

## PART II - WAYS OF THERAPY

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### Health promotion as a form of psychological help

As new forms of practical psychological interventions occur, psychological help develops (Czabała, Sęk 2002). It particularly concerns clinical psychologists. This concept was formed in specialistic literature in the eighties. New forms of help are connected with systematic, and holistic-functional attitude towards people and their health.

People have been interested in health topics since ancient times, as Hippocrates is believed to be the father of medical science. He identified health with well-being and pointed to inextricable relations among human beings, their social surroundings and individual life style, as factors defining health status (Karski 1994). However, the phenomenon of illness has been dominating for ages, and health was only treated as a state without disease symptoms or disability.

New interest in health was observed in the second half of the 20th century, and it was related to development of health psychology presented by two major representatives: Matarazzo (1980) and Taylor (1990).

Until recently, thinking of health have been connected with physiological level, therefore with physical and somatic health mainly. Hence, health has been medical doctors' exclusive domain. This kind of approach led to development of many narrow specialistic medical domains, their specialistic diagnostics, and therapeutic methods. However, this approach had also some deficiencies because it focused on sick organs, instead of a sick person. This biomedical approach didn't take into consideration patients' psychological needs.

Current thinking of health requires systematic attitude towards a human being as a psychophysical whole, which is inextricably connected with social surroundings, meaning the system, e.g. the Mandala of Health – A Model of the Human Ecosystem (Słońska 1994).

According to the Biopsychosocial Model, also described as ecological one, this attitude towards health requires a three-dimensional perspective – biological, psychological, and social. This point of view sees a man as a fragment of a larger system, e.g. biosphere, society, or culture on one hand; and as an independent whole on the other. This whole is a system comprised of many subsystems, which interact with each other on the basis of self regulation, i.e. a feedback loop controlled by targets (regulatory standards), building a functional whole, responsible for internal balance, and also for balance with social surroundings.

Regulatory standards include: on the physiological level – constant body temperature, blood glucose level, etc., on the psychological level – needs (safety, love, acceptance, recognition, social contacts), and on the social level – values (health, beauty, good, justice). Though the internal balance restoration on the physiological level is realized automatically, this process on psychological and social levels requires individual's activity, and sometimes even other people's or psychologist's interventions are needed.

Psychological help involves interventions aimed at both the whole population and at the groups of people at risk of disorders, i.e. groups threatened with pathology, and people with psychic and somatic diseases. It consists of many different psychological interactions with the following aims:

1. Self-realization support, i.e. attitude towards individual's development;
2. Health promotion – interactions aimed at developing personal features and environment's characteristics, which encourage shaping and sustaining health status;
3. Prevention – prophylaxis, interventions in order to prevent pathology;
4. Psychological counseling – help in solving difficult life situations or developmental crises.
5. Crisis intervention – interdisciplinary interactions aimed at delivering help as soon as possible in traumatic and crisis situations;
6. Psychotherapy and rehabilitation aimed at decreasing or removing disorders.

Until recently, psychological help has been mainly identified with interventions for sick people and those at risk of pathology, hence, with psychotherapy and prophylaxis. Moreover, psychotherapy has been understood as specialistic psychological help in treatment of mentally sick patients, especially patients with neurosis.

This attitude resulted from the biomedical model common in medicine, which found the causes of disease in objective factors like bacteria, viruses, or fungi, and where repair medicine aimed at treating only ill organs instead of the whole organism. This attitude led to protests not only from doctors, but also humanists and clients of medical services, i.e. patients.

As mortality ratios in civilization diseases, i.e. cancer and heart-attacks, in highly industrialized countries was increasing, it became obvious that finding the sources of those diseases in non-medical factors, e.g. work environment and lifestyle, was necessary. Greater funds on the health care system led only to about 10% increase in health level, which was of a statistical error magnitude (Włodarczyk 1994). Those changes are known as the second health revolution and they resulted in promotion of

the health model labeled as Biopsychosocial or ecological. Finally, behavioral medicine, which looked for sources of disease in the environment or lifestyle, was developed (Wrześniewski 2002). A different attitude towards those sources and their treatment was required. Health became an interdisciplinary definition, which forced cooperation of specialists from different domains, both in research and clinical practice.

