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FORGIVENESS AND RESILIENCE AS INDIVIDUAL RESOURCES: AN ANALYSIS OF CONSTRUCTS AND THEIR SIGNIFICANCE IN HEALTH PEDAGOGY*

Introduction: The contemporary approach to health increasingly emphasizes the importance not only of biological and environmental factors, but also of an individual's psychological resources. In this context, concepts such as forgiveness and resilience are becoming particularly important, as they are increasingly considered to be essential resources for individuals in the areas of health and education.

Research Aim: The aim of this article is to present how the concepts of forgiveness and resilience are operationalized as resources that support individuals in maintaining their health, quality of life, and well-being. Secondly, in the further part of the paper, we will present the implications and possibilities of using these constructs in the development of educational and therapeutic programs.

Evidence-based Facts: Analysis of the constructs of forgiveness and resilience allows them to be considered key resources in health education. Both support positive adaptation processes, reduce the negative effects of stress, and enable an individual's psychosocial development, even in the face of serious adversity. At the same time, it should be emphasized that despite the growing number of studies, empirical knowledge about the mechanisms of development and determinants of forgiveness and resilience in the context of health education remains limited.

Summary: The constructs analyzed may become one of the areas subject to analysis in health education, not only because of their role in intervention and educational activities, but also because of their established position in empirical research.

Keywords: forgiveness, resilience, resources, health pedagogy

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INTRODUCTION

The contemporary approach to health increasingly emphasizes the importance not only of biological and environmental factors, but also of an individual's psychological resources. In the face of individual crises and dynamic social changes, it is becoming increasingly clear that human health requires a holistic approach and integration of concepts from medical science and psychology. Currently, analysis of an individual's health is not limited to the absence of disease, but also includes the ability to function fully and satisfactorily in the physical, mental, social, and even spiritual spheres. The importance of resources and adaptive abilities, (i.e., a person's specific set of competencies enabling them to function effectively in an increasingly complex reality) is being increasingly emphasized (Antonovsky, 1996). The ability to adapt flexibly to changing conditions is the basis for maintaining internal balance and harmony in an individual's development. In this context, concepts such as forgiveness and resilience are becoming increasingly important and are increasingly seen as essential resources for individuals in the areas of health and education.

RESEARCH PROBLEM AND AIM

Firstly, the aim of this article is to present how the concepts of forgiveness and resilience are operationalized as resources that support individuals in maintaining their health, quality of life, and well-being. According to the WHO definition, well-being is an integral dimension of health, combining its physical, mental, and social aspects, which justifies treating it as a category that integrates health and quality of life (Schramme, 2023). The purpose of comparing the constructs of forgiveness and psychological resilience is not to simplify them, but to highlight the complementary nature of both phenomena. Both forgiveness and resilience function as personal resources that support individuals in the process of adapting to difficult life situations, enabling them to maintain or restore their well-being. The comparison allows for a better understanding of the mechanisms of emotional and cognitive regulation that are common to both constructs, while emphasizing the differences in their sources and contexts of operation. This reflection is important not only in theory but also in the practice of health education, which faces the challenge of creating educational and upbringing programs that take into account the psychological dimensions of human health. Secondly, in the further part of the paper, we will present the implications and possibilities of using these constructs in the development of educational and therapeutic programs.

In connection with the presented research objective, the article raises the following questions: How are the concepts of resilience and forgiveness operationalized? What are the points of contact and what are the differences in the under-

standing of resilience and forgiveness? What are the possible practical implications for health education using the constructs of resilience and forgiveness?

This article is an overview of the current state of knowledge on the constructs of forgiveness and resilience in the context of mental health and well-being. We analyzed various ways of operationalizing forgiveness and psychological resilience. In addition, the review assessed how research findings can support development of strategies to improve psychological well-being, including promoting mental health and preventing emotional problems. The aim of the review was therefore not only to synthesize existing knowledge, but also to identify practical implications for mental health education and prevention, taking into account the synergies between development of psychological resilience and capacity for forgiveness. We analyzed both theoretical works and empirical studies covering the period from 1980 to 2024, published in reputable scientific journals. Publications thus obtained came from the Scopus, Web of Science, and PubMed databases, with particular attention paid to articles of conceptual and practical significance in the field of health education and psychological interventions in the educational environment. The inclusion criteria were: 1) Relevance to the article's topic – publications on forgiveness, psychological resilience, and their impact on the functioning of individuals in the context of mental health. 2) Conceptual or empirical significance – works that make a significant contribution to the understanding of psychological mechanisms, operationalization of the construct, and possibilities for practical application of research results in education and therapy. 3) Quantitative studies, meta-analyses, and literature reviews were included to capture a broad spectrum of approaches to analyzing both constructs.

