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The meaning of our lives

The relationship between sense of coherence, family and other sociodemografical and psychological indicators

Introduction

"In pluralising societies, there are more and more value systems to choose from, but also more spaces and situations to adapt to, which puts more pressure on socialisation and affects our health" (Skrabski et al. 2004). In investigating the background factors of a healthy life, therefore, the study of influences – beyond the narrow biological, environmental and nutritional circumstances and behaviours of the individual – social self reflection and subjective perceptions is becoming increasingly important. In her historical review, Éva Ivonyi argues that subjective indicators have emerged alongside objective indicators in the more in-depth study of well-being (Ivonyi 2017). A group of these factors can be summarised as coherence, which is in fact the experience of having a place and role in society and the world, and of finding meaning in what happens to us, of having a sense of purpose in our lives and of being able to overcome challenges (Skrabski et al. 2004). The study of coherence in its complexity provides scope for a more dynamic understanding of health, which is possible through a variety of models and methods. In Aaron Antonovsky's model of salutogenesis, which focuses on the origins of health, the experience of harmony, i.e. harmony and coherence between humans and their environment being the defining one. According to the salutogenesis model, coherence is formed by genetic factors, childhood influences and education (Skrabski et al. 2004). Antonovsky argues that research on the sense of coherence is important because it looks at the whole spectrum of health, not in terms of risk factors but in terms of protective factors - and can therefore be an effective tool for health promotion (Antonovsky 1996).

Health-related quality-of-life assessments are based on subjective experiences and self-assessment, but also on a multidimensional approach that takes into account psychological, physical and social aspects (Susánszky et al. 2006). A medical research study among people with varying degrees of depressive symptoms has shown that an increase in the sense of coherence is associated with a better quality of life, better mental health, both of which are essential to cope with the symptoms of depression. They found that adequate levels of coherence positively predicted quality of life and mental health for depressive symptom indicators, while coherence was more strongly associated with mental and psychological health than physical health. According to the authors, a sense of coherence is a psychological shield that enhances health and wards off the negative effects of stressors (Akhtar, Riaz and Shaheen 2021).

In Sweden, Larsson and Kallenberg (1996) used a nationally representative survey to explore the distribution of sense of coherence across different demographic and socio-economic groups. The adult population aged between fifteen and seventyfive years was surveyed in 1993 on the basis of various background factors and subjective perceptions. The distribution of sense of coherence scores in the different social subgroups was partially contradictory to the results of previous studies. For example, differences were found between sexes, with men showing higher coherence scores and, in terms of age, coherence scores increasing with age. Larsson and Kallenberg also found that a sense of coherence was more strongly associated with general well-being and psychological symptoms than with physical health and somatic symptoms. The relationship

between coherence and both physical and psychological health was found to be stronger for the women surveyed than for the men. Their results also confirmed that the association of physical and mental health with coherence is stronger than its association with age, education, income, household size or number of friends. However, the researchers warn that the strong relationship between the sense of coherence and health, well-being and especially psychological symptoms is partly due to the overlap between the different factors studied.

Ming-hui Li's (2015) study aimed to test an analytical model of coherence perception by examining coping strategies and interpersonal relations (anxiety, isolation, dependency) in American and Chinese students. Li's starting point is that the background of the impact of coherence on health is an understudied area, although it is known to be related to individual coping strategies. Therefore, she examines three main coping strategies in relation to coherence: problem solving, peer support and avoidance. For both groups of students, participants who showed higher coherence scores had higher levels of social anxiety, finding that a sense of coherence has an indirect effect on anxiety due to avoidance. The results therefore highlight that although high individual coherence scores predict that the world is understandable, manageable and meaningful, interpersonal relationships tend to induce anxiety, as higher coherence scores imply lower avoidance. The results also suggest that anxiety can be counteracted by coping strategies through peer support (Li 2015).

The team of authors, Orly Idan, Orna Braun-Lewensohn, Bengt Lindström and Malka Margali (2017) collected a number of international cohort studies and analysed them for different age groups. They found that children aged five to six years who were identified as being at risk of a learning disability before they were diagnosed showed lower levels of coherence. They also had fewer friends and were less accepted by their peers. Adolescence is a unique developmental stage with many challenges and changes that young people go through during these years. In some cases they already function in a similar way to adults, yet there are myriad of cognitive, biological and behavioural processes that shape them on the path to maturity and normative adulthood. This is why it is fascinating to study coherence in their circle. In their research, the authors investigated the impact of different factors (gender, age, socialization milieu) on the development of a sense of coherence. The questionnaire results showed that the sense of coherence can be considered a protective factor for adolescents. The conclusions suggest that the sense of coherence develops over the lifespan, in other words, the level of coherence increases with age (Idan et al. 2017).

