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MENTAL HEALTH IMPLICATIONS OF HEALTH EDUCATION

by

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Summary

In this paper the question is raised in which respects the principles and methods of mental health are related to health education. Analysis of this problem reveals four areas, in which mental health is of paramount importance : viz.

(1) the integration of concepts of modern medicine in the system of values and beliefs of an existing community, e.g. of the individual client;

(2) the personality of the health educator, operating in a climate susceptible of authoritarian methods, which may hamper the learning process by feelings of guilt and anxiety;

(3) the mutual dependence of bodily and emotional development;

(4) the need of modern health education to promote teamwork with general education and specialists in related fields.

I. Health Education in its most usual form concentrates today on the transfer of patterns of behaviour, which it is supposed will bring about the best possible state of physical well-being. By doing so, health education may be classed under the various educational sciences, which, each in its own domain, endeavour to impart knowledge and offer practical methods to individuals or groups of individuals. Whereas, however, in many other educational fields, methods and principles are more or less well-defined, there exists a good deal of doubt about the question as to what should be taught with regard to health education and how. In this

respect health education is nearest to general education, which cannot boast either of a great measure of unanimity as regards the "what" and "how". Whereas at an earlier stage the educator knew pretty well at what age a child should be taught his manners and acted fully convinced that rigid discipline was the best method, a parent in our day is more hesitant. In general he or she will prefer to awaken in the child the correct attitude and leave specified behaviour to natural development. In health education we can observe likewise such a difference of accent. Concrete knowledge of health and hygiene are considered less important than imparting insight, rousing interest and fostering values with which man, in given situations, can realize a healthy way of living. Hence, in the opinion of many, health education cannot be considered apart from general education, neither in the case of children nor in that of adults.

This co-operation of health education and general education offers advantages, i.e. their methods and techniques may develop towards each other.

We see the health educator successfully employ educational methods developed for example, in school education. On the other hand the teacher in his lessons of biology learns how to find points of contact with a "centre d'interêt" like health, and starting from that can evoke a wider interest in processes in nature.

A handicap however is that in this way the borderlines of health education become more vague. Apparently the value "health" offers a lead for what may be taken as belonging to the domain of health education. On further consideration, however, it appears that this "value area" may not only consist of various sub-values, but may also have another place in the total value system and have quite different places in the order of values. This becomes clear when the opinions of groups within a certain pattern of culture are compared. For some groups, health is what may be called a primary value. This holds especially good for sport enthusiasts. In the same way for certain groups of parents for example, the health of their children decides everything. For others health is more a secondary value and its importance is considered in the light of other more fundamental

The differences in appreciation of health in various patterns of culture are also well known. The opinions of Brahmins and Christians are widely divergent in this respect. In so-called primitive cultures certain illnesses and anomalies of the body may even have a positive accent and may stamp the sufferer as a possessor of divine power. It should be borne in mind, moreover, that health and the sub-values connected with it, such as a good appearance, food, etc., not only form part of an emotionally coloured value system, but also form part of widely divergent theories of life. One is too often inclined to think that non-medical circles have no notion whatever of the life-processes and bodily functions determining health and illness. Practically every culture, including primitive cultures, however, has its own "theories" in this connexion.(1) The subjective security which such theories procure is perhaps greater than the one offered by the more relativistic attitude of intellectual man grown up with modern science. The magical systems procuring these securities are found not only in the underdeveloped areas, but also among large groups of western society. And most individuals also build on these magical systems their own concepts of life. For example, they firmly believe that taking three mouthfuls of water after cleansing teeth, sleeping on one special side, and many other rituals, will exercise a direct influence on their health. Ignorance appears to be, in the majority of cases, a system of fallacies difficult to eradicate.

The health educator who thinks that ignorant souls thirsting after knowledge will be glad to accept his views based on medical science is a priori doomed to repeated failure. He underestimates the forces that maintain the conceptual processes connected with magic thinking about health at work in children and adults, in primitive, non-western and western peoples. He will be unable to understand the anxieties every individual experiences when his dearly fostered outlook on life and the world threatens to be shattered by getting acquainted with other ideas.

Here, therefore, opens a field of problems where mental health comes into play. Only when the new system of certainties which health education tries to transfer forms a whole that can be integrated in the system of values and concepts of the group concerned, is there a chance that it will be accepted with good results. And only out of a feeling of security that presupposes a personal link between the health educator and his client will the latter be prepared to change his views for others.

It is obvious that the study of these problems does not belong to one field of specialism. In order to solve them the combined operations of many sciences is necessary. The cultural anthropologist has his say in the matter just as the sociologist, the social psychologist and the psychiatrist. A mental health approach implies such a multi-disciplinary manner of thinking, and is therefore pre-eminently suitable to go deeper into these problems.

