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Contemporary Discourse on School and Health Investigation

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„SCHOOL AND HEALTH IN 21. CENTURY“

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CONTENT

INTRODUCTION

General goal of the Research Intent SCHOOL AND HEALTH FOR 21st CENTURY is to interconnect tasks of contemporary school and health care, to point to an array of identical tasks that differ often only in using different terminology of each individual field and in varied context. Differences arising from this situation can impact both positively and negatively. The negative consequence is that solutions of problems are often doubled; individual specialists are closed in their own profession and feel the lack of of information on very near problems of a non-associated field. The positive consequences can be various and often rather extensive; here the so called redefining could be mentioned when the same problem defined in other terms can be comprehend in a new creative context.

These considerations should introduce the publication ***Contemporary Discourse on School and Health Investigation*** which contains results of studies prepared by the solvers (and other interested persons/co-workers) involved in the Research Intent SCHOOL AND HEALTH FOR 21st CENTURY in the third year of the research intent solution i.e. in the first half of the planned period. The publications comprises primarily contributions of the authors that deal with school and health issues theoretically or in research works and bring theoretical conclusions or illustrations.

In our work we are inspired by the important and to some extent principle materials, namely the document of the World Health Organization (WHO) Health 21 - Health for all in the 21st Century and the MŠMT document Framework Educational Programme for Basic Education, mainly the chapter Man and Health. These issues are discussed in the contributions of the authors V. Kernová, J. Holčík, J. Maňák and E. Marádová. It is important to emphasize that teachers and school workers must be informed on preventive health programs because consequences of the unhealthy lifestyle and environment impact much more seriously on children than on adults. It is necessary to study implementation of health into school curriculum and parallelly to watch limits and bottlenecks in creation of school educational programs, both from viewpoint of comparative pedagogy and by means of own research of curricular documents or questionnaire research as performed by L. Mužíková. Frame educational programme items were was also discussed by D. Fialová and D. Feltlová focused on the education field Man and Health from perspective of the school subjects "Health education" and "Physical education" as presented here; R. Kohoutek and K. Melichárková paid attention to the concept of "healthy school" and "mental hygiene" from viewpoint of students of teaching.

Ideas concerning health and school are not principally new in history of school systems, pedagogy and health care or culture in common sense. Contemporary conceptions should follow up to historical experiences as emphasized by F. Čapka, M. Marečková and J. Vaculík. Besides history, also philosophy can enhance the health topics;

philosophical results should be integrated into health education concepts, too. This fact is noticed by R. Rybář, whose contribution tried to show a way to philosophy of health. Philosophical aspects were underlined also by I. Šolcová in overview of H.G. Gadamer's book on health and by M. Gluchmanová, who highlighted importance of ethics in teaching. Terms describing the health area must be specified with high precision in order to further develop health psychology as one of supporting poles of health education; so A. Prokopová elaborated pro-sociability, M. Blahutková and J. Dan studied well-being, L. Holý and J. Šibor discussed problems of stigmatization of mental illness. I. Ruisel studied wisdom as a category of contemporary positive psychology which substantially enriches health psychology and ethics. Health at school can be significantly developed by application of individual pedagogical conceptions; in this connection J. Řehulková showed the leisure time concept in Salesian pedagogy.

When solving our problems we are also in contact with specialists from abroad. J. Pehofer, our colleague from Austria, prepared a separate study describing details of health education in his country. Because of interdisciplinary character of our solution team, also the topic of nanotechnology (V. Navrátil) and importance of demographic factors in health research (M. Palát and O. Králík) were included into this publication as a perspective enhancement.

The publication ***Contemporary Discourse on School and Health Investigation*** demonstrates a further stage of the research issue „School and Health"; the texts are continuously related with the previous collections (School and Health 21/1, Brno 2006, School and Health 21/2, Brno 2007 and other studies) and will be coherently developed in the following years. In this title we emphasized theoretical considerations in focusing on discussion and generation of new context and concepts. In any case we do not intend to provide final rules for solution of the complicated intersection "school" and "health"; in the present phase of solution of our research project, we consider formulating questions as of the same importance as formulating answers.

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PREVENTION PROGRAMMES AIMED AT HEALTH IMPROVEMENT OF CHILD POPULATION

Věra KERNOVÁ

Abstract: *The main aim of school prevention programmes is education of children towards a healthy lifestyle and reinforcing positive social behaviour. Prevention programmes are designed to achieve a defined goal for a specific target population defined in terms of basic characteristics (age, sex, education) in a given time, personal and space scope. The programmes are carried out within the frame of school education programmes, mainly in the field of Health Education.*

Key words: *prevention programmes, framework education programmes, lifestyle*

The main goal of school-based prevention programmes is education of children towards a healthy lifestyle and reinforcing positive social behaviour. The framework education programmes (FEP) define binding educational norms at the national level for individual stages - pre-school education, basic education and secondary education. The school level consists of school education programmes (SEP), which form the basis of education at individual schools. The aim of FEP is to introduce new trends to schools and enhance the quality of education.

The objectives of basic education

Basic education should help pupils form and gradually develop key competencies and provide them with dependable fundamentals of general education mainly aimed at situations close to real life and at practical behaviour.

Educational area Humans and Health

The educational area Humans and Health is implemented at the second stage of basic education and has two main educational fields**:**

- Health Education
- Physical education

The aims of the educational area Humans and Health

Instruction in the given educational area focuses on the formation and development of key competencies by guiding pupils towards:

- recognizing health as the most important life value,
- understanding health as a balanced state of physical, emotional and social well-being and feeling a sense of joy from physical activities, a pleasant environment and a climate of positive interpersonal relations,
- gaining a basic orientation in opinions on what is healthy and can benefit personal health, as well as threats to health and what causes damage to health,
- applying the acquired prevention methods in order to influence health in daily life, strengthening decision-making and behaviour in order to actively promote health in all life situations and learning about and making use of sites related to preventive healthcare.

Educational field of Health Education

The educational field of Health Education provides pupils with fundamental information on the human body as related to preventive health measures. It teaches pupils to actively promote and protect their health in all its interconnected forms and to be responsible for their own state of health. In its educational content, this field is closely linked to the educational area of Humans and Their World.

Subject matters related to health include the following:

- **Healthy lifestyle and health maintenance**
  - nutrition and health
  - principles of a healthy diet
  - influence of environment and eating habits on health
  - eating disorders

- **Threats to health and their prevention**
  - lifestyle diseases
  - health risks
  - preventive and medical care

- **Value and promotion of health**
  - health promotion and its forms
  - prevention and intervention
  - influence on change in the quality of the environment and human behaviour
  - individual responsibility for health

Strategies of prevention programmes aimed at health improvement of child population

The main objective of school prevention programmes is education of children towards a healthy lifestyle and reinforcing positive social behaviour. It presupposes a cooperative system (family, school, school establishment, leisure organizations, police) and accessibility and variety of programmes for a wide range of children and youth.

The main and final aim of all prevention programmes is to prevent or postpone hazardous behaviour to a highest age possible and thus minimize the related risks, both from the point of view of an individual and society. An individual must be motivated towards an appropriate lifestyle and, should a hazardous behaviour occur, towards making use of specialized counseling or medical help.

Prevention programmes are designed to achieve a defined goal for a specific target population defined in terms of basic characteristics (age, sex, education) in a given time, personal and space scope. In order to be efficient, it should be run by experts from the area of prevention and be integrated into a wider system of prevention in the field of risks to a healthy lifestyle. For economic evaluation of cost efficiency, criteria and standards of assessment must be set.

The most frequent focus of prevention programmes is the area of diet and prevention of sociopathological phenomena. Education towards a healthy diet must meet certain principles which guarantee its efficiency:

- It must be methodical, systematic, complex and well planned.
- It must be aimed at a specific age of the pupil.
- It must respect the environment in which the pupil lives.
- It must be up-to-date in relation to the latest findings in science and research, even if focusing on the simplest facts.
- It must use such forms that will arouse the pupil's interest and motivation.

Education towards a healthy diet is one the key areas as it represents the most significant health determinant and supports growth, development and immunity. At the same time it serves as prevention against the formation and development of chronic non-infectious diseases. Diet habits, skills and knowledge acquired at an early age shape a significant part of the lifestyle in adulthood. Sensible and healthy diet habits and practices positively influence family habits.

The aim of prevention programmes in the area of smoking and other sociopathological phenomena is to spread knowledge and information about problems related to smoking. It strives to create positive attitudes towards non-smoking and reveal social, health and economic aspects of smoking. The main objective of these programmes is to teach socially acceptable ways to refuse smoking without losing social prestige among peers. The criterion of success is the occurrence of smokers in the group we are trying to influence and deferring smoking until a later age.

PREVENTIVNÍ PROGRAMY K OZDRAVĚNÍ DĚTSKÉ POPULACE

Souhrn: Hlavním cílem preventivních programů ve školách je výchova dětí ke zdravému životnímu stylu, k osvojení pozitivního sociálního chování. Preventivní programy slouží k naplnění cíle definovaného pro přesně vymezenou cílovou skupinu prostřednictvím základních charakteristik (věk, pohlaví, vzdělání) v určeném časovém, personálním a prostorovém horizontu. Realizují se v rámci školních vzdělávacích programů, především v oblasti výchovy ke zdraví.

Klíčová slova: preventivní programy, rámcové vzdělávací programy

CHILDREN'S HEALTH AND ENVIRONMENT – EUROPEAN STRATEGY

Jan HOLČÍK

Abstract: *Presentation gives concise information on activities of World Health Organization from 2004, when Children's Environment and Health – Action plan for Europe (CEHAP) was endorsed at Budapest by ministers of health and environment from across the European region.*

Key words: *environment, children's health, determinants of health, health programmes.*

1. Introduction

Over the past four decades it has been increasingly recognized that success in protecting and promoting human health is closely dependent on, among other factors, the quality of the environment in which people live.

The burden of disease attributable to environmental factors is greater in children than in adults. Ensuring that children can grow up and live healthy lives requires special protection because they are uniquely vulnerable.

- At critical times, they are most susceptible to various chemical and physical agents. From conception to adolescence, their organs, brain cells, nervous systems, immune and other systems are growing and developing rapidly.
- They have greater exposure: they take in more air, water and food relative to their body weight.
- They put things in their mouths, and crawl on the ground. This and other typical toddler behaviour means they are more exposed to the physical world around them.
- Their metabolism is immature: they absorb most toxicants more readily, yet safety standards for chemicals are still based largely on criteria used for adults.
- Early exposures can cause health effects that damage health not only in childhood but also later in life or even in future generations.
- Children are subject to multiple exposures, such as smoke indoors, or chemical residues in food.

Effective action emphasizes these areas:

primary prevention – improving the environment itself, including air, water, housing and transport;

- equity – helping children in special need, such as abandoned children or refugees;
- poverty reduction – because people in poor neighbourhoods are usually exposed to the worst amount of environmental contamination;
- health promotion – because it also matters how people live, what they do and what they buy.

2. Children's Environment and Health - Action Plan for Europe

The road towards sustainable development was first marked out in 1972, when representatives of 113 nations gathered for the Stockholm Conference on the Human Environment. This was followed by a number of international initiatives aimed at protecting the environment.

At the Fourth Ministerial Conference on Environment and Health in Budapest in June 2004,

Member States adopted the Children's Environment and Health Action Plan for Europe (CEHAPE) (1). In the CEHAPE, countries committed themselves to coordinated and sustained action to protect children's health.

3. Regional Priority Goals (RPGs)

The priorities of Children's Environment and Health Action Plan for Europe are: water, accidents and injuries, air, and chemicals and other physical agents (2).

RPG I: "*…significantly reduce the morbidity and mortality arising from gastrointestinal disorders and other health effects, by ensuring that adequate measures are taken to improve access to safe and affordable water and sanitation for all children".*

The risk to children's health related to poor access to safe drinking water and sanitation is still substantial in rural areas of Eastern part of the Region. In many countries, over 60% of the rural population has no access to public water supply and more than 50% of the rural population live in houses not connected to sanitation facilities.

RPG II: *"...prevent and substantially reduce health consequences from accidents and injuries and pursue a decrease in morbidity from lack of adequate physical activity, by promoting safe, secure and supportive human settlements for all children".*

Unintentional injuries are one of the leading causes of morbidity and mortality among children and adolescents in the Region, with rates varying substantially among the countries. Falls, drowning, fires, and poisoning - causing more than 75,000 children's deaths per year - are several times more common in some countries in the east of the Region than those of the west. Road traffic injuries lead to 32,000 fatalities annually; this is unacceptably high.

A safe environment which encourages personal mobility and physical exercise is important for health and the prevention of obesity and excess body weight. Physical activity levels among children are very low in most countries of the Region. Well over 50 %

of 11-year-old boys and over 60 % of girls are not physically active, and the proportion is even higher in 15-year olds; 65 % and 80 % respectively. Excess body weight and obesity is seen in from 5 % to almost 35 %, with higher rates tending to be in the west.

RPG III: "*… to prevent and reduce respiratory diseases due to outdoor and indoor air pollution, as well as contributing to a reduction in the frequency of asthmatic attacks, in order to ensure that children can live in an environment with clean air".*

The incidence of respiratory diseases in children varies substantially in the Region, with the deaths due to respiratory infections 100 times more likely in some countries than in others. In many countries, the prevalence of allergic diseases exceeds 15 %. While the mortality due to respiratory infection is clearly higher in countries in the east of the Region, there is no such trend for allergic diseases. Multiple factors interact to determine respiratory health, including infection, diet, tobacco smoking, social conditions, and the provision of medical care. Air pollution, both out- and indoor, is amongst the key determinants of preventable respiratory disease.

Close to 90 % of residents of urban areas, including children, are exposed to air pollution exceeding WHO guideline levels.

Over half of European children are regularly exposed to environmental tobacco smoke (ETS) at home; in some countries, exposure prevalence reaches 90 %. Around 15 % of people live in damp homes, which contribute to the development and exacerbation of asthma. Exposure to products derived from the combustion of solid fuels is a considerable health problem in the eastern part of the Region.

RPG IV: *"... reducing the risk of disease and disability arising from exposure to hazardous chemicals (such as heavy metals), physical agents (e.g. excessive noise) and biological agents and to hazardous working environments during pregnancy, childhood and adolescence".*

RPG IV covers a broad range of health and environment aspects, and relevant information is fragmented and available for fewer countries than for other RPGs. For example, data on exposure to chemical hazards in food is available only for general population in 13 EU countries, and harmonized monitoring of lead in children is lacking in the Region.

Around 1,500 new chemicals are produced each year, adding to the 80,000 the world currently produces, and those figures are only going to rise. It is estimated that over the next 15 years there will be an 85 % increase in the manufacture of chemicals globally.

4. Methods and activities

A number of recurring themes emerge from the knowledge about how best to improve the health and development opportunities for children.

- Accurate and reliable information must provide the basis for planning, monitoring and evaluation of policies and programmes.
- Policy without implementation is meaningless. The capacity to deliver must be considered when policy is formulated.

- Children themselves should be involved in designing policies and programmes.
- Policy goals and programme objectives must be clear and unambiguous.
- Educational approaches alone are likely to be of limited effectiveness. They need to form part of a wide set of initiatives that use the full set of policy instruments available to decision-makers.
- Although the health sector is important, it is only one player in the quest for better health.
  Multisectoral action is essential, and a mechanism is needed to coordinate work across ministries.
- Facilities and programmes for children must take account of their culture, attitudes and beliefs. Child-friendly services are effective services.

Targeting particular population groups with interventions is key. Certain groups of children and adults are more vulnerable than others to particular hazardous behaviour, such as smoking, alcohol, poor diets and lack of exercise. Such populations include people living in poverty, cultural minority groups, the socially excluded and those with mental health problems.

The people who plan and implement programmes should take account of the age and developmental stage of the target population. For example, programmes on drug use may focus on prevention among children aged 9–10 years and the minimization of harm among older teenagers, who may already be using illegal drugs.

In addition, effective interventions take account of cultural, religious and gender factors. For example, different approaches to some issues, such as the prevention of pregnancy, may need to be taken for the male and female populations. The approach to other issues – such as reducing smoking by banning cigarette advertising and increasing the prices of tobacco products – may be the same for both genders, even though their behaviour may differ.

Further, successful implementation is associated with a perception by the public that the health problem represents significant burden to society, families and individuals, as indicated by prevalence, economic impact and high political profile. In addition, programmes should account for different groups' varying perceptions of risks. In many societies, for example, adults see smoking as a threat to health, while adolescents value its immediate attractions more than the long-term risks.

There is some evidence for the effectiveness of mass-media involvement. Important factors appear to be the education level of the population, the duration of delivery and the intensity of media programmes, and the credibility of the source of the information given.

5. Conclusion

In sum, success in the planning, implementation and evaluation of interventions in different contexts requires an understanding of health problems and interventions, which emphasizes the complex relationships among multiple general determinants, specific risk factors and health. This broad view of health implies that public health authorities must not only look at the known risk factors and interventions but also look

beyond them to the underlying environmental, behavioural and social factors that influence health outcomes in different ways in different circumstances.

The most important determinant of people's health are people themselves. Key role belongs to families, schools and other structures of the whole society. That is why all teachers should be informed on European health strategy. Understanding and applying this knowledge is an important task of education for health and an indispensable part of daily teaching practice.

References:

WHO: Children's Environment and Health Action Plan for Europe. WHO Regional Office for Europe, Copenhagen 2004 (www.euro.who.int/document/e83338.pdf).

WHO: Children's Health and the Environment in Europe: First Assessment: Executive summary of the EHIS-based report. WHO Regional Office for Europe, Copenhagen 2007 (www.euro.imt/document/EEHC/IMR_Vienna_edoc06prev1.pdf).

ZDRAVÍ DĚTÍ A ŽIVOTNÍ PROSTŘEDÍ – EVROPSKÁ STRATEGIE

Souhrn: Sdělení podává stručnou informaci o aktivitách Světové zdravotnické organizace od roku 2004, kdy byl na konferenci v Budapešti za účasti evropských ministrů zdravotnictví a životního prostředí schválen program „Životní prostředí dětí a zdraví – akční plán pro Evropu".

Klíčová slova: životní prostředí, zdraví dětí, determinanty zdraví, zdravotní programy.

HEALTHCARE ENTERS INTO THE CURRICULUM

Josef MAŇÁK

Abstract: *Problems of health as the high value of human life are nowadays important part of the school educational programmes of all levels. As regard the health the conventional views are always dominant: there is stressed the physical health and sanity or well-being is monitored only implicitly. There are suggested some disposals in the treatise, that can bring some corrections in that area.*

Key words: *curriculum, physical health, sanity, well-being*

1. Health and physical education

People were aware of the value of health from the oldest times as it is documented in ancient sources (kalokagathia, mens sana in corpore sano, etc.). Since old times health has been connected with physical movement and has been a part of school programs. Physical culture also grew from cult practice, game activities, yoga teaching and others; gymnastics (callisthenics) in the form of dietetics was a part of medicine in antic Greece (Grössing, 2006: 14–17). The difference between that and this time is in the fact that movement originally was an integral part of life but now movement is considered to be a health factor, which is to be intentionally looked after. The position of physical education in previous school curricula corresponded with the fact, physical education was taken as one of the subjects taught and was also marked by the same criterions as all other subjects. The health aspect was applied in the framework of the traditional view on physical education.

However, a gradual change in evaluation of both the function of physical education and the valuing of health in general was carried out because it was proved that the modern way of lie threatens the health. Among the factors negatively influencing health are mainly: lack of movement, improper nourishment, drug consuming, stressing situations, consume-like way of life, etc. Against these health-threatening phenomena, various campaigns (some with commercial misuse) come into existence and various health-supporting endeavours become a firm parts of a new life style and find their expression in school curricula (RVP ZV) and health physical education is being introduced. More and more often we can see publications, studies and booklets with this bias, e.g. by authors M. Havlíková. V. Mužík, J Křivohlavý, J. Liba, A. Wiegnerová, etc. Bílá kniha

(2001) (White Book) formulates the basic mission of school in following way: “To help children in their uneasy task of adolescence maturing and to protect them against health, social and cultural risks”.

2. Health issues in school documents

The White Book principles are reasoned and concretised in follow-up school documents, which introduce them in school educational practice. Let us have a close look how the issues of health are drawn up and methodically elaborated in ‘Rámcový vzdělávací program pro základní vzdělávání’ (RVP ZV) = ‘Framework Educational Program for Basic Education’. Now we will concentrate to the curriculum issues only, i.e. the educational content of the document - the teaching matter on health. These problems are dealt in the educational sphere Člověk a zdraví ‘A Man and Health’, which is divided into two educational sections: ’Education towards Health’ and ‘Physical education’. Besides that the issues of health are also a part of the educational sphere A Man and His World in thematic circle A Man and His Health, which is related to the level of basic education. The range of problems dealing with health issues in the RVP ZV demonstrates that the entering of the health care in the contemporary school is strong and vigorous, which proves how much importance is given to the problem.

The concept of health is defined in various ways depending on the views applied in defining it. In general, nevertheless, in all professional discourses there is a consensus that health of man is understood as “a balanced state of physical, mental and social well-being” (RVP ZV, 2002: 72), thus, it is not bound to the absence if illness but to the physical movement only. In this conceptions it means a new, enriching element of the curriculum because a prominent attention is given to the integral personality of a pupil. This conception is also projected into the new conception of physical education. The essential goal of school physical education is rightly considered a creation of a positive attitude of pupils to the care of their health and whole-life movement activities. Physical education is understood as a part of ecological education and health education, i.e. as education to “a right daily routine with movement/motor activities aimed at reaching the adequate level of physical, mental and social well-being and at complex relaxation and regeneration in connection with healthy nourishment (V. Mužík, M. Krejčí, 1997: 19).

3. Framework educational program for basic education

This conception of health is fully projected into the educational sphere ‘Man and His World’, intended for the first level of basic education. Pupils should be led to get known themselves, they should acquire basic knowledge on health and illnesses and on safe behaviour. Much wider and deeper reach is found in the sphere ‘Man and Health’, which is realised in educational branches ‘Education to Health’ and ‘Physical education’. The educational program in the sphere should be also projected in other educational spheres, which enrich or exploit it, and in the life of school. The educational branch ‘Education to Health’ is also closely connected with a cross-sectional theme ‘Social and

Personality Education'. The educational content of the branch 'Education to Health' is specified in expected outputs and more specifically described in following teaching themes: Relations among people and forms of co-existence, Changes in man's life and the reflection of them, Healthy way of life and care for health, Health threatening risks and the prevention against them, The value and support of health, Social and personality development. Although the review of aspects and factors related to health is carefully assorted, a higher bias towards a formation of mental well-being, as suggested e.g. by J. Křivohlavý (2001) seems to be missing.

The educational branch 'Physical education' is conceived in a non-traditional way, it leaves the one-sided performance conception of physical education and gets oriented more to "the care for general physical, and with-it cohering psychic and social side of human personality" (V. Mužík, M. Krejčí, 1997: 18). Activities influencing health are given more importance and stress is given on hygiene and safety in movement activities. This corresponds with the expected outputs that result from the teaching subject matter biased at individual possibilities and conditions of the school. Separately is included a set of requirements for the educational theme 'Health physical education' and it is also counted with specialised exercises supporting a correction of health attenuation. This permanent bias at the care for health is typical for this new concept of physical education.

4. Care for health is an investigation subject

Physical education, in contrast to other teaching subjects, has formed a modern conception of its educational branch because it differentiates the scientific problems of kinanthropology from physical education, which represents the problems of the branch of methodology. In this direction there commence many monographs and studies, scientific conferences and seminars are held, numerous scientific investigations are being done. A long-time intensive attention on health issues at the Faculty of Education MU was given in the research contemplation 'Teachers and Health' (1977–1999) edited by E. Řehulka. In this direction there is another follow-up research contemplation 'School and Health for the 21st Century', which is concentrated at the issues of a healthy life style and healthy behaviour that school can and should influence. This is the direction of the research contemplation 'Special needs of pupils in the context of the Framework educational program for basic education' (2007–2013). In the framework of both these and also other research projects, new studies originated positively contributing to the solution of the problems. E. Řehulka (2006: 68) found out that the concept health is by some educators perceived unilaterally as a physical health only (in 79 %) and only 10 % from them consider psychic health. Similar results are given in the study of H. Dvořáková (206: 74 – 82). An innovative study of M. Miková and T. Janík (2006: 248 – 260) analyses the elements in the teaching process supporting health. Some investigations (V. Mužík, (2007: 333 – 36) call attention to the fact that quite a lot of teachers of physical education are not satisfactorily acquainted with the new conception of the educational sphere of the RVP ZV 'Man and Health and are maintaining the traditional performance

conception of physical education. L. Dobrý (2007: 21) recommends, thus, that youth should practise motor activities 60 minutes daily at least. The activities should be adequate to the age, should be jolly and various in form.

One of the results of a long-time and systematic attention to the issues of health is the publication of J. Liba Zdravie v kontexte edukacie (2007) = Health in the context of education, which in details informs about the issues of health from the view of the school educative influence, while the emphasis is given to the life style, nourishment, movement, life environment, prevention, and education towards health, mainly. A. Wiegerová (2004, 2005) similarly concentrates on issues of health for a long time and comparatively elaborated the health issues in Slovakia and in Czechia. Her view on health in biological and psychic levels is a valuable contribution, it corresponds with the modern conception of health and also with investigating the relation teacher - school – health, and points to the important role of school.

5. Health and the world of values

The given examples of some investigation findings show that the issues of health are not only a subject of interest of educational work of creative teachers but they started to be investigated as an essential phenomenon of contemporary life. The remaining problem is how to get this new conception to the school practice because antagonistic tendencies are still being noted. Moreover, not only the new conception of physical education and the support for care for health matter, but spreading of this teaching conception in all educational spheres of the entire curriculum spectrum matters, as well.

Health in its wide conception plays an essential role in the world of values because it is a fundamental prerequisite for a full life. But until these days a one-sided conception of health as a good physical state of man without illness is still present. The new conception of health as a state of not only a physical but also mental and social well-being reflects the situation of modern man, when also physical fitness becomes a problem and when even an imperative care of mental health and social relations becomes important. We must admit that the necessity of looking after mental health and social well-being is not perceived satisfactorily, even if many symptoms point at an acute danger (e.g. high life pace, pessimistic mood, hedonistic personalization, threat of wars, terrorism, etc.). That is why school should pay more attention to these issues in all educational spheres, branches, and teaching subjects. Physical education in RVP ZV is understood not only as an educational branch having its own specific mission but also as educational theme contributing to development of health, one of the highest values. We can see that even if the conception of physical education is oriented to the needs of the rising community of knowledge, the real life stays behind this set target. Some educational branches do not want to change their conception, they are not aware of the necessity of changes, or they even fight against it. Therefore it is necessary to discuss these phenomena, to consult on the best way and with the united effort to look for the perspective solution.

Some impulses for contemplation and realisation:

1. Even if the care for health in RVP ZV is theoretically and methodologically well formulated and reasoned, it is necessary to continue firmly in its implementation in the daily life of schools.
2. Even if the physical component of health is rightly given the highest attention, the component of mental well-being and social well-being is realised unsatisfactorily.
3. The support of these components goes, naturally, outside of teaching subjects too, yet the care for health is to be taken as an important "cross-section" theme.
4. The social component of health is possible to realise as a favourable and incentive environment of school, class, in which family and civic community should also take part.
5. The mental and psychic components are in the hands of the teacher mainly and he should create a friendly atmosphere round him.
6. Adrenaline and risky sport kinds should not be supported in youth because the goal of them is not health support but individual satisfaction and exhibitionism.
7. The preparation of teachers should be adequate to these viewpoints. The main goal should not be the development of sport but physical education including health aspects.

PÉČE O ZDRAVÍ VSTUPUJE DO KURIKULA

Souhrn: Otázky zdraví jako nejvyšší hodnoty lidského života se stávají oblastí zvýšeného zájmu také ve školní edukaci. Objevují se jako důležitý požadavek v kulikulárních dokumentech, a to na různých úrovních. V postoji ke zdraví však stále ještě převažují tradiční přístupy, tj. zohledňuje se zejména fyzické draví, duševní zdraví a stav psychické pohody se sledují jen zprostředkovaně. Ve stati se navrhují některá opatření, která by mohla v tomto směru znamenat nápravu.

Klíčová slova: kurikulum, fyzické zdraví, duševní zdraví, psychická pohoda

EDUCATION TOWARDS HEALTH ON THE WAY FROM THE FRAMEWORK EDUCATION PROGRAMME TOWARDS ITS REALIZATION IN SCHOOL PRACTICE

Eva MARÁDOVÁ

Abstract: *The contribution opens current issues related to preparation of school curriculum during the implementation of goals defined in the Framework Education Programme in the field of health promotion. It is based on didactic analysis of pedagogical documents and on long-term examination of educational reality in the field. It gathers problems accompanying the integration of health education area into school programs and suggests possible solutions. Facing a new stage of school transformation a key question arises: Are the new educational programs at schools well-prepared and bringing planned outcomes in health promotion? Are the teachers accordingly trained and how?*

Key words: *health education, curriculum, school educational programs*

1 Education towards Health in the Framework Education Programmes

The Framework Education Programmes bring a number of changes in basic schools on several levels. They define essentials of educational content which must be adopted by certain type and level of schools. Newly they set aims of primary and secondary education. Through its conception they make schools develop pupils' competencies in the way that pupils should be able to use the skills in specific situations. For individual fields, including education towards health, expected outcomes of educational process are specified and overall approach towards educational content is supported.

Health issues are present in the Framework Education Programme for Basic Education (FEP BE) on several levels (1). General part of the document describes health as one of the key aims of basic education. It means that education towards health doesn't

concern only some teachers, on the contrary health ought to be treated as subject of support and protection on the school level. Considering that new approaches towards education provide school director and teachers with more decision-making authority in education issues in their school, it shouldn't be an obstacle to develop positive school environment and health promotion. A precondition of success is understanding the school aim: *"to lead pupils to actively develop and protect their physical, emotional and social well-being and make them feel responsible for it"* by all school employees. (2) In order to achieve the planned education outcomes, team work of all teachers, creating school educational programme, is required. If they find appropriate strategies to integrate health into school curriculum, there is a real chance that the intention mentioned above will be achieved.

2 Health and school curriculum

In quest of ensuring efficiency in education, there is often neglected the fact that health is essential part of conditions for conducting the school education programme. Health promotion includes respecting pupils' needs, providing optimal space and material background, observing hygiene and security regulation, creating positive classroom environment, etc. During the initial and continuous analysis of school work it is necessary to contemplate, which aspects of school environment support and which do not support pupils' health, what could be improved to support health of pupils and teachers, what could be changed in education and in organization of school life and how the team of teachers can contribute to all this. Furthermore, any form of integrating and educating pupils with special educational needs has a substantial health "dimension", which should be taken into account and solved in the preparatory part of FEP BE.

The analysis of the content part of FEP BE implies that education towards health deserves specialized teaching as an independent school subject or possibly appropriate integration into another subject. Unfortunately, the recommendation about minimal teaching-hour quota for education towards health (2 hours a week for the period of 4 years) is insufficient and cannot meet the requirements defined in curriculum. Considering that health is a part of multi-section themes, teachers of all subjects are supposed to respect school strategy of health promotion and contemplate possibilities of integrating health issues into their classes.

Currently basic schools are entering the stage of gradual education transformation according to school education programmes. As regards achieving the aims of "Health 21" (3) we can be satisfied. The analysis mentioned above reveals that framework education programme offered schools a broad range of possibilities to elaborate outcomes related to health promotion. This begs the questions: How have schools seized the opportunity? Has the intention to support and protect health been reflected in the school programmes in order to achieve the planned outcomes?

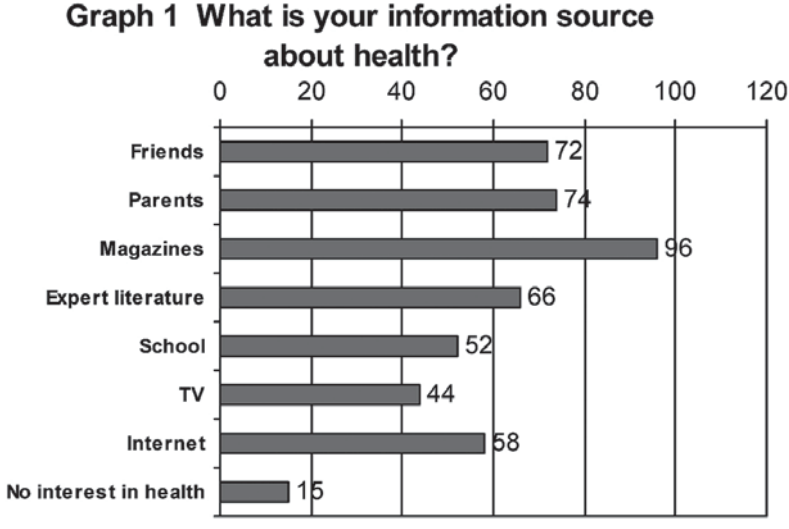
Unfortunately, published outcomes of the school analysis in the field of education towards health don't show satisfactory findings. Mrs. L. Mužíková (4) drew attention towards underestimation of the educational field by school directors. Based on current attitudes of teachers towards health promotion, there was repeatedly emphasized necessity to provide specialist and methodically erudite teachers (5), (6). It proves that win-

ning strategy consists in motivated teachers who have experience and specialist knowledge about health issues and who are able to gain support of other teachers in the team. Unfortunately, such schools are rare. Therefore justified worries appear that a number of schools owe a lot to their pupils in this important field. Will the current (not very optimistic) situation change when newly graduate teachers come to schools?

3 Attitudes of future teachers towards school programs of health promotion

Preparing accreditation of new study specialization Teaching Education towards Health in 2006, a research was conducted at Charles University in Prague-Pedagogical Faculty exploring health literacy of future teachers and their attitudes towards health promotion programs in schools.

Examined sample of respondents consisted of students of various specializations, all in their 4th year of master study programs of secondary school teaching. *Intentionally there were addressed not only family education students dealing with specialist and didactic issues of healthy lifestyle within their studies on a daily basis.* Considering that health is generally highly valued, we assumed that all respondents are interested in health and that future teachers are willing to thing about possible ways of healthy lifestyle promotion through their school subject. The survey method was questionnaire including closed and open questions. In evaluation 130 pieces of questionnaire were elaborated. In this treatise evaluation of a few key questionnaire points are presented.



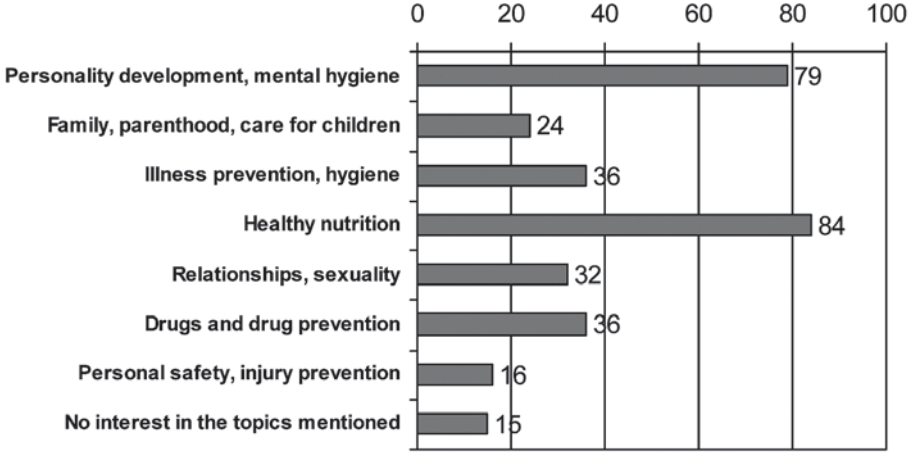
Graph 1 shows that the most common information source for students are magazines, parents and friends. Often mentioned answer comments were as follows:

- Health is a current topic, one can find information everywhere.

- One cannot avoid information about health in media.
- One can find discrepancies in information from different sources.
- It is problematic not to lose orientation in all the information.
- How to recognize, which sources are reliable.

It is necessary to point out that fifteen respondents expressed lack of interest in health issues. Therefore the initial hypothesis of young people's general interest in health issues failed.

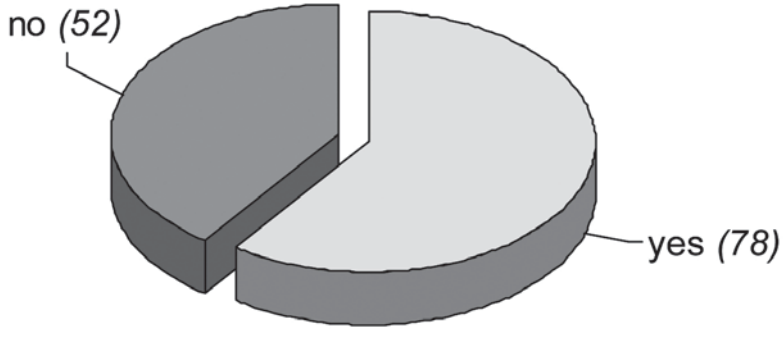
Graph 2 Which health-related topics are you interested in?



The students are most interested in healthy nutrition and possibilities of personality development through mental hygiene principles (graph 2). They don't fully understand importance of personal safety vs. injury prevention.

One of the most interesting findings is answer to the question, whether the respondents will integrate topics of health promotion into their classes and why (graph 3).

Graph 3 Will you integrate the health promotion issues into your classes?



The research proved that in private life most of the students do understand the importance of health. However, they don't connect their future teaching activities with protection and promotion of pupils' health.
Why don't you become involved in health promotion?

- It is not related to my field (history, Czech l., arts, music)
- It cannot be integrated into arts
- It has nothing to do with teaching languages
- It has nothing to do with teaching history
- Health promotion in teaching music doesn't make sense
- I want to teach languages at high school, not raise the pupils
- Health issues should be discussed in other school subjects
- I am not interested in such topics
- It would be difficult and pointless

Apparently, authors of the statements above didn't think about planned interconnection of educational contents and they were not lead to search for relations between their specialization and everyday life needs, which the pupils should be prepared for.

4 Conclusion

The research, outcomes of which are presented here, reflects problems remaining from the past in pre-gradual teacher training, which currently fails to flexibly follow needs of schools in its transformation period.

On the one hand it is possible to find a solution in increasing health literacy of all future teachers (in university courses of general teacher training), on the other hand in enhancing pedagogical and specialized didactic readiness of graduates (e.g. by means of developing skills to participate in creating and realizing school projects promoting health). In concrete terms, it is recommended:

- to provide students with specialist information about health and about its protection,
- to make it easier to understand media information,
- to motivate oneself and others to health protection,
- to teach first aid principles.

As far as pedagogical and specialist-didactic training is concerned, it is necessary:

- to lead students to responsibility for their pupils' health,
- to enable students to fully understand intentions of school in transformation period (education towards health is included in school education programmes),
- to overcome "excessive attention" paid to own specialization and view teaching in broader context.

Trying to achieve an overall school transformation, which would support healthy lifestyle in everyday life, we shouldn't forget that teachers are the main success agents.

Therefore, especially pedagogical faculties should draw sufficient attention to teacher training in the field of health promotion and protection.

Literature:

1. Rámcový vzdělávací program pro základní vzdělávání. Praha: MŠMT, 2004.

2. MARADOVÁ, E. *Výchova ke zdraví. Školní vzdělávací program*. Praha: Fortuna, 2006. 48 s. ISBN 80-7168-973-4

3. Dlouhodobý programu zlepšování zdravotního stavu obyvatelstva ČR Zdraví pro všechny ve 21. století. Praha: ÚV ČR 2002.

4. MUŽÍKOVÁ, L. Health Education from the Primary School Head Teachers' Perspective. In ŘEHULKA, E. et al. *School and Health 21* (2). Brno: MU, 2007, s. 103–110. ISBN 978-80-210-4374-9

5. MARÁDOVÁ, E. To the Current Issues of Transformation of Primary and Lower Secondary Education in the Health Promotion Field In ŘEHULKA, E. et al. *School and Health 21* (2). Brno: MU, 2007, s. 71–82. ISBN 978-80-210-4374-9

6. MARADOVÁ, E. Výchova ke zdraví jako jedna z priorit současné školy a jako součást učitelského vzdělávání In *Cesty demokracie vo výchove a vzdělávaní.* Bratislava: UK, PedF, 2005, s. 149–153. ISBN 80-969146-2-6

VÝCHOVA KE ZDRAVÍ NA CESTĚ OD RÁMCOVÉHO VZDĚLÁVACÍHO PROGRAMU K REALIZACI VE ŠKOLNÍ PRAXI

Souhrn: Příspěvek otevírá aktuální otázky spojené s přípravou školního kurikula při implementací cílů vymezených rámcovými vzdělávacími programy v oblasti podpory zdraví. Vychází z didaktické analýzy pedagogické dokumentace a z dlouhodobého sledování edukační reality v dané oblasti. Shrnuje problémy, které začleňování obsahu vzdělávacího oboru Výchova ke zdraví do školních programů provázely, předkládá návrhy na možná řešení. Před vykročením do nové etapy proměny školy klade zásadní otázku: Jsou nové vzdělávací programy ve školách připraveny tak, aby jejích realizace přinesla skutečné očekávané výstupy i v oblasti podpory zdraví? Jak na toto vykročení připravujeme učitele?

Klíčová slova: výchova ke zdraví, kurikulum, školní vzdělávací program

ANALYSIS OF HEALTH EDUCATION CURRICULUM AS A BASIS FOR CREATION OF SCHOOL EDUCATIONAL PROGRAMMES

Leona MUŽÍKOVÁ

Abstract: *This contribution comes out from the content analysis of curriculum documents, programs and projects of health support and from results of the questionnaire survey covering the group of more than 500 head teachers of the Czech elementary schools. The acquired information allows us to form a model of health education that can be a starting point in creation of school educational programs in the educational field Man and Health of General Educational Program for elementary education. At the same time, the author points out that there are limits and difficulties connected with creation of school educational plans in this field, specifically in the health education field of study. A demand of openness of this model is emphasized with respect to changing terms of realization in pedagogical practice.*

Key words: *curriculum, health education, elementary school, school educational program*

Theoretical basis

Contemporary Czech school system goes through a process of curricular reform, whose part is implementation of a new concept of heath education to schools of all levels. Therefore the paper is focused on assessment of curricular frame of health education in Czech Republic, comparison of acquired information with knowledge from abroad and verification of Czech elementary school system readiness to realize the new concept of health education.

The term *health education* is considered in the broad sense of the word as a part of educational system and in narrow sense of the word as a specifically defined education branch specified by *educational documents*. Health education should guide to health consciousness and behaviour of citizens. In this context the term *health literacy* is often used that characterizes „cognitive and social skills that determine motivation and ability of individuals to obtain access to health information, to understand it and use it to development and preservation of good health“ (Holčík, 2004: 120). Health literacy could be a precondition of *healthy lifestyle* (healthy way of life). By Liba (2005: 5) “balance of mental and physical load, a purposive movement activities, well-balanced diet, harmo-

nic relationships among peoples, responsible sexual life, rejection of addictive drugs, responsibility in work and life, personal and work hygiene etc.“. Healthy life style is projected into *quality of life*, which expresses general satisfaction with life and feeling of personal well-being, mental harmony and life-contentedness.

Besides the term *výchova ke zdraví* also the term *zdravotní výchova* is used in connection with health education in Czech Republic. This is the term for a special branch of medical sciences and Czech health care, targeted on preservation of health of individuals and population groups of the society (Provazník, Komárek, 2005). We accept this terminological differentiation and the term *výchova ke zdraví* (health education, in the sense of education towards health) is used in accord with the framework education program (VÚP, 2005) as an official name for one of branches of the Czech *system of education branches* that are determined by the government for realization of basic education in accord with *School act* (MŠMT, 2006b). In more general sense *health education* is understood as “part of effort to support health and improve health state of existing population“ (Průcha, Walterová, Mareš, 1995: 283).

Research, whose results are shown in this paper, belongs to the curriculum research field. The term c*urriculum* is here taken as a basic pedagogical category defined by Průcha, Walterová and Mareš (2003). In level of theoretical basis, this research is grounded on two partial concepts – *the projected form of curriculum* as presentation of really planned projects of education contents (i.e. education programs, teaching plans, education curricula or standards) and *the implementation form of curriculum* comprising the education content introduced to education subjects (Průcha, 2002).

