

THEORETICAL ARTICLE

Health Psychology

Editor

Raquel Souza Lobo Guzzo

Conflict of interest

The authors declare that there is no conflict of interest.

Received

July 28, 2021

Version final

June 12, 2023

Approved

December 6, 2023

Positive health: approaching health from a psychological perspective of well-being

Saúde positiva: abordagem da saúde a partir de uma perspectiva psicológica do bem-estar

Luciane Wolff¹ , Elisa Kern de Castro² 

¹ Universidade do Vale do Rio dos Sinos, Escola de Saúde, Curso de Psicologia. São Leopoldo, RS, Brasil. Correspondence to: L. WOLFF. E-mail: <lucianewo@gmail.com>.

² Egas Moniz School of Health and Science. Monte da Caparica, Portugal.

How to cite this article: Wolff, L., & Castro, E. K. (2024). Positive health: approaching health from a psychological perspective of well-being. *Estudos de Psicologia (Campinas)*, 41, e210121. <https://doi.org/10.1590/1982-0275202441e210121>

Abstract

Positive Health is a field of Positive Psychology that measures the biological, subjective, and functional state of health. The article aims to present a theoretical review of the subjective aspects of Positive Health, understanding well-being as one of its health assets and relating it to the knowledge of Health Psychology. The article initially reviews the Positive Psychology approach, followed by an in-depth look of the different theoretical models of well-being and their relevance to Positive Health. Finally, it integrates this knowledge with the Health Psychology approach. It is concluded that Positive Health is a field in broad development and studies should be encouraged to assess the direct and indirect effects of positive interventions for promoting people's health.

Keywords: Comprehensive health care; Health psychology; Positive psychology; Well-being.

Resumo

Saúde Positiva é um campo da Psicologia da Positiva que mede o estado biológico, subjetivo e funcional da saúde. O objetivo do artigo é apresentar uma revisão teórica dos aspectos subjetivos da Saúde Positiva, compreendendo o bem-estar como um dos seus ativos de saúde e relacionando-o com os conhecimentos da Psicologia da Saúde. O artigo aborda, inicialmente, uma revisão sobre a abordagem da Psicologia Positiva, seguido de um aprofundamento sobre os diferentes modelos teóricos do bem-estar e de sua importância para a Saúde Positiva e, por fim, integra esse conhecimento com a abordagem da Psicologia da Saúde. Conclui-se que a Saúde Positiva é um campo em amplo desenvolvimento e devem ser fomentados estudos para avaliar efeitos diretos e indiretos de intervenções positivas para a promoção da saúde das pessoas.

Palavras-chave: Assistência integral à saúde; Psicologia da saúde; Psicologia positiva; Bem-estar.

The concept of Positive Health was introduced by Seligman (2008) to designate a new field derived from Positive Psychology (PP) that operationalizes and

measures the biological, subjective, and functional state of health. Health is generally understood from the perspective of the World Health Organization's model (van Druten et al., 2022), in which health does not simply constitute the absence of diseases but rather physical, mental, social, and spiritual well-being. However, this view of health is not unanimous as it is considered by some as utopian. A possibly more comprehensive yet complex and still controversial view of health is that of Positive Health (PH), whose focus lies in the self-management of social, physical, and emotional changes and in people's resilience (van Druten et al., 2022). Therefore, this present article aims to present a theoretical review of PH based on PP, to understand well-being as one of the assets of positive and subjective health, and to relate this concept and approach with the knowledge derived from Health Psychology (HP).

Positive Psychology and Positive Health

Positive Psychology is a knowledge-oriented perspective on people's psychological resources, such as subjective well-being, quality of life, and health, as opposed to the biomedical model focused on illness, which has been and still is dominant in the health sciences (Bodryzlova & Moullec, 2023; Park et al., 2014; Prinsen & Terwee, 2019; Reyes Cuervo & Vinaccia Alpi, 2019; Scorsolini-Comin & Giacomoni, 2020; Seligman, 2008). The mission of PP is therefore to promote the positive aspects and psychological resources of individuals, which aid in their flourishing and their society (Seligman, 1998, 2008, 2012). To this end, PP studies positive traits and functioning, assuming that the field of psychological science should include research on virtues as much as on human illness and suffering (Seligman, 2008; Seligman et al., 2013). Although PP does not ignore psychological suffering, it posits that the best way to cope with any difficulty is to enhance psychological strengths (Seligman, 1998). Thus, the main goal of PP is to complement the knowledge of Psychology by introducing new insights into positive emotions, virtues, and personal strengths (Seligman, 2004). This approach of psychological science seeks, therefore, to discover the factors that help promote a satisfactory life.

