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From Self-Realization to Generativity: A Homeodynamic Redefinition of Health and Successful Living

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Abstract

The current Western narrative of self-realization emphasizes autonomy and self-enhancement as guiding ideals of a successful life. However, empirical findings from psychology, medicine and sociology show that this orientation is often accompanied by increased stress, loneliness and loss of meaning. The present article develops an alternative framing in the light of Pazer's Homeodynamic Health Model (HHM), which describes health as a graduated ability for self-regulation, adaptation and existential development. The focus is on the thesis that generativity – understood as a mature ability to care, pass on and create meaning – represents the teleological peak of this dynamic. On the basis of developmental psychology, health psychology, evolutionary biology and psychodynamic literature, generativity is distinguished from mere altruism, justified as functional emergence instead of moral duty, and empirically supported in its health-promoting effect. The article also discusses social disturbances such as work intensification, permanent digital presence, and the erosion of community institutions that make it difficult to ascend to generative states. Finally, a research agenda is proposed to operationalize generativity as a diagnostic category and make it usable as a resource for individuals, organizations, and society.

Keywords: Homeodynamic Health Model; generativity; Altruism; Self-realization; Bless you; Resilience; Sense; Psychodynamics; Prosociality; Society.

Introduction

From the illusion of self-realization to the necessity of generative health

Contemporary Western culture has internalized a narrative that has established itself as an almost unquestioned matter of course: the ideal of self-realization. In advertising, education, self-help literature and therapeutic discourses, people are asked to see their lives as a project that should culminate in the maximization of their own possibilities, desires and experiences. This paradigm of autonomy and self-enhancement is attractive because it appeals to genuine basic psychological needs for self-determination and competence and seemingly contains a promise of meaning and happiness. Research in the context of self-determination theory has convincingly shown that autonomy, competence and relatedness are fundamental prerequisites for human well-being [1,2]. Cultural one-sidedness becomes problematic where these dimensions are torn apart and autonomy is disproportionately exaggerated, while relatedness and meaning orientation are marginalized.

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Health and social imbalances

The empirical consequences of this fixation on the ego are evident. Epidemiological studies show that loneliness and social isolation correlate with increased mortality rates and are comparable risk factors to smoking or obesity [3,4]. Social psychology research shows that non-fulfillment of the need for belonging is associated with depressive symptoms, anxiety disorders, and reduced stress management [5]. In society, the overemphasis on individual self-realization manifests itself in phenomena such as declining birth rates, unstable couple relationships, and a decline in community institutions [6]. At the same time, the prevalence of stress-associated illnesses, burnout and psychosomatic disorders is increasing [7,8]. The guiding category of self-realization, which should actually promise stability, thus produces fragility and overload.

The Homeodynamic health model as an alternative framing

Against this background, the Homeodynamic Health Model according to Pazer offers a theoretical reorganization of health. It defines health not as a static state of the absence of disease, but as a graduated capacity for self-regulation, adaptation, and existential fulfillment [9]. At the center of the model are five functional states, ranging from survival to generativity. This sequence makes it clear that stability and performance are not achieved through adaptation and efficiency alone, but through the integration of one's own into a mature, outward-looking practice. In this context, generativity refers not only to a moral demand, but to the emergent crown of an orderly system that manages energy economically, is anchored in social relationships, and is realized in contributions to others [10,11].

The central argument of this article is thus confrontational: the ideology of permanent self-optimization ties resources to the ego and prevents the systemic relief that becomes possible in generative states. While short-term self-enhancement can activate arousal and performance potential, in the long term it leads to an overload of the regulatory system, which remains in conservative or adaptive patterns. Only generative orientations – i.e. contribution, care and transmission – open up energetically sustainable high states that go hand in hand with resilience, meaning and social sustainability. The aim of the present review is to present the Homeodynamic Health Model in its main features, to unfold the role of generativity as a peak state, to integrate empirical evidence and counter-positions, and to show practical consequences for individuals, organizations and society.

