

Health in a Pedagogical Perspective: Historical and Contemporary Approaches and a Proposal for a Model

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Abstract

Introduction: Contemporary approaches to health increasingly emphasize its holistic and dynamic character. Health is understood not merely as the absence of disease, but as a multidimensional process encompassing physical, psychological, social, and spiritual well-being. This perspective highlights the role of psychosocial resources and adaptive processes in shaping quality of life and educational functioning. **Research Aim:** The aim of the study is to present a theoretical-empirical model of health determinants grounded in a pedagogical perspective. The model seeks to integrate selected psychological and medical theories with empirical findings in order to explain the relationships between personality traits, contextual factors, psychosocial resources, adaptive processes, and health-related outcomes. **Evidence-based Facts:** Research within salutogenic and resilience frameworks indicates that psychosocial resources such as sense of coherence, resilience, self-efficacy, and forgiveness function as protective factors supporting adaptation and well-being. Empirical findings confirm that these resources buffer the negative impact of stress and reduce the risk of anxiety and depressive symptoms. Health promotion interventions based on strengthening individual and environmental resources demonstrate effectiveness in educational, therapeutic, and preventive contexts. **Summary:** The proposed model conceptualizes health as a dynamic, multidimensional process shaped by the interaction of personal and contextual factors. By operationalizing psychosocial resources and adaptive mechanisms, it provides a framework for evidence-based educational and psychological interventions aimed at enhancing well-being and supporting individuals in coping with life challenges.

Keywords: **Health, psychosocial resources, adaptive processes, well-being**

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Streszczenie

Wprowadzenie: Współczesne ujęcia zdrowia coraz częściej podkreślają jego holistyczny i dynamiczny charakter. Zdrowie rozumiane jest nie tylko jako brak choroby, lecz jako wielowymiarowy proces obejmujący dobrostan fizyczny, psychiczny, społeczny i duchowy. Perspektywa ta akcentuje znaczenie zasobów psychospołecznych oraz procesów adaptacyjnych w kształtowaniu jakości życia i funkcjonowania edukacyjnego jednostki. **Cel badań:** Celem opracowania jest przedstawienie teoretyczno-empirycznego modelu uwarunkowań zdrowia osadzonego w perspektywie pedagogicznej. Model integruje wybrane koncepcje psychologiczne i medyczne z wynikami badań empirycznych w celu wyjaśnienia zależności między cechami osobowości, czynnikami kontekstowymi, zasobami psychospołecznymi, procesami adaptacyjnymi oraz wskaźnikami zdrowia. **Stan wiedzy:** Badania prowadzone w nurcie salutogenezy i resilience wskazują, że zasoby psychospołeczne, takie jak poczucie koherencji, odporność psychiczna, własna skuteczność czy przebaczenie, pełnią funkcję czynników ochronnych sprzyjających adaptacji i dobrostanowi. Wyniki badań potwierdzają, że zasoby te buforują negatywny wpływ stresu oraz zmniejszają ryzyko objawów lękowych i depresyjnych. Interwencje oparte na wzmacnianiu zasobów indywidualnych i środowiskowych wykazują skuteczność w kontekście edukacyjnym, profilaktycznym i terapeutycznym. **Podsumowanie:** Zaproponowany model ujmuje zdrowie jako proces dynamiczny i wielowymiarowy, kształtowany przez interakcję czynników osobowych i kontekstowych. Operacjonalizacja zasobów psychospołecznych i mechanizmów adaptacyjnych tworzy podstawę do projektowania interwencji pedagogicznych i psychologicznych opartych na dowodach naukowych, ukierunkowanych na wzmacnianie dobrostanu i zdolności radzenia sobie z wyzwaniami żywotnymi.

Słowa kluczowe: **Zdrowie, zasoby psychospołeczne, procesy adaptacyjne, dobrostan**

1. INTRODUCTION

Concepts of health and illness have for centuries been the subject of reflection by philosophers, as well as physicians and educators. They have evolved along with the development of science, culture, and social practices, leading to a multifaceted understanding of what it means to be "healthy" or "ill." A particular approach to understanding health plays an important role in its description, whether from a somatic perspective (represented mainly by medicine), from a psychological perspective (largely focusing on "abnormal" traits and behaviors or on positive resources), or from a sociological perspective (focusing, among others, on the fulfillment of roles, conformity, or deviation from norms), or from a legal perspective (the issue of the right to treatment or questions of the inviolability of health and responsibility) (Konaszewski, 2025; Raeburn et al., 2023; Stewart-Brown, 2013). Alongside these approaches, there are also descriptions of health as freedom from disease, well-being, adaptive capacity, a state of balance, or as a continuum between health and illness. It is also sometimes framed in terms of life values, hidden harmony, or as an area that remains unnoticed until it is disturbed. A comparison of these perspectives with humanistic-philosophical approaches indicates that the existential-anthropological component relatively rarely comes to the forefront. However, contemporary health pedagogy increasingly seeks to combine traditional reflection on health with rigorous empirical research that allows for the objective assessment of biological, psychological, and social determinants. This makes it possible to design educational and upbringing interventions based on empirical evidence, rather than solely on introspection or subjective evaluations.

The aim of this article is, first, to present selected historical and contemporary approaches to health and to indicate their significance in the context of pedagogy, with particular emphasis on the challenges associated with attempts to operationalize this concept. Second, the aim is also to attempt, on the basis of research findings, to develop a proposed model of health that would allow for a conceptual grasp of its complexity and determinants. In this way, the article fills a gap in previous approaches and concepts of health by proposing a coherent model of health in pedagogy integrating areas related to personality traits, contextual determinants, psychosocial resources, adaptive processes, and measurable health indicators.

