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**POSITIVE PSYCHOLOGICAL APPROACH TO THE STUDY OF
THE HEALTH-CONSCIOUS BEHAVIOUR OF EMERGING ADULTS**

**Well-being, proper ratio of positive and negative emotions and
self-compassion as the resources of health behaviour**

Doctoral (Ph.D) Thesis

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1. INTRODUCTION

The health status and the quality of life of the Hungarian population lags far behind the developed countries in Europe. Mainly risky behaviour, e. g. unhealthy diet, smoking and physical inactivity, are the causes of deterioration in health (Varsányi and Vitrai, 2017; OECD, 2019).

The health status and the health behaviour of young people received less attentiveness and is not a frequently studied area. The researchers direct more attention towards the risky behaviour of this age group, mostly reasoned by the characteristics of their way of life (Susánszky, 2011). The goal to focus this study on the emerging adults' preventive health behaviour was reinforced by the observed inadequacy in the exploration of the research areas, too.

According to the concept of Bandura (2005), to spark the behavioural changes towards healthy way of life needs, in addition to the conscious decision making of modification, the efficient self-management, in particular, that the person be able to use the motivation and self-regulation skills efficiently.

Sirois (2015) encourages to turn the attention to the age group of emerging adults because their self-regulation is still in the phase of development. The immaturity may lead to imbalance, which may generate that the emotions take command over the rational behaviour. The vulnerability of self-regulation has to be considered with this age group and the development of self-regulation and -identification should be enhanced besides the modification of behaviour in order to boost the preventive health behaviour.

It is inevitable to incorporate the results of the positive health psychology into the efficient and modern national health programmes, which enable to extend the positive psychological resources that are indispensable for the successful adaptation (Pikó, 2004).

In conclusion, this study focuses on the psychic factors and resources that facilitate the health-conscious behaviour of young people in the emerging adulthood.

2. THEORETICAL BACKGROUND OF THE DISSERTATION

The most important concepts of the theoretical framework are included in Table 1.

Table 1. The list and explanation of the most important concepts of the study

Concept	Explanation
Emerging adulthood	It relates to young people, who have already left behind the dependency of childhood and adolescence, but do not perform the tasks belonging to the adult role yet (Arnett, 2000). In this study they are identified as the age group of 18-29 years.
Resources of health-conscious behaviour	They include the factors that advance the recovery of the person's balance and simultaneously enhance the experience of higher level of health and well-being (Antonovsky 1979, 1987).
Positive mental health	It means positive mental well-being, during which the person can flexibly cope with a range of stressors and realize personal progress. The person possesses inner emotional capacity (WHO, 2004).
Concepts of well-being	Subjective well-being (hedonism): the goal is to experience enjoyment and to avoid pain. The well-being consists of pleasure and happiness in this context (Kahneman et al, 1999). Psychological well-being (eudaimonia): the goal is to exploit the potentials of the individual, to attain self-actualisation, personal development and positive psychic functioning (Ryff and Keyes, 1995). Orientations to happiness: The entirely satisfied and happy life can emerge only if hedonism, eudaimonia and the flow experience (Csikszentmihályi) are fulfilled simultaneously (Peterson, Park and Seligman, 2005).
Successful self-regulation	It covers the strategic activation of thoughts, emotions and acts (Cantor, 1990; Kuhl, 2000). The effective self-regulation is extremely resource-consuming (Baumeister et al., 2006). Stressful assignments and life events deplete and exhaust the psychic resources (Baumeister et al., 1998).
Positive emotions	Positive emotions stimulate the activity and creativity and advance the development of the behavioural skills, so they widen the range of the person's pattern of thinking and acting (Fredrickson, 2004). Negative emotions, on the contrary, are destructive and have adverse effects by narrowing the person's thinking and acting (Fredrickson, 2004).
Positive mental health, „flourishing”	It results from experiencing the positive-negative emotions in 3:1 ratio (Fredrickson, 2004).
Self-compassion	It is an adaptive strategy to control the emotions, comprising positive emotional attitude towards the self and healthy form of self-acceptance (Neff, 2003a, 2003b).

3. RESEARCH GOALS

The overall goal of the research is to study the positive mental health of the emerging adults (in the age group of 18-29 years) and their health-conscious behaviour from positive psychological aspects, and to address the following two issues in particular.

