

Part 2: Theoretical Background and Further Information

Health seems to be a simple concept and, intuitively, we know how being healthy feels. However, trying to define *health* is much more complex, as there is a great diversity of biological, psychological and social meanings involved in the conception of health. In a very basic categorisation of health-related conceptions, we can distinguish two types, i.e. *negative* and *positive* conceptions.

Negative conceptions of health

Negative conceptions of health are linked to the notion of illness. Simply, health is what illness is not. This implies that the fewer illnesses we have, the healthier we are. This is a typically medical conception of health, because it links the definition of health and the practices to achieve it with the prevention and cure of illnesses. The concern is to identify the physical and psychological factors related with illness and determine procedures to cope with them.

This negative conception of health is quite extended. Most social concerns about health are related to illness. Hospitals and health care institutions, industry of pharmacy, research, prevention campaigns ... all these mean a considerable effort to identify the causes of illnesses and to provide efficient cure. However, negative notions of health have two main limitations. First, they reduce health to a biological and individual basis. Health and illness occur within the individual's body and, therefore, it is the biological body that is to be treated and cured. The influence of environmental factors in the health of individuals and groups are minimized. However, epidemiological studies have proven that social and political measures, such as improvement of hygiene, disposal of clean water, or has had a deeper impact on reducing mortality than important medical advances, such as the invention of penicillin.

The second limitation has to do with the consideration of health as an objective state. It is not always clear what an illness is. Illness is usually defined as a deviance from a normal state or function. But, what is normal? And, who determines what normal is? Obviously, syndromes that severely affect body functions or threaten life seriously are to be considered illnesses and are to be submitted to medical care. But, what about states *just* differing from the average? Are they to be considered illnesses? Up to which stage?

Let us consider, for instance, the case of obesity. Obese people, specially those with morbid obesity (persons with an Body Mass Index –relation between weight and size– over 40) may suffer of a cohort of health problems that persons with overweight (BMI over 25) are not so exposed to. Overweight may be considered as a deviance of the norm or an aesthetic concern, but not a medical problem. There is no medical reason to feel obliged to loose weight just because you do not fit with a norm –which is very discussed, anyway! And, obviously, nothing justifies that people can be excluded or held up to ridicule just because they do not fit the norm.

Positive conceptions of health

Positive conceptions of health try to cope with the limitations of negative conceptions. An example of positive conception is the definition of health provided by the World Health Organization (WHO) in 1948, saying that health is *a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*. In 1986 the WHO updated the definition saying that health is *a positive concept emphasizing social and personal resources, as well as physical capacities. Health is a resource for everyday life, not the objective of living*.

According to these definitions, health is the search of a positive state, and not just the avoidance of a negative one. This positive state is named *well-being*. Well-being has a biological and objective dimension, but also a subjective and personal one. The first

includes the protection against pain and disease. The second component is social in origin and psychological in nature. This aspect includes such things as stress, worry, pleasure and other positive or negative emotional states generated in part by social conditions, such as freedoms and rights of the general population.

Another feature of positive conceptions is to consider health as a means. Health allows us to have a good life, although it is not the purpose of life in itself. That is important to be considered in order to avoid an obsession for health and healthy practices. Especially in western developed countries, there are more and more people that live to be healthy instead of be healthy for living! For instance, diet and exercise are to be considered healthy practices because they can provide us well-being. However, they can also become an obsession when we link our self-esteem to the size and functioning of our body. Then we identify a perfect life with a perfect body, that is, a body that looks perfect according with beauty standards mainly constructed by media. It is important to note that media usually distort information in order to fulfil commercial or political interests, and not just to help people's well-being. On the contrary, social obsessions for body size and functioning may become serious health problems, such as anorexia, bulimia or muscle dysmorphia.

Positive notions of health also emphasize that everybody has their own level of health (Devís, 2000; Pérez Samaniego, 2000). That brings into account the relation of health with social conceptions of gender, age, ethnicity or social class. Sometimes health is unconsciously associated with an ideal of perfect functioning of the body characterized by a white, youth, upper class, and slender –in the case of women- or muscular –in the case of man- stereotype. As there is not a perfect health, there are not perfect healthy bodies! All of us, no matter our personal or social characteristics, can do something to improve our well-being. In terms of exercise, for instance, that means that everybody can do some kind of physical activity that may be suitable and enjoyable for them, regardless of certain quantities of practices considered healthy according to medical prescriptions –that is, amounts of physical activity that may prevent illnesses. We do not have to be ill, or in risk to be ill, to care about health!

There are also limitations in positive conceptions of health. First, the subjective conception of well-being must not be considered as an “all goes”. Positive emotions, such as immediate pleasure, may have negative effects in the middle or long term. Second, the social concern must not be taken as an alibi to avoid personal commitment towards health. Some healthy practices need of perseverance and effort, especially when they are related with changes in the life style. Social dimension of health deals with the assessment of actual meaning of health and the opportunities provided to adopt healthy habits. But the ultimate responsibility relies on the individual's attitudes and practices.

Why is it important to consider conceptions of health at the school?

School has a commitment with children's health. Therefore, a reflection on the notion of health is necessary to correctly establish objectives and design curricula.

First thing to bear in mind is that negative and positive notions of health are connected. The less ill we are, the more chances we have for well-being. And the better we feel, the more chances we have to prevent or cure illness. However, nowadays it seems that the role of schools in promoting health is identified just with the negative conceptions of health. Let's consider for example the case of children obesity, which is considered for some experts a pandemic syndrome that seriously challenges life expectancy in adulthood for next generations (Cheung, Dart, Kalin & Gortmaker, 2007). It is clear that the school have a responsibility to detect a cope with children obese by promoting healthy diet and exercise in order to prevent future health problems. But the school has also a responsibility with the self-esteem of all children, even of those that are obese or, simply, overweighted. And, sometimes, an excessive concern about *potential* health

problems related with obesity may cause and *actual* problems of low self-esteem in children.

Besides, cultural and social roots of the lack of exercise and inappropriate diet should not be ignored. We cannot simply change children habits by telling them what is good or bad. They already know it! Schools should work to provide real, attractive and effective alternatives to promote healthy life-styles. Those alternatives should involve the whole educative community (teachers, staff, parent, relatives and local representatives) and be designed in both short and long term (Puza, 2008).

It is also essential to critically consider the importance of health as a means to live, and not as a goal in itself. Children's health problems are not just connected with the lack of exercise and the excess of calories, but also with the excess if exercise and the lack of calories. Teachers must also be aware about problems related with embodied obsessions and compulsive practices sometimes disguised as healthy. This is especially important in adolescents, whose bodies change as fast as it grows their concern about their appearance.

Bibliography and List of Sources:

- Cheung L.W.Y., Dart H., Kalin S.R. & Gortmaker S.L. (2007). *Eat Well & Keep Moving* (2nd edition), Champaign: Human Kinetics
- Devís Devís, J. (2000). *Educación física, deporte y salud*, Barcelona: INDE
- Pérez Samaniego, V. (2000). *Actividad física, salud y actitudes*, Valencia: Edetania Ediciones
- Puza, R.F. (2008). *Health Education Ideas and Activities - 24 Dimensions of Wellness for Adolescents*, Champaign: Human Kinetics