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Resilience levels of learners participating in the SPARK Resilience (ISKRA Odporności) pilot prevention programme

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Abstract

This article draws attention and describes the importance of resilience as a protective factor in both mental and social maturing processes. The topic was inspired by the SPARK Resilience (ISKRA Odporności) pilot prevention programme, whose aim is to support emotional immunity defined as the ability to control reactions to events and to cope with stress. This article presents the programme's assumptions and the conclusions from the first part of the research that serve to evaluate it. A group of 433 students from 13 schools in Poland from the 5th to 8th grades of primary school and the 1st grade of secondary school were surveyed in the selected procedure. The surveys conducted via the Internet used, among others, the SPP-18 scale developed by N. Ogińska-Bulik and Z. Juczyński. The research demonstrated the respondents' level of resilience, which turned out to be significantly lower in the surveyed girls than in the boys.

Keywords: resilience, learners, early adolescence, prevention.

Since the beginning of the 21st century, there have been several noticeable dynamic changes influencing they way individuals function. Some of them con-

cern civilisation progress linked with the development of information technologies and growing digitalization of societies, whereas others regard adverse results of globalization, climatic threats or population's growing poverty. Additionally, since 2019, the outbreak of the SARS-COV-2 pandemic has been a huge challenge causing a triple crisis: medical, economic and psychological (Przyborowska, Błajet, 2021, p. 94). In 2022, a war crisis concerning the invasion of Ukraine was added to the list and deepened the previous ones. Due to that fact, the last years have evolved into a worldwide crisis time. Everyday life of many people has become destabilized, there was an increase in fear, depressive and self-destructive behaviours. This crisis has also widely impacted teenagers at the threshold of adolescence, coping at the same time with a standard crisis of puberty. The period of adolescence, lasting from the age of 10/12 to the age of 20 constitutes a very important stage in an individual's life, involves radical changes in their development during which a child turns into an adult (Obuchowska, 2005, p. 163). It is the time of establishing one's identity, when former values and expressed views do not hold any more. It is at that time that risk factors and mechanisms responsible for the development of behavioural disorders, mental illnesses, anti-social behaviour or adaptation issues in adulthood might occur (Ostaszewski, 2014). Nowadays, young people have to face not only the challenge of adolescence but also tremendous stress and negative effects deriving from a multidimensional crisis of a global nature.

In that case, one's resources and individual characteristics that let adolescents develop properly despite experiencing critical life events become important. They include, among all, the feeling of self-esteem, efficacy, self-trust, stress management, sense of humour, meaningfulness, hope, coherence or emotional intelligence, and a favourable configuration of personality features linked with a low level of neurotism, high level of extraversion and diligence (Charney, 2004; Hambrick, McCord, 2010; Juczyński, Ogińska-Bulik, 2011; Poprawa, 1996). Recently, the importance of resilience is emphasized more and more often (Szwajca, 2014).

The concept of resilience is of an interdisciplinary nature, occurring in the area of Physics where it means high elasticity or bounciness of materials resistant to deformation, and in the area of medicine, social studies and humanities, where it refers to an individual and their ego resiliency, mental toughness, personal resilience, resilience in general, mental strength, resistance to getting hurt, resourcefulness, or positive adaptation (Gąsior et al., 2016; Junik, 2011; Smulczyk, 2016). This issue is also at the centre of attention of a dynamically developing trend of positive psychology concentrating on searching factors and mechanisms supporting one's health and development and allowing one to regain their balance following some negative life experiences (Nadolska, Sęk, 2007).

The concept of resilience was described for the first time in the 50s of the 20th century by J.H. Block and J. Block in reference to such ego qualities as ego-resiliency and ego-control in a two-dimensional model of personality types. The authors referred ego-resiliency to an individual's dynamic qualities enabling them to flexibly modify the level of ego-control so that they could adapt to the requirements of a changed situation and afterwards regain their balance lost due to a disturbed activity (after: Ogińska-Bulik, Juczyński, 2010). Thus, *ego-resiliency* regards resilience, flexible reaction to a situation of uncertainty, conflict, stress. On the other hand, *ego-control* enables an individual to block emotional and motivational impulses occurring in that situation. The theory by Block and Block was developed and modified by a Polish scientist, Z. Uchnast (1997; 1998) using the term "ego-resilience".