Research tasks dealing with problem of *the projected and implemented curriculum* are investigated rather frequently (e.g. Maňák, Janík, 2006). The most frequent method used in *research of the projected curriculum* is probably content analysis of curricular documents, mainly education programs. The corresponding curriculum is studied as a text, which characterizes a relevant concept of education, its goals, content and other constitutive elements. Research worker role is to carry out interpretative analysis of the text. For *research of the implemented curriculum,* observations are usually considered as the most suitable method, but more often interviews and questionnaires are used. Curriculum participants (head teachers, teachers and pupils) are inquired by means of those research methods and so conditions or circumstances of curriculum realization are found out. In the both cases the curriculum is analyzed by the research worker, usually by using a category system that can discover curriculum structure and also its possible characteristic features.

Research problem

The research is focused on verifying implementation of goals of the national program *Health 21* to real conditions of Czech schools. Implementation process for goals of the national program *Health 21* is realized contemporary with the curricular reform of the Czech school system; by the reform a new education branch is introduced – health education.

Our task is, among others, to describe health education curricular intents and put contentual effect on health education implementation at elementary schools. The partial project of our research intent, whose results are presented here, is built on content

analysis of the project form of health education curriculum (i.e. on frame educational documents) and is used for explorative verification of Czech schools readiness to the new concept of health education on school program education level.

Methodology

The research of the projected form of curriculum was based on the non-quantitative content analysis method of texts (Gavora, 2000). The basic set of Czech curricular documents comprises *Standard for basic education* (1995), educational programs for basic schools (*Basic school, General school and National school*, in Czech *Základní škola*, *Obecná škola* and *Národní škola* (MŠMT, 2006a), *Framework educational program for basic education* (VÚP, 2005), *School act* (MŠMT, 2006b). Sources from abroad are represented by international comparison of physical education and health education (Pühse, Gerber, 2005) and works of the authors Wiegerová (2005), Liba (2005) and others.

The research of the implementation form of curriculum was focused on evaluation of initial conditions for implementation of the new concept of health education to elementary schools and on insight into topical issues of health education realization in our system of basic education. In our research method we used a structured questionnaire with closed, half-closed and open questions. 1000 head teachers of fully organized Czech elementary schools were included in our research set of respondents, 536 of them responded to the questionnaire completely. After finishing data collection in the years 2005/2006 we analysed obtained answers.

The results of analysis of the questionnaire answers to closed and half-closed questions were published sooner (Mužíková, 2007), so we do not show them here. The answers to open question were evaluated by *content analysis* on boundary of open-coding approach (Strauss, Corbinová, 1999). In categorizing of answers we were inspired by methodology described by Janík (2005).

The questionnaire survey was completed by non-standardized interview with pedagogical workers of pilot schools. This method completed set of information obtained by the questionnaire survey.

Research results of the projected form of health education curriculum

More detailed analyses of educational documents have been already published (Mužíková, 2006a, 2007), so here we only sum up crucial pieces of knowledge:

The initial conceptual document for formulating pedagogical goals of health education at elementary schools is *Standard of basic education* (MŠMT, 1995). It defines *health education* as one of educational branches also with the branch *Physical education and sport* with the educational branch *Healthy lifestyle*. This conceptual document has been essential for *educational programs for basic education* that are still valid (but finishing), namely *Basic school, General school* and *National school* (MŠMT, 2006a).

The most frequent program is for *Basic school* that has been implemented in most Czech schools.

By the current *School Act* (MŠMT, 2006b the above mentioned educational programs will be stepwise substituted *Framework educational program for basic* (VÚP, 2005). Continuously updated versions of the framework program are curricular documents on State-level and they define general frame of individual stages of education. The framework educational program is obligatory for creation of *school educational programs* (MŠMT, 2006c) i.e. the curricular documents of higher level. By School Act, those programs are created by each of school individually based on its factual conditions.

The framework educational program for basic education has introduced nine educational branches, with *Man and health* among them. The educational branch *Man and health* comprises the educational branches *Health education* and *Physical education* (with *health education for physical education*). Health education is also a part of educational field *Man and his world* outlined for the 1st level of basic school education.

The education branch *Health education* is specified in Framework educational program as follows: "Health education provides basic knowledge on preventive protection of human health. Pupils learn to develop and protect health state actively, within all health education components (social, mental and physical), and to be responsible for it. By its educational content it is directly connected with educational branch Man and his world. Pupils improve their hygienic, nutrition, working and other habits of preventive health care; they develop ability to refuse harmful substances, to prevent injuries and to face perils in everyday and extraordinary situations. They gain deeper and broader knowledge on family, school and contemporaries, on nature, people, human relationships and they learn to consider own activities from health needs viewpoint and from a teenager perspective and to decide in favour of health. Considering individual and social dimensions of health, the education branch *Health education* is closely connected with the cross-section topic Personal and social education" (VÚP, 2005: 72).

After implementation of the framework program to basic schools (since September 1, 2007) the *health education* topics should be taught at the first level of basic schools integrated with other education subjects, at the second level of basic schools either as a separate education subject or integrated with other subject(s) by *the appropriate school education program*.

In this way, legitimacy of the branch *Health education* is confirmed by incorporation to curricular documents of basic educational system codified in the valid School act. Contents and goals of *Health education* have been boosted by the World Health Organization program *Health for all in the 21st century* program and by elaboration of this program into the national version approved by the State authorities.

Based on knowledge from international sources (Pühse, Gerber, 2005, Wiegerová, 2005, Liba, 2005 and others) curricular concepts of health education were sorted to several conceptual models; their detailed specification has been already published (Mužík, Mužíková, 2007). Here we give only an overview:

1. Health education is considered in complex context, in the curriculum it is specified as a separate educational branch and usually is taught as a separate subject. Its content is interconnected with physical education, which is interpreted as education to movement activities within healthy lifestyle. Sport performance and competitiveness are not dominant elements of physical education. This model is preferred in Finland and USA.
2. Health education is explicitly connected with other subjects. Usually it is declared that health education has penetrated all subject (e.g. in Poland, Greece, Slovakia), or health education topics are included in individual subjects, e.g. in natural history, civics (e.g. in Ireland), or in physical education.
3. Health education is connected with physical education and in this sense it is also composed in the subject name (e.g. physical education and health education). Physical education is not focused on sport performance, but on health support (in Europe e.g. Sweden, in other parts of the world Australia, China, Japan, South Korea, New Zeeland).
4. Health education is a part of physical education subject that follows so called health oriented goals, but health education is not explicitly specified in the curriculum. It pays usually attention to basic hygienic rules, injury prevention etc. Many topics of health education (e.g. principles of health nutrition, prevention of socially pathological phenomena, sexual education etc.) are dissolved in other learning subjects or are not included in the curriculum at all. (This model was accepted in Europe in England, Belgium, Lithuania, Hungary, Germany, Norway, Portugal, Austria, Spain, Switzerland, and Turkey, in other parts of the world in Brazil, Hong Kong, Ghana, Israel, Canada, and Tunisia).
5. Health education is not explicitly included to the curriculum and is only a general goal of physical education, focused mainly on physical capability and sport performance (e.g. in Byelorussia, Denmark, France) or it is predominantly focused on movement relaxation (the Netherlands, Nigeria). Such interpretation of physical education and health education probably do not fulfil function of more complex education to health, when goals focused on health are probably only declared (but this speculation we can not prove).

We can conclude that majority of the above mentioned countries takes importance of health education within basic education. Health education is in some cases realized in the separate subject, but more often in the subject connected with physical education, which changes its former sport orientation to "health supporting" one (Mužík, Mužíková, 2007).

The results have demonstrated that in comparison with other countries Czech Republic has a good starting position for health education implementation to schools. In Czech Republic pedagogical requirements for health education are defined not only in accord with modern international concepts but also with needs of pupils and the society. The projected curriculum form enables to implement health education of individual schools by the internationally applied model described in paragraphs 1, 2, or 3 (chosen by the school educational program).

Research results of the implemented form of health education curriculum

The content analysis of answers obtained from head teachers of elementary schools to open questions of the questionnaire and informal interviews with pedagogical workers of pilot schools have brought the following results related to the implementation form of health education curriculum.

1. Questions to issues solved by authors of school educational programs in the present time:

a) How will be health education implemented and who will be responsible for it?
- Will health education be implemented as a separate education subject?
- Will prescribed topics be taught in integration with one subject or with more subjects?
- Will prescribed topics be taught in form of projects or block education?
- Will teaching be a combination of the above mentioned variants?
- What is qualification for teachers, will be a possibility to complete it?

b) How will be health education supplemented?
- Will health education penetrate all school education processes?
- What facultative subjects, voluntary subjects, interest forms will be offered?
- How will physical education be oriented?
- By what parameters will health education and physical education be evaluated, how will pupils be evaluated and marked?
- What other educational forms will be organized (courses, excursions, discussion meetings, programs, projects)?
- How will cooperation be ensured of individual teachers, mutual cooperation of teachers and pupils and cooperation within group of pupils?

c) How will the health education process be supported at individual schools?
- Will teachers be an example for pupils?
- Will suitable social atmosphere and school climate be created?
- How will personal and social education of pupils be carried out?
- How will health education be interconnected with environmental elements?
- What will be the form of cooperation with parents, community, institutions and others?
- Will pupils´ nutrition be guided (a diet in school dining rooms, out-of-school eating, drinking and eating regime of pupils)?
- How will free time be influenced?

d) What other problems connected with health education implementation can emerge?

2. Impulses directive for creation of school educational programs:

a) Determination of basic educational forms of health education
- If health education is taught as *a separate subject,* it should be secured by qualified

teachers (in the present time there are no graduates of the health education branch and number of graduates specialized in family education is very limited).
- If health education is realized by *subject integration,* education topics must be elaborated into relevant school subjects. Participating teachers should be adequately educated in respective topics.
- If *education in blocks* is preferred (mainly at the first level of elementary schools), it is suitable to use inter-subject relations.
- If compulsory education is supplemented by a *facultative subject*, compulsory and facultative topics must be specified.
- If health education is *integrated* with *physical education*, the existing physical education should be changed towards "health supporting" physical education (see Mužík´s contribution in this book).

b) Determination of additional forms of health education
- Preparation and realization of *preventive programs* are part of health education – above all for prevention of smoking and drug addiction (e.g. minimal preventive programs).
- Realization of *projects supporting health* is suitable (e.g. Health-supporting school, Health weeks, Health days, Healthy teeth and others).
- *Other forms of physical education* can be recommended, with healthy balance program (regular short time for exercising, movement activities in relaxation pauses, physical education groups, outdoor courses and stays, healthy physical education as an optional subject and similar suitable forms.
- Health education learning can be supplemented by one-shot educational forms - *educational excursions* to specialized workplaces (free-time centres, environmental education centres etc.), *discussions* with professionals (medical specialists, health care workers, psychologists, police staff members, social workers etc.), discussions with ill or drug-addicted individuals (e.g. HIV positive persons, drug users, smokers) and similar ones.
- *Project days or thematic days* should be organized (e.g. the theme "Man protection in extraordinary events") and *training of modelled critical situations.*
- Engagement of pupils in *environmental actions* is needed.
- Offer of *leisure activities at school* can be enhanced (e.g. school clubs or groups interested in health topics - healthy nutrition, first aid, healthy lifestyle, hygiene, etc.).

c) Specification of health education forms going beyond the school environment
- Offer of *leisure activities* out of school environment (expeditions, outdoor stays and similar activities).
- Intensified *cooperation with parents* (support and recognition of the healthy lifestyle in families, reduced smoking and alcohol consumption, offer of leisure time activities for parents and children together – e.g. actions supporting mutual experience of parents and children, parents and children etc., lectures and courses for parents focused on health education support at schools and in families).
- Formation of *advisory centres* for parents and children.

- Real forms of *cooperation with public*, community representatives or specialized institutions and with pediatrists.

d) Focusing on psycho-social area
- Necessary *cooperation* of individual teachers and school employees, because health education program should be projected into the whole education process at school.
- Increased attention paid to *teacher-pupil communication*, focused on creation of *positive psycho-social climate* at school (pupil's reliance and willingness are missing very often in discussion of problems with teachers).
- Special attention given to *integration of handicapped children*.

e) Determination of material conditions
- Provision of necessary *specialized materials with description of methods/instructions* for teachers.
- Provision of *learning materials and aids* for pupils.
- Probably *equipment of a specialized classroom or training, adaptation of school* (e.g. for physical relaxation pauses).
- Reservation of sufficient *financial resources* for real fulfilling of the health education program.

f) Influence on pupils nutrition
- Focusing on *the nutrition and drinking regime* of pupils in lessons and time spent at school.
- Systematic education of pupils to *proper nutrition habits* in their daily regime.
- Modification *of menus in school dining rooms* (adaptation of school dining menus to needs of obese and/or weakened pupils).
- *Cooperation with parents* in the nutrition field.
- *Health nutrition courses* organized for interested person.

Summary and conclusion

The analysis of educational documents confirmed legitimacy of health education in Czech basic schools and enabled evaluation of the projected curriculum level in relation to concepts from abroad. Based on the research focused on implementation form of the health education curriculum, disputed questions were specified and real topics for creation of school education programs were formulated. Comparison of the projected and implemented curriculum levels discovered difficulties in realization of health education in existing conditions of Czech schools. Indispensable precondition of successful implementation of the health education school program is its open character and flexibility reflecting current situation in school environment and also out of schools.

Health education implementation will always depend on:
- attitude of pupils, teachers and other school employees to health education,
- personal change at schools,
- cooperation with parents,

- current situation at schools, in community, society,
- local occurrence of social-pathological phenomena,
- change of legislation,
- other less predictable factors.

The above mentioned problem questions and collected issues for creation of school educational programs are only starting basic points for further studies of the projected and implemented forms of health education curriculum, with a respective going beyond to result or effect level (see Průcha, 2002).

Literature

1.GAVORA, P. *Úvod do pedagogického výzkumu.* Brno: Paido, 2000.

2.HOLČÍK, J. *Zdraví 21. Výklad základních pojmů. Úvod do evropské zdravotní strategie Zdraví pro všechny v 21. století.* Praha: Ministerstvo zdravotnictví ČR, 2004.

3.JANÍK, T. *Znalost jako klíčová kategorie učitelského vzdělávání.* Brno: Paido, 2005.

4.LIBA, J. *Výchova k zdraviu a škola*. Prešov: Pedagogická fakulta PU, 2005.

5.MAŇÁK, J.; JANÍK, T. (eds.). *Problémy kurikula české základní školy.* Brno: MU, 2006.

6.MUŽÍK, V.; MUŽÍKOVÁ, L. Physical Education and Health Education on the Educational System in the Czech Republic and other Countries. In ŘEHULKA, E. et al. *School and Health 21 (2)*. Brno: Paido, 2007, s. 549–560.

7.MUŽÍKOVÁ, L. *Výchova ke zdraví v současném základním školství.* Rigorózní práce. Brno: Masarykova univerzita, Pedagogická fakulta MU, 2006a. 104 s.

8.MUŽÍKOVÁ, L. K realizaci výchovy ke zdraví na základních školách. In KNECHT, P. (ed.) *Výzkum aktuálních problémů pedagogiky a oborových didaktik (v disertačních pracích studentů doktorských studijních programů).* Brno: Masarykova univerzita, 2006b, s. 88–101.

9.MUŽÍKOVÁ, L. Health Education from the Primary School Head Teachers Perspective. In ŘEHULKA, E. et al. *School and Health 21 (2)*. Brno: Paido, 2007, s. 103–110.

10.PROVAZNÍK, K.; KOMÁREK, L. *Manuál prevence v lékařské praxi : Souborné vydání.* Praha: Univerzita Karlova – 3. lékařská fakulta, SZÚ Praha, 2005.

11.PRŮCHA, J. *Moderní pedagogika.* Praha: Portál, 2002.

12.PRŮCHA, J.; WALTEROVÁ, E.; MAREŠ, J. *Pedagogický slovník*. Praha: Portál, 1995.

13.PÜHSE, U.; GERBER, M. (Eds.). *International Comparison of Physical Education: Concepts, Problems, Prospects*. Oxford: Meyer & Meyer Sport, 2005.

14.Rámcový vzdělávací program pro základní vzdělávání (se změnami provedenými k 1.9.2005). *VÚP v Praze [online]*. c2004-2005 [cit. 8.srpna 2006]. Dostupný z World Wide Web: <http://www.vuppraha.cz/index.php?op=sections&sid=367>

15.Sdělení MŠMT k učebním plánům vzdělávacích programů ZÁKLADNÍ ŠKOLA, OBECNÁ ŠKOLA a NÁRODNÍ ŠKOLA (od 1. 9.2006). *MŠMT ČR [online]*. 2006-04-18 [cit. 1.srpna.2006]. Dostupný z World Wide Web: <http://www.msmt.cz/_DOMEK/default.asp?ARI=104043&CAI=2701>

16.Standard základního vzdělávání, čj. 20819/95-26, ze dne 22. 8. 1995. *MŠMT ČR [online].* 1995-08-22 [cit. 6. října 2005]. Dostupný z World Wide Web: <http://www.msmt.cz/Files/HTM/Standard_ZV.htm>
17.STRAUSS, A.; CORBINOVÁ, J. *Základy kvalitativního výzkumu : postupy a techniky metody zakotvené teorie.* 1. vyd. Boskovice : Albert, 1999. 196 s. ISBN 80-85834-60-X.
18.WIEGEROVÁ, A. *Učitel – škola – zdravie*. 1. vyd. Bratislava : Regent, 2005.
19.Zákon č. 158/2006 Sb., kterým se mění zákon č. 561/2004 Sb., o předškolním, základním, středním, vyšším odborném a jiném vzdělávání (školský zákon), ve znění zákona č. 383/2005 Sb. *MŠMT ČR [online].* 2006-05-03 [cit. 1.srpna.2006]. Dostupný z World Wide Web: <http://www.msmt.cz/_DOMEK/default.asp?ARI=104088&CAI=3255>.

ANALÝZA KURIKULA VÝCHOVY KE ZDRAVÍ JAKO VÝCHODISKO PRO TVORBU ŠKOLNÍCH VZDĚLÁVACÍCH PROGRAMŮ

Souhrn: Příspěvek vychází z obsahové analýzy kurikulárních dokumentů, programů a projektů podpory zdraví i výsledků dotazníkového šetření provedeného na souboru více než 500 ředitelů českých základních škol. Poznatky dovolují vytvořit model výchovy ke zdraví, který může být východiskem při tvorbě školních vzdělávacích programů ve vzdělávací oblasti Člověk a zdraví dle Rámcového vzdělávacího programu pro základní vzdělávání. Autorka současně upozorňuje na limity a úskalí při tvorbě školních vzdělávacích programů v této vzdělávací oblasti, resp. ve vzdělávacím oboru výchova ke zdraví. Zdůrazňuje potřebu otevřenosti modelu s ohledem na proměnlivé realizační podmínky v pedagogické praxi.

Klíčová slova: kurikulum, výchova ke zdraví, základní škola, školní vzdělávací program

EDUCATION AREA *MAN AND HEALTH*

Dana FIALOVÁ, Dana FELTLOVÁ

Abstrakt: *In National program of education development the principles of curricular reform was formulated. Framework education programs define binding education frameworks for particular periods of pre-school, basic and college education. School education programs are made by every particular school according to principles given in appropriate Framework education programs. These the school may modify according to its own conditions, character of the region and its specific aims. In Framework education programs for elementary and college education, they are given so called elementary education areas and cross-sectional themes. In education area "Man and health", common for both elementary and college education, there are subjects like "Health education" and "Physical Education". New conception will demand as well new approaches of teachers on all levels of schools including of pedagogical faculties.*

Key words: *health, health education, physical education, framework education programme*

Introduction

In national programme of education development, principles of reform were formed. They introduces new model of two-degree curriculum – both state and school - into education system. The state level is represented by national programme of education and Framework education programmes. The school level is represented by school educational programmes. National programme of education limits binding education frame as a whole. Framework education programmes limits binding frame of education for its particular phase pre-school, elementary and high school education. School education programme is made by every particular school according to given rules and it may pay attention to specific conditions of every school (Výzkumný ústav pedagogický 2005, 2007).

Framework education programmes for elementary schools in Czech Republic will be set stepwise for first and fourth years of elementary schools since the school year 2007/2008. How the teachers will be prepared to manage this task is still a question.

Not all the Faculties of Education have opened the Educational programmes to enlarge teachers' qualification for all degrees of schools which could be the best way to prepare professionals for work. There is no accreditation for subject Health education at most of the faculties and that problematic is not classed in university basics. University

preparation is behind in that area. According to the fact that healthy lifestyle may have 50% share on positive affecting health state, it is necessary to treat professionally the health education since early childhood.

Education area *Man and health*

In valid school syllabi, a health problematic in such large is not included. Because of increasing demands on personal health care, the education in that area is necessary. Interventional programmes focused on improvement of health level – in area of nutrition, physical education, personal habits, etc. – prove that professional intervention and feedback increase adherence to these programmes. By the way also these facts support integration area *Man and health* as an individual area into educational curriculum.

In Framework education programmes there are fixed so-called basic educational areas. These are made of one or more educational branches of close area of knowledge (subjects). In educational area *Man and health*, which is common for both elementary and high school education, there arte integrated subjects *Health education* and *Physical education*. Health education brings elementary knowledge of human body in relation with prevention health care. Physical education leads to understanding own motoric skills and aims.

Education area *Man and health* mingles with both the other education areas and particular branches. It is supposed to evolve key competences of students, to lead them to understand a human as a biologic individual, to knowledge and understanding health, to orientation in opinions on health, what helps us and influence and to influence health in daily regime. Further, it should lead to reception of experiences of movement, to understand prowess and good looking and also the happiness and active participation on activities supporting health. It is about getting responsibility for one's health and behaviour, about life-long learning life values.

Subject matter of domain of *Health education*

Domain of *Health education* is quite new, not yet taught subject. The theme of health has never been included systematically in school syllabi and appeared only from time to time in some subjects, without any larger context. Due to reasons mentioned here above, it is obvious that there will not be enough of qualified teachers who would fully manage this matter. It will be difficult to create a team of professionals for teaching even at Faculties of Education. When solving this problem, it appears that larger cooperation of Faculties of Education, Faculties of Medicine and Health Institutes would be convenient.

Content of learning comes out from basic definition of health as a state of complete physical, mental, psychological and social happiness. In therefore contents large pattern of knowledge, particularly from medical area, pedagogical and psychological area. For elementary education, "Health education "is divided into following 6 themes:

- Relationships between people and their coexistence
- Changes in human life and their reflection
- Healthy lifestyle and manner of health care

- Risks which endanger health and the prevention
- Value and support of health
- Personal and social development

For high school education is the "Health education" divided into 4 themes:

1.Health care, healthy nutrition
2.Partnership, parenthood and responsible sexual behaviour education
3.Habit forming substance
4.Protection in extraordinary events

All themes are further specified and distributed in Framework education programmes. It depends on a particular teacher how they pass this matter on students.

Most of the teachers have still been performing traditional concept of education. The matter is presented as a passive gaining of information, which is learned by heart. A model for nowadays school is new constructive conception. A teacher is in the role of initiator who makes the learning easier and tries to propose it in an amusing way. They use such methods of teaching which leads to key competences, which are understood as a complex of knowledge, abilities, skills, approaches and values which are important for personal development.

One of the possibilities of how to fulfil the constructive conception of education is a "project education". "Project education" divides the learning matter into particular learning subjects, blocks in which there are active inter-subject relationships. Students do not memorize but they are forced to search for the information themselves, to suggest the processes of solution, to investigate and experiment, to note down and also carry the responsibility for the results of their work. Characteristic feature is a team work. Between the main features of a project is an aim task which is supposed to be investigated. Students suggest their own process and work out their own data. The result of a project depends on total large of knowledge, on individual and abilities of each student to apply knowledge when solving practical situation. When choosing a theme, it is useful to suggest the students several topics/themes, from which they choose or suggest their own theme. This system of education in the area of Health Education is very convenient because of the large context in that area. "Project education" is very demanding for teachers. It asks for detailed preparation of setting, for deeper muse of organisation, for material and technical support and also the way of evaluation. Experience shows that this way of education is very popular among students and that they find the learning more amusing and interesting. For creating a "project education" the personal experience of a teacher is very important.

Subject matter of domain of "physical education"

Domain of *Physical education* follows the standard obligatory subject which was introduced to schools in 1869. This fact will probably complicate its transformation into "new coat".

In simplified view on older concept of Physical education, there is mainly evaluation according to tables and limits and no respect to individual predispositions. Stu-

dents only fulfil demands of the syllabus without remarkable aim concerning the health or motivation for sport. Experience shows that evaluating students with marks leads to aversion towards the Physical education and often even to lose of motivation to play sports in leisure time. This approach of teachers has its own roots probably it the university education where credits for practical disciplines are the most important criteria for "successful sportsman".

Current content of Physical education is concerned on health oriented prowess. Motorically and physically educated individual who understands movement activity as a necessary part of their lives, who includes appropriate health supporting movement activities into their daily regime and who has sufficient theoretical knowledge about physical loading and its effects onto organism, should be the main aim. (Mužík,Tupý 1999). Health oriented prowess is not given by efficiency standards.

Recent researches confirm contribution of appropriate and healthy movement and highlight need of movement at children. But they also confirm the fact that more than three quarters of the population do not perform any movement activity at all. One of the reasons is low and inappropriate motivation (Dobrý 2006). Convenient motivation should be gained just in Physical education lessons.

Content of subject matter of Physical education in Framework education programmes for both elementary and high schools is divided into three parts (Health education stands separately):

- health affecting activities
- activities affecting level of motoric skills
- activities supporting motoric learning

For each school degree there is expected output from single activities, adapted to the level of understanding and possibilities of application.

As a bright new, there is health affecting subject matter. It concerns knowledge of the sense of movement, theory in area of recreational and efficiency sports. The subject matter in area of activities affecting level of motoric skills contains classical load of Physical education lessons (gymnastics, athletics, games, swimming etc.). The subject matter in area supporting motoric learning is not a new thing either. It contains theoretical matter of syllabi of Physical education, which is nowadays divided into (Výzkumný ústav pedagogický 2005, 2007):

- communication in area o Physical education
- organization in space and of movement activities
- history and present of sport
- rules of movement activities
- principles of behaviour when performing any activity
- evaluating movement activities

Conclusion

Education area "Man and health" represents a new part of education. It fills the empty space in education programmes of schools of all degrees. The manner of realization of the new education will require increased demands not only on current teachers of both elementary and high schools but also (particularly) on university teachers of Faculties of education. However, there is no accreditation for subject Health education at most of the faculties in pre-gradual studies.

The same, in the domain of Physical education, the changes in education in all degrees of schools will be necessary. That's why it is important to devote maximum effort to preparation of education programmes for completing professional qualification of physical education teachers and for introduction of appropriate attestation.

Literature

COUFALOVÁ, J. *Projektové vyučování pro první stupeň základní školy: náměty pro učitele.* Praha: Fortuna, 2006. ISBN 80-7168-958-0

DOBRÝ, L. Bez vnitřní motivace žáka k pohybovým aktivitám ničeho nedosáhneme. *Tělesná výchova a sport mládeže* 2006, 72, (4), s. 6–11.

Ministerstvo zdravotnictví. *Národní program zdraví. Dlouhodobá strategie.* 1. vyd. Praha: Ministerstvo zdravotnictví České republiky, 1995. 60 s.

MUŽÍK, V.; TUPÝ, J. Tělesná výchova jako součást výchovy ke zdraví. In Zdravotně orientovaná tělesná výchova na základní škole. Brno: Masarykova universita, 1999, s.5–14. ISBN 80-210-2246-9.

Výzkumný ústav pedagogický (2007). *Rámcové vzdělávací programy*. Praha, Internetové informace (www.vuppraha.cz).

Výzkumný ústav pedagogický (2005). *Rámcové vzdělávací programy*. Praha, Internetové informace (www.rvp.cz/soubor/rvpzv.pdf).

VZDĚLÁVACÍ OBLAST ČLOVĚK A ZDRAVÍ

Souhrn: V Národním programu rozvoje vzdělávání byly zformulovány principy kurikulární reformy. Rámcové vzdělávací programy vymezují závazné rámce vzdělávání pro jednotlivé etapy předškolního, základního i středního vzdělávání. Školní vzdělávací programy si vytváří každá škola podle zásad stanovených v příslušném rámcovém vzdělávacím programu, které může modifikovat. V Rámcovém vzdělávacím programu pro základní a střední vzdělávání jsou stanoveny tzv. základní vzdělávací oblasti a průřezová témata. Ve vzdělávací oblasti „Člověk a zdraví", společné základnímu i gymnaziálnímu vzdělávání, jsou zařazeny předměty „Výchova ke zdraví" a „Tělesná výchova". Nové pojetí bude vyžadovat i nové přístupy učitelů na všech stupních škol, včetně pedagogických fakult.

Klíčová slova: zdraví, výchova ke zdraví, tělesná výchova, rámcový vzdělávací program

HEALTH PROMOTING SCHOOLS AS SEEN FROM A UNIVERSITY STUDENT'S PERSPECTIVE

Rudolf KOHOUTEK

Abstract: *In April 2007, a number of first-year students at the Faculty of Education in Brno were asked to share their views of the positive and negative aspects of schools, with regard to physical and mental health factors and social conditions. Their opinions were based on their own experience with the school environment.*

The study used a combination of quantitative and qualitative methods and included 115 students (107 women and 8 men) chosen at random from the body of first-year students at the Faculty of Education MU in Brno. Most of the opinions elicited – whether positive or negative in relation to a possible impact on the students' health – focused on the school environment (that is, the equipment, facilities, organization and social environment). A number of opinions dealt with teaching methods, but very few respondents mentioned the issue of open partnership (for example, the school's active participation in the life of the local community). Some of the positive and negative points mentioned provide a valuable contribution to the current WHO and EU standards regarding the Health Promoting Schools Programme assessment criteria.

Keywords*: healthy school, Health Promoting Schools Programme, research methods, positive and negative aspects of school environment, learning/teaching, open partnership, evaluation criteria*

The 'healthy school' concept

In our research, this abbreviated concept refers to the *Health Promoting Schools Programme*. After 1989, this program has come to signify, for both Czech and European schools, a common plan for a gradual change in school curricula, education systems and general pedagogy, to go hand in hand with new perspectives of social and cultural development.

The World Health Organization (WHO) has adopted a complex plan called 'Health 21', with a view to improving health standards in European countries within the first two decades of the century. Subsequently, the key principle of the *Health Promot-*

ing Schools Programme is establishing a *holistic approach to health* in the context of school education and all related activities.

The holistic (interactional) philosophy of health considers the interaction between all the different components of an individual's health and between one's health and the health of the community, the society, the world and nature.

The major aim for all the pedagogues included in the Health Promoting Schools Programme is to influence the formal aspects of school life (the formal curriculum, culture and school ethos), as well as the spontaneous, functional ones (the contextual curriculum, culture and school ethos) in order to create a positive impact on the pupils' health. Together with that, one of the major goals of health-promoting schools is creating a *positive social climate*.

The Health Promoting Schools Programme was developed and first implemented in Scotland in 1986. In 1989, it was adopted for other European countries by WHO and in 1991, it was offered to Central European countries. In 1992, it was introduced into the Czech context. The guarantor for the Czech Republic is The National Institute of Public Health (NIPH) and the partner is Healthy Cities of the Czech Republic (HCCZ). The European guarantors of the program are WHO (The World Health Organization), CEU (Central European University) and CE (Council of Europe). The national coordinator for the Health Promoting Schools Programme is M. Havlínová.

The program was started with an action plan in three stages, with a view to promoting health at Czech schools.

The first stage – the so-called *pilot stag'* – took place between 1992 and 1999. The studies carried out at that period showed that the social climate at health-promoting schools is statistically more favorable, when measured against the check sample of schools.

At the moment, the *strategic* stage is under way (planned for the period between 2000 and 2007), to be followed by the *integrative* stage (2008–2015).

The major *aim* of the program lies in promoting a sense of respect towards and responsibility for one's health as well as other people's health from an early school age, and turning these attitudes into lifetime priorities. For a health-promoting school, the main *integrative principles* of action are creating respect for the particular needs of the individual and developing communication and cooperation.

Our study focuses on three *main principles* (pillars) of the Health Promoting Schools Programme – a favorable *learning environment* (including the material, social and organizational aspects), *healthy teaching/learning* and the so-called *open partnership*.

Research aims

In 2007, we carried out research amongst 115 first-year students at the Faculty of Education in Brno. The subjects were chosen at random, with the sample consisting of 107 female students (93 %) and 8 male students (7 %). The respondents were asked to comment on the positive and negative aspects of all the schools they had attended so

far, with respect to a potential impact on their health. Health was not defined merely as an absence of illness; in a much broader definition, it was described as physical well-being, peace of mind and living in a favorable social climate. The written answers were sometimes complemented using interviews.

This particular paper reports primarily on the positive and negative aspects of elementary schools; kindergartens and secondary schools will be dealt with in a future paper. In brief summary, most respondents who went to kindergarten focused their positive feedback or criticism on the personality of the teacher. Surprisingly enough, a number of students felt very negative about the regular afternoon siestas and keeping quiet (which was an almost traumatizing experience). Also, quite a lot of the respondents criticized being forced to finish all the meals and drinks, even the ones they found utterly disgusting (for instance, finishing a cup of hot milk including the film on top).

Results of qualitative and quantitative analyses

As far as well-being in the school environment is concerned, it may be divided into three components – comfort of physical environment, safety of social environment and organizational well-being. First of all, we are going to deal with the comfort of *physical environment*. So far, the official Health Promoting Schools Programme assessment criteria included the following:

A hygienic environment
General safety
Useful and functional equipment/facilities
An inspiring/motivating environment
A cozy and tastefully decorated environment
Accessibility of the school premises (to move around and use)
Personal space (to store personal belongings)

When asked about physical environment, 62 % of the respondents (71 students) gave us positive feedback (145 positive comments altogether). Thirty-eight per cent of the respondents (44 students) did not mention any positive points.

Following are the positive aspects mentioned in relation to physical environment:

- spacious internal arrangement of the school (24 % of the students, 28 positive comments)
- well-equipped classrooms (17 % of the students, 20 positive comments)
- good teaching aids (16 % of the students, 19 positive comments)
- internal decoration (15 % of the students, 17 positive comments)
- clean classrooms and facilities (13 % of the students, 15 positive comments)
- sports centers (11 % of the students, 13 positive comments)
- spacious and well-equipped gyms (9 % of the students, 10 positive comments)
- playgrounds and swimming-pools (8 % of the students, 9 positive comments)

– spacious and well-organized cafeterias and clean toilets (7 % of the students, 8 positive comments)
– the school building from the outside (its condition and overall appearance) (5 % of the students, 6 positive comments)

In contrast, 60 % of the students (68 respondents) mentioned 121 negative aspects in relation to physical environment:

– not enough room in the classrooms (26 % of the students, 31 negative comments)
– poor classroom equipment (25 % of the students, 29 negative comments)
– small and poorly equipped gyms (18 % of the students, 21 negative comments)
– common cloakrooms for boys and girls (10 % of the students, 12 negative comments)
– cloakrooms too small (9 % of the students, 11 negative comments)
– too few computers (8 % of the students, 9 negative comments)
– not enough teaching aids (7 % of the students, 8 negative comments)

Forty per cent of the students (47 respondents) did not mention any negative aspects.

Furthermore, the students supplemented the existing evaluation standards with the following qualitative criteria:

– *school equipped with copying facilities and an internet connection*
– *vending machines for drinks and dairy products on the premises*
– *exhibitions showing the pupils' work*
– *reasonably spacious lockers for pupils to store their personal belongings*

As far as safety of *social environment* is concerned, the following are listed amongst the official evaluation criteria:

Developing humanistic attitudes as components of education and personal development of both pupils and teachers
Mutual respect, trust and tolerance
Positive feedback, participation, empathy
Openness and an outgoing attitude
Readiness for assistance and cooperation

A full 80 % of the respondents (151 comments) supplied positive feedback in the issue of social environment; 20 % of the students (23 respondents) did not give any positive feedback.

Following are the positive aspects mentioned in relation to social environment:

– the teachers' personalities (53 % of the students, 61 positive comments);
– the teachers' communication style (36 % of the students, 42 positive comments);

– friendly relationships between pupils (34 % of the students, 39 positive comments);
– opportunity to express one's point of view in class (8 % of the students, 9 positive comments).

Thirty-six percent of the respondents (41 students) did not complain about social environment. However, 64 % of the respondents (74 students) made 88 negative comments about the social climate at school. Following are the negative aspects mentioned in relation to social environment:

– unsatisfactory communication with teachers and other school employees (janitors, cooks, cleaning personnel) (39 % of the students, 45 negative comments);
– bias, favoring certain pupils over others, irony, disdain and bullying (19 % of the students, 22 negative comments);
– nervousness and stress (10 % of the students, 11 negative comments);
– shouting (9 % of the students, 10 negative comments).

Furthermore, the students supplemented the existing evaluation standards with the following qualitative criteria:

– *developing positive and cooperative communication between pupils and teachers*;
– *a chance to defend oneself against unfair treatment (with the management of the school, for instance)*;
– *a letterbox where pupils could put anonymous comments about the functioning of the school and its shortcomings*;
– *developing a positive atmosphere in the classroom as well as in the whole school*.

As far as *organizational well-being* is concerned, the following are listed amongst the official evaluation criteria:

A timetable that respects the pupils' biorhythm
A timetable that is in line with the pupils' physical and mental needs
Respect for the pupils' free time
A healthy diet
A holistic approach to sports and other physical activities

Seventy-seven per cent of the respondents (88 students) made a total of 180 positive comments about the organizational well-being of the school:

– school activities (57 % of the students, 64 positive comments);
– extra-curricular activities (cultural and sports activities) (37 % of the students, 43 positive comments);
– trips both in their country and abroad (28 % of the students, 32 positive comments);

– the organization of various clubs and courses (22 % of the students, 25 positive comments);
– boarding management (14 % of the students, 16 positive comments).

Twenty-seven respondents (23 %) did not mention any positive organizational aspects.

Forty-six students (40 %) did not make any complaints; however, 69 students (60 %) made a total of 75 negative comments related to organizational well-being:

– school canteen lunches (27 % of the students, 31 negative comments);
– repetitiveness of PE lessons (the same games all the time) (13 % of the students, 15 negative comments);
– too much homework (10 % of the students, 12 negative comments);
– lessons often cancelled (8 % of the students, 9 negative comments);
– lesson length and breaks not respected (7 % of the students, 8 negative comments).

Furthermore, the students offered to supplement the existing evaluation standards with the following qualitative criteria:

– *respecting lesson length*;
– *respecting length of breaks*;
– *lunch to be both cooked and eaten on the school premises*;
– *facilities to make hot drinks available at any time (electric kettles provided for students)*;
– *respecting healthy drinking habits*;
– *sports facilities available at the school*;
– *regular trips, excursions and cultural activities*.

The second pillar of the Health Promoting Schools Programme is *healthy learning/teaching*. It consists of four major parts:

Relevance
Possibility of choice and appropriateness
Participation and cooperation
Motivating evaluation

Forty-one respondents (36 %) did not voice any complaints about healthy teaching/learning.

However, 74 students (64 %) mentioned some negative aspects (112 altogether) related to this issue, the following in particular:

– poor second language teaching (English in particular) (32 % of the students, 37 negative comments);

– little relevance of the teaching matter, lack of practical application (24 % of the students, 28 negative comments);
– boring, uninteresting methodology that did not provide them with motivation (9 % of the students, 11 negative comments);
– lack of cooperative learning (8 % of the students, 9 negative comments);
– memorizing prevailed over other learning techniques (4 % of the students, 5 negative comments).

Let us now have a closer look at each of the four components of healthy teaching/learning.

Relevance

Authenticity in learning
Methodology that brings learning close to life
Experiential learning (hands-on-experience learning)
Logically connected thematic blocks
Using teaching resources in the school surroundings

The respondents offered to complement this component of healthy learning/teaching as follows:

– *cooperation with advisory centers (mainly in the issues of pedagogical psychology and special pedagogy)*

Possibility of choice and appropriateness

Opportunity to organize certain parts of the curriculum autonomously, either on the individual or group level
Optional subjects
Opportunity to choose teaching style/methods
Teaching/learning appropriate to the pupils' age and their individual capabilities
Attention and support to gifted pupils
Support for pupils with special needs and/or learning difficulties
The rational, emotional and social components of teaching/learning equally represented

The respondents offered to complement this component of healthy learning/teaching as follows:

– developing individual creativity, as well as objective creativity
– biodromal teacher training
– adequate out-of-class assignments

Participation and cooperation

A friendly and democratic community spirit
Clear written ground rules
Elective student bodies that participate in the organization of school activities
Participation form of management – teachers cooperate on school management
Openness towards different forms of partnerships – with parents, municipalities, sponsors
Communication as a prerequisite for cooperation
Cooperative learning

The respondents offered to complement this component of healthy learning/teaching as follows:

- *partnership with other organizations (such as BESIP – Czech Road Safety Organization)*
- *cooperation with parents (also see the 'open partnership' section)*

Motivating evaluation

Mutual respect between pupils and teachers
Evaluation by means of relevant feedback (especially in the course of the lessons)
Verbal evaluation

The respondents offered to complement this component of healthy learning/teaching as follows:

- evaluation that takes into account individual needs and possibilities
- verbal evaluation void of irony and verbal aggression
- developing healthy self-confidence and self-regulating skills
- striving for the pupils' complex personal development

The third pillar of the Health Promoting Schools Programme is *open partnership*. It consists of two major parts:

The school as a democratic community
The school as a cultural and educational center of the local community

This area was addressed negatively only by 17 % of the respondents (19 students, 29 comments); 96 students (83 %) did not voice any complaints. The negative aspects mentioned were as follows:

- few contacts and exchange projects in cooperation with twin schools abroad (10 % of the students, 11 negative comments);
- few contacts and exchange projects in cooperation with twin schools both here and abroad (7 % of the students, 8 negative comments);

– favoring pupils whose parents worked with the local authorities (4 % of the students, 5 negative comments);
– non-democratic groups in classrooms, little cooperation between them (2 % of the students, 2 negative comments);
– insufficient cooperation with local institutions and authorities (2 % of the students, 2 negative comments);
– Parent Association not established (2 % of the students, 2 negative comments).

The school as a democratic community

A democratic community
Respect for the individual
Participation
Teamwork

Here, the respondents offered to complement the criteria with the following:

– *creating a Parent Association at the school*;
– *giving the parents opportunity to participate in classroom observations*;
– *enabling the parents to influence catering management at the school*;
– *extending the scope of possibilities to study abroad*;
– *students' board at the school as well as in individual classes (the students' board, the students' parliament)*;
– *a letterbox for anonymous comments on the school premises*;
– *publication of a school bulletin (at least in the form of a bulletin board)*.

The school as a cultural and educational center of the local community

Here, the respondents offered to complement the criteria with the following:

– *the school takes active part in the various activities taking place in the town, district and region*;
– *the school actively cooperates with libraries and sports organizations*;
– *the school organizes regular balls and other cultural activities*;
– *the school actively cooperates with kindergartens*;
– *the school actively cooperates with other Health Promoting schools*.

Our research into the positive and negative aspects of secondary school education yielded similar results; it is only higher education that requires a separate analysis.

Conclusion

Our research focused on the concept of Health Promoting Schools, taking a psychological perspective and addressing 115 first-year students at the Faculty of Education MU in Brno, eliciting opinions about the relationship between education and health.

Subsequent data analysis showed that most positive or negative comments were related to the *school environment* (including its physical, social and organizational aspects). A number of comments focused on *teaching/learning*, but very few responses were related to the issue of *open partnership* (e.g. the school's active participation in the life of the local community).

Some of the students' complementing criteria for evaluation of schools provide a vital contribution to the current WHO and EU evaluation standards for the Health Promoting Schools Programme.

We believe that gathering data about students'/pupils' views and experience of the functioning of different types of schools (kindergartens, elementary schools, secondary schools and institutions of higher education) might prove extremely useful, not only in providing suggestions for improvement at particular institutions, but also in inspiring general health-promoting changes, thus improving pupils' physical, mental and social well-being.

References

BAČOVÁ, V. *Súčasné smery v psychologii.* Prešov: FF, 2000.

HARRÉ, R. SECORD, P.F. *The Explanation of Social Behavior*. Oxford: Basil Blackwell, 1972.

