

PATHS TO THE PERSON

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PATHS TO THE PERSON

COMMUNITY ASSIGNMENTS IN ACHIEVING
INDIVIDUAL PREVENTION GOALS

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*To the Holy Father John Paul II
- Servant of the dignity of the human person -
the Founder of the Pontifical Council for Health Care Workers*

Chapter XIV

Healthy Public Policy

(MIROSLAW KALINOWSKI, IWONA NIEWIADOMSKA)

1. Characteristics of Macro- and Micro-Social Health Promotion Systems

In many countries, we observe a shortage of undertakings directed towards health promotion. What is more, the programmes implemented are characterised by low effectiveness. Tendencies of this kind in turn translate into an increase in health-hazardous behaviour among citizens (Urban 2004, p. 215). The effectiveness of prevention significantly depends on the creation of system solutions at the macro- and micro-social levels (Świętochowska 1995, pp. 122-124; Eckstein, Sierosławski 2007, p. 198).

At the macro-social level, the following factors should be taken into consideration (Świętochowska 1995, pp. 122-124; Niewiadomska et al. 2010, p. 68):

- 1) general and long-term principles of health promotion;
- 2) development of health policy at the national level (i.e. in the Ministries of Health, Labour and Social Policy, Education, Justice, Defence, the Interior, and in others) as well as on the regional level;
- 3) modern techniques of preventing negative social phenomena;
- 4) lists of programmes, services, and institutions active in this field;
- 5) funds allotted to health goals;
- 6) guidelines for institutions responsible for the issues of education, labour, child care, health, social welfare, and crime prosecution;
- 7) support for state bodies, self-government institutions, and non-governmental organisations that implement the objectives of healthy public policy;
- 8) mechanisms aimed at integrating the initiatives undertaken – e.g. coordinating the cooperation of public entities, NGOs, and mutual aid groups in the performance of their shared prevention tasks.

The micro-social health promotion system should be developed on the level of local communities. The following arguments speak in favour of this idea (Urban 2004, pp. 225-226):

- the possibility of diagnosing problems at an early stage;
- high adequacy of prevention activity to the needs of recipients;
- a chance to take preventive measures with regard to risk group individuals starting from the earliest developmental stages;
- the existence of natural social bonds, increasing the organisational efficiency and effectiveness of implemented programmes;
- large possibilities of conducting periodic evaluation research;
- flexibility ensured by introducing corrections and modernisations to prevention activities;
- high economy.

The literature on the subject emphasizes that the optimal area for working out and implementing health promotion activities is that level of local community on which local government, self-government, and non-governmental institutions work closely together. The coordinated activity of these entities offers a natural opportunity to create a local prevention system.

We may define local prevention system as a complex of activities (methods and forms) organised by appropriate institutions and intended to have preventive effect, directed to maladjusted individuals as well as to forms of regulation of the functioning of the local community as a whole (Michel 2004, p. 292).

A system of local prevention must therefore take into account the features of and relations within the local community that determine the fate of each individual and the entire community. Thus, the main idea of local health promotion is to shape these elements in such a way that they make up a dynamic and harmoniously working whole (Michel 2004, pp. 292-295).

The need to initiate health promotion strategies at the local level finds confirmation in the results of evaluation research, which indicate that the most effective programmes are those that use the resources of small communities to a considerable degree. The initiative of institutions engaged in preventing various kinds of problems – on the individual and communal levels – should therefore be directed to the integration of activities in the immediate environment and to the search for partners in schools, NGOs, churches, and different social groups (Jameson et al. 2000, p. 225; McKay 1993, pp. 27-30).

The existence of close connections between the occurrence of different kinds of problems underlies the health promotion policy of those countries in which emphasis is placed on solving various problem issues in a given

area. This approach is justified by the nature of social difficulties, which come in characteristic clusters – e.g. delinquency co-occurs with alcohol abuse, social marginalisation, poverty, and neglect of health (Seligmann et al. 2003, pp. 744-745; Bałandynowicz 2004, p. 71). Empirical analyses indicate that members of local communities realize the occurrence of multiple problems in such communities as well as the interconnections between them. Respondents also believe that local prevention programmes should address issues such as (Sierosławski, Świątkiewicz 2002, p. 15):

- unemployment,
- psychoactive substance use,
- livelihood problems,
- delinquency,
- public safety,
- poor health of the society,
- the use of violence.

