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The Need of Belonging and Sense of Belonging versus Effectiveness of Coping

Abstract*: The aim of this research was to describe the dependence between the need for and sense of belonging and symptoms of depression vs. one's capacity to cope effectively. Using path analysis of our data (N = 178), we found direct patterns, in which both depression symptoms and life satisfaction depend to a considerable degree on the sense of belonging. The belonging need influences, in a direct way, the coping focused on the search for social support. Undertaking active techniques of coping, including confrontation with a stressful situation and its negative controlling impact, depends on having a high level of the sense of belonging. In contrast, individuals who cope by means of taking psychoactive drugs show the symptoms of depression.*
Key words: *need of belonging, sense of belonging, coping, stress, depression*

Introduction

Deprivation of the need of belonging is an acute individual problem that is difficult to solve, and poses a significant threat to the psychological and physical wellbeing of any person. Our research has the dual goals of understanding the motivational basis for this phenomenon better, while also considering optimal treatment practices. Our scientific objective is to verify some selected assumptions of the motivation theory of the need to belong, as advanced by Baumeister & Leary (1995). In addition, we focused as well on verifying selected assumptions of the relational model of coping with stress (Folkman & Lazarus, 1987, 1988; Folkman & Moskowitz, 2000, 2004; Miller, 1987; Endler & Parker, 1990).

In what ways does the need for, and sense of belonging influence coping with stress, taking into account additional intervening variables, such as, state of mood self-esteem and the individual satisfaction with participant's life? It has been assumed that the need for belonging exerts its motivational power through the sense of belonging which, in turn, generates a set of psychological and behavioural strategies for coping with the associated stress (Wilczyńska, 2013, 2014). The sense of belonging may be even health promoting in communities which offer social support (Berkman, 1995; Place et al., 2002).

The need to belong is a strong interpersonal motive influencing human behaviour, emotions, and thoughts. Its evolutionary roots are fundamental for survival by enhancing reproductive probability (Maslow, 1954, Baumeister & Leary, 1995). Natural selection favoured individuals who affirm close bonds with their group and this kind of relatedness provided security and facilitated reproduction. Members of society who are ostracized experience intense psychological distress (Sommer, Wiliams, Ciarocco & Baumeister, 2001). Deprivation of the need of belonging, or the state of being threatened with inability to fulfil it, results in serious health, social, and psychological consequences (Cacioppo et al., 2003). The theory of the need to belong has been developed by social psychologists, such as Baumeister and Leary (1995), who suggest that individuals experience a need to form and maintain interpersonal relationships and

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group memberships, while the expression and intensity of the desire varies amongst various cultures. The need of belonging may be perceived as a antecedent of the sense of belonging (Hagerty & Patusky, 1995; Wilczynska, 2013). Antecedents of the sense of belonging strongly refer to events that usually happened in the past. Antecedents reveal themselves through attitudes, convictions, experiences and also can express a type of need for belonging. Individuals suffer when they cannot have and enjoy meaningful close relationships with others. People need a few close relationships for their well-being. Moreover, the quality of relations is more important than quantity. Humans avoid permanent separation (divorce, death) and they hold to relations with present partners (even when the costs of staying in the relationship are greater than leaving) or replace their relations with other ones. People connected with others feel a great deal of positive emotion, e.g., joy, bliss, love (Baumeister & Leary, 1995).

According to Hagerty and Pautusky (1995), the sense of belonging is the "experience of a personal involvement in a system or environment, which makes people feel that they are an integral part of this system or environment" (Hagerty et al., 1992 p. 173). The researchers distinguish precursors (antecedents) of the sense of belonging. Antecedents are defined as the power (energy) and willingness to get involved, and such involvement is appreciated by others, and also are the potentials which may be shared with others or complement one another (1992 p. 174).

Researchers show that a strong sense of belonging is correlated with one's better social and psychological functioning, it is an important aspect of mental health and social well-being (Hagerty et al., 1996). Fulfilment of the need for belonging enhances the development of basic psychological developmental processes, such as self-regulation, internalization and personal autonomy. It also results in higher self-esteem and self-efficacy, as well as helping to build a better self-image (Osterman, 2000).