EVIDENCE-BASED FACTS

Resilience: Operationalization of the Concept and Mechanisms

Concept development, operationalization, and definition of resilience can be described in terms of three waves of analysis and research (Richardson, 2002). The first wave focused on treating resilience as a relatively stable trait of an individual. Researchers sought correlates and characteristics of people who were able to thrive despite adversity. The result of these analyses was a list of protective factors – such as self-esteem, self-efficacy, mental toughness, coherence, and the presence of supportive relationships – that promote well-being. Interventions at this stage were primarily preventive in nature and focused on risk reduction. The second wave shifted the emphasis to understanding resilience as a dynamic process. The focus was on coping with adversity and stressors in a way that strengthens resources. Regulatory mechanisms were described to explain how available resources work, as well as models of reintegration – from returning to the comfort zone,

through reintegration with loss, to reintegration based on enhanced resilience. In this approach, interventions aim to restore the individual to mental and functional balance. The third wave introduced an interdisciplinary perspective in which resilience is seen as a result of interactions between the individual and the environment. It emphasizes the role of personal resources, motivational forces, and supportive experiences that can be activated through prevention, intervention, or social policy. Advances in science, including progress in neurobiological research, gene-environment analyses, and the use of new measurement technologies, have allowed for the study of resilience in multilevel adaptive systems. Interventions in this approach support individuals and groups in discovering and activating internal and environmental resources, as well as in using creative and transformative processes to build resilience (Konaszewski, 2020; Richardson, 2002).

In summary, the three waves of resilience research described above have resulted in educational and therapeutic interventions aimed at strengthening this construct. In the first wave of research, scientists analyzed personality traits and environmental factors that enabled people to overcome adversity. The second wave examined the processes involved in stress and coping with it. The third wave analyzed, among other things, how people develop and change after experiencing adverse events, which often leads to self-actualization, creativity, and spirituality (Greene et al., 2012).

In view of the above, resilience, depending on how it is described, explained, and defined in relation to other constructs, can be distinguished in four ways in the literature on the subject. Firstly, resilience as a trait is treated as a relatively constant property or disposition of an individual, resulting from their temperament, personality, and psychological predispositions that facilitate effective coping with difficulties or adversities (Wagnild, 2009; Wagnild & Young, 1993). Secondly, resilience as an ability is understood as a specific competence or potential of a person that enables them to adapt to changing life conditions. This ability can be developed through education and upbringing (Smith et al., 2008). Thirdly, resilience as a process is perceived as a dynamic and multidimensional phenomenon in which an individual actively interacts with their environment, transforming difficulties into opportunities for learning and development (Egeland et al., 1993; Masten, 2006). Fourthly, resilience as a result (i.e., it is seen as the end result of overcoming crises and returning to balance) visible in an individual's ability to maintain "good" functioning despite adverse experiences. For example, this approach points to the measurable results of resilience in the form of educational, health, and social successes of children, adolescents, and adults (Konaszewski, 2020; Windle et al., 2011).

As we have pointed out, the concept of resilience can be understood as a trait, an ability, a process, or an outcome. However, it is worth emphasizing that despite the variety of definitions, they are all based on two key concepts: adversity (understood as misfortune, failure, difficult situations) and positive adaptation (the abili-

ty to adapt to new conditions). Numerous studies indicate that resilience manifests itself primarily in response to various adversities – from minor, everyday difficulties to dramatic life experiences – and that effective adaptation must be adequate to both the nature and the intensity of experienced difficulties (Masten et al., 2003; Windle et al., 2011). In this area, Windle (2011) emphasizes that resilience comprises three elements: the experience of risk, the process of adaptation supported by protective factors, and the achievement of a positive outcome. It can therefore be understood as a complex system of adaptive responses that are triggered in situations that threaten proper development of the individual. Ultimately, it is the confrontation with adversity that is a prerequisite, while constructive adaptation and achievement of a positive outcome are natural consequences of a successful course of this process.

