

Article

Educational Communication, Religiosity, and the Integral Health of the Family: A Critical Analysis of Contemporary Research

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Abstract

This article examines developmental communication as one of the key factors influencing health and the overall functioning of the family. The aim of the study is to highlight the importance of interpersonal communication and religious values in fostering family bonds, shaping health-promoting attitudes, and enhancing the psychological, social, and spiritual well-being of family members. The article is theoretical and analytical in nature and is based on a literature review spanning family studies, pedagogy, sociology, psychology, and the psychology of religion. The findings indicate that open, dialogue-oriented communication supports the development of strong emotional bonds, a sense of security, and family resilience in the face of crisis situations. The importance of marital relationships, parent–child communication, and intergenerational relations for the psychosocial health of family members is emphasized. The study also highlights the role of religion and spiritual values as factors that strengthen family cohesion, foster a sense of meaning in life, and enhance coping with adversity. The conclusions suggest that developmental communication, supported by moral and spiritual values, is a key element in building a healthy and sustainable family system.

Keywords: educational communication; family health; family relations; interpersonal communication; integral family functioning; religion; religious values; spirituality; family bonds; psychosocial well-being; family

1. Introduction

The family remains the primary context for human development and one of the most important determinants of health, well-being, and social functioning. The literature consistently shows that the quality of family relationships influences not only children's emotional and social development but also the psychological and physical health of all family members and their ability to cope effectively with adversity and life crises. Among the factors that strengthen family functioning, interpersonal communication plays a central role by fostering secure relationships, facilitating constructive conflict resolution, and enabling the intergenerational transmission of values and norms that shape family life. Increasing attention has also been given to the role of religion, religiosity, and spirituality as psychosocial resources that promote resilience, strengthen family cohesion, and encourage health-promoting attitudes and behaviors.

For the purposes of this article, the family is defined as the primary social system, comprising individuals engaged in enduring marital, parental, and intergenerational relationships. Its core functions include child-rearing, socialization, mutual support, and creating conditions that promote the development and health of all its members. From a



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systems perspective, the family is viewed as a dynamic network of interdependent relationships in which changes in one member's behavior affect the functioning of the family as a whole.

Religion is defined as an institutionalized system of beliefs, values, norms, symbols, and practices that orient individuals toward a transcendent reality while fulfilling cognitive, moral, integrative, and social functions. Within the family, religion provides a framework of meaning, moral guidance, and behavioral norms that can strengthen cohesion, responsibility, and solidarity among family members.

Religiosity refers to the individual and family-level expression of religion, encompassing religious beliefs, identity, practices, spiritual experiences, and the influence of religious values on everyday decision-making and interpersonal relationships. It is regarded as a psychosocial resource whose contribution to family functioning depends on the extent to which religious values are internalized and reflected in everyday family interactions.

Spirituality is viewed as a broader dimension of human experience than religiosity, reflecting the search for meaning, transcendence, hope, goodness, and inner wholeness. It may be expressed within a religious tradition or independently of organized religion. In this study, spirituality is considered a factor that supports personal development, psychological resilience, and healthy family relationships by fostering empathy, responsibility, forgiveness, and commitment to the common good.

Although research on family communication, health, and religiosity has expanded considerably, these domains have typically been examined separately. Existing studies have focused primarily on the quality of family communication, the influence of religiosity on marital stability, or the contribution of individual factors to psychological well-being. Far less attention has been paid to an integrated understanding of the relationships among educational communication, religious values, and holistic family health. In particular, there is a need for interdisciplinary syntheses that draw on evidence from education, psychology, sociology, and family studies to explain the mechanisms linking these interrelated phenomena.

This article is based on the premise that educational communication extends beyond the transmission of information and serves as a process through which attitudes, values, and social competencies are developed and sustained. Consequently, it can promote family health by strengthening interpersonal relationships, supporting constructive conflict resolution, and fostering a shared system of values. Within this framework, religious values are viewed as psychosocial resources that reinforce family communication, strengthen family cohesion, and enhance resilience in the face of adversity and crisis.