2. AN ATTEMPT TO OPERATIONALIZE THE CONCEPT OF HEALTH

From the perspective of pedagogy, health appears as a multidimensional concept, and at the same time one that is difficult to define unequivocally. In a critical approach, it does not correspond directly to any physical reality, but constitutes a social construct, a mental category used by individuals, institutions, and social systems. The adoption of a particular definition of health always entails practical consequences. It becomes a normative category – a reference point in legal, educational, upbringing, and social regulations. Through processes of socialization, group affiliation, or education, individuals are subjected to the influence of health constructs dominant within a given culture. Like illness, health is not an absolute state, but a dynamic and relational process shaped both individually and socially (Nettleton, 2020). Its understanding depends on cultural, socio-political, and ecological contexts (De Garine-Wichatitsky et al., 2021). At present, however, the understanding of health goes beyond mere reflection and increasingly relies on empirical research and objective indicators that make it possible to measure and identify biological, psychological, and social indicators and determinants of health, as well as to assess the effectiveness of interventions (Bieda et al., 2017; Cohen et al., 1983; Cosco et al., 2016; Stewart-Brown, 2013; Surzykiewicz et al., 2022).

Thus, health constitutes a concept influenced by a complex network of biological, psychological, and social factors. Definitions of health change, reflecting an evolving understanding of what it means to lead a satisfying, harmonious, and healthy life. As early as 1946, the World Health Organization (WHO) proposed a definition of health, describing it as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. This approach emphasizes that health cannot be reduced solely to the absence of illness, but also includes a sense of balance and well-being in the psychological dimension. In this context, two fundamental paradigms of understanding health emerge: pathogenesis and salutogenesis (Konaszewski, 2020; Konaszewski, Niesiołbędzka, et al., 2022). Pathogenesis, representing the traditional medical approach, focuses primarily on the causes and mechanisms of disease. Salutogenesis, introduced by Antonovsky (1996), shifts the emphasis from disease and risk factors to the search for the sources of health and resources (such as coherence or psychological resilience) that support its maintenance and strengthening. This approach is strongly associated with the category of well-being and good mental state, understood as a sense of satisfaction, happiness, and fulfillment in life (Antonovsky, 1996). Both perspectives can now be examined empirically, through objective criteria or indicators of physical, psychological, and social functioning, which allows for the development of objective assessment tools (including, among others, Antonovsky’s proposal of a tool for measuring the sense of coherence (Antonovsky, 1993).

In turn, the psychiatric approach to the diagnosis of mental disorders (so-called negative health) focuses on determining when observed symptoms exceed the range of a healthy state and indicate a specific disorder, treated as a distinct disease entity in accordance with the criteria of the ICD (International Classification of Diseases) and the DSM (Diagnostic and Statistical Manual of Mental Disorders). In the diagnosis of mental disorders, strong emphasis is placed on a categorical approach, according to which it is assumed that particular categories of diseases and disorders differ qualitatively from health and from one another. Individual disorders are therefore defined as separate nosological entities (categories), and the diagnosis is made on the basis of meeting a specified number of criteria according to the applicable classifications of diseases and disorders (Oldham, 2010; Pużyński & Wciórka, 2008).

Moreover, it should be noted that the initial limitation of the concept of health to its bio-psycho-social dimensions is today finding new developments, initiated, among others, within the framework of positive psychology, which focuses on issues such as happiness and life satisfaction. Along with the dissemination of the concept of salutogenesis, the understanding of health has come to include—besides psychosomatic and psychosocial aspects—the dimensions of resilience and spirituality (Skalski-Bednarz, Konaszewski, et al., 2024; Skalski-Bednarz et al., 2025). This change has led to a shift in emphasis from purely preventive actions toward broadly understood health promotion. As early as the 1980s, the World Health Organization (see Tellnes, 2016) emphasized the need to view health as the ability to realize aspirations, satisfy needs, and cope with environmental and situational conditions that directly affect quality of life and psychological well-being. In this approach, new classifications of health assessment also become significant, drawing attention not only to its medical and biological dimensions, but also redefining the entire phenomenon as a state related to an individual’s activity and their relationship with the social environment. A good example is the International Classification of Functioning, Disability and Health (ICF), which makes it possible to combine objective assessment (body structures and functions) with the evaluation of activity limitations and participation restrictions, thus providing a reliable picture of an individual’s functioning in various spheres of life. In such an approach, health also means the assessment of what a person encounters in different areas of existence and action, as well as what they consider important and valuable.

Furthermore, it should be noted that contemporary developments of the bio-psycho-social model increasingly include the spiritual dimension as an integral component of health (Hatala, 2013; Sulmasy, 2002). In this approach, health is not reduced to the absence of disease nor solely to somatic and psychosocial balance, but is understood as a dynamic process of human functioning in the physical, psychological, social, and spiritual dimensions. The inclusion of the spiritual perspective is associated with the recognition that the experience of burden and the ability to maintain well-being also depend on the way life situations are interpreted and on an individual’s meaning-making resources. Of particular importance are concepts of meaning-making, which indicate that in the face of difficult or boundary experiences, a person attempts their

cognitive and existential integration with their own system of beliefs and life goals (Park, 2013). This process may foster the reconstruction of a sense of coherence, direction, and hope, and thus constitute an important regulatory mechanism in coping with stress (Park, 2013).

