

Body, Mind and Curriculum: Philosophical Foundations for Health Education

Eusebiu Cherecheș, Constantin Cucos, Bianca Tătărușanu

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Eusebiu Cherecheș^{a*}, Constantin Cucoș^b, Bianca Tătărușanu^c

^a Education Sciences Department, Alexandru Ioan Cuza University, Iași, România

^b Teacher Training Department, Alexandru Ioan Cuza University, Iași, România

^c Ciurea Secondary School, Ciurea, România

*Corresponding author: cherecheseusebiu@gmail.com

Abstract

The article investigates the philosophical foundations of health education through the triad body–mind–curriculum and proposes an applied framework for the Romanian context. Drawing on local cultural resources (the ethic of measure, personalism, the prophylactic tradition) and international landmarks, we argue that health is not a fixed state but a process that interweaves biological, psychological, social and spiritual dimensions. Methodologically, the study is conceptual–analytical, with a case study of Romania, and integrates perspectives from the philosophy of education, bioethics and the salutogenic model. The conceptual results indicate four normative axes for curriculum design: the dignity of the person, community responsibility for the common good, practical wisdom, and prudence as avoidance of extremes and moralising. These axes lead to a transversal, experiential architecture.

Keywords:

curriculum, health education, philosophy, culture, Romanian context, curricular futures

1. The philosophy of Romanian cultural context

Culturally, Romanian society tends to treat health as a foundation of human life, often understood as living prudently, wisely and in harmony with one's environment (physical, geographical, social). Health reflects our way of being and of reasoning freely. A philosophy of health, as an existential attitude, defines the person from the perspective of holistic medicine, an integrative view of bodily, psychological and social well-being. In this frame, the philosophy of health sustains a positive, constructive disposition towards existence, inviting open discussion of the philosophical grounds of health (Alemdar, 2022).

A comprehensive conception of health is not a recent fashion: its beginnings can be found already in ancient medicine. At the same time, cultivating health in the school environment remains essential, as society has recently faced disruptive events such as the COVID-19 pandemic. It is no accident that we frequently speak of 'healthy eating', 'healthy lifestyle', 'healthy environment', 'healthy school'—recognising health as a primordial value whose absence or threat we perceive, paradoxically, most clearly in limit situations, for when we are healthy we tend not to maintain this fact.

Such ideas about health, common in Romanian society, also open a philosophical perspective on making health education an integral part of the Romanian curriculum. Many classical authors saw the ideal of human life in the harmony of body and mind.

To live healthily also means to live wisely: for Aristotle, the meaning of human conduct culminates in eudaimonia—a state of fulfilment and harmonic measure. In this sense, health becomes the mirror of our condition: the experience of a generally satisfactory life, a good fit between body, soul and spirit, and the quality of our relations with the surrounding world. The 'authenticity' of health cannot be exhausted by diagnoses, tests or external evaluations; it is lived as a global feeling of fulfilled life. Romanians also tend to associate health with well-being stemming from a good relationship with the divine. Usually, illness—lack of health—is associated in Romanian thought with divine punishment for certain sins of one's own or of one's forebears.

Therefore, health is neither the direct product of scientific research nor merely the effect of therapeutic procedures or the absence of disease. It is a personal value, accessible through good communication with oneself and with others, through the wisdom of an integrated way of life. It is not a fixed state, but a goal towards which most Romanians continually strive—together with the search for meaning in one's own life.

2. Philosophical concepts of health in Romania

The basis of health and of meaningful living is the person's spontaneous, creative self-formation in the face of inherent risks. Perhaps for this very reason, an 'exact' definition of health has always remained



elusive, especially within the rather chaotic history of Romanian cultural formation. The territories that now comprise Romania were successively occupied by conquering peoples who imprinted their own philosophies of health: initially Roman rule Latinised the area, then Ottoman domination lasted for several centuries. Thus, the Romanian context is an island of Latinity in a sea of Balkan influences of an Oriental philosophical type. To view health as a value of life means to live prudently, rationally and with moderation—an idea of Mediterranean origin, well adapted to Romanian national philosophy. Health reflects an authentic way of being and thinking, and a philosophy of health—understood as a way of life—views the person through holistic medicine, integrating physical, psychological, social and Christian-Orthodox spiritual dimensions. This philosophy endorses a positive and constructive stance towards life and invites open dialogue on the foundations of medical ethics. A systemic conception of health is not a modern invention: its roots go back to ancient medicine (Alemdar, 2022).