Fulfilment of the need for belonging may have positive impact on coping with stress. It may influence cognitive appraisal, which is a key factor in the process of coping with stressful events (Folkman & Lazarus, 1987, 1988; Bouchard, 2003, Bouchard, Guillemette & Landry-Léger, 2004). A strong sense of belonging may be treated as one of important resources used in the process of coping.

The sense of belonging may stimulate the perception of difficult situation as a challenge, which is a much more constructive form of appraisal, in contrast to threat or harm/loss. In case of appraisal as challenge, the person estimates the situation as difficult, but is sure that using or gaining particular resources gives a real chance of meeting the situational requirements (Lazarus & Folkman, 1987; Bouchard, 2003, Bouchard, Guillemette & Landry-Léger, 2004).

Hale et al. (2005) proved that the sense of belonging is a predictor of good health. In addition, they examined the relation between the sense of belonging and reduction of the symptoms of stress and depression (Bay et al., 2002). The examination of the sense of belonging by means of SOBI-A test, created by Hagerty and Patuski (1995), revealed that people with depressive disorders do not experience antecedents–precursors of the sense of belonging. Moreover, the authors indicated that a weak sense of belonging accounts for loneliness and depression to a considerably higher degree than low social support does. Conflicts in relationships had negative consequences related to the decrease of the sense of belonging (Hagerty & Williams, 1999). They go on to show that the suffering of many patients is due to their lack of the sense of belonging, which is related to a high level of fear, symptoms of depression, desperation and a general feeling of disconnection. (Menzies & Davidson, 2002).

Methods

The study was in conformity with the Declaration of Helsinki of 1989 for Human Experimentation of the World Medical Association and was approved by the Local Ethics Committee.

Participants

The study comprised 178 subjects of both genders (54.3 % - female), aged between 16 and 66 (M = 33.73, SD = 13.78).

Measurement

Depression was measured by means of the Polish version of the General Health Questionnaire GHQ-28 (Goldberg, 1978). The questionnaire consists of 4 subscales: depression, anxiety, disorders of functioning, and insomnia. According to the instruction of GHQ, a subject is asked to assess changes in his/her mood, feelings, and behaviours in the period of recent four weeks, by evaluating their occurrence on a 4-point response scale (*less than usual, no more than usual, rather more than usual, much more than usual*). The reliability (Cronbach's alfa) of the Polish version of the questionnaire varied, depending on the group, from 0.911 to 0.934 (Makowska & Merecz, 2001). The present study used only the depression subscale of GHQ.

For the measurement of strategies of coping with stress the Assessing Coping Strategies - Mini Cope Inventory (original version: Carver, 1997) has been used. The Polish version of the Inventory (Juczyński & Ogińska-Bulik, 2009) consists of 28 statements that make up 14 strategies of coping with stress. These strategies are as follows: Active coping, Planning, Positive reinterpretation, Acceptance, Sense of humour, Turning to religion, Seeking emotional support, Seeking instrumental support, Self-distraction, Denial, Discharge, Alcohol and drug misuse, Behavioural disengagement, and Self-blame. Each item is assessed using a four-point scale: 0 - *I almost never act so*; 1- *rarely do I act so*; 2 - *I often act so*; 3 – *I almost always act so*. The reliability (Guttman's split-half reliability coefficient) of the Polish version was at the level above 0.8, with the exception of the Behavioural disengagement scale: 0.32 (ibidem).

The Sense of Belonging Instrument (SOBI) by Hagerty

and Patusky (1995) is made up of two subscales. Eighteen items represent the psychological side of the sense of belonging ('psychological state' SOBI-P). Fourteen items describe antecedents ('antecedents', SOBI-A) of the sense of belonging. Motivation and the need to feel that one belongs (fit and valued involvement) are deemed to be the precursors of the sense of belonging. The research has shown that the validity of the original version of the questionnaire is satisfactory. The reliability of the original version of the test, calculated by means of a re-test method, equals $r = 0.84$ for SOBI-P scale, and $r = 0.66$ for SOBI-A scale (ibidem).

The psychometric analysis of the Polish version of SOBI has not led to significant changes in the factor structure. The reliability of the final Polish version is high: it reaches 0.95 for SPP-P, and 0.84 for SPP-A (Wilczynska, 2013; Wilczynska & Januszek, 2014).

