# original article

## How much health is there in disease?

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Health as a concept has various meanings and objective references. It can refer to somatic, psychological or social functioning. In health psychology it is emphasized that health can also be viewed objectively when it is a result of medical examination or when health refers to psychological assessment of the level of realization of aims, fulfilling personal needs and social demands. Health can also be characterized by various overriding concepts such as state of health, process of health and health potential represented by generalized resistance resources. Health as a disposition emphasizes personal abilities to realize physical, psychological and social capabilities and to cope with external demands.

Thinking about health as a potential shaping personal development and resistance leads to searching for health resources in individuals, groups and the environment. It is represented in everyday language. For instance, one can say: 'I have good health', 'I am a resistant person' and 'This person is capable of overcoming that adversity'. Resistance resources refer to various personal attributes and levels of functioning. They are utilized in the health process or the dynamic counterbalancing of personal needs and external demands. Health processes depend on threats (risk factors) and personal resources. The process perspective on health is associated with a dimensional approach towards health.

The analysis of health within the health-ease – disease dimension gives a framework for discussing how health is related to disease. For instance, we can say that having a specific condition or disability does not exclude the possibility of maintaining health if assessed on some other dimension for instance a psychological condition manifesting itself in creative activity. Moreover, new health potentials can at times be identified within some diseases. In the now classic WHO definition of health, well-being was defined as an important concept in various spheres of human functioning such as physical, psychological and social. Recently, a spiritual sphere has been also increasingly included within the remit of well-being (Heszen, 2008a).

We can describe a health construct as composed of several interrelated components. A state of physical health characterized by limited daily activity or pain

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(e.g., after a surgical procedure, or due to rheumatoid arthritis or cancer) significantly deteriorates subjective health. Particularly, the social dimension of health may be affected, e.g. when a person can no longer fulfill social roles and loses a professional position. But at the same time adaptation to disease and coping strategies used to redefine aims and values can lead the individual to undergo psychological development and reach higher levels of mental health (Heszen & Sęk, 2007).

Those who have experienced traumatic events, including life- and health-threatening situations, tend to disclose in their testimonies and display in their coping with these situations that a positive change is possible. People discover new abilities and as a result of redefinition of meaning of different life domains they acquire new sense of purpose, learn how to appreciate beauty and understand importance of daily routines and relationships with others. This process has been described as posttraumatic growth (Tedeschi et al., 1998). Thus a somatic disease may positively affect psychological and spiritual spheres of well-being associated also with development towards creative aims.

We also know that an individual's mental strength and resources such as hardiness, sense of coherence and resiliency have a positive influence on coping with the stress of disease and as such impacts on recovery. Experimental research on the meaning of positive emotions for cognitive functioning, memory, thinking and creativity and also for undoing

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somatic dysfunctions have shown that positive emotions have a positive role in processes of health development and on maintaining and preventing disorders such as posttraumatic stress disorder or cardiovascular disease (Fredrickson & Levenson, 1998; Fredrickson, 2002; Tugade & Fredrickson 2004; Nadolska & Sęk, 2007). In the field of health psychology it is possible to take a positive inspirations perspective to analyse different levels of human emotional functioning such as physical, experiential, esthetic, cognitive, social and spiritual. Every such context of experiencing positive emotions contributes different elements for health and well-being (Sęk, 2008).

Positive psychology (Seligman & Csikszentmihalyi, 2000; Synder & Lopez, 2002; Czapiński, 2004) has played an important role in development, research and practices of such perspectives on the health-disease relation. In the psychology of stress, increasing attention is put to those strategies of coping with problems of disease which lead to redefinition of meaning, raising hope and many other positive phenomena (Folkman & Moskowitz, 2006; Heszen, 2008b; Kwissa-Gajewska & Wojtyna, 2008).

In these new frameworks it is important to distinguish the health process from disease from health resources (potentials) and health deficits. It may be worthwhile to think about health as a process of balancing demands and capacities. This process depends on the interaction of personal resources and deficits (physical, psychological and social) with health risk factors such as stressors in life, education and work or certain pathogens (Sek, 2007)

Taking these new perspectives into account may lead to new areas of theoretical analyses and research. Particularly noteworthy seems to be the problem of recovery and maintenance of the sense of health despite chronic disease. One may search for those elements of the pillars of health (physical, psychological, social or spiritual) which have the potential to restore and strengthen oneself. It also can be assumed that new positive experiences of resilience, satisfaction, hope or gratitude can be preserved, leading to the development of new health resources.

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