Furthermore, resilience, regardless of whether it is understood as a trait, ability, process, or outcome, is based on multi-level psychological (cognitive, emotional, or behavioral), social, biological, and educational mechanisms that enable individuals to cope with adversity and maintain balance in crisis situations. Cognitive mechanisms relate to how life experiences are interpreted. They include, among other things, the ability to positively re-evaluate difficult events. It should also be noted that positive adaptation processes can be analyzed as nothing extraordinary or unusual. They occur every day in every individual. They are, as Masten (2006) calls them, “ordinary magic” that happens to us every day. The processes and mechanisms of resilience are nothing extraordinary; on the contrary, they are common and usually result from normative functions of each person’s adaptive systems (Masten, 2006). Emotional mechanisms are related to the regulation of emotions and the control of stress responses. Resilience manifests itself in the ability to limit negative emotions (fear, anger) and in the ability to sustain positive emotions that promote restoration of well-being. Fredrickson (2001) emphasizes that positive emotions support the coping process and have a beneficial effect on health (Fredrickson, 2001). Behavioral mechanisms include specific coping strategies (i.e., actions taken in the face of difficulties), such as active problem solving, task orientation, seeking support, planning, or avoiding risky behaviors (Carver et al., 1989). Social mechanisms, on the other hand, concern the importance of interpersonal relationships and support networks. Werner (1993) pointed out that even in unfavorable environmental conditions, strong emotional bonds and access to supportive adults significantly increase the chances of positive adaptation (Werner, 1993). Biological mechanisms, in turn, include neurobiological processes and the body’s resistance to stress. Charney (2004) points out that resilience is associated with brain neuroplasticity, HPA axis (hypothalamic-pituitary-adrenal) regulation, and neurotransmitter system functioning, which influence an individual’s ability to recover from stress (Charney, 2004). From the point of view of health education, the mechanisms of educational resilience are also important, including both the

student's individual resources (sense of self-efficacy, ability to regulate emotions, coping with stress at school) and environmental factors (support from teachers, peers, and family, school climate). In this regard, students with high educational resilience are more resistant to exam stress, cope better with school failures, and are more likely to achieve educational success despite unfavorable environmental conditions (Martin & Marsh, 2006).

Polish research on resilience has also confirmed its importance as a resource that promotes effective coping with stress. It has shown that resilience, understood in terms of personality traits or adaptive abilities, is positively associated with a task-oriented coping style and, for example, an active problem-solving strategy. At the same time, a negative relationship has been found between resilience and emotional style or maladaptive strategies, such as avoidance or escape from the problem (Konaszewski, et al., 2021; Konaszewski & Niesiobędzka, 2022; Niesiobędzka & Konaszewski, 2022; Ogińska-Bulik & Zadworna-Cieślak, 2018). These results confirm that resilience acts as a protective factor, promoting constructive coping with difficulties and maintaining mental health and well-being.

It can therefore be concluded that the resilience mechanisms outlined above form a complex system. In it, cognitive ways of interpreting experiences, emotion regulation, coping strategies and actions, social support, and the body's biological resources complement each other. Their operation enables individuals not only to cope with difficulties, but also to use them as an impetus for developing and strengthening their own health, well-being, and quality of life.

In general, resilience is not just an individual trait. It is indeed a complex and dynamic phenomenon in which the mechanisms mentioned above complement each other. It is their interaction that enables individuals not only to overcome difficulties, but often to use them as an impetus for positive adaptation and further development and strengthening of their health and well-being.

Forgiveness as a Health Resource: Definition and Mechanisms

Development of scientific reflection on forgiveness, as in the case of resilience, has undergone a significant evolution. Initially, it was treated more as a religious or moral concept than as a psycho-pedagogical construct subject to empirical verification. It was not until the 1980s and 1990s that psychological research on forgiveness grew dynamically, thanks in part to the pioneering work of clinicians (e.g., Smedes, 1984) and institutional support, such as the Templeton Foundation research campaign (Worthington, 2020). During this period, the first operational definitions began to take shape, enabling analysis of forgiveness in psychoeducational and health terms. McCullough et al. (1997, 1998) described forgiveness as a prosocial emotional and motivational change: from revenge and resentment towards such positive feelings as empathy and altruism. Enright and the Human Development Study Group (1991), on the other hand, pointed to the process of

reducing negative emotions, thoughts, and behaviors toward the perpetrator and replacing them with positive reactions. Both definitions firmly rooted forgiveness in the field of positive psychology (Seligman & Csikszentmihalyi, 2000), treating it as a resource that supports well-being and health of an individual.