The interest in the concept of resilience enhanced the evolution of the way in which this term was comprehended, beginning with personality features/ characteristics (*resiliency*) and ending with a process and its outcomes (*resilience*).

As a feature, resiliency refers to personality features or is treated as an individual's permanent resource. This feature lets one combat occurring difficulties with the use of their knowledge and adaptation to cognitive schemas. For this feature to resurface, it is not necessary to confront a traumatic event, it can be observed in dealing with everyday situations (Ogińska-Bulik, Juczyński, 2008). In the other case (personality characteristics), resiliency means the occurrence of features facilitating the process of adaptation such as endurance and flexibility of adapting to life requirements, ability of mobilization to take remedial actions in difficult situations, and tolerance of negative emotions and failures. Resilient individuals are characterized among all by emotional stability, higher self-esteem and belief in their efficacy, high tolerance of complexity and uncertainty, perception of encountered difficulties as an opportunity to obtain new experiences (Nadolska, Sęk, 2016). Resiliency understood in this way is positively linked with other resources and health potential such as the feeling of coherence, self-efficacy, life optimism or toughness (Ogińska-Bulik, Juczyński, 2008; 2010; 2011). Understanding of the term "resiliency" in the light of personality features being a resource is also presented by Fredrickson (2001), who states that it is of a permanent nature and usually occurs as a result of experiencing serious difficulties.

However, there are views pointing to the fact that understanding this phenomenon in categories of features/ characteristics means making an individual responsible for not being able to overcome adversities as they have not been flexible, brave and resistant enough (Luthar et al., 2000).

On the other hand, comprehending resilience as a process refers to adaptation, in other words, flexibility or bounciness in adapting. It is a characteristic and competence which can be developed and shaped (Juczyński, Ogińska-Bulik,

2011). Ostaszewski (2014) defines it as a multi-factor process activated in the situation of experiencing adversities, when in response to their occurrence a process of positive adaptation takes place, where protective factors weaken the influence of risk factors. Positive adaptation is demonstrated, among all, in growing social competencies and lack of emotional and behavioural disorders. Thus, the process of resilience in one's life is inadvertently linked with the occurrence of: first of all, adversities, which constitute a threat for one's mental and physical balance and correspond to a higher risk level, and secondly, one's good functioning being a result of overcoming these adversities. Resilience as a process is positive adaptation due to the occurrence of a widely-understood difficult situation (Brendt, 2015; Ogińska-Bulik, Juczyński, 2010).

Summarising the abovementioned views, it should be noticed that the concept of resilience involves:

- A set of personality characteristics denoting ego-resilience,
- A set of abilities (competencies) serving to deal with difficulties and problems,
- An ability to deal with high-intensity stress consisting in approaching difficulties flexibly,
- An ability to form and maintain satisfying social bonds, which are a source of positive emotions (Turkiewicz-Maligranda, 2014, p. 174).

The presence of this function in children and teenagers was described in the research from the 60s and 70s of the 20th century, when its authors presented cases of good, positive, adaptive functioning of minors despite a negative prognosis of their functioning in various difficult, at times extreme, conditions and environment (Luthar, 2006).

Grzankowska and Ślesińska-Sowińska (2016) stress that resiliency in teenagers comprises various individual, family and social protective factors. As far as individual factors were concerned, highly resilient young people were accompanied by empathy, autonomy, optimism, conservatism, extroversion and assertiveness. As for family factors, an upbringing style practised by one's parents turned out to be crucial, similarly to both parents' active engagement in the upbringing process and clear, transparent relations between the parents and their child. When it came to social factors, school turned out to be one of the most important factors, i.e. peers, teachers and learning achievements. In the school environment, resiliency correlates with the feeling of justice, support and belonging to a group, motivation, lack of discrimination, help, care and inspiration for development in an accepted social role. What is more, some researchers pay attention to the influence of culture in which a given adolescent lives and link deep faith and practising religion by adolescents with their high resiliency (Grzankowska and Ślesińska-Sowińska, p. 171; Ostaszewski, 2008, pp. 37–40).

