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SCHOOL AS A LINK INTEGRATING HEALTH SUPPORTING ENVIRONMENT. FROM HEALTHY SCHOOL TO SCHOOLS FOR HEALTH IN EUROPE

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Abstract: *In the postmodern health discourse, the predominant importance is assigned to education and health promotion. The prestige of education is emphasized not only by the WHO project "Health for Everyone in 21st century", but also by the World's Health Declaration. The key issues are the forms and contents of school health education. The assumption points they all shall shape the skills of civic involvement in social, economic and political undertakings and prepare those being educated to participate in the responsibility for health and express the core of the problems bothering postindustrial societies. The constitutive element of the operational dimension in educational processes is the health awareness of an individual, aiming at change of the reality with accordance to pro-health standards of WHO. The task of education is to develop the health awareness of a citizen and building up health-related knowledge in individual, social and ecological dimension. The history of health and disease-related educational programmes is of revolutionary character. Transformation of health promotion model at schools shifts from elementary health promotion model, through the project of Health Promoting Schools to the model of Schools for Health in Europe. Transformations in educational models coincide changes in approaching the health model from disposition or environmental perspective to system perspective of positive health. The new perspectives of health and health education take into account psychosomatic, ecological, cultural and technological aspects, including the restrictions resulting from human genetic adjustment to changeable conditions.*

Keywords: *health, Health Promoting Schools, Schools for Health in Europe, education, health education, heath promotion*

In a multicultural and technically dominated reality of contemporary world the issue of health and disease merges many discourses. It is found not only in biological and medical science but in discourses of ethics, religion, politics, technology and number of other dimensions of broadly understood culture. The issue of health is one of the key trains interpenetrating the social communication processes used in advertisements,

media news, parliamentary debates and everyday gossips. In such discourses significance is attached to taking care of one's health, and the hygienic demands are the immanent ingredient of each ethical and religious system. Simultaneously, the variability of moralities interprets any sort of actions against health as a sin, crime or violation. The direct connection of problems located in the health sphere with upbringing perceived in informal manner and institutional education were emphasized by all the well-known doyens of education starting from ancient philosophers to the initiators of contemporary educational systems. It particularly relates to modern times including the postmodern discourse. Hence, it is not revealing to claim that wide perspective of health reaches deeply in the social science, including pedagogy.

The value of health as the term popularly understood increases particularly in the case of life threat. The fear of a disease and death constitute a vital element of particular attention paid to health. It is a sort of guarantee to stay alive. At the same time, a noticeable issue is the way in which individuals in various historical periods and cultures interpret and define the model and symbolize the idea of health. The issue of health and illness is involved in typical for the culture and its logical manner systems of categories systematizing items and ideas, as well as standards and borders. Since the dawn of the culture the ideas of health and sickness have been a subject to specific categorization, being a point of reference to the existing life conditions, knowledge on physical and social reality, religious beliefs and science model, life style and many other environmental and social determinants. A special place in discourses regarding health and sickness are the normative systems, expressing moral assessment of a certain behaviours and the consequences of the actions undertaken and abandoned[1]. The question of complex health determinants including the relations within the individual himself and in his surrounding, creates a wide range of phenomenons. These are customs, do's and don'ts, hygienic bans and recommendations regulating the pattern to accomplish basic tasks starting from day-to-day activity such as keeping tidiness, storing and preparing meals, working, relax, sexual behaviours, interpersonal relations to complex construction called by the ancient physicians as the *harmony of mind*.

Postmodernism, however, questions health in another manner. The key aspect is not whether health issue shall merge the educational discourse, as it is almost obvious. In postmodern discourse the key issue are the goals, shapes and contents of health education referred to actual problems impacting postindustrial societies. The predominant aim for education and health promotion is the direction of changing the health awareness and lifestyles expressed in health-orientated projects. This aim is also focused on developing such knowledge about society and environment that shall allow to introduce health-orientated changes in the individual, social and ecological dimension. Contemporary education moving beyond the self-evident nature of health promotion raises questions on the health dimension of education as such.

The way of perceiving health importance and sickness in human existence rooted in the history of a mankind shaped the discursive formula predominant in biomedical model, interpreted as disposition approach. This formula serves as a dogma consoli-

[1] D. Białas, *Zdrowie jako system postaw, a wizja zdrowia w przekonaniach lekarzy*, [in:] B. Płonka-Syroka, A. Syroka [red], *Leczyć, uzdrawiać, pomagać, studia z dziejów kultury medycznej*, t 11, Wrocław 2007, pp. 13-35.

dated in preconsciousness constituting not only the medical discourse. It is also present in law, religion and ethics, permanently reinterpreting the train of one's availability – the subject burdened by essential tendencies to stigmatize actions and reactions with pathologies, guilt or sin. Disposition approach makes up the traditional way of perceiving health education. The counterbalance for the negative subject's dispositions is the vocation to heroism and sanity based on idealistic visions of a persona, turning education into self control, responsibility and abstinence. For the members of society individualistically and disposition oriented the key questions in the health issues are *who is guilty* or *who is responsible* for the certain shape of reality. In the case of pathology, the very first questions are naturally moving towards determining the reason for such situation and automatic determination of who or what to blame (for instance bacterias, the weather, the perpetrator of the accident). In the opposite situation, when the health condition improves they key issue is who is to take the credit for (a doctor, miracle-worker, divinity)[2]. It is always easy to put the blame for sickness on the caretaker – a tutor, parents that don't look after the child sufficiently (working too much), teachers (that are ignorant) or genes – something very few have the idea of but commonly known is that "whatever is wrong with me, I must have inherited it after parents".

The disposition model facilitates the simple upbringing formula morally and instrumentally related. All shall understand the meaning of *better be safe than sorry*. Equally popular are aversive phrases such as *smoking makes you impotent*. The myth of easy, cheap and efficient health education is in contemporary health promotion model of public health plays still a key role.

In the circumstances of globalized world, where the postindustrial societies make up a mosaic of informative, industrial and agricultural societies, mixed with even more archaic, tribal, even hunting-gathering communities, the disposition approach is a subject to intense criticism by authors of the public health idea gathered around WHO. Experts of this organization relying on the social concepts promote positive and utility health model with environmental model of sickness. In the junction of many discourses streams there are problematic fields that require permanent and lifelong education process. In this process the school – perceived as specific public institution – is assigned with important mission of establishing a system of health education and health promotion based on scientific grounds, additionally establishing pro-health and pro-ecology oriented society of knowledge.

