*"The consequences of authoritarian atmosphere upon the beneficiaries of health education compel us to pay special attention to the personality of the health educator . . ."*

# Mental Health Implications Of Health Education

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HEALTH EDUCATION in its most usual form today concentrates on changing accepted patterns of behavior to those intended to bring about the best possible state of physical well-being. In so doing, health education may be classified along with the various other educational sciences, each of which in its own domain endeavors to impart knowledge and offers practical methods to individuals or groups of individuals. Although, in many other educational fields, methods and principles are more or less well defined, a good deal of doubt exists as to what should be taught with regard to health education, as well as to how it should be taught. In this respect, health education is nearest to general education, which too cannot boast of a great measure of unanimity as regards the "what" and the "how." Whereas at an earlier stage, the educator knew pretty well at what age a child should be taught his manners and acted with the full conviction that rigid discipline was the best method, parents today are more hesitant. In general, they prefer to awaken the correct attitude in the child and leave specified behavior to natural development.

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In health education, there can be observed a comparable difference of accent. Concrete knowledge of health and hygiene is considered less important than imparting insight, rousing interest, and fostering values with which man in given situations can achieve a healthy way of living. Hence, in the opinion of many, health education cannot be considered apart from general education for either children or for adults. This interdependence of health education and general education offers advantages in that methods and techniques may be developed in either field but may be applicable in the other. For example, we see the health educator successfully employ educational methods developed in school education. On the other hand, the teacher of biology learns how to find points of contact with a center of interest such as health, and from that he can evoke a wider interest in the processes of nature.

### Integration of Concepts

A disadvantage in this process of integration, however, is that the borderline of health education becomes vaguer. Apparently the value "health" offers a lead for what may or may not 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 subvalues but may also have another place in the total value system and have a quite different place 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 true for sport enthusiasts. In the same way, for certain groups of parents, for example, the health of their children is of paramount concern. For others, health is more of a secondary value, and its importance is considered in the light of other fundamental values, such as religion or esthetics.

The differences in appreciation of health in diverse patterns of culture are also well known. The opinions of Brahmins and of Christians are widely divergent in this respect. In so-called primitive cultures, certain illnesses and anomalies of the body may even be a positive asset and may stamp the sufferer as possessing divine power. It should be borne in mind, moreover, that health and the subvalues connected with health, such as good appearance, food, vigor, and the like, not only form a part of an emotionally colored value system, but also form part of widely divergent theories of life.

Too often, there is an inclination to think that nonmedical circles have no notion whatsoever of the life processes and bodily functions that determine health and illness. However, practically every culture—even the primitive cultures—has its own theories in this connection (*1*). The subjective security which such theories provide is perhaps greater than the security offered by the more relativistic attitude of intellectual man who has grown up surrounded by the facts of modern science. The magical systems that provide these securities are found not only in the so-called underdeveloped areas, but also among large groups in western society. And most individuals build their own concepts of life on these magical systems. For example, they firmly believe that taking three mouthfuls of water after cleansing their teeth, sleeping on a special side, and following many other rituals will exercise a direct influence on their health. What appears to be ignorance is, 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 the views he holds 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 which is at work in children and adults, in primitive, nonwestern, and western cultures. Nor will the health educator be able to understand the anxieties every individual experiences when confronting other ideas which threaten to shatter his own cherished outlook on life and the world. A field of problems is thus opened in which mental health comes into play. Only when the new system of certainties which health education tries to change forms a whole that can be integrated in the system of values and concepts of the groups 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.

It is obvious that the study of these problems does not belong to one field of specialism. In order for these problems to be solved, they need the combined operations of many sciences. The cultural anthropologist has his say in the matter just as has the sociologist, the social psychologist, and the psychiatrist. A mental health approach implies a multidiscipline manner of thinking and is, therefore, preeminently suitable to go deeper into these problems.

### The Educator's Personality

It is clear that the health educator, being an educator and wanting as such to change certain values and insights, cannot stop here. However much his technique may evolve toward the use of nondirective methods, his activity continually aims at making clear to his community the concepts and principles he is deeply convinced have value. And even if he succeeds in keeping his enthusiasm within bounds, the impetus of the health education movement is behind him, urging him on. Continually, posters and health drives remind him and his clients of the high ideal for which they are striving. Newspapers and magazines, films and radio, over and over again underline the importance of a healthy way of living. The missionary character of health education is not to be denied even when the underdeveloped areas are omitted from consideration.

Frequently, the health educator is driven

against his will into a position from which it is difficult for him to operate. The good educator would prefer a gradual penetration based on confidence. In fact, however, he finds himself among the storm troops. This position is accentuated by the historical development of medicine. Owing to the exceptional position he has acquired in a modern community (*2*), the physician is 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 pharmacist, and the health educator, all share in the aura of the physician's halo.

It is often hard for the individuals in question not to be impressed by being vested with such a halo. A vocational personality deformation developing in the direction of an authoritarian personality (*3*) may easily occur in such persons. It is difficult indeed to avoid such a deformation if the individual always has to act as "the man who knows."

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

One might think that the dependent attitude in patients or the health educator's clients and in the public in general, which is a corollary of the authoritarian attitude in medicine, creates a favorable atmosphere for the transfer of knowledge. Modern psychology, however, tends to postulate that the reverse is true. The fact is that dependency is nearly always accompanied with ambivalence. The pupil is inclined 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 that children reared under authoritarian principles demonstrate in their behavior the reverse of what has been taught them. Similar processes might easily nullify the good intentions of much health education activity.

