

VÉLEMÉNYEK

Positive psychological strategies in the service of health promotion: introducing the Balance Program

Pozitív pszichológiai stratégiák az egészségfejlesztés szolgálatában: az Egyensúly Program bemutatása

Ismertető: [Barbara Fabiné Babos](#)

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Abstract

INTRODUCTION: With the rise of positive psychology, attitudes towards health have also changed perspective: views on mental health and quality of life have been significantly rearranged. The general aspiration of the approach was the expectation that psychological well-being, happiness and healthy personality functioning should be given as much emphasis as possible. At the same time, the development of mental health is inseparable from the space of lifestyle and physical activity. This is why the Balance Program focuses on these three components of health.

METHODS: In the Balance Program, we used measuring instruments for measuring mental health and health behaviors, which proved to be suitable for determining individual development directions. Based on the Mental Health Test, the Mental Health Continuum Scale, the Values In Action Questionnaire and the Health-Related Attitudes Questionnaire, various indicators of mental health were assessed in order for the Program's psychologist, dietician and personal trainer to provide optimal, individualised development to the participants.

RESULTS: In its current form, the Balance Program does not focus on collecting data for statistical purposes but on supporting personal development. The Program works in a positive psychological approach and with methods and tools applied in positive psychology, which the participants evaluated as attention-grabbing, novel and easy to learn in their subjective reports. And the positive changes became the forerunners of the need for individual development and motivation.

CONCLUSIONS: The practical experience of the Balance Program shows a significant demand for workplace health promotion initiatives, which, with proper implementation, also anticipates a positive change in the health behaviour of the participating persons.

Absztrakt

BEVEZETÉS: A pozitív pszichológiai szemlélet térhódításával az egészséggel kapcsolatos attitűdök is egyfajta szempontváltáson mentek keresztül: jelentősen átrendeződtek a mentális egészséggel és az életminőséggel kapcsolatos nézőpontok. A szemlélet általános törekvéseként fogalmazódott meg az az elvárás, hogy a pszichológiai jólét, a boldogság, az egészséges személyiségműködés minél nagyobb hangsúlyt kapjon. A mentális egészség fejlesztése ugyanakkor elválaszthatatlan az életmód és a fizikai aktivitás terétől. Éppen ezért az egészség e három komponensére fókuszál az Egyensúly Program.

MÓDSZERTAN: Az Egyensúly Programban a mentális egészség és az egészség-magatartások mérésére szolgáló mérőeszközöket alkalmaztunk, amelyek alkalmasnak bizonyultak az egyéni fejlődési irányok meghatározására. A Mentális Egészség Teszt, a Mentális Egészség Kontinuum Skála, a Values In Action kérdőív és az Egészséggel Kapcsolatos Attitűdök Kérdőív alapján felmérésre kerültek a mentális egészség különböző mutatói annak érdekében, hogy a Program pszichológusa, dietetikusa és személyi edzője optimális, egyénre szabott fejlesztést nyújthasson a résztvevőknek.

EREDMÉNYEK: Az Egyensúly Program jelenlegi formájában nem statisztikai célú adatgyűjtésre fókuszál, hanem a személyes fejlődés támogatására. A Program pozitív pszichológiai szemléletben és pozitív pszichológiai alkalmazott módszerekkel, eszközökkel dolgozik, amelyeket a résztvevők szubjektív beszámolóikban figyelemfelkeltőnek, újszerűnek és könnyen elsajátíthatónak értékeltek. A pozitív változások pedig az egyéni fejlődési igény és motiváció előfutáraivá váltak.

KÖVETKEZTETÉSEK: Az Egyensúly Program gyakorlati tapasztalatai azt mutatják, hogy jelentős igény mutatkozik a munkahelyi egészségfejlesztés kezdeményezései iránt, mely megfelelő kivitelezéssel a résztvevő személyek egészség-magatartásának pozitív irányú változását is elővételezi.

Key messages

A significant part of the mental health improvement program pays the most attention to stress management and the adequate treatment of complex and unexpected situations in every-day life.

At the same time, optimal, mature stress management is undoubtedly an important, but not exclusive, element of our mental health.