The long-lasting combination of health and sickness issues with moral and social aspects is a key element of problems related to shaping new vision of health and health education. Social customs, considered in the social model as the issue of lifestyle, include the health care requirements in the issue of upbringing and education both as the determinant of individual condition and sustaining the continuity of culture. The history of health education is a field of knowledge permanently connected with general history of education and upbringing[3]. The phenomenon of situating and rooting any sort of discourses in their historical and social context is particularly worth noticing. Contextual analysis of the discourse facilitates recognizing the area and range of beliefs expressed

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[2] P. Zimbardo, *Efekt lucyfera,* Warszawa 2008, pp. 29-31.

[3] L. Barić, H. Osińska, *Oświata zdrowotna i Promocja zdrowia,* Warszawa 2006, pp.12.

as religious beliefs assigned by factual status in each epoch[4]. Unfortunately only few of these beliefs considered real may constitute the objective knowledge or a knowledge that might facilitate solving key problems of contemporary world. In such perspective the crucial question is the demand for supporting the knowledge with practical theories, proven by demanding scientific tests[5].

Health education is particularly expressed in the context of elementary teaching. The shape of the educational level called hygienic education, was for centuries associated with culturally varied belief systems, thinking styles and science models typical for certain cultural and religious spheres. The variability in approaching the hygienic issues reflected number of differences mainly deriving from environmental conditions in which a culture of a certain society was being shaped. It is rather hard to understand today why in some systems it was deeply believed that that shrimps and beef are unchaste, left hand shall be only for toilet purposes by its nature and shall not be used while eating, using drugs allows to see the depth of the reality and own self or that unbaptized child is particularly prone to diseases, death and growth disorders. Most of the traditional hygienic recommendations were of strict character and their justification is a taboo combining the medical and hygienic dimension with the moral one. The supporters of this taboo find it the necessary condition of remain healthy. Others claim that it is just a superstition or even barbarism. The striking example in this regard is the fusion of social patterns with biomedical standards with reference to sexual health. It results in aggressive tone of discussion on the norm of sexual behaviour, with sexual hygiene, deviation and tolerance aspects in this matter.

The division and variability are crucial impediment for implementing universal standards of health education promoted by WHO, and in experts' opinion there are vital in contemporary, globalized society. The first reason of implementing such approach were the dangerous pandemics such as the Spanish flu. The efforts to introduce homogenous standards of public and environmental health were undertaken by international society after II WW. Within the framework of WHO established in 1946-48 many issues were taken up. Those were for instance unification, codifying and coordinating actions supporting health including scientific research, combating diseases and health promotion with health education. One of such steps aiming to make the health and hygiene issue universal was recognizing and retying the WHO Constitution by the International Health Conference in New York in (1946). This document in the preamble includes the first positive and holistic definition of health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, additionally declaring human right to health as the common right and the condition of reaching peace and security[6]. In the years 1977-78 during the WHO conference in Alma Ata (1978) the goals of the strategy action for health were set up (Health for Everyone). Simultaneously the term health promotion was finally shaped and distinguished from health education. Nowadays, the health promotion refers to the need of change in the living conditions

[4] B. Płonka-Syroka, *Od historiografii nauk przyrodniczych do antropologicznej wiedzy – kształtowanie się nowej dyscypliny badań* [in:] B. Płonka-Syroka (red.), *Antropologia wiedzy. Perspektywy badawcze dyscypliny*, Wrocław 2005, pp.35.

[5] K.R. Popper, *Wiedza a zagadnienie ciała i umysłu,* tłum. T. Banaszak, Warszawa 1998, pp. 21-39.

[6] World Health Organisation: Basic Dokument: preamgle to the constitution of the World Health Organisation, http://www.who.int/governance/eb/who_constitution_en.p

and lifestyle. Health education is elementary dimension of widely interpreted health education oriented at improving individual skills, knowledge, attitudes and beliefs regarding widely understood environmental, social and political health determinants[7].

One of the key problems of contemporary health education is the need to define educational goals with regard to changeable conditions of postmodern reality and global aspects of political, economic and ecological situation in the world. The necessity of unification and coordination actions in favour of health becomes an impediment for the phenomenons related to commonly existing cultural, social, religious and economical differences. The diversity impacts even the most basic issues. Even the health model and its definition recognized by the WHO is a subject to severe criticism as imprecise, situational and idealistic. The heart of the criticism is perceiving the state of perfect physical, mental and social well-being as synonym to health. Considering the common assumption that health is equal to absence of disease, recognizing the equivalence of happiness with health results in problems of almost ontological origin. Taking common awareness into consideration, the most credible understanding of health condition objective by biomedical criteria is seen as somatic and social norm anticipated as *not falling ill* and *normality* i.e. accordingly to the parameters of norms. Such model, coherent with disposing vision of a human is deeply rooted in social awareness and by its nature does not become a ground of attempts to combine subjective, contextual and culturally involved salutogenetic vision of happiness and health[8].

Many accusations refer to restricting health to three dimensions; somatic, mental and social, passing over the aspect of spiritual health in transcendent sphere of human life. However, taking spiritual aspect of health into account make the promoted by WHO process of unifying terms even more difficult. By the genetic relativism of the term *spirituality* with its religious connotations, mysterian conception of nature and awareness, the spiritual health is a subject to separation from mental dimension of life situated in transcendent and metaphysical sphere. Mysterianism allows many speculative, risky and metaphysical ideas to be a part of the heath discourse, even tough they are beyond the scientific knowledge sphere embracing education and medicine[9].

WHO pays particular attention to the necessity of maximal rapprochement of intuitive patterns of thinking about health to the knowledge considered objective in academic sense. The problem of educational contents as the ground for the learning process is an important element in the WHO project. Such foundation, according to WHO specialists, shall be well-grounded with scientifically proven knowledge, serving the increase of human health potential and developing personal skills. The project emphatically raises the abovementioned question of scientific criteria in the process of education and health promotion. The objective knowledge criteria shall constitute predominant value in relation to other determinants of this process[10]. Knowledge founded on scientific criteria perceives health factors in psycho-somatic, environmental and cul-

[7] L. Barić, H. Osińska, op. cit. pp. 12-14.