II. It will be clear that the health educator, being an educator, and as such wanting to transfer certain values and insights, cannot stop here. However much his technique may evolve in the direction of the non-directive methods, his activity continuously aims at making clear to his community the concepts and principles of the values of which he is deeply convinced. And even if he succeeds in keeping his enthusiams within bounds, the impetus of the health education movement is behind him and urges him on. Posters and health drives remind him and his clients continuously of the high ideal after which they are striving. Papers and periodicals, film and radio underline over and again the importance of a healthy way of living. The missionary character of health education is not to be denied, even without considering the underdeveloped areas.

Frequently against his will the health educator is driven in a position from where it is difficult for him to operate. The good educator at any rate would prefer a gradual penetration based on confidence. However, he finds himself among the stormtroops. This position is accentuated by the historical development of medicine. Due to the exceptional position acquired by the curative physician (2) he is, in a modern community, undeniably an authority to whom the public reacts with a dependent attitude.

That same attitude is more or less transferred to everyone concerned with medical care and public health work. The nurse, the chemist, and health visitor all receive their share of the halo, typcial especially for the physician.

For the people in question it is often hard not to be impressed by being invested with such a halo. It may easily happen that a vocational personality deformation may be observed in such people, developing in the direction of an authoritarian personality.(3) It is difficult indeed to avoid such a deformation if one has always to act as the man or woman who knows.

(Alongside of this, it would be interesting to test the hypothesis of those who are active in the field of curative medicine and public health, and who have gone through a personality development during which, in a certain phase, anxiety about their own physical well-being played an important role. The compensation of this anxiety might play a supporting role in the fixation of their authoritarian attitudes).

One might think that the dependent attitude of the clients and the public in general, which is the corollary of the authoritarian one of medicine, creates a favourable atmosphere for the transfer of knowledge. Modern psychology, however, tends to postulate that the reverse is true. The fact is that dependency nearly always goes with ambivalence. The pupil is inclinee to reject, at least unconsciously, the ideas and principles to which he is exposed in the authoritarian learning situation. It is a well-known phenomenon in children reared on authoritarian principles that they demonstrate in their behaviour the reverse of what has been taught to them. Similar processes might easily counteract the good intentions of much health education activity.

The same factors also contribute towards increasing the feelings of guilt in the people concerned. It will be easy for the authoritarian health worker to make his client believe that illness could have been avoided. The patient should have taken measures sooner, should have been more careful, should not have become overtired. Even without the patient falling ill, a feeling of guilt may arise in connexion with the patterns of behaviour which the health educator tries to teach his clients.

Thus we find this individual and collective health care gradually doing its work in an atmosphere of guilt and anxiety which tends to make the net result a negative one.(4)(5)

Some individuals will develop on the basis of this anxiety a hygiene complex of an obsessive character. Others will become the victim of their over-sensitiveness and fear of illness and begin to show iatrogenic illness. Along less evident lines it may be possible that, for a third group, the anxiety complex may promote the development of psychosomatic ilnesses.

The consequences which authoritarian atmospheres have for the clients compel us to pay special attention to the personality of the health educator. From a mental health point of view it will be necessary to demand of anyone who occupies himself with practical health education that he is emotionally mature. Those who have not solved the authority problem and are not free in their relation towards others are a danger in this field rather than being useful. A very high standard should be imposed upon the health educator in this respect, because of the culture of the medical world invites authoritarian behaviour. That special demands must as a matter of course be made upon the health educator also in other respects (intelligence, phantasy, etc.) will be clear, though - as we also find in case of general education - they are often made light of.

These mental health aspects are also of special importance in respect of the training and supervision of health educators. Training experiences may be of decisive significance in their attitude towards the public. As well as having training in various techniques, their personalities should be formed in such a way that they are well protected against emotional rigidity. Group methods in their modern forms are more suitable than anything else to give them the experience desired and to teach them to work through their emotional problems. The climate of the organization in which they perform their work and the character of the supervision may help in assuring that the assets of a suitable personality and an emotionally healthy training programme do not get lost.

III. Closely connected with the foregoing is a third point where mental health principles should be taken into account. Health education touches upon many subjects, also when concentrating on physical aspects, that are not neutral for the emotional development. Instruction for expectant mothers, nursing of the new-born babies, toilet training of the infant, are all subjects of which the psychological aspects are at least as important as the physiological. The education of the public with respect to measures of preventive medicine such as vaccination, mass X-ray programme, cancer control, etc. has individual psychological and mass psychological consequences. Injudicious behaviour may lead to all kinds of complications and create unnecessary anxieties. Also the education of the recovering patient and his re-education in order to prevent backsliding are charged with sentiments and fears. This is conspicuous for psychosomatic illnesses. Sex instruction at the age of puberty, preparation for marriage, advice during the climacteric period and the special health re-orientation for ageing people, are all given in psychologically precarious periods. In such phases basic anxiety may be re-activated and lead to loss of mental health.