The study is guided by the following overarching research question: How does educational communication, supported by religious values, influence the holistic health and functioning of the family? To address this question, three specific research questions are examined: (1) Which mechanisms of educational communication are most consistently identified in the literature as promoting family health? (2) What role do religiosity and spirituality play in the development and maintenance of enduring family relationships? (3) How do educational communication and religious values interact to strengthen family resilience in the face of contemporary social challenges?

This article is theoretical and analytical in nature and is based on a critical review of the scholarly literature. Rather than simply summarizing existing knowledge, the review critically examines conceptual frameworks and empirical findings to identify areas of consensus, disagreement, and gaps in the literature. An interdisciplinary approach was adopted, integrating perspectives from family studies, education, sociology, psychology, and the psychology of religion to provide a comprehensive analysis of the relationships among educational communication, religiosity, and holistic family health.

The selection of the core analytical concepts—educational communication, religiosity, spirituality, and family health—reflects both their conceptual interconnectedness and their increasing prominence in contemporary family research. These concepts are examined as interrelated dimensions of the family system that help explain the development of enduring family relationships, psychosocial resilience, and overall family well-being. Accordingly, the analysis moves beyond a descriptive review by critically integrating the available evidence and proposing a coherent theoretical framework for understanding the reciprocal relationships among these phenomena.

The analysis focuses on contemporary families within the European cultural context, with particular attention to Polish families rooted in the Christian tradition, where educational communication plays a central role in the intergenerational transmission of values, social norms, and health-promoting behaviors.

The article contributes to the literature by integrating findings from multiple disciplines and identifying mechanisms through which educational communication and religious values may jointly influence family health and the stability of family relationships. By bringing together evidence from previously fragmented lines of research, it offers a coherent conceptual framework that enhances understanding of these interrelated processes and identifies priorities for future research, particularly in the context of the ongoing sociocultural changes shaping contemporary family life.

2. Religiosity and Spiritual Values as Resources for the Holistic Health of the Family: An Analysis of Empirical Research

Religiosity and spirituality are increasingly recognized as important determinants of family health and the well-being of family members. Research in psychology, sociology, family studies, and the psychology of religion suggests that religion can serve as a valuable psychosocial resource by promoting enduring family relationships, strengthening resilience in the face of adversity, and encouraging health-promoting attitudes and behaviors. At the same time, the literature consistently indicates that these effects are largely indirect, mediated by the quality of interpersonal relationships and by the extent to which religious values are internalized and integrated into everyday family life within a changing sociocultural context.

2.1. Religion, Religiosity, and Spirituality in the Context of Contemporary Social Transformations

Examining the role of religion in family health and functioning requires a clear distinction among the concepts of religion, religiosity, and spirituality. Although these constructs are closely related, they are conceptually distinct, and their meanings continue to evolve in response to secularization, increasing worldview pluralism, and the individualization of social life (Taylor 2007; Davie 2007, 2015; Hervieu-Léger 2005).

In its broadest sense, religion can be understood as a system of meanings, values, and practices that orients individuals toward transcendence while shaping both social and family life (Berger 2011; Bellah 2017). It is commonly defined as a socially organized system of beliefs, values, norms, symbols, and practices centered on a transcendent reality. In this sense, religion provides a framework through which individuals and communities interpret their experiences, construct meaning, and organize moral and social life (Berger 2011, pp. 19–51).

From a sociological perspective, religion extends beyond private belief to function as a social institution that fosters social integration through shared rituals, symbols, and systems of values (Bellah 2017, pp. 1–45). Within the family, it provides a cultural framework for understanding marriage, parenthood, and parental responsibility across generations.

Religiosity refers to the individual and collective expression of religion in everyday life through the internalization and enactment of religious values (Davie 2007; Hervieu-Léger 2005). It encompasses cognitive (religious beliefs), affective (religious experiences), and behavioral dimensions (religious practices and participation in a faith community). According to Kenneth I. Pargament (Pargament 2001), religiosity can serve as an important psychological resource by helping individuals interpret life events, regulate emotions, and cope with stress and adversity.