Two lines of analysis overlap ideologically in approaching health: an empirical one, which translates the concept by generalising partial results and quantitative methods; and a philosophical, hermeneutic one, which starts from hypotheses of meaning and derives conclusions regarding understanding and action (Papastephanou, 2025).

Although one might believe that, at the current stage of Romanian civilisation, health has the same meaning for everyone everywhere, in fact values related to life and health differ across time and space. Culture, customs, traditions and, above all, concrete living conditions shape these meanings. Today we increasingly speak about health as a process: an active becoming influenced by the person, family, lifestyle, school and community. In this context, both the traditional healer and the Western physician (the West being regarded in Romania as a quality benchmark) can succeed insofar as they enjoy public trust. In many places, without costly technologies, comparable results are achieved; of course, the physical and psychological profiles of those who resort to such practices may differ from those of Romanians, yet their experience is worth learning from.

We can easily fall into the impression that health lies exclusively ‘in the hands of doctors’, given that medicine now saves lives that once would have been lost. It is said ironically, in the spirit of Aldous Huxley, that ‘the progress of medical research means no one is

truly healthy any more’—an allusion to the proliferation of diagnosis. However, illness can appear as a call to awakening, an opportunity for spiritual maturation or, on the contrary, a destructive force. There are many Romanian tales and folk stories in which the hero achieves victory only after a hard period of illness (Rybar, 2010).

If science operates with the measurable, health is not reducible to exactness: it remains a dynamic process influenced by conduct and experience. Illness is not an isolated piece to be extracted through a single medical act; the human being must be understood as an interplay between the material and the spiritual.

A philosophical view of health can be applied to any fact, situation or problem: it means the readiness to investigate, reflect and pose uncomfortable questions, including about our own presuppositions. From this perspective, a ‘philosophy of health’ should encompass a view that respects the person in their wholeness—akin to holistic medicine—and, at the same time, a global understanding of health, sensitive to how communities influence each other in an interconnected system. The issue is not only the body, but the body–mind–society relation and the broader context of the social determinants of health (education, housing, work). In the spirit of the WHO’s classic definition (1948) and the Ottawa Charter (1986), health is not reducible to absence of disease, but involves well-being and the capacity of people to control and improve their own lives.

Philosophy proceeds through openness and dialogue: anything can be questioned. It is, of course, possible to debate the very ‘necessity’ of a Romanian philosophy of health. Some view it with suspicion because it resists easy measurement; others consider it indispensable precisely because it addresses the concrete questions of daily life (Thapaliya, 2022).

Belief in the continuous progress of knowledge has taken root in the Romanian mind. Calls come from all directions to reflect on life, on harmful behaviours towards people and the environment, and to change our conduct. The European Union also exerts pressure to raise quality of life in Romania. Nevertheless, consumer demands are increasing and extend into domains where they did not previously exist. The trend has reached medicine and pharmacy: aggressive promotion of ‘health solutions’ can prompt treatments without demonstrable need. Here, concepts such as overdiagnosis and disease mongering become relevant—when clinical thresholds or definitions are widened so that more people appear ‘ill’. Health

literacy (the ability to find, understand and use credible information) and numeracy (absolute vs relative risks) are essential for citizens and professionals alike, including for the country's future—the young people now in schooling.

Enthusiasm for science, combined with the force of advertising, can turn Romanian citizens and youth into receptacles of diagnoses and medicines. Integrity issues add to this: clinical studies funded by companies may suffer conflicts of interest; hence transparency, full reporting of results and independent replication are basic ethical principles. A philosophy of health asks, in this context, where we draw the line between science and humanity, between pragmatism and the inviolable principles of respect for the person. Finding the 'right measure'—in the Aristotelian sense—remains one of the most difficult tasks of practical life. Sometimes we must slow down, self-examine and reorder our choices to live in harmony with ourselves, with others and with nature; salutogenic models (Antonovsky) shift attention from disease to the resources that generate health (meaning, coherence, manageability).

Such a philosophy supports a constructive attitude towards life and health and seeks to prevent dispositions that disturb our equilibrium. It is useful to note that attitudes such as fear or trust influence health behaviours, adherence to treatments and even the perception of pain (placebo/nocebo effects) (Alemdar, 2022). Supportive relationships, a sense of control and personal meaning can moderate stress and help us make better choices; this does not mean denying medicine but integrating the psychosocial dimension into care.

