

I disagree completely	1	2	3	4	5	6	7	I agree completely
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5) There is a special person in my life who gives me true consolation / support.

I disagree completely	1	2	3	4	5	6	7	I agree completely
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6) My friends really try to help me.

I disagree completely	1	2	3	4	5	6	7	I agree completely
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7) I can count on my friends when something is wrong.

I disagree completely	1	2	3	4	5	6	7	I agree completely
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8) I can talk about my problems with my family.

I disagree completely	1	2	3	4	5	6	7	I agree completely
-----------------------	---	---	---	---	---	---	---	--------------------

9) I have friends with whom I can share my joys and sorrows.

I disagree completely	1	2	3	4	5	6	7	I agree completely
-----------------------	---	---	---	---	---	---	---	--------------------

10) There is a special person in my life who cares about my feelings.

I disagree completely	1	2	3	4	5	6	7	I agree completely
-----------------------	---	---	---	---	---	---	---	--------------------

11) My family is ready to help me with making decisions.

I disagree completely	1	2	3	4	5	6	7	I agree completely
-----------------------	---	---	---	---	---	---	---	--------------------

12) I can talk about my problems with my friends.

I disagree completely	1	2	3	4	5	6	7	I agree completely
-----------------------	---	---	---	---	---	---	---	--------------------

13) When I am in a difficult situation, I seek support on the Internet (e. g., in online support groups).

I disagree completely	1	2	3	4	5	6	7	I agree completely
-----------------------	---	---	---	---	---	---	---	--------------------

14) I browse the Internet for information about the problem that bothers me.

I disagree completely	1	2	3	4	5	6	7	I agree completely
-----------------------	---	---	---	---	---	---	---	--------------------

15) I seek advice from online specialists with regard to my problems, e. g., health-related problems.

I disagree completely	1	2	3	4	5	6	7	I agree completely
-----------------------	---	---	---	---	---	---	---	--------------------

16) When I have difficulties, I can count on help from my online support group.

I disagree completely	1	2	3	4	5	6	7	I agree completely
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**4. The questions in this section pertain to your thoughts and feelings related to events from the LAST MONTH. For each question, please indicate how often you had these thoughts or feelings. Though they may seem similar, these questions are different and should be treated separately. It is best to answer each question quickly, choosing the option which seems most accurate. Please draw a circle around one number for each question according to the following scale:**

- 1 – never
- 2 – almost never
- 3 – sometimes
- 4 – quite often
- 5 – very often

1) How often have been upset during the recent month, because something unexpected happened?

never	1	2	3	4	5	very often
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2) How often have you felt that important things in your life are getting out of your control during the recent month?

never	1	2	3	4	5	very often
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3) How often have you felt distress and tension in the recent month?

never	1	2	3	4	5	very often
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4) How often in the recent month have you been convinced that you are able to cope with your personal problems?

never	1	2	3	4	5	very often
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5) How often in the recent month have you felt that things turn out the way you want them to?

never	1	2	3	4	5	very often
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6) How often have you discovered that you are not coping with all your duties during the recent month?

never	1	2	3	4	5	very often
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7) How often in the recent month have you been able to control your irritation?

never	1	2	3	4	5	very often
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8) How often in the recent month have you felt you manage to cope well with everything?

never	1	2	3	4	5	very often
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9) How often in the recent month have you been angry, because you had no influence on what happened?

never	1	2	3	4	5	very often
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10) How often have you felt that you cannot overcome the increasing difficulties during the recent month?

never	1	2	3	4	5	very often
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5. The statements in the table pertain to health-related behaviours. Please read each statement carefully and indicate how often you behave in the given way. *In each line in the table put one cross (X) in the field of the answer that you want to select.*

Behaviours	1 Never or almost never	2 Sometimes	3 Often	4 Always or nearly always
<b>I. NUTRITION</b>				
1. I eat at least 3 meals a day at similar hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I eat breakfast at home every morning (i. e. more than a cup of milk, tea, coffee or another beverage).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Every day I eat fruit at least once or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Every day I eat vegetables at least once or more (except for potatoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Every day I drink at least 2 glasses of milk, kefir or yoghurt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I limit my consumption of animal fats.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I limit my consumption of salt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I limit my consumption of sweets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I avoid having small snacks between meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>II. SLEEP, REST AND MENTAL HEALTH</b>				
I sleep around 6–7 hours per night.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I go to bed at a similar hour each night.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I devote at least 20–30 minutes per day to relaxation/ rest (e. g., I chill out, I do relaxing exercises, I do what I enjoy doing).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can cope well with stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Continued)