The Polish version of the Satisfaction with Life Scale SWLS (Pavot & Diener, 2008) was used to measure satisfaction with life. This instrument is used to measure satisfaction with life, expressed through the sense of satisfaction with one's achievements and conditions. The scale has five items, the answers are based on a seven-item scale. Internal consistency calculated for the Polish version of this scale amounts to 0.81, which is fully adequate (Juczyński, 2009).

Results

Meta-EFA MiniCOPE

The initial analysis first covered the factor analysis of the MiniCOPE questionnaire. The MiniCOPE factor analysis was meant to solve three issues. Firstly, it was to introduce the lowly-correlated indices into SEM analysis so that high inter-correlations would not blur the picture of dependencies in the model subject for analysis (we found that at least some parts of the scales correlate significantly with each other – even at the high level of 0.8 [see Table 1]). The second reason was that there were too many sub-scales in relation to the number of subjects in the group. Thirdly, although the twelve sub-scales may be successfully used in clinical practice; in scientific research and in particular while using SEM, such a number hinders interpretation, especially as the sub-scales represent variables at a low level of generality in relation to other variables of the model.

The sampling adequacy was at an acceptable level. The number of people subject to examination exceeded the number of scales almost 8 times, the KMO value reached 0.639 for this group, and Bartlett's sphericity test showed $\chi^2 = 479.854$ ($df = 91$; $p < 0.001$).

The number of factors in this analysis was chosen on the basis of Kaiser-Guttman's criterion (see Catell & Vogelmann, 1977; Yeomans & Golder, 1982), which in this case showed compliance with the optimal number of factors resulting from the analysis of the scree plot. The results of these calculations are presented in Table 2. Finally, there was a reduction of the 12 scales to five factors, whose meaning is consistent with other tools testing coping in stressful situations (see Schwarzer & Schwarzer, 1996) As a result, the scales: Seeking social support for instrumental reasons and Seeking social support for emotional reasons made up the factor: Seeking social support. The scales: Planning, Active coping, Restraint coping made up the factor: Monitoring. Mental disengagement, Acceptance, Turning to religion, Denial made up the factor: Blunting. Sense of humour and Blaming yourself made up the factor: Sense of humour. Finally, and with no changes, there is the scale of: Alcohol-drug disengagement, which created a strong, one-item factor.

Two scales: Focus on & venting of emotions and Positive reinterpretation & growth, could not be assigned to any factor, due to their considerably high loadings simultaneously on 3 factors. We were not able to obtain - in our analysis - the structure of completely independent factors. As can be seen on the basis of the data in Table 2, the factor Blunting has common loadings with the factor Seeking social support, whereas Monitoring correlates both with the factor Seeking social support and Alcohol-drug disengagement. These values are not high, but certainly at the level of statistical significance.

The presented structure became the basis for a new definition of tool keys. For the new scales (in the following sequence: Seeking social support, Monitoring, Blunting, Sense of humor, Alcohol-drug disengagement) when calculating their internal consistency (using Cronbach's alpha) the following values were obtained: 0.878, 0.712, 0.584, 0.495, 0.945, respectively. As can be seen, the low reliability of the scales Blunting and Sense of humor, leaves a lot to be desired, so when interpreting any results involving them, their potential limitations should be taken into consideration.

Distribution of Variables

The analysis of variables distribution, by means of graphic methods (standard Q-Q plot and box plot), as well as Shapiro-Wilk's test did not confirm with the normal distribution for all scales: only 4 in 9 variables had the distribution similar to normal (at a mild criterion of $p > 0.001$). Other variables had the distribution that could be standardized by means of nonlinear techniques; however, some showed a strong positively or negatively skewed distribution. It was decided to solve this issue by applying a method of bootstrapping, in order to estimate errors of the set parameters and in such a way as to be free from the necessity to accept the assumption of normal distribution of the variables.

Missing Values Analysis

In only a few cases, at the level of raw score (in items), the analyzed set of data contained single missing values that were replaced with the mean values.

Table 1. Intercorrelation matrix of MiniCope questionnaire.