HAVLÍNOVÁ, M. a kol *Program podpory zdraví ve škole*. Praha: Portál, 1988.

HAVLÍNOVÁ, M. a kol. *Kurikulum podpory zdraví v mateřské škole*. Praha: Portál, 2006.

HOLČÍK, J.; KOUPILOVÁ, I. Sociální determinanty zdraví. Základní fakta a doporučení pro praxi v kontextu programu Zdravá města. *Časopis lékařů českých* 140, 2001, 1, s. 3–7.

CHRÁSTKA, M. et al. *Klima současné české školy*. Olomouc: Konvoj s.r.o., 2003

KRÁTOŠKA, J.- ZIEGLEROVÁ, H. *Zdravá škola*. Olomouc: Vydavatelství univerzity Palackého, 1998.

KŘIVOHLAVÝ, J. *Psychologie zdraví*. Praha: Portál, 2001.

MÍČEK, L. *Sebevýchova a duševní zdraví*. Praha: SPN, 1988.

PRŮCHA, J. *Moderní pedagogika*. Praha: Portál, 2002.

ŘEHULKA ,E. (ed.) *Učitelé a zdraví*. Brno, 2001.

SVOBODOVÁ, J. *Zdravá škola včera a dnes*. Brno: Paido, 1998.

WASSERBAUER, S. a kol. *Výchova ke zdraví pro vyšší zdravotnické školy a střední školy*. Praha: SZÚ, 1999.

ZDRAVÁ ŠKOLA ZORNÝM ÚHLEM STUDENTŮ PEDAGOGICKÉ FAKULTY MU

Souhrn: Studenti prvního ročníku Pedagogické fakulty MU byli v dubnu 2007 požádáni, aby na základě kvalitativně-kvantitativní posuzovací škály vyjádřili svůj názor na klady a zápory základní školy, které považovali za důležité ve vztahu k jejich zdraví (tělesné, duševní a sociální pohodě), a to na základě vlastní zkušenosti ze základní školy.

Výzkumu se zúčastnilo 115 náhodně vybraných studentů a studentek (107 žen a 8 mužů) prvního ročníku Pedagogické fakulty Masarykovy univerzity v Brně.

Nejvíce uvedených názorů studentů (ať již kladných nebo záporných z hlediska možného ovlivnění jejich zdraví) se týkalo prostředí školy (věcného, tj. materiálně-technického, sociálního a organizačního). Řada názorů se týkala způsobu vyučování a minimum názorů tzv. otevřeného partnerství (např. aktivní spoluúčasti školy na životě obce).

Některé klady a zápory uvedené studenty znamenají obohacení dosud uváděných kriterií WHO a EU pro hodnocení Školy podporující zdraví.

Klíčová slova: zdravá škola, metody poznávání školy, zápory a klady prostředí školy, vyučování ve škole, otevřené partnerství, kriteria hodnocení školy

HEALTH CARE AND HYGIENE AT CZECHOSLOVAK SCHOOLS BETWEEN THE FIRST AND SECOND WORLD WARS

František ČAPKA, Jaroslav VACULÍK

Abstract: *Health care in schools, as well as pediatrics, originated mainly due to great developments in general medicine and hygiene at the turn of the century. In our country, general child health care, including prevention, was introduced only after the First World War (unlike in some Western countries, where the tradition reached much earlier than 1914). This treatise deals with health care in Czechoslovakia in the early thirties. Let us now look more closely at the issues of health care and hygiene in schoolchildren, using a study carried out at a number of junior and senior elementary schools in the Kroměříž district in January 1930 and early in 1935.*

Key words: *pediatry, child health care, prevention, research of health care and hygiene in schoolchildren*

Health care in schools, as well as pediatrics, originated mainly due to great developments in general medicine and hygiene at the turn of the century. Until then, child health care had been limited to illegitimate or abandoned children, orphans and physically or mentally handicapped individuals; in other words, those who were in urgent need of help and social assistance. In our country, general child health care, including prevention, was introduced only after the First World War (unlike in some Western countries, where the tradition reached much earlier than 1914).

Let us first consider the state of health care in Czechoslovakia in the early thirties. Anthropological and pediatric research was carried out at the Institute for the Study of Children and Adolescents (the Pediatric Institute in Prague), which housed leading experts in the field. The Institute had four departments dealing, respectively, with pedagogy, somatology, child psychology and child pathology (the last of the four featured a clinic for children with nervous and mental disorders). Similar issues were studied in Moravia at the Society for the Study of Children and Child Care.

Child health care at the time constituted a part of general health care. As long as the parents had health insurance, their children were entitled to free treatment. Adolescents, if properly insured, could use the benefits of clinical treatment. Clinical health

care was covered by legal health insurance or transferred to the respective municipality or health care fund. In Slovakia and Sub-Carpathian Rus, health care was paid for directly by the state. In large cities, children's hospitals were set up and children's departments were created as parts of general hospital facilities. Long-term child patients were usually placed in private medical institutions. Poor children were entitled to free health care administered by state-employed general practitioners.

In certain cities, dental care was provided for schoolchildren in dental surgeries or clinics, set up by the Czechoslovak Red Cross or one of a number of advisory centers for schoolchildren (also known as "Our Children"); there were forty-one such institutions.

Mentally or physically handicapped children and adolescents were placed in institutes that provided both for education and medical care. Such institutes were set up and subsidized by Bohemian and Moravian-Silesian authorities (in the Czech lands) or by the state (such was the case in Slovakia and Sub-Carpathian Rus). Besides those institutes that were administered by the state or by the respective districts, there were also private enterprises, mostly subsidized by public institutions.

Blind children were admitted to the same institutions as blind adults; they were given education in the same subjects as in junior elementary schools, and gifted children were being prepared to progress into senior elementary schools. Blind children were often trained to perform particular arts or crafts, and were led towards a self-reliant lifestyle.

The deaf and dumb could use the benefits of four specialized institutions in Moravia, where they were taught using the oral method. In Bohemia, such institutions were set up in a number of dioceses, and there the children learnt using sign language or combined teaching methods. The First Czech Institute for the Deaf and Dumb in Prague, its different branches as well as other institutes in Slovakia and Sub-Carpathian Rus used the articulation method; in Czechoslovakia, the method was used in thirteen institutions altogether.

The so-called 'crippled children' were concentrated in large institutions, with a view to providing them with orthopaedic treatment as well as education (using specialized methods) and preparing them for life. These institutes, mostly private-owned, were managed by orthopaedic specialists and sometimes included departments that provided treatment as well as prevention. Aside from these large institutions, there were also a number of smaller asylums and centers.

Feeble-minded and epileptic children were housed in public institutions for long-term patients with complex disorders; such organizations employed psychiatric specialists as well as clinical experts. On the other hand, private and charitable institutions of this sort did not, for the most part, have qualified staff.

Special schools for children with learning difficulties provided a valuable supplement to child health care. They were set up under the law No. 86 of the statute book from 24 May 1929. In the early thirties, there were as many as 170 classes with over two thousand pupils.

In the case of misbehaved and morally degenerate children and adolescents (as they were called at the time), specialized institutions were set up, housing special schools and workshops. Again, in the Czech lands, these institutes were founded and subsidized

by Bohemian and Moravian-Silesian authorities, while in Slovakia, all medical care in this area was concentrated in a state institution in Kosice, under the jurisdiction of the Department of Justice. Some of these early detention centers were also set up by major municipalities and private subjects or associations.

Children raised in socially unfavorable conditions were cared for by the law about the protection of illegitimate children and children in foster care from 30 June 1921. The law stated that children in such conditions, until they reached 14 years of age, might be placed with foster families only with explicit consent of the respective authorities. Representatives of local child care organizations were entrusted with the task of supervising such children and had the right to monitor their life in foster families.

As far as sanatorial care is concerned, seaside camps and sanatoriums were being erected on the Italian and Yugoslavian coast of the Adriatic Sea; German organizations sent their children to the North Sea and the Baltic Sea. In 1930, a total of 3323 children were placed in seaside resorts of this kind.

So far, we have had a brief, general look at the state of affairs in Czechoslovak child health care in the period between the wars (which is, in the Czech historical context, called the 'first republic'). Let us now look more closely at the issues of health care and hygiene in schoolchildren, using a study carried out at a number of junior and senior elementary schools in the Kroměříž district in January 1930 and early in 1935.

The January 1930 questionnaire yielded significant data about 1270 junior elementary school pupils, 499 senior elementary school pupils and 131 pupils from the so-called ‚training schools'[1]. The total number of subjects in the research was 1900. The questionnaire consisted of 125 items in total, divided into four categories: I. Health Care; II. Living Conditions; III. Social Conditions; IV. General Child Care.

Out of the number of questions studied, we have chosen some of the most interesting items. In the first category, only 386 out of 1900 pupils said they had healthy teeth (20.3 %), and only 762 (40.1 %) pupils cleaned their teeth regularly with their own toothbrush. The general level of hygiene might be inferred from the fact that 1504 respondents (79.1 %) carried a handkerchief and only 1136 pupils (59.7 %) washed their face, hands and ears every morning. It is quite striking that as many as 600 pupils (31.5 %) had suffered from a major illness (scarlet fever, smallpox, pneumonia, tympanitis) in the course of their life. In the health care category, there were also questions assaying the pupils' eating habits. A total of 177 pupils (9.3 %) did not have a regular lunch, eating only a piece of bread or some other pastry.

Studying the pupils' living conditions also brought interesting results. Six hundred and ninety-six pupils (36.6 %) lived in a house that belonged to their parents. Two hundred and four pupils (10.7 %) lived in a one-room flat, 707 pupils (37.2 %) had two rooms (a kitchen and a living-room) at their disposal, 511 pupils (26.8 %) lived in a three-room flat and 262 pupils made the use of four rooms. Apart from that, 84 pupils (4.4 %) lived in a flat in the basement. The furnishing and the facilities that the flats offered at the time are also rather intriguing. Three hundred and sixty-six pupils

[1] *Translator's note:* 'Obecné školy', translated here as ‚junior elementary schools', educated children between the ages of six and eleven. At the age of eleven, a child either went to grammar school (‚gymnázium', 'reálka') or continued in his or her elementary education at senior elementary school ('měšťanka'). ‚Training schools' (‚cvičné školy') were elementary schools specially designed for future teachers (doing their degrees at teacher training institutes) to practice their teaching skills.

(19.2 %) lived in a flat with a bathroom; 647 pupils (34 %) shared their toilet facilities with another family. A full 574 pupils lived in a flat that did not have a water duct and only 1233 pupils (64.8 %) had regular baths (also in winter). Eight hundred and thirty-three flats (43.8 %) still used kerosene lamps instead of electricity. Only 170 children (8.9 %) had their own room; in contrast to that, 295 pupils (15.5 %) slept in the same room with over five other people and 33 children (1.7 %) claimed they slept 'on the floor'. Not everybody had their own bed; 660 pupils (34.7 %) shared a bed with their siblings and 354 (18.6 %) slept in the same bed with their parents. One hundred and thirty-one pupils (6.8 %) even claimed they shared a bed with more than three people.

The economic (social) situation in the pupils' families was assayed in 38 questions. As the beginning of the year 1930 in Czechoslovakia was still marked by economic prosperity, only 124 pupils (6.5 %) stated that their parents (or their father) were unemployed. Twenty-six children (1.2 %) worked for money or food. The aforementioned prosperity could also be seen in answers to questions that assayed general economic conditions in families – 77 children (4 %) assessed their living conditions as 'affluent', 556 pupils (29.2 %) used the word 'good', 600 children (31.5 %) saw their living as 'satisfactory', for 461 children (24.2 %) it was 'modest' and finally, 206 pupils (10.8 %) stated their economic conditions were 'very poor'. The above results show that roughly 35 % pupils lived in economic conditions that they saw as unsatisfactory.

The final category dealt with general child care. A number of questions were focused on the pupils' cultural activities. Two hundred and seventy-three pupils (14.3 %) went to the cinema regularly, 171 (9 %) went to the puppet theater. One hundred and ten children (5.7 %) played the piano, 205 children (10.7 %) played the violin, 776 pupils (40.8 %) subscribed to various magazines for children, 573 pupils (30.1 %) did winter sports such as skiing or ice-skating, 363 children (19.1 %) went on holiday with their parents, 1400 children (73.6 %) went swimming in the river or in a swimming pool and 222 pupils (11.6 %) were members of various sports clubs. This part of the research reflected the increased interest in dealing with social and health care problems at schools, following from the Ministry of Education regulation No. 1516 from 19 May 1930, about setting up parent associations at schools. However, this optimistic outlook for radical improvements in child care turned rather gloomy in the years that followed, with the world economy in deep crisis, unemployment rates soaring and all the negative consequences that ensued.

The pedagogical institute for teachers in Kroměříž, set up by prof. J. Uher in 1932, studied the research results in detail. A year later (in 1933), a new research section named ‚Health care and hygiene at schools' was introduced. A similar questionnaire was made and distributed into all the 84 schools in the district. The research was carried out between the years 1934 and 1935. The structure of the questionnaire was not very different from the one used in 1930 (including the four sections); however, attention was shifted from the pupils' background to the school facilities and the role of schools in health care and hygiene. Therefore, part of the questionnaire dealt with the standards of hygiene at schools. The questions assayed whether the classrooms and corridors were clean and free of dust, whether the furniture was clean, whether the pupils changed their shoes in dressing rooms, what the dressing rooms, bathrooms, toilets, wash basins and shower rooms looked like, whether the lighting and heating followed hygienic norms

and what the surrounding of the school looked like. Another part of the questionnaire dealt with the teacher as a role model in terms of personal hygiene, and assayed to what extent the respective school cooperated with the Czechoslovak Red Cross and other associations.

The results of the research into health care and hygiene at various schools in the Kroměříž district inspired interest in educational authorities and led to a number of changes beneficial to the pupils. However, the scope of these changes was limited, given the financial possibilities of the Education Department at that time.

References:

BLÁHA, A. *Sociologie dětství*. D. K., 1927.

HAMZA, F. *Úvahy o sociální péči zdravotní.* Praha, 1921.

SOUKUP, K. V. *Hygiena výchovy.* Praha, 1922.

VESELÝ, J. Zdravotní péče o mládež. In *Československá vlastivěda, díl II. Člověk*. Praha, 1933, s. 593–598.

VRANÍK, E. *Výzkum sociálních poměrů žactva kroměřížských škol*. Kroměříž, 1931.

VRANÍK, E. *Zdraví žactva a hygienický stav škol*. Kroměříž, 1936.

K OBRAZU ZDRAVÍ ŽÁKŮ A HYGIENICKÉHO STAVU NA ŠKOLÁCH PRVNÍ REPUBLIKY

Souhrn: Zdravotní péče o školní mládež, podobně jako dětské lékařství, vděčila za svůj vznik velkému rozmachu lékařství a hygieny na přelomu 19. a 20. století. Zdravotní péče o mládež, zejména v ochranném preventivním smyslu, tak jak v některých západních zemích existovala již dávno před první světovou válkou, se začínala u nás projevovat teprve za první republiky. Příspěvek přibližuje situaci v oblasti zdravotní péče v Československu na počátku 30. let 20. století. K získání konkrétní podoby zdravotního a hygienického stavu školní mládeže jsou prezentovány výsledky průzkumu, který byl proveden na obecných a měšťanských školách v okresu Kroměříž v letech 1930 a 1935.

Klíčová slova: dětské lékařství, zdravotní péče o mládež, prevence, průzkum zdravotního stavu a hygieny

SCHOOL HYGIENE A HUNDRED YEARS AGO

Jaroslav VACULÍK

Abstract: *The present contribution analyses a collection of period references, mainly Russian and German, of the turn of 19th and 20th centuries, formulating hygienic requirements for schools and teaching of the time.*

Key words: *history, turn of 19th and 20th centuries and school hygiene*

The present contribution analyses a collection of period references for the purpose of drawing an image of requirements for school hygiene at the turn of 19th and 20th centuries. It may be stated that the leading role in this area in Europe of the time was performed by German medical science and teaching theory.

The first German handbooks of school hygiene included a book by Rudolf Wirchow entitled *On Effects of Schools on Health*, published as early as in 1870. The conclusion drawn by the book was that school attendance generally had a negative effect on health of the school children. The book listed many school-born illnesses. School attendance was found to be able to negatively affect all body organs and systems. The greatest damage to human body caused by school was found to be caused to sight, with the effect of short-sightedness. The author found out that out of ten thousand pupils and students 17 % had impaired vision, especially at grammar schools (32 %), followed by Realschule (24 %) and family-care schools (22 %). The number of students found to have impaired vision at universities increased to as much as 60 %.

Bending the head forward, in the opinion of the author, caused headaches. In Neuchâtel in Switzerland 40 % of the 731 students of the local college suffered from frequent headaches, especially girls (51 %), boys a little less (just 28 %). Nose bleeding was found in 25 % of the students, including more boys (22 %) than girls (20 %).

School was found to be the main cause of scoliosis, as 90 % of the cases of the spine disorder were found to originate from school years and correspond to the body position when writing. Spine defects were found in 30 % of all pupils.

Also breast pain and sore throat were caused by school attendance, the author thought, mainly by long sitting periods, poor ventilation and non-existence of a school yard for some running around during breaks.

Long school days, in the opinion of Wirchow, also negatively affected the child

´s digestive tract, mainly blood circulation in the bottom part of the belly, thus causing loss of appetite. Long sitting in one place and irregular meal times caused irritation of genitals, in the opinion of the author of the abovementioned book.

In addition, the author believed school to be a source of contagious diseases such as typhus, caused by contaminated drinking water. A child may be injured at school, in the case of insufficient surveillance over physical exercise or as a result of violence of other pupils.

The second part of Wirchow´s book focuses on school hygiene itself, especially quality of air, lighting, ergonomics of school desks and chairs, physical exercise, physical punishment, drinking water, rest and teaching aids, for example font size of textbooks etc.

Another German handbook of school hygiene was the book by Dr. F. Dornblit entitled *School Age Hygiene for Parents and Educators*. The book is divided to stages of school age and thus deals with pre-school hygiene, early school age hygiene, medium school age hygiene and hygiene in the final years of school education. In the case of pre-school children the book pays a lot of attention to preparation for school, nutrition, body care, clothing and games. In the case of school children the author focuses on school environment, especially air, temperature, lighting, furniture of the classroom, school hours and physical exercise. The author underlines that clothing of a school child should be light and comfortable and does not even mind light beer as part of school meal.

Basics of School Hygiene, published in 1906 by Dr. L. Kitelmann, deal with eight aspects: hygiene of school buildings, locations of classrooms, natural lighting of classrooms, artificial lighting, ventilation, cleanness, heating and overall condition of the classrooms. As for classroom location within the building the author believed that the sun should shine into the classroom for several hours every day. In his opinion rooms deprived of sunlight were not healthy. He formulated the well-known idea that the doctor visits places not visited by the sun. He recommended window orientation to the south-east, which may provide for the needed sunlight and warmth. He also accepted eastern orientation of classroom windows, providing good classroom lighting at the beginning of the school day. In the opinion of Kitelmann the morning sun provides good lighting and causes positive moods. He objected to southern orientation of the windows for this might cause excessive heat in the classrooms in the summer. He also rejected western orientation of classrooms for most winds were blowing from the west. Northern side was only suitable for drawing for no sun would come to such classrooms. From the hygienic point of view, however, windows in the northern walls were unacceptable. And yet for example in Dresden 36 % of school windows headed north, 33 % looked south and 31 % were east or west oriented.

Dr. Kitelmann also paid a lot of attention to quality of air in the classrooms, which was required by him to be equal to good outside air. In his opinion bad air in the classroom changed healthy look of the pupils to pale anaemic faces. He emphasized the necessity of regular ventilation with fresh not contaminated air from the outside.

The pupils were required to take care of body hygiene as well as cleanness of clothes and shoes. Schools were required to be equipped with showers, in England every school was equipped with a large washing room. In Hamburg pupils were ordered to wash hands before drawing lessons and before snakes. Coats, shoes, caps and umbrellas

were not allowed n the classroom. The school yard was defined as one of the greatest sources of dirt and dust in the school building.

The school was to supervise regular medical examinations of school children. The author mentioned that in the American states of Dakota and Illinois 27 % of school children had decayed teeth, while in St Petersburg in Russia the statistics reported four caries per child. The situation was none the better in Germany: in Würzburg 81 % of all pupils had caries, and the same number in Hamburg was 96 % and in Kaiserslauthern even 99 %.

School heating was required to consider economic, technical, pedagogic as well as hygienic criteria. The cheapest form of heating was considered to be central heating, especially with hot air. On the basis of experience gathered by Viennese schools the author found out that central heating was cheaper than stove heating in classrooms.

He also paid attention to classroom equipment, including but not limited to school desks. He emphasized that every child spent 4 – 6 hours a day for 12 years at the school desk, which must certainly affect its physical evolution.

The fundamental handbook of school hygiene was the book by Prof. A. Burgenstein and Dr. A. Netolitzky. Their work is divided into seven parts dealing with the school building, student dormitories, hygiene of teaching, teachers´ hygiene, hygiene teaching, physical exercise, illnesses and medical care at schools. The greatest attention is paid to school building, the classroom, the surroundings of the school and cleaning. The authors point out school showers in Austrian schools with particular examples of schools in Prague, Karlsbad, Ústí nad Labem, Teplice, Trutnov and Moravian Ostrava.

In early 20th century school hygiene also became an issue in Russia. One of the first writers to think about this subject was V. I. Farmakovsky, author of the book entitled *Protection of Pupils´ Health*. Like his contemporary in Germany, scientist L. Kitelmann, Farmakovsky also paid a lot of attention to location of school building. He also considered northern walls poor sources of lighting. West-oriented buildings were considered healthier than east-oriented ones. He pointed out the negative effect of shading with neighbouring buildings in narrow streets and dark yards without sunrays. The distance of school building from the nearest adjacent house should be twice the height of the adjacent house. Schools should be built on elevated ground over dry and solid bed. An orchard and a playground were considered a very desirable part of the school. In 1897 279 Austrian grammar schools had their own playground.

The issue of location of school building was also the theme of 1st International Congress on School Hygiene held in Nuremberg in 1904. Experts held a unified view of this matter. Many experts supported classroom windows with northern orientation for even lighting. The western side had no adherents for the strongest winds were blowing from that side. Eastern side rooms were considered less harsh and sufficient sunlit. Drawbacks of the southern windows were thought to include excessive heating of the rooms.

In the opinion of Farmakovsky the length of the classroom should not exceed 9–10 metres, for the children to see the blackboard clearly. The classroom width should not exceed 7 metres for the desks away from the window wall to be sufficiently lit. The height of the classroom was recommended to be as least 4 metres or more for sufficient light from the windows.

Classroom walls were not to be white or glossy as this damaged the sight. The author even did not recommend hanging geographical maps and paintings on the walls for any colour variety was damaging for the sight. Maps and paintings were required to be confined to the rear wall. The best flooring was thought to be dry oak parquets. The author of the book also paid attention to dust produced by blackboard wiping and stove ash collecting.

Another part of Farmakovsky´s book deals with ventilation. The author reminded of the fact that stale air had effects similar to narcotics, slowing down blood circulation towards the head and the heart, thus causing overall weakness, headache and vertigo.

School administration was asked to pay special attention to classroom lighting. In the opinion of the author a classroom suffering from poor or uneven lighting greatly damaged the pupils, making their eyes strain, their heads bend low or their books held too near the eyes. The consequences of this included rush of blood to the head and eyes, weakening of the eye nerve, and short-sightedness.

The issue of optimisation of classroom furniture was subject of examination since the latter half of 19th century. In early 20th century there were already 200 types of school desks constructed in compliance with effective hygienic standards. The desks were required to allow for comfortable, relaxed posture of the whole body, without obstacles to blood circulation, breathing and nerves, with spine support and the things on the table within a correct distance from the eyes for the pupils to be able to easily perform their school tasks in the classroom (writing, drawing).

Emphasis was also laid on external circumstances of learning. Different subjects placed different demand on the pupil, the most demanding subjects being algebra, Latin and Greek.

The Nuremberg Congress on School Hygiene was also presented to Russian readers by Prof. I. P. Skvorcov in his book entitled *Hygiene of Education and Teaching*. The congress consisted of seven sessions dealing with hygiene of school building, interior hygiene, hygienic education of teachers and pupils, physical exercise, school medical care, special schools for the handicapped and youth hygiene outside school. The participants to the discussion requested removal of whore houses away from schools, prohibition of student living in one house with prostitutes, introduction of specialised supervisors over student behaviour and organisation of lectures on sexual pedagogy and ethics at secondary schools. Special attention was paid by the Nuremberg congress to physical exercise, for school was to be not only a place for acquisition of knowledge but also a place for acquisition of a sum of physical habits. The issue of family contribution to education and upbringing of children was also posed.

Another contemporary Russian author dealing with hygiene at school was A. F. Nikitin who focused on hygiene of textbooks, including standards for paper, font and print. His handbook for school doctors focused on the order of the Minister of National Enlightenment of 1905–1908 and instructions for secondary school doctors of 1905.

Examples of German and Russia publications from the period 1870–1913 allow for following development of opinions on principles of school hygiene in Central and Eastern Europe at the turn of 19th and 20th centuries and compare the opinions to our present knowledge.

Literature references

BURGERSTEIN, A.; NETOLITZKY, A. *Handbuch der Schulhygiene I.–II.* Berlin, 1913.
DORNBLIT, F. *Die Gesudheitspflege der Schuljugend. Für Eltern und Erziehen*. Berlin, 1894.
FARMAKOVSKIJ, V. I. *Ochrana zdorovja učaščichsja*. Oděsa, 1905.
KITELMANN, L. *Schulgesudheitspflege*. Berlin, 1906.
NIKITIN, A. F. *Issledovanije učebnych knig v gigijeničeskom otnošenii i jego metodika*. Sankt Petěrburk, 1907.
NIKITIN, A. F. *Spravočnaja kniga dlja školnych vračej*. Sankt Petěrburk, 1909.
SKVORCOV, I. P. *Gigiena vospitanija i obrazovanija*. Sankt Petěrburk, 1906.
WIRCHOW, R. *Über dem Einfluss der Schule für die Gesundheit*. Berlin, 1870.

ŠKOLNÍ HYGIENA PŘED STO LETY

Souhrn: V našem příspěvku jsme podrobili analýze soubor dobové literatury, především německé a ruské provenience, která na přelomu 19. a 20. století formulovala hygienické požadavky na školu a školní výuku.

Klíčová slova: historie, přelom 19. a 20. století, školní hygiena

HYGIENE AND HEALTH SCHOOL AND TRANSFORMATIONS OF HYGIENIC STEREOTYPE IN MODERN SOCIETY

Marie MAREČKOVÁ

Abstract: *Problems of personal hygiene, using water and baths for washing and overall body hygiene or as therapy for healing the body. Since early 19th century swimming became increasingly popular, with the result of opening of many public swimming pools and swimming schools. Since 1830s public swimming pools became accessible for women too and women learned to swim there. In relation to increasing hygienic and social demand of burghers spa was separated from indoor swimming pools and their specific architecture developed. Poor housing and hygienic conditions in the poor quarters resulted in the necessity to extend public baths with cheap showers. Schools spread education about hygiene as the necessary precondition of good health in the sense of the well known saying Hygiene – Half Health.*

Key word: *personal hygiene, hygienic condition, care for health, cleanness, spa, bathhouse*

Modernisation of the school system and healthcare (Rules of Healthcare of 1770, Rules of School Education of 1774) was accompanied with the concept of health as a life value linked to efforts to affect own health state by prevention and by lifestyle.[1] Healthy diet, body hygiene, conditioning, open air exercise and sporting activities became a stereotype in the Czech learned community. Water and baths had so far been primarily used for washing and overall body hygiene or as therapy for healing the body. Step by step a new aspect of application of spa care asserted itself, with the objective to make use of free time for body building, fitness care, conditioning and regeneration of the body and the soul (wellness). This was also reflected in transformations of the functions and the forms of public river baths in the city and the showy spa buildings.[2]

[1] VÁŇOVÁ, R. et al: *Výchova a vzdělání v českých dějinách* [Education in Czech history]. *Part IV, volume 1. Problematika vzdělávacích institucí a školských reforem (obecné školství 1848-1939, střední školství a učitelské vzdělávání 1914-1939)*. [Issue of educational institutions and school reforms (general education 1848 – 1939, secondary education and teacher tralning 1914-1939). Prague: Karolinum 1992. WEIS, A. *Geschichte der Oesterreichischen Volkschulen I*. Prag, 1904, p. 107.

[2] SELEDEC, W.; KRETSCHMER, H.; LAUSCHA, H. *Baden und Bäder in Wien*. Wien, 1987.

City baths were considered by Europe important facilities with healthcare purpose. Spa buildings in mediaeval towns were used for body cleansing and hygiene, and also for therapeutic purposes. In addition to ordinary baths where visitors washed in cold water there were also steam baths. Public baths in the city offered not only water baths but also hot steam baths or application of hot air. Steam for the baths was obtained by pouring water over hot iron plates or hot stones. Spa buildings were property of the town or individual burghers, or monasteries etc. The bath manager usually did not own the baths, only rented it. He employed labourers and numerous helping hands (males and females), who worked as stokers, cloakroom attendants and massagers, hairdressers or barbers. Some employees knew how to bleed a patient, how to apply bulbs etc. They had to be able to treat and cure skin diseases, ulcers and wounds and to perform surgeries. These activities resulted in conflicts of interest between the bath operators and city barbers or doctors (surgeons). City councils issued rules for the baths specifying rights and liabilities of the bath managers and their burger customers. In 16th century, with the spread of diseases of private parts (especially syphilis) the requirements for medical knowledge of city spa managers increased.

Usual spa care included hair washing, hair and bead cutting, or shaving, certain medical prophylaxis and therapy, as well as serving refreshments and entertainment with music and dance. The baths were equipped with round wooden or stone bathtubs filled with hot water. The visitors sat in the tubs. The tubs were covered with boards for the water to keep warm as long as possible. In steam baths the visitors lied on wooden benches by the walls and often took a massage in the context of the steam bath. Special cloths were used for wiping off sweat. After the steam bath the bodies were washed in cold water. Due to poor hygiene the baths were often closed, especially during plague epidemics.

Due to shortage water was exchanged in the baths very rarely and was not allowed to be release to the street. A special audio or visual signal informed the burghers every Saturday that the baths were ready. The spa houses used to have separate spaces for males and for females. Critical voices of Church officials and town councillors evidenced the fact that males and females also used the baths together. Some baths were also used as whorehouses. In those cases the honest owners of the baths risked loss of their burgher respect and honesty. Their job was not very respected by the society of the period anyway.[3]

All burger classes liked to visit the baths. The town intelligentsia, officers, clergy, teachers and musicians received a subsidy from the town for spa treatment. Craftsmen visited the baths every two weeks, usually the whole guild together. Masters paid baths to their apprentices. The costs of spa operation kept increasing, though, and so towards the end of 18th century the number of city baths became very limited. This was probably partly due to an influence of the Baroque and the Rococo fashion. Hygiene was satisfied by wiping the skin with wet and dry towels. Cosmetic aids of women, together with powders and perfumes, included louse combs, head scrapers etc. Some women used must balls instead of perfumes, or suspended cases with fragrances, worn as fashionable accessories on the neck or on the waist. Flea catching was everyday job of Baroque people.

[3] DÜLMEN van, R. *Kultura a každodenní život v raném novověku.* [Culture and everyday life in early modern age] Prague: Argo l999, p. 358. ISBN 80-7203-116-3.

However, the conservative Central European burgher environment respected traditional hygienic customs and use of baths. Towards the end of 17th century baths began to flourish again, especially with an emphasis on the healing effect of cold baths. English fashion updated swimming and the importance of swimming pools and water sports for health. While methodological teaching of swimming focused on the needs of the army and was part of the military exercise, the first private swimming schools were founded in the former half of 19th century. At the same time city baths flourished again, especially use of natural mineral springs for fitness and regeneration of the organism. Visits to famous fashionable European spas offered wealthy burghers and nobility entertainment and therapy in one.[4]

At that period the first indoor swimming pools were built, for the burgher society wanted to have a chance to bath and swim in winter too, in modern spa houses meeting period hygienic and social needs. The luxurious spa architecture corresponded to the new concept of spa halls and allowed for combination of baths and dance. While in the summer the indoor polls were used for swimming, in winter the same pools were used for balls and concerts. A famous spa palace was built in Vienna by the Czech cloth worker František Moravec. He spent his wife ´s dowry for a house (in Marxergasse 17) in Vienna where he wanted to operate his own cloth making. As the business did not go well for him, he decided to use his house for the then fashionably new development, the Russian steam bath. The choice was a success. When the illness weakened maid of archduchess Sophia was cured after the steam cure of Mr. Moravec, the customers began to pour in. The spa palace was named after the archduchess (Sofienbad), reconstructed in 1838, reopened and in 1845 changed to a joint-stock company headed by František Moravec.

Even though Mr. Moravec got blind meanwhile, he was still able to prepare a grandiose reconstruction of his spa house pursuant to a project by August von Siccardsburg and Eduard van der Nül. The reconstructed spa house included a modern swimming pool and a hall, which, after its completion on 14 June 1846, became one of the largest whorehouses in Vienna of the time. In winter the hall was used fro concerts, burgher mask balls, but also for meetings and assemblies. The building could accommodate 2,300 visitors to a ball. Johann Strauss usually played the dance music. Rose balls became very famous. In the course of the ball each lady received a bouquet of roses with a lottery ticket inside. The traditional main prize was a golden female watch. Reconstructions and extensions of the spa continued and in 1899, pursuant to a design by architects Dehm and Olbricht the new front facade was built (facing Marxergasse street) in the art nouveau style. Following a renovation in 1948 the swimming pool lost its relevance and the hall began to be used for dance. Since 1986 the spa was rebuilt into a hotel. However, on 16 August 2001 the memorial building was destroyed by a big fire.[5]

[4] DRBAL, C. Zdraví a zdravotní politika. [Health and healthcare policy] Brno: Masarykova univerzita, 1996, p. 8 and following. Further data from the same source; PETRÁŇ, J. (ed.) *Počátky českého národního obrození 1770-1791. Společnosti a kultura v 70. – 90. letech 18. století* [Origins of Czech national revival 1770-1791. Societies and culture in 1870s – 1890s] Prague, 1990; PETRÁŇ, J. (ed.) *Dějiny hmotné kultury II, 1, 2* [History of material culture] Prague, 1995, 1997.

[5] GANSTER, I. *Tröpfenbad – Schwimmbad – Wellnessoase*. Wien: AV Astoria Druckzentrum, s. 12. ISSN 0043-5317.

Similar spa houses used for cultural and social purposes also existed in Prague and certainly represented a new, specific concept of architecture of European spa houses. Historic significance is ascribed to the building of St. Venceslas´ Spa in the New Town of Prague (at the corner of Karlovo square and Resslova street). As a reflection of the revolutionary events in Italy and in France and initiated by the secret political club Repeal and radical democrats at their unapproved gathering on 11 March l848 the legal and constitutional requirements of Czech bourgeoisie were formulated for the first time.[6]

The progress of modernisation, industrialisation and urban development was accompanied with civilisation transformations. As new industrial areas emerged, country people migration to labour colonies with poor hygiene and labour dormitories began. The poorly paid hard work in bad environment damaged health of the employed men and women. Child work began to be used more and more often. Insufficient catering, clothing, education, culture and overall low living standards of these numerous population groups reflected the existing socio-economic status of the society. Causes of death increasingly included infectious diseases, especially tuberculosis and child infections. The mean age of the population ranged around 50 years.

Under this situation it became clear that the state healthcare should focus on systematic prevention of infectious diseases, provision of basic medical care and hygiene. After pulling down the town walls the urban areas were modernised, including equipment with sewerage and water distribution systems for increased hygienic standards. Another hygienic measure was extension of the number of public baths and indoor pools equipped with numerous showers. Labour classes used these cheap public baths for the whole year for basic body hygiene.[7]

Schools and education system significantly contributed to implementation of hygienic measures of the state healthcare policy. The policy focused on preference of healthy lifestyle and hygienic habits. Healthcare education and habits were brought to the families of school children by the school pupils. Healthcare education deepened personal responsibility for own health state. Despite the certainly valuable contribution of charities it was in the first place teachers and their pedagogic influence that most significantly affected assertion of hygienic principles into everyday life.[8]

[6] MAREČKOVÁ, M. *České právní a ústavní dějiny. Stručný přehled a dokumenty*. [Czech legal and constitutional history. Brief survey and documents] Olomouc: Univerzita Palackého, 2006, p. 176. ISBN 80-244-1502-X.

[7] URBAN, O. K některým aspektům životního stylu českého měšťanstva v polovině 19. století. In *Město v české kultuře 19. století*. [on some aspects of lifestyle of Czech burghers in mid 19th century] In *Město v české kultuře 19. století*. [Town in Czech culture of 19th century] Prague, 1983, p. 36 n.; EFMERTOVÁ, M. *České země v letech 1848-1918*. [Czech lands in the years 1848-1918] Prague, 1998; LNĚNIČKOVÁ, J. *České země v době předbřeznové*. [Czech lands before March] Prague 1999.

[8] NIKLÍČEK, L.; MANOVÁ, I. Česká hygiena na přelomu 19. a 20. století [Czech hygiene at the turn of 19th and 20th centuries] In *Dějiny vědy a techniky* [History of science and technology] 14, 1981, p. 146 and following. Further data from the same source; MAREČKOVÁ, M. Vliv učitelů a měšťanských elit na šíření zdravotních návyků ve východoslovenských městech raného novověku. [Influence of teachers and burgher elite on spreading of healthcare habits in East Slovakian towns of early modern age] In *Miscellany of works of Pedagogical Faculty of Masaryk University, Social Sciences no 21*. Brno: MU 2006, p. 14–15.

Finally let me summarise results of research focused on personal hygiene, use of baths and water not only for washing but also for body building and conditioning or as therapeutic means. Since early 19th century swimming became increasingly popular, with the result of opening of many public swimming pools and swimming schools. Since 1830s public swimming pools became accessible for women too and women learned to swim there. In relation to increasing hygienic and social demand of burghers spa was separated from indoor swimming pools and their specific architecture developed. Poor housing and hygienic conditions in the poor quarters resulted in the necessity to extend public baths with cheap showers. Schools spread education about hygiene as the necessary precondition of good health in the sense of the well known saying Hygiene – Half Health.

Literature

DRBAL, C. *Zdraví a zdravotní politika.* Brno: Masarykova univerzita, 1996. ISBN 80-210-1466-0.

DÜLMEN van, R. *Kultura a každodenní život v raném novověku*. Praha: Argo, l999. ISBN 80-7203-116-3

EFMERTOVÁ, M. *České země v letech 1848–1918*. Praha, 1998. ISBN 80-85983-47-8

GANSTER, I. *Tröpfenbad – Schwimmbad – Wellnessoase*. Wien: AV Astoria Druckzentrum. ISSN 0043-5317

LNĚNIČKOVÁ, J. *České země v době předbřeznové*. Praha, 1999. ISBN 80-85983-27-3.

MAREČKOVÁ, M. *České právní a ústavní dějiny. Stručný přehled a dokumenty*. Olomouc: Univerzita Palackého, 2006. ISBN 80-244-1502-X

MAREČKOVÁ, M. Vliv učitelů a měšťanských elit na šíření zdravotních návyků ve východoslovenských městech raného novověku. In *Sborník prací Pedagogické fakulty Masarykovy univerzity, řada společenských věd č. 21*. Brno: Masarykova univerzita, 2006, s. 14–15. ISBN 80-210-4002-5.

NIKLÍČEK, L.; MANOVÁ, I. Česká hygiena na přelomu 19. a 20. století. *Dějiny vědy a techniky* 1981, 14, s. 146 n.

PETRÁŇ, J. (ed.) *Dějiny hmotné kultury II, 1, 2*. Praha, 1995, 1997. ISBN 80-7184-086-62

PETRÁŇ, J. (ed.) *Počátky českého národního obrození 1770-1791. Společnosti a kultura v 70. – 90. letech 18. století*. Praha, 1990.

SELEDEC, W.; KRETSCHMER, H.; LAUSCHA, H. *Baden und Bäder in Wien*. Wien: Europa Verlag GesmbH, l987. ISBN 3-203-50995-4

URBAN, O. K některým aspektům životního stylu českého měšťanstva v polovině 19. století. In *Město v české kultuře 19. století*. Praha: Národní galerie v Praze, 1983.

VÁŇOVÁ, R. a kol. *Výchova a vzdělání v českých dějinách. Díl IV, sv. 1. Problematika vzdělávacích institucí a školských reforem (obecné školství 1848-1939, střední školství a učitelské vzdělávání 1914-1939)*. Praha: Karolinum, 1992.

WEIS, A. *Geschichte der Oesterreichischen Volkschulen I*. Prag, 1904.

ČISTOTA PŮL ZDRAVÍ. ŠKOLA A PROMĚNY HYGIENICKÉHO STEREOTYPU V NOVOVĚKÉ SPOLEČNOSTI.

Souhrn: Problematika osobní hygieny, využívání lázní a vody nejen k čistotě, ale i k posilování a otužování těla či jako léčebného prostředku. Od počátku 19. století se začalo rozvíjet plavání, vznikaly veřejné plovárny a školy plavání. Od třicátých let 19. století byly zřizovány veřejné plovárny i pro ženy, kterým sloužily zejména k výuce plavání. V souvislosti s rostoucími hygienickými, ale i společenskými nároky měšťanstva se od poloviny 19. století v soukromých lázeňských budovách oddělovaly lázeňské prostory od zastřešených plováren a rozvinula se jejich specifická architektura. Špatné bytové a hygienické podmínky v chudinských čtvrtích vedly k nutnosti rozšiřovat veřejné lázně i se sprchami. Zejména prostřednictvím škol se šířila osvětová kampaň o čistotě jako nezbytné péči o vlastní zdravotní stav, tedy ve smyslu známého hesla čistota - půl zdraví.

Klíčová slova: osobní hygiena, hygienické podmínky, čistota, péče o zdravotní stav, lázně

MENTAL REPRESENTATION OF PSYCHIC HYGIENE IN BASIC SCHOOL AS SEEN BY TEACHERS STUDENTS

Kateřina MELICHÁRKOVÁ, Rudolf KOHOUTEK

Abstract: *If a child should learn, at school, to discover world, to develop healthily and to grow, it is very important to be provided with necessary conditions thereto. Among these conditions rank, among others, also the care of psychic health, which is secured by the psychic hygiene. In our entry we have focussed our attention to tracing to what extent its rules have been applied and respected in schools. The research investigation, the results of which have been presented here, has been based on the mental representation of the feature as seen by teacher students.*

Key words: *Psychic hygiene, mental health, psychology of health*

1. Introduction

The psychic hygiene represents the "system of scientifically elaborate rules and advice designated for the maintaining or recovering of psychic health, psychic balance" (Míček, 1984, p. 9). Initially, it was focussed to the removal of adverse impacts to the psychical health of man. Later on, its concern has been extended by the elimination of these adverse impacts and by the effort to develop an individual (Bedrnová, 1999). Apart from the term psychic hygiene we may come across also with other designations: psycho-hygiene, mental hygiene (for example in Bartko, 1990).

The dealing with the psychic hygiene has a long history. Its origins have been adherent to ancient era already. Ideas of maintaining the psychic health occur there in documents on philosophy, medicine, and even in social standards (Mrňa In Hřebíček, 1971). For example the ancient philosopher Demokritos saw the optimisation of individual life in the retrieval of balance among oneself, nature, and surrounding world, in the temperance and ability to find rejoice in pettiness (Bedrnová, 1999). Within our culture we could refer to Komneský's work.

It was Clifford W. Beers who succeeded in the enforcing the term "psychic hygiene" in the life of society in the early 20th century (Míček, 1984). Gradually, various organisations have been founded involved in the psychic hygiene (for example

the World Federation of Mental Health), many authors address these issues from most various viewpoints (from the Czech authors: Haškovec, Brandejs, Vondráček, Hádlík, Bartko, Míček...).