Several dimensions of forgiveness are distinguished in the literature. The most developed and most frequently studied is forgiveness of others. It is an intrapersonal process that may or may not lead to reconciliation (Worthington, 2006). An independent but equally important dimension is self-forgiveness (i.e., the ability to constructively overcome feelings of guilt and self-condemnation; see Hall & Fincham, 2005). Other areas include the perception of forgiveness by God (the feeling of being absolved of one's transgressions by a Higher Being; Exline et al., 1999; Fincham, 2022a) and forgiveness of situations (i.e., the ability to "let go" in the face of events that have no direct perpetrator, such as natural disasters or illnesses; see Thompson et al., 2005; Toussaint et al., 2021). In addition, some researchers also point to forgiveness in a collective and institutional dimension, which can play a key role in social and political processes (Bright & Exline, 2012).

Despite the diversity of definitions and dimensions, the process of emotional and cognitive transformation is the common denominator of forgiveness. It leads to reduction in negative affect and creation of space for positive emotions, which in turn promotes well-being and health. It is emphasized that forgiveness is neither forgetting the harm nor giving up the sense of justice (Enright & North, 1998; Toussaint & Waldman, 2017), but rather an adaptive way of coping with the harm suffered.

Forgiveness, like resilience, involves multi-level mechanisms. At the cognitive level, the key is to reinterpret the experience of harm – from a perspective marked by resentment to one that takes into account the perpetrator's perspective and the situational context. Emotional mechanisms include reducing anger, resentment, or fear, and the ability to develop empathy and compassion (Fredrickson, 2004). Behavioral mechanisms, in turn, manifest themselves in the choice of coping strategies: renouncing revenge, refraining from aggression, or openness to rebuilding relationships. Social mechanisms are also important – research shows that forgiveness improves the quality of interpersonal relationships, reduces the risk of social isolation, and supports reconciliation processes in families and communities (Riek & Mania, 2012; Werner, 1992). From a neurobiological perspective, forgiveness is associated with the activity of brain structures responsible for empathy and emotion regulation, such as the prefrontal cortex, amygdala, and cingulate gyrus (Larkin et al., 2015; Li et al., 2017).

The literature most often points to two theoretical approaches explaining the meaning of forgiveness: stress and coping through forgiveness models and Social Safety Theory. Stress and coping through forgiveness models (Toussaint et al., 2017; Worthington, 2006) stem from Transactional Stress Theory (Lazarus & Folkman,

1984) and are based on the assumption that the experience of harm is a strong stressor. In the primary appraisal process, a person recognizes the threat, and in the secondary appraisal, they analyze their resources. The choice of a coping strategy can lead to perpetuation of tension (e.g., revenge, avoidance) or to stress reduction. In this view, forgiveness is an emotion-focused strategy because it reduces resentment by changing the meaning attributed to the harm. At the same time, however, it also has an action-focused dimension – it manifests itself in refraining from retaliatory or aggressive behavior (i.e., in consciously choosing not to escalate the conflict). The model of forgiving others (Strelan, 2020; Worthington, 2006) assumes that reducing anger and the desire for retaliation leads to restoring mental balance. In turn, the model of forgiving oneself (Toussaint et al., 2017) emphasizes the need to accept responsibility and make constructive changes – thanks to this, the individual frees themselves from chronic feelings of guilt and shame and rebuilds their self-esteem and self-worth. It is worth noting, however, that the other dimensions of forgiveness have not yet been explored as systematically in theory. Although they are increasingly being addressed in research (Fincham, 2022b), there are no contextual models for them as developed as those for forgiving others and oneself.

The second approach – Social Safety Theory (Slavich, 2020) – focuses on interpersonal bonds. It assumes that stress primarily poses a threat to social status and relationships and that the human brain constantly monitors signals of acceptance and rejection. Harm triggers defensive reactions and forgiveness can serve as a mechanism for rebuilding bonds. By reducing resentment, the individual regains a sense of belonging and security. Patterns formed in childhood are also important here: people raised in a stable environment are more likely to see forgiveness as a realistic way to restore relationships. Both perspectives emphasize that forgiveness is not merely a moral act, but a complex psychological process. On the one hand, it plays a regulatory role and reduces the costs of stress; on the other hand, it supports maintenance and restoration of social bonds, which are the foundation of health and well-being.

Meta-analyses indicate that forgiveness – both towards others and oneself – is associated with improved mental and physical health. Lee and Enright (2019) demonstrated a positive, albeit moderate, correlation between forgiveness and somatic health, while Rasmussen et al. (2019) confirmed its importance for mental health. Gao et al. (2022) pointed to a significant relationship between forgiveness and happiness, while Davis et al. (2015) found a correlation between forgiveness and mental and physical well-being in the case of self-forgiveness. Furthermore, longitudinal studies suggest that forgiveness can reduce the negative effects of stress, protect against cognitive decline (Toussaint et al., 2018), and promote better adaptation in the face of trauma (Cornish et al., 2022).