The Homeodynamic Health Model according to Pazer: Structure, Dynamics and Teleology

The classical concepts of health and adaptation are closely linked to the idea of homeostasis. Walter Cannon understood the organism as a system that ensures equilibrium by returning to a set point [12]. This perspective proved fruitful, but was increasingly criticized as too static. With the concept of allostasis, Sterling and Eyer described stability through change in that systems react anticipatively before dysregulation occurs [13]. Bruce McEwen supplemented this with the concept of allostatic load, which names cumulative costs of chronic adaptation [7]. Pazer's Homeodynamic Health Model goes beyond both paradigms by describing not only equilibrium or adaptation, but the ability of a system to assume metastable states over phases and transition to a qualitatively new order. Health is not understood as a zero point or reactive balance, but as a graduated, teleologically ordered developmental movement.

The model differentiates between five functional states that do not represent rigid stages, but can be understood as dynamic attractors.

- In the state of survival, reactive patterns, immediate threat focus, and short-term resource use dominate. Energy is consumed at maximum intensity, but with minimum sustainability.
- The state of conservation describes a fragile stability based on protection and routinization. Individuals are functionally capable of acting here, but are energetically limited and susceptible to overload.
- Adaptation means active adaptation to variable requirements, whereby flexibility and problem-solving skills grow. Cognitively, there is room for medium-term planning, and emotionally responsiveness stabilizes.
- High performance refers to a form of integration in which energy, affect and cognition are in a favorable relationship. In contrast to short-term peak performance, high performance in FM is energetically sustainable and resilient.
- Finally, generativity is the upper attractor of the model. It refers to a mature, meaning-oriented relatedness in which contributions to others do not arise from duty or guilt, but from orderly self-organization. Generativity bundles autonomy, competence and relatedness in a way that strengthens individual vitality and collective sustainability in equal measure [10,11].

The movement between these states takes place via latent transitions that are modulated by internal and external factors. Physiological variables such as vagal flexibility or heart rate variability influence whether systems oscillate between conservation, adaptation and high performance [14,15]. Cognitive-affective processes, especially re-evaluation and attribution of meaning, open transitions to more stable states [16]. Social support acts as a crucial amplifier because it reduces the costs of individual self-regulation and enables co-regulation [17]. The model implies that generative states can only be achieved if self-reference and external reference are integrated in a balanced way. Teleologically, the HHM is explicitly oriented. Health is not the absence of illness, nor is it merely the ability to adapt. It is the gradual development towards generativity. This state of affairs is not morally imperative, but systemically functional. In it, the self relieves itself of permanent self-surveillance, because meaning, attachment and contribution stabilize the attention economy. The organism finds a form of energy regeneration that goes beyond mere preservation. Generativity is therefore not a freestyle, but a crown: the

point at which individual resilience, social sustainability and existential fulfillment coincide.

Generativity and Altruism: Specification, Differentiation and Connectivity to the FM

Conceptual genealogy and current relevance

Since Erikson, generativity has referred to a maturity dimension of adulthood, in which the self becomes active beyond itself by taking over the care, preservation and recreation of social goods and promoting the next generation. What is meant is neither mere reproduction nor sentimental charity, but a structured responsibility embedded in roles and practices that orders identity, meaning and agency [10]. The narration psychology elaboration understands generativity as a multi-layered configuration of motivational dispositions, internalized obligations, perceived experience of effectiveness and observable action; Identity narratives function as a medium of integration that coherently anchors generative motives and practices [11,18]. Longitudinally, generative target narratives correlate with mental health, social inclusion, and prosocial activity, and have a biographically stabilizing effect without stifling developmental plasticity [19]. In a present that rhetorically exaggerates autonomy and at the same time thins out collective infrastructures, generativity gains particular relevance because it not only compensates for the scarcity of common goods, but also makes conceptually visible how individual health and collective sustainability co-emerge.

Altruism, prosociality and the question of motives

In the narrower sense, altruism refers to actions that are primarily aimed at the well-being of others, even if they result in direct costs for the actor. The empathy-altruism hypothesis postulates that empathic sympathy produces independent, non-instrumental motives for helping that cannot be reduced to reputation- or benefit-based calculations [20]. At the same time, theoretical and empirical studies show that prosocial behavior is often multi-causally motivated and that reputation, indirect reciprocity and the warm glow described by economics appear as co-existent motivations without necessarily devaluing the authenticity of care [21-24]. Ontogenetically, spontaneous response to help can be observed as early as preschool age, suggesting a basal prosociality that is not exclusively culturally mediated, which is later modulated by norms, roles, and sanction systems [25]. Neurocognitively, networks of mental state attribution and evaluation integration are typically involved in altruistic decisions, including temporoparietal transition zones, ventromedial prefrontal cortex, and striatal structures, which underlines the interconnectedness of perspective taking, value representation, and motivational reinforcement [26-28]. Hormonal modulators such as oxytocin show context-dependent effects that can increase care and ingroup favoritism, but whose generalizability and specificity are inconsistent, so that hasty biologizing interpretations should be avoided [29].