Hans Joas, in turn, argues that religiosity develops primarily through interpersonal relationships and the transmission of values in everyday family life, rather than solely through formal religious education (Joas 2015, pp. 17–34; 2013, pp. 11–29).

Spirituality should be distinguished from religiosity, as it refers to the search for meaning and purpose in life, the experience of transcendence, reflection on one's existence, and the development of a relationship with what an individual considers to be of ultimate value (Joas 2015). Although spirituality may be expressed within a particular religious tradition, it can also develop independently of institutional religion (Pargament 2001; Taylor 2007).

In the context of family functioning, spirituality promotes responsibility, empathy, forgiveness, and concern for the common good, thereby strengthening the personal and relational resources that contribute to holistic family health.

Contemporary sociological research suggests, however, that the role of religion in Western societies is undergoing profound transformation. Charles Taylor describes this shift as a transition from a social order in which religion was an unquestioned and taken-for-granted dimension of public life to a pluralistic society in which faith represents only one of many possible frameworks for interpreting the world (Taylor 2007, pp. 1–22).

Grace Davie highlights the phenomenon of *believing without belonging*, referring to the persistence of religious beliefs alongside declining participation in institutional religious life (Davie 2007, pp. 1–18). Danièle Hervieu-Léger, in turn, conceptualizes contemporary religiosity through the notion of a “chain of religious memory,” arguing that the weakening of intergenerational transmission leads to increasingly individualized modes of faith experience and a selective appropriation of religious traditions (Hervieu-Léger 2005).

At the same time, some contemporary theoretical approaches emphasize that these processes do not necessarily entail a clear-cut “disenchantment of the world,” but rather a transformation in the forms of the presence of the sacred in social life. In this context, Hans Joas, in “The Power of the Sacred: An Alternative to the Narrative of Disenchantment” (Joas and Alex 2021), proposes a reinterpretation of the classical secularization narrative, arguing that categories of the sacred continue to play an important role in structuring social experience, even under conditions of pluralism and individualization. This perspective makes it possible to recognize that religiosity—despite changes in institutions and practices—may still constitute an important source of meaning, interpretive frameworks, and normative resources in the everyday lives of individuals and families.

These changes have direct implications for the functioning of contemporary families. Research on the transmission of religiosity demonstrates that the intergenerational transfer of faith is primarily dependent on the quality of family relationships. The long-term research project conducted by Vern L. Bengtson shows that the most significant predictor of religious continuity from parents to children in adulthood is not the intensity of parental religious practice, but rather emotional warmth, mutual trust, and high-quality family communication (Bengtson et al. 2013, pp. 17–43).

This suggests that religiosity is more effectively transmitted through everyday experiences of relationships grounded in dialogue, respect, and authentic lived example than through the mere normative transmission of religious doctrines and rules.

This perspective is consistent with the relational approach to religiosity proposed by Annette Mahoney, who demonstrates that the positive influence of religion on family functioning becomes particularly evident when religious values reinforce forgiveness, empathy, responsibility, and mutual support among family members (Mahoney 2010, pp. 805–27).

Religiosity, therefore, does not constitute an automatic protective factor. Its significance depends on the manner in which religious values are communicated, interpreted, and enacted within everyday family life.

The understanding of religion, religiosity, and spirituality adopted in this article is consistent with a systems perspective, according to which religion constitutes a family's cultural and axiological resource, religiosity reflects the individual and collective enactment of this resource, and spirituality refers to the processes of meaning-making and the pursuit of integral human development. Within this framework, all three elements may contribute to family health; however, their influence is not direct.

An analysis of contemporary literature allows for the identification of three main domains in which religiosity is associated with family functioning. The first concerns the quality of marital relationships, the second pertains to child-rearing processes and intergenerational relations, while the third encompasses the family's capacity to cope with crises and to maintain a holistically understood sense of health.