		1	2	3	4	5	6	7	8	9	10	11	12	13	14
1.	Active coping	-													
2.	Planning	0.49*	-												
3.	Positive reinterpretation & growth	0.32*	0.52*	-											
4.	Acceptance	0.08	0.28*	0.36*	-										
5.	Sense of humour	-0.04	-0.01	0.23*	0.27*	-									
6.	Turning to religion	0.12	0.28*	0.35*	0.11	-0.13	-								
7.	Seeking social support for emotional reasons	0.11	0.32*	0.38*	0.22*	0.01	0.22*	-							
8.	Seeking social support for instrumental reasons	0.06	0.28*	0.44*	0.19	-0.06	0.19	0.82*	-						
9.	Mental disengagement	-0.08	0.11	0.33*	0.35*	0.19	0.16	0.18	0.24*	-					
10.	Denial	-0.19	-0.11	0.05	0.10	-0.01	0.33*	0.21*	0.19	0.21*	-				
11.	Focus on & venting of emotions	-0.22*	0.09	0.27*	0.15	-0.06	0.23*	0.37*	0.47*	0.50*	0.20*	-			
12.	Alcohol-drug disengagement	-0.23*	-0.13	-0.09	-0.22*	0.19	-0.07	-0.06	-0.19	0.01	0.11	0.03	-		
13.	Restraint coping	-0.45*	-0.37*	-0.11	-0.14	0.07	-0.10	-0.06	-0.05	0,00	0.28*	0.12	0.29*	-	
14.	Blaming oneself	0.01	0.07	-0.09	-0.05	-0.36*	0.22*	0.23*	0.27*	0.09	0.28*	0.32*	0.14	0.11	-

Note. * $p < 0.05$

Table 2. MiniCOPE Meta-Factor Structure (EFA* Results)

	Subscale	New scale	Factors**				
			1	2	3	4	5
8	Seeking social support for instrum. reasons	Seeking social support	0.99			0.36	
7	Seeking social support for emotional reasons		0.83			0.33	
2	Planning	Monitoring	0.31		0.74		
1	Active coping				0.74		
13	Restraint coping			0.30	-0.53		
9	Mental disengagement	Blunting				0.67	
4	Acceptance					0.45	
6	Turning to religion					0.42	
10	Denial					0.35	
5	Sense of humour	Sense of humour					-0.67
14	Blaming oneself						0.66
12	Alcohol-drug disengagement	Alcohol-drug disengagement		0.98			
11	Focus on & venting of emotions	not included in further analysis	0.50			0.64	
3	Positive reinterpretation & growth		0.48		0.51	0.52	

Note.
* extraction method: maximum likelihood with oblimin rotation,
** structure subscale loadings sorted by size and greater than .30

SEM – Path Analysis, Confirmatory Version

In order to verify the key assumptions of the theoretical model of primary interest, we carried out structural equation modeling (*SEM*) in its simplest variant, i.e., path analysis (*PA*), introducing only indices, without latent variables, into the model. The first analysis described in this sub-section was of confirmatory character. The model, which is subject to confirmation is presented in Figure 1. The only exogenous variable in this model is the Need of Belonging. Endogenous variables may be divided into those whose role is to be mediating variables – mediators (such as: Sense of Belonging, Depression, Satisfaction with Life), and those influencing the strategies of coping, i.e., such variables as: Seeking Social Support, Monitoring, Blunting, Sense of Humour, and Alcohol-drug Disengagement.

The results of confirmatory SEM definitely showed unsatisfactory goodness of fit of the model to the data[1] (χ^2 = 62.312; p < 0,001; χ^2/df = 2.967; the Bentler's Comparative Fit Index: *CFI* = 0.738; the Tucker-Lewis Index: TLI = 0.552 [known also as the Bentler-Bonnet's Non-normed Fit Index - NNFI]; the Bentler-Bonett Normed Fit Index *NFI* = 0.679; the Root Mean Square Error of Approximation: *RMSEA* = 0.138).