The balance program focuses on personal strengths, builds self-awareness and brings together three closely related areas to take individual responsibility for a health-conscious lifestyle: it aims to achieve a state of positive mental health with the harmony of psychology, dietetics and physical activity.

INTRODUCTION

In my study, I review the interface between positive psychology and health promotion to lay the foundation for the presentation of the Balance Program, which was born at the intersection of the two fields. The Balance Program can support the personalised health promotion process from three sides: in addition to mental, physical and dietetic education, personal development takes place with a professionally highly qualified and committed representative of a particular field. The setting for the Program is the workplace, where volunteer applications are preceded by an awareness-raising call to promote physical and mental health.

One of the most influential health promotion theories is that of Aaron Antonovsky (1979, 1987). As a theory of salutogenesis, it is considered the origin of health promotion in recent decades. Antonovsky

argued that disease and stress are present regardless of space and time and are inherent in life in almost every part of the world. In his view, the fascinating question is how some people can stay healthy despite facing many destructive factors and severe stress in their lives. How do they manage to recover from their illnesses?

Antonovsky's theory of the origins of health and its path fundamentally aligns with the principles of the Ottawa Charter. The first international conference on health promotion was held in Ottawa in 1986, where the WHO's core document on health promotion, the Ottawa Charter, declared the following definition: *'Health promotion is the process of enabling all people to increase control over their health and to improve their health and quality of life. To achieve a state of complete physical, mental and social well-being, an individual or group must be able to formulate and realise their desires, meet their needs and change with or adapt to their environment. Therefore, Health should be understood as a resource for everyday life, not a life goal. Health is a positive concept emphasising social and individual resources and physical capabilities. Consequently, health promotion is not only a responsibility of the health sector.'* (WHO, 1986). An essential element of the definition is that it emphasises the individual's responsibility and the role of society and the community. Therefore, efforts must be made to ensure everyone is aware of the concept of health and their responsibilities. (Bárdos, 2019).

The issue of quality of life became a focus of public and scientific interest in the second half of the 20th century, and interest has been on an upward trend to date, with more and more people recognising the need to improve both physical and mental health. The quality of life is intimately

connected to health, where the preservation and maintenance of well-being are essential needs, thus emphasising the unquestionable significance of health. Indeed, good health, which is also linked to subjective well-being, is an essential source of quality of life. In addition, health consciousness is expressed in the ability to adapt adequately to external and internal challenges while maintaining relative physical and mental balance and harmony (Pikó, 2011). Kullmann et al. (1999, p. 1947.) define the quality of life as defined by the World Health Organization in the following terms: *'Quality of life is an individual's perception of his or her position in life as influenced by the culture, values, goals, expectations, patterns and relationships of his or her living space. It is a broadly understood concept, encompassing in complex ways an individual's physical health, psychological well-being, degree of independence, social relationships, personal beliefs and relationship to essential phenomena in the environment.'*

Antonovsky's work in the field of medicine is close in time to the unfolding new approach of another discipline, harmoniously aligned with the theory of salutogenesis. This approach is the trend of positive psychology in the science of psychology, which began in the last decades of the 20th century, in contrast to the pathology approach, which had been dominant until then. This turn of perspective is particularly significant in that it focused on the psychological enrichment of psychologically healthy, 'ordinary' people and the sunny side of behaviour reflecting primarily good qualities (Csikszentmihályi, 2011). The movement's birth can be traced back to Seligman (2011), elected President of the American Psychological Association in 1997. Positive psychology aims to prevent the development of pathologies and improve quality of life rather than treat them. The emer-

gence of the movement can be considered after World War II, but its strengthening happened in the 1970s (Seligman et al., 2000). Positive psychology aims to contribute to continuous growth and development by focusing on developing personality and building competencies. It is based on positive emotions and individual strengths that lead to a happier and more productive life (Oláh, 2012).