Health education in Romania's education system requires that we understand different ways of life and compare them maturely with our own habits. Our life and health should reflect conscious choices: desire (motivation), deliberation (reason) and implementation (action) work together. In contemporary terms: clear goal-value, informed decisions and habit formation through small, consistent steps; sometimes 'nudges' in the environment can support healthy choices without coercion (Buchanan, 2006).

When illness appears, it is worth asking what maintains it and what we can do—together with professionals—to alleviate it. It is important to distinguish between conditions linked to lifestyle and congenital or genetic diseases. When causes remain unaddressed, suffering can become chronic, and the

'vicious circle' of multiple medications and adverse effects becomes tempting. The philosophical line does not claim that 'we cure ourselves alone', but that the person's active participation—well-informed, supported and realistic—is part of the care process. In parallel, a critical eye must be kept on the excessive commercialisation of health: medical ethics does not overlap with the logic of profit, and health systems require safeguards for equity and integrity.

The doctor–patient relationship is built on trust: the patient alone can evaluate their pain and condition subjectively; on this basis, the clinician investigates, correlates and tests hypotheses. Simplistic models that reduce illness to a single cause and a single solution miss the complexity of real life. A biopsychosocial approach and shared decision-making—in which patient and doctor weigh benefits, risks and personal values together—offer a more solid.

3. Philosophical pillars of Health Education in the Romanian school system

Finally, the philosophy of health is also an invitation to converse about the foundations of pre-university education. Although this area has developed visibly in Romania, collaboration among professionals from different disciplines is still in progress: communication, recognition of limits, transparency and mutual respect remain conditions of maturation. Step by step, we are learning to articulate a culture of pupil care that does not oppose the technical to the human, but places both in the service of a life lived with meaning and measure, giving rise to new generations of Romanian citizens (Black, 2010).

In this light, some illnesses seem to find their roots in a Romanian way of feeling and thinking: worry, hatred and fear—with their branches (anxiety, bitterness, greed, cruelty)—weigh upon the body down to the cellular level and undermine balance.

In the Romanian context, reflection on health and education has oscillated between an ethic of 'measure' and a pedagogy of 'forming the whole person'. Beyond strictly medical language, the local intellectual tradition has thematised health as a balance between body, soul and mind, and education as gradual shaping of good-life habits. Two lines have been particularly influential: a communitarian one, linked to the village and to social organisation; and a personalist one, focused on personal dignity and responsibility.

On the communitarian line, the monographic sociology of Dimitrie Gusti (Rostas, 2020) centred the

real life of communities, where health did not appear as an isolated problem but as a nexus of relations—nutrition, work, housing, customs. Health education in this register is not merely information transfer but lived culture: hygiene, solidarity, culinary habits, rhythms of work and rest. Educational interventions make sense when tied to the concrete needs of the community—hence the emphasis on fieldwork and cooperation among school, family and local authorities (Noica, 2022).

On the personalist line, Constantin Noica's reflection on the 'fulfilment of being' (Noica, 2022) and Dumitru Stăniloae's theology of person and communion can be read, non-reductively, as suggestions for a health education oriented towards interiorisation and responsibility. Health is not a list of prohibitions but an exercise of well-weighted freedom: temperance, discernment, self-care that does not turn against the other. In this sense, health education becomes training in prudence (*phronesis*): judging concrete situations, avoiding extremes and cultivating measure as a civic-personal virtue (Noica, 2022).

Another relevant Romanian tradition concerns public hygiene and prophylaxis, illustrated by the public health school associated with names such as Ion Cantacuzino or Iuliu Hațieganu (Rostas, 2020). Although belonging to medicine, their vision suggests a pedagogy of prevention: sport, movement, fresh air, simple diet, an orderly daily rhythm. **Mens sana in corpore sano** is not a slogan but a curricular principle: hours of movement, practical food education, time for sleep and recovery. In this logic, the school not only informs but shapes environments—yards, canteens, timetables—that encourage healthy behaviours.