Defining health takes on particular significance in relation to pedagogy, where reflection on quality of life focuses on the individual's goals and aspirations, life pursuits, preferred values, and capacity for self-formation. An important dimension here is also the development of self-esteem and autonomy in the processes of socialization and education. Health thus appears not only as a biological or social state, but also as a dynamic process of identity formation, the search for meaning, and the realization of values that shape both the individual experience of a person and the communal dimension of social life (Bussing et al., 2014; Koenig, 2020; Koenig et al., 2001). Such an understanding of health, conceived as fullness of life, a subjective sense of well-being, and life satisfaction, requires that health pedagogy focus not only on reflection and qualitative research pointing to the sphere of subjective determinants. Limiting oneself to a single methodological approach leads to generating divergences that impoverish the possibilities of both explaining and predicting phenomena in the area of health. It is essential that health pedagogy increasingly rely on empirical research and objective indicators of health. Such an approach makes it possible to create educational and upbringing strategies based on empirical evidence rather than on subjective assessment or introspection. These perspectives constitute the direct subject of educational interventions aimed at identifying and assessing significant resources, personality traits, or health indicators, and, as a result, developing programs and strategies for coping in the face of life's challenges and adversities. Such an approach emphasizes not only the role of the individual in shaping their own health, but also highlights the importance of empirical research, which aligns with a modern, holistic concept of health. The subjective perspective remains important, allowing for the inclusion of individual experiences, but it is now complementary to the empirical approach to health, which is becoming the foundation of modern health pedagogy (Ahmed et al., 2022; Massazza et al., 2022; Stewart & Davis, 2016; Woelbert et al., 2021).

It can therefore be concluded that health is a processual and dynamic state, encompassing both biological and social determinants, as well as a sense of well-being, life satisfaction, and the ability to cope with challenges. It is shaped individually through personal development and reflection on one's own needs, while at the same time being supported by the social and educational environment. Health understood in this way constitutes the foundation of well-being and quality of life, and fits within a holistic, multidimensional concept of the human being. Contemporary health pedagogy should integrate these aspects, becoming a field grounded in reliable empirical foundations that enable the effective support of individuals in their development.

3. HEALTH PEDAGOGY AND A PROPOSAL FOR EMPIRICAL INQUIRIES CONSIDERING HUMAN RESOURCES

The foundations of health pedagogy in Poland were shaped thanks to the contributions of researchers who, at different times and in various contexts, highlighted the necessity of treating health as an important pedagogical, educational, and preventive category. Radlińska, regarded as the founder of social pedagogy, already in the 1930s emphasized that the health of individuals and communities is closely linked to environmental conditions and the quality of educational interactions, and that caring for it constitutes an integral element of social and educational work (Radlińska, 1935; Radlińska et al., 1961). Likewise, Kupisiewicz (2005), developing reflections on didactics, pointed to the role of health education within the school system, treating it as a foundation for preparing students to take responsibility for themselves and their lives, and thus as an essential component of the educational process (Kupisiewicz, 2005). An important milestone was the publication of Demel's first monograph, *On Health Education*, in which he emphasized the shaping of students' health habits within educational processes. Furthermore, he distinguished health pedagogy as an independent sub-discipline of pedagogy, formulating its subject of study, objectives, and tasks (Demel, 1965). Woynarowska, the author of numerous works on health education, expanded this area by introducing a contemporary preventive approach to health pedagogy, emphasizing the need to develop health competencies and attitudes conducive to well-being in schools. Additionally, she highlighted the role of health promotion concepts developed in Western countries and their usefulness in pedagogical practice (Woynarowska, 2005, 2008). Syrek, in turn, provided health pedagogy with both a theoretical and axiological foundation, linking it with the concepts of quality of life, values, and individual responsibility (Syrek, 1997, 2008, 2019). Collectively, their contributions define the theoretical and practical framework of health pedagogy in Poland, which is currently being developed through research on individuals' psychosocial resources, well-being, and quality of life. In further developing health pedagogy within my own concept, in addition to these theoretical foundations, I place emphasis on empirical research and the analysis of measurable variables, which allow for an explanation of health mechanisms and the objective assessment of the effectiveness of educational and preventive actions and their impact on individual well-being (Konaszewski, 2025).

From a theoretical and research perspective, the scientific task is not only to establish an anthropological and philosophical grounding for the understanding of the concept of health, but also to indicate—based on empirical research findings—the necessity of including resources within a comprehensive paradigm of health and quality of life. Scientific studies in this area

require a closer examination of which aspects of health allow for a more complete understanding and what they depend on—if not health and overall life quality, then at least individual satisfaction and well-being (Arnett et al., 2014; Collishaw et al., 2016; Headey et al., 1993). Attempts to answer these questions are reflected in numerous publications on health, often associated with terms such as quality of life, psychological well-being, or life satisfaction (Konaszewski, Niesiołbędzka, et al., 2021b; Langford et al., 2014). The significance of these studies is particularly important given the rapidly growing number of publications documenting the role of resources in human health, while maintaining high methodological rigor (Koenig, 2020). In previous empirical research on individual psychological resources, attention was primarily focused on cognitive-emotional and/or behavioral factors. Meanwhile, a full understanding of individual resources—including individual, psychosocial, and spiritual dimensions—becomes key in health promotion, both in the context of developing beneficial lifestyles, health, and life satisfaction (Dobrakowski et al., 2021; Konaszewski, Skalski-Bednarz, et al., 2022; Maier et al., 2022). In the context of health pedagogy, this is particularly important because an educational and upbringing approach cannot be limited solely to shaping knowledge and pro-health behaviors. It must take into account the holistic development of the individual, including their ability to utilize diverse resources—individual, including cognitive-emotional, behavioral, social, and spiritual—that strengthen functioning and enable better coping with life challenges. In this way, health pedagogy becomes a tool for supporting not only prevention and the promotion of a healthy lifestyle but also the building of well-being and quality of life in a long-term perspective.