- Which are the characteristics of their mental health and health-conscious behaviour?
- Which ones from the for them available resources, such as fulfilment of adult role, acceptable level of well-being, the proper ratio of positive-negative emotions and self-compassion, enable the promotion and maintenance of health-conscious behaviour?

4. METHODS

The cross-sectional study was conducted for a year, starting in June 2015 and finished in June 2016, and the sample was set up by a non-probability sampling method. The participation in the study and inclusion in the sample was on voluntary and anonymous basis, the only criterion being the age, which had to be 18-29 years. After excluding the incomplete questionnaires, 860 entities were included in the sample, made up from 296 offline (on paper-pen basis) and 564 online completed questionnaires.

Measures used in the research

Block 1: General sociodemographic data; measure of the fulfilment of adult role

Block 2: Measure of the parameters of positive mental health

- a. The WHO Well-Being Index (WBI-5) (Susánszky et al., 2006)
- b. Satisfaction with Life Scale (SWLS-H) (Martos et al., 2014)
- c. Psychological Well-being (PWB) (Oláh, personal communication)
- d. Orientations to Happiness Scale (OTH-H) (Szondy and Martos, 2014)
- e. Positive and Negative Affect Schedule (PANAS-H) (Gyollai et al., 2011)
- f. Self-Compassion Scale- SCS-H (Sági et al., 2013)

Block 3: Measure of the indicators of health-conscious behaviour: frequency of medical screenings, self-examination, healthy diet, daily fluid intake, oral hygiene, physical activity, safe partying, safety in sexual life and road traffic safety.

5. STATISTICAL ANALYSIS

The data processing and statistical analysis was done with the statistical software package SPSS for Windows 19.0. The indicators “*cumulative adult role*” and “*cumulative health-conscious behaviour*” were developed in order to draw statistical conclusion with hypothesis testing.

The mathematical-statistical methods Analysis of Variance (ANOVA), Tukey’s post hoc test, LSD test, cluster analysis, Mann-Whitney U test, Spearman rank correlation were applied in analysing the hypotheses.

6. RESULTS

Introduction of the sample

The sample of 860 people comprises 233 male (27.1%) and 627 female (72.9%).

The average of age is 22.56 years (LSD=2.99), for male 22.42 years (LSD=2.8) and for female 22.61 years (LSD=3.1), with no significant difference between them ($p=0.425$).

The tested parameters of the adult role (Hajduska, 2010) are the *main activity*, *marital status* and the *residential housing conditions* (the parameters are always included into the new variable in this rank). The parameter “*cumulative adult role*” was developed by means of the mentioned three variables. The numerical value 1 means the “non-fulfilment of adult role”, while 2 means “the fulfilled adult role”. The value 212 of the new variable is the category of those in the sample, who *have a job, are single and can manage and finance their own housing*.

Figure 1. The distribution of fulfilment of adult role (N = 849)

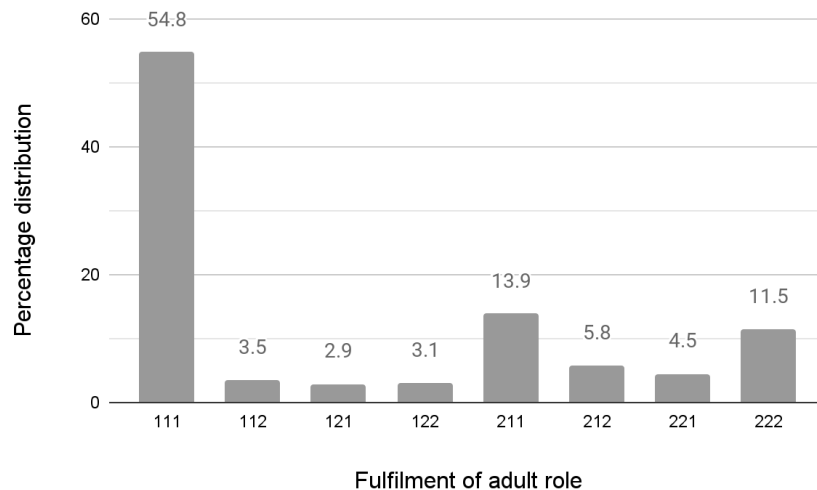


Figure 1. shows that the distribution of the sample is not homogeneous. Half of the sample belong to category 111, suggesting that they are students, have no steady partnership and refrain from or cannot afford self-managed and -financed housing. They represent the lowest level of fulfilment of adult role.