Mature generativity versus pseudo generativity

For the Homeodynamic Health Model according to Pazer, the conceptual distinction between mature generativity and pseudo generative patterns is central. Mature generativity exists when contribution behavior is an expression of an energetically stable, autonomously regulated and socially embedded order that produces regular fertility for others and at the same time calms the self. Pseudo generativity exists when action to help is primarily fed by guilt, fear, identity insecurity or external pressure and thus undermines the system order. The caregiving literature impressively documents that unbalanced, resource-incongruent care can be associated with increased depression, somatic stress and increased cardiovascular risk burden, especially in the absence of control, social support and coherence of meaning [30,31]. Studies on pathological altruism show that excessive help, boundary-violating self-sacrifice and moral self-exaltation can not only harm recipients, but also destabilize the support system, for example through burnout and narcissistic collusion [32]. From the perspective of self-determination theory, this differentiation can be made more precisely: Autonomously motivated, competence-experienced and concerned help is associated with vitality, less exhaustion and more stable well-being, whereas controlled, image- or guilt-driven help corresponds to affective dysregulation [33,34]. The HHM takes over this functional separation and makes it teleologically fruitful, in that generativity is only considered a peak state when it emerges emergently from ordered self-regulation and sustainable relatedness.

Measurability between disposition, practice and physiology

Diagnostic acuity requires multi-track operationalization that integrates dispositions, real-world behavioral practice, and physiological correlates. The Loyola Generativity Scale captures generative attitudes and self-image, while the Generative Behavior Checklist focuses on observable actions; moderate correlations between the two instruments make the difference between self-attribution and lived practice visible and suggest multimodal approaches [11,35]. Prosocial tendencies can be depicted in a differentiated way using the Prosocial Tendencies Measure, which separates motives such as anonymous, emotional or public help, while the Interpersonal Reactivity Index opens up facets of empathy and perspective-taking [36,37]. Established scales for everyday acts of help can be used as frequency-based measures of behaviour, but they are particularly exposed to social desirability and therefore require behavioral markers, such as time budgets, volunteer intensity or real transfer actions in ecologically valid settings [38,39]. Physiologically, heart rate variability as a marker of cardio-vagal flexibility provides a proximate index for self-regulation capacity, emotion control and stress resilience; Higher tonic and flexible HRV are associated with better executive function and adaptive affect regulation and can thus serve as correlates of homeodynamic stability without directly measuring generativity [15,40]. The combination of autonomous motive profiles, objectified contribution

practice and flexibility indicators corresponds to the logic of the HHM, which diagnoses not a characteristic but a system order.

Generativity is neither exclusively tied to middle adulthood nor culturally invariantly identical. While Erikson described the peaks of generative responsibility in adulthood, studies document generative tendencies in young adults when they are embedded in viable roles, rituals, and community relationships, such as mentoring relationships, family care arrangements, or religious communities that integrate meaning and commitment [18,19]. At the same time, cross-cultural research points to the danger of WEIRD-centered generalizations, since Western individualistic contexts favor different motive and expressive profiles of prosocial action than more collectivist milieus, in which norms of obligation, hierarchy, and ingroup ties can significantly shape the profile of generative practice [41,42]. For the connection to the HHM, it follows that generativity as a system quality is realized differently in different cultural infrastructures, while the functional logic remains stable: regulated self-organization, sustainable relatedness, sustainable contribution fertility. Generativity can be understood as a successful transformation of narcissistic vulnerability and shame dynamics into stable object constancy. Approaches to object relationship theory and mentalization theory describe how the integration of ambivalent affects, the recognition of others as independent centers of experience, and the internalization of a reliable reference to oneself and the world reduce narcissistic self-surveillance and release energy for action that externalizes itself in mature forms of worry [43,44]. This makes generativity plausible from an affective economic point of view: the self is less preoccupied with itself because it is sheltered in relational networks of meaning; this embedding acts as predictive security and reduces the cost of individual control, which increases homeodynamic stability. The observation that meaning orientation, together with generative practices, can reduce depression and increase vitality fits into this deep structure without concealing the ambivalences of compulsion to understand and moral over fulfillment [45-47].