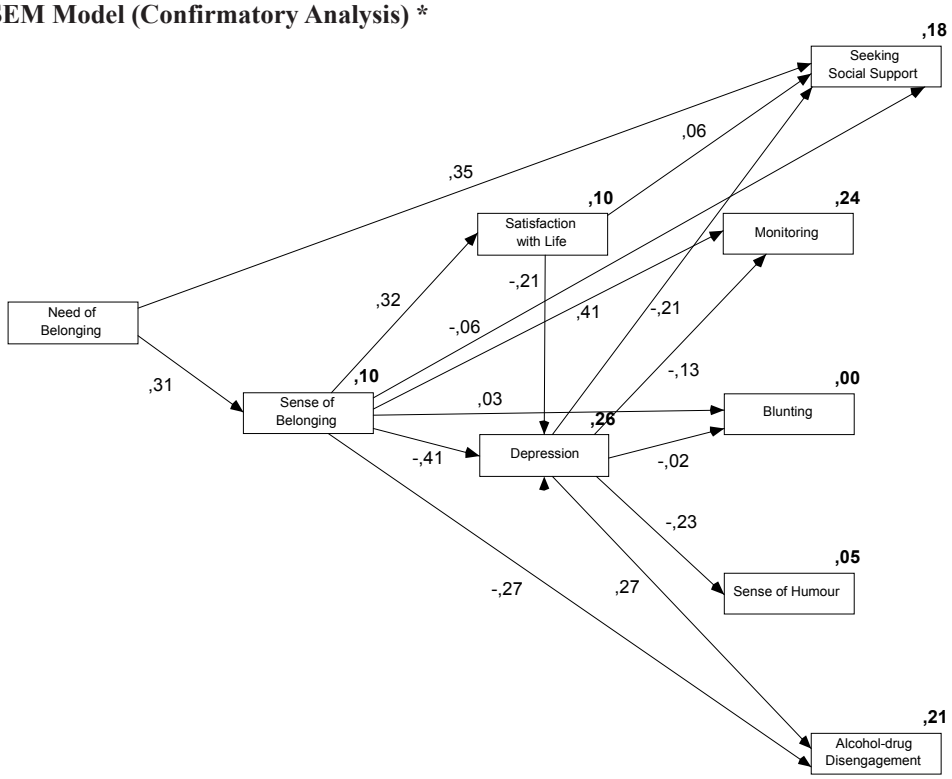
SEM – Path Analysis, Exploratory Version

Because this analysis did not confirm our model, alternative approaches were taken to improve its goodness-of-fit indices. Such alterations consisted in removing statistically non-significant parameters (paths) and (sequence) from the model, as well as addition of paths of a high modification index. Such actions led to obtaining a model of good goodness-of-fit indices (see Figure 2). The good news is that all but one index meet the strictest requirements now.

The percentage of the explained variance (values presented in the figure, in bold, next to each endogenous variable) for individual endogenous variables is rather low and fluctuates between 10% and 27%. Among the factors of coping, the highest values were obtained by Blunting strategy (27%) and the lowest percentage of the explained variance was shown by the factor of Sense of Humour (10%). For other strategies, *EV* amounts to around 20%.