However, there was no awareness of health, understood as deficiency of disease symptoms. Therefore it became necessary to evoke this health awareness and give it the highest rank, which is worth caring and fighting for. Professor Julian Aleksandrowicz, the father of Polish psychosomatics, the Head of Haematology Clinic for many years, Chairman of PAN Social Committee on Health Protection and President of Cracow Division of Polish Society of Mental Hygiene, was a precursor of this attitude and a great advocate of health. In 1972 he organized a scientific-humanistic conference in Cracow, gathering scientists from all over the world. This event was called the third health revolution (Aleksandrowicz 1974). Those changes contributed to the formation of a comprehensive, systematic, holistic-functional attitude to health.

The first comprehensive and positive definition of health was formed by the World Health Organisation WHO in 1948, and it said that health was a status of physical, mental and social wellness, instead of deficiency of disease or disability (Włodarczyk 1994). This was the first positive and holistic attitude to health and it has been functioning since then. However, it was accused of having an ideal and static character, and difficulties in operationalization of health were identified in that way.

Medicine sociologists started and developed the movement in aid of health, contributed to defining health as certain resources or a disposition which allows oneself to fulfill his/her needs and realize life tasks meaning correct functioning of a man (Słońska 1994). Both the definition of health by the WHO, and the definition of health as resources at personal disposal, treated health positively but statically. Only the third health revolution brought comprehensive, holistic-functional and dynamic approach to health issues. Professor Julian Blicharski was a precursor of this dynamic attitude. In 1972 he defined health as a process which keeps the balance in somatic, psychic, and social spheres and between those spheres, within limits described as normal (Aleksandrowicz 1974). This definition points to health subjectivity, and its multidimensional and dynamic character. Sustaining balance between those three spheres depends on the subject. The abovementioned definition can be expanded by the salutogenetic attitude, based on a systematic theory.

The salutogenetic theory describes health as a process sustaining a dynamic balance between the surroundings demands (pathogens, stressors) and human being's possibilities (resources, potentials). Generalized immune resources are the key concept of salutogenesis (Antonovsky 1995). These features and possibilities play a positive defensive role in interactions between stress and health (Hobfoll 1989; Sęk, Ścigała 1996). Those resources may be within a person or in the environment

surrounding that person. This attitude towards health becomes a starting point for psychological help, especially health promotion.

Psychological help should be treated as a kind of activity or behavior aimed at the good of other people, groups or institutions (Reykowski 1976). Three kinds of behavior may be named;

- \* Allocentric behaviors – oriented towards fulfilling another man's needs or causing advantageous changes in this person's life,

- \* Sociocentric behaviors – aimed at group, social or institutional benefits,

- \* Altruistic behaviors – oriented towards the good of other people, leaving out one's own benefits, and sometimes even causing losses, which may result from an extreme psychological burden, e.g. care of a terminally sick person (Czabała, Sęk 2002).

Helping may be also described as an interaction between the helped and the helper. Interpersonal trust is fundamental for this kind of interaction and it depends on personal features of the helper. It is developed through exchange of thoughts, feelings, and nonverbal communication. The helper is expected to show empathy, understanding, and create good atmosphere of safety. Only then may personal problems be revealed and reviewed again, hence objectivized.

## Health Promotion

It is the most widely understood form of psychological help concerning health. These interventions refer to the whole population and intend to increase and develop health potentials, and encourage self-realization. A human being is a creator of his/her own life through developing own personal resources and using those properties of the environment that promote and preserve health.

Health promotion issues were considered and first described in detail during the first International Conference on Health Promotion in Ottawa in 1986. As a result, a document called 'Ottawa Charter for Health Promotion' was written and it included the following definition of health: 'Health promotion is the process of enabling people to increase control over, and improve, their health' (Ottawa Charter 1994). Health promotion in the psychological aspect means: 'The process of developing skills to control and influence individual's own life' (Czabała 1994). This activity is intentional and it should be continued through increasing awareness, both individual and social, in the field of issues concerning health (Aleksandrowicz 1979; Sęk 1997). Understanding health as a value may be helpful here, especially when health is given the status of the greatest value, which is worth caring and fighting for, because it allows to achieve other values (Aleksandrowicz 1974).

The aims of health promotion include:

- Increasing personal and social awareness concerning health and factors determining health,

- Enabling people to control health processes and participate in the realization of health aims,
- Developing and reinforcing health resources found within the individual and the environment.