Contemporary research on resilience is conducted in teenage groups all over the world (cf. Garret, 2014), including Poland, and its results show how important this resource is in coping and acting effectively in difficult, crisis or traumatic situations. Some research conducted recently focuses on the youth's mental resilience in the time of the pandemic (Gawik, Ostafińska-Molik, 2021; Masten, Motti, 2020; Yusuf, 2022). Another area of empirical analysis of resilience is functioning of pupils in school environment (Miljević-Riđički, 2020). The Swedish research concerning that area demonstrated that a higher level of resilience in children and teenagers is linked with adaptation to a learning situation at school and the occurrence of a smaller number of students' problematic behaviour cases. The analysis taking the respondents' sex into consideration showed that a lower level of resiliency in girls was linked with more frequent occurrence of aggressive behaviour, and in boys with concentration issues, lower sociability and a bigger tendency to break the law (Chuang et al., 2006). In Poland, there is more and more focus on the construct of educational resilience, i.e. a student's ability to efficiently cope with school failures and challenges, which are typical for everyday school life, such as, for example, poor grades, too many school duties, exam stress, learning difficulties. As far as academic education is concerned, the term academic resilience is its counterpart, and lately academic buoyancy which concerns "everyday issues" more, emphasises a more proactive than reactive approach to failure, and focuses on psychological development and improvement of mental well-being (Smulczyk, 2016, pp. 169–174).

Further on, Turkiewicz-Maligranda (2014) points to the fact that resilience is an important resource of a medical nature and may be particularly important not only in dealing with adversities but also in dealing with an illness. It is crucial to develop that characteristic not only in healthy teenagers but also in young patients, regardless of the illnesses they suffer from. Japanese researchers (Ishibashi, Ueda, 2003; Ishibashi et al., 2010), provided the data showing that an experience of a tumour by teenagers contributed to strengthening their mental resilience in the future. The research of Polish authors on the functioning of teenagers treated for tumour shows that resiliency is a certain type of meta-resource influencing the way one perceives and uses other resources, a constructive approach to challenges, threats and stress, readiness to accept a difficult situation and unpleasant feelings connected with it, and what is more, it concerns close and trusting relationships with other people who are supportive in coping with problems (Grzankowska, Ślesińska-Sowińska, 2016).

It has also been shown that resilience plays an important role for teenagers coping with effects of natural disasters such as fire or flood (Drolet et al., 2020; McDonald-Harker et al., 2021a; 2021b). On the other hand, the research conducted by Ogińska-Bulik and Michalska (2019) reveals that in a situation of post-traumatic stress, teenagers' resiliency and some of its dimensions may protect

them against the development of PTSD. It concerns teenagers demonstrating social inhibition, but not necessarily characterized by negative emotionality. Moreover, reports on teenagers who have experienced terror and war trauma or being a refugee show an even negative relation between resiliency and post-traumatic growth (Apio, 2022; Dangmann et al., 2022; Jafari et al., 2022; Levine et al., 2009; Masten, 2021, Oberg et al., 2021; Wilson et al., 2021). However, the weight of a stressor is emphasised here and a definitely bigger need of relational and environmental support is emphasised too.

Turkiewicz-Maligranda (2014) draws the readers' attention to the need of developing one's resiliency by actions concentrated on three aspects of an individual's mental functioning: cognitive (working on perceiving reality as a challenge), emotional (developing an ability to cope with any type of emotions) and behavioural (being encouraged to experiment with new behaviours). These actions are also important in shaping resilience in teenagers not only overwhelmed by difficult situations but also those participating in preventive programmes and programmes promoting physical and mental health (cf. Chojecka, 2021; Gabrelli et al., 2022; Kitano, Lewis, 2005; Masten, 2014; Prince-Embury, Saklofske, 2014; Senior et al., 2022).