2.2. Religiosity and the Quality of Marital Relationships

Findings from studies conducted over the past two decades indicate a relatively consistent association between religiosity and the quality of marital relationships. Most authors report a positive correlation between spouses' religious involvement and levels of marital satisfaction, relationship stability, and the capacity for constructive conflict resolution (Perry 2016; Aman et al. 2019; Gurrentz 2017).

Research further emphasizes that religiosity does not exert a direct influence on relational quality but operates instead through the strengthening of a shared value system, the cultivation of relational responsibility, and the promotion of behaviors grounded in mutual respect and forgiveness.

Similar patterns have been observed with regard to marital stability. Research indicates that individuals who regularly participate in religious practices are less likely to report intentions to end their relationship, and the risk of divorce is lower in this group compared to non-practicing individuals (Gurrentz 2017). Subchi and colleagues (Subchi et al. 2019) further demonstrate a negative association between religiosity and infidelity in marriage, which the authors attribute to a higher degree of internalization of moral norms and enhanced self-regulation.

Additional evidence is provided by Leonhardt and colleagues (Leonhardt et al. 2021), who suggest that religiosity may be associated with higher levels of marital sexual satisfaction. This effect is observed primarily among couples who perceive intimacy as an expression of a deeper emotional and spiritual bond rather than solely as a physical dimension of the relationship.

At the same time, the literature indicates that religiosity is not a universal predictor of marital quality. Langlais and Schwanz (2017) note that although religiosity may be associated with greater relationship satisfaction, it does not necessarily translate into higher levels of partner commitment. This suggests that the positive effects of religion depend on the manner in which it is lived and experienced, as well as on the quality of everyday communication between spouses.

The analysis of the studies presented leads to the conclusion that religiosity may function as a factor supporting marital stability primarily when it co-occurs with open communication, mutual trust, and the partners' capacity for constructive conflict resolu-

tion. Religious identification alone, however, is not a sufficient condition for high-quality family relationships.

2.3. *Religiosity in Child-Rearing and the Construction of Family Relationships*

The second domain in which the literature highlights the significance of religiosity concerns child-rearing processes and the formation of parent–child relationships. Research findings suggest that parental religiosity may shape the family’s educational climate by promoting attitudes grounded in responsibility, empathy, and concern for the common good.

Berc and colleagues (Berc et al. 2017) found that families who participate jointly in religious practices more frequently report higher levels of family cohesion and greater satisfaction with family life. Similarly, Petts (2011) demonstrates that the importance attributed to religion by mothers is positively correlated with children’s well-being, particularly in families characterized by high levels of emotional support.

Attention has also been given in the literature to parenting styles. Findings from analyses conducted by Jocson and Garcia (2021) indicate that parental religiosity is associated with less frequent use of an authoritarian parenting style, while Grogan-Kaylor and colleagues (Grogan-Kaylor et al. 2018) report a negative relationship between religiosity and the use of physical punishment toward children.

At the same time, the literature emphasizes that the positive influence of religiosity on child development depends primarily on the quality of family relationships. Stearns and McKinney (2019) demonstrate that higher levels of religiosity among young adults are observed particularly when religious parents are simultaneously characterized by high emotional warmth and a supportive communication style. These findings suggest that the transmission of religious values is most effective when it takes place within an atmosphere of dialogue and mutual respect.

The studies presented thus suggest that religiosity may strengthen the process of child-rearing not through the mere transmission of moral norms, but rather through the creation of an environment conducive to safe communication, the development of trust, and the cultivation of emotional bonds between parents and children. This may be particularly important in the context of various family crises.

2.4. *Religiosity as a Resource Strengthening Family Resilience in Crisis Situations*

A significant strand in contemporary family research concerns the analysis of factors that enhance family resilience in the face of crisis situations. Within this context, religiosity and spirituality are viewed not only as components of a value system, but also as resources that facilitate adaptation to adverse life experiences. This is particularly evident in situations involving chronic illness, the death of a family member, marital crises, parenting difficulties, or economic hardship.