We may then conclude that disorders of various kinds influence one another, forming a system of individual and social pathologies, which in turn necessitates developing integrated actions that will prevent its emergence or reduce its acuteness (Świętochowska 1995, pp. 122-124).

Therefore, it should be stressed that the success of health promotion activities in the local community significantly depends on (Świątkiewicz 2002, pp. 42-44):

- the multifacetedness of strategies adopted,
- their integration,
- their incorporation in social policy,
- the involvement of local authorities,
- good awareness of the available human and institutional resources,
- the release of the creative potential of community members.

The effectiveness of health promotion also depends on the quality of cooperation in both vertical and horizontal dimensions. Vertical cooperation – between national and regional level entities – should especially address priority setting as well as planning, coordinating, funding, and evaluating prevention activities at the local level. Bodies involved in vertical cooperation should also feature representatives of institutions responsible for preventive education, family medicine, social welfare, education, public order, and administration of justice (Eckstein, Sierosławski 2007, pp. 195-199).

Horizontal cooperation – between entities active within the local community – should result in (Eckstein, Sierosławski 2007, pp. 195-199):

- adjustment of general prevention guidelines to local needs and possibilities,
- complementary initiation of activities;

- synchronization of tasks;
- clear specification of competences for each of the entities involved
- e.g. institutions, NGOs, or mutual aid groups.

The above principles differ from the actual ways in which healthy public policy is implemented. The results of empirical analyses clearly indicate that prevention activities lack integration – both at the macro-social level and in local communities. Entities involved in their implementation do not cooperate with one another in promoting proper values and norms of behaviour among citizens. This manifests itself in the lack common strategies of influencing society as well as in the views of individuals responsible for shaping social policy (Barak 1998, p. 277; Stretesky, Unnithan 2002, pp. 213-214).

The lack of coherent health promotion policy contributes to the disintegration of humane values. This manifests itself in the fact that the pathology of behaviour – on the individual and/or social levels – develops very quickly in those countries that exhibit the characteristic features of consumerist industrial civilisation. With economic profit coming to the fore and other values being deprecated in interpersonal relations, such civilisation results in “one-dimensional society” and “one-dimensional human.” Additionally, mass culture patterns are usually adjusted to the level and tastes of recipients with distorted needs (Karpowicz 2001, p. 13).

It should be stressed that only coherent healthy public policy at the macro- and micro-social levels may effectively reduce the phenomena that significantly contribute to deviant style of behaviour. Such phenomena include (Karpowicz 2001, p. 15):

- orientation to material goods, with simultaneous neglect of other values;
- one-dimensional view of life success, leading to ruthless competition and workaholism;
- spiritually impoverished culture patterns;
- media messages allowing the promotion of deviant behaviours – e.g. the popularisation of youth subcultures or psychoactive substance use;
- low control of organized crime;
- anonymous character of interpersonal relations – individuals living in the same neighbourhood rarely get to know one another or establish closer relations, which results in degeneration of social control.

2. An Example of Integrated Health Promotion Activities: Poland's Nationwide Network of Addiction-Free Colleges (OSUWU)

A survey¹ conducted in 2004 on an Poland's nationwide sample of college students revealed two tendencies. Firstly, nearly 41% of students – full-time and part-time – had had contact with drugs. Over 22% of them had used drugs in the previous year, and 12% had done so in the previous month. This means that approximately 380 thousand students had used drugs and that about 200 thousand of them were in danger of addiction.

Secondly, about 80% of the respondents expressed the opinion that higher education institutions ought to be an environment creating effective anti-drug policy by promoting healthy lifestyle as well as by equipping students in proper knowledge and professional competences necessary to implement anti-drug policy as part of their future professional activity.

Additionally, as part of the “Drug-Free Colleges” action, for over two years student organizations launched various initiatives aimed at curbing substance abuse in their academic communities. Analysis of these activities leads to a clear conclusion: the effectiveness, versatility, and professionalism of anti-drug activities were greater where students received real support from college authorities.