[8] D. Białas, *Zdrowie jako system postaw*… op. cit. pp. 21-24.

[9] B. Woynarowska, *Edukacja zdrowotna*, Warszawa2007, s. 31; D. Białas, *Strategia narracyjna w procesach edukacji zdrowotnej*, [in:] B. Płonka-Syroka [red.] *Antropologia medycyny i farmacji w kontekście kulturowym, społecznym i historycznym*, Studia Humanistyczne Wydziału Farmaceutycznego Akademii Medycznej we Wrocławiu, t.1, Wrocław 2008, pp. 80-85.

[10] Ottawa Charter for Health Promotion, [in:] J. B. Karski, *Praktyka i teoria promocji zdrowia,* Warszawa 2008, pp. 247, 249

tural dimensions, it also considers factual threats, but mainly shall influence the content and forms of health education.

According to WHO specialists, the health education programs shall include all the contents profoundly preparing to actions undertaken in order to actively promote health in the society. The issues of health education perceived this way are tackled by the health policy project for the European Region by WHO "Health for Everyone in 21st Century". The education-related tasks are expressed particularly strong in goals: 3- healthy life start, 4- health of the youth, 5-health of the elderly people. Such goals present education as a permanent process from the birthday until the advanced age. Therefore particular emphasis is put on the issue of healthy life start using promotion of conscious maternity and conscious, responsible care taken for infants and small children. According to the guidelines, young people should play parental role responsibly and consciously, having been prepared for it not only in family circle, but within the school education too. Youmg people's health shall be grounded in better preparation for life in postmodern circumstances, higher level of life skills and – particularly important – possibilities and abilities to make pro-health choices[11]. The key issue is preparing and training children and young people to making aware and responsible choices that shall continue till adulthood and later.

Health education, due to permanent changes of the living conditions of contemporary societies typical for postmodernism, stall be a lifelong learning process, as it is oriented at permanent improvement of skills and knowledge facilitating the development of health potential. In adultery they key issues are the possibility of taking up a job, residence and financial support, as well as participation in public life, particularly satisfying needs connected with relationships, family and breeding children. One of the important aspects of education aimed at adultery need is pursuing the equity in health, taking into consideration gender perspective and other factors varying personal needs. In this context question of integrative and emancipating education seem to matter most. Integrating school as one of the forms of health promoting schools constitutes a system aiming at the process of including into social communication those individuals and groups that are classified as minorities endangered with social maladjustment and exclusion phenomena. Such school shall establish circumstances enabling subjective approach basing on such skills as recognizing the equality of diversified individuals, cooperation between various groups of interest, ability to accomplish the equality of rights, ability of subjecting experience, falsifying stereotypes, justifying beliefs, constructive resistance supported by ability of critical thinking and questioning obviousness, civil courage in exercising own rights and the value of democracy[12].

In accordance with education theory, school and family shall constitute two basic institutions accomplishing the educational process, including health education. Undoubtedly between these two subjects carrying out this task, there has been and will be a lot of tension and conflicts occurring. The family rather transmits the habits connected to a various degree with health awareness and knowledge about diseases as well as the hygiene

[11] A. Kozierkiewicz [red.] *Zdrowie 21 Zdrowie dla wszystkich w XXI wieku,* Publikacja Biura Światowej Organizacji Zdrowia Regionu Europejskiego 1999, przeł. J. B. Karski, Kraków 2001, pp. 61-68.

[12] Stanowisko Krajowej Konferencji Naukowej *Wyzwania i Zagrożenia Zdrowotne w Świetle Procesu Integracji*, Warszawa 22-23 Marca 2002 r. [in:] J. B. Karski, *Praktyka i teoria promocji zdrowia,* Warszawa 2008, pp. 267, 271 J. B. Karski, *Praktyka i teoria promocji zdrowia,* Warszawa 2008, pp. 247, 249..

related customs. However, it is the family circle where the child acquires behaviour patterns and habits, valued whether promoting health or anti-health ones. On the other hand, the duty to pass the knowledge on health and shaping pro-ecological and healthy attitudes and behaviours rests on school. It must be accomplished accordingly to the latest and scientifically proven knowledge about health in its somatic, mental and social dimension[13].

The differences between both of these environments in approaching health are particularly noticeable within the scope of moral sphere. They appeared from the very begging of establishing the systems of public and compulsory education and social medicine. As early as in the times of economic and social transformation in industrial societies of 19th century, the school became naturally involved in the stream of reorganizing the civic awareness on a large scale within systematic and public educational actions, competing with extremely intensive at the turn of 19th and 20th centuries revolutionary processes. The hygienic education tasks were being accomplished in the middle of 20th century, parallel to general alphabetization of societies, often morally rooted in prescientific awareness. A typical example of diversity and backwardness in knowledge on health among many Polish communities at the turn of 19th and 20th centuries is the case of doctors' fight with the myth of *plica polonica* disease[14]. The scientifically battle against the plica polonica myth was undertaken in 19th century by Joseph Dietl, and last case of it was recorded in 1957 by T. Brzeziński in the Polish region of Suwalszczyzna [15]. The medicine struggle with plica polonica myth, referring to superstitious fear of washing and combing hair took over a century in Poland. This example, no matter how trivial these days, clearly expresses the power of health-related taboo.

The determination accompanying first hygiene experts of health enlightening explains the first forms of carrying out the tasks of health education. It mainly consisted of restrictions, even penalization and close hygienic surveillance inspired by medical police in enlightening absolutism. Medical police as a public sanitary and medical service was authorized to intervene private lives using administrative and legal rights, as well as school functioning and the system of breeding children, it all aiming at the struggle for public hygiene[16]. In the atmosphere of fighting the hygienic and health ignorance, the first curriculum of school health education in Europe were mainly oriented at accomplishing instrumentally and prescriptively process of supporting families in the developing appropriate hygienic habits, and in more serious cases persuading the caretakers to change their breeding patterns towards children. Such system called health education was of not only instrumental character, but it was also shaping elementary basic behaviors enabling overcoming diseases such as tooth decay, tuberculosis, poliomyelitis and sexually transmitted diseases. Later, the health education put more pressure on prevention of civilization diseases as heart attack, then tackling the problem of fighting with alcoholism and tobacco addiction, gradually broadening the scope with other addictions.