Hungarostudy surveys of the Hungarian population provide an opportunity to gain a deeper understanding of the physical and mental health of Hungarian society. After the 2002 survey, Skrabski and his colleagues investigated coherence in more depth, i.e. whether the impact of a sense of coherence on health is valid in Hungarian society, and what are the resources that create and maintain trust in the meaning of life and the experience of coherence in the context of transforming and changing social conditions. Their results show that, the explanatory variables of health status, age and education are followed by the sense of coherence. Those with above-average coherence were 9.5 times more likely to rate their health as fair, good or excellent than poor or very poor. They were 4.6 times more likely to have an above average quality of life. Coherence was also shown to have a strong significant correlation with social capital variables and to be more strongly related to depression than age and education.

Objective

The objective of this research is to examine how coherence has evolved in 2021, compared to previous years. The focus of our study was on the relationship between coherence and responses to questions on family and having children. We also examined the relationship between coherence and some indicators related to mental health and quality of life.

Measuring instruments

Coherence was measured using the Coherence Perception Scale from the Rahe Brief Stress and Coping Inventory (Skrabski et al. 2004), which consists of the following seven questions:

- I feel my life is part of a larger plan
- Many things in life give me great joy
- I am able to forgive myself and others.
- I doubt that my life makes a difference
- My values and beliefs guide me daily.
- I feel in tune with people around me.
- I am at peace with my place in life.

The answers to the questions are: 0 = not typical; 1 = typical; 2 = very typical. The coherence scale is the sum of the answers to the questions.

Sociodemographic indicators

In the present paper, we investigated the relationship of respondent's sex, age (by age group: 18-29, 30-39, 40-49, 50-59, 60 or more), education (primary, secondary, tertiary), type of residence (municipality, city, Budapest) as basic variables with coherence. The following questions were used to analyse the relationship with family: number of children (no children; one child; two children; three or more children); marital status (to analyse this, a variable was created based on the responses to the questionnaire, indicating the 'cohabitation status' at the time of taking the questionnaire [single; cohabiting; living with spouse], which may differ from the official marital status). The impact of childhood patterns on coherence was measured by the answers to the following question: Who raised you before the age of 14? The response options were: married biological parents; cohabiting but unmarried biological parents; one biological parent alone/new partner; grandparent or other relative; professional foster parent; in state care. Respondents could tick more than one answer here.

The means were tested for significance using one-way ANOVA analysis. In the calculation of the logistic regression, the odds ratio and the corresponding confidence interval at 0.95 percent probability were plotted for the dependent variable.

Mental background factors

Among the mental background factors used are the following: (Anomie Scale (AS-4), Beck Depression Inventory (BDI-9), Perceived Stress Scale (PSS-10), Multidimensional Scale of Perceived Social Support (MSPSS-10), WHO Well-Being Index (WBI-5).

Satisfaction was measured by answering the question "Overall, how satisfied are you with your life now?", where respondents were asked to choose between "Completely dissatisfied" and "Completely satisfied" on a total Likert scale of 10. Similarly, happiness was measured by responses to the question "Overall, how happy do you consider yourself to be?", where the two endpoints of the ten-point scale were "Totally unhappy" and "Totally happy".

Self-rated health was measured by answering the question "Overall, how would you rate your own health?". Here they were given a choice of five response options (very poor; poor; fair; good; excellent). Correlations were calculated using Spearman's correlation coefficient. The analyses were performed using IBM SPSS Statistics version 23.

Trends in sense of coherence in the Hungarostudy surveys

In Tables 1-3 we have reviewed the evolution of coherence between 2002 and 2021, based on the Hungarostudy surveys. The tables show the coherence averages grouped by different sociodemographic factors and factors related to family and having children. In each column, we have indicated significance values below the groups only where differences within the group are significant, otherwise we have used the NS notation. For each value from 2006 onwards, we

have indicated whether it differs from the value measured in the previous data collection (**< 0.001; *< 0.05), and in the last column we show whether the value in 2021 is significantly different from the coherence rate measured in 2002. If the difference is significant, the significance value is indicated at the end of the row. Where no difference was found, the NS notation was used.

