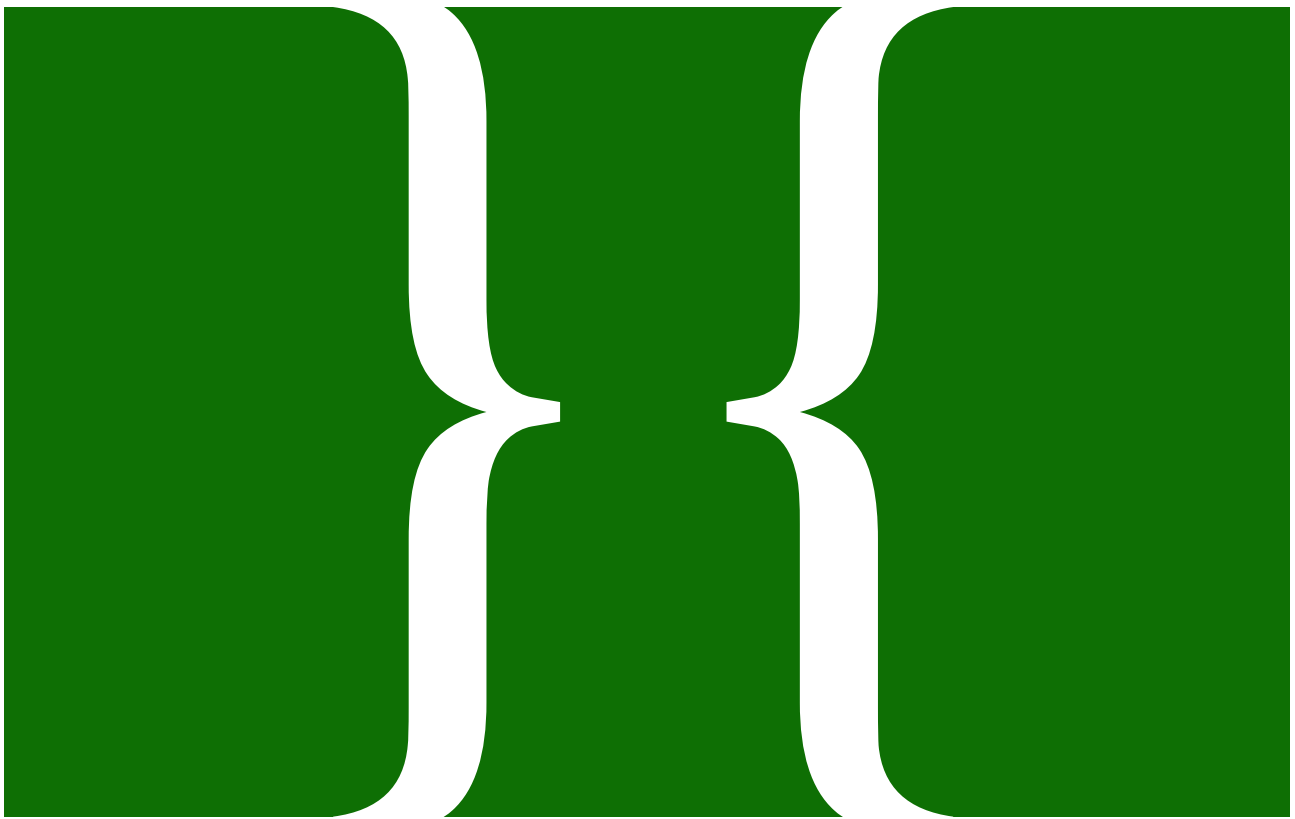


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OF CREATING WELLBEING

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Jacek Mianowski¹

Introduction

According to the World Health Organization's definition (WHO 1948), health constitutes holistic wellbeing, which includes three equivalent elements: physical, mental, and social. In this understanding, wellbeing reflects a health disposition (Schramme 2023: 3; 2019: 29 *et seq.*), which is interpreted in objective and subjective dimensions.

The objective dimension of wellbeing is determined by so-called social health indicators, which (e.g. in terms of pro- or anti-health behaviour) make it possible to describe the state of health of various social groups. Objectively understood wellbeing includes human functioning within the bio-psycho-social triad, but does not refer to the mental experience of wellbeing. The subjective dimension of wellbeing (sometimes marginalised in medical practice) refers to the sphere of wellbeing on the ground of physical, psychological, and social human functioning (Puchalski 1997: 20–21) and concerns the subjective and causal role of participants in the processes of illness and recovery. In this sense, wellbeing can be understood as an idea that stimulates the activity of social actors. From this point of view, the important aspects include, for example, the patient's emotions, self-assessment of health, aspirations, beliefs, and values, as well as the needs in relations with medical professions, as they shape the experience of health and illness.

Alternative analyses of the concept of wellbeing focus on searching for its objective or subjective correlates, which limits the interpretation of the concept to a single dimension. Meanwhile, the complexity of the concept of wellbeing calls for analysing and interpreting it in a multidimensional manner, as this allows us to see how the different correlates of creating wellbeing intersect and complement each other in different institutional and non-institutional contexts.

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The texts in this volume provide a multidimensional analysis and interpretation of the correlates of creating wellbeing in diverse social contexts and address the question: what is or is not conducive to creating bio-psycho-social wellbeing in individual and group, institutional and non-institutional contexts?

In the first text, Piotr Kępski points out that there is an evolution in the manner of understanding health – from negative to positive, and in understanding wellbeing – from happiness to the idea of wellbeing. In the theoretical aspect, the author refers to Michel Foucault's concept of a "dispositif" and considers the social context of wellbeing and health in light of the assumption that the individualisation and commercialisation of health and wellbeing constitute a consequence of the cultural process of constructing these phenomena. The text is a polemical response to the individualisation of health and well-being as well as a proposal for the concept of holistic well-being.

The subject of analysis in Mateusz Glinowiecki's text consists in the changes in the ways in which people in mental crises are supported, resulting in a shift from an asylum model oriented towards inpatient treatment to a community-based model that implies an open formula for providing assistance to people in mental crisis. The author analyses the significance of the community-based model at a micro-social level for the wellbeing of the sick, people close to them, and at a broader macro-social level.

In their text, Marzena Mamak-Zdanecka and Magdalena Parus-Jankowska describe the assumptions and results of a project dedicated to people who cannot fully perform their professional tasks due to dysfunctions of the musculoskeletal system. The authors of the text attempt to assess the correlation between the achieved wellbeing of the programme participant (returning worker) and the health outcomes of rehabilitation.

In her text, Joanna Kopycka presents the world of everyday life for people with coeliac disease. In the theoretical layer, the author draws on the assumptions of Alfred Schütz's social phenomenology and refers to his concept of the multiplicity of worlds. In the empirical dimension, the author presents the results of own research with coeliac patients in Poland, based on which a characterisation of the everyday life world of patients with coeliac disease is carried out.

In the fifth text, Edyta Janus considers the determinants of the process of professionalising the medical profession in the light of the concept of a learning organisation. From a theoretical point of view, the author draws on Peter Senge's concept of a learning organisation, embodied in innovation, non-stereotypical thinking, and teamwork. The author draws attention to the need to distribute knowledge concerning the roles and tasks performed by occupational therapists among the medical profession, but also more widely at the macro-social level. According to the author, the key factors in the process of professionalising the profession of

occupational therapy may consist in the activity, commitment, and competence of those who practise the profession.

We invite you to read the texts that make up this volume, in the hope that these texts will help you to deepen your understanding of the determinants of creating wellbeing in various social contexts and perhaps inspire you to undertake your own research on this topic.

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