Taking into account developments in the field of conventional medicine, it is worth emphasizing that scientific and technical innovations have reached an exceptionally high standard, nearly doubling human life expectancy in developed countries. Medical interventions allow for the improvement of structural and functional aspects of physical health, providing impulses for processes of regeneration and reorganization of the organism. However, a significant gap remains in the underappreciation of salutogenic dimensions (Antonovsky, 1996), focused on an individual's psychosocial resources, which enable the maintenance and shaping of health and quality of life despite various deficits (Wulfhorst, 2019). Incorporating these aspects into pedagogical reflection and empirical research allows for a fuller understanding of health from a holistic perspective, combining both medical interventions and the development of human resources. Including these topics in educational programs and pedagogical practice enables not only an increase in health awareness but also strengthens the psychosocial resources of children, adolescents, and adults, which in turn contributes to improvements in their quality of life, stress resilience, and adaptive capacity in the face of the challenges of the contemporary world (Konaszewski, 2020; Konaszewski et al., 2025). In this way, health pedagogy becomes a key tool in building a society that is conscious, active, and responsible regarding its own health and well-being.

Understanding health as an interdisciplinary field of knowledge is associated with a range of methodological challenges, particularly in the case of health pedagogy. This discipline, presenting itself as a humanistic and social science with clear medical connotations, should in its research practice integrate both philosophical-anthropological foundations and logical-hermeneutic analysis, combining them with strictly empirical methods as well as biological-medical or neurophysiological measures. As a result, health pedagogy should operate at the intersection of different scientific paradigms, becoming a field where theoretical reflection, empirical analysis, and educational practice coexist. This interdisciplinary approach allows not only for a better understanding of health as a dynamic and multidimensional process, but also for the design of interventions supporting the development of an individual's psychosocial resources.

In this context, it becomes justified to oppose the unilateral assignment of privileged cognitive or practical status to arbitrarily distinguished scientific paradigms. According to the logic of the philosophy of science, it is more appropriate to assume that mutually competing and complementary research paradigms, due to the complexity and multidimensionality of the phenomenon of health, are not only indispensable but can also serve as a source of fruitful enrichment of knowledge within a given field. Limiting oneself to a single methodological approach leads to a specific reduction of the health issue and generates divergences that impoverish the possibilities of both explaining and predicting phenomena, thereby hindering the fulfillment of the mission of health pedagogy—a mission rooted in concern for human development and the support of quality of life. Given the multifaceted dimensions of health and the contemporary challenges it faces, it is crucial that health pedagogy goes beyond a limited bio-psycho-social understanding of the concept. It becomes necessary to draw on interdisciplinary achievements—particularly from psychology, medical sciences, and domestic pedagogical research—and to engage in reflection on human resources. Only such a comprehensive approach, grounded in scientifically verified and multifaceted knowledge, can lead to the development of adequate concepts and effective methods of pedagogical intervention, aimed at the optimal development of an individual's potential and resources in the face of contemporary challenges.

Health pedagogy, by combining humanistic, social, and medical perspectives, creates the possibility for conducting empirical inquiries aimed at developing and strengthening an individual's resources. Research increasingly emphasizes that human health and well-being do not depend solely on medical interventions, but also on internal competencies and adaptive capacities. These resources may include psychological resilience, a sense of coherence, self-efficacy, and other psychosocial resources that enable an individual to cope with stress, maintain balance in difficult situations, and actively shape their own health (Konaszewski, Kolemba, et al., 2019; Konaszewski, Niesiołbędzka, et al., 2019; S. Skalski et al., 2021; Surzykiewicz et al., 2021). Incorporating these resources into pedagogical research allows not only a fuller understanding of health-related processes, but also the design of educational and preventive interventions based on scientific evidence. In this way,

a holistic approach integrates medical interventions with psychosocial development, creating a framework for systematically supporting health, quality of life, and adaptive capacities in the face of contemporary challenges.

Therefore, it seems justified to assert that a pedagogue should investigate and interpret phenomena from the perspective of the logic of philosophical-anthropological pedagogy, in its historical and systematic stream. At the same time, however, due to the necessity of maintaining scientific rigor and achieving a more comprehensive understanding of the subject of study, it becomes essential to combine these analyses with an empirical and interdisciplinary approach. Only such a balanced and pluralistic methodological approach allows for the avoidance of reductionism while enabling the creative development of health pedagogy, responsive to the real needs of both individuals and society. In light of the above considerations, it is reasonable to undertake an attempt to develop a model proposal that would allow for the conceptual capture of the complexity of health from the perspective of health pedagogy, while simultaneously integrating existing theoretical and empirical approaches.