From the perspective of health education, forgiveness appears to be an important resource that can be developed and shaped through the educational process.

Learning forgiveness is not only about imparting knowledge, but above all about developing emotional skills such as anger management, empathy, and compassion. Educational programs based on forgiveness training can reduce interpersonal tensions, counteract violence and aggression, and support social integration and community cohesion (Griffin et al., 2019; Narvaez, 2010). Combined with other psychological resources, such as resilience, forgiveness is the foundation for building the well-being and quality of life of individuals, families, and communities.

At the Intersection of Forgiveness and Resilience: A Comparative Analysis

As we have pointed out in previous sections, resilience and forgiveness have a common denominator in the form of their function as health resources. In general, both constructs are focused on coping with broadly understood difficulties, restoring balance, and building well-being and psychosocial health. However, they differ in the source of the challenge, the time dimension, the effect, and the scope of the situations to which they refer (Kravchuk, 2021; Mary & Patra, 2015).

One of the aspects that differentiates these two constructs is the source of the challenge. When we focus on resilience, the source is generally understood to be life adversities, such as stress, trauma, or crisis. Forgiveness, on the other hand, often refers to interpersonal harm, that is, situations involving hurt, injustice, or conflict. Another distinguishing feature concerns the time dimension: resilience is usually a continuous, rather long-term process that develops throughout life and in various situations. Forgiveness, on the other hand, can be a short-term or long-term process, depending on the nature of the harm and the relationship with the perpetrator. The effect or result of resilience is restoration of balance, maintenance of mental health, as well as possible growth of the individual. The effect of forgiveness, on the other hand, is release of negative emotions or improvement of interpersonal relationships. Furthermore, if we look at the scope of the situation, resilience covers a rather broad spectrum of challenges, while forgiveness focuses mainly on interpersonal relationships (Konaszewski, 2020; Kumar & Dixit, 2014).

Although they refer to different areas of human experience, resilience and forgiveness play a complementary role as health resources. Resilience is more multifaceted and concerns the broadly understood ability to adapt in the face of difficulties, while forgiveness focuses more on interpersonal relationships and the process of freeing oneself from resentment. Both constructs support individual well-being, reduce the negative effects of stress, and promote personal development. In the context of health education, they form the foundation for building psychological and social competencies that allow individuals to better cope with a complex world and create healthier relationships with others. In this sense, both forgiveness and resilience fit into the paradigm of seeking resources that allow individuals not only to prevent illness, but above all to develop well-being, quality of life, and adaptive competencies (Konaszewski et al., 2021; Richardson & Waite, 2002).

Some Implications for Pedagogy of Health

Resilience and forgiveness as health resources can be effectively developed within health education. Teaching them is not just about imparting knowledge, but about identifying individuals' strengths, trying to understand how they function (e.g., in stressful situations), and creating educational situations that foster development of skills and experiences that strengthen individuals' resources and positive psychosocial functioning. In this sense, health education can treat both constructs as key competencies for well-being and quality of life.

In educational practice, resilience and forgiveness can be developed through a variety of educational methods. For example, social skills training may be an important method. In it, students learn to communicate, cooperate, and resolve conflicts in a constructive manner. It also involves assessing and applying not only task-oriented coping strategies, but also identifying strategies that may be more maladaptive for them, such as avoidance strategies (use of psychoactive substances). Programs focused on teaching emotion regulation skills, which teach how to recognize emotions and how to change the way difficult situations are interpreted, are also important. Such programs raise awareness of the importance of empathy, compassion, and forgiveness as fundamental values for mental health and well-being (Gu & Day, 2007; Le Cornu, 2013).

Educational and therapeutic interventions are also an important area. Models such as the Process Model of Interpersonal Forgiveness (Enright, 2001), REACH Forgiveness (Worthington, 2008), and Forgive for Good (Luskin, 2002) have been shown to be effective in reducing depressive symptoms, lowering anxiety, improving interpersonal relationships, and strengthening physical health (Freedman & Enright, 2020; Ho et al., 2023; Skalski-Bednarz et al., 2024a; Skalski-Bednarz et al., 2024b; Worthington & Sandage, 2016). Their applications include individual work, school programs, and social projects, including in intercultural contexts.