Physical activity's preventive, beneficial, developmental and rehabilitative role is well known, as is the significant positive impact of the additional skills gained through activity on many aspects of life. The psychological effects of physical activity include the prevention of negative consequences of stressful situations. The neurotransmitter beta-endorphin (the „happy hormone”), produced in the brain during physical exertion, is the chemical responsible for the pleasant feeling of well-being and has a generally calming and relaxing effect. Regular activity leads to improvements in stamina and other associated positive changes – leaner physiques, better coordination of movements, improved endurance, and better performance – which also serve as self-confidence boosters and a tool for independent living (Honfi et al., 2009). Furthermore, physical activity increases the amount of dopamine in the bloodstream, and the number of dopamine-sensitive receptors and their sensitivity to pleasure increases. Exercise, therefore, improves mood in several ways and even positively affects happiness in old age by reducing the risk of age-related depression (McGonigal, 2022). Physically active people report higher levels of well-being. Physical activity can reduce blood pressure, and physically inactive people are at higher risk of cardiovascular disease, stroke and depression (Hidvégi-Bíró, 2015). The sport deserves a prominent role in maintaining physical and mental health

and improving quality of life. Pikó and colleagues (2012) studied the impact of leisure-time physical activity on mental health and health behaviour among young people. They focused on mental health indicators: optimism, depression, self-esteem, life satisfaction and parental support. The results confirmed the beneficial effect of physical activity: better quality of life and better psychosocial health were reported by young people who regularly participated in physical activity.

Through sporting activities, we can develop motivation, activity, self-discipline, perseverance, courage, will-power, the ability to fight, self-confidence, pain tolerance and realistic self-esteem (Pikó et al., 2004). The positive effects of regular physical activity on the individual include the prevention of chronic diseases, prolongation of active working years and well-being (Jákó, 2012). Furthermore, regular physical activity is associated with several positive consequences: reduces the risk of mortality from coronary heart disease, reduces the risk of type 2 diabetes, hypertension, and colon cancer, improves mental health, depression, increases muscle strength, stability of bones and joints, helps preserve functional abilities and independent living in older age, combined with an appropriate diet, it is an effective tool for preventing obesity and reducing excess weight, all these positive changes can be achieved with moderate-intensity physical activity (for example, walking for 30 minutes or running for 15 minutes at least five times a week) and if there are no contraindications, more intense or prolonged physical activity enhances beneficial physiological adaptation processes. In addition to the positive physiological consequences, sports have several positive psychological effects through optimal levels of physical activity: positive influence on personal development contri-

butes to the development of a realistic body image and body awareness, improves self-esteem, develops social skills and reduces overall anxiety levels (Gyömbér-Kovács, 2019). Thus, with its positive psychological effects, playing sports can support the path to a happier, more balanced, and fulfilling life and simultaneously increase the quality of life. In the words of Bárdos and Ábrahám (2017), health-oriented physical activity is a prerequisite for well-being, which ensures physical-mental harmony. This state contributes not only to health but also to physical and mental fitness, a relaxed lifestyle and a happy everyday life.

The Balance Program has been developed with the above in mind, aiming at the personalised development of the three components of health. The applied positive psychological methods and tools play a key role in the structure of the Program, which are essential building blocks of the consultation process.

BALANCE PROGRAM

In our country, workplace health development and recreation programs deserve a special role in public service since the workers in this field face increased physical and psychological stress. The Balance Program aimed to improve the mental health of employees in the public service. The Balance Program's personal developments with a positive psychological approach provide an opportunity to increase mental health indicators, identify and raise awareness of strengths, and strengthen their role. The development of mental health, dietetic education and physical activity is tailored to individual needs and opportunities and appeals to internal motivation. Dietetic counselling indicates the direction of lifestyle changes and a more complete and healthy diet,

while personal training can provide targeted physical activity development. The Health Balance Program is based on positive psychology and focuses on the following areas:

1. psychology: mental health
2. dietetics: nutrition and lifestyle
3. personal training: physical activity

The professional leader of the Program – who is also responsible for the development of mental health – has qualifications as a consultant psychologist, sports and life coach, competency development trainer and autogenic trainer, as well as a committed practitioner of a positive psychological approach. Application to the Program is based on voluntary motivation. After the application, a semi-structured first interview will take place along the following topics: motivation mapping, history, areas for improvement (subjective report), objectives and definition of satisfaction indicators.

METHODS

In the Balance Program, I included newly developed measuring tools from the field of positive psychology that, in accordance with the objectives of the Program, provide relevant feedback on the components of mental health and also indicate the directions of personal development. The following tests and questionnaires will be completed after the first interview: MHT (Mental Health Test), MHCS (Mental Health Continuum Scale), VIA (Values in Action) and Health-related Attitudes Questionnaire.