4. PROPOSED MODEL IN THE STUDY OF HEALTH AND ITS DETERMINANTS: THEORETICAL FOUNDATIONS

As noted earlier, in recent decades there has been a significant increase in scientific research focusing on psychosocial resources in the context of human adaptive capacities, well-being, and quality of life (Büssing, 2010; Konaszewski, Niesiobędzka, et al., 2019; Taylor et al., 2000). However, the vast majority of these analyses are conducted within medical and psychological discourse, while in the fields of pedagogy and education they are addressed only sporadically. Previous research on individual resources has primarily focused on cognitive-emotional and behavioral factors and mechanisms, which has led to a limited understanding of the subject. In this way, broader conceptions of human life and its resources—such as resilience or forgiveness—are often overlooked, including spiritual and existential dimensions (Brandenberger & Bowman, 2012; Exline et al., 2000; Hackney & Sanders, 2003; Koenig, 2020; Wilt et al., 2016). Consequently, a key challenge is to develop a theoretical concept of health that encompasses a holistic view of human resources—behavioral, cognitive-emotional, and spiritual-existential—and enables their rigorous study in a pedagogical context. This also entails the need to create adequate measurement and assessment tools, which will allow verification of the extent to which diverse individual resources contribute to the development of health, well-being, and quality of life.

To this end, together with our research team, we have developed a series of diagnostic tools that enable a comprehensive assessment of psychosocial and spiritual-existential resources. These include, among others: the Resilience Scale – 25 (RS-25) for measuring psychological resilience (Konaszewski, Skalski, et al., 2021), the Gratitude/Awe Questionnaire (GrAw-7) assessing a sense of gratitude and the capacity to experience awe (Konaszewski, Skalski-Bednarz, et al., 2022), the Academic Grit Scale measuring perseverance and consistency in pursuing goals (Kolemba et al., 2024), the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) for assessing mental well-being (Konaszewski, Niesiobędzka, et al., 2021a), and the Spiritual Well-Being Scale (SWBS), which allows for consideration of the spiritual and existential dimension (Surzykiewicz et al., 2025). Implementing these tools in pedagogical research enables the integration of theoretical knowledge with the empirical assessment of individual resources, representing a significant step toward a holistic understanding of human health and well-being.

Meta-analyses indicate that individual resources such as forgiveness (toward others and oneself) or resilience are associated with improvements in mental and physical health. These findings are also confirmed in our own research (Akhtar & Barlow, 2018; Balliet, 2010; Hu et al., 2015). They show that resources such as forgiveness, spirituality, or gratitude play an important protective role in the context of mental health and quality of life—both in clinical populations (e.g., people living with HIV; Skalski-Bednarz, Toussaint, et al., 2024; Toussaint et al., 2023) and in populations exposed to particular life challenges (e.g., refugees; Maier et al., 2022; Skalski & Bednarz et al., 2023). Our own studies also confirm that resilience, coping, and forgiveness contribute to the reduction of stress, anxiety, and depression symptoms (Dobrakowski et al., 2021; S. B. Skalski et al., 2022; Surzykiewicz et al., 2022), while enhancing well-being and life satisfaction by increasing a sense of coherence and gratitude (Boczkowska et al., 2025; Konaszewski, Kolemba, et al., 2019). Collectively, these results demonstrate that psychosocial resources are significant correlates—and in some cases components—of health and well-being. Incorporating these variables into pedagogical research allows for a better understanding of adaptive and educational processes related to the health of children, adolescents, and adults.

Currently, there is an increasingly prominent research trend in the fields of psychology, medicine, and pedagogy that opens space for a renewed reflection on the significance of spiritual and existential dimensions in the context of health and quality of life. In this perspective, in order to design a research model that supports empirical inquiry, we refer to selected theories and concepts that may be particularly useful in explaining human health functioning with regard to psychosocial resources. Among these are, for example, the Health as Ability Concept (Nordenfelt, 1995, 1997), the Health as Balance Concept (Pörn, 1993), the Dual Continuum Model of Health (Winzer et al., 2014), the International Classification of Functioning, Disability, and Health (ICF) Model (McDougall et al., 2010), the Holistic Well-Being Concept (Stewart-Brown, 2013), and the Cybernetic Personality Theory (DeYoung, 2015; DeYoung & Krueger, 2018).

In contemporary approaches, the concept of health has been developed beyond the reductionist understanding of it as merely the absence of disease, focusing instead on an individual's capacity to function, adapt, and achieve self-realization. One such proposal is the theory of health as balance, proposed by Pörn (1993). Health is defined as the balance between an individual's goals, their repertoire of abilities, and the environment in which they operate (Pörn, 1993). This means that health involves having sufficient resources to achieve one's goals within a given environmental context. This balance may be disrupted when goals are too ambitious, the repertoire of abilities too limited, or the environment too demanding. Health can be improved by developing resources, adjusting goals, or modifying the surrounding environment. While this theory aptly captures health as a process of adaptation, it has been criticized for implying that an individual loses health only due to excessive aspirations or unfavorable external conditions (Pörn, 1993; Tengland, 2007). An extension of this perspective is the theory of health as ability, formulated by Nordenfelt (1997). It assumes that health constitutes an individual's general capacity to achieve life-relevant goals in an environmental context, using available resources. This concept, first, applies to the whole person rather than to isolated bodily functions, and second, considers the relationship between the individual and their environment. Nordenfelt (1995, 1997) distinguishes between health-related abilities, which directly affect health (e.g., the ability to walk or see), and competencies, which require specific training, such as swimming or cycling. Thus, health is not about possessing a fixed set of skills, but about the fundamental ability to act and achieve goals that enable full participation in social life (Nordenfelt, 1995). Furthermore, Nordenfelt differentiates between first-order and second-order abilities. First-order abilities refer to current skills that enable goal achievement, while second-order abilities refer to the potential to acquire new skills and develop competencies. According to Nordenfelt, this level—the capacity for learning, growth, and adaptation—constitutes the essence of health. A person may not currently possess certain skills, but if they are able to acquire them and adapt to new conditions, they remain healthy. Health is thus understood as a dynamic developmental potential rather than a static biological state—that is, the capacity for self-improvement and the achievement of life-relevant goals in a changing world (Tengland, 2007). From the perspective of pedagogy and health education, these theories are particularly significant. They present health not as a fixed state, but as a process of developing competencies, abilities, and awareness, which can be supported through upbringing, learning, and social experience. These approaches shift the focus from medical diagnosis to the educational dimension of health—developing resilience resources, self-regulation skills, realistic goal-setting, and shaping environments conducive to well-being. In this context, health becomes an educational category: the ability for reflective action, self-knowledge, and building relationships with one's surroundings. Holistic theories of health therefore support contemporary pedagogical approaches, which view education as a form of self-care, self-improvement, and the development of the human being's overall condition.