Table 1 shows that, for the total population, the level of coherence has decreased slightly compared to 2002. A significant decrease was recorded in 2013, and after eight years the national average increased again significantly. As the average level of coherence in the different subgroups of the population under study has mostly followed this pattern (no change between 2002 and 2006, a significant decrease by 2013 and a significant increase by 2021, but not reaching the 2002 level), we highlight where we find a deviation from this.

The gap between men and women disappeared after 2013, with the higher value for women in 2002 falling by 2021, but men's value rising back to 2002 levels. The gap by education level has also narrowed slightly since 2002, but the highest coherence is still reported for those with tertiary education and the lowest for those with an elementary education, although there is no change in the latter compared to 2002.

*Table 1: Trends in coherence scale averages in Hungarostudy surveys between 2002 and 2021, by sex, education, type of settlement and age groups. The level of significance is indicated by asterisks (**< 0.001; *< 0.005).*

		2002	2006	2013	2021	Change 2002/2021 (Sig.)
	Total	9.80	9.79	9.19**	9.68**	0.004
Sex	Male	9.63	9.67	9.11**	9.61**	NS
	Female	9.94	9.88	9.25**	9.74**	0.001
	Sig.	< 0.001	0.010	NS	NS	
	N	10 557	4572	1859	6666	
Education	Elementary	9.53	9.40	8.71**	9.45**	NS
	Secondary	9.98	10.05	9.64*	9.78	0.006
	Tertiary	10.44	10.74*	10.21*	10.00	< 0.001
	Sig.	< 0.001	< 0.001	< 0.001	< 0.001	
	N	10 525	4572	1857	6666	
Type of settlement	Village	9.62	9.60	8.96**	9.92**	< 0.001
	City	9.92	9.85	9.18**	9.66**	< 0.001
	Budapest	9.89	9.59*	9.60	9.36	< 0.001
	Sig.	< 0.001	0.026	0.005	< 0.001	
	N	10 571	3648	1859	6666	
Age groups	0-29 years	9.84	10.27**	9.99	10.03	NS
	30-39 years	9.90	10.03	9.22**	9.93**	NS
	40-49 years	9.66	9.65	9.34	9.72*	NS
	50-59 years	9.71	9.68	8.54**	9.53**	NS
	60 + years	9.87	9.71	8.84**	9.39**	< 0.001
	Sig.	0.015	< 0.001	< 0.001	< 0.001	
	N	10 558	4202	1859	6666	

We measured a significant deviation from the general pattern since 2002, by type of settlement of residence, and this change occurred mainly between 2013 and 2021. Among those living in villages, the level of coherence increased significantly, to a higher level than in 2002, moving from last place in 2013 to first place. Those living in the city followed the general pattern, with those living in Budapest being the only coherence score that has not increased since 2013, but has decreased, so that today those living in the capital feel the least coherent.

By age group, the picture is very mixed. Compared to 2002, only the oldest age group shows any change. The most notable difference is that the youngest now feel the most coherent and the oldest the least, whereas in 2002 even the oldest reported high levels.

The Hungarostudy surveys allow us to examine whether there have been changes within each cohort, i.e. within the group of people born in the same period. Table 2 shows that after 2002, all cohorts showed a deterioration in scores, followed by a significant improvement for several generations compared to 2013, except for those born between 1963 and 1972, and those born at the end of the last century, where there was stagnation. The coherence level of current retirees, those now over sixty, has increased the most compared to eight years ago, but those born in the 1970s have also seen a 5 percent increase in coherence.

*Table 2: Trends in coherence scale averages in the Hungarostudy surveys between 2002 and 2021, by cohorts (birth year bands). The level of significance is indicated by asterisks (**< 0.001; *< 0.005).*

		2002	2013	2021	Change 2002/2021 (Sig.)
Cohorts by year of birth	1985-1995	n/a	10.08	9.98	n/a
	1973-1984	9.84	9.28**	9.74**	NS
	1963-1972	9.90	9.25**	9.64	0.035
	1953-1962	9.66	8.55**	9.28**	< 0.001
	1952 or earlier	9.81	8.68**	9.46**	< 0.001
	Sig.	0.015	< 0.001	< 0.001	
	N	10 558	1859	5893	

By marital status (Table 3), the coherence level for married people has increased significantly from the low level in 2013, but there is no change compared to 2002. The same is seen among singles, and the coherence level of cohabiters has not changed since 2002 in either survey.