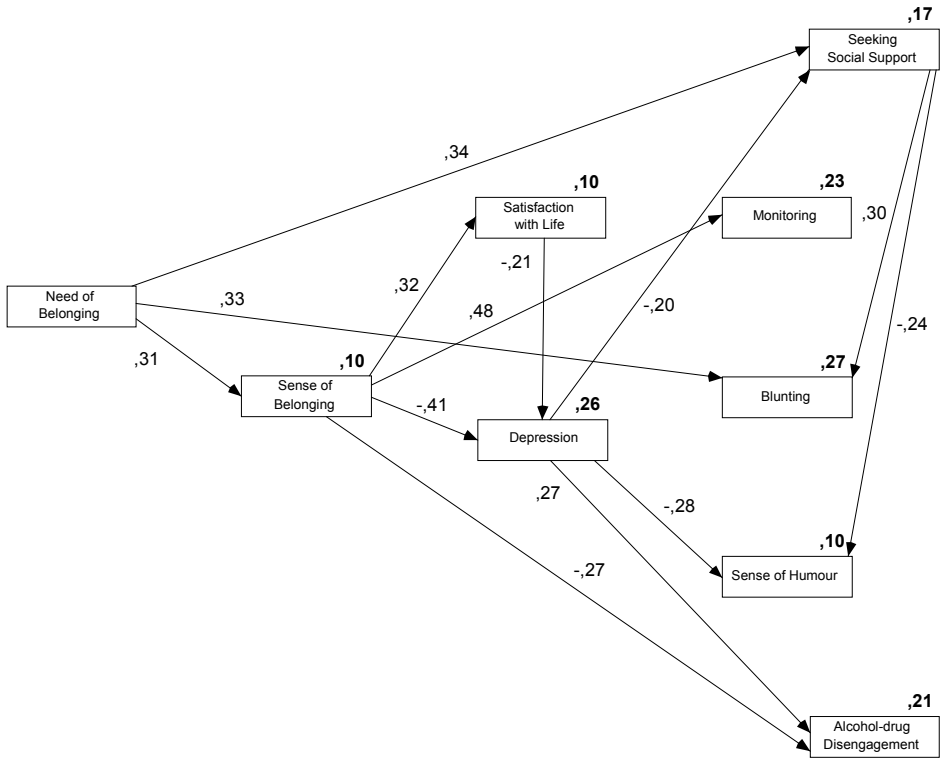
[1] In the first studies of structural equation modeling (SEM) as a statistical method (see Jöreskog & Sörbom, 1984) the results of χ^2 test (or χ^2/df ratio) were considered as the basic fit statistic. At present it is considered as strongly dependent on the sample size, the number of variables, the number of free parameters, and deviation of the observed variables from normal distribution, and therefore other indicators are used to evaluate model fit. The most commonly used are (acceptable values provided in parentheses): *CFI* (> 0.95), *RMSEA* (< 0.05), *TLI*/*NNFI* (> 0.95); *NFI* (> 0.95) [cf. Bentler, 1990; Bentler & Bonett, 1980; Bollen & Stine, 1992; Browne & Cudeck, 1993; Hu & Bentler, 1998, 1999].

Figure 1. SEM Model (Confirmatory Analysis) *



							RMSEA		
χ^2	*df*	*p*	χ^2/df	*CFI*	*TLI*	*NFI*	estimated	LO 90	HI 90
62.312	21	< 0.001	2.967	0.738	0.552	0.679	0.138	0.099	0.178

Figure 2. SEM Model (Exploratory Analysis) *



							RMSEA		
χ^2	*df*	*p*	χ^2/df	*CFI*	*TLI*	*NFI*	estimated	LO 90	HI 90
27.519	23	0.235	1.196	0.971	0.955	0.858	0.043	0	0.096

* standardized path

Table 3. SEM (Exploratory Analysis): Total, Direct and Indirect Effects.