Since the conference in Alma-Ata, along with the change of health issues approach shifting from disposition perspective to environmental model, a crucial modification of health education model appeared. In the middle of 1980's, second to Healthy

[13] Cz. Lewicki, *Edukacja zdrowotna*, Rzeszów 2006, pp. 171-172.
[14] T. Brzeziński [red.] *Historia medycyny,* Warszawa 1995, pp. 121-122, 344, 383-412.
[15] Ibidem, s. 122.
[16] W. Szumowski, *Historia medycyny filozoficznie ujęta,* Warszawa 1994, s. 534; T. Brzeziński op. cit. pp. 234, 235, 337, 387, 389, 394.

City, another project Health Promoting School was introduced[17]. A period of intensive development of school systems of health education aiming at Health Promoting School began. Within Western Europe the transformations were in accordance with the Health for Everyone project guidelines, moving towards Schools for Health in Europe.

At the same time (1980's-1990's) there was still structural and instrumental system of Polish health education in force, being a part of national state education. The heirarchy of experts, mainly physicians and sanitary-epidemiology station staff was in charge of setting up the programmes[18]. Education understood in such way, still at elementary level, was being carried out in Polish schools for decades. Regarding hygienic and physical education the inspiration was derived from the interwar period, continuing it in instrumentally changed form, appropriate to the criteria of real socialism in postwar communistic Poland. This stage may be described as elementary, internal school health education. By the end of 20th century, the predominant form of health education in Poland was a centralized, top-down transmission system of biologically-based knowledge. Accordingly to scientific paradigm, such model was in 20th century considered effective and stable. The educational goals were precisely determined in the circle of experts, adjusting the transmitted knowledge to beforehand assumed perceptive abilities of all the school pupils.

The curriculums for health education were centrally designed, serving as a foundation for content choice, the methods and forms of teaching.

Despite the appearance of more and more intense criticism in the light of political transformations of 1990's and the inflow of knowledge connected with attempts to include Polish education into European educational process, the internal school model of elementary education still persisted as verified, reliable and according to the native tradition. The crucial link in the process of internal school health education was the teacher, originally competent in health issues. The knowledge and skills, and first of all the personal example set by the teacher was to constitute the element determining appropriate course of health education process and assumed level of achievements[19]. Unfortunately the discrepancy between the theory and practice appeared in various areas. Still in majority of schools in 1980's there were billows of smoke in the school staff room, almost equal to the clouds of smoke in pupils' toilets. The examples are countless.

The necessity of profound changes in the health education model had been experienced before. It was emphatically expressed by the doyen of Polish health pedagogy, prof. M. Demel in his speech given during the National Physical Education Symposium in Kielce in 1971. He criticized Polish health pedagogy as based on system of preventive threats and bans. The picture of health presented in the health education model was assessed by him as"negative empty-being", and the education portrayed as "gray, ineffective and imperceptible". In a general evaluation he harshly defined it as "joint of boredom with helplessness"[20]. The conditions enabling changes appeared within political changes after 1989. Health Promoting School project initiated in 1991

[17] B. Woynarowska [red.] *Jak tworzymy szkołę promującą zdrowie, poradnik dla szkolnych koordynatorów i zespołów ds. promocji zdrowia*, Warszawa 1995, pp. 11.

[18] L. Barić, H. Osińska, op. cit. Pp.59.

[19] Cz. Lewicki, op. cit. p. 172.

[20] M. Demel, *Wychowanie zdrowotne, geneza i perspektywy*,[w:] *Wychowanie zdrowotne w szkole*. Materiały Krajowego Sympozjum Wychowania Zdrowotnego Kielce, 13-14. X. 1971 r. Warszawa 1974, pp. 14-18.

by WHO, was introduced in Poland, Czech Republic, Slovakia and Hungary. In 1992, as a result of agreement between WHO, Council of Europe and the EC Committee, the European Network of Schools Promoting Health was established. Until 1995 the network of schools associated in European Network of Schools Promoting Health embraced around 350 Polish schools, mainly primary, gradually extending with gymnasiums and nursery schools[21]. However, in predominant number of Polish schools the internal school model of health education prevails. It shall be considered as negative phenomenon particularly due to the fact that it is unnoticeable from the inner perspective of teachers.

The point that there is a threat of teachers being excessively used to internal school model of health education needs to be justified. The first reservations is the instrumentally typical assumption in pedagogy about the model role of teachers. Their competences and qualifications of publicly trusted individuals are always strongly associated with the term authority, deeply rooted in social consciousness. Teacher's authority becomes for many people a foundation constituting professional identity of people being partly responsible for shaping the awareness, attitudes and skills of the entrusted youth. The recognition that a teacher by nature represents the model of attitude and behavior doesn't stand the criticism, identically as the assumption that the teacher believes in lofty ideas and presents ideal moral and health behaviour. Recognizing authority perceived in such way has been contemporary accurately questioned on the grounds of emancipatory discourse as a form of authoritarianism. The traditionally perceived role of a teacher as public service officer is being explicitly criticized by H. Giroux. Referring to conservative perspective of exercising pedagogy, he indicates the way of perceiving authority in instrumentalism as someone transmitting universal beliefs and values existing absolutely. In radically conservative scope, the authority knows such beliefs and originally represents the world of universal values. He/She is also authorized to impose these values onto imperfect and limited pupil. Taking it into account, the pupil is obliged to be obedient de nomine, and the freedom emerges as a result of recognizing the set of values provided by the teacher.

In reference to Giroux's opinion and in Polish context, there is an exemplification of such criticism towards the project proposed in 2007 called "Zero tolerance for violence". The authors inspired by Polish national-catholic tradition identified the source of deal and security at schools with such measures as discipline, uniforms, surveillance supervision, granting teachers the competences of an official comparable to police officers. The authors of criticisms emphasized that such programme is nothing but a deceptive vision of governmental officials and teachers gone stale, demanding the right to authority guaranteed by a top-down regulation coming into force[22].