The arguments presented above gave grounds for the initiative of Mrs. Barbara Labuda, Secretary of State in the Chancellery of the President of the Republic of Poland, to establish Poland's Nationwide Network of Addiction-Free Colleges (OSUWU) in the academic year 2004/2005 (Kalinowski, Niewiadomska 2005, p. 2; Niewiadomska, Kalinowski 2005, pp. 18-19). In October 2005, 115 higher education institutions volunteered for participation in the Network. They included schools offering programmes in:

- Liberal Arts,
- Art,
- Educational Studies,
- Technology,
- Medicine,
- Economics,
- Agriculture,
- Uniformed Services training.

¹ The survey was carried out by the Sopot-based Social Research Agency (PBS DGA).

Such a large representation of the academic community showed that academic authorities are more and more acutely aware of the seriousness of the addiction problem and are willing to join the efforts undertaken to counteract this threat. During a special session, vice-chancellors and other representatives of academic environments appointed the OSUWU Steering Committee, consisting of representatives of seven Polish colleges that were the most advanced in their prevention activities.

The tasks of the Steering Committee included:

1. coordinating the work on drawing up substantive, financial, and organisational standards for prevention work at colleges;
2. supporting higher education institutions in the initiation and implementation of undertakings reducing the problem of substance abuse in local academic communities.

On account of its nature, the Network project was taken under the wing of the Conference of Rectors of Academic Schools in Poland (CRASP). Figure 1 presents the network of entities making up Poland's Nationwide Network of Addiction-Free Colleges.

Figure 1. Entities implementing the objectives of integrated substance abuse prevention in Poland's Nationwide Network of Addiction-Free Colleges

Conference of Rectors of Academic Schools in Poland (CRASP)
- Patronage of Poland's Nationwide Network of Addiction-Free Colleges
The Steering Committee of Poland's Nationwide Network of Addiction-Free Colleges
- developing prevention standards in OSUWU
- initiating and coordinating integrated prevention at individual colleges
Colleges participating in Poland's Nationwide Network of Addiction-Free Colleges
- entities implementing the programme in local academic environments
- entities participating in the development of integrated prevention standards for the Network

General objectives of Poland's Nationwide Network of Addiction-Free Colleges. The population of students comprises individuals to varying degrees in danger of psychoactive substance dependence. The activities of the Network were aimed at two groups, characterised, respectively, by low and high risk of substance use. The following objectives were set with regard to the former group:

- enhancing the students' development potential,
- developing competences conducive to prevention activity in their future professional careers,
- promoting healthy lifestyle.

With regard to students from the high-risk group, the main objective was the reduction of the factors that contribute to psychoactive substance use, mainly through intervention activities and counselling.

When designing the programme, special care was taken to ensure that the standards implemented possess the attributes of the contemporary prevention model (Gaś 1993, pp. 29-30):

- **Proactivity** – taking action before psychoactive substance use problems emerge, which means, above all, enhancing the development potential and promoting health rather than combating pathology.

- **Orientation to the needs of the population that the programme is directed to** – taking action based on the results obtained in diagnostic research, aimed at reducing the causes of psychoactive substance use.

- **Variety and multidimensionality of activities:** using strategies of different types – e.g. information, education, or intervention – in order to meet the specific needs of recipients.

- **Personal responsibility and active involvement** – the assumption that the acuteness of problems connected with psychoactive substance use will decrease if students develop a greater sense of responsibility for their own development as well as for promoting healthy lifestyle in their communities through active involvement and participation in the realisation of different tasks.

- **Individual-orientated and community-orientated action** – the assumption that the promotion of attitudes conducive to abstinence should be oriented both to individuals and to various groups making up the academic community.

- **Low operational costs** – activities connected with development support, health promotion, and risk factor reduction for substance abuse are cheaper than damage reduction strategies for individuals addicted to psychoactive substances.

Within a relatively short time, OSUWU functional framework was created with regard to the implementation of prevention standards in higher education institutions, as illustrated in Figure 2.