The emerging adults' mental health and health behaviour in the sample

In the sample, 18.45% of the emerging adults live *full life*, experiencing the high level of all the three of the following factors, specified as the orientation to Life of meaning, Life of pleasure as well as Life of engagement; and 29.9% stated *high level of orientation to two* of them. These ratios are slightly higher than in the domestic statistical reports.

The 3:1 ratio of positive-negative emotions can be assigned to 36.12% of the sample and predicts the “flourishing” of their optimal mental health, while the 2:1 ratio implies the “stagnating” health status of 29.41% of the sample.

In the sample of the emerging adults the level of the subjectively experienced health is higher than the normative data, namely, 73.3% of male and 65.7% of the female judged their health status good or very good.

The results of this study in certain areas of the health-conscious behaviour scored higher than the domestic statistical data. In the sample, 42.9% of the male and 51.5% of the female saw the dentist for annual dental check-up. In the sample, 65.7% of the emerging adults brush their teeth twice a day, with the male in 49,8%, and the female in 71.6%. The majority of those in the sample, who have sex life (63.7% of male and 65.3% of female) always take care to avoid unexpected pregnancy. In the sample, 52.7% uses contraceptives like the condom (16.4% of the male) or intrauterine devices (36.3% of the female).

The safety in partying is an attribute of the majority of emerging adults. Most of them, 74.2% in the average of the sample (specifically 72.6% of the male and 74.8% of the female) have never accepted the drink offered by a stranger or left their drink without control. They mostly refuse (in the average of the sample 75.5%, with 74.4% of the male and 75.9% of the female) to be accompanied by an unknown person when leaving the party.

The results of this study were in certain areas below the domestic statistical data. In the sample, 33.6% of the male and 48.8% of the female eat vegetables and fruit every day. In the sample, the frequency of the regular physical activity is also lower, shown by the result that 51.7% of the male and 42% of the female do regularly exercises beneficial to the health. In the sample, nearly three quarters of the emerging adults, exactly 70.4%, fasten the safety belt, when driving or travelling in a car.

7. COMPARING THE HYPOTHESES AND THE RESULTS

The first, complex hypothesis in this study relates to the connection of the positive mental health and the fulfilment of adult role.

“Those emerging adults are able to experience the status of the “flourishing” of the positive mental health who have fulfilled the adult role to a higher degree.”

H1.1. „The well-being of those emerging adults is higher who have already fulfilled the adult role to a higher degree, e.g. have steady partnership, home and job. The hypothesis could not be verified.

The measures WHO Well-Being Index and the Satisfaction with Life Scale reflected that the young people with higher fulfilment of the adult role have higher well-being. The same was

confirmed by the 5-point scale of Psychological Well-being. In each of these measures, the above-mentioned hypothesis was verified. The autonomy scale, however, revealed high level of independence between the two extreme subscales denoting the fulfilment and the non-fulfilment of the adult role. The same was true in relation to having a job, because the connectedness is lower than in the relation of having steady partnership and home.

The Orientations to Happiness Scale demonstrated that there was no correlation between the levels of the scales of Life of meaning and Life of engagement and the level of the fulfilment of adult role.

The emerging adults give preference to the activities associated with Life of pleasure. The average rank of the variable *Life of pleasure* (394.56) was significantly higher ($Z=-2.783$, $p=0.005$; $N=844$), than that of *Life of meaning* (362.04). Likewise, *behaviour in the sense of Life of pleasure* (403.20) has higher average rank than the Life of engagement (344.57) ($Z=-7.948$; $p<0.001$; $N=844$).

Giving priority to Life of pleasure is rather connected with the age than with the fulfilment of the adult role (Szondy and Martos, 2014).

H1.2. “The fulfilment of the adult role has positive relation to the control of emotions, that is, it depends on the experienced ratio of positive-negative emotions.” *The hypothesis has been verified.*