Research indicates that families characterized by a high degree of value coherence and regular participation in shared religious practices more frequently report stronger mutual support, better organization of family life, and a greater capacity to mobilize resources in response to crises (Walsh 2012). Religiosity may thus function as an integrating factor that unites the family around shared meanings, facilitates the interpretation of difficult experiences, and strengthens the belief in the possibility of overcoming adversity.

A significant contribution to explaining these mechanisms has been made by Pargament (2001), who demonstrates that religion performs cognitive, emotional, and social functions. According to his framework, religious coping strategies enable individuals and families to ascribe meaning to crisis experiences, strengthen a sense of security, and mitigate the negative consequences of stress.

Of particular importance are positive forms of religious coping, which include seeking spiritual support, interpreting adverse experiences as opportunities for growth, and cultivating a relationship with transcendence. These strategies are associated with higher levels of psychological well-being and greater resilience to chronic stress.

At the same time, Pargament emphasizes that religiosity does not always serve a protective function. Negative forms of religious coping—such as feelings of abandonment by God, the belief that suffering is a punishment for one's actions, or intensified guilt—may exacerbate psychological distress and hinder adaptation to crisis situations. This implies that the impact of religiosity on family health is not automatic but depends on the manner in which religion is experienced as well as on the quality of interpersonal relationships.

The importance of a shared value system is also highlighted in research on family communication in stressful contexts. Families whose members are able to openly discuss experienced difficulties and jointly search for their meaning demonstrate a greater capacity to maintain emotional balance and rebuild relationships following crisis experiences. In this context, religiosity may function as a resource that strengthens educational communication by fostering attitudes grounded in mutual support, forgiveness, and responsibility for the well-being of the family community.

The analysis conducted allows for the conclusion that religiosity does not exert a direct influence on family health but rather operates through the strengthening of specific psychosocial resources, such as the quality of communication, the coherence of the value system, and resilience in the face of crisis situations. This implies that educational communication may function as a mediating mechanism between religiosity and the holistic health of the family. This model of relationships provides the basis for the further discussion presented in the following section.

3. Interpersonal Communication and Religious Values as a Mechanism of Family System Cohesion and Health

From a systems perspective, the family operates as a dynamic whole in which each element interacts with the others, and the quality of internal relationships determines the system's level of stability and adaptive capacity. Family health is therefore not understood merely as the absence of conflict, but as the system's ability to maintain equilibrium, restore relational bonds, and effectively cope with developmental and situational crises.

Within the present model, it is assumed that the key mechanism governing family functioning is interpersonal communication, which mediates between the system of values (including religious values) and the level of family cohesion and health. This form of communication does not serve only an informational function but is primarily regulatory, emotional, and normative in nature.

3.1. Family Systems Theory Perspective

In classical systems approaches to the family, developed by Bowen (1966), Minuchin (1974), and David H. Olson (Olson et al. 1989; Olson 1993), it is emphasized that the quality of family relationships depends both on the structure of the system and on the patterns of communication among its members. Bowen conceptualized the family as an emotional system in which tensions are transmitted and mutually regulated through interactions among family members (Bowen 1978, pp. 114–15). A key determinant of system health is the level of differentiation of the self, which enables individuals to maintain a balance between autonomy and emotional connectedness.

From this perspective, communication performs a central role in the emotional regulation of the entire system. Open exchange of thoughts and feelings contributes to the reduction in tension and the strengthening of relational stability, whereas avoidance of

dialogue, criticism, or emotional withdrawal may lead to the emergence of dysfunctional interaction patterns such as triangulation or excessive emotional dependence.

Salvador Minuchin emphasized the importance of family structure, including the boundaries between subsystems (marital, parental, and child subsystems). Communication both reflects and co-constructs these boundaries. Overly rigid boundaries restrict emotional exchange, whereas overly diffuse boundaries lead to enmeshment (Minuchin 1974, pp. 91–110). A healthy family is characterized by communicative flexibility that enables a balance between closeness and autonomy.