Behaviours	1 Never or almost never	2 Sometimes	3 Often	4 Always or nearly always
I think positively about myself and the world.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I manage my time effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I am in a difficult situation, I ask help from others (e. g., my family, friends).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I meet my friends/acquaintances at least several times a month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>III. PHYSICAL ACTIVITY</b>				
Every day I devote at least 30 minutes in total to exercises that require a moderate or large physical effort (e. g., fast walks, jogging, doing sports, working in the garden).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least twice a week I do exercises which strengthen the main groups of muscles (e. g., carrying shopping bags (a heavy rucksack), going up and down the stairs, doing exercises for abdominal muscles, raking leaves).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I increase the time for physical activity in my daily life (e. g., when it is possible, I go on foot instead of going by car or by bus; I use the stairs instead of elevators).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I limit the time in front of the TV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I limit the entertainment time at the computer, smartphone etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6. Please evaluate your health in comparison with people of your own age group.**

Please put a cross (X) in the field of the answer you want to select.

- my health is much worse  
 my health is worse  
 my health is similar  
 my health is better  
 my health is much better  
 I don't know/difficult to say

**7. How many times in your life (if at all) have you smoked cigarettes? Please put a cross (X) in one field.**

I have never smoked	1-2 times	3-5 times	6-9 times	10-19 times	20-39 times	40 times or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7

**8. How often have you smoked cigarettes during the LAST 30 DAYS? Please put a cross (X) in one field.**

- I have not smoked any cigarettes during the last 30 days  
 less often than 1 cigarette per week;  
 less often than 1 cigarette per day;  
 1-5 cigarettes per day;  
 6-10 cigarettes per day;  
 11-20 cigarettes per day;  
 more than 20 cigarettes per day.

**9. How many times (if at all) have you drunk an alcoholic beverage, e.g., beer, wine, vodka or another spirit drink? Please put a cross (X) in one field in each line.**

	I have not drunk at all-	1-2 times	3-5 times	6-9 times	10-19 times	20-39 times	40 times or more
a) in your life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) within the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) within the last 30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

**10. Please consider the LAST 30 DAYS now. How many times (if at all) have you drunk an alcoholic beverage, e.g., beer, wine, vodka or another spirit drink, within the last 30 days? Please put a cross (X) in one field in each line.**

	I have not drunk at all-	1-2 times	3-5 times	6-9 times	10-19 times	20-39 times	40 times or more
a) Beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Vodka (whisky, cognac etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

**11. Have you ever had any of the problems listed below? Please provide your answer for each situation. You can put a cross (X) in more than one field in each line.**

Have you ever had any of the problems listed below?	Never	Yes, due to alcohol	Yes, due to narcotics	Yes, due to other reasons
a) A quarrel or a squabble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) A scuffle or a fight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) An accident or a bodily injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Loss of money or valuable items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Damage to your belongings or clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Problems with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Problems with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Problems with lecturers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Lower grades at the university/performance at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Falling victim to robbery/theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Troubles with the police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Using emergency medical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Unwanted sexual experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Sending erotic messages via the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Continued)

Have you ever had any of the problems listed below?	Never	Yes, due to alcohol	Yes, due to narcotics	Yes, due to other reasons
o) Sharing offensive messages/comments on the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Driving vehicles under the influence of illegal substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Damaging public property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Please select an answer to **each** of the questions below. Please draw a circle around one, answer to each question.

1) How often do you usually drink alcoholic beverages (e. g., beer, wine, vodka or other spirit drinks)?

never (please go to question 14.)	once a month or less often	2–4 times a month	2–3 times a week	4 times or more per week
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2) How many **portions** of alcohol (1 portion is a glass of wine, a bottle of beer, a shot of vodka or another spirit drink and a glass of low-alcohol cocktail) do you usually consume at the time when you drink alcohol?

1–2	3–4	5–6	7–9	10 or more
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3) How often do you consume five or more **portions** of alcohol at one sitting?

never	less than once a month	once a month	once a week	Every day or nearly everyday
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4) How many times have you drunk five or more portions of alcohol at one sitting during the LAST 30 DAYS?

not once	1–2 times	3–5 times	6–9 times	10 times or more
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13. Please select an answer to **each** of the questions below. Please draw a circle around the answer you want to select (YES or NO).