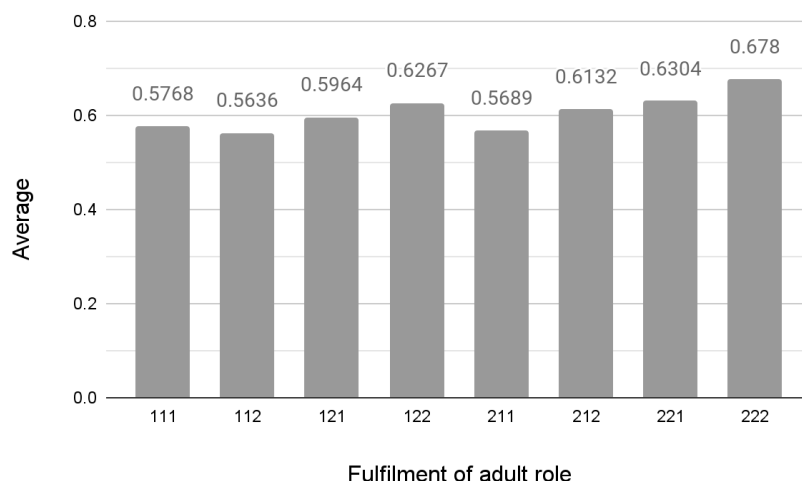
The complete fulfilment of adult role comprising those in the sample who have job and steady partnership and manage and finance the housing, triggers higher ratio of positive-negative emotions compared with those whose fulfilment of adult role is incomplete in a certain dimension. This result is in accordance with the observation of Sirois (2015) who announced that the self- and emotion regulation is still immature in the case of the emerging adults and they can achieve emotional maturity only later in the life.

H1.3. “The fulfilment of the adult role has positive relation to the level of self-compassion.” *The hypothesis could not be verified.*

The impact of the complete fulfilment of adult role became obvious only in two of the subscales of self-compassion, exactly in reducing the experience of *self-judgement* and *isolation*. Neff and Vonk (2009), as well as Sági (2013) reported based on their results, that the relation between age and the level of self-compassion is not unambiguous, because they found only weak correlation between them. This explanation can be accepted in interpreting the results in this study, too.

H2. „Preventive health behaviour prevails among those of the emerging adults who more completely fulfilled the adult role, namely, have steady partnership, manage and finance the housing and have job.” *The hypothesis has been verified.*

Figure 2. Relation between the fulfilment of adult role and the preventive health behaviour (cumulative indicator of health behaviour (N = 849))



(Remark: The numeric codes below the columns “groups of fulfilment of adult role” show the level of fulfilment of adult role. 1 = did not fulfil the adult role in the given dimension; 2 = fulfilled the adult role in the given dimension.)

Figure 2. demonstrates that the group belonging to the numeric code 222 (with job, steady partnership, and self-managed housing) has significantly higher average of “cumulative health behaviour” and within that, of preventive health behaviour than the other groups.

Analogously to group 222, higher average of “cumulative health behaviour” can be attributed to the groups that exhibited the non-fulfilment of the adult role only in one of the dimensions shown by the numeric codes 122, 221, 212.

Summarizing the results, the higher degree of the fulfilment of adult role has generated much higher level of preventive health behaviour (higher average of “cumulative health behaviour”) than the level of those who lagged behind in certain dimensions of the adult role. The results confirmed that the complete fulfilment of adult role is of crucial importance in the attitude towards health behaviour, and confirmed the results of Neinstein (2013) and Hargreaves et al. (2015), who also studied the health behaviour of the emerging adults.

H3. „The higher level of well-being has preventive effect on health behaviour. Well-being has three factors, among them with the experience of “full life”, which is the most efficient intrapsychic factor in influencing the status of health behaviour.” *The hypothesis has been verified.*

In all of the tests measuring the well-being in its totality, higher level of well-being could be observed in case of the emerging adults with preventive health behaviour. The Orientation to Happiness Scale (Table 2) showed that the young people living “full life” exhibited the highest value of preventive health behaviour ($F=9.62$, $p<0.001$). The concept of full life involves high inspiration to find the meaning, pleasure and engagement in life. Zadworna-Cieślak (2018) also

found that those emerging adults who are happier and experience higher level of well-being give preference to the preventive health behaviour to higher certainty because they regard it as the resource of positive and happy life, and appreciate it as a valuable item.