Twenty years after the emergence of the Positive Psychology movement, PP has been evolving and adapting to the demands of the new millennium. According to Scorsolini-Comin and Giacomoni (2020), PP broke with the traditional scientific approach by demonstrating its relevance and attention to prioritizing and addressing adaptive and positive psychological aspects. It did, however, acknowledge the important role of movements prior to its emergence, particularly Rogers' humanistic movement. PP's proposal, therefore, was not novel, but it prioritized, reinforced, and rigorously addressed the study of human health, strengths, and well-being.

In general, PP studies have three main axes: (a) positive emotions; (b) positive traits, mainly strengths and virtues; and (c) positive institutions, such as democracy, family, and freedom, which support and enable positive experiences (Seligman, 2004). Given these axes, the aim is to understand how, why, under what circumstances and contexts such positive attributes can flourish and develop (Seligman et al., 2013). In formulating the conceptual framework of PP, Seligman (2008) places the notion of happiness as its basis and divides it into positive emotion (the pleasant life), engagement (the engaged life), and meaning (the meaningful life). The boom of PP includes themes focusing on the positive functioning of the human being, health, and adaptation to illness and other forms of adversity (Aspinwall & Tedeschi, 2010). PP pays attention to both strength and weakness, with as much interest in building the best things in life as in repairing the worst, and pays as much attention to healthy living as to the treatment of people in pain (Park et al., 2014).

Currently, it is considered that PP is in the “third wave” (Scorsolini-Comin & Giacomoni, 2020), characterized by the expansion and application of the knowledge generated, especially in psychological intervention. During its first wave in the 1990s, PP established its foundational concepts, including well-being and satisfaction, through research. In the second wave, there was a focus on moving away from theory and into practice. It was when PP-based proposals for interventions began appearing for the promotion of positive changes in people’s lives. During this period, it was, and continues to be, important to highlight that PP is not just a movement that seeks to study and intervene in people’s happiness (a concept that generated many criticisms for being naive or utopian) but rather an articulation between positive and negative phenomena (anger, sadness, etc.), with a focus on the empowerment of the human being.

It is important to underline that PP is not self-help. The boundary that separates PP from self-help is mainly institutional, not epistemological, as both types of literature share very similar concepts about the individual, with similar historical and cultural roots, and respond to common interests (Cabanas & Huertas, 2014). The authors argue that both share the same psychological model of the individual, that is, concepts and psychological characterizations called positive individualism. The great contribution of PP is, therefore, to use the scientific method to investigate a series of hypotheses about what it means to live well or poorly and to identify the relevant circumstances for each case (Park et al., 2014).

Positive Health

The theoretical concept of Positive Health (PH) seeks to identify the empirical factors that promote well-being through the interrelation of three health assets: biological health, subjective health, and functional health (Seligman, 2008). In recent years, protective factors for health, particularly psychological factors contributing to good health, have been the subject of study, controlling for established risk factors (Park et al., 2014). It is necessary to examine both risk and protective factors for health and to understand relationships between positive aspects and negative psychological factors, as they together contribute to health outcomes.

PH can also be characterized in terms of 1) less frequent and briefer illnesses; 2) greater capacity for recovery; 3) rapid wound healing; 4) greater physiological reserves; and 5) chronic but not stabilizing illnesses (Park et al., 2014). Subjective health addresses the role of positive emotions, life satisfaction, hope, optimism, meaning, and purpose in life, while social relationships relate to functional health (Seligman, 2008; Seligman et al., 2013).

Recent literature scoping review on the definitions of positive health (Bodryzlova & Moullec, 2023) states that criticisms regarding the concept being utopian, ephemeral, misleading, and evasive are related to the World Health Organization’s proposed concept of health (a state of complete physical, social, and mental well-being). However, the authors’ review showed that there are studies where positive health is treated as a unidimensional concept, while in others it is considered two-dimensional. The unidimensional concept of positive health refers to the notion of well-being that goes beyond the mere absence of disease (Bodryzlova & Moullec, 2023), heavily based on Ryff et al.’s (2004) model, which is discussed further in this article. Therefore, the unidimensional model of positive health sees it as well-being in the context of resilience, recovery, and health promotion. As per the two-dimensional perspective of PH, the observed state of health is the sum of pathogenic and healthy influences, and PH can be defined as human capacities, or rather, human reserve capacities (Bodryzlova & Moullec, 2023), which include flexible adaptation and more efficient use of assets that manifest in well-being.

Subjective health assets, the focus of this study, are the psychic states and/or personality traits that maintain a direct or indirect relationship with the promotion of physical, psychological, and functional health, with an emphasis on well-being (Park et al., 2014; Peterson & Seligman, 2004). Among the personality traits are enthusiasm, optimism/hope, and curiosity associated with character strengths that reveal individuals' virtues and potential. Interventions based on character strengths operate by recognizing positive personal characteristics and the respective expression of these potentialities, aiming to make individuals aware of or encourage the application of strengths in daily life with the goal of generating benefits for oneself and the collective (Ruch et al., 2020).