Research standards. Two types of research were undertaken in OSUWU: diagnostic and evaluation research. Diagnostic research was aimed at characterising the phenomenon of psychoactive substance use among students – at describing, among other things, the spread and patterns of substance use, consumption styles, the amount of supply, factors increasing the risk of chemical substance use, and factors protecting from such behaviours. Evaluation research concerned the effectiveness of prevention activities implemented in particular academic centres. The work connected with diagnostic research was divided into four phases:

Figure 2. The scope of integrated substance abuse prevention activities in Poland's Nationwide Network of Addiction-Free Colleges

Type of OSUWU activities:
RESEARCH
+
PREVENTION ACTIVITIES
+
MEETINGS OF PLENIPOTENTIARIES FOR PREVENTION
+
COOPERATION WITH INSTITUTIONS FOR PREVENTION
+
FUNDING PREVENTION ACTIVITIES
+
INFORMATION FLOW WITHIN THE NETWORK

- I: designing a method of preventive diagnosis to be used at colleges;
- II: conducting research in particular academic centres of the Network;
- III: calculating the results obtained;
- IV: working out conclusions concerning the need for prevention in particular academic centres as well as in the entire Network.

A preliminary version of the method was designed in the centre responsible for the Network's research procedures (Jagiellonian University). During the first meeting of the people in charge of prevention at colleges, changes in the proposed method were discussed. During the second meeting of plenipotentiaries for prevention in academic communities, work on the method of preventive diagnosis was completed and common algorithms were worked out concerning the way of conducting research as well as processing the obtained results – e.g. selecting representative samples, the schedule for submitting research results, processing the results, and presenting them. Based on the diagnostic method, a questionnaire for the evaluation of implemented activities was also prepared.

Figure 3 presents a summary concerning research standards in OSUWU. It should be noted that working out standards of this kind is very important because on the one hand they enable comparing the obtained results in terms of various criteria (e.g. type of schools or region), and on the other – they allow to design integrated strategies for prevention activities.

Figure 3. Research standards in Poland's Nationwide Network of Addiction-Free Colleges

1. WORKING OUT RESEARCH STANDARDS	RESEARCH DIAGNOSING SUBSTANCE ABUSE PROBLEMS	COMMON RESEARCH METHODS
		COMPARABLE RESULTS
2. COORDINATION OF RESEARCH IN ACADEMIC CENTRES	EVALUATION RESEARCH OF IMPLEMENTED ACTIVITIES	COMMON RESEARCH METHODS
		COMPARABLE RESULTS

Prevention activity standards. It was undertaken in the Network to work out several kinds of standards that were supposed to help in the attainment of the prevention objectives set. This entailed working out the following:

1. the scope of rights and duties of the plenipotentiary for prevention;
2. courses – compulsory and elective – aimed at enhancing the students' personal development and potential;
3. ways of filling students' spare time that contribute to health promotion in the academic community;
4. curricular content, serving to equip students in knowledge and skills in the area of substance abuse prevention;
5. aid activities for students experiencing difficulties.

The function of plenipotentiary for prevention was created in order to design, coordinate, and supervise college prevention programmes as well as represent colleges outside in matters of designing integrated substance abuse prevention. Creating this function was justified as serving the effectiveness of health promotion, which is considerably affected by the comprehensive, interdisciplinary, and long-term character of the undertaken and implemented strategies.

The team of experts established at the beginning of OSUWU's existence, suggested that colleges may optionally use various forms of activity that serve the fulfilment of prevention objectives.

The recommended activities aimed at students' personal development included:

- adaptive classes at the beginning of the first semester of studies;
- workshops and trainings in substance abuse prevention.

Strategies promoting health in the academic community included, above all:

- creation of internal cooperation networks at colleges for the implementation of various kinds of constructive activities;

- involvement of students in the creation of the college prevention programme;
- supporting the activity of students' research circles;
- assistance in the implementation of all students' initiatives contributing to constructive use of free time;
- extension of library opening hours;
- increasing the availability of sports facilities;
- cooperation with local self-government in the area of prevention activity.