Oláh and colleagues (2018) developed a new mental health questionnaire, the Mental Health Test (MHT). Mental health involves the skill by which an individual experiences and maintains his positivity. These include the ability to cope effectively, a tendency to savour (savouring =

maximising positive experiences and feelings of pleasure), and the presence of resilience and dynamic self-regulation. The reliability and validity of the test have been demonstrated (Vargha et al., 2020), which led to the finalized version of the MHT being used in the Program. The MHT contains 17 items, which must be rated on a 6-point Likert scale, specific to the individual. The MHT measures the following 5 pillars of mental health:

- Global well-being: high levels of well-being in emotional, psychological, social and spiritual domains (Oláh & Kapitány-Fövény, 2012).
- Savoring: the experience, awareness and processing of positive experiences and feelings of pleasure (Szondy et al., 2014).
- Creative-executive individual and social efficacy: the competence with which an individual can change the circumstances of a stressful situation to reach a chosen goal (Oláh, 2005).
- Self-regulation: control over attention and mental functioning, control of emotional states and the ability to self-regulate (Oláh, 2005).
- Resilience: spiritual flexibility, psychic resilience (Block & Kremen, 1996). All the factors promote optimal adaptation to stressful situations and rapid recovery from difficulties (e.g. Masten, 2014).

The Mental Health Continuum Scale is a novel measure of subjective well-being that assesses levels of well-being globally and in specific domains. The items of the questionnaire measure the level of emotional well-being, social well-being and psychological well-being, and the total score refers to subjective well-being in general (Reinhardt et al., 2020).

The Values In Action (Peterson & Seligman, 2004) questionnaire measures personality strengths, aka character

strengths. Character strengths are psychological elements, processes that lead individuals to acquire particular virtues: as dimensions of traits, we possess them to varying degrees. The primary aim in developing the VIA classification was to make the measure universally valid across Anglo-Saxon countries. VIA contains 48 statements, which should be evaluated on a 5-point Likert scale according to the person. The main criterion for the assessment is to identify the five highest-scoring strengths. The seven personal strengths along the criteria of psychological health are the following: Wisdom and knowledge, Courage, Love, Justice, Moderation and Transcendence. In addition to the self-awareness effect of personal strengths, it also serves to increase the level of psychological well-being: through positive feelings and relationships, finding the meaning of life and optimal performance. Activating your strengths in the work environment can promote a higher level of involvement and efficiency in the given activity, which makes you more satisfied and happy (Niemi-McGrath, 2022).

Finally, the University of Debrecen aims to develop a new Health Attitudes Questionnaire to measure attitudes towards health behaviour and health awareness. As a result, a complex tool was created that measures all aspects of health awareness based on the answers to 35 questions. The development of the questionnaire started with focus group interviews, which led to the identification of 10 subscales. The questionnaire's applicability and reliability were convincingly demonstrated during testing, which makes it suitable for further widespread use (Nagy-Kovács, 2017). The ten subscales of the questionnaire are:

- Nutrition: food and drink consumption habits and attitudes.
- Regular physical activity: participation in sports activities and beliefs about it.

- Prevention: activities and representations to promote health.
- Smoking: personal smoking habits, perceptions about smoking and its impact on health.
- Alcohol consumption: individual drinking habits, beliefs and perceptions about the effects of alcohol on health.
- Substance use: personal patterns of illicit drug use and related beliefs and perceptions about its impact on health.
- Aggression: the manifestation of aggression in a person's behaviour and the perception of its effectiveness in particular situations as a means of problem-solving.
- Telephone and internet use: perception of the presence and importance of the telephone and internet as elements of the media, as well as their supposed absence.
- Subjective health: a person's perception of his or her current physical condition as a self-assessed health index.
- Emotional balance: a person's perception of his or her current health and emotional state as a self-assessed index of health (Nagy-Kovács, 2017).

It is important to underline that the evaluation of the tests in the presented Balance Program is used as a starting point for personalised improvements and not for statistical purposes. For this reason, statistical processing of the tests has not been carried out to date. The evaluation of the tests and questionnaires occur in the first session of the five consultations: the feedback will provide an excellent platform to explore the mental health indicators to be developed, referring to the developmental directions subjectively identified in the first interview. Identifying personal strengths is of paramount

importance in the consultation process. The five consultations are therefore designed to improve mental health, optionally complemented by the following psychological methodology and toolkit: strengths cards, feeling cards, gratitude exercises, resilience factors and relaxation techniques.