1) Have you ever felt guilty after drinking alcohol during the last 12 months?	YES	NO
2) During the last 12 months: have your friend or your family member ever spoken of things you did or said while drinking alcohol that you could not remember or recollect?	YES	NO
3) During the last 12 months: have you ever failed to do something that would normally be expected of you, because you were drinking alcohol?	YES	NO
4) Have you ever drunk alcohol in the morning right after waking up during the last 12 months?	YES	NO

14. Use of the Internet during the LAST 6 MONTHS. Please put a cross (X) in one field in each line.

	I have never been in this situation	I have been in this situation once	I have been in this situation 2 or 3 times	I have been in this situation 4 times or more
I neglected eating or sleeping because of the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was bored when I had no access to the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I used the Internet though I was not really interested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I spent less time with family/friends or I neglected my studies because of the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tried to spend less time on the Internet but without success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had conflicts with my family/friends because of the time I was spending on the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**15. To what extent do you agree with the following statements?**

I think that the amount of time I am spending on the Internet causes problems  
(please *draw a circle around one answer*):

I disagree	I rather disagree	I don't know	I agree	I agree completely
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**16. How often have you accessed the Internet with the use of the following devices during the LAST 6 MONTHS? Please *put a cross (X)* in one field in *each line*.**

	never/ almost never	at least once a month	at least once a week	Every day or more often	I don't know/ difficult to say
Smart- phone/cell phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desktop/ laptop lo- cated at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laptop I carry with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tablet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smartband/ smartwatch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Console	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**17. Please indicate the feelings you have experienced during the LAST WEEK.**

*Please draw a circle around one answer for each question.*

1) Sadness, gloom, dejection, depression, general disaffection.

almost never	quite often	usually	always
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2) Lack of self-confidence, bad moods, a sense of uselessness and hopelessness; a feeling that I disappoint other or that I am not a good person.

almost never	quite often	usually	always
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3) Physical exhaustion, fatigue, lack of energy, lack of motivation, a feeling that I fail to cope with things that have never been difficult to me, a need to rest or stay in bed.

almost never	quite often	usually	always
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4) A feeling that life is hard, lack of good mood in situations that used to make me feel good, lack of pleasure in situations that used to make me happy.

almost never	quite often	usually	always
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5) Worry, distress, panic, tension, irritation, disquiet.

almost never	quite often	usually	always
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6) Thinking, planning or doing things related to suicide or self-harm.

almost never	quite often	usually	always
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**18. Below are questions related to emotions and plans. For each question from A to U, please select only one answer which is the best description of your feelings/emotions during the LAST 7 DAYS (and not only today). Please draw a circle around one answer.**

**A**

0. I am not sad or dejected
1. I often feel sad and dejected
2. I constantly experience sadness and dejection, I cannot get rid of these feelings
3. I am constantly so sad and unhappy that I cannot bear it

**B**

0. I do not worry too much about the future
1. I often worry about the future
2. I am afraid the future will bring me nothing good
3. I feel the future is hopeless and nothing can change it

**C**

0. I think that I am not seriously neglectful
1. I think that I am more neglectful than others

2. When I look back at what I have done, I see lots of mistakes and much negligence
3. I am totally inefficient and all I do is wrong

**D**

0. What I do gives me pleasure
1. I do not enjoy the things I do
2. Nothing gives me real satisfaction
3. I am unable to feel satisfaction and pleasure, everything bores me

**E**

0. I do not feel guilty to myself or others
1. I often feel pangs of conscience
2. I often feel guilty
3. I feel guilty all the time

**F**

0. I think I do not deserve punishment
1. I think I do deserve punishment
2. I expect punishment
3. I know that I am being (I have been) punished

**G**

0. I am content with myself
1. I am not content with myself
2. I feel bad about myself
3. I hate myself

**H**

0. I do not feel worse than others
1. I accuse myself of being inefficient and making mistakes
2. I constantly condemn myself for the mistakes I have made
3. I blame all the evil that exists on myself

**I**

0. I do not think of committing suicide
1. I think of suicide, but I could not do it
2. I want to kill myself
3. I will kill myself when I have the right opportunity