The next point criticized in health education model is its elementarism and preaching didactism. The elementarism is expressed by attempts to shape habits, recognized by the experts as hygienic and pro-health actions, simultaneously important for social reasons from certain cultural, political or economical view. The knowledge on health is administered in methodical and way in quality and quantity essential for instrumentally perceived sake of pupils, or in relation to elderly people for the sake of the patient.

[21] B. Woynarowska [red.] *Jak tworzymy*... op. cit. pp. 9-13.

[22] M. Dudzikowa, *Autorytet jest zawsze relacją,* „Psychologia w szkole" no 3, 2008; J. Gęsicki, *Dlaczego uczniowie są wredni,* „Psychologia w szkole" no. 1, 2008.

The elementarism of Polish health education in 1945-1999 was expressed by narrow problematic areas, poor number of issues tackled within the area recognized, and trivializing them. The vision of elementarism, authoritarianism and didactism in Polish (health) education depicted by Demel at the begging of 1970's was not a subject to transformation till the end of the century, becoming a part of general social atmosphere of Polish at the turn of 1980'-1990's. This view is also noticeable in many textbooks on health education, revealing its poor substantial contents. "Health Education" published as one of very few such manuals by M. Sygit in 1977 shows a typical problematic areas located in the scope of the interests of health education experts of the time[23]. Apart from the definitions review regarding health, sickness and social care system, the main topic is illnesses analysis tackling cancers, tuberculosis, diabetes, cardiovascular diseases and depression. Next, the author presents the biophysical threats of contaminated physical environment (soil, water and air contamination, industry, noise, pesticides). The next elements are the factors of main civilization diseases such as tobacco, alcohol and drugs addiction plus some typical elements of a lifestyle tackling food, physical activity, relax and leisure time as ways of stress reduction. The entire content analyzed on 200 pages may be expressed in few words: don't smoke, it causes cancer, don't drink – it causes liver cirrhosis and leads to death, don't use drugs as you will die even faster, avoid obesity as the main cause of heart attack, be active as sport is healthy.

Reduction of the substantial content to the important and key, however clearly elementary issues, trivializes the knowledge about health and healthy lifestyle, limiting the socially crucial discourse to giving talks, reprimanding and superficial evidences of the facts theoretically obvious. The results of such education are reflected in cynical jokes such as "don't smoke, don't drink, you'll die healthier", "who smokes and drinks knows no creepy-crawly", or "smoking kills slowly, but who wants to die fast"? Indeed, cynical attitudes towards health seem to be a dangerous result of deconstructive education. Negative education as it's superficial and simplified. Elementarism of health education also results in behavior-related emotional paralysis, cognitive absence of rational skills and facts analysis. This is also a consequence of overwhelming sense of being prone to diseases, bacterias, viruses, contamination and poisoning. It is expressed in a specific way of avoiding risks and mentally rooted allergy to all what artificial, unnatural and civilized. The life in 'technosphere' appears as a great trap. The only way out is to escape in naturalistic and mystic utopias expressed as healthism: obsessively fearing and taking care of one's health[24].

The conviction that most things in life considered pleasant are harmful, deeply rooted in Judeo-Christian mentality, is also one of the phenomenons dangerous for the health education. To confirm this argument it is enough to say that Polish therapist are adamant supporters of teetotal methods of treating addictions, being skeptical or even hostile towards substitute therapies. They also indulge in promoting teetotal methods of contraception called Natural Family Planning, severely criticizing other contraceptive methods and sexual hygiene including using condoms. The conviction of harmfulness of the pleasant experience and the necessity to sacrifice to a large extend lead to negative reality perspective, in which life is full of evil and by its nature harmful, according to

[23] M. Sygit, *Wychowanie zdrowotne,* Wydawnictwo Naukowe Uniwersytetu Szczecińskiego, Szczecin 1997.
[24] B. Woynarowska, *Edukacja zdrowotna,* op. cit p. 74.

another cynical adage, that "life is a painful, fatal and sexually transmitted disease". The feeling of hopelessness and inconvenience in pursuing health is expressed by decrease of motivation to change unhealthy habits and activating numerous protective motives, among which the most common is the unrealistic optimism and deriving pleasure for unhealthy habits compulsively[25].

The elementarism in Polish schools is also expressed by obsessive avoidance of problematic areas, indicated by WHO as the major determinants of health. The reduction particularly refers to problems tightly related to ideological, moral and religious aspects. Educational elementarism is strongly expressed by emphasizing the disease risk factors directly related to dispositions, behaviour and responsibility of an individual (smoking cigarettes, inappropriate eating habits, lack of physical activity, alcohol and drug abuse, etc). Pathophysiological disease risk factors (hypertension, high cholesterol level, adrenaline release) as alleged result of personal negligence are equally strongly emphasized, whereas only a small part of elementary health education is played in the problematic areas by issues related to social, environmental and psycho-social factors. Such crucial health determinants as poverty, low social status of groups and individuals, any kinds of discrimination (ethnic, religious, racial, gender or age-related) are clearly neglected in the problematic fields. These problems are found ideological and not disease-related by teachers. Social stratification is underestimated regarding health issues neglecting income variability, social status, access to the resources, social isolation, lack of support and weak social bonds. The risk of high level of self-blaming and the lack of sense of importance is identified as modesty and perceived as desirable attitude. With the issue of health on the elementary level there are essential determinants of it marginalized, such as exercising rights and civic freedoms, housing conditions, communication, employment, possibilities of saving up even such basic issue as sense of security[26].

Sources of this problem must be noticed in the type of cultural circumstances of Polish society, individualistically oriented, searching the answer to key good and evil-related questions in the depth of a human being (perceived as a free subject of certain genetic, intellectual or spiritual dispositions). For many Poles disposition thinking is a typical thinking pattern combining elements of individualism, authoritarianism and low level of social trust. This problem in Polish society is expressed by many analysts of social circumstances, such as J. Czapiński, and J. Gęsicki paying attention to the problem of mistrust culture. In their opinion the mistrust, merging and negatively structuring the fluid reality of 21st century Poland is deeply rooted culturally and mentally. Gęsicki indicates that the source of mistrust lies in the type of Polish traditionalism favouring homogeneity, density and identity dissociation of a catholic Pole, combined with homo-sovieticus mentality imposed at the time of communistic Poland[27]. In the mistrust view, disposition explanations are particularly popular. This is the argumentation behind majority of problematic phenomenons such as violence, population fluctuation, issues of gender difference and last but not least, the disease problem. Disposition thinking is

[25] P. G. Zimbardo, M. R. Leippe, *Psychologia zmiany postaw i wpływu społecznego,* przeł. P. Kwiatkowski, Poznań 2004, p. 420-421.