Consequences for HHM: generativity as a teleological summit

In the context of the Homeodynamic Health Model according to Pazer, generativity is not a decorative addendum, but the functional crown of successful self-organization. The teleological point is that a system that has consolidated its basal control abilities and achieved adaptively integrated high performance can operate in generative practice in a more energetically sustainable, affectively calmer and cognitively clearer way, because attention and control costs are reduced through meaning and social co-regulation. Generativity thus becomes a diagnostic target by which pseudo-generativity can be reliably distinguished: where helping destabilizes self-organization, the peak is not there, no matter how morally charged the practice appears. The practical consequence for clinical, social work and organizational psychology contexts is that generativity is not prescribed, but prepared by strengthening regulatory preconditions, attachment architecture and coherence of meaning. Only then does the contribution pay. Strong counter-arguments rightly point to the danger of exploitation by altruism norms, to care burdens in asymmetrical contexts and to the hedonistic evidence of short-term self-aggrandizement. Within the framework of the FM, these objections are not neutralized, but integrated as boundary conditions for generativity. Generativity presupposes real freedom of choice, experience of competence and reliable embeddedness; if these components are missing, aid action generates costs that increase allostatic load. Furthermore, the empirical evidence is heterogeneous, and publication bias in favor of euphonious prosociality effects is possible. Therefore, measurement and design questions are not a formal footnote, but constitutive: Only multimodal, behavior- and biomarker-based approaches can reliably test the functional diagnosis of generativity in the sense of FM. The following chapters will flesh out these audit trails without reproducing the normative charge to which the field is vulnerable.

Evolutionary Biology and Mismatch: Logics of Cooperation, Fitness Architectures and the Interference Fields of Modernity

The evolutionary biology perspective understands altruistic and cooperative behaviors not as moral coincidences, but as strategies that generate selection advantages under certain conditions. Kinship selection explains help in favor of genetically close people through inclusive fitness, so that genes that carry cooperative dispositions benefit even if the immediate benefit for the actor is negative [48]. Reciprocal altruism extends this logic to repeated interactions under uncertainty, in which the expectation of future consideration justifies the short-term costs [49]. Models of indirect reciprocity and competitive altruism also show that reputation and choice of partners create social markets in which reliably cooperative actors interact preferentially and thus gain access to resources, protection and information [22,23]. The social basis theory adds a physiological dimension to these selection logics: social proximity reduces the economy of action because shared vigilance, shared burdens and anticipated support reduce the metabolic costs of individual self-regulation. In neurobiological and psychophysiological markers, this is reflected in lower stress reactivity and more efficient emotion regulation, which plausibly proves the coupling of cooperation and energy regime [17].

From Fitness to generativity: transmission as a functional goal

The integration of cooperation and reproduction leads beyond formal fitness calculations into a functional teleology of the social organism. Systems are not only geared towards immediate self-preservation, but also towards the stabilisation and transfer of competences, resources and cultural techniques. The theory of cumulative culture describes how cooperation, imitation, and shared intentionality can stabilize and increase innovation over generations, thereby expanding the ecological niche of social species [50,51]. In this perspective, generativity becomes

compatible with fitness architectures without falling into biologism: The functional "yield" of mature care and transmission lies in the stabilization of a network that lowers the burden on the individual and increases the reliability of the living space. This is precisely where the bridge to the Homeodynamic Health Model according to Pazer lies, which defines the upper attractor as a state in which contribution, care and transmission are not deficit compensation, but an expression of orderly self-organization.