Health promotion may be realized in many different ways (advertising, education, programs promoting healthy lifestyles). But the most important elements include awareness and personal activity, hence motivation serving health promotion. It is very important that healthy interventions are undertaken without social pressure, for it guarantees people would continue and develop those actions. Health promotion also involves health interventions, which are formed during primary socialization (in family, preschool education), secondary socialization (health education at school and organizations) and realization of intentional activities (Seğ 1997, 2000). Health promotion includes issues concerning development of resources, in order to improve health and encourage managing the stress of life.

Health education is also very important. It should comprise not only of knowledge of health, health potentials and threats. According to Seğ (1997), health education must become “education to enable changes”, i.e. must include supporting motivation to learn, teaching skills necessary for health, and also promoting health. The abovementioned pro-health education refers to personal activity of people, their needs, and expectations (from a person to a problem). It is oriented on natural groups (family, peer groups) and spontaneous social movements, where health leaders play a significant role.

Health educational programs are addressed at kindergartens, schools, work and social organizations, whose purpose is to teach and deliver experience, intending to encourage people to show voluntary behaviors related to health.

Modern health promotion also includes developing health self-care, increasing responsibility for individual’s own life, and supporting quality of life, hence satisfaction with life.

Health promotion shall be directed at both individuals and different social groups, parents, preschool teachers, and school teachers. Preschool health education programs like ‘Networks of Schools Promoting Health’ (Wojnarowska 1994) may be mentioned as an example. Projects aiming at health promotion and health improvement within family can be treated as natural tasks in family functioning. Cooperation among those health consumers (also healthy people) becomes very important, especially when responsible interactions to improve personal, family, social, and caretakers health are concerned. The objective is to transform people’s health behaviors from reactive, related to different disorders, into proactive – intentionally developing health potentials.

## What is the share of psychology in health promotion?

Health promotion is a research and practice field of multidisciplinary character. Psychology plays a significant role here, through popularization of psychological knowledge, which is important for promotion and forming behaviors encouraging health.

Modern psychological issues should be known to people working in medical professions, teachers, organizers of social life, etc. These people are responsible for promoting behaviors in the process of education and treatment (Czabała, Sęk 2002). This knowledge should concern health models, promotion and sustaining health mechanisms, and also concepts pointing to the role of resources– health potentials within individuals and environments. It is also important to know that there are factors determining psychosocial development and satisfaction with life, i.e. better quality of life. Improving quality of life becomes one of conditions affecting satisfaction of needs and realization of tasks, in order to become satisfied with life, which is fundamental for health promotion (Słońska 1994).

Health promotion fields include: *family*, where healthy habits and style of spending free time are formed, *school* – for a student's personality, pro-health behaviors and existing threats (e.g. addictions, negative influence of peers) are modeled here, and *workplace and local society*.

The following directions of health promotions can be named:

- Promoting healthy lifestyle (e.g. healthy diet, physical activity, active rest),
- Developing skills favorable to health (e.g. assertiveness, social communication and managing stress trainings),
- Addiction prophylaxis,
- Modifying behaviors dangerous for health,
- Work in risk groups (e.g. obese or anorectic, with doctors' presence).

It is also important to discover colloquial health definitions and individual health awareness in the process of health promotion (Sęk 1992, Wrona-Polańska 2003).

It is necessary to form healthy behaviors within the frames of primary (hygienic and nutritional habits) and secondary socialization processes, and to encourage people to become responsible for their own health, also to care about their environmental health resources.

Psychical health promotion is intended to develop social skills, communication, cooperation, helping and creation of interpersonal relationships.

According to Czabała (1994), psychical health promotion means:

1. Establishing conditions for proper psychosocial development of children and adolescents,
2. Establishing conditions encouraging people to satisfy their psychic needs adapted to different developmental stages.

Interventions necessary for proper psychosocial development include the following elements:

1. Providing parents with knowledge and skills fundamental in formation of correct attitudes of their children and good functioning of their family,
2. Education for health, organized in various educational units.

Interventions aiming at encouraging an individual to sustain his/ her health status in adulthood mainly comprise the following:

1. Improving skills of stress managing,
2. Establishing systematic conditions to provide material safety,
3. Establishing a system of social support.