Considering the prevention of mental health, positive health interventions can assist in increasing subjective well-being and social relationships (Seligman et al., 2013) through the cultivation of positive emotions, engagement, good interpersonal relationships, meaning, and purpose in life (Butler & Kern, 2016; Seligman et al., 2005; Seligman et al., 2013). For the promotion of mental health, the search for a balance between physical, emotional, social, spiritual, and intellectual health is proposed, stimulating awareness for change and the development of a healthy lifestyle, skills, and of environments that provide conditions for positive health practices (Seligman et al., 2013).

Subjective Health Assets: The Role of Well-Being

The field of positive health overlaps with other approaches concerned with disease prevention, health promotion, and well-being (Bodryzlova & Moullec, 2023). The value of positive health as an approach in its own right is that it makes explicit the need to consider good health, as opposed to the absence of health. Studies on well-being often end up as studies of illness, just as studies of mental health are often studies of mental illness (Park et al., 2014).

Well-being is a psychological state that has long been approached from different philosophical and theoretical conceptions. The diversity of studies throughout history has resulted in a variety of definitions that can overlap in understanding and, therefore, the empirical assessment of the phenomenon. Among the nomenclatures, happiness, pleasure, life satisfaction, and flourishing can be found (Diener, 1984; Forgeard et al., 2011). However, even as happiness is studied, the most used psychological construct is that of subjective well-being (Diener, 2000). Nonetheless, to understand the theoretical propositions about well-being, it is necessary to understand the philosophical root of its origin and the logic of the theoretical model that will be presented next.

Among the philosophical concepts that study happiness is the Theory of Teleology (telos = purpose), which conceives that happiness is obtained when a need or goal is achieved (Barros Filho, 2012). Eudaimonia, Aristotle's philosophical concept, justifies that the purpose of life common to all people is happiness, the highest human good. All life efforts are directed towards a eudaimonic life, that is, a happy life, i.e., chosen to be lived because it is understood as appropriate. To live a worthwhile life, happiness must be at its pinnacle; however, this only happens when one finds and occupies their own place in the world and performs this virtuous activity with excellence, seeking to contribute one's part to the whole (Barros Filho, 2012). Happiness, therefore, will be a product of virtuous activity, that is, an activity that was well done and has value in itself. Thus, for the eudaimonic, well-being comes from a life guided by meaning and purpose in accordance with their own virtues, wisdom and contemplation being among them, which constitute perfect happiness (Peterson & Seligman, 2004).

The eudaimonic conception also influences psychological theories of well-being classified as "Activity Theories", in which people will be happier if they undertake interesting and engaging activities, such as the theory of flow (flourishing), as happiness emerges from the process rather

than the outcome (Ryff & Singer, 2000). For example, climbing the mountain is better than reaching the summit (Diener, 1984). Moreover, this conception captured the essence of the two great Greek imperatives: first, to know yourself, and second, to become what you are, that is, discerning one's unique talents (the daimon that resides in us all), and then working to bring them to reality (Ryff, 2014). Thus, Eudaimonia incorporates the Greek imperative of true self (know thyself) and strives toward an excellence consistent with innate potentialities (become what you are). These ideas gave rise to the philosophical meaning of the new approach to psychological well-being (Ryff, 2018b).

As per the hedonistic conception of life, it goes back to Epicurus, a Greek philosopher born in 341 B.C., who supported the idea that "the pursuit of pleasure is the condition and definition of happiness itself" (Barros Filho, 2012, p. 60). To achieve happiness, people must invest in ataraxia, that is, in the pursuit of well-being, tranquility of the body and soul, to be experienced always in the present moment. Well-being, however, is not attained without some effort. Therefore, to attain happiness, one must reflect on their desires and pleasure in order to discern which ones should be satisfied. According to Barros Filho (2012), for Epicurus, there were similar natural and necessary desires among humans and animals, being that their absence leads to death, such as eating, drinking, and sleeping; and natural and unnecessary desires, similar among humans and animals, with their absence not leading to death, such as sex, gluttony, excessive sleep, and drunkenness. Thus, all unnatural and unnecessary desires should be avoided, as they are not essential for happiness. It can be noted that moderation against excess is central to Epicurus' proposition, as indulging in excess denotes a lack of control of the body and spirit in the face of passions. However, the postmodern hedonistic perspective differs from that of Epicurus, as desires have expanded to include promises of well-being such as consumption, status, beauty, and success, among others. Despite this, these offerings are artificial, and exercising discernment in the pursuit of satisfaction and pleasure with moderation is necessary to attain happiness (Barros Filho, 2012).