Table 2. The relations between health consciousness and orientations to happiness (N = 840)

Clusters	N	Average of health-conscious behaviour	Scatter
Cluster 1: Includes those individuals, whose values are below the average in all the three orientations (empty life)	170	0,54	0,14
Cluster 2: Includes those individuals, whose values are above the average in all the three orientations (full life)	166	0,63	0,14
Cluster 3. Includes those individuals, who endorse pleasure and are emotionally involved	157	0,58	0,16
Cluster 4: Individuals with average scores of orientation	224	0,62	0,14
Cluster 5: Covers the group of individuals who focus explicitly on meaning	123	0,59	0,15

H4. „Experiencing the optimal (3:1) ratio of positive-negative emotions is a resource that motivates the health-conscious behaviour.” *The hypothesis has been verified.*

The emerging adults having 1:2.57 ratio of negative-positive emotions (Cluster 4), which approaches the optimal ratio, have significantly the highest health-conscious behaviour score. Anyhow, the individuals in Cluster 2 having 1:0.76 ratio of emotions, which represents the experience of high negative emotions above the average and the positive emotions below the average have the least health-conscious behaviour in the sample ($F=35.29$; $p<0.001$) (Table 3).

Table 3. The relation between health consciousness and PANAS clusters (N = 850)

Clusters	N	Average of health-conscious behaviour	Scatter
Cluster 1: high negative emotions above the average and high positive emotions, ratio 1:1.35	178	0,60	0,14
Cluster 2: high negative emotions above the average and positive emotions below the average, ratio 1:0.76	115	0,50	0,15
Cluster 3: negative emotions below the average and positive emotions below the average, ratio 1:1.57	250	0,56	0,14
Cluster 4: negative emotions below the average and positive emotions above the average, ratio 1:2.57	307	0,65	0,14

The dominance of negative emotions can lead to risky behaviour, whereas, the positive emotions stimulate the health-conscious behaviour (Ferrer and Mendes, 2017).

H5. “The higher level of self-compassion has positive relation to the health-conscious behaviour of the emerging adults.” *The hypothesis could not be verified.*

The emerging adults with higher preventive health behaviour scored significantly higher in the average of the *positive subscales* (Self-Kindness Items, Common Humanity and Mindfulness) of Self-compassion Scale and they had lower scores in the average of the negative subscales (Isolation and Over-identification Items). No relation could be identified between the subscale of Self-Judgment Items and the global Self-compassion.

The findings of Gedik (2019), who involved Turkish undergraduate students into his researches, evidenced that health consciousness had positive correlation with the positive subscales of Self-compassion while there was no positive correlation with the counterparts.

K1. In this study the research issue was to be explored whether self-compassion can have any compensating role in promoting the preventive health behaviour in case of lower level of well-being.

The compensating role of Self-compassion could not be proved based on the WHO Well-Being Index and the Satisfaction with Life Scale. As regards the Orientations to Happiness Scale (OTH), no cluster structure could be set up, in which the value of SCS is high, whereas the value of OTH is low, therefore there was no chance to explore the compensating role of Self-Compassion in health consciousness.

However, the compensating role of self-compassion in health consciousness can be demonstrated if associated with psychological well-being.

Table 4 shows that group 6 has the significantly lowest value of preventive behaviour (very low psychological well-being along with average self-compassion). Group 3 exhibits significantly better indicator of preventive behaviour (poor psychological well-being, but strong self-compassion). The compensating effect of self-compassion is fairly demonstrable by this instance.

Table 4. The relation between the clusters of Psychological Well-being (PWB) and Self-Compassion Scale (SCS) and the health consciousness (N=825)

	Clusters					
	1	2	3	4	5	6
N	111	175	114	212	130	83
average of CSC stand. score	-1,637	-0,299	1,261	-0,148	0,981	-0,082
average of PWB stand. score	0,397	1,041	-0,823	-0,269	0,648	-1,826
health consciousness index	0,599	0,653	0,556	0,577	0,638	0,499

8. NEW SCIENTIFIC RESULTS

The new scientific results achieved by accomplishing the present study affect a number of areas.