Contemporary research increasingly emphasizes that mental health cannot be reduced solely to the absence of disorders, but also includes the presence of positive functioning indicators (Winzer et al., 2014). These authors argue that mental health should be understood along two dimensions: a negative dimension, associated with symptoms such as depression, anxiety, and stress, and a positive dimension, reflecting resilience, life satisfaction, quality of life, and well-being (Friedli, 2015; Kessler et al., 2010; Langford et al., 2014). They propose a dual-continuum model, in which the term "mental health" encompasses both positive and negative aspects, allowing a fuller conceptualization of its relationship with well-being and overall human health.

Complementing this perspective, the International Classification of Functioning, Disability and Health (ICF) (Stucki et al., 2002) provides broader conceptual frameworks by integrating biomedical dimensions with environmental and social factors. Designed to capture the full spectrum of a person's functional abilities relative to their health condition, ICF's international application demonstrates its universality and utility in health research. The model provides a standardized framework for describing both individual resources and health-related conditions, including elements often excluded from traditional research instruments. ICF focuses on what an individual can do, considering interactions between physical, personal, and environmental factors, thus supporting more effective therapeutic and social interventions. It integrates biological (body structure and function), psychological (personal factors), and social (environmental influences) perspectives to provide a comprehensive view of health. In these discussions, the term "mental health" is therefore understood in a broad sense, embedded within integrative models such as ICF, allowing for a more complete conceptualization of the links between individual functioning and overall human health (Byra et al., 2016; McDougall et al., 2010).

In theories of well-being, two main theoretical directions are highlighted, rooted in different philosophical traditions. The first concerns human happiness and represents a hedonistic perspective, focusing on experiencing pleasure and avoiding suffering (Ryan & Deci, 2001). The second is related to the development of human potential and aligns with the eudaimonic perspective, emphasizing self-realization, meaning, and living in accordance with one's true self (Ryff & Singer, 1998). Research indicates that psychological well-being is multidimensional, encompassing both hedonic and eudaimonic components (Stewart-Brown, 2013, 2016). From the hedonic perspective, well-being is associated with positive emotions and life satisfaction, which are not merely physical pleasures but can also arise from achieving valuable goals in various life domains (Diener, 2000; Diener et al., 1985). In the eudaimonic perspective, well-being is expressed through psychosocial integration and the pursuit of a "good life," understood as personal growth, meaningful relationships, and experiencing life

purpose (Waterman, 1993). Holistic models, such as those proposed by Stewart-Brown (2013, 2016), attempt to synthesize these dimensions, suggesting that psychological well-being includes both hedonic (emotional) and eudaimonic (functional) aspects. The hedonic dimension refers to affective states—positive and negative emotions or life satisfaction—often variable and outside conscious control. The eudaimonic dimension encompasses personal and social functioning, character development, behaviors, and competencies that allow individuals to participate more fully in social life and realize their potential (Stewart-Brown, 2013, 2016). Thus, the holistic well-being model complements earlier frameworks—the dual-continuum model of mental health and the ICF—providing an even broader perspective for research on health and psychosocial resources. It integrates not only the absence of disease or functional capacity but also positive experiences, a sense of meaning, and human developmental potential. This approach supports a comprehensive understanding of health that is particularly relevant for pedagogical research and interventions aimed at fostering resilience, well-being, and life satisfaction.