Focussed to the mental hygiene in the school environment are Černý, Míček, Hřebíček, Bartko and others. Authors specify all sorts of factors that influence a pupil. Černý (1960) beholds pertinent problems in the personality and specific features of a child or teacher in their interrelation as well as in relations of children, in a change of school or class, in the influence of media. Míček (1984) enumerates the influence of the teacher, teaching process (school maturity problems, pupil overloading, respecting the pupil's output curve, adequate subject matter selection and presentation of learning, inattention problem solving, securing of pupil's activity, respecting didactic rules, and of social/psychological aspects of education), material influences (menu setting, optical and acoustic influences), discipline issues, examinations or issues of slow students. Form foreign authors, for example, Engelmeyer (1974) speaks first of all about the mental hygiene of work, Schenk-Danzinger (1980) assigns the meaning of negative experience of a child and measure of the frustration tolerance, overloading, rejection from a collective; Bühler (1958) mentions stress due to examinations, due to competitivity, indiscreet behaviour against children, furthermore, he reminds the necessity of belonging and problems with the child's change to a new class or school.

At present mental hygiene is displaced to background and highlighted is rather the psychology of health. However, we perceive the psychology of health as a roof term, a part of which the psychic hygiene undoubtedly is (the psychology of health is involved by the health in general; the psychic hygiene is then involved only in the issue of the psychic health). Therefore also in the path to the psychic hygiene we have respected this development and we will first of all look in on the more general psychology of health. The following project has then been conceived as the entering research solution, which is focused not only to the psychic health but also to the physical and social health.

In this direction also the programme Health maintaining school, or the Sane school, has proceeded. It goes hand-in-hand with the social trend to live in a sane manner, to eliminate negative impacts to our health even in the enlightenment process. We have divided it into three piers (Havlínová, 1988, 2006):

A. MATERIAL, SOCIAL AND ORGANIZATIONAL BACKGROUND

1. **The material background**... Hygienically unobjectionable status; Safety in the material meaning of the word; Functionality and expedience; stimulative nature; Aesthetic and domestication nature; Availability of all premises of a school for staying and use; Offer of a personal space.
2. **The social background**... Development of humane attitudes as a part of education and personality progress of both teachers and children; Respect, confidence, tolerance; Appreciation, sympathy, empathy; Frankness, and helpfulness; Willingness to co-operate and to help.
3. **Organisation background**... Daily regime respecting biorhythms; Daily regime respecting physiologic needs, mentation; Daily regime respecting the necessity of leisure time; Healthy boarding; physical activity - holistic conceived physical training.

B. SANE TEACHING/LEARNING

1. **Purposeful nature of education**... Authentic teaching; Approximation of real life by school; Experience teaching; Consequential thematic units; Utilisation of close to school resources.
2. **Option, education adequacy**... The right of individual or group option of a certain content part of subject matter; Optional and non-compulsory subjects; Optional method of teaching/learning; Adequacy in respect of age and individual abilities; Faster proceeding pupils; Pupils with special needs and with educational problems; Proportionality of the rational, emotional, and social component.
3. **Participation and co-operation during teaching**... Soul of democracy and friendship; Clear written coexistence rules; Elected bodies; Participation style of management; School open to partners; communication as the co-operation presumption; Co-operation within the teaching process - the so-called co-operative teaching.
4. **Motivating classification of a pupil**... No-conditioned appreciation - mutual respect; Classification in the form of the provided material feedback; Verbal classification.

C. OPEN PARTNERSHIP

1. **School as a democratic community**... Partner relation with parents; Democratic communication; Individual respecting behaviour; Participation, team cooperation.
2. **School as a culture and educational centre of a municipality**... Incorporation of the school into the municipality's life.

These will also be compared to the factors established through our research project.

2. Research methodology

For the research solution the content analysis of text was selected and its following coding. Investigated is the influence of the basics school on a pupil's health. For the analysis utilised have been reflecting works of students of the 4th year of teaching studies in the Faculty of Education of the Masaryk University of Brno. The collection of research data was performed within two stages. The first, pre-research, stage was represented by the quality prospect investigating students' experience from our school system. Within the second stage (material for the main research investigation) the students have expressed themselves, in a more detail way, to their satisfaction or dissatisfaction with schools. To individual expressions they added their valuation within the 0 to 100 % scale, which indicated their agreement with a certain statement and urgency (topicality) of a given feature.

Authors of the essays are 197 students of 4th year of teaching studies in the Faculty of Education of the Masaryk University of Brno. An intentional selection of the research sample was applied due to its availability for the experimenter. From these 197 works 162 were used for the quantitative processing. The remaining 35 did not contain quantitative data, therefore having been used for the interpretation of the data, as a qualitative touch in of the issue.

This research project is to serve as a first step on the path to the understanding of the application of the psychic hygiene in basic schools. Its objective is to define basic school factors that impact the health of an individual, and to establish concepts superior

to these factors (categories). Such categories will be compared, respecting the frequency of replies (how many people perceive the given factor or category as significant and impacting the health of an individual) and respecting the arithmetic mean of their quantitative reply (how do they perceive this factor, or category, as urgent). The same procedure will be applied also in individual categories, for partial factors. Furthermore, found out will be whether pupils really specify such factors that exist in the branch literature and whether the specified list of factors could be extended.

3. Research results

The objective of the research investigation was to find out factors that impact physical, social, and psychic health of a child in a basic school, as well as to establish the superior concepts, categories. The basic classification of the factors has been mediated through the group of positive and negative impacts. Here many factors were defined (174, out of which 86 were positive and 88 negative). Above such factors the superior concepts (categories) have been established that represent complementary pairs for the positive and negative features.

Overview of the categories and factors:

A. POSITIVE FEATURES

1. **Teacher (+)**...brightening education, Influencing; Qualified; Model teacher; Kind; Good; Friendly; Fair; Willing; Interested in pupils; Influence of the teacher on the approach to the subject; With individual attitude; Supporting interests; Pedagogic workers of the school; Helpful; With a good relation; Motivating; Rigorous; Co-operating; With good attitude; Pleasant; Patient; Others.
2. **Material equipment of a school (+)**...Garden, Gymnasium; Swimming pool; Good equipment; Specialised classrooms; Pleasant environment; School decoration; Canteen; Teaching materials.
3. **Social interaction (+)**...Good relations; Friends; Contact with peers; Collective; First loves; Friends from kindergarten.
4. **Boarding (+)**...Regular boarding; Optional boarding in a buffet, vendor; Quality meals; Delicious meals; Optional snacks.
5. **Health conditions (+)**...Safety; Prevention and medical care; Non-overloading; Enough free time; Physical and hygienic conditions; Vacations; Intervals; Drinking regime observance.
6. **Class-work (+)**...Basic education; Preparation for secondary school; High level; Development of communication; Subjects; Learning tolerance, respect, mutual assistance, authority; Providing specific support; Learning habits; Teaching methods; Preparation for practical life; Guide to independence and responsibility; Attitude to nature, books.
7. **School activities (+)**..Physical training; Foreign stages; Support of motional activities, sports events; School trips; Skiing, swimming, skating; Stays with lessons in curative natural environment; Hobby groups; After-school care centre, school club; Contests, school "Olympic games"; Culture events; School events.
8. **Non-stressing situations (+)**... Considerate testing, Others; School "climate"; Joy in

learning and in school as a whole; Regular daily regime, order; Study achievements; Praises, awards.

9. **Organisation issues (+)**...Canteen at school; Vicinity of school; Others; Smaller school, class; Co-operation with families.
10. **Other reasons (+)**

B. NEGATIVE FEATURES

1. **Teacher (-)**...Old; Non-coping with issues; Bad; Teacher - pupil relation; Non-certificated, non-professional; No interest in pupils, classes; Rigid, cathedral; Unpleasant; Nervous, unstable; with no authority; Pedagogic workers and school employees.
2. **Material equipment of school (-)**...Toilets; Non-aesthetic environment; Gymnasium; Bad; Teaching materials; Obsolete; Change-rooms; Heating.
3. **Social interaction (-)**... Chicanery; Gibing, allusions; Bad collective; Asocial behaviour.
4. **Stressing situations (-)**...Stress laid on grades; Anxiety about entrance examinations to secondary schools; "Pigeon-holing"; Derogating of pupils; Favouritism, "picking" a pupil; Comparing; Testing, grades; Stress, anxiety; Injustice; Grades for achievements, not for endeavour; Other stressing situations; Punishments, few awards; Anxiety about physician; Pointless orders and prohibitions; Notices for parents; Anxiety about reporting meeting with parents.
5. **Boarding (-)**...Forcing pupils to finish up meals; No choice; Low-quality meals; School canteen; Gross meals; Buffet.
6. **Health conditions (-)**...Lack of motion and rest; Overloading of pupils; Early-morning getting up; Prohibition to drink beverages during lessons, to leave lessons for WC; Safety; Few prevention and medical care; Carrying heavy textbooks; Hygienic conditions; Physical conditions; Intervals; Danger of taking disease from other children; Sitting.
7. **Class-work (-)**...Provision of no specific support; Frontal-type class-work; Obsolete class-work methods; Home preparation; No individual attitude, work with gifted pupils; Restraining freedom and expression of views; Memorizing; Boredom, stereotype; No self-governing work; Complaints on certain subjects; Other shortcomings; Low level of the school; Pedantry; No motivation; No collaboration, competitivity, rivalry.
8. **School activities (-)**...School activities, Out-of-school activities; Motion and sports activities.
9. **Organisation activities (-)**...Change from kindergarten; Curriculum; Change of school, class; No collaboration with parents; Frequent changes of teachers, moving; Queues in school canteen; Length of classes; Many children in one class; Other organisation issues; Commuting to school; Canteen in a far location.
10. **Other reasons (-)**

NOTE: The partial factors within individual categories are aligned according to their arithmetic means, the number of replies is expressed by underlining of three factors (of one for the school activities in the Negative features group) that have been mentioned most often.

Two items were investigated both in the categories and individual factors: the

frequency of replies and the arithmetic mean. The following diagrams show these specifics for the positive and negative categories, completed by their standard deviation.

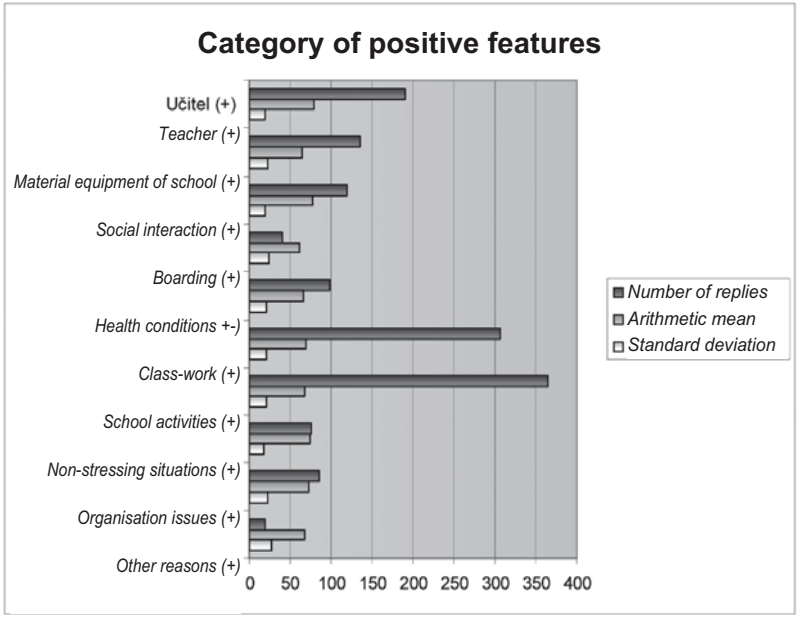


Diagram 1: Category of positive features 1)

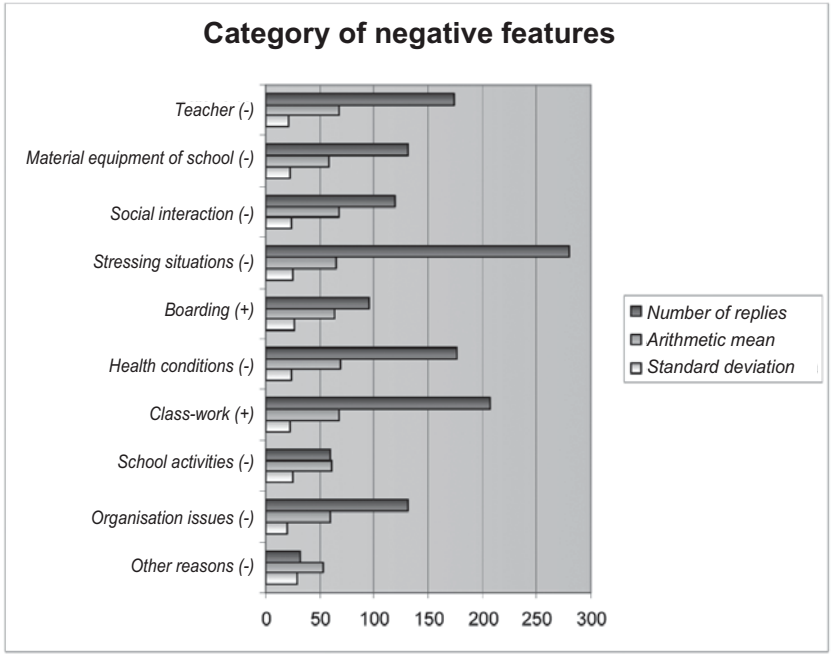


Diagram 2: Category of negative features 2)

For a more thorough investigation tables are also available providing the line-up of the categories respecting their number of replies and arithmetic mean with numeric data.

ORDER RESPECTING THE NUMBER OF REPLIES			
School activities (+)	364	Stressing situations (-)	280
Class-work (+)	306	Class-work (-)	207
Teacher (+)	190	Health conditions (-)	177
Material equipment of school (+)	136	Teacher (-)	174
Social interaction (+)	120	Material equipment of school (-)	132
Health conditions (+)	98	Organisation issues (-)	132
Organisation issues (+)	85	Social interaction (-)	120
Non-stressing situations (+)	75	Boarding (-)	95
Boarding (+)	41	School activities (-)	60
Other reasons (+)	19	Other reasons (-)	32

Table 1: Order respecting the number of replies

As already described, the frequency of replies discloses how often children come across with a given feature at school. The orders of the positive and negative features differ as that what we notice within the positive and negative views also differ (we mostly realise what has been vital, what we have needed, only when we have lost it). Among the most frequent positive features rank the school activities, the class-work and the teacher. From the negative features most often occur the stressing situations, the class-work, and the health conditions. On the other hand, among the least frequent positive features are the other reasons, boarding, and the non-stressing situations. As the least frequent negative features the respondents again mention the other reasons, school activities, and the boarding.

ORDER RESPECTING THE ARITHMETIC MEAN			
Teacher (+)	78,82	Health conditions (-)	68,65
Social interaction (+)	77,46	Class-work (-)	68,22
Non-stressing situations (+)	74,17	Teacher (-)	67,49
Organisation issues (+)	72,24	Social interaction (-)	67,36
Class-work (+)	69,28	Stressing situations (-)	65,25
Other reasons (+)	67,89	Boarding (-)	64,00
School activities (+)	67,13	School activities (-)	61,08
Health conditions (+)	66,88	Organisation issues (-)	60,13
Material equipment of school (+)	64,82	Material equipment of school (-)	58,29
Boarding (+)	61,07	Other reasons (-)	52,59

Table 2: Order respecting the arithmetic mean

The arithmetic mean renders importance of the given factor, how a respondent perceives it as actual and urgent. In this respect the highest importance is assigned to the teacher, social interactions, and to the non-stressing situations among the positive features. From the negative ones a child is most of all influenced by the health conditi-

ons, class-work, and by the teacher. As the least influencing, among the positive features, has been evaluated the boarding, material equipment of the school, and the health conditions.

A more substantial analysis would exceed the framework of this report. That is to say, the article has been conceived only as a preliminary report from the research and the whole research project will be examined within a dissertation thesis where this will occupy the position of a preliminary research stage. However, furthermore we will yet focus our attention to the comparison of the recognized facts with those described as psychic hygiene impacts by the branch literature and also to the comparison with factors defined by the Sane school.

In the data recognized by us equivalents have occurred nearly to all factors as described by the referred authors involved in the psychic hygiene:

- influence of teacher... the teacher,
- education process... the class-work,
- teacher - pupil interrelation, interrelations among pupils... the teacher - pupil interrelation, social interaction, good relations,
- child's negative experience and frustration tolerance measure... the stressing situations,
- test... the testing, stressing of grades and grades for achievement instead for endeavour, considerate testing, study achievements,
- rejection from collective... the rejection from collective,
- change of school / class... the change from kindergarten, change of school, class, frequent change of teachers, move,
- overloading... the overloading of pupils,
- issue of slow pupils... the specific support, individual attitude,
- indiscretion towards children... the degrading from the side of a teacher, gibing and allusions or chicanery from the side of children,
- optical and acoustic influences... the physical and hygienic conditions,
- stress due to competitivity... the competitivity, rivalry.
- ...

The factors that we can confirm are as follows:

- Influence of media - Černý understands the designation pupil as a child in the school age. Therefore it is influenced not only by school, but also by family environment, and by media… In our concept we consider only the school influence.
- Problems of the personality and specifics of a child or teacher – The personality of a child and teacher is often mentioned by the respondents (teacher, kind, patient, willing, unpleasant, nervous, labile…), however, specifics of a child have not been specifically mentioned. We suppose they perceived the issue of the school influences as external factors.
- School maturity – The respondents have not mentioned this issue. However, it should be included and taken into consideration in the further investigation.

- Reasonable selection of subject matters, presentation of a subject matter, inattention issue treatment, securing of active attitude of pupils, respecting didactic principles and of social/psychological aspects of education, issue of discipline – these features have not been directly described but similar categories occurred (securing the activity of pupils… boredom, stereotype, …), or they have not occurred. Thus, they will again be considered and added, as the case may be, as new factors in the following investigation.

As regards the comparison with the influences as referred to by the Sane school, the differences are more striking at first sight. After having studied them in a more detailed manner, we again realise a prevailing compliance with the facts found out by us. The factors are classified here in a different way. The difference of our concept is based on the effort to approach the classifications referred to in the psychic hygiene.

Among the consistent influences we may mention:

- unobjectionable hygienic status… hygienic and physical conditions,
- safety in the factual meaning - safety,
- aesthetic and domesticated status… decoration of school, pleasant environment,
- social environment… social interaction,
- daily regime respecting biorhythms… regular daily regime, order,
- daily regime respecting the necessity of leisure time… enough leisure time, vacations, intervals,
- motion activity… motion support,
- approaching real life by the school… preparation for practical life,
- pupils with special needs and education problems… providing specific support,
- communication as a condition of co-operation… development of communication,
- motivating classification of pupils… motivating teacher,
- partner relations with parents… co-operation with families,
- ...

Differences between the both classifications:

- In the Sane school classification for example these new factors have occurred:
    - Material environment: Functionality and usefulness, stimulative nature, accessible status of all school premises for motion and use, offer of personal space,
    - Sane teaching: Purposeful nature of class-work, options, participation in the class-work, clear rules of co-existence in writing, existence of elected bodies,
    - Open partnership: School as a democratic society partnership,
    - ...

- In our classification the following factors occur, for example, on the other hand:
    - Teacher with his/her individual personality and professional characteristics,
    - Forcing to eat up meals,
    - Queues in canteen,
    - Provision of basic education,
    - Vicinity of the school,
    - Number of children in a class,
    - Change,
    - ...

All differences will be assessed and included in the new classification to be established, which we will use for the further investigation of impacts of school to the psychic hygiene of a child.

4. Conclusion

The preliminary report on the research investigation deals with the investigation of the mental representation of the psychic hygiene in basic schools as seen by teacher students. 197 participants of this investigation have expressed themselves to the positive and negative influences of school on their corporal, social, and psychic health. On the basis of the obtained data we have performed the text analysis, factors have been defined and ten superior categories have been established above them, parallel for the both positive and negative features: the teacher, material equipment of school, social interaction, boarding, health conditions, class-work, school activities, non-stressing situations, organisation issues, and other influences. After having assessed the found out data the comparison was applied on the basis of the number of replies (how often children come across with a given factor) and of the arithmetic mean (actual, urgent nature of a given phenomenon). Another objective of this research project was the comparison of data that are described as influencing the psychic hygiene by those authors involved in the psychic hygiene with those influences that are specified by the Sane school.

We take the application of similar questionnaires for an important cognitive method. With their help we may recognize what is the real situation in our schools; we are able to verify whether data specified in the branch literature are up-to-date and complete.

We take the involvement itself, in the issue, as very important as the care of psychic health is the condition of a quality and contentedly lived life.

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Literature

BARTKO, D. *Moderní psychohygiena.* Bratislava: Obzor, 1990. ISBN 80-215-0102-2

BEDRNOVÁ a kol. *Duševní hygiena a sebeřízení pro vysokoškoláky a mladé manažery.* Praha: Fortuna, 1999. ISBN 80-7168-681-6

BÜHLER, CH.; SCHENK-DANZINGER, L.; SMITTER, F. *Kindheitsprobleme und der Lehrer.* Heidelberg: Quelle & Meyer, 1958.

CROW, L. D.; CROW, A. *Mental Hygiene for Teachers; A Book of Readings.* New York: Macmillan, 1963.

CROW, L. D.; CROW, A. *Mental Hygiene in School and Home Life for Teachers, Supervisors, and Parents*. New York: Mcgraw-Hill Book Company, 1951

ENGELMEYER, O. *Pädagogische Psychologie für Schule und Unterricht*. München: Ehrenwirth, 1974.

FENTON, N. *Mental Hygiene in School Practice.* Stanford: Stanford University Press, 1944

GRUBER, J. *Duševní hygiena.* Praha: ČZU, 2002. ISBN 80-213-0944-X

HARTL, P. *Stručný psychologický slovník.* Praha: Portál, 2004. ISBN 80-7178-803-1

HAVLÍNOVÁ, M. a kol. *Program podpory zdraví ve škole.* Praha: Portál, 1988

HAVLÍNOVÁ, M. a kol. *Kurikulum podpory zdraví v mateřské škole.* Praha: Portál, 2006

HŘEBÍČEK, S. a kol. *Duševní hygiena.*Karviná: KÚNZ SM kraje, 1971

CHAMOUTOVÁ, K.; CHAMOUTOVÁ, H. *Duševní hygiena. Psychologie zdraví.* Praha: ČZU, 2006. ISBN 80-213-1152-4

KŘIVOHLAVÝ, J. *Psychologie zdraví.* Praha: Portál, 2001. ISBN 80-7178-774-4

KUBÁNI, V.; PETROVSKÝ, R.; SLÁVIK, M. *Duševné zdravie učitela (Vstupná ilustračná výskumná sonda).* in *Retrospektíva, realita a perspektíva psychológie na Slovensku. Zborník príspevkov VII. zjazdu slovenských psychológov.* Bratislava: Stimul, 1996. ISBN 80-85697-50-5. S. 143 – 145

MACHAČ, M.; MACHAČOVÁ, H.; HOSKOVEC, J. *Duševní hygiena a prevence zátěže.* Praha: SPN, 1984

MARKHAMOVÁ, U. *Pomáháme dětem zvládnout stres.* Praha: Talpress, 1996. ISBN 80-7197-020-4

MÍČEK, L. *Duševní hygiena.* Praha: SPN, 1984

MÍČEK, L. *Nervózní děti a mládež.* Praha: SPN, 1961

SENKA, J. *Stres a škola.* in *Retrospektíva, realita a perspektíva psychológie na Slovensku. Zborník príspevkov VII. zjazdu slovenských psychológov.* Bratislava: Stimul, 1996. ISBN 80-85697-50-5. S. 427 – 430

SCHENK-DANZINGER, L. *Psychologie im Dienste der Schule.* Wien: Österreichischer Bundesverlag, 1980. ISBN 3-215-04375-0

VELTRUBSKÁ, I.; CHAMOUTOVÁ, K. *Duševní zdraví.* Praha: ČZU, 1998. ISBN 80-213-0456-1

VOSEČKOVÁ, A. *Psychologie zdraví a duševní hygiena.* Vojenské a zdravotnické listy, 2003, č. 6, s. 273 – 275

WIEDENOVÁ, M. *Psychohygiena.* Liberec: Technická univerzita v Liberci, 1998

MENTÁLNÍ REPREZENTACE DUŠEVNÍ HYGIENY NA ZÁKLADNÍ ŠKOLE OČIMA STUDENTŮ UČITELSTVÍ

Souhrn: Má-li se dítě ve škole učit objevovat svět, zdravě se vyvíjet a růst, je velmi důležité, aby mu k tomu byly poskytnuty nezbytné podmínky. Mezi tyto podmínky patří mimo jiné i péče o duševní zdraví, kterou zajišťuje duševní hygiena. Na zjištění, nakolik jsou její pravidla ve škole uplatňována a respektována, se zaměřujeme v našem příspěvku. Výzkumné šetření, jehož výsledky jsou zde prezentovány, je postaveno na mentální reprezentaci jevu z pohledu studentů učitelství.

Klíčová slova: duševní hygiena, duševní zdraví, psychologie zdraví

PHILOSOPHY AS THERAPY AND ALTERNATIVE MEDICINE

Radovan RYBÁŘ

Abstract: *The new form and object of philosophy in the age of postmodernism. The creation of the positive philosophy of life as the result of philosophical counselling. Philosophizing as a way to satisfaction and happiness. The basic typology of personalities and the spiritual development of man. The utilization of philosophical thought for therapy.*

Key words: *health, medicine, healthy lifestyle, philosophy of health*.

Motto:
Philosophy is nobody´s land situated between science and theology and facing attacks from both of them. (Bertrand **Russell**)

The new form and object of philosophy in the age of postmodernism

The word „philosophy“ originally meant „love for wisdom“, but contemporary professional philosophers would probably be ashamed to subscribe to such a naive conception of their subject, as they have become narrow specialists in various fields of the theory and history of the modern form of philosophy. Amateur (lay) philosophers, unlike professionals from academic communities, need not worry so much about various historical nuances, contradictory tendencies of philosophical schools and their representatives or about professional groups´ interests and individual scholars´ personal rivalries. And so they can concentrate on the basic problems of philosophy and philosophizing.

When laymen, by means of reading and discussions, get clear in their minds what their likings for philosophy concern, can also form ideas on the contemporary state of development in their particular fields and can even feel an urge to specialize.This is because in philosophy, just as in other subjects, a time will come when everybody is prepared to change from a passive consumer to an active producer. If lay philosophers

feel a need to respond to their inner philosophical urge, are able to record their ideas in a cultivated way and step by step find sense in their experience, they as well can gradually learn to derive pleasure from the most difficult and the most valuable tasks of human life. **/1/**

In accordance with a number of other thinkers, a lay philosopher can thus get to know that the traditional translation and meaning of the word „philosophy" as love for wisdom is not correct. The correct reading should be: **philosophy is the wisdom of love**.This is because love does not only mean some uncontrollable effusions of emotion, as a number of too rational people understand it, but the very state of a person´s soul. The ability to experience love and a loving relation to oneself, to other people and to the world in general make the starting point of the genuine philosophy and philosophizing. This was sometimes forgotten in the period of modernism, but **„discovered" again in postmodernism.** This conception also opened a lot of scope for the so-called laymen, as far as they approached the subjects and problems of philosophy with pure experience and consciousness of love, or with the effort not to do harm to anybody and anything and to be open to all generally useful possibilities.

The pleasure of a layman (ie an uneducated philosopher) consists in the fact that he or she realizes the essential conflict between the laymen´s spontaneity and the „dull" professionalism. **/9/** In connection with this, also **the relation of science and pseudoscience** is often discussed. Laymen philosophers (in the good sense of the expression) have realized in the period of postmodernism that the so-called **scientific medicine** lags behind in the psychological approach to the problems of health as well as to people as patients. Therefore one of the most important conflicts of the present, according to some contemporary sociologists as well, is the conflict between dilettantes, laymen and amateurs on the one hand, and experts, specialists and professionals on the other.

The interpretation of and **the relation to** particular spheres of **scientific disciplines may play an important role** here, since there are subjects that are more or less accessible to common thinking. For example, the so-called **humanities and social sciences** are more accessible to lay thinking than **natural and technical sciences**. The character of social sciences (including philosophy) can explain the reason: they are mostly based on narrative and metaphorical foundations and on the use of analogy, while the sign and abstract metalanguage of the particular discipline is used much less frequently. However, this does not exclude the possibility that some thinkers, on the basis of their personal natures, can be inclined to take even philosophy as a strictly exact science or canonized theory, a certain catechism close to some kind of theology.

It follows from was said above that **even professionals must remain genuine laymen**, keep their spontaneity, enthusiasm and free imagination, thus getting rid of the professional blindness which prevents them from seeing things outside the given system and its algorithm. It is **the postmodern ethos** that brings new alternative initiatives in the form of crossing the usual barriers and facilitates new views of problems. In the case of philosophy the change concerns its paradigm: from philosophy as a rigorous academc science to philosophy as a reflection of people´s everyday lives. **/6/**

The tendency of philosophy towards man´s concrete life situation and its problems is the determining element of postmodern thinking. The theme of life self-reflection and the quest for the image of the contemporary man connects **postmodern philo-**

sophy closely with the field of **modern psychology.** For instance, the theme called **the psychology of the human I** is as unorthodox as the change of the paradigm in philosophy and science, ie the effort to cross the borders of the „closed system" and to look for the answers to topical questions in the preserves of other disciplines, in the synthesis of the so-caled third culture, or in a fruitful interconnection of the humanities and natural sciences in one meaningful whole.

The creation of the positive philosophy of life as the result of philosophical counselling

The idea of philosophical counselling came into being in the period of postmodernism as a response to the situation in modern philosophy when play on words as an end in itself began to prevail in philosophical discourses. Gradually an opinion appeared that there was not only the school and academic philosophy for specialists but also such philosophy that could have the form of practical activity with immediate results. The new **starting point** was **the opinion** that philosophy was not really a sort of secondary form of science but „the art" **to know one´s way even in the sphere of what we cannot account for by the present methods** and also **an attempt at the integrity of a person´s personality and his or her life. /11/**

To be engaged in philosophy then **means to learn the art of living, understanding oneself and other people.** A change also appears in the interpretation of the content of wisdom. Wisdom is no more an exclusive knowledge of a certain sphere of problems but the realization of one´s life experience, using not only reason but also intuition and empathy. The human life in this conception becomes a story asking for dramatization and subsequent many-sided interpretation. The philosopher asks here simultaneous questions concerning philosophy, ethics and aesthetics: How to live? What lifestyle to choose? Consequently there appears **the idea of philosophy as an elaborated life practice** that solves everyday life matters and is thus in diametrical opposition to the so-called professional philosophy.

The result of philosophical counselling is the creation of **the positive philosophy of life**, based both on the ability of philosophical imagination and speculation, and on the concrete empirical (life) information and data. All the ways of **practising philosophy** can be manifold, from classes and research to counselling and therapy. The idea of using philosophy for therapy is very old. As early as in the ancient world, especially in the philosophical practice of Socrates, the Stoics and the Epicureans, such practice existed and is documented. A philosopher was taken then as an expert in profound questions of human practice and life. The philosopher operated **as a social worker directly involved in the public life.**

For its interest in the quality of life and man, philosophy also inevitably borders on psychology, sociology and anthropology. Philosophy becomes psychology when it is interested in the spiritual aspect of man, and the other way round, psychology becomes philosophy when it investigates the problem of the meaning of man´s life. Joined together, the two parts give rise to **psycho-philosophy** or **philo-therapy.** Which of the two forms of this cross discipline will be preferred depends on the choice of people invol-

ved. The principle of synenergy, as the co-operation of several fields of knowledge, will be applied here; synenergy is the driving force of the postmodern age.

Working as a philosophical counsellor, the philosopher carries on a dialogue with people of various professional ranks, ideological convictions or religious denominations, from ordinary citizens to top managers. On the basis of **the application of speculative thinking, conceptual analysis, philosophical logic and personal experience** on each concrete case, the philosopher tries to tackle the problems resulting from everyday situations, various personal difficulties and crises, quest for the meaning of anything. The philosopher´s language in this personal and intimate dialogue must be simple, clear and generally understandable; just this forms his or her **new competence of a philosopher** as a therapist**.**

The following **question** presents itself here: **What is** in fact **the difference between a philosopher as a therapist, and a psychotherapist?** The philosopher, unlike the psychotherapist, does not meet a person as a patient or client, but plays the role of a more or less accidental partner in the dialogue on anything, complements with the partner mutually and helps casually as a kind of adviser to find a solution of the chosen problem.Doing this, the philosopher also shows indirectly the importance of philosophy as a discipline that should help people in their life troubles and make their fates easier.

The philosophical counselling can, eg, devote itself to the following questions: What does a good life consist in?, What is valuable?, Does freedom exist and what does it consist in?, How to be happy?, What relation should one have to one´s own work?, Is there anything like destiny?, What comes after death?, etc. While consulting these and other questions, philosophers can draw inspiration from all the rich history of European and East Asian philosophy. In solving the partner´s concrete life situation and concrete problems during the dialogue, the philosopher takes for granted that all the people-partners have their specific life situations, specific lifestyles and even specific life philosophies.

The philo-therapist realizes all the facts given above and leads an open, humanistic dialogue, trying to change his or her partner´s views and attitudes towards a certain problem. The result of this meeting is not only a change in the partner´s existing shallow life situation, but also attaining a vision and formulation of the partner´s further function in life. The described philosophical therapy includes not only reading chosen philosophical texts but also writing and inventing one´s own texts and improvisation on the given topic. In no case does the philotherapist behave like a wise man who knows everything, like an omniscient specialist in all problems of man and in „the art of living".

The philo-therapist should soothe other people´s agitated thoughts, help them to better understand their life motivations and to orientate themselves better in their own worlds. It is necessary to show the partners that the quest for the meaning of anything is a life challange and a way full of personal search and hardship.The philosopher should never try to gain the other person for any ideology or religion; the only object is to offer the partner a wide range of possibilities to consider as a free space for philosophical questions and for seeking answers to various personal problems and secrets of life.

The basic method is the so-called **Socratic dialogue**, ie an open dialogue on the life of a concrete person in a concrete situation, during which the philo-therapist helps to recognize the direction and content of the journey through life and further aims

generally. But the central question is still the following: How to live? A guide to life is in fact the most important question of the human situation in the world and the answer to it can be found in the whole of the human cultural history, in the rich tradition of philosophical thought.

It can be said that **philosophy of life** is an intimate human need and a life task. It can only be found and practised in life itself and therefore there is no way people could master it in the formal educational system only. The concept of philosophy of life coincides to a high degree with the concept of world view, but it differs from it by being much wider and more personal. Every **normal and healthy person** has a strong desire for the integrity of his or her personality, for a holistic image and perception of the world and oneself. It is the very philosophy of life that helps with this effort. On the other hand, there is no universal philosophy of life that would apply to all people without exception. It is necessary to work one´s own way up to it, using the co-operation of theory (knowledge of philosophy) and practice (investigation into the individual´s concrete situation). The result and product of philosophy of life is knowledge on life that has no scholarly character any more but is rather a natural result of a person´s individual journey through life.

Anybody interested in philosophy, or its teacher, should be aware of a certain ethic obligation: the competence in his or her conduct and responsibility for holding the dialogue with the partner. An inner determination to help people and to propagate one´s conviction does not do here. Some thinkers suppose that being a philosophy teacher or practise philosophy is the most magnificent and happiest mission in life one can get. This is another reason why everybody who spreads philosophical ideas should have the necessary ethos. The philosopher should be more interested in weak and common people´s lives than in the lives of the privileged and celebrated. This is because **the true mission of philosophy** consists in the celebration of life itself, in the commitment to it, in the effort to help others to live through their lives in the highest and best possible degree of their personal makings and possibilities.

Philosophizing as a way to satisfaction and happiness

Philosophy has always had a specific position in human culture: it has either been extolled to the top of human striving as the queen of all sciences, or, on the contrary, considered an unnecessary luxury in man´s life, or „talking on nothing“. For this reason it has had to defend itself more often than other fields of human interest and activity. As to **philosophizing** itself, the general consciousness mostly takes it as a special intellectual activity, very distant from everyday life. However, practising philosophy (philosophizing) is a human phenomenon following from our thinking and feeling. In spite of this it looks as if the meaning and object of philosophy were somehow hidden. This is because we have to create them ourselves according to everybody´s personal interest and nature. In any case, good philosophizing should bring pleasure, inspiration and stimuli to the harmonization of our lives.

The fundamental tendency of philosophy is that **to self-reflection**, which is in fact a way **to practical wisdom**. **The positive lay approach to philosophy**, mentioned above, consists in the effort to draw philosophy as close as possible to „an ordinary“ human life, to a concrete life experience. **/2/**

Philosophical counselling is that kind of **applied philosophy** which aims at the closest contact with the way people experience their life situations. It uses philosophy as the reflection of everyday life, the result of which is forming life itself and improving its quality.**The traditional form of philosophy**, on the other hand, tends towards a high degree of abstraction, idealization and universalization. Its impact is reduced exclusively to the sphere of academic discourses on concepts and categories and their mutual relations. **The meaning of teaching philosophy at schools lies in** its **reflexive critical role.** On the other hand, practising philosophy (philosophizing) has lately resulted naturally in the need of philosophy as the reflection of life and its problems in contradiction to the existing conception of philosophy as a strict and objectivistic science. In this connection **philosophy abandons its uncritical and naive trust in mathematics and physics** which caught it in the clutches of the formalization of the philosophical language and quantification of philosophical outputs. **The way out of the crisis** proved to be leaving the world of „pure" science and turning to topical life themes, back to life itself. Philosophy is thus no more an impersonal and impartial contemplation, intellectual gymnastics or even exhibitionism, but an active and purposeful reflection of concrete problems and conditions. It aims at a live knowledge as a complex of empathy and rational, emotional, logical and intuitive processes. On the whole, rationality is restored now as sensibleness, not as intellectualism.

Philosophizing directly **supports critical reassessment and transformation** of the personality **of an individual**. A new horizon of philosophy is thus created, consisting in what is at all imaginable theoretically. The object is to bring people, by means of Socratic dialectics, to better self-knowledge and practical life wisdom which can help them in experiencing everyday reality. **The therapeutic force** also **consists in curing the soul by beautiful and wise words** stimulating the addressee to contemplation. In this way philosophizing becomes a suitable utilization of free time, general relaxation as well as an uplift to higher life motives and to the nobility of spirit.

Today´s utilitarian people show a lowered care of the soul and its health, because they accent the consumer approach to life; the soul therefore lacks any sense and moves in a value vacuum. Nobody can expect that a spiritual revival of contemporary people can be supported by the fragmentary and superficial way in which they experience their lives. **The social meaning of philosophizing** consists in the justification of one´s own life conception and in asking general philosophical questions. Consequently, **the philo-therapist is** in fact **a special kind of „priest"**.

Philosophical counselling in the West has obtained the experience that those who feel the strongest need to turn to philosophy for advice and help are people in socially prestigious jobs, ie seemingly trouble-free top workers. Under pressure of competition and the requirement of the maximum effectiveness, they ask for the possibility of relief and spiritual relaxation, absorption in themselves, doing something for their spiritual health.

The philo-therapist´s intention in this situation is definitely neither teaching philosophy in the sense of spreading some knowledge, nor giving guaranteed directions for life, but listening carefully to the other person, understanding his or her topical problems and showing him or her, besides their subjective views of life facts, also some other, alternative opinions, stimulating them to a dialogue and independent thoughts on

their problems and chances. The very **unveiling of a broader spectrum of chances and approaches is the main task of the philo-therapist. It is necessary to mobilize the inner powers and to identify the real values for the life to appear interesting and worth living. Every philosophical dialogue should lead to the art of creative thinking.**

The philo-therapist should first of all let the other person tell his or her life story, carry out its reconstruction, survey and re-evaluation, and form further projects. He should clarify the stream of life events, experiences and feelings, and at the same time look at them from a new point of view; bring a new judgement into the life story, express doubts on everything taken for granted, on the only „right" way accepted, ie break all partialities, prejudices and barriers. And the other way round, he should support in the other persons the capability of critical thinking and reflection, as well as the courage to take their own stand on everything. They should get rid of their own illusions, which, after all, were gained from the outside on the basis of their education and the cultural background where they grew up. The point is that everybody should be able to boldly form a new conception of their lives in a critical situation. **Philosophizing should help people to find the basic motives of their lives.** However, this is connected with the cultivation of the powers of critical thinking and cultural reflection and the ability to surpass the traditional barriers between the world of the lived reality and the world of theoretical reflection and analysis. Therefore the philosophical questions and answers should not have an academic character either.

The goals of the general philosophical conception can be seen in the strengthening of the trust in one´s own dignity as well as in the dignity of humankind as a whole, in leading people´s activities away from the exclusive orientation towards profit maximization and in motivating them to be more sensitive to the overall situation in the world. People should try to change positively the world´s social life, to unite everything and everybody, though not to make them uniform. General life conditions should be improved with the aim to reach a higher quality of the individual life experience of anybody and anywhere.

These philosophical goals are also in agreement with the so-called **positive psychology**. Its **intention is to find a way to everybody´s contentment and happiness**. There even exist national indexes of happiness, showing which layers of inhabitants are the least happy, and the other way round, whose happiness lacks nothing. **The existing opinion polls** on this subject show that in spite of the increasing standard of living a typical American, eg, is not at all happier than fifty years ago. These findings are important, because happier people feel better subjectively, are healthier, live longer and are also more productive. **/3/**

It is the United States where **the positive psychology** has its base, **and its representatives** try to form a real feeling of happiness in people, not only proclaimed happiness, which is common in America, after all. Just as there are fitness centres for the body, there should be fitness centres for the soul. It is as important to be fit mentally as to be fit physically. This therapy is said to be worked out in detail now and to have proved successful. However, it also needs a pleasant environment, since it definitely enhances everybody´s contentment.

According to the positive psychology and its main representative Mark Seligman of the University of Pennsylvania, the ability to be happy is given by several factors, the most important of them being genes. The ability to be happy is allegedly built right in somebody´s genetic equipment. But such a valuable thing cannot be left to „naturally" happy people only.

In 2000 the positive psychologists even created a kind of happiness equation. It looks approximately as follows: **happiness = the genetic equipment + the life circumstances + the will**. One´s genetic equipment cannot be influenced by anybody, of course, but **life circumstances** could. They are, eg, the following: the state of financial affairs, education, family situation, social contacts, personal background, and a number of others. These factors, according to the psychologists´ calculations, could influence from 8 to 15 per cent of the feeling of happiness. **The most important factor**, with 40% at least, **is one´s own will**, activity and approach to life. Unlike the circumstances, this factor can be changed at once, very quickly influencing the circumstances at the same time. Instructions can be found in **the therapeutic exercises. They are to** support and **strenghten** the following **three types of happiness feelings: sensory** – taking pleasure in eating and sex; **pursuing some interesting work or hobby**; **enjoying the fullness and value of one´s life.**

It follows from **the results of the positive psychology**, as a very young discipline with overlaps into other fields of science and philosophy, that we can evaluate every event or thing from various standpoints, giving them various degrees of importance. An essential requirement here is, however, **to learn how to notice only the positive and happy aspects of life**. Another important rule is to systematically and purposefully create a feeling of satisfaction, success or happiness in recapitulating one´s life up to the present (a feeling, eg, that „somebody up there" wishes me well). A positive approach to life and people then inevitably leads to success and happiness in the future as well.

Philosophy, with its positive performing but critically sceptical thinking, **considers** the theory mentioned above as too simple and uncritically optimistic, unable to lead to a guaranteed real feeling of happiness. On the other hand, its partial elements, if given a deeper philosophical sense, can contribute to the quest for a progressive road to happiness and a contented life.

The basic typology and the spiritual development of man

The philosophy of culture, created in the German philosophical thinking as early as in the middle of the 19th century, has always observed certain mentally constitutional orientations or construction plans of personalities. And that concerns both the creator and the receiver of a work of culture. A part of philosophy began gradually to concentrate on the problem of the correspondence between the type of the author and his or her artefact, as if they were imaginary communicating vessels. It started to examine various creators to establish a certain classification of authors. In this way various forms of the so-called **cultural typology** came into existence. One of the best known and simplest typologies is the plain **division of people into** the so-called **romantics (dreamers) and realists (practitioners). /10/**

A realistic person is a great observer of the surroundings, profiting above all from his or her experience and is interested in everything objective and material in the world around. This feature is of course transposed into the person´s own work, which mostly has a concrete and developmental character. **The romantic type**, on the other hand, seems to listen to his or her inner voice, hardly showing any interest in the immediate surroundings. Romantic authors make their works in various extreme ways, mostly creating at one sitting in a sudden inspiration, and have a sense of abstract and ideal things. Although these two types look contradictory at first sight, they in fact supplement each other and are equally important. Each of us, if some simplification is used, can be ranked as the former or the latter human type.