Among those with children, we see a larger increase compared to 2013, than among those without children, although both groups show a positive change. Looking in more detail by number of children, we see that the groups of those with one child and two children are lower in 2021 than in 2002, but with a highly significant increase in all family types by 2021 compared to 2013, which is considered the low point, with the largest increase in those with three or more children

*Table 3: Evolution of the coherence scale averages in the Hungarostudy surveys between 2002 and 2021, by marital status and number of children. The level of significance is indicated by asterisks (**< 0.001; *< 0.005).*

		2002	2006	2013	2021	Change 2002/2021 (Sig.)
Family status	Married	9.97	10.01	9.39**	9.88**	NS
	Cohabiting	9.47	9.50	9.43	9.54	NS
	Single	9.59	9.68	8.89**	9.53**	NS
	Sig.	< 0.001	< 0.001	0.001	< 0.001	
	N	10 553	4192	1851	6 662	
Having a child or not	No children	9.71	9.85	9.31**	9.65*	NS
	With children	9.83	9.80	9.12**	9.70**	0.017
	Sig.	NS	NS	NS	NS	
	N	10 453	4478	1844	6634	
Number of children	No children	9.71	9.85	9.31**	9.65*	NS
	One child	9.76	9.77	9.37*	9.59	NS
	Two children	9.91	9.83	9.13**	9.76**	0.031
	Three or more children	9.71	9.75	8.79**	9.74**	NS
	Sig.	0.006	NS	0.040	NS	
	N	10 453	4478	1844	6634	

The relationship of coherence with sociodemographic background factors

The relationship between sociodemographic factors and coherence was further analysed using logistic regression based on the results of the 2021 survey to better determine the strength and impact of the relationships. To do this, we created a dichotomous variable based on the coherence scale, where high levels of coherence are represented by scale scores higher than the mean (9.68) (Skrabski et al. 2004). This indicates that in 2021, 44.3 percent of respondents belonged to the low coherence group and 55.7 percent to the high coherence group (Table 4).

Table 4: Distribution of below average and above average coherence levels based on Hungarostudy survey responses

	2002	2006	2013	2021
Low level of coherence (below average, 0-9 points)	4530 persons (42.9%)	1993 persons (43.6%)	943 persons (50.7%)	2951 persons (44.3%)
High level of coherence (above average, 10-14 points)	6041 persons (57.1%)	2578 persons (56.4%)	917 persons (49.3%)	3713 persons (55.7%)
Total	10 571 persons	4571 persons	1860 persons	6664 persons

In the logistic regression model, we first entered the sex, five age groups, three groups of educational attainment and type of settlement, and then the three categories of marital status, the four categories of number of children, the question "Who raised you until the age of fourteen?" questions to see how the family-related variables are associated with the occurrence of above-average coherence, taking into account the effect of the underlying variables, and whether the new factor in the model changes the previous odds ratios (Table 5). The odds ratios are indicated in the table and the level of significance is indicated by asterisks (** < 0.001; *< 0.005). The odds ratio is always related to the first category of the variable, which is also indicated.

Table 5: High coherence odds ratios in the Hungarostudy 2021 survey

High coherence odds ratios					
	Categories	Odds ratios			
		Basic variables	Family status	Number of children	Who raised you?
Sex	Female	1.13*	1.14*	1.12*	1.12*
Age group	Reference: 60 + years				
	18-29 years	1.39**	1.51**	1.78**	1.78**
	30-39 years	1.28*	1.32**	1.45**	1.48**
	40-49 years	1.17*	1.16*	1.22*	1.24*
	50-59 years	1.05	1.03	1.06	1.08
Education	Reference: elementary level				
	Secondary	1.19*	1.18*	1.19**	1.18*
	Tertiary	1.46**	1.45**	1.48**	1.44**
Type of settlement	Budapest				
	City	1.33**	1.31**	1.26*	1.25*
	Village	1.63**	1.60**	1.51**	1.49**
Family status	Reference: single				
	Cohabiting		0.95	0.91	0.92
	Living with a		1.24**	1.15*	1.14*
Number of children	Reference: no children				
	Has one child			1.19*	1.19*
	Has two children			1.29*	1.28*
	Has three children			1.29*	1.30*
Married biological parents	Reference: not raised by them (but by others)				
					1.48**

Looking only at the baseline variables by sex, women are slightly more likely to be in the high coherence group, with a 1.13-fold increase. Relative to the oldest cohorts, the odds ratio decreases with age: the odds are 39 percent higher for those aged 18-29, 28 percent higher for those aged 30-39, only 17 percent higher for those aged 40-49, while those aged 50-59 have the same odds of high coherence as the reference group. The odds of high coherence increase with education, by 19 percent for those with secondary education and by almost one and a half times for those with tertiary education, at 46 percent.