	Total				Direct				Indirect			
	Estimates	Confidence intervals*		*p*	Estimates	Confidence intervals*		*p*	Estimates	Confidence intervals*		*p*
		lower	upper			lower	upper			lower	upper	
Need of Belonging → Sense of Belonging	0.31	0.13	0.51	0.003	0.31	0.13	0.51	0.003	0.00	0.00	0.00	-
Need of Belonging → Satisfaction with Life	0.10	0.02	0.22	0.004	0.00	0.00	0.00	-	0.10	0.02	0.22	0.004
Need of Belonging → Depression	-0.15	-0.26	-0.06	0.002	0.00	0.00	0.00	-	-0.15	-0.26	-0.06	0.002
Need of Belonging → Seeking Social Support	0.37	0.14	0.56	0.004	0.34	0.10	0.53	0.004	0.03	0.01	0.08	0.005
Need of Belonging → Monitoring	0.15	0.06	0.28	0.002	0.00	0.00	0.00	-	0.15	0.06	0.28	0.002
Need of Belonging → Alcohol-drug Dis.	-0.13	-0.23	-0.05	0.002	0.00	0.00	0.00	-	-0.13	-0.23	-0.05	0.002
Need of Belonging → Sense of Humour	-0.05	-0.17	0.03	0.260	0.00	0.00	0.00	-	-0.05	-0.17	0.03	0.260
Need of Belonging → Blunting	0.44	0.22	0.59	0.002	0.33	0.14	0.49	0.002	0.11	0.04	0.24	0.003
Sense of Belonging → Satisfaction with Life	0.32	0.11	0.51	0.003	0.32	0.11	0.51	0.003	0.00	0.00	0.00	-
Sense of Belonging → Depression	-0.47	-0.62	-0.28	0.002	-0.41	-0.59	-0.20	0.002	-0.07	-0.16	-0.01	0.022
Sense of Belonging → Seeking Social Support	0.09	0.02	0.20	0.011	0.00	0.00	0.00	-	0.09	0.02	0.20	0.011
Sense of Belonging → Monitoring	0.48	0.31	0.61	0.003	0.48	0.31	0.61	0.003	0.00	0.00	0.00	-
Sense of Belonging → Alcohol-drug Dis.	-0.40	-0.56	-0.20	0.002	-0.27	-0.46	-0.06	0.008	-0.13	-0.29	-0.01	0.034
Sense of Belonging → Sense of Humour	0.11	0.04	0.23	0.002	0.00	0.00	0.00	-	0.11	0.04	0.23	0.002
Sense of Belonging → Blunting	0.03	0.01	0.07	0.009	0.00	0.00	0.00	-	0.03	0.01	0.07	0.009
Satisfaction with Life → Depression	-0.21	-0.39	0.00	0.047	-0.21	-0.39	0.00	0.047	0.00	0.00	0.00	-
Satisfaction with Life → Seeking Soc. Support	0.04	0.01	0.11	0.020	0.00	0.00	0.00	-	0.04	0.01	0.11	0.020
Satisfaction with Life → Alcohol-drug Disengagement	-0.06	-0.15	-0.01	0.028	0.00	0.00	0.00	-	-0.06	-0.15	-0.01	0.028
Satisfaction with Life → Sense of Humour	0.05	0.01	0.12	0.014	0.00	0.00	0.00	-	0.05	0.01	0.12	0.014
Satisfaction with Life → Blunting	0.01	0.00	0.04	0.018	0.00	0.00	0.00	-	0.01	0.00	0.04	0.018
Depression → Seeking Social Support	-0.20	-0.36	-0.05	0.016	-0.20	-0.36	-0.05	0.016	0.00	0.00	0.00	-
Depression → Alcohol-drug Dis.	0.27	0.00	0.51	0.043	0.27	0.00	0.51	0.043	0.00	0.00	0.00	-
Depression → Sense of Humour	-0.23	-0.40	-0.07	0.004	-0.28	-0.47	-0.10	0.004	0.05	0.01	0.12	0.013
Depression → Blunting	-0.06	-0.14	-0.01	0.012	0.00	0.00	0.00	-	-0.06	-0.14	-0.01	0.012
Seeking Social Support → Sense of Humour	-0.24	-0.42	-0.02	0.023	-0.24	-0.42	-0.02	0.023	0.00	0.00	0.00	-
Seeking Social Support → Blunting	0.30	0.08	0.49	0.008	0.30	0.08	0.49	0.008	0.00	0.00	0.00	-

Note. * bias corrected bootstrap intervals (sample size = 1000; ML method)

The values of effects are shaped adequately to the EV level (see Table 3). The average (calculated for absolute values) of total effects equals just 0.20 (*min* = 0.01; *max* = 0.48); direct effects are - on the average - at the level of 0.015, while indirect effects are at the level of 0.05. Direct effects dominate, thus the role of indirect effects in the analyzed model should be deemed marginal.

Discussion

Our exploratory analysis showed that the exogenous variable - the need for belonging, and the endogenous variable - the sense of belonging, influence, independently of each other and in a direct way, the choice of different stress coping strategies. Moreover, the sense of belonging has an important impact on the regulation of the sense of life, satisfaction, and depression, which additionally influences the selection of particular strategies of coping with stress. Similarly to the previous research conducted by Hagerty et al. (1992), we are able to confirm that the need for belonging significantly influences the sense of belonging in our sample group (0.31**).