Another, somewhat more elaborate **typology** was worked out by the German professor Eduard Spranger (1882 – 1963). **On the basis** of six primary cultural orientations and values he created analogously **six human types with different cultural orientations.** They are as follows: **a person** who is **theoretical (a scientist); economic (a financial manager); aesthetic (an artist); social (a nurse); power-seeking (a politician); religious (a mystic)**, with three subcategories: an immanent, transcedental or dualistic mystic. All of these types have their individual distinctive qualities, ways of thinking and views of the world. However, a completely pure type does not exist in reality, of course: the orientation of a person is always only approximate. **/5/**

The meaning of the typologies given above consists in the fact that they can be used in work with people. They in fact tell us that not all people are the same and that it is necessary to approach everybody on the basis of the insight into their general orientation. This suits us, whether we approach a person as philo-therapists or psycho-therapists.

A different **approach** is **from the spiritual position.** This conception shows man as a continuous dispute between the body and the soul; between the lower and the higher, the unconscious and the conscious. **The general spiritual development of man** can be viewed in phases that differ qualitatively. **In the first stage** a very young child still has **an immature mind** which is very primitive and animal-like, but also innocent and charming. The child loses its natural character between the third and the fourth years of age and becomes a part of the civilized world. Its intelligence is still more instinctive that rational. The child is a sort of prehistoric man, since he or she lives exclusively in the present, has no past or future and therefore no responsibility. **/4/**

The second phase of development **is** already **characterized by sociability and a collective mind.** Children gradually understand that they belong to a whole, to the society, nation, church, etc. But these wholes make a person only a part of the crowd, and so the German philosopher Friedrich Nietzsche labels this **state** as the state **of a draught animal,** eg a camel. In this state man only feels a collective responsibility and follows the rules of the community, where the patriarchal circumstances prevail.

The third phase of man´s spiritual development introduces **the state of individual mind** with its own identity. Nietzsche calls this state „a lion“. A kind of inner centre arises in man, which obeys no authority any more. A man in this phase of development learns to say „no“. **This phase of development is** said to be **the state in which**

the contemporary Western civilization occurs. Man´s ego reaches its height and therefore it is endangered by various temptations which can prevent man from further development. It is also a stage of revolting intellectuals, who are, however, sometimes egoistic and overweening.

The fourth stage is a universal mind. Our ego is maturing and therefore **falls away** from us. People between forty and forty-five years of age always face a religious crisis and therefore set out on the way to this state of mind. We must be ready to put aside our personality in it. The German poet Friedrich Schiller calls this moment „a cosmic kiss". **Three universal values begin to flourish** with the universal mind: **truth – good – beauty,** which make the basis of philosophy and philosophizing. Man gets on a higher degree of religion, where the **matriarchal model** prevails.

The fifth and last phase represents a royal mind. A person becomes **an independent existence and consciousness, is fully awake**, in a constant **state of bliss**, without any darkness or anxiety. Man is not an ordinary mortal any more in the fifth phase, becomes the very Buddha or Christ, somebody that knows psychotronics and biotronics, so that there are only few people who can reach this state.

To sum up the gradual development: **the first phase** is just the beginning, not the goal; **in the second phase** one feels comfortable but does not create anything great; **the third phase** is the opposite: it is creative, but very uncomfortable, with too much tension and anxiety; **the fourth phase** replaces this tension with a new, higher state, which is the dissolution of man in the whole of the universe; **in the fifth phase**, metaphorically speaking, man has come home, returned to the original nature, has become the existence itself.

The passage given above shows us the multiformity and changeability of the human existence in connection with the suggestion of a possible spiritual development and an anticipation of the life project, which is necessary for a glimpse behind the routine horizon of life and has also its meaning for philosophical counselling or therapy.

The utilization of philosophical thought for therapy

General consciousness takes **a philosophizing person** as somebody who has a very broad outlook, a possible detached point of view and also a high degree of foresight. **A philosopher in the past**, in the classical and medieval writings, was mostly **characterized as „a doctor of the soul"**. This was beause philosophy and medicine co-existed in the past (from the ancient world through all the Middle Ages up to the Renaissance) and sometimes were even seen as rivals. However, according to the famous Greek orator Democritus, eg, medicine and philosophy are sisters, because one (medicine) takes away diseases from the body, while the other (philosophy) removes anguish from the soul. **/8/**

Nowadays we have regrettably got used to considering philosophy as a purely theoretical discipline, and medicine, on the other hand, as something utterly practical, but this opposite characteristics should, due to new findings and newly obtained experience, be abandoned. **A philosopher**, mostly taken as a scholar who tries to understand and explain the fundamentals of the universe, has more in common with a physician than is generally thought. Even **a doctor**, in seeking the causes of an illness, when he or

she tries to understand everybody as a whole, including their connection with the essence of the surrounding world, **must ask similar cardinal questions** as a philosopher.

Both the philosopher and the doctor must try **to understand the human nature** and to grasp what constitutes man, ie what elements man is made of. Both of them ask: **What are the fundamentals of the world? What is the order of the macrocosm and how does it project into the laws of the microcosm?** Their views are interconnected because both of them use rational thinking based on the same theoretical fundamentals, where physical and chemical elements on the one hand and psychic and spiritual elements on the other are interconnected into one united whole.This **mutual interconnection of philosophy and medicine** was taken for granted entirely up to the period of the high Middle Ages. The commencement of the Modern Age brought with it the gradually prevailing mechanistic and exclusively materialistic view of the world and man, having its historical roots in Descartes and Newton´s methodology of science.

New inspiration was given to European science with the beginning of postmodernism, with the rediscovery of the traditional Asian medicine, new knowledge on the quantum physics, cultural anthropology and human ecology, as well as the appearance of alternative methods in medicine. Here can be seen the start of the idea, rediscovered at present, of the sisterhood of philosophy and medicine. Philosophers in particular, but also doctors, can get inspiration from the long forgotten knowledge, promoted, eg, by Alcmaeon of Crotona, Hippocrates, Polybius, Galen, Paracelsus, Lao-tse, Confucius and others, which fits logically into the new knowledge brought by the postmodern spirit and its new paradigm.

An ancient work by Hippolytus mentions, eg, **Pythagoras meeting Zarathustra**, who already described our reality as **a world of dualisms**, where negative and positive elements in the widest sense of the words create a unity of the world perceived. And his pupil Alcmaeon added that health is a result of the balance of the opposite forces, a result of the dynamic unity of the whole organism. Every violation of this balance or a one-sided predominance of a certain element is then a source of illness. Illness originates from a surplus or, in contrast to it, from a lack of certain elements.

The polarized world environment is a powerful energetic potential and source of a number of dual phenomena. If people realize this fact, they can reach a wiser view of the world and a more balanced life in it, provided they apply the Aristotelian principle of „the happy medium", ie avoiding unhealthy extremes and drawing near the stability of the centre, which of course need not be the mathematical average or geometric mean. **/7/**

Our consciousness represents a focus in which various influences are concentrated, and people sometimes waste their energy uselessly in their fight against contrasts, unable to realize their necessary existence. The polarized environment also means an opportunity for people to make decisions freely. Every event, every manifestation thus has two sides and our success in life is above all dependent on our attitude to everything that affects us.

The idea of two contradictory pairs was also developed in philosophy by **Aristotle**. **/8/** In his work *De Generatione et Corruptione* and *Meteorologica* he described **the four primary qualities of the world** (warmness, coldness, dryness, wetness), which are divided into others (thin, thick, hard, soft). **By means of mutual penetration of**

the primary qualities the main elements originate, like earth, water, air and fire. As a matter of course, we cannot take this description of reality in its literal form, but only on a symbolic and metaphorical level.

According to Aristotle **the origin of every element is determined by the mingling of contradictories,** namely as follows: the element of earth is characterized by qualities like cold and dry; water as cold and wet; air as wet and warm; fire as warm and dry. **A change of each element is caused by a loss of one quality and its substitution by the contradictory quality. A simple change** is realized if one element of the pair substitutes for the other; **a more complicated change** consists in the substitution of both the elements in the pair via the so-called medium element. The contradictories mingle and change after they have reached the medium, ie balanced values. Every element can thus change into any other. Consequently, **the whole organism and each of its parts can be characterized** by all the four primary qualities, and everywhere all the four elements and all the four qualities are present.

This philosophical scheme is also developed by physicians in the so-called **theory of four human liquids** (Hippocrates) and then **the theory of human natures** (Polybos) following from it. The human „humors", permanently present in the organism, are in a certain relation to the two cardinal qualities (warmness/coldness and wetness/dryness). Each of these „humors" should occur in the body in an adequate amount. Individual people then differ from each other by the inborn relation of these liquids. Illnesses develop as a consequence of an imbalance: increase or decrease in some of the liquids due to the season of the year or also on the basis of the inborn dispositions. The source of these liquids is the received food, which is partly changed into the body and partly remains in the organism as the so-called black gall. It is this black gall, when mingled with other liquids, that causes sharp changes of temperature as well as of human behaviour. The better and more balanced the food, the better is the circulation of the liquids in the organism and the healthier the person. This confirms the well-known yogic saying: **We are what we eat …**

In his work *Problem XXX* **Aristotle** also comes with the idea of **the causal relation of physical and mental diseases**. In the course of time **an opinion** thus **appears that the four primary qualities, the four body liquids and the four cardinal psychic states of man** (a sanguine, phlegmatic, choleric, or melancholic type of man) **are interdependent**. **The theory of four cardinal elements** thus **resulted in a** direct **connection between the physical constitution of man and the human nature.** The bodily and mental health consist in symmetry and proportionateness. Every disease always develops as a consequence of a surplus or lack of some physical impact, a surplus or lack of some food or physical exercise. Man´s soul as well will become ill as a consequence of a surplus or lack of positive or negative emotions. The sentences given above prove that **in the ancient and even mediaeval world the perception of health and illness was fundamentally „philosophical"**.

Philosophers were therefore **charged with the task to prescribe a right regimen for people** so that everybody could know what was the best for them at the given moment. But **this regimen** did not only concern material things, eg food, it **mainly concerned people´s general way of life, especially its ethic and aesthetic values. Philosophers had to be interested in anything that affected the human soul. They had**

to understand Nature and the human character, physics and metaphysics. Every treatment had to be an individual matter, since achieving harmony and balance is also everybody´s individual task.

The above-given application of philosophical thinking to medical practice should be taken as an abstract scheme, showing us how everything around us is interconnected with a delicate tissue of energy and information nodes and has its philosophical (speculatively theoretical) background.

References

[1] CSIKSZENTMIHALYI, M**.** *O štěstí a smyslu života***.** Praha: Nakladatelství Lidové noviny, 1996. ISBN 80-7106-139-5

[2] FARKAŠOVÁ, E. Filozofie pre nové storočie. In *Filozofia ako problém?* Bratislava: Kalligram, 2004. ISBN 80-7149-651-0

[3] Jak být šťastný. In *100+1 zahraničních zajimavostí*, č.18/2006, s.10

[4] OSHO: *Tak pravím vám...* Olomouc: Fontána, 2006. ISBN 80- 7336- 342- 9, s.51-70

[5] MAREK, A. M. *Psychologie. Poznej sám sebe*. Olomouc: vlastní náklad, 1992, s. 471-472

[6] MAXWELL, M. *Psycho-kybernetika***.** Praha: Pragma, 1998. ISBN 80-7205-603-4

[7] MIHULOVÁ, M.; SVOBODA, M. *Polarita života. Hledání vnitřní rovnováhy a harmonie*. Liberec: Santal, 1997, ISBN 80- 85965- 09- 7

[8] RUKRIGLOVÁ, D. Filozofie jako alternativní medicína? In *Filozofia jako problém?* Bratislava: Kalligram, 2004. ISBN 80-7149- 651- 0

[9] RYBÁR, J. Potešení a kříž. In *Filozofia ako problém?* Bratislava: Kalligram, 2004. ISBN 80-7149-651-0

[10] RYBÁŘ, R. Některé otázky filozofie zdraví. In ŘEHULKA, E. (ed.) *School and Health 21/2*. Brno: MU, 2007, s.51-59. ISBN 998- 80- 210- 4374-9

[11] VIŠŇOVSKÝ, E. Filozofické poradenství jako forma filozofickém praxe. In *Filozofia ako problém*. Bratislava: Kalligram, 2004. ISBN 80-7149-651-0

FILOZOFIE JAKO TERAPIE A ALTERNATIVNÍ MEDICÍNA

Souhrn: Nová podoba a cíl filozofie ve věku postmoderny. Utváření pozitivní životní filozofie jako výsledek filozofického poradenství. Filozofování jako cesta ke spokojenosti a za štěstím. Základní typologie osobností a duchovní vývoj člověka. Využití filozofického myšlení k terapii.

Klíčová slova: zdraví, medicína, zdravý životní styl, filozofie zdraví

HEALTH – AS SEEN BY PHILOSOPHY OF H.-G. GADAMER

Iva ŠOLCOVÁ

Abstract: *The article tries to express Gadamer's understanding of health and change of his view of in the course of almost 30 years, in the time he has been interested in this topic. In the term* ***health*** *Gadamer discovered many levels, aspects or layers. This article tries to categorize the views of health - disease and to preserve various levels of abstraction as seen by Gadamer.*

Key words*: health, disease, equilibrium, appropriateness, well-being*

Introduction

The book The Enigma of Health with the subtitle The Art of Healing in a Scientific Age (Cambridge, Polity Press 1996) is a set of essays written by Hans-Georg Gadamer on problems of health. The aim of this paper is to express Gadamer's understanding of health and to follow change of his view of health in the course of years (the book comprises essays written within the space of about 30 years), based on English translation of original essays[1].

Starting points

Gadamer choose the topic of health because he supposed taking care of own health to be an original manifestation of human being. By Gadamer, people learn their restrictions and limits by means of disease and death.

Time development

Although Gadamer's topic was health, he built his perspective of view on health from position of its opposite – disease. Disease can not exist without health. Health is an **opposite** of disease (1987: 111). This view he left in 1990 with the statement:

[1] For a better time overview the individual essays are quoted separately in the above given list of literature.

"If we wish to discover difference between health and disease we must understand that disease can not be defined as an **contrast** to health and this can not be further defined on basis of some standard values." (1990: 160). Our wish is not to prepare here a disquisition if opposite means the same as contrast; it was done competently by Lloyd (1996, quoted by Marková, in print). For our need we can start with presumption that the both terms mean opposites. In 1990 Gadamer closed with "We have to ask what disease really is and where it is localized in a **continuum** which is anchored on one side with a flexibility used in handling our daily tasks and on the other side with what happens when we drop out our normal formula. Difference between health and disease is pragmatic and the only person who can enter it is a real person that feels ill, the person who can not more handle every day life demands and **decides** to visit a physician." (1990b: 162, emphasized by Šolcová.) In this modified interpretation, equilibrium is represented by flexibility.

Views on health

In the following text we present views on health by their stepwise appearance in the anthology. Those views are not made from the same level. In our discussion we try the different views to designate and slightly to sort them:

1. Health is a part of a being in his/her completeness (a whole of being). Disease (as a particular item) goes against this whole, it is confronted with this whole and it is an opposite of it.

2. Health as nature: It is simply health what results from application of art of healing i.e. **nature** itself (1965, p. 34).

3. The mostly represented Gadamer's view: Health is connected with a vision of **equilibrium**.. Health can be characterized as "natural equilibrium" (1965: 34). In this connection, disease represents a fall from self-keeping equilibrium to the state of disbalance. Disease is a loss of equilibrium, which deforms other equilibria. (1963: 58). For a patient, disease is an absence[2] of something (1963: 52).

Gadamer pointed out that equilibrium had been an important institution already in Hippocrates works. Equilibrium is not the only natural condition of health. Equilibrium is also an institution which helps us to understand nature as entity that holds to its

[2] By Gadamer a patient "perceives his/her disease as an absence of something" (1963: 52). I consider this opinion to be a polemical one; the patient takes his/her disease as an extra addition. Here Gadamer was influenced by language; in German (and formerly also often in Czech) physician asks his patient what is him missing (also the patient can formulate his question for his physician similarly. More frequently in our country we hear the physician's question: What brings you in? – or influenced by English: How can I help you? By Gadamer the identification of patient problems is connected with an idea of equilibrium restoring. It seems to be disputable; by my opinion the patient looks for his/her physician to quit himself of disease. However, in his later speculation (1987) Gadamer concluded that disease imposes itself on us as something threatening and disruptive and we make an effort to get rid of it.

own order or course and makes it in and of itself (1965). Health is equilibrium granted by nature.

In 80ies of the last century Gadamer elaborated the original concept of the equilibrium by using the term adequacy (1989:133). He picked up the treads of the ancient Greek philosophy, namely two different kinds of measurement by Plato: the first measurement is made from outside of an object (metron). The second one is a measure that must be found in the object itself (metrion). In German it is das Amgessene, in Czech probably přiměřené, in English appropriate or fitting. To be appropriate – it is linked with the inner measure which is suitable for a self-keeping live being. Equilibrium is "appropriate". For health is characteristic that it keeps its own suitable equilibrium and proportion.

By Gadamer each disorder of equilibrium, a trouble, an infection, is understood as a symptom saying that the appropriateness (equilibrium) must be established again (1989: 137).

4. Disease as a loss of health, loss of undisturbed freedom, includes always also an exclusion from life (1963). So health is **freedom** (of activities) and **integration into life, a place in the world.** It is a state of integration into the surrounding world ,"being in this world, being in this world with other human beings, a state of an active and rewarding participation in everyday duties (1991: 113). Disease is a state of social disruption." (1987).

5. Disease, the loss of equilibrium, is not only medical but also historical (in frame of an individual life) process. When a person is sick, he/she is not identical with the corresponding previous person. He/she "fell out" from everyday matters, from his/her place in the world. (1965). Health as a **part of identity**.

6. In Gadamer's essays, health is demonstrated as a state of **inner accord (harmony with oneself),** which can not be cancelled or overridden by another external control form (1987). Health can be understood as an astonishing example of a strong but hidden **harmony**. When we enjoy good health we are completely absorbed by our activities[3]. It happens in accord with our natural and social environment (1989). In fact we **enjoy** health in this way as a state of harmony or an appropriate state of internal measure. (1990).

In experiences **appropriateness** is **manifested** as harmony. By contrast, disease is taken as a failure of harmonic interplay between feelings of personal well-being and capacity to be engaged in our world (1990: 99).

[3] It seems that here Gadamer anticipated the term *flow*, which is – mainly in literature connected with positive psychology – frequently discussed. It means a full immersion, engagement in a certain activity being performed. (Csikszentmihalyi, 1990). The content sense meaning of the word *engagement* is near; however its meaning is limited for working effort or working activities (Bakker, Demerouti, Schaufeli, 2005). Here Gadamer prefers the term *adequacy*.

7. Health is manifested in general feeling of **personal well-being**[4]. It appears mostly when we - in our feeling of personal well-being - are open to new things, are ready to start new business, without considering demands made on us (1987).

Attempt to summarize

Each theory is being developed and also Gadamer's view has been changed in the course of years. The slightly mechanistic view of 60ies, which considered health as **equilibrium given us by nature and kept in us by nature** has been changed in 90ies to the view of health – disease as a **moment of choice or decision** made by a man who feels that he does not meet needs of everyday life. Here Gadamer approached modern concept of subjective health that is in high measure enjoyed by handicapped and chronically ill people[5]. Elaboration of this concept started in 90ies of the last century.

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[4] Among contemporary terms often used in connection with health we find the term well-being which belongs to Gadamer's interpretation. He has not worked with the term quality of life. He says it can only characterize something that was lost in meantime (1987).
Well-being is one of terms and phenomena whose primary disposition is rather psychological but it is reaching many other branches of social and natural sciences (philosophy, sociology, pedagogy, medicine and all its subdisciplines) and is used in common language, too. Denotatively it is explained mostly periphrastically, in relation to other similar terms: in Anglo-Saxon terminology it is mostly related to "satisfaction", also "welfare", "pleasure", "prosperity" or "happiness", often in relation to health, the substantive "health", or various collocations "state of being healthy" (Oxford Advanced Learner's Dictionary, 1995; Merriam-Webster, 1992; Random House Webster's College Dictionary, 1991).
We can see a tendency to confusion and substitution of the terms well-being and happiness not only in common and technical Czech but also in literature sources from abroad. E.g. W. D. Ross (1947) translated Nicomachean Ethics by Aristotle to English and used happiness for the term eudaimonía. However, by N. Bradburn (1969), W. D. Ross used the term well-being for eudaimonía in his other work on Aristotle (1949), which he considered to be more suitable and "neutral".

[5] Subjective health is a generally used indicator of an individual health state. Predictive strength of this indicator for using medical care and especially for mortality was demonstrated in many prospective studies.
The reason for such a broad using of subjective health in research works is not only simplicity of monitoring this indicator. A human has remarkably high ability to use internal and external information for evaluation of his own health. Results of many studies show that the subjective view of an individual is irreplaceable, also in connection with health. It can be seen that a simple answer to the question How are you? can reflect some aspects of health status that can not be registered by other measures. Physiological measurement can not catch subjective dimension of health, e.g. because they can not catch dimension of health as a value. To be healthy, to be well – it means more than only a good working organism.
Subjective health represents a broader evaluation; besides symptoms and their functional consequences it comprises also positive aspects of health – condition, health supporting behaviour and personal well-being.
However, it is difficult to recognize what aspects are reflected. When people evaluate their own health they say not only how they feel themselves but also inner experience with their individual egos. By evaluation of own health, people evaluate not only physical state but also their emotional, social and spiritual personal well-being.

Health is a multilevel term. It is not surprising that philosophical interpretation of health has discovered a lot of levels, aspects or layers. Further, we would like to make an attempt of categorizing those views on health–disease, with keeping various levels of abstraction that Gadamer used in his works:

Philosophy level: health means **responsibility** which implies a broader responsibility for common values, nature, civilization.

Phenomena level: health is a primary **manifestation of existence**, flow of life whose inflow and outflow are accompanying our true feeling of existence.

Level of terms: (health as) **opposite of disease versus continuum**

Methodology level: Disease can be measured; its norms can be defined; it can be described by scientific methods. Health defies objective scientific methods of measurement.

Being level: health is a **part of a being as a whole,** comprehensiveness, fullness

Disposition versus present level: at disposition level we are equipped with health; disease can appear at a present level.

Organism level: **equilibrium**, life rhythm, permanent process, nature itself, **appropriateness**

Experience level: **well-being, harmony**, internal accord – absorption by our doing

Ego level: a part of **identity** versus a loss of a part of identity (disease)

Social level: **freedom** (to activities), integration in life, **integration versus disintegration**

Conclusion

Gadamer has paid his attention to health problems for more that 30 years. Probably better than from position of another discipline dealing with health, he successfully captured from the position of philosophy how health is sealed into different structures, levels and layers of a human being. His view has been consistent and relatively unchanged for 30 years, in 90ies of 20th century a development could be registered, to perception of health as individual choice.

It has been shown that an individual can experience personal well-being on deeper level of his/her ego – even if he/she is ill or handicapped. Therefore even very seriously ill people can evaluate own health positively and this phenomenon is evidently not a consequence of negation or disaffirmation of a painful (Šolcová, Kebza, 2006).

Literature

ARISTOTELES *Etika Nikomachova*. Praha: nakl. Jan Laichter, 1937.

ARISTOTLE Nicomachean ethics. Translated by W. D. Ross. In Mckeon, R. (Ed.) *Introduction to Aristotle*. New York, Modern Library, 1947.

BAKKER, A. B.; DEMEROUTI, E.; SCHAUFELI, W. B. The crossover of burnout and work engagement among working couples. *Human Relations* 2005, 58, s. 661–689.

BRADBURN, N. M. *The structure of psychological well-being*. Chicago: Aldine Publishing Copany, 1969.

CSIKSZENTMIHALYI, M. Flow: *The Psychology of Optimal Experience*. New York: Harper and Row, 1990.

GADAMER, H.-G. The problem of inteligence (1963). In GADAMER, H.-G. *The Enigma of Health. The Art of Healing in a Scientific Age*. Cambridge: Polity Press, 1996.

GADAMER, H.-G. Apologia for the art of healing (1965). In GADAMER, H.-G. *The Enigma of Health. The Art of Healing in a Scientific Age*. Cambridge: Polity Press 1996.

GADAMER, H.-G. Theory, Technology, Praxi (1972). In GADAMER, H.-G. *The Enigma of Health. The Art of Healing in a Scientific Age*. Cambridge: Polity Press 1996.

GADAMER, H.-G. The experience of death (1983). In GADAMER, H.-G. *The Enigma of Health. The Art of Healing in a Scientific Age*. Cambridge: Polity Press 1996.

GADAMER, H.-G. Authority nad critical freedom (1983) In GADAMER, H.-G. *The Enigma of Health. The Art of Healing in a Scientific Age*. Cambridge: Polity Press 1996.

GADAMER, H.-G. Life and soul (1986). In GADAMER, H.-G. *The Enigma of Health. The Art of Healing in a Scientific Age*. Cambridge: Polity Press 1996.

GADAMER, H.-G. Bodily experience and objectification (1986). In GADAMER, H.-G. *The Enigma of Health. The Art of Healing in a Scientific Age*. Cambridge: Polity Press 1996.

GADAMER, H.-G. Between nature and art (1987). In GADAMER, H.-G. *The Enigma of Health. The Art of Healing in a Scientific Age*. Cambridge: Polity Press 1996.

GADAMER, H.-G. Treatment and dialogue (1989) In GADAMER, H.-G. *The Enigma of Health. The Art of Healing in a Scientific Age*. Cambridge: Polity Press 1996.

GADAMER, H.-G. Hermeneutics and psychiatry (1989). In GADAMER, H.-G. *The Enigma of Health. The Art of Healing in a Scientific Age*. Cambridge: Polity Press 1996.

GADAMER, H.-G. Philosophy and practical medicíně (1990a). In GADAMER, H.-G. *The Enigma of Health. The Art of Healing in a Scientific Age*. Cambridge: Polity Press 1996.

GADAMER, H.-G. Anxiety and anxieties (1990b). In GADAMER, H.-G. *The Enigma of Health. The Art of Healing in a Scientific Age*. Cambridge: Polity Press 1996.

GADAMER, H.-G. (1991): On the enigmatic character of health (1991). In GADAMER, H.-G. *The Enigma of Health. The Art of Healing in a Scientific Age*. Cambridge: Polity Press 1996.
GADAMER, H.-G. *The Enigma of Health. The Art of Healing in a Scientific Age*. Cambridge: Polity Press 1996.
LLOYD, G. E. R. *Polarity and Analogy: Two types of argumentation in early Greek thought.* Cambridge: Cambridge University Press, 1966.
MARKOVÁ, I. *Dialogika a sociální reprezentace*. Praha, Academia. (v tisku)
Merriam-Webster Dictionary of Synonyms and Antonyms. Springfield, Massachusetts: Merrian-Webster, Inc., 1992.
Oxford Avanced Learner's Dictionary. Fifth edition. Oxford University Press, 1995.
Random House Webster's College Dictionary : *Glencoe edition.* New York: Random House Inc., 1991.
ROSS, W. D. (1949): Aristotle. London, Methuen (5th ed.).
ŠOLCOVÁ, I.; KEBZA, V. Subjektivní zdraví: současný stav poznatků a výsledky dvou českých studií. Československá psychologie 2006, 50, s. 1–15.

ZDRAVÍ Z POHLEDU FILOSOFIE H.-G. GADAMERA

Souhrn: Stať se snaží postihnout, jak H.-G. Gadamer chápe zdraví a jak se jeho pohled na zdraví event. mění v průběhu bezmála 30 let, po který poutal jeho pozornost. V pojmu zdraví Gadamer objevuje řadu rovin, aspektů či vrstev. Stať se pokouší o jakousi kategorizaci těchto pohledů na zdraví - nemoc a zachovat přitom různé úrovně abstrakce, na kterých Gadamer zdraví uchopuje.

Klíčová slova: zdraví, nemoc, přiměřenost, equilibrum, rovnováha, duševní pohoda

IMPORTANCE OF ETHICS IN TEACHING CURRICULA

Marta GLUCHMANOVÁ

Abstract: *Besides a lot of positives, after the year 1989 the dynamic development of our society has brought also some negative features to our life – here we can mention new ethical and moral problems of all society inclusive education and the teacher profession. Ethical and moral problems concerning children and teenagers appear more and more in schools and in out-of school environment and their solution can be hardly successful without integration of such problems and their solution to the context of the whole society. School environment is not an isolated space that eliminates problems of all society – on the contrary, all society events and social climate are demonstrated by ethical and moral problems in school institutions. For this reason I consider ethics in teaching to be an important part of education curricula of future teachers; this subject could help in solution, reduction or elimination of negative effects mentioned above.*

Kľúčové slová: *ethics in teaching curricula, norms of teacher profession, undergraduate and further training of teachers*

Ethics of teaching for solution of ethical and moral problems

In the present time a decline of moral values, intolerance, increasing trend of aggressiveness and violence, vandalism and other negative phenomena are discussed in connection with Slovak school system (and not only with that). The topic "crisis of school system and education" is broadly discussed. During their studies future pedagogical workers should be more focused on solution of ethical and moral problems connected with their profession, inclusive solution of negative effects that appear in teaching daily practice.[1] Increasing aggressiveness seems to be one of manifestations of globalization of human society (inclusive culture and interpersonal relations). Human-

[1] Urgency of this need is confirmed by the project realized at FF PU in Prešov dealing with practical fulfilment of pedagogical graduates and their reflection of pre-gradate preparation. Teachers of primary and secondary schools see the most complicated problems in work with problematic pupils, difficulties in mutual communication because they have not been prepared for solution of conflicts – educational problems. In their studies they were not prepared for mutual communication not only with problematic pupils but also with their parents, Romany pupils, problems connected with unemployed parents (Černotová, 2006: 52).

kind, our society, our school system and teachers come face to face with urgent need to find adequate answer for the problem of the early 21st century.

School should support intellectual freedom and tolerance, strive for creation of good forms cooperation between teachers and pupils, school representatives and parents. Magdaléna Spilková is of the same opinion; she emphasises that teacher should help pupils in strengthening pupils' moral and personal characters, not only by teaching principles but mainly by giving personal example. It is important that not only the teacher would be the evaluating person but also pupils would be substantially supported in possibility to evaluate what is good or bad, right or wrong (Spilková, 2004: 157–181).

Importance of ethics in teaching curricula

For the above mentioned reasons, in my contribution I would like emphasize need of implementation of ethics of teaching in the pre-graduate and the additional education of teachers; in this ethics education also a solution of problems of the teaching profession would be included, which is often only discussed now but only few actions are realized for its appropriate implementation into the teaching practice. In this contribution I would like to explain and substantiate importance and need of implementation of ethics of teaching into education of teachers. I would like to contribute to forming ethics of teaching as the sort of professional ethics belonging to applied ethics branches that have been intensively developed mainly in the 80ies of 20th century. I am of opinion that just in ethics of teaching there is a capacity (in interdisciplinary cooperation with other disciplines – philosophy, pedagogy, psychology and probably also sociology) to improve readiness of teachers for solution of new educational (and often also moral) problems that are connected with the teaching profession in contemporary conditions. Ethics in teaching is in a starting position in our country (both its theoretical and practical aspects) and it is often marked by "misusing" of ethics in titles and terms that can "hidden" various very different items that are connected with real ethics and morality only slightly. In a broader context the subject of ethics education could be such example; this subject is taught at primary and secondary schools (Gluchman, 1996: 419–421). Solution of education problems is often reduced to existence of a code in the teaching profession.[2]

With start of democracy many ethical and moral problems seem to appear more often; they need solution and must not be ignored because neglecting could have great consequences. By my opinion ethics of teaching is necessary as a subject included in education of teachers which enables them to identify properly problems of their profession and find possible ways of solution of moral problems. Other reason for ethics of teaching is to bring teachers to knowledge how to teach pupil to evaluate their own behaviour, to distinguish good or bad manners, right or wrong behaviour etc. Pupils

[2] Also other authors give notice to a need of the ethical code for teachers and responsibility for its fulfilment in education of future teachers (Černotová, 2006: 187–188; Kosová, 2006: 4). Paradoxically Martin Žilínek presents ethical codes of the pedagogical profession in his book Étos a utváranie mravnej identity osobnosti (1997); however it is only translation of the ethical codes of American organization of teachers National Education Association, transferred by Žilínek from Luknič (Žilínek, 1997: 201–203).

should recognize impact of their own deeds on other moral subject and consequences of their activities and behaviour. In this context Beáta Kosová stated that people not interested in a certain problem often criticise teachers' inability to solve newly developed problems of pupils that are caused by economic and social reasons and also by political decisions. By Kosová (2006: 2), in spite of very serious consequences, teachers feel unconcern and indifference from public, government and school representatives as for real problems (inclusive ethical and moral questions - as noted by M.G.).

The issue of the term 'ethics of teaching'

We can also state as a fact that ethics of teaching has been elaborated only minimally or such elaboration practically does not exist.[3] Therefore we see as urgent the need of existence of ethics in teaching and to make this subject visible in our milieu. In this consequence we can ask question whether faculties responsible for education of future teachers and their additional education emphasise awareness of own duties, possibilities of their own rights, responsibilities for their problems connected with the teaching profession, fulfilment of moral and ethical criteria in future and others. What scope and importance are given to education of ethics and moral issues of future teachers? In essence, our task is to prepare students, during their studies and then in practice, for responsible solution of moral and ethical issues, for making proper decisions, for considering impacts of deeds and behaviour – that concerns teachers, children, adults and other colleagues and moral subjects involved in education process.

Taking into account modern problems of education and upbringing, I suppose that it is necessary to consider ethics of teaching as an inevitable subject[4] in education of future teachers and their additional education; this subject would also solve problems of the teaching profession that are more and more discussed in the present time without firm fixing this profession and its sufficient support in Slovakia.

In this connection Černotová expressed a real fear that students learn only few facts or nothing about difficulties in development of teacher personality, what roles are they expected to play in teacher's life and work, what moral and ethical criteria should they fulfil, what consequences can be to expected by breaking those criteria and similar issues (Černotová, 2003: 181–184). The author also specifies that in Slovakia ethics of teaching as the educational subject is implemented only rarely, depending on personal possibilities of a particular faculty. She believes that a synthesizing discipline could exists in the curriculum of teachers´ education for achievement of all above given goals

[3] By searching in specialized journals I found that in Slovak conditions there are only few contributions to ethics of teaching problems, either translations from foreign language texts (Brezinka, Homplewicz) or those based on foreign titles; several of them bring interpretation of one of the mentioned authors (more Brezinka than Homplewicz). Also in Czech Republic the situation is not different. Philosophers and specialists in ethics have practically not dealt with these issues and among pedagogues ethics of teaching is not a frequent problem, many of them are lacking adequate philosophic education.

[4] Based on the survey of secondary school teachers Mila Darák found that "all teachers understand that ethics of teaching must be codified and its basic items should form ethical requirements for professional, personal and moral capability" (Darák, 2001: 354).

and tasks of the mentioned code of ethics for teachers, which would be included by the end of studies.[5]

Almost in daily practice we can meet acting of many moral subjects, that are not answerable and do not correspond e.g. with a principle of humanity. They produce tangible negative consequences resulting in pain, suffering, fear, sadness, humiliation. Here I see palpable negative impacts within all society that need to be seriously considered also by means of ethics of teaching and must not be omitted Many authors dealing with ethics of teaching put emphasis on well-being of pupils and students (Brezinka, 2002: 167). By my opinion, teachers must not be also omitted and their well-being and protection are to be considered, too. What protection does an employer ensure for a teacher? Does society consider also his well-being? I think, such questions also belong to ethics of teaching and they should be included also in the code of ethics for teachers.

In our discussion of education problems in the teaching profession, first of all we should identify ethical and moral aspects, i.e. bring moral subjects to a reflection and consideration, why deeds and behaviour of some individuals are right or wrong, what is good or bad. In this context also the ´gold rule´ could by used: "Do not do to others what you do not wish to be done to you". We know that negative acts have an impact on other people; they cause pain, sadness, depressive states, humiliation etc. Subjects participating in such acts must be brought to thinking about questions e.g.: Can I cause anybody a pain? What could be consequences of my behaviour? What can I improve? Do I behave well? Am I acting responsibly or humanely?

Ethics of teaching could give teachers suitable „tools" for solution of ethical and moral problems of their profession, also by means of various ethical theories (consequentialistic and deontological ethical theories, ethics of virtue, discursive ethics etc.) or by stimulating approaches that could motivate teachers to thinking of the problems and their solution in teaching practice.

Ethics of teaching investigates ethical and moral aspects of teachers´ work in the education process; it characterizes his/her position in the education system, also with his/her moral attitude in issues connecting ethics and morality with this profession. It is focused on moral characteristics of a teacher, his/her ability of ethical and moral thinking and making decisions, behaviour and actions, his/her ability to anticipate consequences of acting in relation to all relevant subjects and ability to take moral responsibility for own decisions and actions. Besides that, ethics of teaching examines personal, character and pedagogical-psychological characteristics that play important role in pedagogical activities of teachers, mainly in relation to pupils, students, in the

[5] In this connection Černotová comes with a proposal for Slovak and Czech pedagogical community to create, within grants and graduant works, drafts of contents, methods, forms of studies, didactic materials for a subject that could integrate philosophy, pedagogy, psychology, didactics of branches, training practice of students (Černotová, 2006: 187–188).
By Spilková, similarly in Czech Republic in 1998, primary school teachers answered the question "how are you satisfied with preparation of future teachers for teaching?" as follows: "...it is preparation of scientists, no teachers; there is a little focusing on problems of teaching at primary schools, on child psychology, mutual relationships pupil-teacher-parents" (Spilková, 2004: 236-239).

same measure to colleagues, superordinates and parents. Ethics of teaching works also with analysis of moral problems of teaching and tries to find solutions and give instruction for solution of real moral problems that can exist in daily practice of the teaching profession. It is also often resulting in formulation of codes of ethics for teachers, for the teaching profession.

Summary

Our considerations could be summarized as follows: *ethics of teaching is one of branch sorts of professional ethics and its subject is theoretic reflection of ethical and moral questions in the teaching profession (inclusive formulation of moral values, principles and norms of the teaching profession into the code of ethics for teachers); its part is also looking for answers or solutions of practical moral problems of the teaching profession. Basis of ethics of teaching is an interdisciplinary approach based on interaction of philosophy, ethics, pedagogy and psychology.*

For this reason, ethics of teaching should be implemented to curricula of future teachers and also to additional education of pedagogues; the role played by this ethics should be in solution and evaluation of particularly topical problems that appear in school and out-of-school environments.

On this base it would be suitable to consider – in cooperation with similar disciplines, namely pedagogy and psychology – arrangement of methodological materials for teachers that could serve as a guide in solution of ethical and moral problems of a similar type.

I suppose that this contribution could inspire you to discuss ethical and moral problems of the teaching profession and to contribute to development of ethics in teaching as a professional branch of ethics in Slovakia and also in Czech Republic, because our professionals (philosophers, pedagogues and other specialists) have fallen behind contemporary trends developed by specialists in over the world.

Literature:

BLÁHOVÁ, A. Morálny vplyv vzťahu učiteľ – žiak na účinnosť edukačného procesu. In *2. študentská vedecká konferencia*, 2006, Prešov: FFPU, s. 56–64.

BREZINKA, W. *Filozofické základy výchovy.* Praha: Zvon, 2002.

COLNERUD, G. Ethical Conflicts in Teaching. *Teaching and Teacher Education* 1997, 13, č. 6, s. 627–635.

ČERNOTOVÁ, M. a kol. *Uplatnenie absolventov učiteľstva v praxi a ich reflexia pregraduálnej prípravy.* Prešov: Grafotlač Prešov, 2006.

DARÁK, M. K niektorým problémom etiky učiteľskej profesie. In *Pedagogická profesia v kontexte aktuálnych spoločenských zmien*. Prešov: FHPV PU, 2001, s. 352- 356.

GLUCHMAN, V. Prečo byť mravný. Kontexty mravnej výchovy. *Pedagogická revue* 1996, 48, č. 9–10, s. 415–424.

GLUCHMAN, V. *Úvod do etiky.* Prešov: LIM, 2000.

GORDON, W.; SORK, T. J. Ethical issues and codes of ethics. Views of adult education practitioners in Canada and the United States. *Adult Education Quarterly* 2001, 51, č. 3, s. 202–218.
HOMPLEWICZ, J. Podpora a zavedenie pedagogickej etiky. *Pedagogická revue* 2001, 53, č. 1, s. 1–10.
HUSU, J. Constructing Ethical Representations From the Teacher's Pedagogical Practice: A Case of Prolonged Reflection. *Interchange* 2003, 34, č. 1, s. 1–21.
KOSOVÁ, B. Profesia a profesionalita učiteľa. In: *Pedagogická revue*, 2006, r. 58, č. 1, s. 1- 14.
ROSA, V. Učiteľ a jeho profesia – problémy a perspektívy. *Pedagogická revue* 2003, 55, č. 3, s. 216–230.
SPILKOVÁ, V. a kol. *Současné proměny vzdělávání učitelů.* Brno: Paido, 2004.
ŽILÍNEK, M. *Étos a utváranie mravnej identity osobnosti.* Bratislava: IRIS, 1997.

DÔLEŽITOSŤ UČITEĽSKEJ ETIKY V PROGRAMOCH ŠTÚDIA UČITEĽSTVA

Súhrn: Okrem mnohých pozitív priniesol dynamický rozvoj v našej spoločnosti po roku 1989 i niektoré negatívne stránky života, ku ktorým môžeme priradiť aj nové etické a morálne problémy v celej spoločnosti, vrátane výchovy a vzdelávania, či učiteľského povolania. Riešenie etických a morálnych problémov, ktoré sa v poslednej dobe čoraz častejšie rozmáhajú v školskom aj mimoškolskom prostredí u detí a dospievajúcej mládeže, môže byť len veľmi ťažko úspešné, ak nedôjde k ich riešeniu v celospoločenskom rámci. Škola nie je izolovaným priestorom, ktorej sa nedotýkajú problémy celej spoločnosti, ba práve naopak, celkové dianie a klíma v spoločnosti sa prejavuje v podobe etických a morálnych problémov v školských zariadeniach. Práve z toho dôvodu predpokladám dôležitosť učiteľskej etiky v programoch štúdia učiteľstva, kde by mohla prispieť aj k riešeniu, redukovaniu, či eliminácii spomínaných negatívnych javov.

Kľúčové slová: učiteľská etika, normy učiteľského povolania, pregraduálne a ďalšie vzdelávanie učiteľov

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SOCIABILITY IN CONTEXT OF HEALTH SUPPORT AT SCHOOL

Alice PROKOPOVÁ

Abstract: *Problems of support of healthy interpersonal relationships are closely connected with personal moral issues (the personal moral development) and pro-social behaviour (its facilitation). Biopsychosocial model of health has unquestionably also ethical dimension. In this contribution we discuss various concepts of moral development and some protective and risky pedagogical-psychological elements of the personal moral development; we also indicate possibilities how to support the very complicated way of a human to health – in sense of moral maturity and sociability. We mention the support of pro-social behaviour of children, too and its connection with prevention of bullying in child groups.*

Key words: *sociability, pro-social behaviour, personal moral, bullying prevention, "silent majority", conformance, moral development, various psychological concepts of sociability development, facilitation of pro-social behaviour of children, fair community at school.*

The terms **pro-social behaviour**, altruism and the like are not defined by all psychologists in the same way. By Nakonečný (1995: 105) *"pro-social behaviour (or ´helping behaviour´) is another concept from the motivation field of the social behaviour defined as altruism"*. Pro-social behaviour is a behaviour in favour of another person; it is often (but not always) connected with a personal sacrifice. **Sociability** can be defined as readiness for such behaviour. Here we give several examples for the term pro-social behaviour: e.g. E. Staub (1982) takes the pro-social behaviour as *behaviour which brings benefit to other people*, J. Reykowski (1978) describes the pro-social behaviour as *activity of an individual focused on protection, support or state improvement of an external social object (a person, a group or a social institution)*, N. Eisenberg (1986) defines the pro-social behaviour as *behaviour connected with activities that are developed with purpose to help or to assist another person or a group of persons, without a reward anticipated by a helping/assisting person*[1].