Mismatch hypothesis: when modern environments neutralize cooperation advantages

The mismatch hypothesis argues that rapid cultural and technological transformations change features of the environment to which organisms have evolutionarily calibrated. Urban anonymity, high mobility, digital mediation of social contacts and the decoupling of work, family and local community reduce the density of reliable, recurring interactions. In such contexts, the conditions under which reciprocal and indirect reciprocity unfold their stabilizing power disintegrate, while short-term, status- or impulse-driven logics of action are reinforced [52,53]. The effect on the energy regime is twofold. On the one hand, the allostatic load increases because predictive safety and shared vigilance dwindle. On the other hand, the reinforce landscape shifts towards hedonic, immediately rewarding activities that support the rhetoric of self-actualization without creating stable embeddedness. The result is constellations in which individuals oscillate between conservation and adaptation patterns, achieve high performance only episodically and rarely stabilize generative states.

Connection to the HHM: cooperation logic as a phase-up mechanism

The Homeodynamic Health Model according to Pazer interprets this mismatch dynamic as a disruption of the phase-up mechanisms that carry the ascent from preservation to adaptation to high performance and generativity. Where reliable social networks are lacking, the costs of individual self-regulation increase, the buffer effects of shared intentionality and shared knowledge are lost, and architectures of meaning that legitimize transmission become brittle. The result is an energetically expensive self-management that exaggerates autonomy and substitutes relatedness. Conversely, cooperative ecologies act as catalysts: they reduce the thresholds for transitions to more stable states because they provide predictive security, resource flow and identity-forming roles. Generativity thus does not appear as a moral imperative, but as a systemic function of mature cooperative orders that relieve the economy of the organism and enable sustainable high states. In this reading, the cultural and organizational policy task is not an appeal rhetoric to help, but the reconstruction of the conditions under which cooperative advantages become effective again and the phase-up realistically succeeds.

Developmental and Health Psychology: Evidence Window for Generativity as a Peak State

A consistent, though not monolithic, pattern emerges in the health psychology literature: prosocial engagement and generative practice correlate with better health indicators and lower mortality. Longitudinal population studies report that volunteering is associated with increased life satisfaction, better self-reported health, and reduced depression, with dose-response relationships and persistence effects observed [54,55]. A systematic review confirms that volunteering and structured assistance can have positive effects on psychological and somatic outcomes across different age groups and contexts, even if methodological heterogeneity and selection processes have to be taken into account [56]. Prospective studies also indicate that the administration itself, not primarily the receipt of support, is associated with a reduced risk of mortality, which underlines the functional relevance of generative actions [57]. In addition, experimental and quasi-experimental studies show that the devotion of resources to others can increase subjective vitality and affective quality, even in the absence of direct contact with the target, suggesting intrinsic reinforcement effects [34,58].

Eudaimonia, meaning and the motivational conditions of healthy help

The empirical dividing line is less between helping and not helping than between motivational quality situations. Eudaimonically oriented practices that emphasize meaning, self-transcendence, and value realization show more robust associations with health and well-being indicators than hedonic goals aimed at short-term pleasure [47,59]. In the context of self-determination theory, autonomously motivated, competency-experienced, and relationally embedded helping improves vitality and well-being, while controlled, guilt- or image-driven motives are associated with exhaustion and affective dysregulation [33,34]. For HHM logic, this means that generativity can only be assumed as a peak state where contribution arises from orderly self-regulation and does not function as a compensation for inner imbalance. Meaning-orientation acts as a cognitive-affective framework that calms the attention economy, creates coherence of action and ensures the long-term sustainability of generative practice [45,46].

Ambivalences of care: stress, selection and context

Caregiving research warns that the ambivalences of helping roles must be clearly taken into account. Family-oriented care in highly stressful constellations is repeatedly associated with increased depression, somatic complaints and cardiovascular risks, especially in the absence of autonomy, control and social support [30,31]. These findings do not contradict the generativity thesis, but specify its conditions: Helping only generates homeodynamic gains if the regulatory prerequisites are right and the practice is experienced as autonomous, competent and relationally viable. In terms of methodology, attention must also be paid to selection and confoundation factors. People with better initial health and higher social capital are more likely to engage prosocially, which can partially influence associations. Analyses that control for baseline health, personality and network situation reduce effect estimates

but do not eliminate them completely, which points to the self-variance of real contribution actions [56,60].