One of preventive programmes taking into account the construct of resilience is SPARK Resilience ("ISKRA Odporności"). The programme was created by I. Boniwell and L. Ryan (Pluess et al., 2017), used for the first time in 2009, in London and realised by Partnership for Children in several countries.¹ Currently, SPARK Resilience is being adapted in Poland by the Centre of Positive Education² (Centrum Pozytywnej Edukacji) and from September 2022 to February 2023 is being verified in the pilot procedure. The programme itself is based on exercising mental resilience in children and teenagers aged 11–15 with the use of three techniques:³

- Mindfulness exercises (including breathing exercise and visualisation);
- Exercising the so-called resilience muscles – by creating participants' own Resilience Portfolios (emphasizing their strengths);

¹ International Foundation Partnership for Children (with its headquarters in London) is an organisation providing support contributing to children's and teenagers' mental health by the realization of scientifically verified preventive programmes, i.e. SPARK Resilience <https://www.partnershipforchildren.org.uk/what-we-do/programmes-for-schools/spark-resilience.html>.

² Centrum Pozytywnej Edukacji (<https://www.pozytywnaeducacja.pl/>) is a non-public teacher training centre specializing in creating, adapting and realizing preventive programmes, including those placed on a list of recommended programmes, including Zippie's Friends (Przyjaciele Zippiego) (<https://programyrekomendowane.pl/strony/artykuly/przyjaciele-zippiego,3>) and Emotional First Aid Kit (Apteczka Pierwszej Pomocy Emocjonalnej) (<https://programyrekomendowane.pl/strony/artykuly/apteczka-pierwszej-pomocy-emocjonalnej,45>).

³ Information taken from materials for producers published for pilot purposes of ISKRA Odporności by Centrum Pozytywnej Edukacji.

- SPARK process, based on cognitive-behavioural therapy techniques and learning five steps verifying thinking patterns and consisting of: Situation – Perception – Autopilot – Reaction and Knowledge, whose interpretation is facilitated by using created figures of parrots representing optimistic and pessimistic perception of a given situation.

The programme is realized in the form of 11 meetings (workshops) taking place at school, run by professional trainers. It should be emphasised that programme adaptation in Poland is linked with the necessity of conducting a study verifying its efficiency, including the legitimacy of using lesson plans, materials for trainers and participants that were translated into Polish but originally developed and used in a different cultural context. Therefore, this perspective allowed for conducting explorative work whose aim was, to determine the level of resilience among students in grades 5–8 of primary and secondary schools participating in the pilot program “SPARK of Resilience,” as well as to establish the nature of the relationship between its intensity and socio-demographic variables such as gender and age.

The following research questions were posed in the adopted procedure:

1. What is the level of personal resilience in general dimension and its four contributing factors among students participating in the pilot program “SPARK of Resilience”?
2. Are there any differences in the intensity of resilience levels among respondents due to their gender and age?

Research methodology

The research that allowed to assess the legitimacy of realizing the SPARK Resilience programme in Poland included the pre-test (before the commencement of the SPARK Resilience pilot programme) and post-test (after using the programme) procedures. The results shown below refer to the research stage I (pre-test), where the research sample included 433 learners from 13 schools (Table 1).

Table 1
Schools and learners participating in the research differentiated by sex

| No | School name | Girls | Boys |
|----|--|-------|------|
| 1. | Szkoła Podstawowa nr 3 (Primary School no 3) in Grudziądz | 16 | 20 |
| 2. | Szkoła Podstawowa nr 10 (Primary School no 10) in Kalisz | 22 | 29 |
| 3. | Zespół Szkolno-Przedszkolny nr 2 (Primary School-Kindergarten Complex no 2) in Grodzisk Mazowiecki | 19 | 24 |
| 4. | Szkoła Podstawowa nr 20 (Primary School no 20) w Lublinie | 13 | 18 |

Table 1 (cont.)