**J**

0. I do not weep more often than usual
1. I weep more often than I used to
2. I feel like weeping all the time
3. I would like to weep, but I am unable to shed any tears

**K**

0. I am not more unsettled than before
1. I am more nervous and edgy to people around me than I used to
2. I am constantly irritated
3. I do not care about the things that used to bother me

**L**

0. People interest me as much as before
1. I take less interest in people than I used to
2. I have little interest in other people
3. I have absolutely no interest in other people

**M**

0. I make decisions easily, just as before
1. I put off my decisions more often than I used to
2. I have serious difficulties with making decisions
3. I am unable to make any decision

**N**

0. I think that my looks are not worse than before
1. It bothers me that I look old and unattractive
2. I feel that my looks are deteriorating
3. I am sure that I look horrible and disgusting

**A.**

0. I can work as well as before
1. It is difficult for me to start any kind of activity
2. It takes a great effort to force myself to do anything
3. I am unable to do anything

**P**

0. I sleep well, as usual
1. My sleep is worse than it used to be

2. In the morning, I wake up 1 hour or 2 hours before my time and I find it hard to fall asleep again
3. I wake up a few hours too early and cannot fall asleep again

**Q**

0. I do not get tired more than before
1. I get tired more easily than I used to
2. Everything I do tires me
3. I am too tired to do anything

**R**

0. My appetite is as good as it used to be
1. I have a slightly decreased appetite
2. I have a seriously decreased appetite
3. I have no appetite at all

**S**

0. I have not lost weight (during the last month)
1. I have lost more than 2 kg
2. I have lost more than 4 kg
3. I have lost more than 6 kg

**T**

0. I do not worry about my health more than I usually do
1. I worry about my ailments, my stomach is upset, I have constipation, I feel pain
2. I worry a lot about my health, I often think about it
3. I am really worried about my health, I cannot think of anything else

**U**

0. My sexual interest is the same as it used to
1. I am less interested in sex
2. I have very little interest in sex
3. I have absolutely no interest in sex

**19. The table below contains statements regarding various social activities which some people engage in. Please indicate which activities you have engaged in during the last year or before (you can put a cross (X) in more than one field in each line).**

<b>During the last year or before</b>	<b>No</b>	<b>YES, during the last year</b>	<b>YES, in the earlier period of my studies</b>	<b>YES, before I started my studies</b>
I collaborated informally with other people or groups in order to solve a problem in the local community (e. g., where I had my place of residence).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I took part in voluntary activities (e. g., I helped people who needed it and I did it for free).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I actively participated in the activities of an association, a foundation or a non-governmental institution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I actively participated in fund raising events for social/charitable activities (e. g., I co-organised a run, a race, a show, a festival etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I donated funds/money for a social/charitable cause.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I actively participated in fund raising events for social/charitable activities through a crowd funding portal or another online platform (e. g., siepomaga.pl).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I voted in elections (e. g., local government / parliamentary / presidential elections).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I took part in a protest (a march, a manifestation, a demonstration).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I signed letters/petitions (also in an electronic form) regarding social or political issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I boycotted or deliberately purchased specific products due to political, ethical or environmental reasons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Continued)

<b>During the last year or before</b>	<b>No</b>	<b>YES, during the last year</b>	<b>YES, in the earlier period of my studies</b>	<b>YES, before I started my studies</b>
I participated in a political meeting/gathering (e.g., a rally, a lecture, a forum).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I contacted or tried to contact the media, a politician or an official in order to express my own political views.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I discussed political or social topics at meeting with other people (e.g., friends, family members).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I discussed political or social topics with other people on the Internet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**20. Below are statements regarding various types of activity at the university. Please indicate to what extent these statements are true about you considering the entire period of your studies until today. For each statement, please draw a circle around one answer using the following scale: from 1) that is not me at all, to 4) that is exactly me.**

1) I participate in the didactic classes which are included in the curriculum, but where attendance is traditionally deemed **non**-mandatory (e.g., lectures).

that is not me at all	1	2	3	4	that is exactly me
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2) I actively participate in the mandatory didactic classes (e.g., I enter into discussions, I ask questions).

that is not me at all	1	2	3	4	that is exactly me
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3) I spontaneously participate in cultural or sporting events for students (e.g., shows, festivals, competitions etc.).

that is not me at all	1	2	3	4	that is exactly me
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4) I take part in the activities of interest development groups (e. g., research clubs, a student choir, a sports section, a theatre group).