Physiological correlates and homeodynamic plausibility

There are theoretically coherent and empirically increasingly proven connections between prosocial embedding and physiological flexibility markers. Heart rate variability as an index of cardio-vagal flexibility correlates with emotion regulation, executive control and stress tolerance and thus provides a proximate correlate framework for homeodynamic stability without directly mapping generativity [15,40]. Longitudinal experimental work points to reciprocal upward spirals in which positive social connectedness strengthens vagal flexibility and increased vagal flexibility in turn favors social openness and prosocial affective states, which plausibly proves the energetic economy of generative states [61]. From HHM's point of view, this coupling is central because it outlines a biophysiological mechanism through which mature relatedness reduces the costs of individual control and facilitates transitions to more stable, generative orders. The evidence from developmental and health psychology supports the thesis that generative practice is a resilient candidate for a peak state of orderly self-organization. The effects are not automatic, but depend on motivational quality, resource fit and social embeddedness. Where aid action is autonomous, competent and meaningfully embedded, there are consistent gains in vitality, stress tolerance and, in some areas, mortality benefits. Where these conditions are absent, effects tip over and manifest themselves as an allostatic additional load. Pazer's Homeodynamic Health Model integrates this ambivalence by understanding generativity not as a moral duty, but as an emergent system quality that can be measured and promoted, and whose limits can be determined empirically.

Psychodynamics of Generativity: Transformation, Object Constancy, and Affect Economy

Generativity in the logic of the Homeodynamic Health Model according to Pazer presupposes an inner order that replaces the compulsion for permanent self-supervision with a stable, outwardly fruitful relatedness. Psychodynamically speaking, it is about the transformation of grandiose and shameful self-representations into an integrated self- and object constancy that can withstand closeness, difference and reciprocity at the same time. Where this integration is lacking, helpfulness tips over into forms of defense in which giving is supposed to stabilize the fragile self without giving it the peace of real security. In this sense, generativity is not the moral will to goodness, but the psychodynamic form of an orderly self-world relationship that can exist because it no longer has to constantly revolve around itself [43,62,63].

Attachment theory and differential emotion regulation research show that secure attachment representations increase the likelihood of adaptively processing stress, coordinating perspectives, and stably expressing prosocial tendencies. Securely attached adults consistently show higher willingness to engage in caring behaviors, finer empathy styles, and more robust conflict management, while anxious or avoidant attachment patterns suggest either hyper activating self-protection strategies or affective deactivation, both of which complicate generative practice [64,65]. These effects are not merely motivational, but regulative: security reduces basic tension, expands the scope of action and allows one to represent the needs of others without losing oneself. For the HHM, this means that generative states rest on a binding architecture that lowers the allostatic load and thus relieves the energy economy of the system.

Mentalization, understood as the ability to recognize inner states in oneself and others and to understand them as causally effective, represents a central mechanism that separates prosocial behavior from pseudo-help. Where mentalization is contributive, states of affect are named, differentiated and embedded in assumptions of intentionality; where it collapses, interaction tips over into dynamics of projection and retaliation or into self-dissolving fusion [66,67]. Generativity requires stable mentalization, especially under stress: Helping then remains responsive and limited, instead of becoming compulsive and border-violating. The empirical literature shows that increased reflection function is associated with better emotion regulation, less impulsivity, and higher relationship stability—parameters that act as threshold variables in HHM for the transition to high performance and generativity [68,69].

Narcissistic dynamics, shame and the transformation to maturity

Classical and modern works on the topic of narcissism describe two paths of dysregulation that undermine generative practice: grandiose exaggeration with devaluation of the other and vulnerable narcissism with shame dominance and excessive desire for confirmation [62,70]. In both constellations, helping easily becomes an instrument of self-stabilization, either as a stage for moral superiority or as a currency for longed-for love. The psychodynamic maturation task consists in the internalization of a sufficiently good self and object that tolerates ambivalence and understands boundaries as relationship protection. Kohut's self-psychology has emphasized the importance of empathic mirroring for this consolidation, while structural theoretical approaches focus on the ability to differentiate affect and to integrate contradictory representations [63,71]. Only this integration decouples contribution from narcissistic economics and makes generativity possible as giving from abundance.