- Emerging adulthood is a new category among the age groups, which has not come into the focus of the researchers' attentiveness yet, which is particularly true for the area of their health behaviour. This study fills this gap because the present research has been directed on the fulfilment of adult role, positive mental health and health behaviour of the emerging adults and the relation between these factors.
- The domestic youth studies concentrate primarily on their risky behaviour and only certain components of preventive health behaviour (e.g. healthy diet and physical activity) are drawn into the studies. The present study explores the health consciousness in its complexity with specific attention to the dimensions that have definite importance concerning the age group of emerging adults. No domestic presentations could be found on an array of variables, such as self-examination, road safety and safety in partying.
- The "*indicator of cumulative health-conscious behaviour*" has been created in this study in order to be able to use statistical analysis to compare the preventive health behaviour with other variables. No standardized methodology could be identified in previous publications how to form this indicator.
- This study addresses one of the indicators of positive mental health, in particular the well-being in complex way and investigates the aspects of the general, hedonistic and eudaimonic well-being *per se* and in their integrity as well.
- No domestic and limited number of foreign literary sources were found about the 3:1 ratio of the positive-negative emotions being the indicator of the positive mental health in the population. This study outlines this concept and exemplifies it in the sample, and in addition, declares its role in the preventive health behaviour.
- Self-compassion, which is a manifestation of self-acceptance and an adaptive emotion regulating strategy, has not come into the view of researches in Hungary and this statement applies especially on its role as a protective factor of health behaviour. The results of this study were striking and unexpected in the sense that they did not support the findings of the international researches unambiguously, which had stated that the higher complex self-compassion could affect the health consciousness positively.

9. THE LIMITATIONS OF THE RESEARCH

Due to time and cost considerations, the present study was done by a non-probability sampling method, the snowball sampling and based on availability.

Women, and people in touch with higher education were over-represented in the sample and this socio-demographic factor explains the more favourable and more health-conscious responses.

It presented difficulty to create the “cumulative health-conscious behaviour” indicator objectively. Namely, the related literature does not imply clear suggestions whether the different elements of behaviour (e.g. nutrition, physical activity, frequency of health screening etc.) have the same weight in health consciousness.

10. SUGGESTIONS

Zsuzsanna Mogyorósy-Révész (2021) addresses the development of self-regulation from the foetal life in a comprehensive overview. In this work it is underlined that the nature of the impulses has great importance already from the earliest period of life and it is explained which of them influence the development of self- and emotion regulation. To get a better insight, the role of co-regulation needs explanation in case of children. Murray et al. (2015) reported that the people in the care of the child (e.g. parents and teachers) serve as a model in the early stage of the development of self-regulation through the interactions. According to Wipfler and Schore (2021), “*hand in hand parenting*” is extremely helpful in co-regulation and forming the healthy relationship between parents and children. The experts are of the opinion that the exploration of the role of co-regulation should cover even the emerging adulthood. The jumping from one life stage into another is emotionally burdening for young people and it is very important for them to get emotional support.

The mental health of the children is being influenced in the earliest years mainly by the parents. When the children come into the school-age, the role of the educational institutions gets high emphasis.

The “*Comprehensive School Health Promotion*” program has been introduced and is operating in schools to enhance the development of the health consciousness of pupils in the age group of 7-18 years. The “*Health Promoting University*” program is a comprehensive project dedicated to improving the health and quality of life of the university community (students and staff) (Czippán et al., 2015).

At present, the educational institutions do not equip the young people with the tools and skills needed to cope with stress, to find relaxation techniques and to develop the individual and independent way of thinking to manage and resolve the problems and conflicts they face (National

Mental Health Action Plan 2016-2020). It should be mentioned, however, that several projects of the Széchenyi Plan 2020 have been implemented in higher education with success and they are beneficial for the students' health promotion and quality of life.

The *workplace health promotion* could be the solution for advancing the health status of the emerging adults who have chosen to have a job instead of studying. Juhász (2007) admits that efforts have been made to introduce the workplace health promotion in Hungary but the actual situation is far from being ideal. *Workplace health promotion has huge potential to address certain key strategies, like stress management, efficient emotion control and self-knowledge and it could be boosted by state budgeting and expanding it on national level.*

The Arts Therapy is an efficient tool to dissolve and process emotional blockages. As clients create art, be it any type, they explore their existing emotions, fears and desires and address their unresolved emotional conflicts (Mogyorósy-Révész, 2019). Arts Therapy is also an excellent device for healthy people to experience pleasure and to achieve improved levels of functioning (Antalfai, 2016). The artistic creation is a means of visualizing and then communicating emotions, and results in improved self-awareness and self-expression (Mogyorósy-Révész, 2019).

The above-mentioned positive influence of Arts Therapy justifies the suggestion to establish training groups with arts therapeutic elements for emerging adults to provide pathways for them toward fulfilment of adult role, matured partnership, self-regulation and improved health consciousness.

11. SUMMARY

This study has been imbedded into the theoretical framework of positive psychology and salutogenesis, with focus on the psychological factors and resources that help the development of the emerging adults' health-conscious behaviour. According to Susánszky (2011), the health consciousness of this age group is a rarely addressed research area, what is more, the behavioural change in this period of life has not been identified as an issue in need of research (Sirois, 2015).