[26] J. B. Karski, op. cit. p. 39-42.

[27] J. Czapiński, T. Panek, *Diagnoza społeczna 2007, warunki i jakość życia Polaków,* Rada Monitoringu Społecznego, raport 11.11. 2007, http://www.diagnozaspoleczna.pl; J. Gęsicki, *Dlaczego uczniowie są wredni,* „Psychologia w szkole" nr 1, 2008.

also typical for biomedical model of health predominant in Polish health propaedeutics, health education and medicine. The disease has always its causes, and must always be a result of mistakes, negligence and nonfeasance. This "obviousness" directs traditional health education towards authoritarianism, didacticism and restricted instrumentalism.

A separate ideological problem strongly determining discourse on health is the sexual health controversy causing a lot of confusion. The sexual health is defined by WHO as integral part of reproductive health, constituting healthy sexual growth, equal and responsible partnership relations, sexual satisfaction, the lack of disease, insufficiency, sexual impotence, violence and other harming sexual practices. Sexual health should be of high importance as its a crucial dimension of shaping the general health potential. It integrates biologic, emotional, intellectual and social aspects of life, paramount for the positive personality, communication and love development. The complexity of problems is expressed in Sexual Rights Deceleration passed by WHO. In the document, among other things, the are promoted ideas such the right to sexual freedom, independence of decisions and behaviours in the intimate sphere, the right to sexual satisfaction and free sexual contacts, as well as the right to in-depth sexual education from the early years, through the entire life, engaging all social institutions[28.] Still, in Polish schools sexual education is predominantly inspired by catholic church doctrine, where the theme in this regard is the call for life in chastity. *...Chastity requires self-control that is the pedagogy of human's freedom. The alternative is clear: one controls his/her passion and pursue calm, or lets it control over him/her making him/her unhappy*[29.] In the social discourse on health and sexual education clerical circles demand limiting sexual education to the aspect of family education. At the same time, it is characteristic for Polish health education to broaden three health dimensions (physical, mental and social) with one more: spiritual health understood as recognizing transcendent factors, belief in something more beyond human mind, recognizing and implementing rule and religious beliefs in life, perceiving openness to spiritual experience in such way[30].

Health education being accomplished in the moral stream of didacticism is stigmatized by behaviorally typical perception of possibility to freely form human identity by the means of imposing the desirable behaviour pattern using restrictions and reinforcement mixed with disposition idea. Both approaches express reductionism and moral didactism bringing health education process to insistent eradication of the so called anti-health behaviours. Hence, most of the transmission is negative or directive, referring to fear and belief that rational justification of profound fear of disability, disease and death is the best tool shaping adult's identity. Invoking fear is a commonly used way of transmitting information on health. However, conviction of its efficiency is equally disputable as behavioral belief in the results of negative reinforcement in education. Promotion of certain behaviour using fear must take into account more than this sole element, not to mention existential fear of death. The ingredients of effective deterrence were summarized in the idea of protective motivation by R. Rogers. People become mo-

[28] Dokument Międzynarodowej Konferencji ONZ na rzecz Ludności i Rozwoju, Kair 1994, § 7.36, [as in;] L. Starowicz, A. Długołecka, *Edukacja seksualna.* Warszawa 2006, p. 265, 135.

[29] Quotation: Katechizm Kościoła Katolickiego, Poznań 1994, § 2339.

[30] A.Nelicki, *Metakliniczna koncepcja osoby V. E. Frankla,* [in:] Gałdowa A. [red.] *Klasyczne i współczesne koncepcje osobowości,*t.1, Kraków 1999, s. 177-194; B. Woynarowska, *Edukacja zdrowotna,* op. cit. p. 31; Szkoła Promująca Zdrowie – koncepcja i strategia, 24/11/2007 - 12:42, http://www.cmppp.edu.pl

tivated to quit the harmful behaviour (for instance smoking) when they are profoundly convinced that:

- certain factor (cigarette smoke) is really harmful to them;
- as the information addressee they are personally prone to a harmful factor;
- there are actions eliminating harmful factor accessible to them;
- they are capable of internal involvement in the process of changing their own behaviour pattern (the will, self-discipline, persistence).

The research conducted in cognitive stream of health psychology prove that the effectiveness of transmission increases particularly in the case of referring to the sense of internal steerability and control over own life[31]. At the same time the sense of internal steerability and control constitute one of the may pillars of contemporary understood mental health. However, internal steerability is developmentally determined and possible to accomplish by an individual of properly developed identity and personality. Assuming that personality development proceeds naturally and spontaneously until the age of 20 and that an individual during this process is permanently exposed to educational influence, the sense of internal steerability must include a number of features shaped and acquired during the process of education. Among those are the style of processing information, self-awareness, self-confidence, empathy, cognitive interest, aims and style of operating goals. These features are not subject to the invariability law and, in contrary to conventional and behavioural features internalized in preconventional phases (honesty, integrity, composure), are dynamic, coexisting with the systems of transforming the stable features[32]. Internal steerability requires the ability of thinking at a higher level of information processing and operating abstraction (secondary) cognitive style[33]. It also requires the ability to conceptualize the fragmented, heterogeneous and changeable reality. Creating self steerability does not proceed in conditional way and it demands operating ambiguous, abstraction language – a hierarchic code of cognitive orientation. Hence, it's a form of constrained mind work possible to develop in the early adulthood. Operating the hierarchic code enables referring any given term to a number of others – similar or contradictory terms of narrower or broadened range. Operating the hierarchic code allows creation of complex constructs i.e. reality models, therefore is an absolute condition of carrying out the tasks of health education. This condition is equal to the need for extending the project School for Health to further educational stages, including graduate and postgraduate ones[34].

Tu sum up, health education must take into account all disease and health-related issues, adequately to the development stage and education level of a subject, in accordance with cognitive orientation hierarchy of codes and the abstraction level of thinking. Health education shall not oscillate between common patterns and problems such smoking, eating habits and physical activity, permanently emphasizing them and

[31] P. G. Zimbardo, M. R. Leippe, op. cit. p. 423 – 425.