that is not me at all	1	2	3	4	that is exactly me
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5) I attend **non**-mandatory didactic and academic events organised by students at the university (e. g., training courses, workshops, seminars).

that is not me at all	1	2	3	4	that is exactly me
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6) I engage in student government activities (e. g., I vote in elections, I comment on events through online media, I sign letters to the university authorities etc.).

that is not me at all	1	2	3	4	that is exactly me
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7) I join social actions at my university (e. g., collections of food for animals, collections of screw caps in a charity campaign).

that is not me at all	1	2	3	4	that is exactly me
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8) I consider my participation in the international student exchange when there is an opportunity (e. g., Erasmus+ recruitment, foreign internship programs).

that is not me at all	1	2	3	4	that is exactly me
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9) I follow current information about events at my university (e. g., website announcements, posts on social media).

that is not me at all	1	2	3	4	that is exactly me
-----------------------	---	---	---	---	--------------------

10) I follow current information on the reform of higher education in Poland (e. g., about the planned changes in the university status, curricula etc.).

that is not me at all	1	2	3	4	that is exactly me
-----------------------	---	---	---	---	--------------------

**Year of birth:** \_\_\_\_\_

**Gender** (please draw a circle around one of the options):      F      M

**Voivodeship/Province of residence:** \_\_\_\_\_

**How much time do you usually need to get from your place of residence to the university?**

Please provide the estimated time: \_\_ hour(s) \_\_ minute(s)

**The primary place of residence during your studies** (*please put a cross (X) in one field*):

- family home
- my own apartment
- student residence hall
- rented apartment/house
- rented room/lodgings
- other (*please specify*): \_\_\_\_\_

**Who do you live with during the period of your studies? Please indicate one answer that is the best description of your situation** (*please put a cross (X) in one field*):

- I live alone
- I live with my spouse/partner
- I live with my parents/a family member (e. g., grandmother/aunt)
- I live with other people (e. g., students)
- other (*please specify*): \_\_\_\_\_

**Place of origin** (*please put a cross (X) in one field*):

- countryside
- countryside in the suburbs
- a small town (up to 50,000 inhabitants)
- a medium town (from 50,000 to 100,000 inhabitants)
- a large town (from 100,000 to 250,000 inhabitants)
- a large city (more than 250,000 inhabitants)

**Family situation/Relationship** (*please put a cross (X) in one field*):

- marriage
- partnership (I run a household with my partner)
- informal relationship (we are a couple, but we do not live together)
- I am not in a relationship of marriage/partnership or in an informal relationship
- I am single
- other (*please specify*): \_\_\_\_\_

**Are you a parent?**

- yes
- no

**Which statement is the best description of your current occupational status?***(you can put a cross (X) in more than one field)*

- I work full-time (employment contract)
- I work part-time (employment contract)
- I work under a contract of mandate / contract for specific work
- I do odd jobs (without contract)
- I do seasonal work
- I do not work
- I am self-employed/run a business
- other (*please specify*): \_\_\_\_\_

**What is your financial situation?**

- I have enough for basic expenses and I can also put aside a lot
- I have enough for basic expenses, but I cannot put aside anything
- Sometimes I have difficulties with paying basic expenses
- I often have difficulties with paying basic expenses
- other (*please specify*): \_\_\_\_\_

**University grades (average)**

- above 4.6
- 4.1–4.5
- 3.8–4.0
- 3.0–3.7
- below 3.7

**Which of the following achievements/distinctions have you attained during the course of your studies (*you can put a cross (X) in more than one field*):**

- no distinctions
- scholarship for academic merit at the university
- scholarship for academic merit outside the university (e. g., from the district, a foundation, an association)
- scholarship for achievements in sports/arts etc.
- distinctions (e. g., awards, diplomas, recognition) for activity at the university
- distinctions (e.g. grants, internship, awards) for participation in competitions
- international exchange/apprenticeship (e. g., Erasmus+)
- other (*please specify*): \_\_\_\_\_

**Have you ever concluded that drinking alcohol is a problem for you and therefore consulted a specialist in the field of alcohol addiction (e. g., a therapist, a psychologist, a physician)? Please put a cross (X) in one field:**

- yes  
 no  
 other (*please specify*): \_\_\_\_\_

*Thank you for your time in completing this survey.*