In David H. Olson’s framework (Olson et al. 1989; Olson 1993), communication constitutes one of the three core dimensions of family functioning, alongside cohesion and flexibility. It is conceptualized as a facilitating dimension that enables the regulation of the other systemic dimensions (Olson 2000, p. 144). This implies that without adequate communication quality, the family loses its capacity for adaptation and systemic balance.

3.2. *Quality of Communication and the Stability of Family Bonds*

Research on family and marital functioning indicates that communication quality is one of the most important predictors of relationship stability. John Gottman has demonstrated that marital stability depends not only on the frequency of conflicts, but above all on the ways in which they are regulated (Gottman 1999, pp. 48–51).

In particular, the concept of so-called *repair attempts* is of central importance. These refer to behaviors that allow for the reduction in tension and the restoration of relational bonds during conflict. They include, among others, humor, empathy, apologies, and efforts to shift the tone of interaction. Their presence supports the maintenance of a positive emotional balance within the relationship, whereas their absence tends to contribute to the escalation of conflict.

Gottman also identified four destructive communication patterns, referred to as the “Four Horsemen of the Apocalypse” in relationships: criticism, contempt, defensiveness, and emotional withdrawal. Their prolonged presence in a relationship significantly increases the risk of marital breakdown and is associated with a decline in the psychological well-being of family members (Gottman 1999, pp. 41–47).

From a systemic perspective, such destructive communication does not affect only the couple’s dyadic relationship but also extends to the entire family system, influencing children’s functioning, emotional regulation, and the formation of later relational patterns.

3.3. *Religion as a Stabilizing Factor in Family Communication and the Family System*

Religious values may function as a factor that strengthens the stability of the family system by influencing the quality of interpersonal communication. In this perspective, religion is not treated as a direct determinant of family health, but rather as a normative resource that shapes modes of communication and the interpretation of family relationships.

Émile Durkheim argued that religion performs an integrative function through the creation of a moral community grounded in shared rituals and symbols. These rituals reinforce a sense of belonging and reduce social tensions, thereby contributing to greater cohesion within the family system (Durkheim 1990, pp. 6–7).

From a functional perspective (O’Dea 1966, pp. 6–7; Houtart and Remy 1959, pp. 173–79; Davis 1984, pp. 24–25), religion provides the family with norms regulating interpersonal behavior such as responsibility, forgiveness, solidarity, and respect. These values foster communication grounded in dialogue, reducing the likelihood of conflict escalation and strengthening the capacity for constructive conflict resolution.

Religious values also influence parent–child relationships through the modeling of attitudes and behaviors. Children learn not only from explicitly stated norms but, above

all, from observed patterns of communication that shape their future interpersonal relationships. In families where religiosity is internalized and consistent with everyday practice, a communication style characterized by emotional warmth and support is more frequently observed.

3.4. Authorial Conceptual Model: Educational Communication as a Mediating Mechanism Between Religiosity and Family Health

The integration of interpersonal communication and religious values allows for a more comprehensive explanation of the mechanisms underlying family system stability and health. Communication performs an operational function, enabling the day-to-day functioning of the system, whereas religious values fulfill a normative and stabilizing role by providing a framework that guides the interpretation of relationships and lived experiences.

Families characterized by a high level of cohesion typically exhibit the co-occurrence of two key elements: high-quality communication and a shared value system. Their simultaneous presence fosters the development of an environment marked by strong emotional support, relational stability, and resilience in the face of crisis situations.

In this view, religion strengthens communication, communication enacts religious values in practice, and their interaction leads to an enhancement of the family's holistic health.

On the basis of the conducted literature analysis in the fields of family systems theory, psychology of religion, and research on interpersonal communication within the family, an original conceptual model has been proposed to explain the relationships between religiosity, educational communication, and the holistic health of the family (Figure 1). This model constitutes an attempt to integrate a systems approach with psychosocial and axiological perspectives, in which the family is understood as a dynamic configuration of reciprocal interactions.