Culturally, the idea of 'style' (in Lucian Blaga's sense) can be transposed into an ethic of lifestyle: health as a luminous way of inhabiting one's own existence, without reducing the person to biomedical parameters. This sensibility invites education to avoid technocratism: not everything measurable is relevant, and what matters often calls for tact, dialogue and accompaniment. In school, this means embodied learning: cooking together, cultivating school gardens, hiking, reflecting on emotions and relationships (Noica, 2022).

After 1990, democratisation brought with it the language of citizenship: health literacy, the right to information, participation in decisions regarding one's body and environment. Here, a Romanian philosophy of health education can anchor itself in four normative coordinates: (1) the dignity of the person—no

intervention without genuine informed consent; (2) community responsibility—public health is built in common (vaccination, environmental protection, solidarity with the vulnerable); (3) practical wisdom—simple rules, internalised, adapted to context; (4) measure—resistance to consumerist excesses or anxious 'bio' perfectionism.

In practical terms, the curriculum could operationalise these ideas through local projects (participatory diagnosis of community health needs), cooking and food-budget workshops, hiking and sports clubs, guided reflection on sleep and screens, portfolios of 'healthy practice' assessed formatively. Evaluation would not hunt errors but track progress: from information to habit, from habit to character (Black, 2010).

In sum, a 'Romanian philosophy' of health education may be summarised thus: health as lived measure, in which the person forms themselves in and for the community; an education that unites medical prevention with ethical formation, cultivating a lifestyle in which freedom is exercised with care and discernment (Noica, 2022).

4. Conclusions

Now, Romania's education system does not benefit from distinct subjects preparing pupils to understand health-education concepts. Yes, in primary, lower-secondary and upper-secondary education there are subjects that include topics on human health—Biology, Chemistry, Personal Development, etc.—but there is no separate subject, nor even specific modules, dedicated to this form of education. One route through which health may be studied in the Romanian system is the school-decided curriculum: courses designed individually by teachers for one school year. The problem is that not many teachers use this option, for various reasons.

It is beyond doubt that the Romanian context needs a subject such as health education. This form of education has a philosophical foundation in which health is not a medical state but a becoming of the body, mind and citizens' relations with the environment. In this key, the curriculum's stake is not merely to transfer biomedical information, but to form practical judgement, habits and character: pupils must be helped to understand, to choose and to live healthily, not merely to record information without real applicability.

The curricular consequence is clear: health education must be transversal and experiential.

Biology explains mechanisms; Physical Education cultivates the joy of movement; Romanian language and literature and the arts create spaces for narratives of illness and healing; Civic Education develops responsibility for the common good; Religion or counselling orient the search for meaning. These are complemented by concrete school practices: educational gardens and canteens, cooking workshops, healthy-nutrition clubs, and other community projects. Evaluation here should be predominantly formative and track progress from knowledge to habit and from habit to virtue.

Experts in school community health also warn of risks: the medicalisation of school life, moralising behaviours and ignoring inequalities. To avoid these, the framework must be anchored in children's rights and social justice, favouring flexible guidance and contextualised micro-decisions rather than uniform recipes. Salutogenic models (focused on meaning, coherence, manageability) can serve as a compass: the central question is not only 'what disease do we prevent?' but 'what health resources are we building here and now?'

The core conclusion is that 'body, mind and curriculum' are not parallel planes but faces of the same human formation. A school that offers experience, reflection and caring relationships produces citizens capable of balancing scientific progress with humanity, personal freedom with responsibility towards the community. For Romania, health education is therefore a cultural and civic-ethical project, not merely a chapter in a textbook.

Authors note:

Eusebiu Cherecheș is a PhD student at the Faculty of Psychology and Education Sciences, Alexandru Ioan Cuza University of Iași. He is also a primary school teacher in pre-university education. His research interests include new educations, health education, modern assessment methods, and ethnopedagogy.

Constantin Cucuș is a Professor Emeritus affiliated with the Faculty of Psychology and Education Sciences, Alexandru Ioan Cuza University of Iași (Romania). He served as Director of the Department for Teacher Training (DPPD) (1997–2008 and 2010–2020) and also held leadership roles such as Vice-Dean. His research interests include philosophy of education, values education, intercultural education, educational technologies, museum

pedagogy, aesthetic and religious education, and modern approaches to teaching and assessment.

Bianca Tătărușanu is a primary school teacher in pre-university education. Her research interests include the study of creativity, the ethical implications of research involving ethnic minority pupils, and new teaching methods.

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