| No | School name | Girls | Boys |
|-----|--|-------|------|
| 5. | Katolicka Szkoła Podstawowa im. Św. Rodziny z Nazaretu (Holy Family from Nazareth Catholic Primary School) in Kraków | 13 | 10 |
| 6. | Szkoła Podstawowa nr 5 (Primary School no 5) in Gniezno | 18 | 28 |
| 7. | Zespół Szkolno-Przedszkolny (Primary School-Kindergarten Complex) in Brody | 10 | 21 |
| 8. | Szkoła Podstawowa nr 4 (Primary School no 4) in Tarnobrzeg | 27 | 17 |
| 9. | Szkoła Podstawowa nr 3 (Primary School no 3) in Leżajsk | 15 | 15 |
| 10. | Szkoła Podstawowa (Primary School) in Kodręba | 15 | 17 |
| 11. | Autorska Szkoła KLANZA – Liceum Ogólnokształcące (KLANZA Original School – Secondary School) in Białystok | 13 | 11 |
| 12. | Zespół Szkolno-Przedszkolny nr 15 (Primary School-Kindergarten Complex no 15) in Poznań | 10 | 4 |
| 13. | Szkoła Podstawowa nr 400 (Primary School no 400) in Warsaw | 15 | 13 |
| | Total | 206 | 227 |

Source: own research.

It is worth noticing that while adopting the research procedures, it was decided to use a control group (which is not taken into consideration at the stage of the research described in this article). Each school participating in the pilot programme was to select one class where the programme was realised and the other one (same-grade class) constituting the control group. Thus, the final group of the SPARK Resilience programme consisted of 228 learners, and 205 learners in the control group. The learners were 5th – 8th graders of primary school and 1st graders of secondary school (LO), 6th graders dominating in number (Table 2).

Table 2

Researched learners differentiated by their grade

| Grade | Number of learners | Percentage |
|------------|--------------------|------------|
| grade I LO | 24 | 5.5% |
| grade 5 | 31 | 7.2% |
| grade 6 | 179 | 41.3% |
| grade 7 | 80 | 18.5% |
| grade 8 | 119 | 27.5% |
| Total | 433 | 100.0% |

Source: own research.

The abovementioned group of learners was researched with the help of on-line questionnaires,⁴ containing a request to the respondents to provide answer to the

⁴ Each class received a dedicated form, which made its identification possible.

questions about one's sex, how they feel at school (the author's questionnaire "How are you?"), and the SPP-19 Resiliency Measurement Scale developed by Ogińska-Bulik and Juczyński (2011). The first tool contained 9 questions with possible answers based on the Likert scale, which indicated, *m.in.*, the student's well-being at school and his social well-being. In turn, The SPP-18 Scale measured a general level of resiliency, treated as a personality characteristic, and 4 factors constituting it, namely:

1. optimistic approach and energy (e.g. *I can draw conclusions for the future from my failures and failures; When I'm in a difficult situation, I usually find a solution*),
2. persistence and determination in acting (e.g. *As a rule, I go straight to the goal; I am making a determined effort to achieve my goal*),
3. sense of humour and openness to new experiences (e.g. *Even in a difficult situation, I find something to laugh about; I am open to new experiences*),
4. personal competencies and tolerance to negative affect (e.g. *In stressful situations, I focus and think clearly; I consider myself a strong person*).

It should be emphasised that the Scale is open to the public a self-description tool and allows for studying children and teenagers aged 12–19. A respondent shows their attitude to 18 statements, using the answers ranging from definitely not (0 points) to definitely yes (4 points). The higher the result, the higher the resiliency level. The results obtained can be calculated into sten scores. The tool obtained satisfying psychometric properties; the alpha coefficient (Cronbach's alpha) for the whole scale equalled 0.82.

Results analysis

Determining the level of resiliency (mental resilience) of the researched learners was performed by calculating average levels of particular factors included in the SPP-18 Scale, taking into account independent variables, i.e. attended grade (Table 3) and sex (Table 4) of the learners.