Affect economy, neurobiology and the calming of the self

The affect-economic thesis that successful relatedness calms the self finds neurobiological equivalents. Social co-regulation reduces anticipatory costs of individual control; the Social Baseline Theory argues that proximity to reliable attachment figures reduces the necessary vigilance, predictive uncertainty and thus metabolic effort [17]. Vagal-mediated flexibility correlates with executive

control and emotion regulation, and can be read as a proxy marker for the ability to modulate stimulation and calming in a context-appropriate way—a prerequisite for absorbing stimuli without flooding and setting boundaries without icing [15,40]. Models of predictive coding complement this perspective by showing how shared networks of meaning, rituals, and roles reduce error prediction costs, thus freeing up attention and energy that can be tied up in generative practice [72,73]. From HHM's point of view, this creates a plausible mechanism through which psychodynamic maturity is translated into energetic sustainability.

Normative reformation, moral masochism and the limit of virtue

Psychoanalysis warned early on against a moralization of helping that reproduces destructive economies under the banner of good. Freud's analysis of moral masochism identifies the paradoxical desire for self-depreciation in the service of an idealized superego, a dynamic that can flourish covertly in helping professions when achievement and sacrifice function as an axis of identity [74]. In modern contexts, there is a secular variant in which organizational cultures, instrumentalize generative rhetoric to mask real overload. From HHM's perspective, every suspected diagnosis here must be based on pseudo generativity: where giving destabilizes self-organization, where meaning becomes ideological disciplining, where limits exist only in theory, there is no summit state. The crown only remains generative if it is recognizable as an emergence of regulated self-organization.

The psychodynamic deep layer of generative practice can be translated into three diagnostic key questions that serve as threshold tests in HHM. First, it must be clarified whether attachment and emotion regulation patterns provide a calm center that tolerates closeness and difference. Secondly, it must be examined whether mentalization remains stable in stressful situations and enables responsive-limited worry. Third, it is necessary to examine whether narcissistic themes are integrated in such a way that giving does not serve as a stage, but is an expression of abundance. Interventionally, this results in priority steps: stabilization and structuring before the expansion of the contribution, strengthening of attachment security and mentalization before moral appeal rhetoric, building boundaries and role clarity before enriching tasks. In this sequence, generativity is not prescribed, but enabled—as a teleological target state that fulfills the energetic logic of HHM.

Counter-Positions and HHM Response: Autonomy Primacy, Hedonia, Care Burden

Modern motivational psychology rightly emphasizes that autonomy is a basic condition of health and performance. Studies within the framework of self-determination theory show that perceived self-determination, competence and relatedness are central predictors of vitality, commitment and psychological well-being. In this logic, the argument against generativity is that contributions for others easily tip over into heteronomy and thus damage the psychological economy. The objection is justified when generativity is set against the regulatory maturity of the subject as a moral ought. The HHM answer is that generativity as a summit does not stand against autonomy, but represents its mature form, because it functionally integrates autonomy, competence and relatedness and thus reduces the costs of permanent self-monitoring [1,2]. Hedonic activities, self-reward, and short-term self-enhancement can generate positive effects, motivation, and performance boosts. The danger lies in the confusion of short-term gains in affect with systemic stability. Eudaimonic orientations show more robust connections with health, meaning coherence and resilience in the long term than purely hedonic goals. HHM integrates these findings by defining high performance as energetically sustainable, not over-the-top activation and generativity as a state in which meaning coherence and social embeddedness stabilize the affect economy [47,59].

Care and assistance tasks can cause considerable physical and psychological stress due to a lack of resources, role conflicts and a lack of control. Research on caregiver burden, compassion fatigue and moral injury documents increased depression, somatic complaints and conflicts of conscience in asymmetrical, chronically overwhelming contexts. This evidence falsifies a naïve "helping is always healthy" thesis, but not the HHM thesis. In the logic of the HHM, such constellations mark pseudo generativity because autonomous motives, competent role clarity, binding buffers and regeneration architecture are missing. The diagnostic consequence is to stabilize order before maximizing contribution, and to address organizational misuse of generative rhetoric as a risk [30,75,76,77].

Social Interference Fields: Work Intensification, Digital Acceleration, Erosion of Community

For decades, models of work sociology and occupational psychology have described the health risks of high demands with low control and decoupled effort-reward ratios. In such fields, stress, exhaustion and cynicism increase, while regeneration windows shrink. For HHM, this means that systems remain trapped in conservation and adaptation because the thresholds for ascent to high performance and generativity are not energetically accessible. The political implication is not an appeal to individual resilience, but the design of working conditions that enable control, reward justice, and real recovery [78-80].