The three-session dietetic counselling is led by a trained dietitian, who starts working together based on exploring the characteristics of the individual lifestyle and the different preferences and possible intolerances. This is followed by the definition of development directions (e.g. desired body weight), the introduction of the methods used (e.g. food diary) and the necessary follow-ups.

Physical activity is developed by a qualified personal trainer and functional trainer who, after assessing your health and fitness, offers you a personalised exercise programme over five sessions. This is followed by a final interview to evaluate the whole process, return to and summarise the satisfaction indicators from the first interview, and agree on how to follow up individually. A follow-up consultation will be held as part of the Program after one year to monitor all of this.

DISCUSSION

The Balance Program is currently running with 18 participants and has long-term plans to expand the range of participants and to enter the series of interventions based on a positive psychological approach as a three-component model of personalised health promotion. One of the key advantages of the Program is that it is carried out in a targeted manner, during working hours, on-site, with the involvement of qualified professionals. The feedback from the participants is unanimously

positive, and the interest is continuous. Since the application is based on voluntary motivation, openness and interest in developing mental health appeared in all participants. An important starting point of the Program is recognising that the individual is responsible for his or her health and can even actively participate in its development. The applied positive psychological methods and tools play an essential role in the structure of the Balance Program, which are necessary building blocks of the consultation process. In addition, the positive psychological approach also acts as a fundamental catalyst: the educational effect of a specialist committed to the trend (e.g. psychologist, mental health assistant, personal trainer) is unquestionable in the helping process. The Program is recommended for use in the field of law enforcement also, where it can also act as one of the applied programs for an individual approach to workplace health promotion. Law enforcement organisations are committed to occupational health and health promotion to achieve well-being (Szabó, 2009).

The positive psychology model of mental health is attributed to Keyes (2002), who conceptualised the states of mental health and mental illness. In his theoretical model, the highest level of mental health is flourishing. In this state, people function well and have a positive attitude towards life; flourishing occurs, and the dimensions of positive mental functioning are also fulfilled. Flourishing individuals are mentally healthy and fulfilled in all areas of well-being. The other endpoint of mental health is a state of languishing, characterised by a sense of emptiness and poor psychological and social functioning. Keyes's (2002) two-dimensional mental health model suggests that treating mental illness does not lead to mental health. Instead, achieving a high level

of mental health, a flourishing state, is needed (Nagy, 2019). Therefore, achieving a flourishing state can also be formulated as an objective of mental health development. To this end, we chose the Mental Health Continuum Scale questionnaire as one of the methodological tools, the results of which allowed us to determine the personal state and plan the path of individual development towards flourishing.

Based on the subjective reports of the participants, getting to know and applying personal strengths, developing self-awareness, identifying areas to be developed and developing them in a targeted manner can create a more conscious way of functioning and attitude in individuals. In many cases, the positive changes are also supported by the feedback of colleagues and family members, which changes also predict long-term maintenance as a remarkable confirmation.

CONCLUSION

The Balance Program aims to achieve a flourishing state of mental health with the help of a three-component intervention. In this study, I set myself the goal of connecting the disciplines of positive psychology and health promotion and presenting the Balance Program, which arose at the intersection of these areas. The Balance Program aims at the personal development of health through a thoughtful and structured design. The development of mental health, dietetic education and physical activity is presented in a way attuned to individual needs and opportunities and appeals to intrinsic motivation. Personal development with a positive psychology approach provides opportunities to explore and enhance mental health indicators, identify and raise awareness of strengths and strengthen their role. Dietetic counselling can identify directions for lifestyle changes for a more complete and healthy diet, and personal training can provide targeted physical activity development. Together, this contributes to the even better functioning of psychologically healthy individuals and a more fulfilling and balanced lifestyle.

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Fibiné Babos Barbara

Nemzeti Közszerológati Egyetem, Rendészettudományi Doktori Iskola, Budapest
barbi@fibi.hu

CIKKINFORMÁCIÓK

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