From the psychological perspective, the hedonistic conception is reflected in theories that uphold happiness as an accumulation of small pleasures, wherein an individual deems themselves happy based on the sum of pleasurable and unpleasurable moments (Diener, 1984, 1994, 2000). In this conception, internal factors are highly regarded, such as personality and virtues.

Evolution of Theoretical Models in Well-being

Long before the emergence of PP, there were studies focusing on mental health in general populations, seeking to understand people's psychological reactions in everyday life. Since then, there has been a concern in conceptually defining well-being for subsequent empirical validation. Neugarten et al. (1961) discuss the assumptions of what it means to age successfully. The initial approach used active participation in social activities as a criterion for well-being. In this perspective, they assessed individuals by gauging their satisfaction and the level of significance attributed to work, family, friends, health, and other aspects. It was understood that well-being was linked to an active engagement in social activities among middle-aged individuals. The second approach affirmed that well-being is a subjective perception based on how a person evaluates their past or present life, their satisfaction, and happiness. In this perspective, the previous criteria are reiterated, but the variable of emotional stability is added.

Given the results of these approaches, defining well-being solely through social activities did not seem sufficient. It was then that Neugarten et al. (1961) developed a model for assessing life satisfaction through five components: (a) Zest vs. Apathy to identify engagement in everyday activities; (b) Resolution and fortitude to evaluate acceptance of responsibility for one's life;

(c) Congruence between desired and achieved goals; (d) Positive self-concept with physical, psychological, and social attributes; and (e) Mood tone, expressed through happiness, optimistic attitudes, and humor. Psychological well-being would thus be present when individuals experience pleasure and meaning in everyday life, achieve their goals, hold a positive self-image, and exhibit optimistic attitudes and humor.

Bradburn (1969) conducted the initial studies on happiness or psychological well-being as a factor associated with mental health, asserting that the focus should be on the subjective perception of well-being, akin to the eudaimonic conception. This subjective perception was then studied through the positive or negative feelings experienced in everyday life. It was concluded that the balance between these two dimensions would result in an assessment of well-being, akin to Aristotelian happiness.

Diener (1984), one of the most prominent researchers on the subject of well-being, posits that there are three categories of criteria for evaluating this phenomenon: (a) External and normative criteria, defined by a virtue that demonstrates a quality judged against an established standard; (b) Subjective criteria, defined by the person and their evaluation of life in positive terms, based on their desires and objectives, a definition called satisfaction with life; (c) Preponderance of positive affect over negative affect, whether in the predisposition to experience them or related to one's own experience. Within these parameters, the concept of Subjective Well-Being (SWB) is proposed, which is the individual's overall judgment of their own life, encompassing enduring levels of positive affect, the absence of negative affect, and life satisfaction. Thus, it is defined as a theoretical construct composed partially of a cognitive dimension evaluated through the judgment of life satisfaction, and an affective dimension assessed through positive and negative affect (Diener, 1984, 1994). Individuals with high well-being are those who predominantly assess their life and situations positively. Conversely, individuals with low well-being evaluate the majority of their life situations as harmful or obstructive to the achievement of their desires and goals (Diener, 1994). However, well-being is an assessment that simultaneously presents stable and unstable components, as cognitive assessment does not always align with affective evaluation, as they change over the course of life experiences and correlate with different factors. The momentary assessment of a particular event can change cognitive and affective perceptions of life; however, emotionality and life judgments tend to return to their default state over time, influenced by temperament and general life situations. Therefore, even though there might be occasional changes, over time, well-being tends to exhibit temporal stability (Diener, 1994).

For a comprehensive understanding of the psychological phenomenon of well-being, its dimensions (cognitive and affective) and components (life satisfaction, positive affect, and negative affect) are investigated (Diener, 1994). These components can be broken down. For instance, life satisfaction can be explored through its various domains such as work, leisure, health, relationships, among others. Likewise, a broader understanding of positive emotions (joy, contentment, fun, etc.) and negative emotions (anger, sadness, guilt, etc.) can be established by relating them to the events in which they occur (Diener, 1994).