Always-on cultures, unbounded accessibility and evening smartphone use shift attention, reinforce cognitive residues of work and undermine sleep quality. Lack of sleep and irregular sleep times worsen emotion regulation, executive functions and immunological markers, thus increasing allostatic load. In FM terms, ascents from adaptation to high performance are blocked because central regeneration axes collapse. Digital hygiene, clear accessibility limits and sleep protection are thus not wellness options, but phase-up conditions [81,82].

The decline of stable forms of community, loneliness and decreasing participation in intermediary institutions weaken the infrastructure of reliable reciprocity. This reduces predictive safety, shared vigilance, and the availability of

roles in which contribution creates meaning and identity. HHM interprets this development as a dismantling of the conditions of cooperation that systemically support generativity. Rebuilding local and supra-local commons that generate reliability and continuity is therefore to be understood as a health intervention [4,6,17]. The above-mentioned interference fields increase the transition thresholds between the FM states by making regeneration more expensive, reducing control and eroding meaning coherence. Interventions therefore do not aim at more individual self-realization, but at the reconstruction of conditions under which high performance becomes energetically sustainable and generativity becomes realistic. This applies to working time and reward regimes, digital cultural techniques, sleep and recovery architecture, and the revitalization of community as an infrastructure of health.

In HHM, generativity appears as a teleological attractor in which self-regulation, adaptation and high performance lead to a stable, outward-looking order. The decisive factor is the demarcation: generativity is not to be equated with just helping, but requires an interplay of autonomous motivation, competent practice and sustainable relatedness. Figure matrix: HHM phases × contribution profiles – in survival, help is defensive, in conservation dutiful, in adaptation experimental, in high performance efficient, in generativity sustainable and meaning-oriented. Transitional levers ("phase-up") are coherence of meaning, secure bonding, reliable community and energetic stabilization. Generativity relieves the attention economy, reduces allostatic load and enables contribution without self-loss. Generativity is not a moral ideal, but a functional summit of self-organization. Testable hypotheses: Generative practice lowers stress beyond resilience; it stabilizes vitality more sustainably than self-optimization; cultural interventions that facilitate contribution act like health interventions. Research agenda: Validation of an HHM index, field studies on generative practice in organizations, biomarker research on upward dynamics.

Conclusion

The Imposition and Promise of Generativity

The present paper has shown that the ideal of self-actualization, as attractive as it appears in late modern culture, appears to be insufficient in the light of Pazer's Homeodynamic Health Model. Self-realization can favor transitions into adaptation and also high performance, but it remains an intermediate state that can be exhausted as soon as it systematically excludes relatedness to others. Generativity, on the other hand, marks the teleological peak because it transforms the tension between autonomy, competence and commitment into a stable order that not only vitalizes the individual, but also produces collective sustainability.

The point is that generativity is not a moral requirement, but a functional emergence. Systems that act in a stable generative manner reduce their allostatic load because attention, affects and energy flows are no longer tied up in permanent self-guard. Instead, an economy of abundance comes into force: the self can give because it knows itself to be ordered and secure. This insight

undermines the current rhetoric of limitless self-optimization. The ego is not strengthened by increasing it endlessly, but by consolidating it in such a way that it can become a source for others.

For health psychology, this means that generativity must be understood as a marker of health, not as an afterthought. For developmental psychology, it is evident that biographical maturity does not culminate in a narcissistic project, but in the integration of self and other. For social policy and organizational design, it follows that conditions must be created that facilitate generative practice without forcing it: sustainable social networks, fair working conditions, protective spaces for processes of meaning and bonding. The imposition of generativity is that it cannot be prescribed. It does not arise from guilt or appeal, but from the inner order of a system that has learned to manage its energy sustainably and to live in resonance. The promise of generativity is radical at the same time: health, meaning and collective safeguarding of the future coincide here. At a time when the Western narrative of self-realization is increasingly showing its limits – in burnout, loneliness, loss of meaning – HHM offers an alternative: a model that describes health as a dynamic process that finds its crown in giving.

This poses the task for science and practice to understand generativity neither as a luxury nor as a duty, but as the actual goal of healthy self-organization. Only when we acknowledge that humans do not heal against but in their relational and generative nature will the path open to an understanding of health that not only strengthens the individual, but also sustains the community.

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