Although psychological practice for health promotion is just developing, there are some fields it has already been settled. It is especially clear in education, where psychologists participate in establishing and realization of holistic programs for 'schools promoting health' and more specific programs aimed at health education and development, e.g. personality development for teachers and students, teaching skills, establishing relations with other people, managing stress. Cooperation among psychologists, young leaders in health promotion, and local society seems to be very important. New centers of psychical health promotion and prophylaxis are created and their mission is to help parents, children, and adolescents (Czabała, Sęk 2002).

Health promotion within education means:

1. Health promotion in the biological dimension – care about proper physical development of children,
2. Health promotion in the psychic dimension – desire to satisfy basic psychical needs of children and comprehensive development of child's personality.
3. Health promotion in the social dimension – teaching proper relationships with adults and harmonious interactions with peers, also readiness for behaviors promoting health (Wrona-Polańska 2003, 2004).

### **Teacher's role in health promotion**

Observations of everyday life, literature concerning this subject and author's own research (Wrona-Polańska 2002, 2003) show that teacher's role in health promotion involves:

- cooperation with pupil's parents aiming at child's harmonious development,
- shaping health beliefs based on the assumption that health is the greatest value,
- modeling student's behavior,

- developing personality through encouraging students to participate actively in the teaching process, stimulating creative thinking and cognitive curiosity, individual and subjective treatment, and finally – supporting students in stressful situations,
- requirements adjusted to individual possibilities of a student,
- constant improvement of teacher's skills and professional competency, and being open to information.

Health promotion at school means a dynamic process creating 'healthy school', whose aim is to reinforce and amplify potentials of student's health (Wrona-Polańska 2003, 2006) through:

- creating proper material conditions and accommodation for school, including didactic aids,
- adjustment of educational programs and their realization to developmental possibilities of students when taking into consideration student's individuality and subjectivity,
- creating proper 'psychic climate', advantageous to development of interests and cognitive, emotional and social skills, hence of subjective health resources of students.

Teachers and pedagogues shall become health promotion leaders at their schools and they can be described as people:

- modeling healthy lifestyle and behavior advantageous to health with their own attitudes,
- exceeding the traditional model of teachers, working with their knowledge, skills and being open to changes,
- initiating support groups of a professional and non-professional character.

These requirements resulting from health promotion can be fulfilled only by engaged and demanding teachers, who support their students at the same time. Cooperation between teachers and parents aiming at students' development, and supporting them in difficult everyday life problems, seems to be crucial. Teachers should focus on shaping health beliefs and behaviors promoting health in the process of education, so students become responsible for their health, hence become its creators. Health promotion is important on every level of education, starting from the kindergarten and ending at the university. However, teaching healthy lifestyle comprises of behaviors promoting health and improving quality of life at the same time, from the earliest years of life. In the ancient times those behaviors were believed to give the sense of happiness, understood as synonymous to health. Teacher's role from the perspective of health promotion requires many skills, going beyond the traditional model of teacher's work. Present times, full of social changes and political system transformations, deliver new challenges and needs for new skills in order to satisfy the requirements of the 21<sup>st</sup> century. Therefore constant education is needed. Teachers must be open to outside information, creative thinking during realization of educational programs, and individualized attitude to students, remembering about



their subjectivity. Modern teachers shall look at their class through the perspective of a single student, who shall be treated as a unique psychophysical integrity, developing and created by mutual harmonious influences coming from school and family. Teachers must not only play educational role, but also should perform diagnostic and therapeutic functions for students having difficulties with learning and presenting behavioral disorders, and be creative for all their pupils. It is the teacher who both shapes students' behaviors, and controls development of their personalities. This attitude, full of engagement and creative imagination, encourages proper development of students through already possessed health potentials, and also protects teachers from discouragement, lack of achievements and dissatisfaction with work. Finally, it evokes positive emotions favorable to teacher's and also to his/ her students' health.

Individual ways of supporting health are extremely important. Observations of everyday life, many-year clinical experience, literature and authors own research (Sheridan, Radmacher 1998; Wrona-Polańska 2003) point to the following elements:

- care about good psychophysical condition (7 to 8 hours of sleep, healthy diet, regular physical exercises),
- active rest,
- positive psychic attitude essential to managing problems of everyday life,
- improving one's skills and resources, e.g. learning, language skills, managing stress,
- care about good relationships with the closest environment and receiving support,
- improving self-esteem and self-acceptance through physical appearance, and development of behaviors promoting health and personality characteristics,
- wise relaxation using music, art, dance, theatre or good book, depending on personal interests (Wrona-Polańska 1998, 2003).