It was also recommended that compulsory classes concerning addiction issues should be introduced, especially in faculties and departments of law, psychology, educational studies, and journalism, as well as in medical colleges and uniformed services schools, so that future lawyers, psychologists, police officers, or teachers have the knowledge and practical skills in the area of counteracting the substance abuse problem.

As regards help for students experiencing difficulties, activities were recommended such as:

- opening counselling points for young people experiencing various problems – to be run by professionals as well as trained students;
- supporting peer self-help;
- creating crisis intervention centres;
- substance abuse trainings for college staff – especially for people in charge of supervising students.

In order to work out standards for enhancing students' individual development potential, promoting health in the academic community, building professional competence, and initiating an integrated help system for students who experience difficulties, working teams were created in OSUWU whose task was to prepare projects of activities adjusted to specific types of higher education institution. Figure 4 summarizes information concerning prevention activity standards in the OSUWU system.

Competence standards for plenipotentiaries for prevention. In order to enable plenipotentiaries for prevention to acquire and improve their skills, OSUWU introduced two types of activities: meetings and trainings. Meetings came down to discussions on current problems in the functioning of the Network and its programmes implemented at the college level. OSUWU rules provide for biannual general meetings of plenipotentiaries for prevention.

The other type of activity implemented in OSUWU, aimed at improving the competence of plenipotentiaries, was training. Based on the information obtained from plenipotentiaries for prevention, 11 types of training were designed. They covered issues such as:

1. Multidimensional problems of students – somatic, psychological, social, and spiritual.

Figure 4. Prevention activity standards in Poland's Nationwide Network of Addiction-Free Colleges

Type of planned prevention activities in OSUWU	
APPOINTING THE PLENIPOTENTIARY FOR PREVENTION	– activity common to all colleges
+	
CLASSES ENHANCING STUDENTS' DEVELOPMENT POTENTIAL	– activity common to all colleges – activities specific to a particular type of college
+	
CLASSES PROMOTING HEALTH	– activity common to all colleges – activities specific to a particular type of college
+	
CURRICULAR CONTENT INCREASING PROFESSIONAL COMPETENCE IN THE AREA OF SUBSTANCE ABUSE	– activities specific to a particular type of college – activities specific to a particular profession (within a given college type)
+	
INTERVENTION WITH REGARD TO STUDENTS IN NEED OF HELP	– activity common to all colleges

2. Psychoactive substance use in the population of young people: causes, kinds of psychoactive substances used, signs of use, and symptoms of addiction.

3. The construction of prevention programmes at colleges.
4. The funding of prevention programmes at colleges.
5. Integrated health promotion strategies – applications to the academic community.
6. The strategy of information – applications to the academic community.
7. The strategy of education – applications to the academic community.
8. The strategy of alternatives (for using spare time) – applications to the academic community.
9. The strategy of development support groups – applications to the academic community.
10. The strategy of intervention – applications to the academic community.
11. The evaluation of prevention programmes at colleges.

Aware of the diversity of competence among plenipotentiaries for prevention from different types of colleges, the OSUWU Committee decided that the training offer would be sent to every academic centre participating in the Network. A particular type of training was held if a group of participants formed. A summary of issues concerning competence standards for plenipotentiaries for prevention is presented in Figure 5.

Figure 5. Competence training standards for plenipotentiaries for prevention in Poland's Nationwide Network of Addiction-Free Colleges

MEETINGS OF PLENIPOTENTIARIES	TRAINING COURSES FOR PLENIPOTENTIARIES
↓	↓
Objective: Improving the effectiveness of activities at the Network level	Objective: Improving the effectiveness of activities at the college level