[32] J. C. Cawanaugh, *Starzenie się.* [w;] P. E. Bryant, A. M. Colman [red.] *Psychologia rozwojowa.* Poznań 1997, s. 124, 125. S. E. Hampson, *Kształtowanie się osobowości.* [w;] S. E. Hampson, . M. Colman [red.] *Psychologia różnic indywidualnych*. Poznań 2000, p. 38.

[33] J. Preston, Zintegrowana terapia krótkoterminowa. Gdańsk 2005, p. 88.

[34] K. Obuchowski Człowiek intencjonalny, czyli o tym, jak być sobą. Poznań 2000, p. 42, 68.

recommending the role of heath education reduced to a meeting in the squirrel clubs (once popular in communistic Poland school clubs of Polish Red Cross introducing elementary personal hygienic standards among elementary school pupils). Simultaneously, education for health demands changes in the vision of school itself, that shall direct towards shaping abilities of thinking instead of learning definitions, statements, facts and norms by heart.

The core of the problem can be noticed at the very base of it, especially in unpopularity of some key terms of health theory and unwillingness to increase the level of abstraction and make the problematic area complex. The most convenient way to perceive health is the low level of abstraction contradicting disease, which is the condition of not falling ill. It becomes a convergence problem – it consists of one correct solution, which shall simply be transformed into recommendation such "eat yoghurt to be healthy". More complicated are those positive definitions that approximate the idea of health to happy, fulfilled life, as the utilitarians say: maximum happiness for maximum number of people, in other words health for everyone. Such perspective is of divergence nature – it's specific for various more or less probable solutions. It's even harder to influence the consciousness with the typically divergence idea of salutogenetic health – happiness which fixed factor is the permanent growth and sense of coherence. The idea perceiving health narratively as health situation expressing life history calls for dynamic process of salutogenesis, creating the health potential of a human and generalized resistance resources[35]. The multidimensional health potential consists of three essential aspects broadening the system of meanings included in commonly known division of health into three spheres soma-psyche-ethos:

- the life story, balance of experience: achievements, effort, success and drawbacks in the life continuity perspective,
- human capital – stored knowledge, skills and personal resources including resistance, strength, competences and material resources,
- social capital – the system of social bonds, integrity level, possibility of support from civic society.

The uniqueness of the new perspective is putting the emphasis not on the independence and individual responsibility for own health, but reaching higher level of responsibility equal to interdependence. The core problem of the education for health is to create postindividualistic, or as expressed by K. Obuchowski neo-individualistic, responsibility in the way of private sense of responsibility of each individual for the entire world and health of the entire society, regardless the range of influence the reality accessible to the neo-individualist[36]. Postindividual health potential allows resigning from own rights and goods for the sake of bigger number of people with no sense of individual sacrifice. The clue of social potential is the trust as the link for the society functioning and determinant of existence of the factual authority of those accomplis-

[35] A. Antonovsky, *Rozwikłanie tajemnicy zdrowia. Jak radzić sobie ze stresem i nie zachorować,* tłum. H. Grzegołowska-Klarkowska, Warszawa 2005, s. 11, 19-20, 24-25, 33-34. D. Białas, *Strategia narracyjna ...* op. cit. p. 87-89.

[36] K. Obuchowski Galaktyka potrzeb. Psychologia dążeń ludzkich. Poznań 2000, p. 100-101.

hing educational mission. The mentor authority indeed expresses the confidence we place in the one permanently tested.

The terms health capital and social capital refer explicitly to the phenomenon of networking, based on mutual bonds between people, their good will, trust, liking and assistance. The key element supporting salutogenesis and individual resources recovery are the mechanisms of social support, contributing to establishing of open, democratic civic community[37]. Still, Polish educational system is soaked with individualistic thought, expressing individual responsibility for illness that one experiences due to own negligence, failure, bad luck or the god's will.

The chance to transform the Polish health education is an intense development of the movement including schools into European Network of Health Promoting Schools. The most distinctive features of a school carrying out the schedule of internal school health education are the assumptions that:

- health education is an important element of school curriculum,
- regarding health, the school cooperates with parents and local community,
- the health ethos (the ulterior school programme) is being developed in school[38].

The characteristic feature, distinguishing the scheme of health promoting school (recently more frequently referred to as School for Health in Europe) is carrying out the health education programme in ulterior manner, spreading to entire school environment and the settlement that school is an integral part of. The ulterior programme must be differentiated from intentional learning programmes aiming at goals on the basis of a certain material, planned and evaluated didactic process and final programme evaluation. The ulterior programme is closely linked to more or less changeable circumstances of settlement, where is school community and material surrounding rooted. This programme is placed in the conditions of accomplishing the education process, in formally not expressed convictions of school staff, their thinking style, youth, teachers and other staff morals, as well as in the atmosphere resulting from the number of pupils in the class, curriculum overload, lack of equipment, hurry, or the way pupils or other persons are checked by the school entrance. This is the feature distinguishing ulterior programme from the intentional education one, oriented at effects of education resulting from curriculum content[39]. The knowledge included in the ulterior programme is originally unpredictable, fluid, subjective, often contradictory to the internal school programmes of experts, and due to these reasons is considered as the element interfering accomplishing the educational process. Relying on the ulterior program by a school promoting health appears as a phenomenon regarding Polish educational experience, as in its functioning it attempts to use the ulterior program in order to promote health lifestyle of the entire community.

The Health Promoting School is an idea that may not be reached as a perfect state. However, it can be implemented undertaking long-term actions. Due to this fact, the

[37] W. Łukaszewski, *Umysł smutny i zmęczony,* [w;] *Psychologia umysłu,* Z. Piskorz, T. Zaleśkiewicz [red.] Gdańsk 2003, s. 152-155; R. D Putnam. *Samotna gra w kręgle. Upadek i odrodzenie wspólnot lokalnych w Stanach Zjednoczonych,* tłum. P. Sadura, S. Szymański*,* Warszawa 2008, p. 34.
[38] B. Woynarowska [red.] *Jak tworzymy*... op. cit. p. 22.
[39] K. Kruszewski, *Sztuka nauczania,* Warszawa 1998, p. 100-103.

project coordinators recommend the "small steps" method, where the school determines the goals considering the needs, conditions and possibilities of accomplishing it in a realistic pace. The expert's and environmental task is to support the initiatives undertaken by the school community, not imposing tasks and controlling its completion. The key issue is also paying attention to the positive aspect of health-happiness, not only emphasizing health threats and combating illnesses[40].