In the process of health reinforcement, health promotion has an important role to play both among children or adolescents and adults. Development of individual possibilities serving health, ability to manage stress, and organizing support groups are also of great significance. It is necessary to promote health at school in the biological, psychological and social context. There is a need for good cooperation between school and home, aiming at proper shaping of student's development and his/her pro-health resources, increasing awareness concerning health, activity in aid of health and healthy lifestyle. Teachers and pedagogues, whose work goes beyond the traditional model of teaching, shall become leaders in health promotion. Health promotion requires new skills in the field of creative thinking, stimulating child's activity during educational process, and creating new opportunities favorable to cognitive resources, that is support resources in family and at school. As a result, student's potentials (resources) may improve and balance growing requirements, successfully preventing tension and risky behaviors, e.g. smoking or other

addictions. The modern world makes it difficult to satisfy all those challenges serving health promotion without an aware participation of a teacher raised to future (Kuźma 2000).

Political and social transformations, the educational reform, and growing uncertainty of tomorrow pose new challenges to teachers in the 21<sup>st</sup> century, which require flexibility and being open, great skills, and dedication. In order to satisfy those demands, it is not enough to supply young people learning this profession with knowledge and skills. They must be taught creative thinking (Nęcka 1994), interpersonal skills, social communication, how to be open to other people, and finally, how to use relaxation techniques after work in order to protect their health (Wrona-Polańska 1998, 1998b, 2003).

Issues concerning health and its promotion, and also pro-health education must become fundamental in the educational program for teachers (Gretler 1998, Paulus 2001). Theoretical basis of pro-health education should include medical achievements, but above all, the knowledge of psychological mechanisms, health conditioning, and behaviors promoting health, therefore creating healthy lifestyle.

Psycho-education of teachers should be aimed at teaching effective forms of managing stress, improving professional skills of future pedagogues, e.g. relaxation methods, social communication techniques as prophylaxis, and health promotion.

Individual health support including good care about psycho-physical condition, active rest, improving skills and stress management, ability to relax, good relations with other people and support, is also very important. Elements like: music, art, dance, theatre, good book, may also turn out to be helpful.

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## Promocja zdrowia jako forma pomocy psychologicznej

### Streszczenie

Promocja zdrowia jest to najszerszej rozumiana forma pomocy psychologicznej odnosząca się do zdrowia, która pojawiła się w latach osiemdziesiątych XX w. w związku z systemowym, holistyczno-funkcjonalnym podejściem do człowieka i jego zdrowia. Prekursorem promocji zdrowia w Polsce był profesor Julian Aleksandrowicz. Oddziaływania te odnoszą się do całej populacji i zmierzają do zwiększenia, rozwoju potencjałów zdrowia oraz sprzyjają samorealizacji.

Celem promocji zdrowia jest: podnoszenie świadomości jednostkowej i społecznej, dotyczącej zdrowia i czynników warunkujących zdrowie, umożliwienie człowiekowi kontroli nad procesami zdrowia i udziału w realizacji celów zdrowotnych oraz rozwój i umacnianie zasobów zdrowotnych, tkwiących w jednostce i środowisku.

Promowanie zdrowia może odbywać się różnymi ścieżkami (poprzez kampanie reklamowe, edukację, programy krzewienia zdrowych stylów życia), ale najważniejsza jest świadomość i aktywność własna, czyli motywacja służąca promocji zdrowia. Ważne jest krzewienie zachowań zdrowotnych, które kształtują się w procesie socjalizacji pierwotnej (w rodzinie, wychowaniu przedszkolnym), w socjalizacji wtórnej (zdrowotna edukacja w szkole i organizacjach) oraz podejmowanie czynności celowych, intencjonalnych.

W obszarze promocji zdrowia mieści się problematyka rozwijania zasobów służących podnoszeniu zdrowia i sprzyjających radzeniu sobie ze stresem życiowym. Człowiek jest tutaj kreatorem własnego zdrowia poprzez rozwój własnych zasobów osobowych i wykorzystanie właściwości środowiska sprzyjających utrzymaniu i zachowaniu zdrowia.

Promocja zdrowia obejmuje różne dziedziny życia, ale najbardziej upowszechnia się w edukacji, co ma ogromne znaczenie dla wychowania ku zdrowiu.