There is also a significant difference by type of settlement: urban residents were 33 percent more likely to report high coherence, while those living in a village were 63 percent more likely.

Family status

Extending the model to marital status, we see that married people are 24 percent more likely to be coherent than single people. The odds ratios for the basic variables vary slightly by age group, with the odds increasing to 51 percent for those aged 18-29. No significant change is seen in the other groups.

Number of children

By including the number of children in the model, we see that the presence of a child increases the probability of high coherence. Compared to those without children, having one child increases the odds of high coherence by 19 percent, and having two, three or more children increases the odds by 29 percent. When the model is adjusted for the number of children, the odds ratio for young people again increases significantly compared to when the number of children was not in the model, but in this case it is already significant among 30-39 year olds.

Who raised you?

In the last model, only one of the answers to the question "Who raised you until the age of fourteen?" remained significant in the model. Those who were raised by married biological parents were one and a half times more likely to be in the high coherence group. For this model, the odds ratios for the other categories remained virtually unchanged. Overall, the inclusion of family-related variables in the model did not change the odds ratio between the sexes, it did increase the odds of above-average coherence up to age 39, and according to type of settlement reduced the differences.

The relationship between sense of coherence and different mental background factors

The primary objective of our analysis was to examine the relationship between coherence and some of the variables related to family. However, the Hungarostudy 2021 data collection also provides an opportunity to examine the relationship between coherence and various indicators of mental health at the time of the last data collection.

Table 6 shows the correlation coefficients between coherence and the indicators under study. For perceived stress and peer support, we find a moderately strong correlation above 0.4, but also for depression, mental well-being, happiness and satisfaction, the correlation is above 0.3. Anomie and self-assessment of sate of health show a weak relationship of between 20 and 30 percent.

The correlation coefficients for perceived stress, depression and anomie are negative, i.e. higher coherence is associated with lower values of these indicators.

Although the relationship between the indicators is at most moderately strong, the significance is always below 0.001.

Table 6: Correlation between coherence and various factors in the Hungarostudy 2021 survey

	Correlation	N
Perceived stress	-0.46**	6628
Peer support (MSPSS)	0.42**	6575
Depression (BDI)	-0.38**	6629
WHO Well-being	0.34**	6665
Happiness	0.34**	6660
Satisfaction	0.31**	6665
Anomie	-0.28**	6512
Self-assessment of health	0.21**	6662

Discussion

In the present paper, we investigated how the sense of coherence has evolved among the Hungarian population since 2002, based on the Hungarostudy surveys, and how it is related to certain sociodemographic variables and measures of mental health. Overall, the level of coherence has slightly decreased since the 2002 survey, but the trend is not a straight line: it remained stable until 2006, decreased until 2013, and then increased again significantly since then. By sex, the difference in coherence levels between women and men was still significant in 2002, but had virtually disappeared by 2021, meaning that men are now almost as likely as women to have confidence in the meaning of life. Among those with primary education, there is no change compared to 2002, but there is a large increase in coherence compared to 2013. However, among those with a higher (tertiary) level of education it has lowered, reducing the gap between the different education groups, although even with the gap closing, higher education is still associated with higher coherence scores.

The changes in the groups of settlement types differ significantly from the overall sample. The coherence level of the group of people living in villages is one of the groups for which the increase since 2013 has resulted in a higher level of coherence than in 2002, while the coherence level of the urban group has decreased. The decrease is most significant for people living in Budapest, to the extent that in 2021 the lowest value was measured among those living in the capital city, while in 2002 the highest value was measured among them together with the urban group.

There is also a shift between age groups, with the youngest age group, 18-29, now showing the highest level of coherence, but only those aged 60 or over showing a decrease compared to 2002. Our results show that there is a significant cohort effect (i.e. the effect of generations), as today's 60 and over are those born in 1962, or before, while at the turn of the millennium the same generation had the lowest coherence level, i.e. the same demographic group has the lowest value. By marital status, the order of the categories has not changed, with the highest coherence still among married people, and the lowest among singles and cohabiting couples. The latter group's level of coherence did not change in either survey. There has been no change over the last 20 years in the degree of coherence by having children: previously and at present, the degree of coherence was higher for those with children. Taking also the number of children into account, the picture for families with three or more children is very different in 2021, than in previous years: in the previous surveys, they had the lowest rates among families, but by 2021, they had caught up and even overtook families with one child. The gap among families with children has therefore disappeared, due to the fact that the level of coherence has