Referring to the ideology of Health Promoting School principles, many experts call for conducting the health education process as a key link in the education as such, being a formal and ulterior process, accomplishing in both prevention and intervention dimensions[41]. Such proposal is a serious risk for new and examined idea. There is a risk that the model perspective of health promoting school, regardless stable increase of schools included in the network, will become saturated with traditional pattern of internal school education. The quantity combined with attempts to make use of "tested patterns" may disturb the quality. This threat is particularly intensified by the fact, that the health promoting school project is aimed at those aged between 4 and 18. In theory the programme of such school engages the educational process of those in nursery, primary, secondary and comprehensive schools. The actual, not formal, level of involvement in accomplishing this goal raises doubts. The real engagement due to elementary character of information within the early school learning still refers to primary schools only. It requires solving the issues of more and more complex health determinants of higher educational levels and combining those with the practice of internal school life. In secondary health promoting schools, the example of problematic areas essential to be solved not only tackled, are the issues of violence, communication, sexuality, addictions – it all in a wide scope of social health. An utter mistake would be to repeat the elementary content in comprehensive and vocational schools that is of different character therefore requires different goals, methods and assumptions connected with adult's health. The function of institution supporting school promoting health, alternatively training the health educationist-to-be, is in this project assigned to higher education. It shall be considered as mistake to exclude higher education from active participation in the system. The necessity to modernize the Health Promoting School project is also connected with the results of evaluation of their actions and conclusions tending to reorganize the European Network of Health Promoting Schools into the network of Schools for Health in Europe. From 1st of January 2008 the project of health promoting school is being carried out within the Schools for Health in Europe[42]. The argumentation behind it lies in the crucial change of the idea about the role played by school in the framework of Health for Everyone in 21st Century project. The school mission is to include the integrating link into actions based on numerous projects accomplishing European health strategy. The evolution of health model towards School for Health in Europe requires further conceptualization of the project. The key rule of new conceptualization shall be the transformation from perceiving school as isolate institution dominated by formal and ulterior programme supported by the institutions around schools as the settlement into

[40] B. Woynarowska [red.] *Jak tworzymy* ...op. cit. p. 22-23, 27, 30-33

[41] L. Barić, H. Osińska, op. cit. p. 115.

[42] *Dlaczego Szkoły dla Zdrowia w Europie,* Biuletyn „Szkoły dla Zdrowia w Europie" nr 1, czerwiec 2007 r. http://www.cmppp.edu.pl/node/28602

idea of school perceived as constant educational process with all permanently engaged individuals participating in establishing civic society of knowledge. This project implies more intense integrity of the network programmes of “SHE” with a local project Healthy City, as well as with widely perceived economic and ecological projects (balanced development) and projects that must be established and implemented. Among such there is urgent call for project Healthy Village. The project of widely understood School For Health at the top level shall be coordinated with the projects of building up a knowledge society based on the European Higher Education Area that promotes free flow of scientific achievements serving the optimal transmission and knowledge transformation, as well as the health determinants by WHO such as education, exercising rights and civic freedoms, interpersonal communication and employment[43].

If there shall no attempts be made in order to broaden problematic spheres and the range of the project of school for health in the ulterior program formula won’t extend to all educational levels (including the University of the Third Age), there is a serious risk that the Polish health education model will stick to traditional, ineffective idea of health using restrictive, directive and moral methods (restricted to elementary level of health knowledge). Such knowledge will still be grounded in fatalistic vision of a human condition living in archaic social, economic and ecologic circumstances. The disadvantages of such forecast have been elaborated in details above.

ŠKOLA JAKO INTEGRAČNÍ ČLÁNEK PRO ZDRAVÍ PODPORUJÍCÍ PROSTŘEDÍ. ZE ZDRAVÉ ŠKOLY NA ŠKOLY PRO ZDRAVÍ V EVROPĚ

Abstrakt: V postmoderní rozpravě o zdraví je dominantní důležitost přiřazována podpoře vzdělání a zdraví. Významnost vzdělání je zdůrazňována nejenom projektem WHO “Zdraví pro všechny v 21 století”, ale také ve Světové deklaraci zdraví. Klíčovou problematikou jsou formy a obsahy školního zdravotního vzdělávání. Osvojované body, které všechny utvářejí schopnosti občanského zapojení v sociálních, ekonomických a politických závazcích, a připravují ty, kteří jsou vzděláváni, aby sami participovali na zodpovědnosti za zdraví a vyjadřovali podstatu problémů, které trápí post-industriální společnosti. Základní element pracovní dimenze v procesu vzdělávání je uvědomění si zdraví ze strany jednotlivce zacílené na změnu skutečností v souladu s pro-zdravotními normami WHO. Úkolem vzdělávání je rozvinovat zdravotní povědomí občanů a vytváření se zdravím spojených znalostí jednotlivců v sociální a ekologické dimenzi. Historie vzdělávacích programů spojených se zdravím a s nemocemi má revoluční charakter. Transformace modelu zdravotní propagace ve školách se posouvá od základního modelu zdravotní propagace, přes projekt Školy propagující zdraví až k modelu Školy pro zdraví v Evropě. Transformace ve vzdělávacích modelech se shoduje se změnami v přístupu ke zdravotnímu modelu, a to z dimenzionální nebo environmentální perspektivy na systém perspektivy pozitivního zdraví. Nové perspektivy zdraví a zdravotního vzdělávání berou v úvahu psychosomatické, ekologické, kulturní a technologické as-

[43] Bologna process, http://www.nauka.gov.pl/mn/index.jsp?place=Menu06&news_cat_id=953&layout+2

pekty, včetně omezení vyplývající z lidského genetického přizpůsobování měnícím se podmínkám.

Klíčová slova: zdraví, Školy propagující zdraví, Školy pro zdraví v Evropě, vzdělávání, zdravotní vzdělávání, propagace zdraví