According to Ryff (1989a, 1989b), the research that underpins Diener's well-being studies lacks a theoretical foundation to explain positive functioning, as the dimensions of life satisfaction and positive affect alone are insufficient to capture the dynamic course of life. These different perspectives on well-being have divided the field into two major traditions: the first deals with happiness (hedonic well-being), and the second is concerned with human potential (eudaimonic well-being) (Ryff, 2018a). And from this point on, the model of Psychological Well-being (PWB)

(Ryff, 1989a) was developed, which is directly linked to the ancient Greek philosophical traditions of eudaimonia and to the psychological theories of the humanistic, existential, and developmental traditions. Its perspective is to discover the richness and rewards of a fulfilling life associated with human development, specifically the potentialities in the aging phase and well-being, aiming to highlight the variables of positive functioning in the second half of life. Ryff's (1989b) and Ryff et al. (2004) integrative theoretical model is based on Erickson's theory of psychosocial development. It suggests that at each stage, needs and concerns are replaced, necessitating the pursuit of a new meaning of life, acceptance, and conflict resolution. It further seeks an understanding to changes in roles, biological, and psychological processes throughout life, and highlights the challenges and possibilities for growth associated with the second half of life. It also includes theories of personal growth from authors of Humanistic Psychology and the criteria of positive mental health, which include positive attitudes, growth and self-actualization, personality integration, autonomy, perception of reality, and environmental mastery.

Ryff's model offers the opportunity to identify individuals' perception of their lives regarding living according to their own convictions (autonomy), being capable (environmental mastery), being significantly engaged (purpose in life), being connected with others (positive relationships with others), realizing their potential (personal growth), and accepting themselves (self-acceptance) (Ryff, 2013, 2018b; Ryff et al., 2004). Ryff and Singer (2008) conducted a study on the life course, examining the variation in PWB across different age groups and socioeconomic statuses. Their aim was to identify how the context and available opportunities impact the challenge of self-actualization. To achieve this, they conducted a comparison of PWB in men and women, discovering that with increasing age, there is a rise in autonomy and mastery over the environment, whereas purpose in life and personal growth decline for both sexes. For women, there is lower self-acceptance as age increases. PWB and education are strongly and positively related, especially in the dimensions of personal growth and purpose in life, due to the utilization of their resources and capabilities.

Other authors (Butler & Kern, 2016; Goodman et al., 2017; Seligman, 2012) proposed a model for assessing well-being, named by the acronym PERMA, composed of five separately defined and evaluated domains mentioned in (Table 1), and which must be understood together. According to Seligman (2012), these domains are the foundations for the theory of well-being, which aims at human flourishing, and the combined assessment of the domains should be undertaken to support health promotion interventions. Forgeard et al. (2011) conducted studies on PERMA, and Butler and Kern (2016) developed the validation of this profile.

Table 1
PERMA Domains of Well-being

Dimensions	Definition
Positive emotions (P)	A widely studied factor in all theoretical models related to well-being. It includes the identification of positive and negative emotions (valence) and activation (high and low).
Engagement (E)	It refers to a psychological state that encompasses emotional, cognitive, and behavioral dimensions. Its assessment considers the concept of flow, which involves intense concentration, absorption, and focus.
Positive Relationships (R)	It pertains to the belief that the person is loved, esteemed, and valued by others and includes the number and quality of relationships with these individuals, the perception and satisfaction with social support, as well as the provision of social support to others.
Meaning (M)	It relates to the feeling of belonging or serving something greater than oneself in an effort to identify the meaning and purpose of life for that individual.
Accomplishment (A)	Related to the attainment of desired states of progress toward established goals, in which performance goals present success criteria linked to the context and personal ambitions, and subjective performance involves competence, effort in achieving goals, and personal objectives.

Note: Prepared by the authors based on Butler and Kern (2016).

In view of this theoretical framework, PERMA constitutes a multidimensional assessment that provides a descriptive overview of well-being. Although there are no recommendations for an ideal profile yet, based on the results of each domain, interventions can be developed to enhance well-being in that dimension (Butler & Kern, 2016).

According to Seligman (2018), even though this model is similar to others, as shown in the comparative chart of theoretical models of well-being, it contributes to the evolution of theoretical models in the assessment of well-being, and its use expands the possibilities for intervention in PP. Goodman et al. (2017) compared PERMA with PWB and identified a strong correlation between the two models (0.98) (Table 2).

Table 2
Comparison of the different theoretical models of well-being

Author	Theoretical model	Criteria
Neugartten et al. (1961)	Life satisfaction	Zest vs. Apathy Resolution and Fortitude Congruence of Goals Positive Self-concept Mood Tone
Bradburn (1969)	Happiness Psychological Well-being	Positive emotions Negative emotions
Diener (1984, 1994)	Subjective well-being	Positive emotions Negative emotions Life satisfaction
Ryff (1989b)	Psychological Well-being	Self-Acceptance Positive Relationships with Others Autonomy Environmental Mastery Purpose in Life Personal Growth
Seligmann (2012)	PERMA	Positive emotions Engagement Positive Relationships Meaning Accomplishment