[1] There are a little bit difficulties with the request to not anticipate a reward because in psychological sense of the word the reward can be also a good feeling of a person connected with a given assistance; however, it is related with the question how identification with an object of assistance and the following positive experience motivate to the pro-social behaviour.

A specific type of the pro-social behaviour is **assistance for another person in need.** Here we can remind a real life story which was written to the history of social psychology. Public and psychology specialists were alerted and psychological research studies of the pro-social behaviour were started consequently: a person was provided with no assistance in situation of extreme need:

In March 1964 the New York Times front-page described a murder in one of New York's quarter: Kitty Genovese, a young barman, was to knifed to death by a man who had not know her and formerly killed two other women. This crime was horrifying because the crime action lasted half an hour. The murderer stabbed the victim, after several minutes he returned and stabbed her again, left and again returned to stab again. During this time the victim cried and called for help. 38 witnesses saw and heard her but nobody tried to protect her, did not help her, nobody intervened by calling the police (one of the observers called the police finally, when the victim was already dead) (by Hunt, 2000).

Psychologists started dealing with external and internal factors of motivation of the pro-social behaviour. Apparently incomprehensible behaviour of the people that wordlessly watched the violence being done to the defenceless individual – silent majority, the people that could be a decisive power in similar situations and could the whole inauspicious course reverse – it can be partially explained by such readiness to help another person, which has been influenced and substantially variable on facts of a certain situation, so it depends on external factors.[2]. E.g. it is decreased if other person are attended, which, in social psychology, can be explained by phenomenon of division of responsibility (or diffusion of responsibility): each of individuals feels to be less responsible in an acute, help-needed situation because anybody else bears the same part of responsibility for providing help.

In our contribution we follow internal (motivating) factor of the pro-social behaviour. Psychologists specialized in this subject (e.g. Eisenberg, Hoffmann, Staub, Reykowski, Karylowski etc.) agree that two principle motivation sources of the pro-social behaviour can be distinguished (without mutual conflict)[3]:

- One of those motivation sources is **personal moral**; here the motivation consists in acceptance of moral norms and values that support person's certitude concerning rightness of the pro-social behaviour.

[2] Unfortunately, situations of tragic disregard of observers and non-provision of assistance for a person in extreme need are not isolated also in our country; to the contrary, an alarming fact is an increasing number of those situations. Here we describe an incident that took place in Brno several years ago: three skinheads attacked a student who made remarks to their dull racist shouts. They stabbed and threw the heavy wounded student out of the bus at the bus station. Many people went with the bus in this time but nobody took either any action or left the bus to help the injured person.

[3] This differentiation has an interesting connection with a "male" and "female" interpretation of personal moral (see the next text).

- The second motivation source of the pro-social behaviour is **empathy** with needs of another person[4].

In the school environment the pro-sociability (or the pro-sociability level) is a powerful collective factor influencing healthy relationships among children; it is a necessary precondition of healthy actions in child groups and it can play a decisive role in prevention of some socio-pathological effects; it is also related to **bullying prevention**[5] .Socio-psychological constellation of the "the third force" is a significant moment in a group dynamic of bullying among children (e.g. besides personal characteristics of aggressors and victims or other factors), i.e. groups of children that are not either initiators or victims but they can influence the whole situation of the group in substantial, often decisive way. They can be the "silent majority" indifferently watching harassment of a classmate, or they can switch from urging to harassment to active cooperation; on the contrary, they can be a source of a healthy „immune" answer to bullying and an autorescue potential of an ill group. Pressure of pathological group norms of bullying is more effective in conditions of higher tendency to conformity, i.e. to a dependent, unfree behaviour. A conforming individual yields to the group violence more easily. Unfortunately in some classes, particularly with excessively autocratic style of supervision, this risky factor is directly fostered. In the group with developed bullying there is a risky constellation of attitude of individual pupils not only to bullying but mere generally to the violence against a weaker individual. Pupils seem to have no compassion[6] and no perception of classmate's suffering, but by the pathological norms of the group this deficit of empathy is taken as "normal". Prevailing conformity along with a low social pro-sociability of children is the risky factor of bullying in child groups, whereas the protective factor is prevailing autonomy with pro-sociability. This aspect plays a role in all phases of bullying development. Sufficiently autonomous individuals can obstruct continuing violence and, on the contrary, conformity of the majority decides indirectly "in silence" that social destruction can be deepened. From this point of view, the pro-sociability level of children in the class is of crucial importance. Implication in the field of bullying prevention is possibility to develop the prevention based on strategy of facilitation of pro-social behaviour of children and their moral development. In this respect for personal development of a person, his/her own internalized social experience

[4] J. Reykowski formulated and J. Karylowski confirmed the hypothesis by that the readiness of a subject to assist other person is higher if the person is perceived as a similar one to the subject. E.g. Karylowski (1973) found the girls more active in assistance for those girls-colleagues that are of similar opinion (in: Nakonečný, 1993: 224).

[5] Given links are adequately general and can be applied to almost any form of asymmetric aggression (i.e. simplifiedly - „aggression of a strong subject against a weak one")

[6] Here certainly socio-cultural connections play a role, e.g. influence of media. "*TV, PC games, printed materials etc. overstuff children and youth with violence. Compassion, suffering and conscience are not shown believably in major part of the offered production* (Kolář, 1997: 66)". This influence, which also includes dangerous identification of masculinity with aggressiveness and readiness to use violence, is really also significant but we do not discuss it here because of the above given topic of this article (even if risky factors of this sort would be worthy of detailed disquisition).

is decisive, obtained in institutions that influence him/her or groups he/she is living in. Of course, the most significant group is the family. Without any doubt the school also plays the key role and for a pupil the class is very important group from viewpoint of social learning. Just at school the pupil can "learn" that assistance for other people has a sense (double quotes should here indicate that we emphasize not only intentional but also unintentional learning), particularly the assistance for those in need, e.g. the weaker or "different" persons etc., that cooperation can bring pleasure, different persons can have different opinions without loss of mutual respect, it is possible to learn that a real dialog should be preferred to a power fight of monologs etc. On the other hand, they can also obtain experience that the assistance does not pay, that strong individuals can harm the weaker persons without punishment, that different opinions on the same thing can be challenge for a fight, not for a dialog, that it is better to be in good relationships with powerful individuals and "when in Rome do as the Romans do", that cooperation has no purpose because a decisive fact is to succeed in competition and to be better than the others. Humans have dispositions to pro-social actions but in ontogenesis the development of this disposition is considerably problematic (analogically to the personal moral development). For this point of view, i.e. in the context with development of dispositions in interaction with environment, the moral development is the most variable, so pedagogically-psychologically the most problematic one (sure more than the physical or cognitive development).

Psychologists take moral norms and values as more or less learned structures; of course, it is not appropriate to consider heredity in this connection[7]. Social norms, ethical principles, laws, value systems are passed to the child directly, by intentional educational activities, and unintentionally – by indirect impact of child's social environment. The child is internalizing them by means of parents (they are the most important social models) and other significant key persons in the broad family, further by means of teachers, coeval groups and later on by means of more general socio-cultural influences (inclusive mass media). Very important issue (which is more or less still open) is, **what way is used for realization of the moral development**; this question has certainly a pedagogical dimension because it implicitly comprises also the issue of pro-sociability supporting factors. Naturally, there are several concepts of the personal moral development.

One of the first important psychological answer to this issue was contained in the **Freud's** structural *theory* (presented by Freud in his work Ego and Id in 1923), in his theoretical scheme dividing the mental apparatus in Id, Ego and Superego[8]. **Superego** is (in Freud's psychoanalytical concept) a mental instance which represents social norms, prohibitions and commands internalized by an individual. Child's moral attitudes result just from this instance, namely by internalization of moral norms that are impressed firstly by parents, later on by the other persons important for the child.

[7] May be, with exception of the so called social heredity which is discussed in connection with phenomenon of transgeneration transfer of certain formulas of behaviour, attitudes, values, norms etc. Here it is taken more in a figurative meaning, no heredity in the literal sense of word.

[8] As a matter of interest we would like to mention that by Freud the predecessor of the term Superego is the term Ego-Ideal. The term Superego is a result of polemics between Freud and Alfred Adler, Freud's follower.

Superego is formed in a long and complicated process which begins in the so called phallic (or oedipal) periods in Freud's periodization of the mental development of the child (approximately from the age of 4 years); only in this period of the child life the proper conditions exist for existence of the internalization process in cognitive development. The internalized objects (and later on also others) become a permanent part of the child mind, with their norms, values, wishes and imperatives. Consequently the child, after going in an action beyond the limits of the internalized norms, is "reproved" by the Superego internal voice and the child **feels guilty** about it. Therefore constitution of Superego instantion is a significant milestone in the moral development of an individual and his/her socialization in general, because, on the contrary to the previous period, the individual's actions are not determined only "from the outside", i.e. by direct influence of the presented parent, but he/she start to regulate his/her actions "from the inside ". *"Superego is, in point of fact, a small private universe reflecting the ethics and moral of the world in each of individuals* (Černoušek, 1996: 101)". The term Superego still exists in the psychoanalytical vocabulary[9]; it is not used by the psychologists dealing with the individual's moral development, who are not oriented to psychoanalysis, in spite of it it is a base of the very useful model which can demonstrate a process that can be called as the development of the sense of moral. For that matter **the interiorization principle** is **not missing in any of the following significant concepts of the moral development**. The way to "the moral law in us" has its evolutional regularities and it can be characterized simplifiedly as the interiorization process of „the moral outside us". To the inspiring Freud's model[10] we would like to remark that Superego is a complex of two parts, namely the part of *conscience*, which represents the punishing parental function and can evoke feelings of guilt in the individual by incorrect actions, and the part *Ego-Ideal*, which, on the contrary, gives feelings of satisfaction of the „well" behaved child. In this way, Ego-Ideal can mediate the child's conception of his/her own image. Hence Superego contains not only protections of a "bad" behaviour and various restrictions ordered by parents and other important authorities but also rewards and commendations for a "good" behaviour because Ego-Ideal represents the rewarding and commending parental function. Also the pedagogical aspect of this concept is important. In brief, Superego can bring inadequate experience of guilt, insufficiency and disturbed self-interpretation, which can be psychological reason of prevailing depressive experiences. Those mental problems can result in neurotic troubles. On the contrary, if Superego is developed insufficiently, an individual may not be able to feel guilty even in serious moral offences. In psychopathology we can find the utmost variant of this possibility among some personality disorders. No wonder that among impulses for pedagogy coming from psychoanalysis there is also warning, which probably seems obvious today, namely warning against harmfulness of extreme educational styles and in parallel also an implicit request of self-reflection of those persons dealing with education of children (not only parents, but also teachers, instructors, etc.).

[9] Besides that, it became "popular", similarly as other psychoanalytical terms, i.e. it passed the border of professional terminology and penetrated into the common language.

[10] Freud's model of three mental systems we see as a very inspiring one (however obsolete), also in the present time if we take it as an excellent metaphor enriching psychological thinking.

Jean Piaget, a well known Swiss developmental psychologist, is the author of probably the most known concept of the moral development coming from intensive studies of child's thinking. His most important contribution to developmental psychology was a phenomenological attitude to studies of the child development; he tried to understand the child world from the child's point of view. In 1932 he issued the still-inspiring work "The Moral Judgment of the Child"[11]. Piaget's concept of the child moral development was initially based on interviews and observation of about 100 children of pre-school and school age. The children were asked for their comprehension of rules for playing marbles [12] and they were observed directly by the play (not only by playing marbles but also by other plays):"*We took notice about analysis of collective plays of children, when they are bounded by the fair- play conscience* (Piaget, 1932: VII)". Besides that, Piaget prepared short stories to the children, where he stimulated situations for considering justice, punishment, authority and moral offences, e.g. lie, thefts, "disobedience" etc. (moral dilemmas for those children). Children responded to such stories, that seemed to be ridiculous and trivial for adults, but from child reactions an observer could learn many details about the child's considerations. By means of responds to those stories (mainly by substantiations of child answers) and by the child's understanding of the sense of those stories, the child conception of punishment, guilty, justice and personal moral features can be evaluated. Piaget found two types of the moral, qualitatively different; based on this finding he distinguished two stages of the child moral development[13]. By J. Piaget the stage of the moral development of an individual is determined by a degree of internalization of social norms and values and dependence on external control of behaviour. In this sense, the development takes a fairly long time. The development of conscience is a life long process. We would like to quote here the quite clear and also critical expression of autonomous moral by Piaget: "*Considering our present pedagogical system, we can claim that ´a good boy´ has all preconditions to be the same in his whole life, while ´virtuous sheep´ grow into a narrow-minded persons that prefer moralism to humanity.* " (Piaget, 1932, In Heidbrink, 1997: 65)

Piaget conception has continued in works of **Lawrence Kohlberg**, an American psychologist. From 50ies of the last century he has elaborated the stages of the moral

[11] "Le jugement moral chez l´enfant"; unfortunately, the work was not translated to Czech.

[12] For analysis of child moral and development of awareness of rules Piaget intentionally uses the system of rules which was created by the children themselves, namely the rules of playing marbles.

[13] Heteronomous stadium (**heteronomous moral**) can be specified by child behaviour that depends on an external control, reward or punishment. Heteronomous moral comes from pressure of adults. Child behaviour is determined by the others, by commands, restrictions and prohibitions given by adults, mainly by parents or other key persons in the family, teachers, etc. Actions (own and those of other people) are evaluated by the child according to statements of the adults – as permitted (approved) or prohibited, punished manners. Later on (at the beginning of the school age) the moral development is changed qualitatively – the heteronomous moral is changed to the **autonomous moral** (its rudiments, i.e. the first demonstrations of the autonomous moral can appear in pre-school age); this stage of the moral development is indicated as the autonomous one. The child evaluates a certain actions as proper or improper manners, without adult authority and is identified with behaviour norms to that extent that behaves according them without any external control.

consideration in connection with development of cognitive structures and extrapolated Piaget's conclusions to the period of adolescence and adult age. Individual stages of the moral development express specific relations of individuals to norms and consequent behaviour. In construction of the individual stages of the moral development Kohlberg initially worked with behaviour of a human in an inner conflict situation. Therefore he presented moral dilemmas in the form of short stories to investigated persons and based on their answers (about their behaviour in a certain situation and possible reason of that behaviour) he formulate three main stages of the moral development (pre-conventional, conventional, post-conventional)[14], with two partial levels in each of the stages. The answers were classified in the corresponding stage of development according to the reason giving way for a certain type of behaviour in a certain situation. Here the moral development stage is deduced from motives of actions. In a simplified way we can say that those motives are successively: at first the own need satisfaction, then the respect for social roles and finally the congruence of behaviour and personal conscience/accepted principles (e.g. respect for life)[15]. In this connection it is necessary to emphasize that the moral development can be problematic, from the viewpoint of precondition that in a certain age it can reach a certain stage. In the moral development people can stagnate at a level corresponding to the child age, similarly to the situation when many people do not reach the level of formal operations in the cognitive development. The **pre-conventional** stage corresponds e.g. with the moral development of some criminal recidivists, "*who are not in the least able to respect common social norms and must be punished repeatedly to avoid such behaviour"* (Vágnerová, 1997: 192).

- Stagnation in the c**onventional** stage of the moral development can be described as the moral of "an obedient child" or "a good citizen" complying with norms, keeping commands of authorities etc. without considering their contents. It can lead to an extreme consequences if this moral type serves as "a good cog in a wheel" of a totalitarian system[16], especially if commonly valid values and ethical principles are in dramatic disharmony with the norms and values preferred in a certain society. To illustrate this extreme, we here describe one of the most known "cog in a wheel" of the Nazi system:
  "Eichmann was not a demon or a monster but a caricature of his times, a strange product of the perverse regime. Probably he really and frankly believed that his deal was "to solve Jewish problem"; he had a well-developed sense of duty, order and discipline. In spite of his crimes he was not tried as a psychopathic, ruthless, cruel murdered but as a sedulous bureaucrat whose worst vice was conformity; he, committed for the Israel trial, behaved in the same manner as in the Nazi regime. He did not show any mark of a strong ideological belief or any wickedness. During the trial the only significant characteristic of his behaviour

[14] Kohlberg's stages of the moral development are known to such extent that we consider this short description to be sufficient.

[15] The basic moment of development is here the same as by Piaget: interiorization of social norms brings consequently change in motivation of their fulfilment.

[16] Totalitarian system and conventional type of moral are two sides of the same coin, mutually supporting each other.

was something absolutely negative: it was not ignorance but absolute absence of thinking. He was completely helpless if he was short on his proved routine procedures and his examinations looked as a horror, a morbid comedy because of his language full of cliché and phrases (Arendtová, Praha 1995,p. 399)".

- **Post-conventional stage** of the moral development is reached only by a part of adults, by Kohlberg's research (In Langmeier, 1991) e.g. about 25 % of adult Americans.

The concept presented by Kohlberg did not avoid criticism (similarly as Piaget's concept). Problematic relation of the moral consideration and the moral (real) acting was disputed[17]. Several psychologists considered Kohlberg's concept to be "*a cold, dehumanized and rather separated from life diversity and subject experience* (Kotásková, 1987: 54)"; then many authors specialized in this field were led to **orientation to the principles of altruism generally and specifically to issues of the pro-social behaviour,** to the factors influencing assistance for others, support of weaker subjects, generosity, cooperation ability etc. This concept was also criticised for enormous orientation to men (or boys) and for non-respecting of the alternative woman way of the moral consideration which put far more accent on taking care of others[18]. For all that, still today the Kohlberg's theory represents not only a valuable base of methods to diagnose the moral development but also a contributing stimulant in pedagogical practice. Majority of professionals agree that this theory is, without dispute, a suitable base for authors of **programs of moral education for children** (Fontana, 1997).

One of critical reservation about Kohlberg's method for tracing the moral development levels of children has concerned themes and contents of the stories submitted as dilemmas. The stories usually produced mostly unpleasant matters: thefts, ill-usage, punishments etc. Then responses of children put a false picture of the child consideration level when substantiating the "good behaviour", especially the helping, pro-social behaviour. **Eisenberg** (1986) used the stories with another sort of dilemmas (with more accent on help, motivation to the helping behaviour and similar). Based on responds of children she formulated a construction of five stages of pro-social consideration of

[17] Relation between moral consideration and moral acting is problematic, of course – Kohlberg himself recognized it, too. He insisted on indication of research results by that the correlation exists between the stage of moral consideration and real behaviour (Hunt, 2000).

[18] **Carol Gilligan**, the Kohlberg's co-worker and colleague, criticises his theory for a small perceptiveness of differences between male and female moral considerations; by Gilligan, Kohlberg's "moral of justice" does not sufficiently respect specific female elements of moral consideration. Women react to moral dilemmas more within "moral of care and interest in other people" by emphasizing personal relationships and care for another human and so they are weakened in Kohlberg's concept in comparison with men who are referring to abstract ethical principles, e.g. justice, fairness etc. By Gilligan the woman speaks in „different voice". Her mostly known work "*In a Different Voice*" was published in 1982 in London). However, Gilligan does not put this "female moral" above the male one, she considers the both morals to be equal in structure; moreover the both modes exist in the major part of people in consideration of moral problems (Čermák, 1991).

children whose general line corresponds, to a certain extent, with those of Kohlberg (Fontana, 1997: 237):

1. Hedonistic, egocentric orientation (of preschool children and some younger school children). By decision-making on aid the children are guided by expected consequences for themselves, not by consideration for the others.
2. Orientation focused on needs (some preschool children and the major part of children at 1st grade of elementary school). Consideration for other children is expressed but there are not many reflections on necessary actions, not many evidences of internalized values.
3. Orientation focused on approval and interpersonal relationships or stereotypic orientation (some children at 1st grade and some older children). The children help others because it is expected from them, because it is a social convention or they can gain in popularity.

4a. Self-reflecting empathic orientation (some pupils at 2nd grade and some pupils at secondary schools). Manifestations of compassion and acceptance of the role of the assisting person.

4b. Transitive level (some pupils at 2nd grade of primary schools, some pupils at secondary schools and some adults). Here the assistance to others is based on internalized norms, on individual's self-evaluation in this context.

5. Strongly internalized norms (rarely pupils at 2nd grade, some pupils at secondary schools and some adults). The assistance is based on strongly internalized norms and values (e.g. self-respect, responsibility, dignity, assistance as a values itself).

The link between moral maturity and pro-sociability was checked empirically; here we would like to remind some important results: Eisenberg proved in several experiments that children and adolescents who show a mature moral consideration (in sense of Kohlberg's theory) manifest higher measure of helping behaviour than their coevals whose moral consideration corresponds to the lower development stage. Further, it was proved that adults at the higher moral development stages assisted people in need evidently more than the others, **also in the case if the helping activity conflicted with instructions of a person in position of authority** (this "disobedience" can be interpreted quite easily as a manifestation of a higher moral autonomy). In additional research a significant connection of the higher level of the moral maturity (by Kohlberg) was found with cooperativeness, willingness to help, willingness to share, readiness to protect a potential victim from injustice. Also a significant connection was confirmed between pro-sociability and the moral maturity by Piaget. Based on these facts, Eisenberg concluded that the moral maturity stage is a statistically significant, strong predictor of the pro-social behaviour (which likewise corresponds with the fact that moral is a motivating source of pro-sociability).

In pedagogical level the basic significant issue is, **how the moral development** (the development of pro-sociability) **can be** supported, **facilitated in education**. Relatively high attention has been continuously paid to this issue. Majority of answers of this key question is focused on intentional educational procedures, based on one of theories of learning (e.g. pedagogical constructivism is very useful in this sense) or on one of psy-

choanalytical concepts. Basic pedagogical fundaments connected with pro-sociability are sensitivity to feelings and attitudes of the others, support of empathy, using induction and substantiation, child's possibility to play different roles in groups for supporting respect to the others, modelling of pro-sociability of facilitation situations and formation of competence to help another person – which are the educational practices respected by all theorists, cognitivists, supporters of the learning and socio-cognitivists, too. Intentional education procedures are very important in this sense; for the personal moral development also such experience is no less important which is obtained by a person acting in social groups playing a key role in his/her life. *"For the child the decisive influence is given by a real, everyday, repeating, unintentional, but surely authentic interaction among all members in the family. If there is a group where people can freely and frankly communicate their own feelings and wishes (authentic solidarity), then the child can develop more easily and individually the "autonomous" moral of higher type. The child is aware that his/her actions can have a good or a bad effects on the other people and that those people can subconsciously help or damage to him/her; in this way the child can more easily understand general moral principles. On the contrary, in communities without development of mutual empathy, where each community member is living for own benefit (lack of solidarity) or people only pretend understanding in communication, although their feelings are different (pseudo-empathy), the moral development can stagnate on the lower "heteronomous" stage* (Langmeier, 1983: 123)". For a child the school is a significant place of social learning, its first "agora" for learning democracy; here the child learns to share the school room with other children. Indirect but effective support of the moral development can be also creation of atmosphere of **understanding, tolerance, solidarity and fair community at school**.

Literature

ARENDTOVÁ, H. *Eichmann v Jeruzalémě. Zpráva o banalitě zla*. Praha 1995.

ARENDTOVÁ, H. *O násilí.* Praha 1995a.

ATKINSONOVÁ, R. L., ATKINSON, R. C., SMITH, E. E., BEM, D. J. *Psychologie*. Praha 1995.

BERTRAND, Y. *Soudobé teorie vzdělávání*. Praha 1998.

BESAG, V. *Bullies and victims in schools*. Philadelphia 1990.

CANGELOSI, J. S. *Strategie řízení třídy*. Praha 1994.

CVEKL, J. *Člověk v psychoanalytickém poli*. Praha 1969.

ČÁP, J. *Rozvoj osobnosti a způsob výchovy*. Praha 1996.

ČERMÁK, I. *Dětská agrese*. Brno 1998a.

ČERMÁK, I. *Dva psychologické přístupy k morálce*. Československá psychologie, 1991, č.3, s.240.

ČERMÁK, I. *Lidská agrese a její souvislosti*. Žďár nad Sázavou 1998.

DOLEJŠOVÁ, L.; PELCÁK, S.; VOSEČKOVÁ, A. Nedirektivní přístup ve výuce – nespecifická primární prevence. In *Sociální procesy a osobnost*. Brno 1998, s.38–40.

DRAPELA, J. *Přehled teorií osobnosti*. Praha 1997.

EISENBERG, N. *Altruistic Emotion, Cognition and Behavior.* Hillsdale 1986.

FROMM, E. *Strach ze svobody*. Praha 1995.
HAVESOVÁ, N. *Základy sociální psychologie*. Praha 1998.
HEIDBRINK, H. *Psychologie morálního vývoje.* Praha 1997.
HELUS, Z. Dítě jako východisko školské reformy. *Nezávislá revue pro výchovu a vzdělávání*, 1, 1991, č. 6, s.117-125.
HUNT, M. *Dějiny psychologie*. Praha 2000.
JEDLIČKA, R.; KOŤA, J. *Analýza a prevence sociálně patologických jevů u dětí a mládeže*. Praha 1998.
KOHLBERG, L. *Stages in the development of moral thought and action.* Chicago 1968.
KOHLBERG, L. The Psychology of Moral Development. Vol. II *Essays on Moral Development.* San Francisco 1984.
KOLÁŘ, M. *Bolest šikanování*. Praha 2001.
KOTÁSKOVÁ, J., VAJDA, I. Morální usuzování dětí mladšího školního věku. *Československá psychologie*, 1979, č. 4, s.264–279.
KOTÁSKOVÁ, J. *Socializace a morální vývoj dítěte*. Praha 1987.
LANGMEIER, J.; KREJČÍŘOVÁ, D. *Vývojová psychologie*. Praha 1998.
LANGMEIER, J. *Vývojová psychologie pro dětské lékaře.* Praha 1991.
MAREŠ, J.; KŘIVOHLAVÝ, J. *Sociální a pedagogická komunikace ve škole.* Praha 1990.
MAREŠ, M.; SLAVÍK, J.; SVATOŠ, T.; ŠVEC, V. *Učitelovo pojetí výuky.* Brno 1996.
MARLINOVÁ, O. Psychoanalytický rozbor totalitní mentality. *Československá psychologie*, 1992, č. 5, s. 432–440.
NAKONEČNÝ, M. *Sociální psychologie*. Praha 1999.
ODEN, S. *The Development of Social Competence in Children*. ERIC Digest 1987.
OLWEUS, D. *Aggression in the schools. Bullies and whipping boys.* Washington 1978.
PIAGET, J. *The moral judgement of the child.* New York 1932.
PROKOPOVÁ, A. *Osobnost učitele jako faktor facilitace prosociálnosti dětí – kauzální prevence šikanování v dětských skupinách.* Disertační práce. MU Brno 2000.
PROKOPOVÁ, A. Čtvrtý rozměr zdraví. In *Výchova ke zdraví II.* Vyd. 1. ČR Brno MU: Masarykova univerzita Pedagogická fakulta, 2006.
PŘÍHODA, V. *Ontogeneze lidské psychiky. Vývoj člověka do patnácti let.* Praha 1963.
REYKOWSKI, J. *Teoria osobówosci a zachowanie prospoleczne.* Warszawa 1978.
ŘÍČAN, P. Šikanování jako psychologický problém. *Československá psychologie*, 1993, č.3, s.208–217.
STAUB, E. *Entwicklung prosocialen Verhaltens.* Zur Psychologie der Mitmenschlichkeit. München 1982.
ŠEBEK, M. Posttotalitní identita – staré vnitřní objekty v nové sociální situaci. *Revue psychoanalytické psychoterapie*, 1, 1999, č.1, s. 8–9.
ŠIŠKOVÁ, T., ed. *Výchova k toleranci a proti rasismu.* Praha 1998.
VÁGNEROVÁ, M. *Vývojová psychologie I.* Praha 1996.
VÝROST, J.; SLAMĚNÍK, I. *Aplikovaná sociální psychologie.* Praha 1998.
WILSON, A. *Výchova k toleranci.* Pedagogická revue, 1991, č.5, s.363–367.
WINNICOTT, D. *Lidská přirozenost.* Praha 1998.
ZABOROWSKI, Z. *Sociální psychologie.* Praha 1965.

PROSOCIÁLNOST V KONTEXTU PODPORY ZDRAVÍ VE ŠKOLE

Souhrn: Problematika podpory zdravých vztahů mezi lidmi má hlubokou souvislost s tématy osobní morálky (resp. jejího vývoje) a prosociálního chování (resp. jeho facilitace). Biopsychosociální model zdraví má tedy bezesporu etickou dimenzi. V tomto příspěvku se budeme zabývat různými koncepcemi morálního vývoje, některými protektivními i rizikovými pedagogicko-psychologickými faktory vývoje osobní morálky a naznačíme možnosti podporovat ve školním prostředí tuto nesmírně složitou cestu člověka ke zdraví – ve smyslu morální zralosti a prosociálnosti. Zmíníme též souvislost podpory prosociálního chování dětí s prevencí šikanování v dětských skupinách.

Klíčová slova: prosociálnost, prosociální chování, osobní morálka, prevence šikanování, „mlčící většina“, konformita, prevence šikanování, realizace vývoje morálky, různá psychologická pojetí vývoje prosociálnosti, facilitace prosociálního chování dětí, spravedlivé společenství ve škole.

HEALTH AND WELL-BEING ASSESSMENT: SOME NEW APPROACHES AND METHODS

Marie BLAHUTKOVÁ, Jiří DAN

Abstract*: The paper presents different approaches to the concept of health. The concept of well-being is one of the possibilities in exploring mental health. Three aspects of well-being assessment are presented. 2 strategies of well-being assessment are described and the Day Reconstruction Method is discussed. The ASS-SYM self-assessment scale by G. Krampen is recommended.*

Key words: *ASS-SYM, assessment methods, mental health, well-being, assessment of well-being.*

Issues of physical and mental health have recently got to the fore of both public and scholarly interest. The concept of well-being certainly provides an opportunity to ask questions and search for answers to them. Research in psychology as an empirical science has been enabled by the fact that the basic concepts have been operationalized and a great number of techniques and tools to assess mental health and subjective well-being including tools sensitive to change due to consistent training have been available.

According to the definition by World Health Organization, health is a state of the organism when the person feels totally well – physically, psychically and socially – as opposed to a mere absence of illness and sickliness (Křivohlavý, 2001). Health is can be studied from multiple points of view and has been regarded as:

- a source of physical and psychic strength
- metaphysical strength
- each person has their own individual source of health (salutogenesis)
- the organism's adaptive capacity
- ability of good functioning (fitness)
- a commodity
- the ideal of life and its sense

Health may also be regarded as an ideal state of a person who feels well. The issues of health support and recovery have been tackled especially by medicine and

some of its subdisciplines such as psychoimmunology. Health-supporting factors include especially:

1. self-efficacy (Bandura, 1988)
2. coping with critical life situations (optimism, regarding life as meaningful, self-confidence)
3. supportive social background
4. mental hygiene (self-education, adaptation, self-regulation)

Psychology as an empirical science has always studied the regularities of psychic processes in humans. These include, among other things, mental health; 'psychology of health', which has experienced a boom in the USA, has thus developed as one of the new psychological disciplines. The object of study of psychology of health includes especially the health consequences (both positive and negative) of certain human activities and behaviours (Křivohlavý, 2001).

The concept of health has undergone radical change and the approach of medical doctors to psychologists as professionals providing their patients with psychotherapeutic methods has changed, too. Positive psychology, helping people to focus on the positive aspects of their lives and leading them to live meaningful lives, has helped a lot in this respect. The concept of health is inseparably connected to the concept of happiness. Happy people usually feel healthier and live longer. It however remains a fact that healthy individuals do not experience happiness and peace of mind with the same intensity as people who have recovered from traumata or serious illness.

The paths leading to a personal sense of balance, i.e. health, tend to be complicated and highly individual and the process of searching for them helps one to build the core of personal well-being, i.e. helps one to find our health. By learning to understand the needs leading to this goal, we practice mental hygiene.

The cornerstone of mental hygiene is the concept of mental health as a desired state arrived at by conscious or unconscious adherence to the principles of mental hygiene. What is important is adequate adaptation – a process through which mental health is achieved. The course of adaptation is affected by stressors, i.e. stimuli and conditions implying increased stress. Míček (1984) lists several paths to achieving mental equilibrium:

1. Mens sana in corpore sano (A sound mind in a sound body) – by strengthening physical health we support our mental equilibrium.
2. Naturalness – living in close contact with nature and laws of nature.
3. Coping ability – high toleration of frustration as an ability to cope with problems in life and frustrating stimuli without irritation and inadequate reactions.
4. Independence and internal autonomy – focus on internal equilibrium – the art of building up self-confidence and self-control.
5. An objective concept of oneself, self-knowledge – openness to new experiences, ability to correct one's behaviour and learn, sensitive vision of the world and people around and responding to them.
6. Self-acceptance – joy at being oneself.
7. Courage to take up new things – real effort for mental advance and growth

8. Sense of satisfaction, peace of mind – subjective happiness
9. Gentleness and a sense of beauty – aesthetic perception leading to a cultivated attitude
10. Acceptance of others and social adaptation – building a positive attitude towards other people
11. Self-mitigation – selflessness and avoidance of egoism, modesty
12. Ethical sense – respecting basic moral principles

One of the concepts that have recently received empirical attention is well-being. The discussion below is based mainly on the paper by Lischetzke and Eid (2006).

The concept of well-being refers to the assessment of one's life as well as the proportion between pleasant and unpleasant physical and psychic perceptions. In order to emphasize that these are subjective feelings and assessments, the concept of subjective well-being (SWB) is often used. Two components of well-being are discussed: the cognitive component concerns one's happiness about their life and/or its individual areas while the affective component concerns moods and emotions the person experiences in their everyday life. High affective well-being scores are typical of persons who often experience positive moods and emotions and who experience negative moods and emotions only rarely (positive affect balance, e.g. Diener, 2000).

Apart from distinguishing the components of well-being, one should bear in mind the temporal dimension of the assessment, too. The current state of subjective well-being (State), and situations beyond the usual, habitual level of well-being (Set-Point) should be differentiated between. Depending on situation-specific factors and the time of the day and the week, the current state of subjective well-being oscillates around the mean value. Diagnosis of subjective well-being can thus target 3 aspects:

1. the current state of subjective well-being
2. the habitual level of subjective well-being
3. situation-dependent deviations of the current state of SWB from the habitual level of SWB

Moreover, these aspects may concern life in general or its different domains. Current mood may relate e.g. to the job or the general atmosphere in the workplace or to the deviations of mood in specific work situations from the general level of mood in the job context.

Diagnosis can address the following:

1) The cognitive component of subjective well-being (happiness in life) and the affective component, within which diagnostics of emotions and moods can be distinguished.

2) As far as the temporal axis is concerned, current and habitual level of SWB (see above) and situation-dependent deviations of SWB from habitual SWB can be diagnosed.

By combining these 2 components, 9 variants of diagnostic targets can be arrived at.

3) As for width, general well-being and domain-specific well-being (job, family, health) can be diagnosed.

Generally speaking, there are 2 strategies of subjective well-being assessment: direct and indirect assessment.

Direct SWB assessment always targets an aspect of well-being (State, Trait or Situation Deviation in a certain domain) through studying the item of the measuring tool itself. Statements about oneself or, alternatively, reports by close persons are typically analyzed. Besides current SWB, habitual level of SWB can be diagnosed. ("On most days I am happy about my life.")

If habitual SWB or situation deviation from the habitual level are assessed *indirectly*, repeated SWB measurements are necessary. This is done using "fluid assessment" methods in the natural conditions of Ambulatory Assessment.

The level of habitual SWB is identified by studying SWB values at different moments. The difference between current and habitual SWB characterizes the situation the person is in.

The 3 aspects – State, Trait and Situation Deviation – can also be diagnosed using new test models. (Latent-State-Trait-Theorie, Yousfi, Steyer, 2006).

Since studies based on Ambulatory Assessment taken several times a day are extremely costly, Kahneman, Krieger, Schkade, Schwarz and Stone (2004) developed the Day Reconstruction Method as an alternative consisting in obtaining detailed information on the previous day. The subject is first instructed to divide the previous day into a series of episodes such as the journey to work or interactions with different people. Each episode is then characterized with respect to experienced emotions and other aspects, resulting in specific information on SWB in various domains of life provided by the single subject. A greater amount of such information characterizing a particular day can be used as an indicator of habitual SWB. Subjects are asked to assess retrospectively selected moments distributed over a longer period of time such as 2 weeks, specifying which emotions they experienced at particular times. In this way, frequency of certain emotions can be determined by calculating how frequently a subject experienced anger, fear or joy, without considering the strength of the emotional response. The ratio of the frequency of positive emotions and the frequency of negative emotions is referred to as 'affect balance' and regarded as an important indicator of the affective component of subjective well-being. The assessment can be facilitated by using a laptop.

Subsequently, habitual intensity of emotions can be determined as a mean value of the individual measurements taken in longitudinal studies. What typically correlates is the levels of intensity of specific emotions, i.e. persons who have strong positive emotions, tend to have intensive negative emotions, too. Since the positive effects of intensive positive emotions and the negative effects of intensive negative emotions cancel each other out, there is usually no connection between habitual intensity of emotions on the one hand and affective balance or happiness in life on the other. Habitual intensity of emotions thus cannot be regarded as one of the indicators of subjective happiness. Various studies use techniques of SWB assessment by family members or close friends as an alternative to self-assessment. Behavioural aspects (such as symptoms of emotions) can also be studied through observing behaviour or psychophysiological parameters such as blood pressure. Another interesting and valid method of examining SWB is analyzing

memory performance – e.g. numbers of positive or negative experiences a person can recall within a certain period of time. A range of decision-making tasks (such as assessing the likelihood that something positive or negative will happen) may also provide a valid method. Subjective well-being can also be studied using the Association Experiment or Sentence Completion tests (see Diener, 2000).

Self-assessment by the person himself/herself nevertheless remains the most frequently used – and both reliable and valid – method. Combining several methods is recommended where possible.

Methods to diagnose subjective well-being sensitive to change achieved through consistent training form a specific group.

Among the recent self-assessment scales, it is especially the self-assessment scale by the German author Günter Krampen (2006), ASS-SYM, Änderungssensitive Symptom Liste, which is worth not only mentioning but also testing. It is, essentially, a list of symptoms sensitive to change concerning relaxed emotionality, happiness in life, or stress due to problems and obstacles. It contains 48 items to be commented on by the subject on a 4-point scale. These symptoms are sensitive to change thanks to long-term autogenic training and progressive relaxation. The tool has been verified in assessing the efficacy of various therapeutic techniques. Its strength is that does not, in contrast to some other methods, impose problems on the subjects. The subscales concern the following 6 areas (with 8 items each):

Physical and psychic exhaustion (e.g. sleep and falling-asleep disorders)
Nervousness and mental tension
Psychophysiological dysregulation (loss of appetite)
Performance and behavioural problems (fear of exams, test situations)
Self-control problems (headaches etc.)
General symptoms and problems (indecisiveness, stress in decision-making situations)

The scales have good psychometric qualities. The tool certainly deserves to be tested in the Czech environment.

Literature

KRAMPEN, G. *ASS-SYM. Änderungssensitive Symptomliste zu Enspannungserleben, Wohlbefinden, Beschwerden- und Problembelastungen*. Manual. Göttingen: Hogrefe Verlag, 2006.

BANDURA, A. Perceived self-agency in the exerciseof personal agency. *The Psychologist.* Vol. 20., 1988, No. 2. s. 411–424.

KŘIVOHLAVÝ, J. (2001). *Psychologie zdraví.* Praha: Portál 2001.

MÍČEK, L. (1984). *Duševní hygiena.* Praha: Státní pedagogické nakladatelství, 1984.

LISCHETZKE, T.; EID, M.: Wohlbefindensdiagnostik. Assessment of Well-being. In PETERMANN, F.; EID, M. (Hrsg.) *Handbuch der Psychologischen Diagnostik*. Göttingen Hogrefe Verlag, 2006, s. 550–557.

DIENER, E. Subjective well-being: The science of happiness and a propsal for a national index. *American Psychologist, 55,* 2000, s. 34–43.

YOUSFI, S., STEYER, R. Latent-State-Trait-Theorie. In PETERMANN, F.; Eid, M. (Hrsg.) *Handbuch der Psychologischen Diagnostik.* Göttingen: Hogrefe Verlag, 2006, s. 346–357.

KAHNEMAN, D., KRUEGER, A.B., SCHKADE, D.A., SCHWARZ, N., STONE, A.A. A Survey Method for characterizing daily life experience: The day reconstruction method. *Science, 306,* 2004, 1776–1780, cit dle LISCHETZKE, T., EID, M., 2006.

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ZDRAVÍ A OSOBNÍ POHODA: NĚKTERÉ NOVÉ PŘÍSTUPY A METODY POSUZOVÁNÍ

Souhrn: V článku uvádíme různá chápání pojmu **zdraví**. Koncept **well-being** je jednou z možností zkoumání mentálního zdraví. Zabýváme se 3 aspekty hodnocení osobní pohody, popisujeme 2 strategie hodnocení **well-being**, zmiňujeme **Day reconstruction Method**. Z nových sebeposuzovacích škál upozorňujeme na sebeposuzovací škálu G. Krampena SS-SYM.

Klíčová slova: ASS-SYM, duševní zdraví, prožívaná duševní pohoda, posuzování duševní pohody

PRACTICAL WISDOM IN EVERY DAY LIFE

Imrich RUISEL

Abstract: *Article presents the discussion about topical problems of wisdom. The methodological orientation deals with a role of wise people, the task of proverbs and maxims, wisdom as a masterful solution to a difficult life problems. Special effort is oriented to a definition and additional properties of wisdom. The relations between everyday adult life and practical wisdom are discussed.*

Key words: *wisdom, practical wisdom, personality, adulthood, psychology, proverbs, life problems*

When asked to think about wisdom, most people quite readily provide concrete instances of it. Their responses usually fall into three categories: (1) mentions of specific public or historical figures who exemplify wisdom, (2) proverbs or maxims about wisdom, and (3) descriptions of solutions to particular life problems that because of their challenging complexity and uncertainty are assumed to require wisdom.

Wise People

Who are the „wise" people whose names are adduced under the first heading as public prototypes of wisdom? Who is mentioned, of course, depends on the respondent's cultural, ethnic, professional, or religious background, and when the question is asked in a small social gathering, a lively discussion about the relative merits of the proposed wise personages often ensues. Why is there usually a lack of robust consensus about such nominations? Perhaps for two reasons. First, as the discussion about the particular nominee proceeds, more and more evidence is generated about vices and weaknesses, calling into question whether the person was „truly" wise (e.g., Confucius's occasional harshness in personal dealings with others, or King Solomon's somewhat ruthless methods of gaining and maintaining political power). And second, our conception of wisdom seems to include the notion of such a high and „pure" form of an ideal that no flesh-and-blood person lives up to the standards implied; wisdom in its pure form may exist only in our minds. The idea of wisdom as an abstraction is also implied in some historical writings. Confucius, for example, when asked to nominate „true men" (interpreted to be similar to our conception of „wise people"), systematically refused to identify specific individuals. The sociologist Weber's notion of an „ideal" type carries

similar connotations. For Weber, an ideal type is part of a speculative theory, but not necessarily present in phenotypic reality.

Proverbs and Maxims

The second instantiation of wisdom in everyday conversations deals with proverbs and maxims, or related things such as aphorisms. Proverbs differ from maxims. While some proverbs imply instruction for reflexive thinking leading to action, maxims typically offer direct instruction for what should be done; that is, they suggest how to act by „practical" wisdom in specific instances of everyday life. Two well-known wisdom-type maxims known to most of us are „Sleep on it before you act" and „Try again, your luck may change".

The significance of proverbs and maxims for understanding complex and deeply rooted cultural phenomena, such as gender, beauty, or excellence, has long been appreciated. As Francis Bacon put it: „The genius, wit, and spirit of a nation are discovered in its proverbs." Taylor (1931), introducing the study of proverbs and illustrating the argument that proverbs are „one man's wit and all men's wisdom." Another short sentence capturing the meaning of such proverbs is the definition of a proverb as wisdom expressed in a sentence (Mieder, 1993). However, these works also include critical evaluations, for instance, the argument that proverbs and maxims are uncertain or even false regarding their empirical validity. Is it empirically true, for example, that „a tale never loses in the telling", or that „familiarity breeds contempt"?