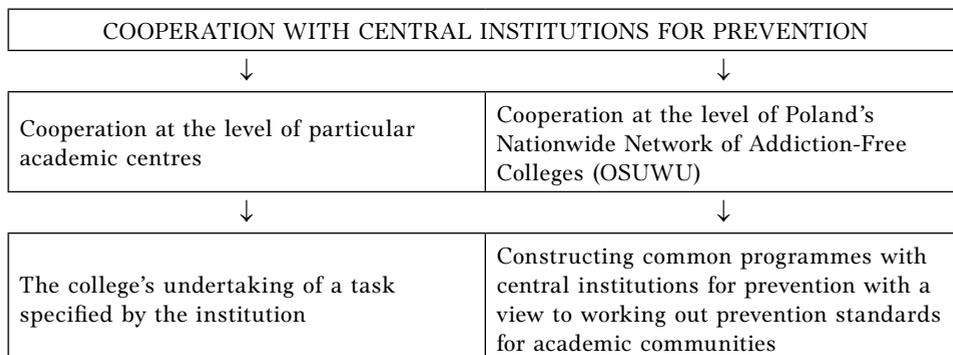
Cooperation with central institutions for prevention. An important element of the activity of OSUWU was the cooperation with institutions whose statutory activity included tasks connected with promoting health and counteracting social pathologies. For this reason, on 18 May 2005 in the Presidential Palace in Warsaw, the OSUWU Committee met with representatives of such institutions. The meeting was attended by: Deputy Chief of Police, Director of the State Agency for Alcohol-Related Problems, Director of the National Bureau for Drug Prevention, Deputy Director of the National AIDS Centre, Resident Representative of the United Nations Development Programme in Poland, and Director of the Department for Higher Education. The talks concerned the possibility of establishing substantial, financial, and organisational cooperation between colleges and the above institutions – at the level of the Network as well as at the level of particular academic centres. Other issues discussed were the following:

- the implementation of college prevention programmes in the activity of government bodies responsible for different aspects of health promotion;
- joint initiatives of OSUWU and state agencies for prevention.

Figure 6 illustrates the possibilities of activity in the area defined above.

Funding prevention activities. Funding is the factor that considerably increases the effectiveness of health promotion activities. For this reason, meetings of people in charge of prevention at colleges also addressed the issue of raising funds for prevention activities – e.g. from the college budget, local self-government budget, the budgets of central institutions for

Figure 6. The possibilities of cooperation between Poland's Nationwide Network of Addiction-Free Colleges and central institutions for prevention



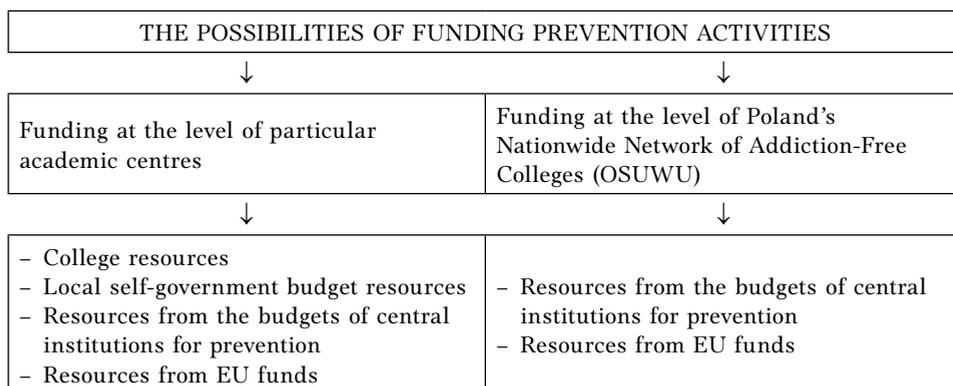
prevention and from EU funds. The last source of funds was given special attention, as being part of Poland's Nationwide Network of Addiction-Free Colleges was particularly advantageous for the college that wants to obtain European funds for its prevention programme. This is a consequence of the opportunity that participation in the Network gives of attracting partners (other colleges) to projects, which makes it possible to create:

1) regional prevention projects – common prevention programmes for different types of colleges in a given region of the country;

2) prevention activity projects for specific types of colleges – integrated projects for the same type of college in different parts of the country.