Our investigation also yielded new interesting data pointing out that the need for belonging is connected with undertaking specific coping strategies based on emotions, as well as on searching for both emotional and social support. The above-mentioned dependencies are expressed by two paths of moderate but statistically vital values, namely: relationship between the need for belonging and the strategy defined as: Seeking social support (0.34**), as well as the relationship between the need for belonging and the strategy defined as: Blunting (0.33**). According to the theory of need to belong of Baumeister and Leary (1995), individuals who experienced rejection in their life are more cautious with relationships and focus on gathering selective knowledge about their social environment. The need to belong may be enhanced by negative past experiences with being socially excluded. Blunting is interpreted as an one of the symptoms of emotional numbness, correlated with the feeling of being rejected (excluded). Individuals who feel socially rejected are looking for social support but they limit their emotional expression and social behaviour. Emotional indifference functions as a defence mechanism, and allows for distancing oneself from suffering (Wilczynska, 2013; Burkley, Winkel & Leary, 2004). People who express their own need of belonging are afraid, at the same time, of being rejected again. This mechanism is explained by the conflict between approaching and avoiding (Corr, 2005) - cf. Table 3.

The sense of belonging is connected with the strategy defined as *Monitoring* (0.48**); therefore, it can energize undertaking active actions, planning, and attempts to monitor the situation. In addition, it has been noted that the sense of belonging is positively correlated with life satisfaction (0.32**) and negatively with depression (-0.41**), which additionally strengthens the process of coping in difficult situations. The essential role played by the sense of belonging in undertaking active and effective coping strategies is shown also by a negative influence on *Alcohol-drug disengagement* (-0.27**). Similar result were received by Wilczynska in her study (2013) on a group of adolescents. Young people who were satisfied with their sense of belonging presented a higher level of self-esteem and hedonistic tone.

At the same time, we found about the role of depression in undertaking certain coping strategies. Depression is negatively correlated both with *Sense of humour* (-0.28*) and *Seeking social support* (-0.20*), but positively correlated with *Alcohol-drug disengagement* (0.27*). Each of these relations indicates lowered psychological coping resources in persons having a more depressive type of personality. On the negative side of the agenda, the results of this examination did not confirm the assumed hypothesis of a mediatory role of the sense of belonging within the scope of influencing the selection of particular coping strategies.

Although there is much to be pleased with in the statistically significant pattern of results, we have discovered a linking need and sense of belonging to various coping strategies, caution should be exercised due to some methodological and statistical issues. First, it should be emphasized that the investigation was of a correlative character without repeated measurements; therefore, the proposed directions of dependencies can only be hypothetical. Secondly, the obtained low percentage of the variance explained, and poor participation of mediatory mechanisms in the adopted model (low intermediate effects), suggest that a next study should expand the model by additional exogenous and endogenous intervening variables, in order to impose greater control over the selected endogenous variables and, most of all, satisfaction with life and strategies of coping. The last problem of our study was the low sampling representativeness that relied on a narrow population of young persons in the test. Future investigations into this complex set of variables underlying social exclusion, belonging and coping mechanisms demand a much larger sample of respondents drawn from diverse populations, including clinical clients and patients.

Summary

Our results show that effectiveness of coping is connected with the sense of belonging. Higher sense of belonging implies higher satisfaction with life and enhanced monitoring strategy. Individuals who feel that they belong to their environment are less depressive and less likely to use alcohol and drugs. The need of belonging is an important interpersonal motive driving the efforts of a person to obtain social support and to provide the sense of belonging.

Connectedness can meet the need for relatedness and provide a sense of security (Hagerty, Lynch-Saucer, Patusky & Bouwsema, 1993). Ones can rebuild the sense of belonging (social connections) and reinforce one's own individual wellbeing i.e. during psychological intervention. It should eliminate many negative aspects of feeling rejected

(Baumeister & Leary, 1995; Wilczynska & Januszek, 2014). Deprivation of the need of belonging may be reduced by positive contacts with supportive people like therapists or members of support groups. The feeling of being accepted and included in a meaningful relationship with another person is especially important in situations related to regaining health (recovery). A friendly social interaction and its subsequent recollection reduces the level of physiological tension. Rebuilding one's sense of belonging creates favourable conditions to conduct effective psychotherapy that should enable the suffering client to regain her or his positive health status more quickly. The obvious clinical recommendation based on the above assumption is the need for therapists to monitor their clients' sense of belonging as an essential indicator of constructive versus destructive coping in difficult situations, especially those connected with physical and mental illnesses. After every social or/ and psychological intervention, every therapeutic relation needs to be replaced by another connectedness in client's (member's of group) own environment (ibidem).

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