

CHAPTER

1

THIS I BELIEVE: A PHILOSOPHY OF HEALTH EDUCATION

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During my undergraduate years, I was given an assignment by a professor to write my philosophy of education. When asked to participate in this monograph series on philosophies of health education, I turned to the assignment that I had done thirty-six years ago. Being a collector of trivia, I knew exactly where to find the assignment. When I read my philosophy, I was amazed at how simple yet clear I stated my beliefs and mission in education. My philosophy reflected that of an inexperienced, naive young man who valued and believed that by choosing to be a teacher, one would have the opportunity to make a difference in others' lives. As a teacher of health, I believed that I could change attitudes of young people so they might resist the temptations which would result in poor decision making. As I continued to read the assignment given to me thirty-six years ago, I realized that I still believed in the optimism that I had as a student preparing to be a teacher of health education. Reading my philosophy created a feeling of pride and satisfaction that the mission I had set forth to accomplish has been, to a certain extent, achieved. I am pleased that over the years I haven't become a pessimist or one who has become discouraged with the educational system with its many flaws. It is interesting, while at the same time gratifying, that the values

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and beliefs of my present philosophy of health education are nothing but an exaggeration of what I believed as an undergraduate about to enter the profession of education. If there has been any change in these beliefs, it has been a stronger commitment based on my professional and life experiences. What is set forth in the statement that you are about to read is not a new philosophy of health education but one that has existed for a long time and has been resurrected to share with others what I stand for, what I believe in, and what I strive to accomplish.

In developing a personal philosophy of health education, it is necessary to first understand what *philosophy* means. Philosophy can be defined as a state of mind based on your values and beliefs. This in turn is based on a variety of factors which include culture, religion, education, morals, environment, experiences, and family. It is also determined by people who have influenced you, how you feel about yourself and others, your spirit, your optimism or pessimism, your independence, and your family. It is a synthesis of all learning that makes you who you are and what you believe. In other words, a philosophy reflects your values and beliefs which determine your mission and purpose for being, or basic theory, or viewpoint based on logical reasoning.

My personal philosophy of health education includes all of what I am, what I value, and what I believe and stand for in relation to health and education. In other words, in order for me to establish my philosophy of education it was necessary to identify the multitude of factors that have formulated what I believe in, which in turn, has given me direction in establishing my credo or my mission. According to Shirreffs (1976) "all philosophizing begins with the person becoming aware of his/her existence which precedes the establishment of essence in that individual." This being the case, self-examination of our existence will help us discover our essence, or our being. Put another way, the reason for our existence reflects our values and beliefs that influence the direction of our professional being or mission.

What then are my values and beliefs, and how have they influenced the development of my philosophy of health education? Those things that I value have evolved from a multitude of life experiences. Values which have shaped my philosophy of health education are justice and equality, self-esteem, education and learning, kindness and forgiveness, a higher spirit, helping others, family unity, goodness and morals, freedom and autonomy, self-improvement and self-discipline. Undoubtedly there are other values that I hold in high regard, but lack of space limits an extensive list. Each of these values give me a foundation for my existence and can be identified in my philosophical approach to health education.

My philosophy of health education also has been greatly influenced by other values such as the literature of the profession, conferences I attended, involvement in professional associations, and most importantly colleagues. Their teachings, writings, and personalities reflect my existence as a health educator. In addition, my philosophy of health education has been influenced by the philosophies of many whom I respect and consider dear colleagues. A personal philosophy includes more than identified values. It also must include what people believe in, or in another perspective, what they stand for. In other words, it is all a health educator represents or communicates through their lifestyle, their teaching or professional involvement and commitment.

I believe health education offers an individual an invitation to be and become—to reaffirm the self and become committed to the development of individual potential through decision making and action (Shirreffs, 1976). I am committed to the philosophy of existentialism as an approach to health education. Shirreffs (1976) states that “the existential health educator sees his/her function as one of awakening learners to their own capacities and of providing opportunities for them to be responsible for their own learning opportunities and/or ignorance. The existential health educator provides opportunities in which each student can ‘be’ and ‘become’ in an atmosphere of freedom coupled with responsibilities. He/she helps students to understand that each individual is ultimately responsible for what he/she becomes. We cannot force individuals to behave in ways conducive to attaining and maintaining wellness, but we can offer knowledge and promote awareness to individuals regarding responsibilities for health-related behavior.”

I believe the ultimate goal of health education is to provide learning experiences from which one can develop skills and knowledge to make informed decisions which will maintain or better their health, or the health of others. It is important that the health educator provide these experiences without being a dictator of moral behavior. On the other hand, it is my belief that too often health educators are neutral and end up sitting on the fence regarding critical issues. There are times when a health educator should take sides, especially when they stand for certain principles, values, and standards that he or she believes can make a difference in the health of individuals or communities. When this occurs, information must be communicated in a way that gives guidance to those making health decisions. This is especially true with young people who are confused regarding their own morals and values as they relate to their health.

I believe that health education must be more than dissemination of information. The existentialists believe that the health educator’s interaction centers around the clients in assisting them in personal learning quests (Youngs, 1992). Health educators must provide the opportunity for individuals to act intelligently on their decisions. All too often health education exists in a vacuum. In other words opportunities to implement that which is learned are nonexistent. Environments must be established to serve as a vehicle to put into action choices to improve lifestyles. One without the other is incomplete.

I’m also a strong believer that health educators must provide a role model for their constituency. The statement that “I can’t hear what you’re saying because of what I see” has no place in health education. Those of us who are health educators must strive to maintain a level of wellness within our own limitations and indulge in personal lifestyles which foster good health.

I believe the study of behavioral psychology is a must in order to understand the nature of those we educate. The future of health education will go beyond presenting facts. All too often health education falls short of its objective and goals. This is because we have failed to consider the variables that contribute to unhealthy behavior such as poor self-esteem, lack of internal locus of control, poor social skills, and so forth that lead to undesirable behaviors. Furthermore, we have not examined the factors that contribute to the aforementioned variables such as one’s spirit and purpose

and meaning of life. As health educators, we must work within this element of human existence. We must cease addressing the behaviors that cause ill health and focus on the reasons for the behavior.

We also must become knowledgeable regarding resiliency which people have in overcoming adversities. The potential for prevention lies in understanding the reasons why some people are not damaged by deprivation (Rutter and others, 1979). The resiliency model described by Richardson and others (1990) has great promise and must be a part of the practice of health education.

Much has been written and practiced, especially by Asians, regarding the connection between the mind and body. The concept of psychoneuroimmunology is an example of the improvement of one's health status as a result of positive thinking. This was demonstrated by Cousins (1979) in introducing the mind-body connection to Western medicine in his book *Anatomy of an Illness*. I believe the future success of health education will depend on how well we adapt the science of human behavior to mental, physical, social, and spiritual wellness.

In conclusion, I am content to reaffirm a simplified philosophy that I held over three decades ago. It is refreshing to realize that after thirty-four years in the profession my original philosophy has not changed but has been strengthened and reinforced by new educational theories, medical advancements, and most importantly, new developments in human behavior. This confirms what I have always believed, that I am no smarter than I was as an entry-level professional: however, I know I am much wiser as a result of my experiences and professional friendships with colleagues who have taught me by example and challenged my beliefs. Of special importance in the development of my thinking and beliefs have been my students who have diligently listened to me profess. It is through them that I've grown and learned to appreciate the reexamination of what I believe to be the truth. My students serve as my inspiration and love for teaching and the profession. Our future is in their hands. Their beliefs and values, their philosophies will shape the profession for decades to come.

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