The same factors also contribute toward 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's falling ill, a feeling of guilt may arise in connection with the patterns of behavior which the health educator tries to teach his clients. Thus, we find individual and collective health care gradually operating in an atmosphere of guilt and anxiety which tend to make the net result a negative one (*4, 5*). As a result of this anxiety, some individuals will develop a hygiene complex of obsessive character. Others will become victims of their oversensitiveness 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 promotes the development of psychosomatic illnesses.

The consequences of an authoritarian atmosphere upon the beneficiaries of health education 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 emotional maturity of anyone whose vocation is practical health education. Those who have not solved the authority problem and are not free in their relations toward others are a hindrance rather than a help in this field. In this respect, a very high standard should be imposed upon the health educator because the culture of the medical world invites authoritarian behavior. That special qualities (intelligence, imagination, and so forth) must be demanded of the health educator as a matter of course is clear although this fact is often made light of, in health education as well as in general education.

These mental health aspects are also of special importance with respect to the training and supervision of health educators. Training experiences may be of decisive significance in the attitude toward the public which they impart to the trainee. Along with training in various techniques, the personalities of trainees should be shaped in such way that they are well protected against emotional rigidity. Group methods in their modern form are more suitable than

anything else to give health educators the necessary experience and to teach them to work through their emotional problems. The climate of the organization in which these educators work and the character of the supervision they receive may help in retaining the assets of a suitable personality and an emotionally healthy training program.

### Bodily and Emotional Development

Even when concentrating on physical aspects, health education touches on many subjects that have direct effect on emotional development. Instruction of expectant mothers, nursing of newborn babies, and toilet training of infants are all subjects concerning which the psychological aspects are at least as important as the physiological. The education of the public with respect to such measures of preventive medicine as vaccination, mass X-ray programs, and cancer control has individual and mass psychological consequences. Injudicious behavior may lead to all kinds of complications and create unnecessary anxieties. The education of the patient undergoing recovery and his reeducation to prevent setbacks are charged with sentiment and fears. This is conspicuously true of psychosomatic illnesses. Sex instruction at the age of puberty, preparation for marriage, advice during the climacteric, and special health reorientation for aging people are all given in periods which are psychologically precarious. In such phases, basic anxiety may be reactivated and lead to loss of mental health.

Because of the rapid growth of our knowledge of emotional factors which 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 overlook the hypothesis that new weaning practices in an underdeveloped area may have decisive consequences for the personality development of a whole population. This may be equally true in a metropolitan district where the population may be quite susceptible to propaganda suggesting such a change. The individual health educator may feel powerless in seeking an answer to such worldwide problems, and he may rely on the guidance of a group of experts. In his daily practice, however, he will be confronted with questions just as vital when treating individual cases. An incorrect answer to an anxious mother's question in a group discussion on toilet training may unfavorably fixate her still uncertain attitude toward her child and thus contribute to the creation of an infantile neurosis in the child when he approaches adulthood. If he has not by that time solved his own sex problems, that fact may prevent his understanding the more profound sense of a remark during a 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 neglect of the "natural" right of old people to prepare themselves mentally for death.

An ever so 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 methods of preventive medicine are not in themselves an assurance that the health educator has the solutions to the life problems which pop up during the treatment of apparently simple health problems. A 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 the correct answer at the right moment to crucial questions.

Even then, there will still remain many cases in which it is impossible for the educator to act successfully if in due time he does not have recourse 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 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 be unnecessary for him to restrict his activities. As a link in public health, he cannot extend beyond the reach of the chain of other experts. Isolated propaganda for washing hands in an underdeveloped area where for miles around no uninfected water is to be found is as senseless as are

discussion groups on problem babies in a rural district where no child guidance clinic is available. "Aegrescit medendo" ("his disorder only increases with the remedy") is applicable here also (*7*).

### The Need for Teamwork

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

Even if one does not consider the formula of mental well-being and what it might ultimately embrace but instead restricts oneself to the greatest common divisor acceptable for many cultures—emotional maturity and fullest development of capacities—the program of health education is enlarged considerably. Then it is no longer possible to limit oneself to those phases of human development in which specific physiological processes may impair the emotional and intellectual development.

Other phases of human development become of equal importance to the health educator. With just as much insight, he will have to deal with the problems of the emotionally vulnerable phase of the 4-year-old child, and he should at least know what symptoms are important for parents to note in such a period. The vulnerable age group of 8 to 10 years becomes an important subject on which to give advice to parents and teachers, because the children in this group are in a period of rapid development of the intelligence and of social adaptation. The physically mature man of 30 who, full of ambition, throws himself into a career, passes the "point of no return," and, as successful president of a company, succumbs at the age of 50 or so under a too heavy emotional strain (with or without a peptic ulcer!) needs help from the health educator.

Where are the points of contact for a health educator who wants to draw such phenomena—not at all pathological—within the scope of his activity? It is clear that health education as a separately operating unit cannot start tackling such problems right away. These problems are too complicated and so intricately interwoven with the fundamental aspects of our present phase of culture that even the combined attempts of all men of good will may prove to be in vain.

Returning to the point from which we started, we should bear in mind that health education and general education more and more intermingle. Health education does not stand isolated but can join with the many educational institutions for young people and adults which are responsible for the changing of cultural values and the creation of new forms. It is with respect to mental health that health education, because 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 developed, health education may, provided it is well equipped, voice truths which are all too often forgotten in other fields. In this domain, its appeal for better mental health will not be directly addressed to the public. It should be restricted provisionally to key persons—educational authorities, administrators, and leading industrialists—who, better than others, are 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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