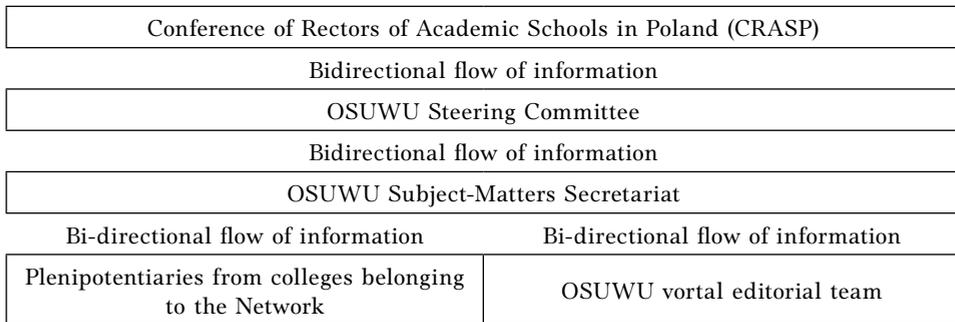
Figure 7 presents the possibilities of raising funds for the implementation of prevention activities in OSUWU.

Figure 7. The possibilities of funding prevention activities in Poland's Nationwide Network of Addiction-Free Colleges



Information flow in Poland's Nationwide Network of Addiction-Free Colleges. In order to ensure efficient functioning of the OSUWU system, a special interactive Internet vortal was opened (www.uwu.pl) and a base of contacts (electronic contacts / telephone numbers / addresses) was built, comprising plenipotentiaries for prevention from particular colleges. This created a unique possibility for the flow of information indispensable to the Network's functioning. Messages contained information concerning the ways in which prevention programmes were implemented at the level of individual colleges and at the level of the integrated system. Figure 8 illustrates information flow in OSUWU.

Figure 8. Information flow in Poland's Nationwide Network of Addiction-Free Colleges



Summing up the Poland's Nationwide Network of Addiction-Free Colleges initiative, we should emphasise the multidimensionality and diversity of the proposed strategies. Joint activities commenced in the academic year 2004/2005. It was in that period that the assumptions of the programme were designed and academic communities were integrated around issues of substance use prevention. In the years 2006-2007, work was in progress on carrying out preventive diagnosis at colleges, establishing OSUWU in the structure of the Conference of Rectors of Academic Schools in Poland (CRASP), introducing the function of plenipotentiary for prevention at colleges, increasing the competence of people in charge of prevention in academic communities, implementing prevention standards, establishing long-term cooperation with central institutions for prevention, and working out ways of funding the Network. OSUWU activities were suspended in 2008 due to financial problems. However, the assumptions and characteristics of the programme presented above argue for the reactivation of Poland's Nationwide Network of Addiction-Free Colleges – mainly on account of its systemic solutions in the area of health promotion at colleges.

3. The Significance of Social Capital in Health Promotion

The case of OSUWU indicates that individual resources connected with the person's multidimensional functioning constitute a result of the interconnection between the person's traits and the "capital" of those groups that create opportunities for long-term increase of the individual's development potential (Sampson & Laub, 1990, pp. 18-19).

Health-related activity should make the greatest possible use of the resources offered by existing social networks.

Two arguments speak in favour of such a solution (Sęk, Cieślak 2004, pp. 16-17):

- high effectiveness of such social networks;
- their easy accessibility.

Family health capital: the preferred values and norms of conduct.

Family constitutes the most important environment for human development. Resources created by other communities – e.g. thanks to friendship "networks" or permanent employment – come later in importance (Thornberry 1997, p. 4). There are three mechanisms that allow family members to transmit social health capital to individual resources (Wright et al. 2001, pp. 5-6):

- time and effort invested in the process of upbringing;
- emotional bonds between family members;
- explicitly articulated instructions concerning acceptable and unacceptable behaviours.

The above mechanisms show that, in designing prevention systems, family health capital should be reinforced, so that family resources serve individuals by contributing to the formation of constructive behaviours as well as by providing support in life problems (Clear et al. 2001, pp. 344-347).

Churches, which constitute natural communities within local communities, may play an important role in promoting positive lifestyle.

The power of the health promotion activities of religious groups is a consequence of the fact that these groups (Hummer et al. 1999, pp. 273-285):

- provide behaviour patterns;
- have the possibility of regulating the behaviour of their members;
- integrate local inhabitants;
- provide multifaceted support.