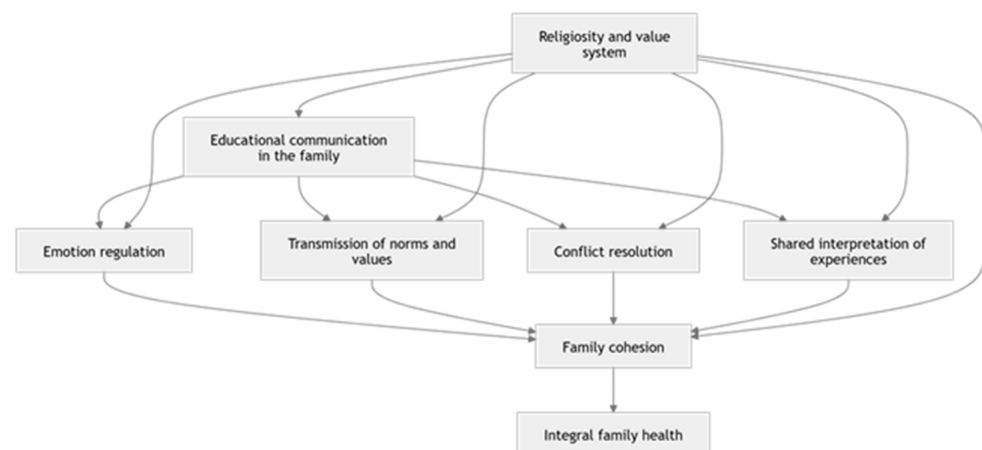


Figure 1. Authorial Conceptual Model of the Relationships Between Religiosity, Educational Communication, and Family Health. Source: Author's own elaboration.

The model is of a general theoretical nature and pertains to families raising children in which religiosity and/or spirituality constitute an element of the value system organizing family life. It is not limited to any specific cultural or denominational context; however, its applicability requires empirical validation across diverse socio-cultural settings.

Within the adopted framework, family health is not treated as the direct outcome of a single variable but rather as the result of a complex interactive process, in which a key role is played by the manner in which systemic resources are translated into everyday relational practices. This implies that neither religiosity nor educational communication operates in isolation; instead, they jointly shape the conditions for the emergence of family cohesion and systemic well-being.

Structure of the Model

The proposed model comprises three interrelated levels of analysis.

The first level consists of the family's systemic resources (input level), which include, above all, the value system—particularly religious values—as well as the structure of family relationships and emotional and social capital. Within this framework, religiosity functions as a primary source of meaning, norms, and interpretive frameworks that shape how family reality is understood. It provides an axiological and normative foundation that guides the evaluation of behaviors and interpersonal relationships within the family system.

The second level is mediational in nature and encompasses educational communication, which serves as the key mechanism through which systemic resources are translated into concrete actions and relational patterns. Educational communication is not understood here merely as a neutral channel for transmitting information, but as an active process of meaning construction in which values are communicated, interpreted, and reshaped.

It includes the communication of norms and principles, the learning of health-promoting behaviors, emotional regulation, conflict resolution, and the co-construction of meaning around family experiences. At this level, religiosity is either transformed into a resource that strengthens family functioning or, in the case of communication deficits, becomes a potential source of tension and misunderstanding. Accordingly, educational communication performs a translational function, converting values into everyday relational practices.

The third level encompasses systemic outcomes (output level), expressed in family cohesion, the quality of emotional bonds, conflict resolution capacity, resilience in the face of crisis situations, and overall family health understood in an integrated sense, encompassing physical, psychological, social, and spiritual well-being.

Mechanism of the Model's Functioning

In the proposed framework, religiosity influences family functioning primarily indirectly through three interrelated and complementary pathways.

The first is the normative pathway, in which religion provides a system of values and norms that regulate interpersonal behavior, including responsibility, loyalty, forgiveness, and family solidarity.

The second is the emotional-regulatory pathway, through which religiosity shapes coping with stress, suffering, and crisis situations, thereby supporting adaptive processes and strengthening a sense of meaning.

The third is the integrative pathway, associated with religious practices and rituals that reinforce a sense of community, intergenerational continuity, and belonging within the family system.