On account of the quick growth of our knowledge that emotional factors play a decisive part in these bodily processes, health education is confronted with far-reaching problems. In a short space of time strictly hygienic advice has become obsolete. Modern health education has to find its answer to the challenge of this new era. For example, it cannot pass unobserved the hypothesis that new weaning practices in an underdeveloped area may have decisive consequences for the personality development of a whole population. This also holds good for the change in feeding practices of babies in a metropolitan district with a population most susceptible to such propaganda. The individual health educator may feel powerless to find an answer to such world-wide problems and may rely on the guidance of a group of experts. In his daily practice, however, he will be confronted with fatal questions when treating individual cases. An incorrect answer in a group discussion to a question of an anxious mother on toilet training may

fixate unfavourably her still uncertain attitude towards her child, and thus contribute to the creation of an infantile neurosis. His own not yet solved sex problems may prevent him from understanding the more profound sense of a remark during the biology lesson. Thus the moment passes for the catharsis of a worrying adolescent. Overemphasis on rules of life for the aged may often lead to a neglecting of the "natural" right of old age to prepare themselves mentally for death.

A perfect mastery of flannel-board and other visual aid techniques, of group dynamics and conference methods, and a profound knowledge of the most up-to-date means of preventive medicine, do not procure the health educator the solution of the life problems which arise during the treatment of apparently simple health problems. Health education which is not supported by an extensive knowledge of emotional factors and whose expounder is not the possessor of a mature personality will fail to give at the right moment the correct answer to crucial questions.

Even then there still remain many cases in which it is impossible for the educator to act successfully if recourse is not had in due time to the more expert knowledge of other specialists. One of the fundamental principles of modern mental health work, namely the flexible introduction of a series of experts (6) applies equally to health education. It cannot operate in a void where additional help is lacking. Only when the health educator can function as mediator as well and knows how to transfer his task to others at the right moment will it not be necessary for him to restrict himself in his activities. As a link in public health he cannot reach further than the chain of the other experts reaches. Isolated propaganda for washing hands in an underdeveloped area where for miles around no uninfected water is to be found is as senseless as discussion groups on problem babies in a rural district where no child guidance clinic is available. "Aegrescit medendo" is applicable also here. (Vergilius Aencis 12,46)

IV. Until now we have restricted ourselves to the mental health principles underlying physical health education. The reorientation of public health, however, has led to mental health being accepted as an autonomous objective. The preamble of the World Health Organization testifies to this sufficiently.

Even if one does not consider the formula of mental well-being and what it ultimately might embrace, but restricts oneself to the greatest common divisor acceptable for many cultures, i.e. emotional maturity and fullest development of capacities, this enlarges the programme of health education not inconsiderably. Then it is no longer possible to limit oneself to those phases of human development where specific physiological processes may impair the emotional and intellectual development. Other processes then become as important to the health educator. He will have to deal with much insight with the problems of the emotionally vulnerable phase of the four-year-old child, and should at any rate know what symptoms are important for parents in such a period. The vulnerable age group of eight to ten becomes an important subject for advice owing to the quick development of the intelligence and social adaptation. The physically mature man of thirty can, full of ambition, throw himself into a career, pass the "point of no return", and as successful president of a company succumb, at the age of fity, under a too heavy emotional strain (with or without a peptic ulcer!).

Where are the points of contact for health education which also wants to draw such, non-pathological phenomena within its scope? It is clear that health education as a separately operating unit cannot start tackling such problems right away. For they are too complicated and so intricately interwoven with the fundamental aspects of our present phase of culture that even the combined attempts of all "hommes de bonne volonté" may prove to be in vain.

Returning to the point from where we started, we should bear in mind that health education and general education intermingle more and more.

Health education does not stand isolated, but can appeal to the many educational institutions for young and adult people, which, with health education, are responsible for the transfer of cultural values and the creation of new forms. It is with respect to mental health that health education, on account of its origin, is entitled to speak. Rooted as it is in the world of medicine where some of the principal insights into these emotional problems have grown, it may, provided it is well equipped, voice truths which are but too often forgotten in other fields. In this domain its appeal for better mental health will not be addressed to the public direct. It should restrict itself provisionally to the key-people, educational authorities, administrators and leading industrialists who are better able to convert such mental principles into action. In all modesty, but with a maximum of human strategy, health education may thus assist in realizing those values in the mosaic of which health gains its full significance.

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