Positive emotions are frequently present in the theoretical models of well-being. Fredrickson (1998) discusses empirical evidence of the Broaden-and-Built Theory, which assumes that negative and positive emotions are incompatible due to the momentary repertoire of thoughts and actions. The author suggests that positive emotions broaden the scope of attention, cognition, and action; this constitutes individuals' physical, intellectual, and social resources. In this model, positive emotions take the lead and play a role in broadening the repertoire of thoughts and actions, promoting greater readiness in coping and in creating alternative paths in the habitual way of living. On the other hand, the development of these physical, intellectual, and social resources acts as internal reserves to be used in life situations (Fredrickson, 1998, 2001). During positive emotions, the repertoire is broad, flexible, and receptive, expanding the possibilities of thought and action. During negative emotions, this repertoire is restricted, fixed, and less receptive to thoughts and actions, leading to more predictable outcomes. Thus, both emotions are incompatible because both repertoires cannot be maintained simultaneously. Hence the proposition that positive emotions undo the effects of negative ones (Fredrickson et al., 2000). It is understood, therefore, that positive emotions serve as promoters of well-being, and thus, they should be cultivated not only as a state in itself but also for psychological growth over time (Fredrickson, 2001). Individuals experiencing

positive emotions demonstrate unusual, creative, integrative, and efficient patterns of thought, as they show greater cognitive flexibility.

If it is possible to undo the effect of negative emotions, it means that people have the power to interfere and improve their well-being. Resilient individuals report higher levels of positive emotions mediating cardiovascular recovery when faced with stressful situations. This result suggests that positive emotions are a 'fuel' for resilience, and resilient individuals are more adept in utilizing them, undoing the effect of negative emotions (Tugade & Fredrickson, 2004).

Butler and Kern (2016) understand that diversity of theoretical models on well-being is important in order to understand the complexity of positive functioning, as perhaps there is no best model, but rather the different proposals can complement each other in the assessment and development of well-being. Seligman (2018) corroborates this position by stating that the elements that compose well-being are not restricted to the PERMA proposal, since there are others that can be included in the health evaluation process.

Although there are common themes, there is no universal definition and measurement for well-being (Lindert et al., 2015). Thus, well-being can be assessed by objective criteria, such as meeting basic needs, as well as by subjective criteria, focusing on emotions (hedonistic conception) or conditions for a good life (eudaimonic conception). Forgeard et al. (2011) agree that well-being is best understood as a multifaceted phenomenon and can be assessed by measuring a wide range of subjective and objective constructs.

Integrating Positive Health from Positive Psychology and Health Psychology

Positive Psychology (PP) is an important force with influence in Health Psychology (HP) in research and theoretical development (Silva et al., 2020). Several concepts from PP have been incorporated into HP in an attempt to understand the processes of health and illness relevant to health promotion and prevention, even when there is no disease or suffering (Reyes Cuervo & Vinaccia Alpi, 2019). HP and PP have developed from the integration of scientific evidence and clinical experience. Many concepts that permeate both approaches include empathy, compassion, hope, optimism, self-esteem, spirituality, as well as well-being (Seligman, 2008). The starting point for the articulation between the two approaches was illness, often understood as synonymous with suffering but also leading to great discoveries and the promotion of positive characteristics in individuals, fostering their psychological resources (Silva et al., 2020). Therefore, PP and HP are initially articulated in topics directed at health problems and illness, and subsequently also in which behavioral issues are central, such as eating problems, physical activity, and addictive behaviors. In a context where the healthcare system is still centered on diseases, the dialogue between PP and HP represents a potential for development in preventive clinical practice.

Health Psychology aims at the prevention and treatment of health-disease processes and the identification of psychological and social factors related to illness, leading consequently to comprehensive care for the individual and improvements in health services (Matarazzo, 1980). Therefore, HP, like Positive Health (PH), has the biopsychosocial model as its paradigm (Engel, 1977).

Much of the interventions in PP from PH were mainly aimed at changing health-related behaviors (e.g., physical activity) rather than a health outcome per se. Interventions based on character strengths, for example, aim to raise awareness of their expression in daily life (Ruch et al., 2020). These interventions span various domains, including education, clinical therapeutic processes, and work-related activities, as they assist individuals in navigating life circumstances (Littman-Ovadia et al., 2021).

Conclusion

The interaction between PP and HP is productive and is currently advancing in the field of psychological research and intervention in Positive Health. Encouraging studies to accurately evaluate the effects of positive health interventions on health behaviors and well-being is imperative. These interventions can have direct and indirect impacts on the health status of individuals, applicable both to those aiming at health promotion and to those seeking recovery or control of their health. There is still a considerable path ahead to achieve increased empirical validation of Positive Health.