Educational communication serves as the key mediating mechanism in this model, integrating these pathways of influence. Its role is to translate religious values and emotional resources into concrete patterns of family interaction and to shape their meaning in relation to situational and relational contexts.

Central assumption of the model

The fundamental assumption of the proposed model can be formulated as follows: religiosity does not exert a direct influence on family health; rather, its effects are conditioned by the quality of educational communication within the family system. This implies that a high level of religiosity does not automatically translate into positive outcomes in family functioning if communication is closed, authoritarian, or lacking in dialogue.

Conversely, the opposite pattern is also possible: families with a moderate level of religiosity may nonetheless achieve high levels of health and cohesion when characterized by high-quality educational communication grounded in dialogue, empathy, and mutual respect.

Significance and Implications of the Model

The proposed model carries important theoretical, empirical, and practical implications. At the theoretical level, it integrates a systemic approach to the family with the psychology of religion and theories of interpersonal communication, thereby providing a coherent framework for analyzing family-related phenomena.

At the empirical level, it identifies variables that can be operationalized in both quantitative and qualitative research, such as the level of religiosity, the quality of educational communication, family cohesion, and indicators of well-being.

4. Conclusions

The aim of this article was to analyze the significance of educational communication for family health and holistic functioning, taking into account the role of religion and spiritual values as factors supporting the development of enduring interpersonal bonds. The critical analysis of contemporary research suggests that educational communication constitutes one of the key mechanisms influencing family functioning; however, its effects are primarily mediated through psychosocial processes occurring among family members.

The analysis of research findings indicates that families characterized by high-quality communication exhibit higher levels of cohesion, resolve conflicts more effectively, and demonstrate greater resilience in the face of crises. Communication competencies such as active listening, empathic responsiveness, open emotional expression, and constructive conflict resolution are associated with higher marital satisfaction, better child adjustment, and improved psychological well-being among all family members.

Conversely, the persistence of destructive communication patterns increases the risk of escalating conflict, weakens family bonds, and contributes to the emergence of emotional and health-related problems.

A review of the literature also suggests that religiosity may function as a resource supporting family health; however, its effects are not direct. The beneficial influence of religion becomes evident primarily when religious values are transmitted within an atmosphere of dialogue, mutual respect, and responsibility. Under such conditions, religiosity contributes to stronger family cohesion, the development of prosocial attitudes, and greater resilience in the face of crisis situations.

By contrast, the transmission of values through coercive or authoritarian communication may limit the positive contribution of religiosity to family functioning.

Based on the analysis, an interpretative model can be proposed in which educational communication functions as a mediating mechanism between the family's value system and its holistic health. This implies that shared values, including religious values, influence family functioning primarily through the ways in which they are communicated and enacted in everyday interpersonal relationships. Within this framework, educational communication integrates processes of upbringing, the formation of emotional bonds, value transmission, and the development of health-promoting behaviors.

The analysis also reveals important research gaps. Existing studies most often examine family communication and religiosity as separate domains, with relatively few attempts to explain the mechanisms linking these two phenomena. There remains a limited number of empirical studies employing multivariate models that assess the extent to which educational communication mediates the relationship between religiosity and family health. Furthermore, longitudinal research capturing changes in family functioning across different stages of development remains scarce, as do studies addressing the impact of digital communication on family relationships.

The findings indicate the need for further research integrating pedagogical, psychological, sociological, and family studies perspectives. In particular, there is a need for

quantitative studies employing models that examine the relationships among the quality of educational communication, value systems, religiosity, and indicators of family health. Such an approach would enable empirical validation of the proposed theoretical model and the assessment of the relative strength of individual factors.

The analysis leads to the conclusion that educational communication constitutes not only a means of transmitting knowledge and values, but above all a fundamental mechanism for building family psychosocial resilience. Its quality determines the extent to which other family resources—including religiosity, emotional bonds, and social capital—can be effectively utilized. Consequently, the development of communication competencies should be regarded as one of the most important interventions supporting family health and holistic development in contemporary sociocultural conditions.

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