increased most among large families. Logistic regression was used to examine the probability of higher, i.e. above average, levels of coherence in the different groups. Women are slightly more likely to have above-average coherence compared to men, depending on the model, by 12-14 percent, in contrast to the results of Larsson, who measured higher coherence levels among men (Larsson and Kallenberg 1996). Coherence is about 20 percent higher among those with secondary education and almost 50 percent higher among those with tertiary education compared to those with primary education. Compared to Budapest, coherence is 33 percent higher in other cities and more than 60 percent higher in villages. By age group, the highest coherence rate is found among 18-49 year olds, with a greater level of high coherence rate of around 20-40 percent, depending on the age group. The highest level is found among the youngest. This contrasts with the conclusions of Idan and colleagues (2017), who found that coherence levels increase with age.

When examined by marital status, those living with a spouse are 24 percent more likely to have a higher level of coherence than those living alone, while those with two or more children are almost 40 percent more likely to have a higher level of coherence.

When the model is adjusted for the number of children, the odds of a higher than average coherence level among those with children increase by 20-30 percent, depending on the number of children. The inclusion of marital status reduces the difference between settlement types, indicating that there may be significant differences in cohabitation patterns between those living in a village, city or the capital city. In terms of childhood, we see that there is almost a 50 percent higher than average chance of coherence among those who were raised by married biological parents.

Overall, the inclusion of family-related variables in the model did not change the odds ratio between sexes, it increased the odds of above-average coherence up to age 39 and reduced the differences by type of settlement.

The results of the models suggest that there is a significant interaction effect between age, marital status and number of children. Further analysis is needed to explore this in more detail.

We found a strong relationship with coherence for background factors describing mental well-being. Our results are in line with previous Hungarostudy survey analyses that a sense of coherence is related to these indicators and that social capital has a significant explanatory power (Skrabski et al. 2004), despite the fact that peer support was measured using a different measure in 2021.

The demonstrated correlation between the two most important factors, perceived stress and peer support, supports Antonovsky's original hypothesis that a high level of perceived coherence enables coping with stress.

Although a combined analysis of mental health and family-related indicators could be used to draw further conclusions in the future, the scope of the present paper did not allow for this.

Summary

Mária Kopp and Árpád Skrabski, together with their fellow researchers, showed at the beginning of the millennium that coherence, the confidence in the meaning of life, is a fundamental determinant of the physical and mental health of Hungarian people (Skrabski et al. 2004). The experience of coherence is a fundamental health protecting factor, which expresses harmony between man and his environment at the individual level, which ensures balance even in the face of constant challenges. Sense of coherence is the experience that a person has a place and a role in the world, and that what happens to us has meaning, even if it causes difficulties. The coherent attitude of individuals goes hand in hand with a sense of personal identity, providing security and helping to overcome challenges.

In today's challenging world, it is particularly important to create a sense of coherence among as many people as possible, as this helps to tackle problems at community level. In Hungary, by the early 2010s, the level of coherence in all social groups had declined, which can be linked to the difficulties of the economic crisis period. The 2021 Hungarostudy data collection was conducted during a different type of crisis, a period of time affected by and recovering from a global health crisis. Despite facing an unprecedented challenge,

people's level of coherence improved significantly compared to the 2013 survey.
In particular, it is striking that the differences in the level of coherence between social groups have diminished: sex and education no longer separate people as much as they used to. The only change has been in terms of place of residence, people who live in the capital and in cities used to feel most coherent and now those living in rural areas and villages feel the most so.
Although the overall level of coherence in family circumstances improved in 2021, the increase among those with children was larger than among those without children compared to the 2013 low. The increase is largest for those with more children, at 11 percent. According to relationships, coherence levels for cohabiters (unmarried and living together) alone remained unchanged.
For the background factors related to mental health (stress, peer support, depression, mental well-being, happiness, satisfaction, anomie), there is also a positive relationship between high levels of coherence and more favourable mental health indicators. Thus, people who are perceived to be more coherent, who believe that their lives have meaning, who are able to cope with challenges, are more likely to be stable and balanced. Our findings show that coherence levels increased for all groups between 2013 and 2021, and that the aggregate result of these skills and attitudes of individuals improved at the societal level, which may have contributed to the ability of Hungarian people to cope with the challenges of the pandemic.

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