References

- Aspinwall, L. G., & Tedeschi, R. G. (2010). The value of positive psychology for health psychology: Progress and pitfalls in examining the relation of positive phenomena to health. *Annals of Behavioral Medicine*, 39(1), 4-15. <https://doi.org/10.1007/s12160-009-9153-0>
- Barros Filho, C. B. (2012). *A vida que vale a pena ser vivida*. Vozes.
- Bodryzlova, Y., & Moullec, G. (2023). Definitions of positive health: A systematic scoping review. *Global Health Promotion*, 30(3), 1-9. <https://doi.org/10.1177/17579759221139802>
- Bradburn, N. M. (1969). *The structure of psychological well-being*. Aldine.
- Butler, J., & Kern, M. L. (2016). The PERMA-Profil: A brief multidimensional measure of flourishing. *International Journal of Wellbeing*, 6(3), 1-48. <https://doi.org/10.5502/ijw.v6i3.526>
- Cabanas, E., & Huertas, J. A. (2014). Psicología positiva y psicología popular de la autoayuda: Un romance histórico, psicológico y cultural. *Anales de Psicología*, 30(3), 852-864. <https://doi.org/10.6018/analesps.30.3.169241>
- Diener, E. (1984). Subjective well-being. *Psychological Bulletin*, 95(3), 542-575.
- Diener, E. (1994). Assessing subjective well-being: Progress and opportunities. *Social Indicators Research*, 31, 103-157.
- Diener, E. (2000). Subjective well-being. *American Psychologist*, 55(1). <https://doi.org/10.1037//0003-066X.55.1.34>
- Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, 196(8), 4286.
- Forgeard, M. J. C., Jayawickreme, E., Kern, M. L., & Seligman, M. E. P. (2011). Doing the right thing: Measuring well-being for public policy. *International Journal of Wellbeing*, 1(1), 79-106. <https://doi.org/10.5502/ijw.v1i1.15>
- Fredrickson, B. L. (1998). What good are positive emotions. *Review of General Psychology*, 2(3), 300-319. <https://doi.org/10.1037/1089-2680.2.3.300>
- Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-built theory of positive emotions. *American Psychologist*, 56(3), 218-226.
- Fredrickson, B. L., Mancuso, R. A., Branigan, C., & Tugade, M. M. (2000). The undoing effect of positive emotions. *Motivation and Emotion*, 24(4), 237-258. <https://doi.org/10.1023/A:1010796329158>
- Goodman, F. R., Disabato, D. J., Kashdan, T. B., & Kauffman, S. B. (2017). Measuring well-being: A comparison of subjective well-being and PERMA. *Journal of Positive Psychology*, 9760(October), 1-12. <https://doi.org/10.1080/17439760.2017.1388434>
- Lindert, J., Bain, P. A., Kubzansky, L. D., & Stein, C. (2015). Well-being measurement and the WHO health policy Health 2010: Systematic review of measurement scales. *European Journal of Public Health*, 25(4), 731-740. <https://doi.org/10.1093/eurpub/cku193>
- Littman-Ovadia, H., Dubreuil, P., Meyers, M. C., & Freidlin, P. (2021). Editorial: VIA character strengths: Theory, research and practice. *Frontiers in Psychology*, 12, 1-5. <https://doi.org/10.3389/fpsyg.2021.653941>