Table 3
Average assessment of learners in particular grades referring to particular resiliency factors in the SPP-18 questionnaire

| Resiliency factors (mental resilience) in the SPP-18 Scale | Grade | N | \bar{x} |
|--|------------|-----|-------------|
| | grade I LO | 24 | 3.47 |
| | grade 5 | 31 | 4.01 |
| Optimistic approach and energy | grade 6 | 179 | 3.73 |
| | grade 7 | 80 | 3.47 |
| | grade 8 | 119 | 3.59 |

Table 3 (cont.)

| Resiliency factors (mental resilience) in the SPP-18 Scale | Grade | N | -\bar{x} |
|---|--------------|----------|------------------------------|
| | grade I LO | 24 | 3.49 |
| | grade 5 | 31 | 4.07 |
| Sense of humour and openness to new experiences | grade 6 | 179 | 3.88 |
| | grade 7 | 80 | 3.68 |
| | grade 8 | 119 | 3.77 |
| | grade I LO | 24 | 3.36 |
| Personal competencies and tolerance to negative affect | grade 5 | 31 | 3.94 |
| | grade 6 | 179 | 3.50 |
| | grade 7 | 80 | 3.26 |
| | grade 8 | 119 | 3.39 |
| | grade I LO | 24 | 3.57 |
| Persistence and determination in acting | grade 5 | 31 | 4.06 |
| | grade 6 | 179 | 3.82 |
| | grade 7 | 80 | 3.59 |
| | grade 8 | 119 | 3.67 |

Source: own research.

Referring to average grades obtained by the respondents from particular grades for the abovementioned factors, it should be noticed that for each of them the highest score was obtained by primary school 5th-graders. Checking whether these differences are statistically significant, the Kruskal–Wallis H test for K independent trials showed that fifth graders really assess their personal competencies and tolerance to negative affect higher ($H = 279.34$, $p = 0.018$). However, it should be noticed that only two 5th grade classes from one primary school (a group of 31 pupils) and two 1st grade classes from one secondary school (a group of 31 students) took part in the pilot programme. Yet, their exclusion showed that at the pre-test stage, once the Kruskal–Wallis H test was performed, it was impossible to show statistically significant differences in the level at which particular resiliency categories were present in grades 5–8. Nevertheless, it is worth noticing that the youngest respondents on average assess factors demonstrating their level of resiliency (mental resilience) the highest.

Corresponding analyses were performed taking into consideration the learners' sex. Table 4 shows that in this case higher average grades for the resiliency factors covered by the SPP-18 Scale were obtained by boys, which was confirmed by the H test.

Table 4

Average assessment of particular resiliency factors in SPP-18 questionnaire, taking into account the learners' sex

| Learners' sex | | Resiliency factors (mental resilience) in the SPP-18 Scale | | | |
|---------------|-----------|--|---|--|---|
| | | Optimistic approach and energy | Sense of humour and openness to new experiences | Personal competencies and tolerance to negative affect | Persistence and determination in acting |
| Girls | \bar{x} | 3,45 | 3.62 | 3.19 | 3.54 |
| | N | 206 | 206 | 206 | 206 |
| | σ | 0.90 | 0.90 | 1.04 | 0.93 |
| Boys | M | 3,83 | 3,98 | 3.68 | 3.92 |
| | N | 227 | 227 | 227 | 227 |
| | σ | 0.76 | 0.77 | 0.88 | 0.73 |
| Total | M | 3.65 | 3.81 | 3.45 | 3.74 |
| | N | 433 | 433 | 433 | 433 |
| | σ | 0.85 | 0.85 | 0.99 | 0.85 |

Source: own research.

The test H shows that boys demonstrated a significantly more optimistic attitude and energy ($H = 241.90$, $p = 0.000$), sense of humour and openness to new experiences ($H = 241.33$, $p = 0.001$), personal competencies and tolerance to a negative affect ($H = 246.16$, $p = 0.000$), and persistence and determination in acting ($H = 241.67$, $p = 0.000$).