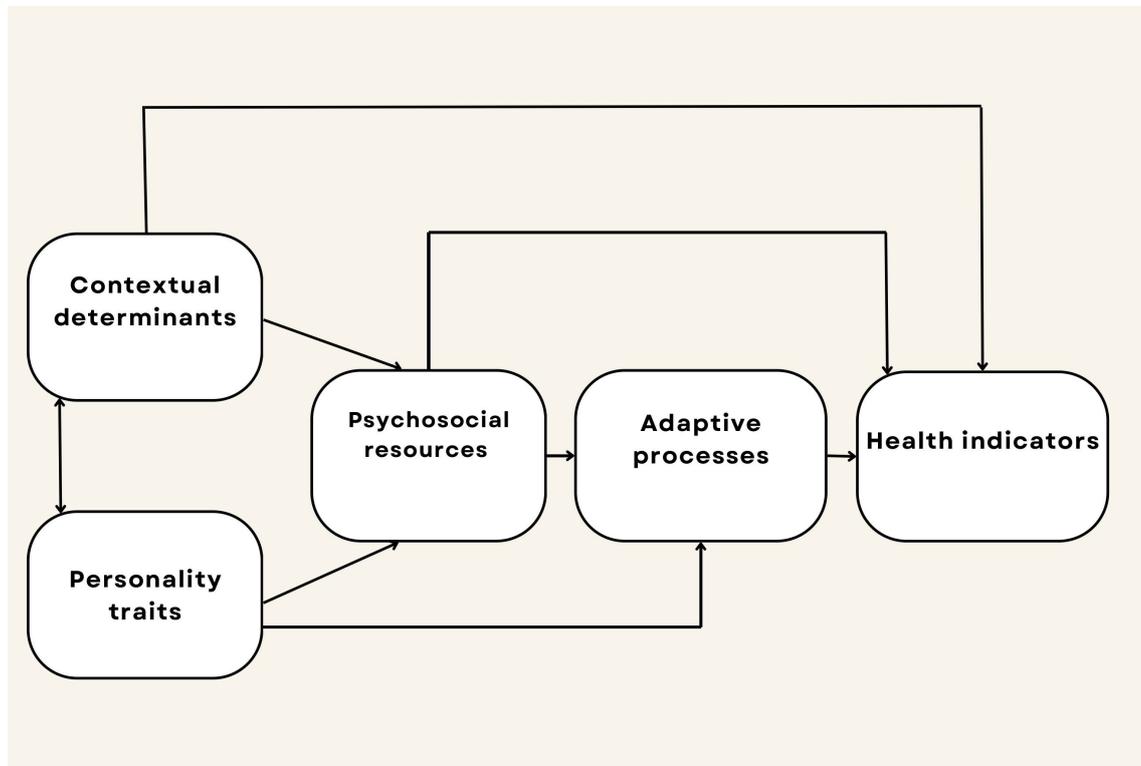
Another conceptual framework relevant to understanding health—particularly mental health and psychopathology—is DeYoung’s (2015) cybernetic model of personality, “CB5T.” In this approach, the personality system is conceptualized as a cybernetic system in which genetic and environmental factors shape relatively stable parameters of self-regulatory mechanisms, which in turn influence personality traits and characteristic life outcomes. The system functions as a feedback loop and can be modulated by interventions such as pharmacology, deep brain stimulation, or behavioral and talk therapies. In CB5T, the human being is viewed as a self-regulating system whose goal is the effective attainment of objectives in a changing environment. Personality operates as a cybernetic system, where traits from the Big Five model function as regulatory parameters influencing motivation, emotional control, and adaptability. This process includes goal detection, pursuit, feedback monitoring, and flexible strategy adjustment in response to obstacles. DeYoung (2015) identifies higher-order meta-traits that summarize key interactions among traits: stability, which combines neuroticism, agreeableness, and conscientiousness, reflecting emotional, social, and motivational stability; and plasticity, which combines extraversion and openness, reflecting cognitive and behavioral flexibility. Analyzing these meta-traits allows for an integrative understanding of personality functioning and its relationship to both mental health and psychopathology. Psychopathology arises when the system fails to regulate goals and strategies effectively—i.e., when cybernetic self-regulation is disrupted—whereas mental health reflects the efficiency of this regulatory system in interacting with environmental demands. CB5T thus conceptualizes both normal and dysfunctional functioning in terms of adaptive regulation (DeYoung & Krueger, 2018). Dysfunction in this cybernetic system results in failure to achieve goals, highlighting the dynamic interplay between biological, psychological, and social dimensions of functioning. By framing personality as an adaptive, dynamic system rather than a static set of traits, CB5T provides insight into the mechanisms underlying mental health and psychopathology, offering a foundation for interventions that strengthen resilience, self-regulation, and adaptive functioning (DeYoung, 2015; DeYoung & Krueger, 2018). Building on these theoretical insights, the next section will propose a model of health for pedagogy that integrates personality traits, contextual factors, individual resources, adaptive processes, and health indicators into a coherent framework for understanding and supporting holistic development.

5. THEORETICAL-EMPIRICAL MODEL: DETERMINANTS OF HEALTH

The theories and concepts outlined above are reflected in the proposed theoretical-empirical model of health determinants (Figure 1). The model represents an attempt to integrate existing theoretical findings with empirical research results. It indicates key relationships between resources and the health functioning of the individual, taking into account personality traits and contextual conditions. Unlike previous models, the proposed model integrates psychosocial resources in an operationalizable way, includes adaptive processes as mediators of the analyzed mechanisms, and situates health within a pedagogical rather than clinical perspective.

An important element of the proposed model is also the inclusion of variables related to internalizing problems, such as anxiety, aggression, or depression (health in the negative sense, see Winzer et al., 2014). These variables, alongside stress and reduced well-being, constitute some of the key indicators of mental health risk. The model assumes that adaptive processes and psychosocial resources can serve as buffers protecting against the intensification of anxiety and depressive symptoms. Mechanisms such as sense of coherence, resilience, self-efficacy, and the capacity for forgiveness act as regulators that support the individual in coping with internal emotional difficulties. The inclusion of internalizing problems in the model therefore allows for a more realistic capture of the dynamics of health and well-being in educational and developmental contexts.