- Matarazzo, J. D. (1980). Behavioral health and behavioral medicine: Frontiers for a new health psychology. *The American Psychologist*, 35(9), 807-817. <https://doi.org/10.1037/0003-066X.35.9.807>
- Neugarten, B. L., Havighurst, R. J., & Tobin, S. S. (1961). The measurement of life satisfaction. *Journal of Gerontology*, 16, 134-143. <https://doi.org/10.1093/geronj/16.2.134>
- Park, N., Peterson, C., Szvarca, D., Vander Molen, R. J., Kim, E. S., & Collon, K. (2014). Positive psychology and physical health: Research and applications. *American Journal of Lifestyle Medicine*, 10(3), 200-206. <https://doi.org/10.1177/1559827614550277>
- Peterson, C., & Seligman, M. E. P. (2004). *Character strenghts and virtues*. Oxford University Press.
- Prinsen, C. A. C., & Terwee, C. B. (2019). Measuring positive health: For now, a bridge too far. *Public Health*, 170, 70-77. <https://doi.org/10.1016/j.puhe.2019.02.024>
- Reyes Cuervo, M. E., & Vinaccia Alpi, S. (2019). Desarrollo y aportes desde una psicología positiva de la salud al abordaje de la salud / enfermedad. *Revista Colombiana de Rehabilitación*, 18(2), 181-193. <https://doi.org/10.30788/revcolreh.v18.n2.2019.412>
- Ruch, W., Niemiec, R. M., McGrath, R. E., Gander, F., & Proyer, R. T. (2020). Character strengths-based interventions: Open questions and ideas for future research. *Journal of Positive Psychology*, 15(5), 680-684. <https://doi.org/10.1080/17439760.2020.1789700>
- Ryff, C. D. (1989a). Beyond ponce de leon and life satisfaction: New directions in quest of successful ageing. *International Journal of Behavioral Development*, 12(1), 35-55. <https://doi.org/10.1177/016502548901200102>
- Ryff, C. D. (1989b). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57(6), 1069-1081. <https://doi.org/10.1037/0022-3514.57.6.1069>
- Ryff, C. D. (2013). Psychological well-being revisited: Advances in the science and practice of eudaimonia. *Psychotherapy and Psychosomatics*, 83(1), 10-28. <https://doi.org/10.1159/000353263>
- Ryff, C. D. (2014). Psychological well-being revisited: Advances in science and practice. *Psychotherapy and Psychosomatics*, 83(1), 10-28. <https://doi.org/10.1159/000353263>. Psychological
- Ryff, C. D. (2018a). Entrepreneurship and eudaimonic well-being: Five venues for new science. *Journal of Business Venturing*, 30(4), 646-663. <https://doi.org/10.1016/j.jbusvent.2018.09.003>
- Ryff, C. D. (2018b). Well-being with soul: Science in pursuit of human potential. *Perspectives on Psychological Science*, 13(2), 242-248. <https://doi.org/10.1177/1745691617699836>
- Ryff, C. D., & Singer, B. (2000). Interpersonal flourishing: A positive health agenda for the new millennium. *Personality and Social Psychology Review*, 4(1), 30-44. https://doi.org/10.1207/S15327957PSPR0401_4
- Ryff, C. D., & Singer, B. H. (2008). Know thyself and become what you are: A eudaimonic approach to psychological well-being. *Journal of Happiness Studies*, 9(1), 13-39. <https://doi.org/10.1007/s10902-006-9019-0>
- Ryff, C. D., Singer, B. H., & Love, G. D. (2004). Positive health: Connecting well-being with biology. *Philosophical Transactions of the Royal Society B: Biological Sciences*, 359(1449), 1383-1394. <https://doi.org/10.1098/rstb.2004.1521>
- Scorsolini-Comin, F., & Giacomoni, C. H. (2020). Aspectos teóricos e conceituais da Psicologia Positiva. In F. Scorsolini-Comin & C. H. Giacomoni (Eds.), *Temas especiais em Psicologia Positiva* (pp. 17-27). Vozes.
- Seligman, M. E. P. (1998). Building human strength: Psychology's forgotten mission. *APA Monitor*, 29(1).
- Seligman, M. E. P. (2004). *Felicidade autêntica: usando a nova Psicologia Positiva para a realização permanente*. Objetiva.
- Seligman, M. E. P. (2008). Positive health. *Applied Psychology*, 57(Suppl. 1), 3-18. <https://doi.org/10.1111/j.1464-0597.2008.00351.x>
- Seligman, M. E. P. (2012). *Florescer: uma nova compreensão sobre a natureza da felicidade e do bem-estar*. Objetiva.
- Seligman, M. E. P. (2018). PERMA and the building blocks of well-being. *The Journal of Positive Psychology*, 1-3. <https://doi.org/10.1080/17439760.2018.1437466>

- Seligman, M. E. P., Peterson, C., Barsky, A. J., Boehm, J. K., Kubzansky, L. D., Park, N., & and Darwin Labarthe, M. (2013). Positive health and health assets: Re-analysis of Longitudinal Datasets. *Positive Health*, 3-4. http://positivehealthresearch.org/sites/positivehealthresearch.org/files/PH_Whitepaper_Layout_Web.pdf
- Seligman, M. E. P., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *The American Psychologist*, 60(5), 410-421. <https://doi.org/10.1037/0003-066X.60.5.410>
- Silva, D. G. da, Giacomoni, C. H., & Scorsolini-Comin, F. (2020). Psicologia Positiva aplicada à Psicologia da Saúde. In C. H. Giacomoni & F. Scorsolini-Comin (Eds.), *Temas especiais em Psicologia Positiva* (pp. 89-102). Vozes.
- Tugade, M. M., & Fredrickson, B. L. (2004). Resilient individuals use positive emotions to bounce back from negative emotional experiences. *Perspective Social Psychology*, 86(2), 320-333. <https://doi.org/10.1037/0022-3514.86.2.320>
- van Druten, V. P., Bartels, E. A., van de Mheen, D., de Vries, E., Kerckhoffs, A. P. M., & Nahar-van Venrooij, L. M. W. (2022). Concepts of health in different contexts: A scoping review. *BMC Health Services Research*, 22(1). <https://doi.org/10.1186/s12913-022-07702-2>

Contributors

Conceptualization: L. WOLFF. Methodology: L. WOLFF and E.K.CASTRO. Writing–original draft: L. WOLFF. Writing–review and editing: L. WOLFF and E.K.CASTRO.