It is important to note at the outset that none of these maxims (or proverbs for that matter) in themselves are wisdom. First, the content of proverbs rarely fits empirical evidence. Second, and more importantly, as individual items these maxims typically highlight one or another of the various facets that make for wisdom. Wisdom, however, as we will see later, is inherently dynamic, uncertain and often suggests oppositional tendencies. Not suxprisingly, therefore, the pool of individual maxims offers examples that contradict each other. For instance, the proverb „Clothes make the man" can readily be contradicted by „Don't judge a book by its cover" These problems of meaning and empirical validity aside, proverbs can have „rich explanatory power". The essence of proverbs and maxims, for instance, is that they are short and contain a highly condensed kernel of common-sense „truth." They are akin to punch lines with a high degree of common-sense understanding. Another feature of good proverbs is that they are contextually and temporally flexible; they are transported easily, from subject matter to subject matter, from language to language, and from historical period to historical period. For a proverb to be powerful, it must prove a certain historical and contextual generality in meaning and usage, although the specific text and content may vary. Kunstmann (1939) illustrates this point nicely when he shows how one proverb, first recorded about A.D. 1000, „It's an ill bird that fouls its own nest", found its way through practically all major Western languages; it was present in early Graeco-Roman as well as Egyptian-Semitic lore. It is reasonable to assume, therefore, that the meaning carried in proverbs is associated with deep levels of knowledge and a special way of accessing and organizing that knowledge toward application to a given situation.

Considering the heuristic power of proverbs and maxims, it is not surprising, therefore, that proverbs and especially maxims are considered the earliest heralds of the so-called „wisdom literature." Law (1995), for instance, provides an erudite exposition showing how the wisdom literature entered even into book-length treatments of Latin grammar during the 7th century, a topic of learning that would otherwise strike one as dry. In this instance, a 7th-century author, the monk Virgilius, exploited the early wisdom literature to such a degree that Law (1995) argues that his interest in that topic was at least as deep as in the seemingly primary topic of the book, that is, grammar.

Historically, the Seven Sages of Greece, all of whom were philosophers who lived during the 6th century B.C., are another important source of ancient wisdom-type sayings and maxims. „Most men are bad", proffered Bias of Priene; „Consider the end" is credited to Chilo of Sparta; „Avoid extremes" and look for „the golden mean" are prescripts by Cleobulus of Lindos. One of Periander of Corinth's statements is „Nothing is impossible to industry" and there is perhaps the best known wisdom-related maxim of Solon of Athens: „Know thyself."

The use of wisdom-related proverbs continues into the present, including market activities and advisory statements. Wisdom sayings are, for example: „The current generation builds the road on which the next one travels". Other instant proverbs are the following: „Everything has two sides", „Time is the best healer" and so on.

While the core meaning of proverbs and maxims evinces much transcultural and ~ transhistorical similarity, the specifics and applications do vary. More recently (Peng and Nisbet, 1999), there is also work to show cultural differences in the preference of proverbs. Chinese, for instance, prefer proverbs that highlight the oppositional, whereas Americans lean more towards proverbs that are directional in the sense of maxims.

Wisdom as a Masterful Solution to a Difficult Life Problem

A further and more concrete step in the direction of identifying wisdom in everyday life is the articulation of a life problem and its solution. This instantiation follows from the idea that wisdom-related meaning is inherently tied to difficult matters of life and creative problem-solving behavior.

As an example of this way to refer to wisdom; most of us are familiar with King Solomon's biblical solution to a dispute between two women who both claimed to be the natural mother of a child. Solomon's suggestion to divide the child by sword and give literally one half to each woman (and one woman's immediate renunciation of her claim in light of this decision) meets little disagreement. It seems to most of us an effective strategy for solving a difficult problem. Solomon did not know who the biological mother was, but he was able to find a strategy for discovering the troth using the notion of true motherhood as sacrifice.

This example of wisdom highlights the idea that wisdom deals with difficult problems of the human condition and that it involves a creative way of solving the problem. The Solomon example also makes evident that wisdom is supposed to deal with finding

a solution that is in the interest of a „good“ life. It was the biological mother for whose welfare a solution needed to be fitted. This commitment of wisdom to the good and the morally legitimated well-being of oneself and others is a critical part of our everyday conceptions of wisdom. If the skills of knowledge were invested to exploit others or to advance one‘s own cause at the expense of others, we would not invoke wisdom.

Defining Wisdom

We agree with some literary sources (for example Baltes, 2005) that seven properties are generally accepted as inherent in any definition of wisdom.

1) Wisdom addresses important and difficult questions and strategies about the conduct and meaning of life.
2) Wisdom includes knowledge about the limits of knowledge and the uncertainties of the world.
3) Wisdom represents a truly superior level of knowledge, judgment, and advice.
4) Wisdom constitutes knowledge with extraordinary scope, depth, and balance.
5) Wisdom involves a perfect synergy of mind and character, that is, an orchestration of knowledge and virtues.
6) Wisdom represents knowledge used for the good or well-being of oneself and that of others.
7) Wisdom, though difficult to achieve and to specify, is easily recognized when manifested.

What is the meaning of these properties of wisdom? The first feature, that wisdom addresses important and difficult questions and strategies about the conduct of life and the human condition sets wisdom apart from other forms of everyday knowledge. Wisdomencompasses but goes beyond common-sense and practical knowledge about how people areexpected to function in typical situations and how the physical and social world operates. Such knowledge is part of wisdom. But, wisdom deals predominantly with matters of muchsignificance to the human condition, such as the conduct and meaning of life. Thus, wisdomincludes knowledge about existential problems that are at the frontiers of what we are able tounderstand and master. Building on a concept advanced by Karl Jaspers, several scholars have used the notion of Grenzsituationen.

The second feature, that wisdom includes knowledge about the limits of knowledge and the uncertainties of the world, makes clear that wisdom is not identical to scientific and technological knowledge. Wisdom-related knowledge involves insights into the limitations of science, for instance regarding aspects of spirituality and meaning of life. Moreover, wisdom speaks to the frontiers of our insights into the human condition, the unknown and uncertain. In this vein, many writers on wisdom (e.g., Meacham, 1983) have argued that the essence of wisdom is knowledge about the limits of what can be known. Yet, despite the limits and uncertainties, we expect wisdom to guide us in a useful direction. Included in this guidance is wisdom‘s ability to protect us from the seductiveness of quick answers and ready-made solutions.

The third feature, that wisdom is a truly superior level of knowledge, judgment. and advice, indicates that wisdom is the best that our minds can achieve, and, therefore, often regarded as utopian or divine. Wisdom is akin to an ideal that perhaps we can only strive for, approximate, rather than attain. In any case, the level of excellence attributed to wisdom makes it special, something that is likely to be fully achieved only by very few, if by anyone.

The fourth feature, that wisdom is knowledge with extraordinary scope, depth. And balance, emphasizes that wisdom is integrative, that it focuses on the whole and the weighting and moderation of its parts, that it is more than specialized knowledge in the narrow sense. Aristotle‘s ancient saying, „the wise organizes“ (sapientis est ordinare), is transported into modern views on the holistic and integrative structure and function of wisdom (Oelmiiller, 1989). Contextual and holistic integration and balance are achieved, however, without losing the specifics of the instance. When wisdom is called upon in a specific situation, it places the specific instance into the perspective of a larger whole and balances the arguments. This particular feature of wisdom is often also identified as knowledge from a distance, as knowledge that moderates or modulates present reality in relation to the past and the future, as knowledge that moves beyond the emotional and intellectual forces (Hartshorne, 1987).

The fifth feature, that wisdom represents a perfect synergy between mind and character, a perfect orchestration of knowledge and virtues, reflects the view that wisdom is more than „cognitive“ knowledge. For wisdom to emerge, cognitive, social, and motivational attributes need to converge and form a whole of extraordinary excellence. This view of wisdom as the highest form of integration of mind and soul dates back to the religious origins of the wisdom concept. Thus the strength of the connection between mind and behavior is much influenced by the impact of religion on the definition of wisdom (Waldenfels, 1989). In Western Europe, on the other hand, the historical struggle for separation of philosophy (science) and religion has spawned conceptions of wisdom that include the kind where wisdom is reserved for the theoretical aspects of the mind rather than wisdom as an integrated whole of mind and behavior.

The sixth feature, that wisdom is knowledge developed and used for the well-being of oneself and others, like the fourth feature, points to the intimate connection between the mind of wisdom and the motivational goal of wisdom. Wisdom is not knowledge used for the benefit of a single person alone. Rather, it indicates of a high level of functioning in the interest of one‘s own development and that of others. Wisdom, then, considers not only the personal, but also the collective good.This feature highlights what is often called the moral dimension of wisdom (Kekes, 1995). To put it simply, and with due attention to historical evolution, we consider wisdom a property of God and not the devil, an attribute of kings interested in the best for their people and not of dictators interested in Machiavellian strategies of human exploitation, a property of‘ a well-meaning counselor giving good advice to someone in a difficult situation and not of someone whose advice serves his or her own needs more than those of the advisee. In short, knowledge in the hand of „evil“ or „ego“ minded people, despite their expert

understanding of how and why humans function, is not considered wisdom. For wisdom as a body of knowledge to be realized, it needs to be in the hands of a well-meaning and not a crooked or ill-tempered person.

The seventh feature, that wisdom is difficult to achieve but more easily recognized when it is manifested, means that wisdom, despite its extraordinary level of excellence, is part of our everyday lives and our personal experiences. It means that wisdom is not completely outside our lives and our minds; it rests firmly in the core of our cultural mentalities and selves. As we know from psychological research on learning and memory, it is easier to recognize than to recall a given memory event. The same is true for wisdom. Although we may not be able to produce wisdom ourselves, our minds are prepared to look for it and to recognize its products. Therefore, despite its rarity and profundity, wisdom is not completely hidden, or something that can be „contacted" only by an elite few. On the contrary, we all are somewhat connected to wisdom; we recognize, though in varying degrees, its challenge and see its footprints. Wisdom, therefore, is a phenomenon of public and social construction and discourse.

Additional Properties of Wisdom

Beyond these seemingly agreed upon universal views on wisdom, other properties could be considered. For instance, there is the question of types of wisdom. Because wisdom is so complex and multifaceted, it is argued that not all aspects of wisdom cannot be located in any single person, that there is a need for specialization with different people holding the key to different aspects of wisdom. Imagine the requirements one would need to display the full range of theoretical and practical skills involved in the conduct of life or the full spectrum of relevant emotions, including melancholy and optimism. Assmann (1991), on the basis of her historical analyses, distinguishes, for instance, between parental-authoritative wisdom, judicial or kingly wisdom, magical wisdom, and skeptical wisdom. The wisdom literature of the Old Testament, with its distinct books of wisdom, represents another example of types of wisdom, a collection of distintinct ways to think feel „wisely" about important matters of life.

Another feature of wisdom that could be considered for inclusion in the category of universals is that wisdom has a strong foundation in the social and the collective, that wisdom is collective knowledge. Thus one could make the point that wisdom is the hallmark of cultural evolution. Wisdom is collective knowledge about the conduct and meaning of life; and as a body of collective knowledge it includes multiple facets and styles of knowing and acting. Yet to include this view of wisdom in the category of universals would violate another part of the wisdom literature namely the strong emphasis placed on the existence of so-called sages or wise persons such a Solomon.

Other candidates for a universal characterization of wisdom are certain personality attributes and ways to think. Some argue, for example, that reflectivity and skepticism are essential to wisdom. In another context, Baltes (2005) invoked the concept of „constructive melancholy". In a similar vein, it is said that wisdom is meant to overcome

extremes and to represent modulation at its best and this would include an extreme regarding reflectivity itself. Another candidate for a general wisdom conception may be the requirement that metaphysical topics, such as the question of the existence of god, are the essence of wisdom. Some scholars want to reserve the term wisdom for the metaphysical „philosophical" aspects of life rather than the everyday „practical" ones. Historically, this is similar to the distinction between theoretical wisdom and practical wisdom.

As we mentioned earlier, we may also debate whether our everyday and scholarly conceptions of wisdom need to include further specifications of the intersection between knowledge and behavior. Must the wise, for instance, merely demonstrate superior knowledge, or must they also be seen to apply it in giving advice, and especially in the conduct of their own lives? In historical discussions of wisdom, this distinction between wisdom as knowledge and wisdom as a facet of personality is sometimes manifest in a relative emphasis on contemplative forms of wisdom as opposed to active ones. And certainly, there are historical variations of wisdom and cultural regions in the world in which wisdom-related knowledge and behavior form an integrated fabric.

Practical Wisdom in Everyday Life: More Than a Narrow Professional Expertise

May be that some readers may evaluate the conception of wisdom described here too restrictive and elitist; is it, for instance, a reflection of an upper-class establishment-type mentality. Note that wisdom is restricted not only to a very high level of performance (excellence) but also to situations dealing with important matters of the human condition such as the meaning and right conduct of life.

Surely, wisdom in everyday life is construed in a broader and looser way than our first definitional frame of wisdom. In everyday language, wisdom also denotes more specialized expertise: the wisdom of the scientist, the financial expert, the football coach, the teacher, and the politician. Sure, the „wise" teacher or „wise" scientis may be very far from real wisdom. Indeed, we hear about the wise and about wisdom in most walks of life, and in each case our judgment reflects a positive evaluation, in the sense of a special expertise, the kind of expertise that in a given domain reflects the distillation of a lifetime of experience.

For the wise teacher or scientist (or any other professional specialization) to be truly lifted on the shield of wisdom, they need to demonstrate their special talents and skills in a wider context than their „narrow" professional expertise. Otherwise, and because of their closer ties to the conduct and meaning of individual lives, the „wise" grandmother may be closer to wisdom than the wise scientist. Expertise in a professional trade in itself is not enough.

For some experts to be at the core of wisdom, they need to demonstrate their

special skills and knowledge in a context that is close to important and difficult matters of the human condition. In other words, true wisdom enters the picture when a specific form of professional expertise is combined with global knowledge linking that field of specialization to larger questions of the human condition. The borderlines between expertise and wisdom are not precise.

Everyday Adult Life and Wisdom

As we know, adulthood brings with it a new set of life problems, the kind of problems vis a vis which the need for wisdom or wise counsel often arises. It certainly is true that earlier phases of life require wise counsel too, but during adulthood the intensity and frequency seems amplified. As we move through adulthood, we seem to feel that wisdom is of particular importance when we reflect on the meaning of life, deal with the dynamics and confticts associated with parenting and mentoring, begin to experience our own biological finitude, evaluate issues of generational constancy and change, or anticipate our own approach to „successful aging“ despite increasing biological vulnerability. We can conclud that these are the kinds of questions that call for a high level of knowledge about the human condition, that is, wisdom.

During midlife, then, the fabric of our day-to-day experiences takes on some new qualities and complexities. We can to speak about a number of topics or challenges that make the second half of life conducive to the search for wisdom:

1. The legacy of adulthood and living long
2. The multi-generational dynamics
3. The shift from distance-from-birth to distance-from-death
4. The accumulation of unfinished business
5. Unexpected life circumstances and social change
6. Balancing the gains and losses of life
7. The search for the meaning of life.

The legacy of adulthood and living long refers to the increase in the complexity of one‘s world in adulthood, the concentration of responsibilities during that phase of life, but also the quantity of our life history and its psychological consequences. As our life biographies unfold, we have more and more to store in our memory, more to consider, coordinate, and evaluate. Adult roles in family and professional life can be terribly rich in challenges and responsibilities. Growing older also leads to a longer and swelling past; we leave longer and more complex tracks. The same applies to the planning of the future. As we think about the future including its shrinking horizons, the shadows of the past become longer and longer.

The multi-generational dynamic involves families, social networks, and historical embeddedness: Sometime during adulthood, we are confronted with an extended vision of our generational responsibility and social embeddedness. For instance, our roles as parents can be extended from concern for our children to include care for our

aging parents and also for others in the world of work for whom we serve as mentors. This extended vision amplifies understanding of the complexities and variations of the social networks in which we live.

Furthermore, sometime during midlife, we shift our predominant perspective from our distance from birth to our distance from death. Up to adulthood, our primary way to mark time is to count distance from birth (chronological age); we worry less about how much time we have left. As we approach old age, distance from death emerges as a stronger component of our time perspective. As we deal with this change in our conception of „lifetime“, as we count the years to live more than the years lived, the pressure to set priorities and to re-evaluate the meaning of our lives increases.

The accumulation of unfinished business is another consequence of living longer. The past is not finished, the slate is not always clean, as we move on to the next phase of life. Often our earlier life tasks, such as parenting and education, are not completed „on time“. They go on and on and seem endless. When we add on the new age-appropriate tasks and roles that are unique to growing older, we face demands beyond what we anticipated. And there are life stories and life plans that we were not able to implement. As we grow older, the incomplete parts of one‘s life suggest new forms of reconstruction and mastery.

Unexpected life circumstances and social change refer to our experiences of events that are not part of our expected pattern for our lives. Some of these events are rare, idiosyncratic ones such as winning a lottery. In fact, based on personal accounts, it is occasionally said that unexpected events such as an accident or a divorce seem to become more the rule than the exception. More and more events also remind us of the physical realities and shortcomings of our bodies. We or close friends seem increasingly to confront biological limitations and illness. Thus the further we live into adulthood, the more people of our own generation we see become sick or even die. Such unexpected or non-normative events involve particularly difficult constellations of coping and mastery.

In addition to such age-graded unexpected events, social changes make us confront the unexpected and deal with it. Historical shifts in technology, for instance, carry implications for the intellectual standing and competitiveness of adults in general, but also for one‘s own sense of efficacy. Values and cultural norms, such as attitudes toward sexual orientation, marriage, work, and leisure evolve. Often these changes are initiated primarily by the younger age groups, who see them not as changes at all, but as the norm for their generation. For older adults, on the other hand, the social changes represent departures from the past, some of which involve true confrontations challenging our ways of managing our lives.

Living long and growing older also result in a deeper experience with and understanding of the dynamic between gains and losses in life. Much of what happens in childhood and adolescence is governed by a belief in growth and progress.The gains, anticipated or realized, are in the foreground. As life extends into adulthood, the focus

shifts. We concern ourselves more and more with maintenance of functioning and avoidance of losses. The savoir vivre of old age, in particular, requires a new quality of reflectivity, a quality that reflects a growing understanding of the role of suffering, including its potential positive outcomes such acceptance of one´s finitude and tranquility.

The search for the meaning of life is perhaps the most explicit manifestation of our continuous struggle in adulthood for purpose and goal-directedness. Meaning of life speaks to the „holistic" essence of our lives. As we face demanding life situations of high complexity, as the balance of gains and losses shifts, as we see our futures running out, we focus more and more on taking stock, on developingf a balance sheet about our past, current, and future life. We reflect on our values and the purpose of our lives, we make efforts to have our minds outwit the limitations of our aging bodies.

References

ASSMANN, A. Weisheit: *Archaologie der literarischen Kommunikation III*. Munchen: Wilhelm Fink Verlag, 1991

BACON, F. *Nové organon*. Praha: Svoboda, 1974 (1. vyd. 1620)

BALTES, P. B. *Wisdom as orchestration of mind and virtue*. Berlin: Max Planck Institue of Psychology, 2005

CONZE, E. *The large sutra on perfect wisdom*. Berkeley: University of California Press, 1979

HARTSHORNE, C. *Wisdom as moderation: A philosophy of the middle way*. Albany, State University of New York Press, 1987

KEKES, J. Moral wisdom and good lives. Ithaca: Cornell University Press, 1983

KUNSTMANN, J. G. The bird that fouls its nest. In W. Mieder, A. Dundes (Eds.), The wisdom of many: Essays on the proverb. New York: Garland Publishing, 1981

LAW, V. Wisdom, authority and grammar in the seventh century. Cambridge: Cambridge University Press, 1995

MEACHAM, J. A. Wisdom and the context of knowledge: Knowing that one doesn´t know. In KUHN, D.; Meacham, J. A. (Eds.) *On the development of the developmental psychology*, 1983.

MIEDER, W. *Proverbs are never out of season*. New York: Oxford University Press, 1993.

OELMULLER, W. (Ed.) *Philosophie und Weisheit*. Paderborn: Schoningh, 1989.

PENG, K.; NISBETT, R. E. *Culture, dialectics, and reasoning about contradictions*. American Psychologist, 1999, 54, s. 741-754

RESTAK, R. M. Older and wiser: How to maintain peak mental ability for as long as you live. New York, Simon and Schuster, 1997

TAYLOR, A. *The proverb*. Cambridge: Harvard University Press, 1931

WALDENFELS, H. (Ed.) *Lexikon der Religionen*. Freiburg im Breisgau: Herder, 1988

PRAKTICKÁ MÚDROSŤ V KAŽDODENNOM ŽIVOTE

Abstrakt: Článok uvádza diskusiu o aktuálnych problémoch múdrosti. Uvádzajú sa metodologické problémy stanovenia múdrych ľudí, pôsobenie prísloví a maxim ako

aj majstrovské riešenie ťažkých životných problémov. Diskutuje sa o vzťahoch medzi každodenným životom dospelých ľudí a praktickou múdrosťou.

Kľúčové slová: múdrosť, praktická múdrosť, osobnosť, dospelosť, psychológia, príslovia

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LEISURE TIME AND SALESIAN PEDAGOGY

Jana ŘEHULKOVÁ

Abstract: *Our contribution deals with influence of leisure time on healthy and risky behaviour of adolescents. Leisure time activities play an important role in education, health and social fields. Way of using leisure time of children and adolescents is influenced by social environment. Significant role in using leisure time of children and adolescents is played by Salesian youth centres. Therefore we are here focused on Salesian educational style and analysis of the present position of Salesian youth centres.*

Key words: *leisure time activities, leisure time, adolescence, school, risky behaviour, Salesian pedagogy*

Introduction

Salesians of Don Bosco (hereinafter SDB) are a significant Roman Catholic religious order originally focused on work with the youth. In 20th century they extended their activities to missionary work, spiritual exercises and assistance in the parochial structure of dioceses. The order was founded by the Italian priest Giovanni Bosco in 1859**.**

Giovanni Bosco was born in a small village Becchi in northern Italy in 1815. He became a priest and his life motto was: *„Give me souls and take away the rest";* this motto he used in the crest of the Salesian Society founded by him. Thereby Don Bosco wished to articulate the sense of his life and all his activities. During his work in Turin he was effectively helping young people that had come to the town to look for work and often they had no family background. He paid his attention to boys that lived without home, had no education, no proper work and nobody respected their human value. Don Bosco supported their versatile development. Step-by step he formed institutions for suitable activities and formulated basic principles of Salesian pedagogy.

He died in 1888, in 1929 was beatified and in 1934 canonized (Bosco, 1993).

The main education method used by Salesians in education of the youth is the so called preventive system based on assistance. The assistance is understood as the educational presence of an educator in the middle of a youth group. The educator is not engaged as „ a pedagogical supervisor", his task is to animate the group and to approach everybody openly, to assist in problems, to accept the group members with respect and patience. (Vracovský, 2002, Motto, 2005).

Giovanni Bosco refused repressive educational methods i.e. punishment or humiliating words in the presence of others. Conflicts he solved without participation of others, face to face.

His own preventive system consists of three items – kindness, reason and religion.

- *Kindness*: This attitude is necessary for Salesian activities. Young people must feel that anybody likes them and meets them with good intent. Kindness is the spirit of the preventive system. It is acting as "educational love" that enables to form and develop relationships.
- *Reason*: By process of education, reason and reasonableness are applied mostly in a dialog of the educator and the educated. Love to the educated person and all activities of the educator are guided by the healthy reason. Reasonableness enables to motivate - in preventive form - to discipline, with keeping inner order and fulfilment of duties.
- *Religion*: Salesian educational activities originate from Christian image of the human and are motivated by faith. Education by Giovanni Bosco was religiously oriented. He understood his religious as development of a sense of God present in every person and as endeavour to Christian evangelization.

For Salesians, as well as for Giovanni Bosco, the basic goal of Salesian education is to live out life situations of young people together and support them in handling their life so that they will be *"virtuous citizen and good Christians"*.

Preventive system
from view OF THE present psychology of personality

DEVELOPMENT OF EMOTIONAL COMPONENT	→ KINDNESS
DEVELOPMENT OF COGNITIVE COMPONENT	→ REASON
DEVELOPMENT OF TRANSCENDENT COMPONENT	→ RELIGION

In Czech Republic Salesians work in 9 youth centres (Praha, Brno, Ostrava, Plzeň, Pardubice, České Budějovice, Teplice, Zlín) that have a character of individual works. Each of the centres has regular contacts with several hundred young people. The Salesian youth centres are established by Salesian province Prague as special-purpose institutions of Church for children and youth. Some of them were included into the network of schools and educational institutions, so they belong to the school educational system. In 2006 the centres were transformed to a school legal entity and their activities correspond to the School Act No. 561/2004 Sb. Salesian youth centres deal with

education of children and young people by means of their leisure time activities; our research work is executed within the project "Psychological and social characteristics of children, youth and families, development of the personality in the time of changes of modern society" (MSM 0021622406).

Impact of education style on development of personality of adolescents. Self-interpretation

Not only the family but also other human communities, that live in mutual relations and a joint history, in common present days and with future expectation, can substantially influence opinions of individuals of themselves and attitude of others. Forming of the autoregulatory system of a personality is connected with self-attitude of the personality, i.e. the attitude of the personality to oneself and personal relations to the world. It is an evaluation aspect called self-evaluation; it contains values that were fully accepted by the personality.

Self-attitude as a structure of a complex of knowledge has both descriptive and evaluating dimensions. We understand it as a separate component of the personality for expressing a global picture of the personal "ego" value.

Healthy family

If processes of individuation and empathy for others are well-balanced we speak about the so called *healthy families*. Parents significantly influence self-evaluation of their child. Self-evaluation and self-attitude of individual members of the family are important factors that influence interactive family connections. Even if the self-attitude and the corresponding self-valuation are determined also by personal characteristics, the interpersonal and social comparison is also very important. Important role is here played by the persons in daily life contacts that significantly influence an adolescent and also his/her notions of other people, as a result of a broad social experience.

Crisis of identity

In adolescence period, i.e. in time of identity crisis an individual has often inadequate and uncritical attitude and evaluation of oneself and others, which can be one of causes of existing conflicts with parents. The parents are, however, an important pillar of social support just in adolescence, with emphasizing the way of communication with adolescents. Parents' authority is accepted by adolescents if it is connected with interest and respect for personal freedom. Nevertheless, intensity of emotional interaction between a parent and an adolescent is important. In comparison with the previous time of childhood, in adolescence time the style of education by parents is more differentiated. The adolescent perceives attitudes, actions and educational practice of his/her parents under influence of conscious and unconscious motivational agents. Girls perceive educational attitudes of their parents in a different way than boys do.

Conclusions

Salesian educational system by Giovanni Bosco is well visible also in contemporary psychological context. It was founded in 2nd half of 19th century and ushered in the ideas of the modern pedagogy, pedagogical psychology and psychotherapy, mainly humanistic (e.g. C. Rogers). It works with complex grasp of the personality in all its components and uses influence of the nearest social environment of the young human through his own personal development and also in modern way actively it creates the concept of educator's role in the education process.

Literature

AUBRY, G. *Salesiánský du*ch. Praha: Adalbert Praha. For internal use of the Salesian workers, the year of issue is not given.

BENEŠ, B. *Nabídka výchovného projektu Salesiánů Dona Boska pro pomoc městu Teplic a okresu.* Praha: Salesiánská inspektorie sv. Jana Boska, 12. 9. 1990.

BLAHA, F. *Závěrečná práce doplňujícího pedagogického studia. Organizace a řízení salesiánského střediska mládeže v Brně-Žabovřeskách.* Praha: PedF UK, 1999.

BOSCO, T. *Don Bosko*. Praha: Portál, 1993. ISBN 80-85282-60-7.

FRYČ, J. *Závěry a doporučení z celostátní porady ředitelů středisek pro volný čas dětí a mládeže.* Praha: Odbor pro mládež MŠMT ČR, 15. 4. 1999, čj. 18 909/99-51.

KAPLÁNEK, M. *Všeobecné informace o střediscích volného času zřízených Salesiánskou provincií Praha (Salesiánská střediska mládeže).* Praha: 28. 4. 2000.

KŘÍŽKOVÁ, M., R. *Kniha víry, naděje a lásky. 70 let působení salesiánů v Čechách a na Moravě*. 1. vyd. Praha: Portál, 1996. ISBN 80-7178-122-3.

MOTTO, F. Výchovný systém Jána Bosca. Bratislava: Vydavateľstvo Don Bosco, 2005. ISBN 80-8074-022-4.

PÁVKOVÁ, J. (ed.). Pedagogika volného času. Teorie, praxe a perspektivy mimoškolní výchovy a zařízení volného času. Praha: Portál, 2002. ISBN 80-7178-711-6.

SCHIÉLÉ, R. *Don Bosco*. 1. vyd. Praha: Portál, 1999. ISBN 80-7178-196-7.

Střediska pro volný čas dětí a mládeže. Souhrn metodických textů k vybraným problémům činnosti domů dětí a mládeže a stanic zájmových činností. Praha: MŠMT, 1998.

VRACOVSKÝ, J. *Chaloupky: Salesiánské prázdninové tábory v době totality*. 1. vyd. Praha: Portál, 2002. ISBN 80-7178-705-1.

WARD, P.; ADAMS, S.; LEVERMORE, J. *Jak se připravovat na práci s mládeží.* Praha: Portál, 1997. ISBN 80-7178-044-8.

VOLNÝ ČAS A SALESIÁNSKÁ PEDAGOGIKA

Souhrn: V našem sdělení zjišťujeme, jaký vliv má volný čas na zdravé, event. rizikové chování adolescentů. Volný čas plní funkci výchovnou, zdravotní a sociální. Způsob využití volného času u dětí a dospívajících je ovlivněn sociálním prostředím.

Významnou úlohu ve využití volného času dětí a mládeže si kladou za úkol své činnosti salesiánská střediska mládeže. Proto se zaměřujeme především na salesiánský výchovný styl a analyzujeme současné postavení salesiánských středisek mládeže.

Klíčová slova: volnočasové aktivity, volný čas, adolescence, škola, rizikové chování, salesiánská pedagogika

STIGMA OF MENTAL DISORDERS AND SCHOOL

Luboš HOLÝ, Jiří ŠIBOR

Abstract*: Psychiatry and people with mental disorder are incurred the danger of stigmatization. Stigma holds numerous negative consequences for the mentally ill such as discrimination, isolation etc. Schizophrenia might serve as a model for the study of the stigma influence upon the mentally ill individuals. The efforts being interrelated with the attitudes of our society towards the mentally ill are included in the "Anti-stigma program" of the World Psychiatric Association focused on the stigma of schizophrenia "Open the doors". In the Czech Republic the above mentioned efforts are represented in the project "Change" as well as in the conception of Educational Framework Program both for the primary and the secondary educations. The aim of this paper is to inform a great number of specialists in pedagogy with the problems of the stigma of mental disorders and to outline all the possible ways how the questions connected with the stigma could be integrated into the curriculum of the educational branch "Teaching to health".*

Keywords*: Destigmatization, Mental illness, Psychiatry, Educational Framework Program, Schizophrenia, Stigma, The Teaching to Health*

Introduction

Problems of mental diseases are traditionally intended for the experts – psychiatrists. Although psychiatry is an independent branch of medicine, due to the object of its attention, it is traditionally accompanied by stigma. It is possible to say that the level of amateur public awareness, as for the mental and behavioral disorders, is insufficient regardless to the fact that this problem concerns a great number of people all over the world (1). In the Czech Republic (in 1998-1999) on the basis of random representative sample of population it was found out that almost 27 % persons (30 % women, 24 % of men) had health troubles corresponding with diagnosis of mental disorder (2). Moreover, according to the latest statistics a number of psychiatric cases increase year by year (3).

The efforts how to make the awareness of students in the sphere of mental and behavioral disorders better is comprised in the conception of Educational Framework Program for primary (EFPP) and secondary educations (EFPS) as well as in the concept of research project "School and health in the 21st century" (4, 5, 6)

EFPP and EFPS are going to introduce a new educational sphere. “Man and his health” this includes an educational branch “The teaching to health” and the so called profile topics. The aims comprised in EFPP and EFPS have necessarily to be within the educational field “Teaching to health” and profile topics given a space for making information from somatic and mental diseases, accessible – with the only goal to make peoples’ health one of the priorities in the ladder of the values with each of us (4, 5).

The submitted paper emphasizes to acquaint the general pedagogical public with the problems of stigma of mental and behavioral disorders and it is trying to point out some possible ways how the questions connected with the stigma could be integrated into the curriculum of the educational branch “Teaching to health”.

Psychiatry

Psychiatry is a medical branch dealing with the reasons, diagnostics, treatment and prevention from mental disorders (7). Psychiatry is often mixed up with psychology mainly with the laymen.

Psychology is one of the branches of science about soul, studying peoples’ behavior and their experience, thinking, feelings. It’s dealing with the reasons of peoples’ behavior, personality testing their abilities, temperament, will, emotions. It is not a medical branch but these two branches of science closely cooperate because for both of them the aim of study and influence is also a man (7).

Psychiatry – is the widest sense of the word – can also be denoted as a branch of science dealing with disorders of human relations which shall imply that psychiatry is not purely medical science but the science interfering with psychology, sociology, etc. The greatest emphasis is laid on a human being as a biological entity, thus social one at the same time getting mature by studying social relations, systems of values and growing into a cultural background.

However this undoubtedly beneficial merging psychology with medicine through psychiatry results in calamitous consequences. It’s leading to erroneous belief that the reasons of mental diseases consist in psychology. It is necessary to set the record straight – making the medicine part of psychology, making the attitudes towards the sick people more human, the relationship doctor versus patient, the belief in God, searching the meaning of life, relationships to your neighbors, social questions, death, growing old, loneliness, and others are connected with all branches of medicine. Mental diseases are not psychologically and socially determined by any more factors that the other diseases. It means that they are determined both psychologically and socially “in the same way as cholera, AIDS, syphilis etc.” but it does not mean a casual determination and it also does not mean the roots of mental diseases should not be searched for, as obviously done with the above mentioned disorders (8). So-psychiatry deals with mental disorders the origin and development of which is closely connected with pathological changes of structure or brain chemical processes. What is the reason and the consequence? This is hard to decide. What is the casual relationship of the body and soul? Whatever we might have thought Cyril Höschl – a well known psychiatrist says: Nowadays the epidemiological studies have proved that depression deteriorates the prognosis and the expansion of heart attack and on the contrary, the heart attack deteriorates the prognosis and expansion of

depression (9). There is no difference between the psychological and the biological. All that is going on with our brain does not lack psychological dimension and all going on in our psychological space has its biological correlate. There is no contrast (9).

Psychiatry has a historically different position unlike the other medical branches apart from this fact it is also a pointer of human relations in the course of time: e.g. in Nazi Germany the mentally ill were liquidated within the program of euthanasia being considered ulcer of the society (10). Generally speaking, mentally ill people have always shared the fate of racial and ethnic groups but it only to a certain extent. The defense of human communities was to hide the mentally ill – in the middle age either in the form of sending them to the open sea "ship of madmen" (11) or locking these people in psychiatric clinics out of cities which witnesses present location of these asylums. Even these days due to the stigma of mental diseases the mentally ill people find themselves in a position of socially and economically declassed groups (8).

Stigma

Stigma of mental disease denotes such features of character which differentiate mentally ill people from the others. It is based on the stereotype of the mentally ill and its source is worries of becoming mentally ill. The stigma leads to discrimination and isolation of the mentally ill people. It creates a twisted picture of both psychiatric patients and the mental diseases and it lowers the hope of their rehabilitation (12).

A mentally ill individual appears to be a person with character defects; weak incapable unreliable, uncontrollable maybe even stupid and dangerous (12).

It is hard to believe statement that it can be the reason of a different brain activity and not a moral and mental failure. The soul for many people is a guarantee of our exceptional nature. Disease of the soul is often viewed as a result of an impact of some "higher power". Depression – obsessively compulsive disorder and schizophrenia are by a lot of people understood to be a punishment or a disease caused by poor care of their soul (12).

A mentally ill human bears a burden of other peoples' evaluation. This kind of assessment is deep rooted in culture and it is strengthened in everyday shape by stories in the newspapers, remarks in everyday conversation. It does not distinguish the individual cases and instead of experience taking into consideration with a concrete individual it reflects information from hearsay, literature and media switched into the point of view of general expectation (12). It actually concerns stereotype prejudices – a prejudice is an aversion or hostile attitude towards a person belonging to a certain group simply because of membership to this group (13). The prejudices ignore objective and relevant criteria of conclusion (14). The prejudices about the mentally ill resemble of ethnic and minority stereotypes. The Italians are emotional and the English cold-blooded. A sick person has to fear the consequences of a prejudice without the sweat of his brow and is unable to get rid of it. And this is the root of their denotation. They carry a permanent label – stigma. Stigma is derived from a Greek word meaning "mark" which is similar to one meaning to tattoo, prick or puncture. The original term referred to a sign which was cut or burnt into the body of a slave, traitor or criminal to publicize that there was something unusual or bad about the moral status of the bearer stigma can be connected with the religion, the

color of the skin nationality and, of course, the disease. In the past patients with venereal diseases, cancer, TBC and mental disorders were stigmatized. The prejudice contains a strong emotional component strengthened by society and culture which facilitates quick advancement of prejudice consequences into peoples' behavior. Culture, which does not want to use this "label" must guarantee not only outer group signs but the individual judgment help to a better orientation and the assessment (12).

It is necessary to distinguish between a disease and a patient's personality. Stigma hand in hand with the diagnosis occurs to be smaller as long as the other patients are not generally comprised in one simplified denotation the mentally ill labeled as schizophrenic hysteric, syphilitic consumptive are exposed to the fight with prejudices more than people suffering from depression fractures or inflammation of lungs etc. That is why those pejorative labels have been gradually replaced by descriptive ones e.g. a patient suffering from schizophrenia (12).

The worst thing is the isolation which props up the stigma. In the past years the isolation was considered the best way of treatment nowadays it does not seem to be as optimal as before (12).

The circle between diverging behavior and the illness was described in the labeling theory in the 60th. Differing behavior influences the people around us and it results in labeling (another word for stigmatization). It consists in perceiving the mentally ill patient just in agreement with the stereotype. This brings about the discrimination which strengthens patient's different behavior and experience. It deepens not on the basis of the disease but as a result of suffered social damage. The giving of precedence to group characters over the individual ones lead to a discrimination of the mentally ill people. These people often face problems connected with getting a job, housing etc. (15). Current understanding and use of the concept stigma in the social sciences is based on the work of E. Goffman who emphasizes that stigmatization limits interactive perspectives preventing the individual from realization of his capabilities (16).

From the previous idea follows that the main task of psychiatry is to protest against stigmatization and subsequent discrimination. This should lead to a better life quality of the mentally ill and to more favorable course of their illness. Schizophrenia is a good example of investigation between a stigma and reality. This mental disease was chosen for several reasons. Among typical symptoms of schizophrenia among typical symptoms such as belong hallucinations, heretical beliefs, psychomotor abnormalities and speaking defect. Schizophrenia requires a long period of treatment (17). A healthy man can hardly imagine and understand the mentioned symptoms and therefore he often falls back on stereotypes. And what's more a strong interconnection between stigma and long term results of the disease have negative affects on perception of the patients themselves (18). In 1996 (WPA) World Psychiatric Association initiated a global program centered on stigma and discrimination connected with schizophrenia. Let us mention some prejudices which preserve negatively label of schizophrenia disease:

"Schizophrenia is viewed as incurable".

In fact, schizophrenia needn't necessarily be the matter of the whole life.

"Schizophrenics have tendency to be violent and dangerous".

Most patients with schizophrenic have never committed any crime. Although a

number of crimes committed by the people of suffering from schizophrenic is slightly increased it is usually with uncured or badly cured people.

"Schizophrenics are unreliable and unable to work systematically."

On the contrary – a regular job without stress with clearly set barriers is manageable and useful.

"Schizophrenia is the kind of permanent mentally backwardness".

Compared to healthy individuals the schizophrenics had a little poorer results in IQ tests there are although some cases where schizophrenics achieved extraordinary creative and working performances (12).

Investigation of 2004 in cooperation with the project "Změna with agency DEMA" (a company providing services in the sphere of public opinion and market research). It concerns "Opinions of schizophrenic" – the results confirmed that the Czech general public shares stereotype attitudes:

1. Mental disorders are incurable.
2. The mentally ill are unpredictable and aggressive.

Only a part of population which got into a personal contact with schizophrenic patients took a better stand on this problem (19).

In a similar way as by schizophrenia, some other mental diseases are viewed as a stigma even by experts (medicine doctors). Both professionals and the mentally ill share prejudices which is not good, of course. The best means against stigma of mental disorder is to inform a patient about the course of the illness in great detail. This helps the patient to become reconciled with this illness. One of the aims of destigmatization is a close cooperation between a medical staff and a patient. With joint efforts they can remove problems arising more or less from the attitudes of society than from their real character (12).

Destigmatization in the world and in the Czech Republic

The resolution of OSN 46/119, adopted in 1991, launched the beginning of endeavor to change negative opinions towards mentally ill people. The resolution 46/119 proclaims the care and the treatment for the human right and served as a source for the formulation of "Principles protecting the mentally ill people and facilitating the care of these people". These principles are inserted in the resolution 46/119 and include this statement (20).

On the basis of no discrimination of mental disease can arise (WPA) World Psychiatric Association being influence by OSN activities, began an extensive campaign "Open the doors" focused on stigma and discrimination concerning schizophrenia. The destigmatization campaign, concentrated on stigma, carried out in Australia, Sweden, Britain, Germany, Switzerland, Austria and the Czech Republic follows 2 aims:

1) In cooperation and close contact with the most watched mass media to make an explanatory program for the general public.

2) The experienced experts from the direct contact with the ill people will inform our public through the topics on psychiatry.

Besides medical staff, journalists and others the campaign is concentrated on students who form preferential goal group. The task of this program directed on stigmatization is to explain all the staff working in the psychiatry the problems of schizophrenia and stigmatization (21).

A great effort to change the situation concerning the stigmatization of mental disorders lead to creation of the world project with the title "Change" roofed by the Foundation Academia Medica Pragensis and other organizations. From the beginning this project joined the WPA program "Open the doors". Thus the Czech Republic gave birth to the destigmatization project 2004–2007 planned for 3 years and directed on schizophrenia bipolar disorder and adolescent psychiatry. The main goal of the project is:

1. A systematic education of the public alerting to stigma of mental disorders and thus to reduce them.
2. To support shifting the medical care from large isolated institutions to community care (22).

Destigmatization and school

The conception of the EFPP and EFPS (4, 5) and the research project "School and Health" in 21st century (6) features the possibility of cooperation between school atmosphere and destigmatization projects. According to the experience from abroad, school offers a suitable setting for realization of destigmatization activities (23, 24).

Curricular reform put into practice with the help of EFPP and EFPS introduces an educational sphere "A man and health", the part of which is an educational branch of science "Teaching to health." Within this educational branch some space for destigmatization activities can be found (4, 5).

What is the most effective method of integration the problems of stigma of mental diseases into the curriculum of educational branch of science "Teaching to Health". We can be inspired by Anti-stigma programs in Austrian schools in 1999 - 2004. It proved that the most efficient way how to change emotional attitudes towards the mentally ill - to be in close contact with them. The mere information without these contacts is not sufficient for changing our attitudes (25).

Taking into consideration all the difficulties which the destigmatization programs bring we should not give up the idea of changing our attitudes.

Conclusion

Destigmatization of psychiatry and mentally handicapped people still remain one of the most important and at the same time difficult tasks. Our aim is to change the stereotype of mentally ill person so that he/she could feel neither socially isolated nor sanctioned. It means to inform our public about display of mental disorders otherwise they could view it as "sensation" and "difference". The sooner we begin with education in this branch of science the better. Therefore school occurs to be a suitable place where

confrontation between students and a mentally ill people can initiate a process viewing the world though the eyes of the other.

References:

Mental Health – the Bare Facts. Odkaz dostupný z www:<http://who.int./mental_ health/en/> [cit. 2007-07-08].

Ženy a muži v číslech zdravotnické statistiky. Praha: Ústav zdravotnických informací a statistiky ČR, 2003 (srpen), 63 s.; s. 14. ISBN 8072802623.

Psychiatrická péče 2005 zdravotnická statistika. Praha: Ústav zdravotnických informací a statistiky ČR, 2005, 86 s.; s. 10–19. ISBN 8072806343.