Christianity holds that the individual seeks a meeting with others in order to find complement in the social environment. The existential iden-

tity of the human person by no means precludes communication with the external world: it actually demands involvement in social life. It is in a community that the individual finds natural culmination (Gocko 2005, p. 39). Groups functioning within the Church are expected to be characterised by the participation of each person in the life of another in the spirit of love as well as by everyone's involvement in and for the sake of the community (Gocko 2005, p. 43). This view of participation shows that in Christian religious groups the individual not only gains a sense of security and belonging as well as multifaceted support – but also engages in conduct following the values and norms established in the religious community (Benda 2002, pp. 91-121). The potential of religious communities for promoting constructive lifestyle is additionally enhanced by Christian anthropology, orientated towards reinforcing dignity, freedom, responsibility, and openness to others (Steuden 2005, p. 34). This rests on the following premises (Kalinowski 2005, pp. 147-151):

- religion satisfies the need for security by giving a sense of “rootedness” in the Absolute and in the unchanging Authority;
- religious identity justifies the subordination of instincts to the sphere of values;
- religious content provides moral concepts that constitute the frame of reference for judging and ordering the world;
- piety is an important resource for coping with problems – in difficult situations the individual may resort to religious motivations to take action; reference to spiritual values makes it possible to retain positive self-esteem, and adherence to moral standards gives a greater potential for positive behavioural orientation;
- mature religious attitude co-occurs with mature personality and constructive interpersonal relations.

The above tendencies show that the teachings of the Church are conducive to the coherence of cognitive, emotional, and active elements orientated towards individual and common good. As a result, the attitudes of believers become effective regulators of health behaviour (Walters 2005, pp. 5-24).

Other communities that play an important role in overcoming life's difficulties are “support groups,” which may be defined as (Schoenholtz-Read 2003, p. 161):

- **small,**
- **interactive teams of people under stress,**
- **led by professionals or non-professionals.**

Members of support communities meet because they need help and expect the community to give them a chance to confide their problems to

others. Sharing difficulties with other people is the key factor in developing group coherence, which in turn enables group members to take the risk of expressing hidden emotions and establishing bonds that ensure support, acceptance, and normalisation of experiences. The established group norms, the observation of others, and social modelling bring about change in the perception of one's own problems, in thinking, and in the emotions experienced. Thus, the social environment created by group members becomes a factor that strongly contributes to constructive change in the individual's behaviour (Schoenholtz-Read 2003, pp. 162-163).

The presented mechanism allows us to conclude that one of the important aspects of the implementation of a health promotion system ought to be the creation of mutual aid groups, whose character may be (Schoenholtz-Read 2003, pp. 164-165):

- psychotherapeutic - diagnosis-based inclusion in the group, group contract, professional leadership, theoretical framework, comprehensible objectives and therapeutic techniques;

- other than psychotherapeutic (mainly mutual aid groups) - entry based on one's own identification of the problem and the need for help, no formal group contract, latitude in attendance requirements, no professional leadership, pragmatic interventions rather than techniques based on psychological theories, stress on social support.

The creation of therapeutic groups is connected with providing specialist assistance to individuals experiencing psychological difficulties. The functioning of the individual addicted to a psychoactive substance in a therapeutic community may serve as an example. Remaining under the influence of such a group for a considerable period of time and being gradually transferred to the care of the family results in the participant of the therapy gradually abandoning contacts with the drug environment and at the same time establishing new ties with the members of the therapeutic community as well as tightening contacts with the family. In this way, social support systems are formed which contribute to health promotion activities and, consequently, increase the chance of the individual's successful adaptation to the demands of the surrounding reality (Leon 2000, pp. 356-357).

The health promotion system should also be reinforced by the activity of mutual aid groups. Communities of this kind emerge on a voluntary basis, bringing together individuals who experience similar life problems and support one another in solving them (Czabała, Sęk 2000, p. 618). The activities of such communities are justified by (Riessman, Carroll 2000, pp. 38-44; Yalom, Leszcz 2006, pp. 444-446):

- their high effectiveness;

- their positive ethos;
- their flexibility – the mutual aid approach is easily adjusted to a broad circle of people with different problems.

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