Developing these resources and competencies in health education also has applications in social prevention. Strengthening resilience protects young people from broadly understood social maladjustment or illegal behavior. In turn, teaching forgiveness reduces interpersonal tensions, counteracts escalation of violence and aggression, and promotes building bonds based on trust and cooperation. Both constructs, which have been empirically confirmed, are also important in minimizing stress, anxiety, and depression, as they strengthen an individual's self-esteem, sense of coherence, and self-efficacy. Finally, they are also important in strengthening social support, which reinforces a sense of belonging, social cohesion, and a sense of security. The constructs analyzed may become one of the areas subject to analysis in health education, not only because of their role in intervention and educational activities, but also because of their established position in empirical research.

SUMMARY

Analysis of the constructs of forgiveness and resilience allows us to consider them key resources in health education. Both support positive adaptation processes, reduce negative effects of stress, and enable individuals to develop psychosocially, even in the face of serious adversity. At the same time, it should be emphasized that despite the growing number of studies, empirical knowledge about the mechanisms of development and determinants of forgiveness and resilience in the context of health education remains limited. Further research is needed – especially intensive longitudinal studies – to better capture the dynamics of these processes over time and identify factors that promote strengthening them. Such analyses could provide both theoretical knowledge and practical guidance for educators and health promotion professionals. In addition, study and analysis of the construct of forgiveness and resilience in populations particularly vulnerable to various risks could significantly enrich research projects with an element which, as resilience researchers point out, is a necessary condition for its existence, namely the experience of adversity. Without confrontation with difficulties, it is impossible to fully grasp the dynamics of the adaptive processes that lead to strengthening resilience or transformation of attitudes towards others.

CONCLUSIONS

Both forgiveness and resilience can be treated as key health competencies, development of which is part of the objectives of health education. Resilience strengthens an individual's ability to cope constructively with stress and maintain mental balance, while forgiveness supports emotion regulation, social relationship building, and reduction of interpersonal tensions. Developing both of these resources in the educational process not only promotes mental health, but also integrates the emotional, social, and moral dimensions of education.

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PRZEBACZENIE I RESILIENCE JAKO ZASOBY JEDNOSTKI: ANALIZA KONSTRUKTÓW I ICH ZNACZENIE W UJĘCIU PEDAGOGIKI ZDROWIA

Wprowadzenie: Współczesne podejście do zdrowia coraz częściej uwypukla znaczenie nie tylko czynników biologicznych i środowiskowych, ale również psychologicznych zasobów jednostki. W obliczu kryzysów indywidualnych, dynamicznych zmian społecznych, coraz wyraźniej dostrzega się, że zdrowie człowieka wymaga holistycznego ujęcia i integracji pojęć z nauk medycznych czy psychologii. W tym kontekście szczególnego znaczenia nabierają pojęcia takie jak przebaczenie oraz resilience, które coraz częściej rozpatrywane są jako istotne zasoby jednostki w obszarze zdrowotnym czy edukacyjnym.

Cel badań: Celem artykułu jest przedstawienie operacjonalizacji pojęć przebaczenia i resilience jako zasobów wspierających jednostkę w utrzymaniu zdrowia, jakości życia i dobrostanu. Refleksja ta ma istotne znaczenie nie tylko w obszarze teorii, ale i praktyki pedagogiki zdrowia, która stoi przed wyzwaniem tworzenia programów edukacyjnych i wychowawczych uwzględniających psychologiczne wymiary zdrowia człowieka. Po drugie, w dalszej części pracy przedstawimy implikacje i możliwości wykorzystania tych konstruktów w budowaniu programów edukacyjno-terapeutycznych.

Stan wiedzy: Analiza konstruktów przebaczenia i resilience pozwala uznać je za kluczowe zasoby w pedagogice zdrowia. Oba wspierają procesy pozytywnej adaptacji, redukują negatywne skutki stresu oraz umożliwiają jednostce rozwój psychospołeczny nawet w obliczu poważnych przeciwności losu. Jednocześnie należy podkreślić, że mimo rosnącej liczby badań, wiedza empiryczna na temat mechanizmów rozwoju i uwarunkowań przebaczenia i resilience w kontekście edukacji zdrowotnej nadal pozostaje ograniczona.

Podsumowanie: Analizowane konstrukty mogą stać się jednym z obszarów poddawanych

w pedagogice zdrowia analizie nie tylko ze względu na ich rolę w działaniach interwencyjnych i edukacyjno-wychowawczych, ale także na ugruntowaną pozycję wykazywaną w badaniach empirycznych.

Słowa kluczowe: przebaczenie, odporność, zasoby, pedagogika zdrowia