The aim of this study was to explore the fulfilment of adult role, positive mental health, health-conscious behaviour and their interrelation in case of emerging adults (the age group of 18-29 years old). The present research focussed on the positive mental health, involving well-being, the experienced ratio of positive and negative emotions and self-compassion.

The majority of the sample consisting of 860 entities was found to have backlogs in the fulfilment of adult role.

The summary of the *results of the first hypothesis* reflects that the majority of the *emerging adults who completely fulfil the adult role* are able to achieve their goals and to make progress in self-development. They experience the life satisfaction, the positive emotions, and the

self-acceptance more intensively and entirely. They develop lot of well-functioning human relationships, have their lives in control and are motivated to find goals in life. They are able to keep the self-criticism in healthy frames and the risk of experiencing emotional isolation is low. They live with perspectives.

The *second hypothesis* makes the statements of the first one complete, in so far that the health-conscious behaviour has to be added to the above-mentioned positive features. The above-mentioned group of emerging adults feels the responsibility to take care of their health, because being healthy is a key issue to be able to meet the requirements in life, to keep what they have attained and to bring up the children. This type of behaviour always originates from conscious decision-making and mostly only those can make such a decision, who have completely fulfilled the adult role.

The *third and fourth hypotheses* have evidenced that those who experience the positive mental health “flourishing” (high level of well-being, happiness, satisfaction and higher ratio of positive emotions) can develop higher level of health consciousness. These factors are resources, which enable the higher rate and positive stimulation of other psychic functions. One of the manifestations can be the well-functioning health consciousness. The health-protecting activities need a lot of psychic energy investment supplied by happiness and the from it originating higher energy capacity.

The *fifth hypothesis* is directed on self-compassion. Those who have self-kindness are well aware that other humans may have experienced similar emotions and life events and faced similar problems. They relate their personal experiences to those of others and put their own situation into a larger human perspective. They live with mindfulness, are not caught up by past events unnecessarily and are not obsessed with frightening images of the future. To sum it up, all these make up the positive experience of Self-compassion. Experiencing the Mindfulness advances the health-conscious behaviour.

In addition to verifying the hypotheses, this study set the goal to address a research issue as well. It aimed at to reveal whether self-compassion could have any compensating role in motivating the preventive health behaviour in case of lower level of well-being. The present research focussed on detecting the role of self-compassion in compensating well-being. It was explored, whether self-compassion helps master the situation, and the person gains psychic energy and capacity to promote his preventive health behaviour in the status of experiencing low well-being, which is supposed to cause lower satisfaction with life and to lead to more negative emotions. It has turned out, however, that the role of self-compassion does not correspond to compensation but its function is to support the resolution of stress and crisis. It takes longer until this process is being accomplished.

In summary, it can be stated based on literary data and the present research, respectively, that the process of developing into the adulthood has been delayed and finishes around the age of late

twenties in Hungary. The majority of the sample in this study can be characterized by partially fulfilled adult role and moderate health consciousness, which permits the conclusion that their self- and emotional regulation is still immature. The experience of positive mental health and the status of “flourishing” covering the high level of well-being, happiness, experience of positive emotions and satisfaction with the past, serve as resources to improve the positive functioning of other psychic factors as well, and one of the manifestations is the well-functioning health consciousness.

Based on the expertise derived from this study, a range of activities, steps and services have been outlined that could facilitate and consolidate the emerging adults’ fulfilment of adult role. Recreational and mental hygiene programs have been recommended to provide more chance to experience the positive impressions and emotions. The trainings associated with Arts Therapy could endorse the emerging adults’ personality development, positive mental health and health consciousness in a complex way.

After thorough consideration of the above-mentioned options, the promotion of psychological well-being by means of Arts Therapy has been chosen as the most perspectival way to implement the results of this study in the long run. The results of the present study very convincingly underpin that the arts therapeutical methods are suitable to promote the health consciousness as well.

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PUBLICATIONS THE THESIS IS BASED ON

First-author articles in connection with the topic of the dissertation:

1. Budai Éva, Uherezky Eszter, Benedekfi István, Németh Anikó Domján Andrea, Lobanov Artyom: *A krónikus fájdalommal élők életminőségének javítása zeneterápiás eszközökkel*. NÖVÉR, 2021, (1) pp 14-21
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