Figure 1 *Theoretical-Empirical Model: Determinants of Health*



The proposed model of health and its determinants is based on the assumption that health results from the dynamic interaction between contextual factors, the psychosocial resources of the individual, adaptive processes, and the outcomes of human functioning. The model also attempts to integrate DeYoung’s (2015) cybernetic concept of personality, which allows consideration of the mechanisms of self-regulation and adaptation of the individual in a changing environment. The model takes into account both negative and positive aspects of health (Winzer et al., 2014), creating a more complete, holistic understanding of health indicators. Four main levels are distinguished in this model, which remain in continuous feedback with each other.

The first level, personality traits and contextual determinants, includes personality characteristics (such as plasticity and stability) as well as situational factors, socio-cultural domains, life experiences, and stressors. These constitute the starting point for the further development of health and quality of life, determining both the developmental potential of the individual and the risk of health problems. At this level, the personality traits of individuals associated with the cybernetic personality system are considered. DeYoung’s system (2015) receives feedback from the environment, evaluates challenges and threats, and initiates adaptive responses. These factors shape both the developmental possibilities of the individual and the risk of health problems.

The second level, psychosocial resources, reflects the internal capital of the individual. This includes constructs such as resilience, sense of coherence, self-efficacy, gratitude, and forgiveness. Research indicates that these resources serve as protective factors, promoting emotional regulation, stress resilience, and the formation of adaptive patterns of functioning. These resources can modulate the cybernetic parameters of the personality system (e.g., stability and plasticity). They enhance the capacity for emotional regulation, goal maintenance, and adaptive action, and are crucial for the effective functioning of the cybernetic system.

The third level, referred to as adaptive processes, concerns the ways in which the individual copes with challenges. It includes coping strategies and emotion regulation mechanisms that serve as a bridge between available resources and ultimate health indicators. From DeYoung’s perspective (2015), these are the methods by which the personality system achieves goals, monitors outcomes, and adjusts strategies. Dysfunction at this level corresponds to maladaptive mechanisms, which can lead to mental health problems.

The fourth level, health indicators, focuses on mental and physical health as well as broadly understood wellbeing. The literature indicates that adaptive processes, combined with psychosocial resources, are important predictors of these indicators. The effectiveness of cybernetic regulation of personality directly translates into these indicators. The better the system adapts to the context and utilizes resources effectively, the higher the mental health and wellbeing. This level also encompasses final outcomes such as quality of life, and potential personal and educational growth and development. The model

assumes that individual health and wellbeing are not an ultimate goal, but a foundation for further development, self-realization, and social participation. Health and wellbeing resulting from effective cybernetic system regulation form the basis for ongoing development, self-actualization, and social engagement. Feedback loops allow the personality system to learn from experience and increase plasticity in facing future challenges.

Thus, the model takes into account the multi-level and multidimensional nature of health, emphasizing its dynamic character. Psychosocial resources, interacting with contextual factors and adaptive processes, can both enhance the individual's quality of life and health, and support better functioning in the face of stress and adversity.

Considering the role of psychosocial resources as key sources for coping with life challenges, adaptation, and optimal functioning, it is important to recognize the significance of these effects and their practical implications. Research findings within various theoretical constructs, such as coping or resilience, can be applied, for example, in health promotion in schools, patient care, counseling and therapeutic activities, as well as in rehabilitation, social reintegration, and broad educational initiatives. It is essential to design interventions that respond to people's needs and activate their psychosocial resources within different educational and social institutions, including the family, school, local community, and the public healthcare system.

6. SUMMARY AND CONCLUSIONS

A holistic approach to health—understood as the harmony of body, mind, and spirit—has become the basis for the development of new concepts such as salutogenesis and resilience. These concepts portray health not as the absence of disease, but as the ability to adapt and maintain a sense of meaning and satisfaction despite difficulties. This implies that health promotion should be based on interdisciplinary dialogue and anthropological reflection, taking into account the entirety of human experience. For social sciences, particularly health psychology and health pedagogy, it becomes crucial to understand the growing importance of resources in shaping wellbeing and quality of life. This requires both in-depth theoretical reflection and reliable tools for describing and measuring resources. Research on their connections with various dimensions of health can provide valuable contributions to knowledge development and the practice of health promotion, supporting individuals in adaptation and self-realization. My proposed health model demonstrates that health pedagogy can benefit from the integration of psychological and medical theories, based on operationalization of concepts and definitions and a rigorous methodological approach. Through systematic study of variables, it is possible not only to understand educational and developmental processes, but also to create effective intervention strategies grounded in scientific evidence.

This proposed model holds the potential to effectively support wellbeing and quality of life, and in the case of illness, to stimulate the healing process or maintain satisfaction and a sense of life quality, as observed in individuals with chronic conditions. Understood in this way, the dimension of health encompasses both psychological potential and adaptive capacities, as well as personal and social attitudes that allow an individual to meet needs, achieve life goals, experience joy and satisfaction, and continue to develop and grow even in the face of loss and adversity.

The proposed model enables a better understanding of health processes by emphasizing the importance of individual resources, including both personality traits and situational-environmental determinants. A significant element of the model is also its methodological aspect, highlighting the necessity of undertaking pedagogical and psychological interventions, which are particularly important in today's dynamically changing world. This approach represents a holistic perspective on human functioning, allowing the recognition and explanation of health status from multiple perspectives and in various dimensions. The model places special emphasis on health as a process—understood as procedural, dynamic, and multidimensional—which is not limited to the absence of disease, but encompasses adaptation, development, and the capacity to cope with challenges. In this way, it can serve as a practical tool supporting both diagnosis and the design of preventive and therapeutic actions. Its application opens the way to a more individualized approach in health promotion and strengthening individual wellbeing.

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