Rámcový vzdělávací program pro základní vzdělávání. Praha: Výzkumný ústav pedagogický, 2004, 96 s. ISBN 8087000021.

Rámcový vzdělávací program pro gymnaziální vzdělávání. Praha: Výzkumný ústav pedagogický, 2004, 113 s. ISBN 8086666247.

Škola a zdraví pro 21. století. Odkaz dostupný z www: <http://ped.muni.cz/weduasearch/ z21/default.htm> [cit. 2007-07-06].

VOKURKA, M. *Praktický slovník medicíny*. 3. rozšířené vydání. Praha: MAXDORF, 1995, 409 s.; s. 311. ISBN 8085800276.

HÖSCHL, C. *Psychiatrie pro praktické lékaře*. 1. vydání. Jinočany: H&H, 1996, 424 s. s. 3–10. 1996 ISBN 8085787962.

JANÍČEK, J.; HÖSCHL, C. *Kde bydlí lidské duše*. 1. vydání. Praha: Portál, 2004, 173 s.; s. 65–77. ISBN 8071789542.

VACEK, J. *O nemocech duše – kapitoly z psychiatrie*. 1. vydání. Praha: Mladá fronta, 1996, 415 s.; s. 352–375. ISBN 8020405356.

ČERNOUŠEK, M. Jiné čtení – Loď bláznů. *Reflex*, 2001, č. 5, s. 60–63.

LIBIGER, J. Stigma duševního onemocnění. *Psychiatrie*, 2001, č 5 (1): 38–40.

ALLPORT, G. W. *O povaze předsudků*. 1. vydání. Praha: Prostor, 2004, s. 574; s. 8. ISBN 8072601253.

NAKONEČNÝ, M. *Sociální psychologie*. 1. vydání. Praha: Academia, 287 s. ISBN 8020006907.

CHROMÝ, K. Sociologie v psychiatrii. In HöSchl, C.; LIBIGER, J.; ŠVESTKA, J. (eds.) *Psychiatrie*. 1. vydání. Praha: Tigris, 859 s.; s. 221–222. ISBN 8090013074.

ŠUBRT, J. Dramaturgický přístup Ervinga Goffmana. *Sociologický časopis* 2001, 37 (2), s. 241–249.

SMOLÍK, P. Duševní a behaviorální poruchy. 2. revidované vydání. Praha: MAXDORF, 506 s.; s. 148–199. ISBN 808591218X.

SARTORIUS, N. What Can Psychiatrists Do About it? *The Lancet* 1998, 352, s. 1052–1059.

Veřejné mínění – Názory na schizofrenii (reprezentativní výzkum v ČR). DEMA a. s., 2004. Odkaz dostupný z www: <http://stopstigmapsychiatrie.cz/stigma.html> [cit. 2007-07-09].

Zásady ochrany duševně nemocných – rezoluce OSN 46/119 (1991). Odkaz dostupný z www:<http://spdn-cr.org./zakony - pro-dusevne - nemocne /zasady–ochrany - dusevne-nemocnych-rezoluceOSN> [cit. 2007-07-10].

Open the doors. Odkaz dostupný z www:<http://openthedoors.con/english/index.html#> [cit. 2007-07-10].
WENIGOVÁ, B. *Stigma a psychiatrie (napříč časem)*. Odkaz dostupný z www: <http://stopstigmapsychiatrie.cz/stigma-psychiatrie-napric-casem-wenigova.html> [cit. 2007-07-09].
NG, P.; CHAN, K. F. Attitudes towards People with Mental Illness. Effects of Training Programme for Secondary School Students. *International Journal of Adolescence Psychiatry* 2002, 34 (3), s. 215–224.
WATSON, A. C. et al. Changing Middle Schoolers´ Attitudes about Mental illness Through Education. *Schizophrenia Bulletin* 2004, 30 (3), s. 563 – 572.
HINTERHUBER, H. Stigma schizofrenie: snaha o jeho překonání. *Psychiatrie pro praxi* 2001, 5, s. 216 – 220.

STIGMA DUŠEVNÍHO ONEMOCNĚNÍ A ŠKOLA

Souhrn: Psychiatrie a lidé s duševním onemocněním jsou vystaveni stigmatizaci. Stigma pro tyto jedince představuje diskriminaci a izolaci. Modelem pro studium vlivu stigmatu na jedince s duševním onemocněním slouží schizofrenní onemocnění. Snaha o změnu postojů společnosti vůči lidem s duševním onemocněním je obsažena v destigmatizačním programu Světové psychiatrické asociace, zaměřeném proti stigmatu schizofrenie Open the doors. V ČR takovou snahu představuje projekt Změna, ale i koncepce Rámcových vzdělávacích programů pro základní a gymnaziální vzdělávání. Cílem textu je seznámit širší pedagogickou veřejnost s problematikou stigmatu duševních onemocnění a snaží se naznačit možné způsoby, jak okruh otázek souvisejících se stigmatem začlenit do kurikula vzdělávacího oboru Výchova ke zdraví.

Klíčová slova: destigmatizace, duševní onemocnění, psychiatrie, rámcový vzdělávací program, schizofrenní onemocnění, stigma, výchova ke zdraví

HEALTH IN COMBINATION WITH EDUCATION AT THE EXAMPLE OF AUSTRIAN SCHOOLS

Johann PEHOFER

Abstract*: Health education is a teaching principle in Austria, that is general legal default for a certain, important subrange for educators and teachers to be able to form their educational work and teaching work efficiently; these should be treated in accordance with the possibility in all teaching fields of the respective schools.*

Key words: health education, health-education, health-supporting school, Austria

1. Introduction

Health and body consciousness gain more and more meaning in a time which is marked by stress, hectic rush and environmental impacts. The educational order of the schools obliges this to take care for the purposes of a comprehensive education of pupils of all the partial aspects: education and mind, soul and virtues as well as body and life – show a being complementary system. In 1948, in its constitution, the World Health Organization (WHO) defined **health** as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". In more recent years, this statement has been modified to include the ability to lead a "socially and economically productive life."

Above all, those areas which are not connected immediately with health are included by this wide definition of the concept "Health": "Rather a whole bundle from personal, to social, ecological and somatic source terms whose single factors stick together in a complicated respect is to be identified." Also the Austrian sociologist Anselm Eder in his book *Risk factor of loneliness* on the connections between the psychosocial situation and the health pointed out: health and illness may be seen not only as individual organic discfunctions – they are also qualities of a social system.

Health encloses the whole person: of this knowledge the schools of the present must position themselves: health-oriented educational is their order. Also here the WHO gives the purposes. Their definition of health support (Ottawa charter for health support of the World Health Organization, in 1986) encloses that - in the educational understanding necessary – self designation as:

Health support is aimed at the process at allowing a higher measure in self-determination about her health to all people and at enabling them with it for the strengthening of their health.
It is a matter of grasping all areas of the human being:

- physical health
- psychic health
- social health

and of initiating conversion. Also in that case the WHO is leading again. In the "Djakarta explanation of 1997" the organisation takes up the main focuses of "Ottawa charter for health support":

- advocacy
- empowerment and
- integration

Besides, comprehensive attempts for health development are seen most effective; those attempts which are based on a combination of strategies should not be seen as less important:

- development of a health-supporting whole policy
- creation of supporting environments / surroundings for health
- strengthening of health-related communal actions
- development of personal competence in dealing with health and health related matters
- re-orientation of the health services.

To face the new dangers for the health appropriately, new action forms are required:

- support of social responsibility for health
- development of the investments in health development
- strengthening and development of partnerships for health
- strengthening of the health-supporting potentials of communities and the action competence of everyone and
- backup of an infrastructure for the health support.

2. Current development

The passive concept of health education has mark the schools work over a long peroid of time. Of this phase follows nowadays active health education for the purposes of a health-supporting school.

A confrontation of both concepts shows the change which has taken place during the past years:

traditional health-education:

- main focus on hygiene and physical health without social relation
- occurs in the classroom and in single teaching units

– it is knowledge mediation and presentation of facts
– hardly considers the health well-being of teachers
– does not incorporate parents and the social & academical environment

health-supporting school
– health concept enclosing physical, mental, social and ecological aspects
– incorporates the academic environment and sees itself as a professional-covering task
– different active teaching methods increase the action competence of all partners envolved
– teachers health is seen as an important condition for a successful health support / health education for all the pupils
– cooperation with the parents and the municipality is seen as an important condition and basic fact

3. The situation in Austria

Health education is a teaching principle in Austria, that is general legal default for a certain, important subrange for educators and teachers to be able to form their educational work and teaching work efficiently; these should be treated in accordance with the possibility in all teaching fields of the respective schools. This principle decree is stated in the appendix.

Nevertheless, besides, the default of the ministry also comes on the above mentioned present developments: Health-supporting schools are especially promoted; the projects which concern this area especially supported. An overview and examples concerning the present strategy are found on the ministry homepage. Presently the strategy health support in the schools of Austria works on the strategical and content advancement of the measures, initiatives, tasks and the purposes of the “healthy school in Austria “. Principal purpose is to motivate every school to become “a healthy school “. Above all, the construction of a network of health-supporting schools serves for it in Austria.

4. Criteria for a health-supporting school

The realisation of health-supporting schools is based on several conditions. One is surly the attention of the criteria provided by the WHO.

These present themselves as followed:
1. The active support of the pupils self-esteem, while everybody can contribute to the creation of the school everyday life.
2. The development of good relations, in schools everyday life, between the school staff and the pupils and among pupils themselves.
3. The purification of the social order and the purposes of the school for school staff and pupils.
4. The supply of a variety of action possibilities for the activation of all pupils
5. The use of every opportunity for the improvement of the physical environment and the school.

6. The development of good contacts between the school, the parental home and the municipal environment.
7. The development of good contacts between the local basic position and grammar schools for the installation of a coherent curriculum of the health education.
8. The active support of the health and the well-being of pupils and school staff.
9. The examination of the roles of the school staff as health models.
10. The consideration to what extent the school meals (if offered) can be also used for the supplement of the curriculum to the health education and health education.
11. The use of the offers of the municipal services to the consultation and support of the health education and health education.
12. The advancement of the school health services and their precaution investigations to a more active support of the health support in the whole curriculum.

5. Resumee

Education to a health conscious life is a part of an answered educational theory. Besides, the way walked in Austria indicates realistic and actual possibilities, however, can be only a part of an European development: In this sense it is to be hoped that a cooperative work among our neighbouring states can be developed to create a "healthy living atmosphere" for your future – our children and teenagers.

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ZDRAVÍ A VÝUKA NA PŘÍKLADU RAKOUSKÝCH ŠKOL

Souhrn: Výchova ke zdraví je v Rakousku vzdělávacím principem, který je všeobecnou právní platformou pro konkrétní důležitý segment vychovatelů a pedagogů nastavenou tak, aby mohli efektivně vykonávat svoji výchovně-vzdělávací práci.

Klíčová slova: výchova ke zdraví, vzdělávací systém, škola podporující zdraví, Rakousko

FUTURE DEVELOPMENT OF NANOTECHNOLOGY AND HUMAN HEALTH

Vladislav NAVRÁTIL

Abstract*: The first use of the distinguishing concepts in ‚nanotechnology' a talk given by physicist Richard Feynman at an American Physical Society meeting at Caltech on December 29, 1959. Feynman described a process by which the ability to manipulate individual atoms and molecules might be developed. In the coming decades nanotechnology could make a supercomputer so small it could barely be seen in a light microscope. Fleets of medical nanorobots smaller than a cell could roam our bodies eliminating bacteria, clearing out clogged arteries, and reversing the ravages of old age. Low cost solar cells and batteries could replace coal, oil and nuclear fuels with clean, cheap and abundant solar power. New inexpensive materials could open up space and material abundance for all the people of the earth could become a reality.*

Key words: *nanophysics, nanomaterials, human health, nanomedicine, science, technology, education*

1. Introduction

The conceptual underpinnings of nanotechnologies were first laid out in 1959 by the well known physicist Richard Feynman (Fig 1). In his lecture „There is plenty of room at the bottom" he explored the possibility of manipulating material at the scale of individual atoms and molecules [1].

Fig 1. Richard Feynman

The term „nanotechnology" was used in 1974 by Norio Taniguchi [2] (University of Tokyo, Japan) and the primary driving force for miniaturisation came from the electronic industry, which aimed to develop tools to create smaller electronic device on silicon chips (at IBM, USA has been developed technique called electron beam litography). By means of this method were created nanostructures and device as small as 40–70 nm in the early 1970s.

Nanoscience and nanotechnologies are widely seen as having huge potential to bring benefits to many areas of research

and applications. They are attracting rapidly increasing investments from governments and from business in many parts of the world. Their application may rise new chalenges in all branches of science, technology, medicine, biology and so on.

2. Nanoscience and nanotechnology

Nanoscience is the study of phenomena and manipulation of materials at atomic, molecular and macromolecular scales, where properties digger significantly from those at a larger scale.

Nanotechnologies are the design, characterization, production and application of structures, devices and systems by controlling shape and size at nanometer scale [3].

A nanometer (nm) is one thousand millionth of a metre. For comparison, a single human hair is about 80 000 nm wide, a red blood cell is approximately 7 000 nm wide and a water molecule is almost 0,3 nm across (Fig. 2). People are interested in the nanoscale because the properties of materials can be very different from those at a large scale. In some senses, nanoscience and nanotechnologies are not new. Chemists have been interested in polymers, which are large molecules made up of nanoscale submits, for many decades.

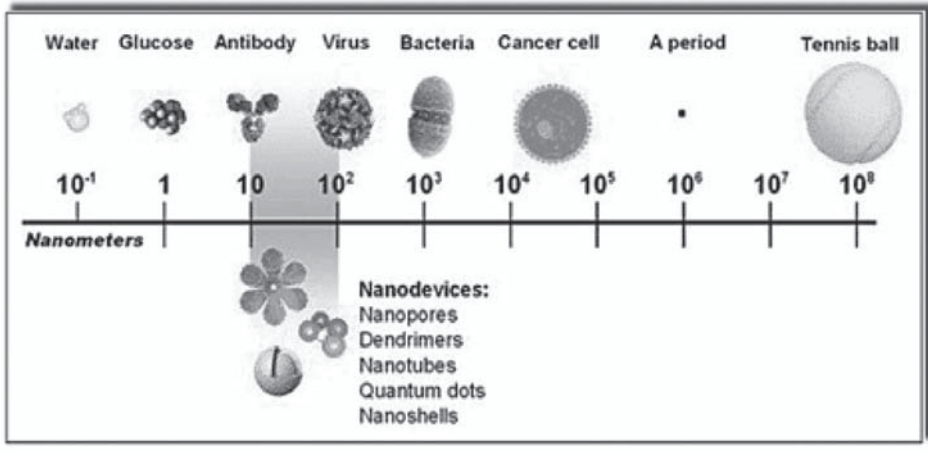

Fig. 2. Nanoscale [4]

Nanotechnologies have been used to create the tiny features on computer chips for the past 20 years. However, advances in the tools that now allow atoms and molecules to be examined and probed with great precision have enabled the expansion and development of nanoscience and nanotechnologies.

3. Nanomaterials in science

Two principal factors cause the properties of nanomaterials to differ significantly from other (bulk) materials: increased relative surface area and quantum effects. These factors can change or enhance properties such as reactivity, strength and electrical

characteristics. Nanoparticles have much greater surface area per unit mass compared with bulk materials. As chemical reactions occur at surfaces, this means that a given mass of material in nanoparticulate form will be much more reactive than the same mass of bulk material.

Together with surface area effects, quantum effects can begin to dominate the properties of matter as size is reduced to the nanoscale. These can affect the optical, electrical and magnetic behavior of materials. Materials that exploit these effects include quantum dots and quantum well lasers for optoelectronics.

Here are some examples of nanomaterials:

a) Thin films, layers and surfaces. Such materials have been used in electronic devices, chemistry and engineering (silicon integrated circuits), monolayers are used in chemistry. Engineered surfaces such as large surface area are used in applications such as fuel cells and catalysts.

b) Nanotubes and nanowires – *carbon nanotubes* are extended tubes of rolled grapheme sheets (Fig. 3). They area few nanometers in diameter and several micrometres to centimeters long. They are mechanically very strong (Young´s modulus is over 1 TPa – as shift as diamond), flexible and can conduct electricity extremely well.

Inorganic nanotubes – are based on layered compounds such as molybdenum disulphide and have excellent tribological (lubricating) properties, catalytic reactivity and high capacity for hydrogen and lithium storage.

Oxide-based nanotubes (titanium dioxide) are being explored for their applications in catalysis, photo-catalysis and energy storage.

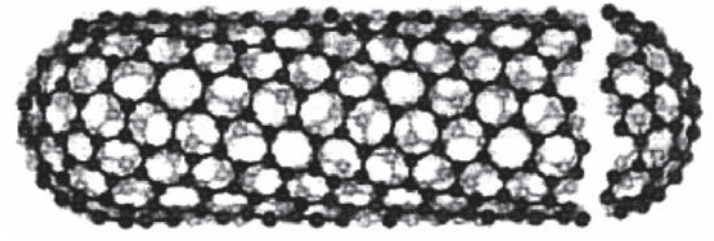

Fig.3. Nanotube [5]

Nanowires are ultrafine wires or linear dots, formed by self-assembly. They have remarkable optical, electronic and magnetic characteristics (for example they can bend light around tight corners). Nanowires can be used also as high-density data storage media.

c) Biopolymers such as DNA molecules offer a wide range of opportunities for the self-organisation of wire nanostructures into much more complex patterns. They offer opportunities for example biocompatible sensors and small, simple motors (Fig. 4).

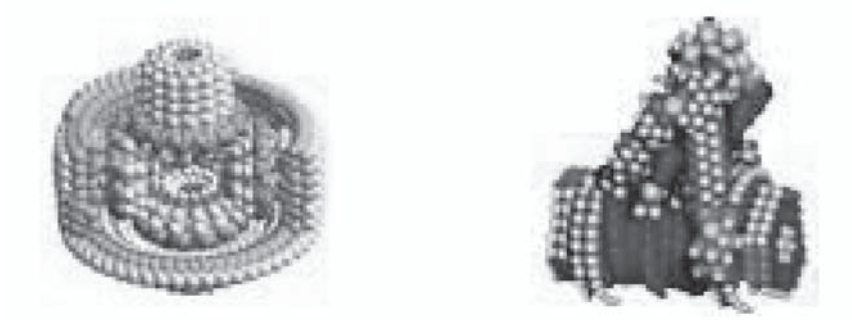

Fig.4. Nanomotors [5]

d) Nanoparticles are often defined as particles of less than 100 nm in diameter. They exist widely in the natural world for example as the product of photochemical and volcanic activity and created by plants and algae. They have also been created as products of combustion, food cooking and from vehicle exhaust. Nanoparticles have a range of potential applications: in new cosmetics, textiles and paints, in targeting of drug delivery (where they could be to used deliver drugs to a specific site in the body). Nanoparticles can also be arranged into layers on surfaces, providing large surface area and hence enhanced activity, relevant to a range of potential applications such as catalyst.
Fullerens (carbon 60 – Fig. 5) – new class of carbon material are spherical molecules about 1 nm diameter, comprising 60 carbon atoms arranged as 20 hexagons and 1ĕpentagons. Several applications are envisaged for them, such as miniature ball bearings to lubricate surfaces, drug delivery vehicles and in electronic circuits.

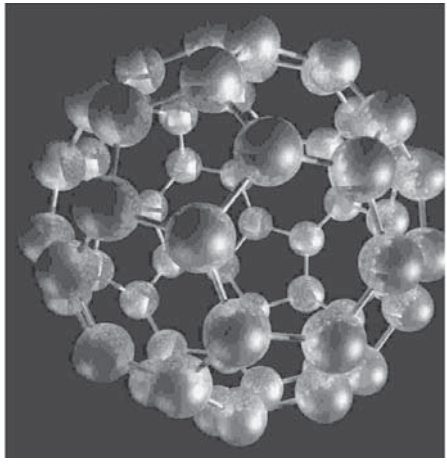

Fig. 5. Fulleren molecule [6]

Quantum dots (nanoparticles of semiconductors). If that particles are made small enough, quantum effects come into play. Thus particles can be made to emit or absorb

specific wavelengths (colours) of light (optical properties of the particle is depending on their size). Quantum dots have found applications in chemistry and biology (fluorescent biological labels to trace a biological molecules)

4. Nanotechnology and medicine.

Advances in medical technology depend on our understanding of living systems. In the age of nanotechnologies we should be able to explore and analyse living systems in greater detail than ever before considered possible.

Diseases are caused largely by damage at the molecular and cellular level. Today´s surgical tools are at this scale large and crude. From the viewpoint of a cell, even a fine scalpel is a blunt instrument more suited to tear and injure than heal and cure. Modern surgery works only because cells have a remarkable ability to regroup, bury their dead and heal over the injury.

Nanotechnology – the manufacturing technology of 21th century, should offer us molecular machines, much smaller than a human cell and built with the accuracy and precision of drug molecules. Such tools will let medicine, for the first time, intervene in a sophisticated and controlled way at the cellular and molecular level. They could remove obstructions in the circulatory system, kill cancer cells, or take over the function of subcellular organelles.

Autonomous molecular machines (Fig. 6), operating in the human body, could monitor levels of different compounds and store that information in internal memory. They could determine both their location and the time. Thus, information could be gathered about changing conditions inside the body. These molecular machines could then be filtered out of the blood supply and the stored information and samples could be analysed. This would provide a picture of activities within healthy or injured tissue. This new knowledge would give us new insights and new approaches to curing the sick and healing the injured.

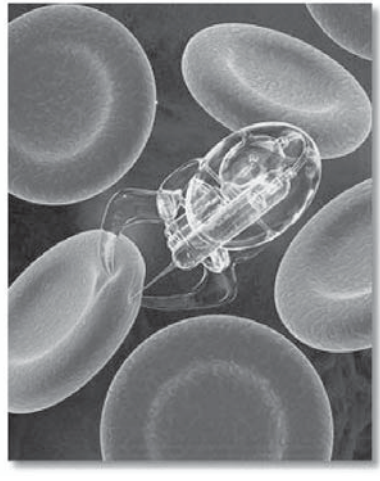

Fig. 6. Nanorobot and blood cells [6]

But there is a growing body of specific evidence which demonstrates the potential for some nanomaterials to be *toxic* to humans or environment. The smaller a particle, the greater its surface area to volume ratio and the higher its chemical reactivity and biological activity. The greater chemical reactivity of nanomaterials results in increased production of ROS (reactive oxygen species), including free radicals (for example fullerenes, carbon nanotubes, nanoparticle metal oxides). The extremely small size of nanoparticles are able to cross biological membranes and access cells, tissues and organs. Nanoparticles in blood stream can be transported around the body and are taken up for example by the brain, heart, liver and kidneys. Studies demonstrate that nanomaterials may be taken up by cell mitochondria and cell nucleus and also cause DNA mutation and induce structural damage of cell.

Size is not the only important factor . Other properties of nanomaterials that influence toxicity include: chemical composition, shape, surface structure, aggregation solubility and presence or absence of functional groups of other chemicals. It means that each new material must be assessed individually and all material properties must be taken into account.

5. Conclusion

Nanotechnology has also broader societal implications and poses broader social challenges. Social scientists have suggested that nanotechnology´s social issues should be understood and assessed not simply. Many of them suggested that technology assessment and governance should also involve public participation [7].

Some scientists suggest that nanotechnology will build incrementally, as did the 18–19th century industrial revolution, until it gathers pace to drive a nanotechnological that will radically reshape our economies, labour markets, international trade and relations, social structures, civil liberties and our relationship with the natural world [8].

Other suggest that it may be more accurate to describe change driven by nanotechnology as a „technological tsunami“. It means that rapid nanotechnology-driven change will necesarilly have profound disruptive impacts. Nano optimists, including many governments (Fig. 7), see nanotechnology delivering [6–8]:

- environmentally benign material abundance for all providing universal clean water supplies;
- atomically engineered food and crops resulting in greater agricultural productivity with less labour requirements;
- nutritionally enhanced interactive „smart“ foods;
- cheap and powerfull energy generation;
- clean and highly efficient manufacturing;
- radically improved formulations of drugs, diagnostics and organ replacement;
- much greater information storage and communication capacities;
- interactive „smart“ appliances and increased human performance through convergent technologies.

Fig. 7

Literature

[1] FEYNMAN, R. www.its.caltech.edu/feynman/plenty.html
[2] TANIGUCHI, N. Proc.of the Int.Congress on Prod.Eng. Tokyo, Japan, 974
[3] ERHARDT, D. www.ismn.cnr.it/Symp-O-NatureMaterials.pdf
[4] KROTO, H. W.; HEATH, J. R.; O´BRIEN, S. C.; CURL, R. F. Nature 318, s. 162
[5] MIT (2004) web.mit.edu/isn
[6] RENN, O. Environmental Science and Technology, 33, 1999, s. 3049–3055
[7] SERVICE, R. F. Science, 304, 2004, s. 1732–1734
[8] VALLYATHAN, V. Environmental Health Perspectives, 102, 1994, s. 111–115

ROZVOJ NANOTECHNOLOGIÍ A LIDSKÉ ZDRAVÍ

Souhrn: Za průkopníka nanotechnologie lze pokládat významného amerického fyzika Richarda Feynmana, který se ve svém příspěvku „There‘s Plenty of Room at the Bottom“, předneseném dne 29. 12. 1959 pro účastníky shromáždění Americké fyzikální společnosti, zabýval možností ovládání jednotlivých molekul a atomů [1]. Je téměř jisté, že v nadcházejících dekádách dojde právě na základě nanotechnologie kromě jiného k vytvoření superpočítačů, sotva viditelných v optickém mikroskopu. Nanoroboty, menší než buňka, budou v lidském těle ničit bakterie, čistit cévy a omlazovat celý organismus. Levné solární články a baterie nahradí uhlí, ropu a nukleární palivo. Nové levné materiály zlevní cestu do Vesmíru a zajistí blahobyt pro všechny občany Země.

Klíčová slova: nanofyzika, nanomateriály, lidské zdraví, nanomedicína, přírodní vědy, technické vědy, výuka

ANALYSIS OF THE HEALTH CONDITION OF POPULATION ON THE BASIS OF INDICATORS OF MORTALITY IN SELECTED REGIONS OF THE CR

Milan PALÁT, Oldřich KRÁLÍK

Abstract: *Consequences of changes in the political, economic and social environment become evident in increasing the live expectancy of both sexes. The analysis was oriented to indicator of mortality in selected regions of the Czech Republic. Evaluation of the research results was carried out by statistical methods. Results achieved characterize regional differences in the health condition of population on the basis of indicators of mortality according to significant groups of causes of mortality.*

Keywords*: health service, demography, statistical methods, regions, Czech Republic*

Introduction

Changes, which occurred in the Czech Republic (or in Czechoslovakia) after 1989 in the field of economy (transformation of centrally directed economy to market economy) together with political changes (the change of a totalitarian system to a democratic system) affected not only the level and structure of particular sectors of national economy and the living standard of population but were also the cause of changes in other spheres of the population life. Last but not least, they were the reason of extensive qualitative and quantitative changes in health service and education.

The number of students at secondary schools as well as at universities and other colleges has increased (at present, we rank among the first places in EU countries). The condition of their admission was no longer class background but study conditions (to a great extent, however , also financial possibilities). Marked changes occurred in the method of education and in changes of relationships between teachers and students.

In consequence of qualitative and quantitative changes in the nutrition of population, in the improvement of health service and in other spheres of the community life the health condition of population improves and the average age increases. At the same

time, however, marked changes occur in the psychic demandingness in the personal life as well as in the working process in a number of professions. These facts become evident in an increased rate in teachers of all schools.

Methods

Empirical data on the achieved level of examined events in the defined territorial unit and time period were obtained from the Czech Statistical Office database as well as from our own research.

Exact statistical methods and demography contribute undoubtedly to the objective expression of these changes. Partial results of the paper authors were published in 2005 and 2006 or they are given in this paper. From the point of view of this research we consider these problems to be important. Problems of changes in the nutrition of population were dealt with by Škvařil, J. and Škvařilová, E. (2007). These authors consider particularly increased consumption of food of animal origin to be a significant risk factor in the nutrition of population (higher supply of energy, proteins and fats together with the unsuitable structure of fatty acids, cholesterol etc.). An extensive historical survey on the use of alternative and modern curative methods aimed at the need of the education of students of pedagogy mentions Belán (2007).

Theoretical aspects and interpretation of results of the study of demographic events and processes are dealt with by Dufek (2003), Kretschmerová (2001), Maca, Palát (2004), Palát, Maca (2004), ROUBÍČEK (1996) and Fiala (2003).

Methodical procedures of processing the up-to-date data of analysed time series based on methods of descriptive statistics are presented in the paper of Palát, Králík (2006).

Results and discussion

The life expectancy of males and females as of 2006 is given in Tab. 1 and in Figure 1 as compared to the regions of Prague and Ústí nad Labem. Figures 2-5 illustrate the variation range of deaths per 100 000 mid-year population for neoplasms, circulatory system diseases, respiratory system diseases and external courses in particular regions and in the whole Czech Republic in 2005.

	0	5	10	15	20	25	30	35	40	45	50
Males	73.45	68.80	63.86	58.91	54.07	49.30	44.49	39.70	34.98	30.38	26.02
Females	79.67	74.94	69.97	65.00	60.06	55.13	50.20	45.30	40.45	35.69	31.02

	55	60	65	70	75	80	85	90	95	100
Males	21.96	18.18	14.79	11.65	8.82	6.40	4.46	2.99	1.93	1.34
Females	26.49	22.13	18.01	14.07	10.46	7.36	4.83	2.96	1.72	0.98

Table 1: The life expectancy of males and females in the Czech Republic (live tables 2006)

In a diagram in Fig. 6 for 2005, it is possible to find four clusters with different demographic characteristics. The first one includes 1, the second 1, the third 9 and the fourth 3 regions: (1) – the capital of Prague, (2) – Central-Bohemian region, (3) – South-Bohemian region, Plzeň region, Vysočina region, South-Moravian region, Hradec Králové region, Pardubice region, Ústí region, Liberec region and Karlovy Vary region, (4) – Olomouc region, Zlín region, Moravian-Silesian region.

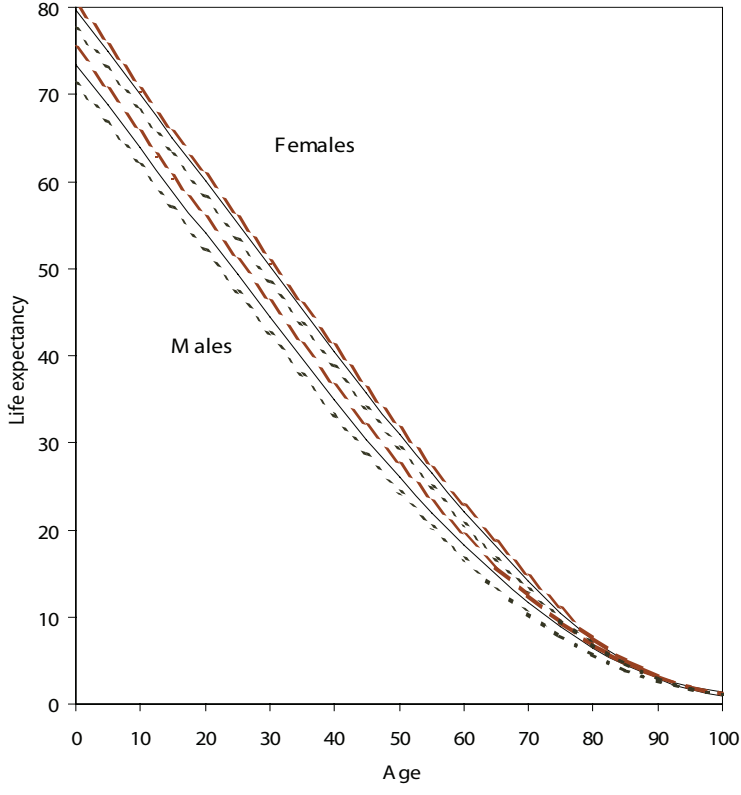

Fig. 1: The life expectancy of males and females in the Czech Republic (live tables 2006) as compared with the region of Prague and the region of Ústí nad Labem (live tables 2005-2006)

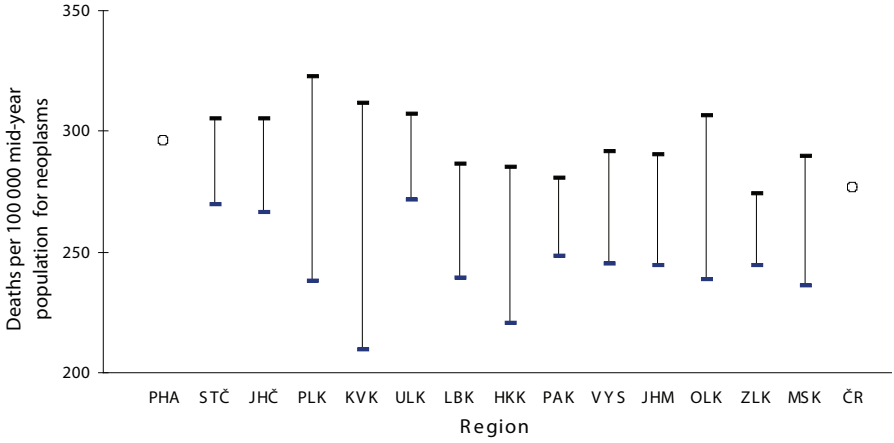

Fig. 2: Range of deaths per 100 000 mid-year population for neoplasms particular regions and in the whole Czech Republic in 2005. Explanatory notes: PHA – the capital of Prague, STČ – Central-Bohemian region, JHČ – South-Bohemian region, PLK – Plzeň region, KVK – Karlovy Vary region, ULK – Ústí nad Labem region, LBK – Liberec region, HKK – Hradec Králové region, PAK – Pardubice region, VYS - Vysočina region, JHM – South-Moravian region, OLK – Olomouc region, ZLK – Zlín region, MSK – Moravian-Silesian region, ČR – Czech Republic)

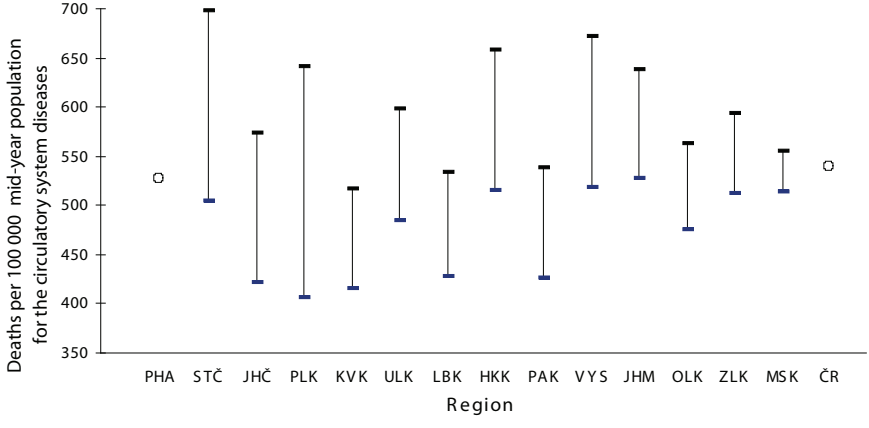

Fig. 3: Range of deaths per 100 000 mid-year population for circulatory system diseases in particular regions and in the whole Czech Republic in 2005. Explanatory notes see Fig. 2

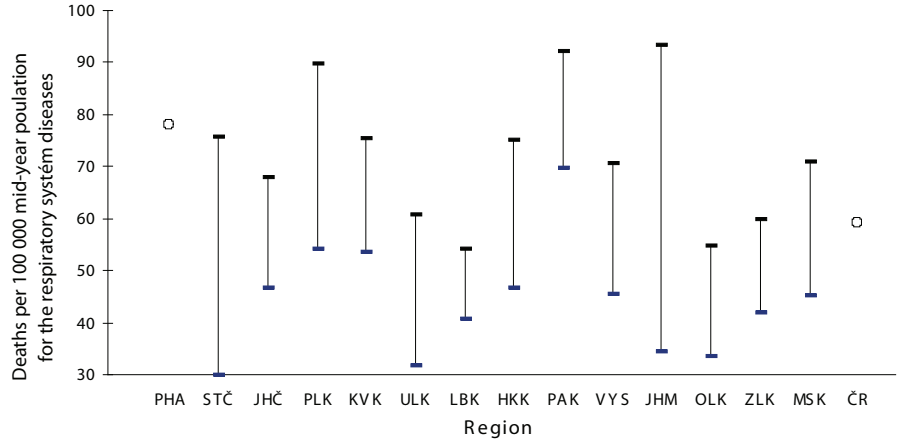

Fig. 4: Variation range of deaths per 100 000 mid-year population for respiratory system diseases in particular regions and in the whole Czech Republic in 2005. Explanatory notes see Fig. 2

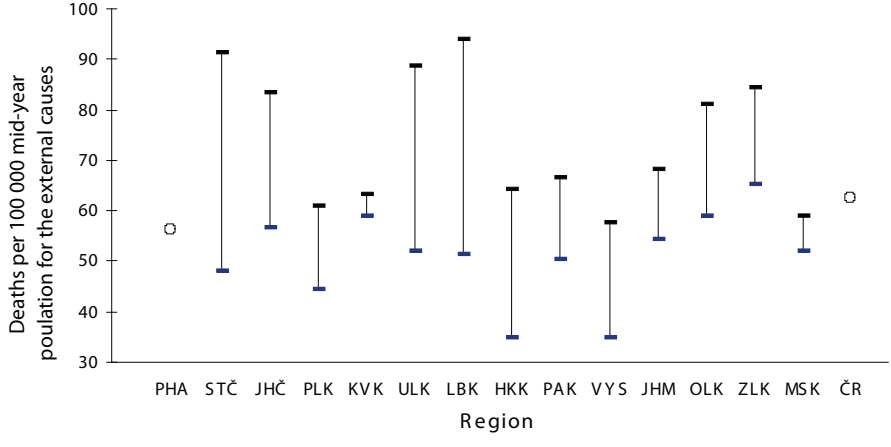

Fig. 5: Variation range of deaths per 100 000 mid-year population for external causes in particular regions and in the whole Czech Republic in 2005. Explanatory notes see Fig. 2

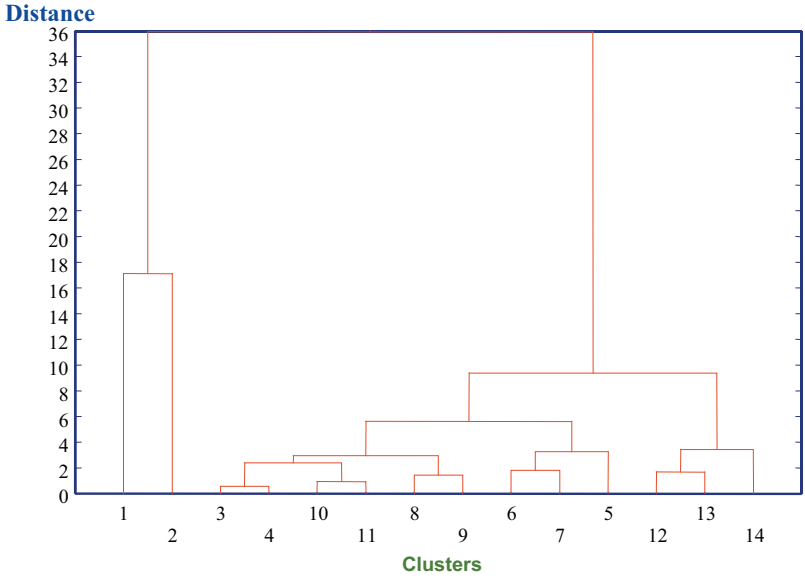

Fig. 6: A dendrogram from demographic characteristics per 1000 population (marriages, divorces, live births, deaths, immigrants and emigrants) in 14 regions of the CR in 2005. (1 – the capital of Prague, 2 – Central-Bohemian region, 3 – South-Bohemian region, 4 – Plzeň region, 5 – Karlovy Vary region , 6 – Ústí nad Labem region, 7 – Liberec region, 8 – Hradec Králové region, 9 – Pardubice region, 10 – Vysočina region, 11 – South-Moravian region, 12 – Olomouc region, 13 – Zlín region, 14 – Moravian-Silesian region)

Conclusion

Results achieved have proved the suitability of using statistical methods in dealing with problems of demographic development in particular regions and in the whole Czech Republic. Changes in the economic and social environment with their social and economic aspects become evident by the continual increasing the life expectancy of both males and females. The number of dead persons was evaluated according to the cause of death. For the statistical analysis of the given material methods of regression and correlation analysis as well as cluster analysis were used. Results of cluster analysis consist in the division of regions into clusters with different demographic characteristics. Possibilities of multidimensional methods and particularly cluster analysis are not sufficiently applied in pedagogical and psychological research yet.

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Literature

1. DUFEK, J. Development of Regional Unemployment Characteristics in the Czech Republic. *AGRICULTURAL ECONOMICS Zemědělská ekonomika*, 2003, vol. 49, no 12, 571-577. ISSN 0139-570X.
2. BELÁN, M. Historie přírodní medicíny pro učitele a žáky. In *Zodpovědný přístup ke zdraví. 6. díl*. Olomouc: A& M Publishing, 2007, s 203-220. ISBN 978-80-903654-5-2.
3. FIALA, T. Tendencies in Marital Fertility of the 2nd and 3rd 0rders in the Czech Republic During Last Fifty Years. *Demografie* 2003, 4, s. 81–93. ISSN 0011-8265.
4. KRETSCHMEROVÁ, T. Development of Population of the Czech Republic in 2000. *Demografie*, 2001, 43, s. 173–186. ISSN 0011-8265.
5. MACA, E., PALÁT, M. Obecné a souhrnné míry intenzity reprodukce obyvatelstva České republiky v letech 1945-2002. In *Sborník referátů ze 7. mezinárodní konference Firma a konkurenční prostředí, Sekce 4. Kvantitativní metody v hospodářství*. Brno, 10.–11. března 2004, s. 85–91. ISBN 80-7302-076-9.
6. PALÁT, M., MACA, E. Analysis of the development and prediction of the population movement indicators in the Czech Republic. *Acta univ. Agric. et Silvic. Mendel. Brun.,* 2004, vol. LII, no 3, s. 17–34. ISSN 1211-8516.
7. PALÁT, M., KRÁLÍK, O. Consequences of changes in the health condition of population on the demographic development in the CR. In ŘEHULKA, E. (ed.) *School and helth 21* (1) - Volume 2. Brno: Masarykova univerzita, 2006, s.1055-1067. ISBN 80-210-4071-8.
8. ROUBÍČEK,V. Základní problémy obecné a sociální demografie. Praha: VŠE, 1996, 271 s. ISBN 80-7079-188-8.
9. ŠKVAŘIL, J., ŠKVAŘILOVÁ, E. Jídlo a nemoc. In *Zodpovědný přístup ke zdraví*. 6. díl. Olomouc: A& M Publishing, 2007, s 6–7. ISBN 978-80-903654-5-2.
10. *Statistical yearbook of the Czech Republic 2004*. Praha: ČSÚ, Scientia. 783 p. ISBN 80-250-0853-3.
11. *Statistical yearbook of the Czech Republic 2005*. Praha: ČSÚ, Scientia. 814 p. ISBN 80-250-0853-3.
12. Kolektiv: *Projekce obyvatelstva ČR do roku 2050*. 2003. Praha: ČSÚ. 103 s. ISBN 80-250-1080-5

ANALÝZA VÝVOJE ZDRAVOTNÍHO STAVU OBYVATELSTVA NA ZÁKLADĚ UKAZATELŮ ÚMRTNOSTI VE VYBRANÝCH REGIONECH ČR

Abstrakt: Důsledky změn politického, ekonomického a sociálního prostředí se projevují na zvyšování střední délky života obou pohlaví. Analýza byla orientována na indikátory úmrtnosti ve vybraných regionech České republiky. Vyhodnocení bylo provedeno statistickými metodami. Dosažené výsledky charakterizují regionální rozdíly ve zdravotním stavu obyvatelstva na základě ukazatelů úmrtnosti podle významných skupin příčin smrti.

Klíčová slova: zdravotnictví, demografie, statistické metody, regiony, Česká republika

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