Conclusions

Contemporary views in health psychology emphasise the legitimacy of looking for protective factors thanks to which an individual, despite numerous burdens or stressors of different intensity, can deal with occurring life difficulties in a constructive way and maintain mental well-being (Szwajca, 2014). The importance of resilience becomes more and more often the focal point as in the opinion of many authors it plays a crucial role in the process of adaptation to difficulties and due to quite strong links to other health potentials can play a role of a meta-resource regulating the functioning of other resources that are important in the process of coping with life events (Boehmer et al., 2007; Nadolska and Sęk, Ogińska-Bulik and Juczyński 2008; 2010). Analysing professional literature, Ogińska and Michalska (2019, p. 244) point to, among all, such resiliency characteristics as ability to separate oneself from negative experiences and flex-

ibility in adapting to constantly changing life requirements, more efficient coping with stress. At the same time, they notice that persons characterized by a high level of resiliency are optimistic, have a more optimistic attitude to life, resilience, higher self-esteem and efficacy, and a problem-solving ability. Having presented the results of their research concerning a mediatory role of resiliency for teenagers exposed to traumatic events, they call for broadening knowledge in that field. In this perspective, the SPARK Resilience programme, whose pilot version is being currently realised in Polish schools, seems to be an adequate solution. For its teenage beneficiaries, it may constitute a source of knowledge about resiliency – mental resilience as well as skills training strengthening this personality feature.

The research presented in this article concerned the analysis of observations made during stage I of the research (pre-test) assessing the legitimacy of using the aforesaid prevention programme. The implemented research procedure made it possible to assess, with the help of the SPP-18 Resiliency Scale developed by Ogińska-Bulik and Juczyński, the level of resilience in the researched learners, considering four factors, i.e. optimistic attitude and energy, persistence and determination in acting, personal competencies and tolerance to a negative affect, and sense of humour and openness to new experiences. The conducted analyses helped to establish that 5th graders showed the highest level of resiliency (see Table 3), especially when it came to assessing their personal competencies and tolerance to a negative affect, which was confirmed by the Kruskal-Wallis H test for K independent trials. It was very important that the learners' sex was taken into consideration during the analysis of the SPP-18 Scale. It turned out that girls have a significantly poorer image of their resilience than boys (tab. 4). Therefore, this data justify the direction of realizing this preventive activity, which should consider noticeably better self-esteem in 5th graders and significantly lower resiliency level in girls.

Doubtlessly, the analyses presented here have their limitations that are strictly related to the stage of the research in question. The exploration currently realized makes it possible to assess the level of resiliency in the studied groups, of course without the outcomes of this realization and complete evaluation of the SPARK Resilience programme taking into account the analyses results of the control group. Nevertheless, the scale of the research offered a valuable inside, making it possible to determine the learners' specific needs, especially as far as girls are concerned, which should be taken into account at the stage of verifying and adapting the programme to Polish circumstances.

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Poziom resilience uczniów biorących udział w pilotażu programu profilaktycznego „ISKRA Odporności”.

Poziom *resilience* uczniów biorących udział w pilotażu programu profilaktycznego „ISKRA Odporności”

Streszczenie

Resilience (prężność osobowa/odporność) jest jednym z zasobów osobistych warunkujących prawidłowe funkcjonowanie jednostki. Pełni on ważną rolę w procesie właściwej adaptacji społecznej dorastających. Celem przeprowadzonych badań było określenie poziomu prężności osobowej uczniów szkół podstawowych i ponadpodstawowych, biorących udział w pilotażu programu profilaktycznego „ISKRA Odporności”. Grupę badawczą stanowiło łącznie 433 uczniów z 13 szkół w Polsce z klas V–VIII szkoły podstawowej oraz klas I liceum ogólnokształcącego. W badaniach realizowanych drogą internetową wykorzystano m.in. Skalę Pomiaru Prężności SPP – 18 N. Ogińskiej-Bulik i Z. Juczyńskiego. Uwzględniono zmienne socjodemograficzne, takie jak wiek i płeć. Wyniki badań wykazały, iż ogólny poziom prężności osobowej respondentów jest istotnie wyższy wśród najmłodszych uczniów, tj. z klas V szkoły podstawowej, oraz u badanych chłopców niż dziewcząt.

Słowa kluczowe: *resilience*, uczniowie, wczesna adolescencja, profilaktyka.