



PHILOSOPHICAL
FOUNDATIONS
OF
HEALTH
EDUCATION

JILL M. BLACK, STEVEN FURNEY,
HELEN M. GRAF AND ANN E. NOLTE

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EDITORS

FOREWORD BY VALERIE A. UBBES

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Dedicated posthumously to the following members of the
American Association for Health Education and
leaders in the profession:

William Carlyon
Peter Cortese
William H. Creswell Jr.
William M. Kane
Robert D. Russell
Elena M. Sliepcevich

And in particular to Ann Nolte whose love of history and
philosophy provided the impetus and motivation
for this book.

FOREWORD

Of the many human activities that derive pleasure, our caring choice of words in human communication can culminate in tactful thoughts and actions. Tact refers to a sense of touch [L. *tactus*, to touch] and also includes a delicate perception of saying and doing the right thing without offending. Tact also implies skill in dealing with persons or challenging situations with a poised composure and adroit diplomacy. Historically and today as dignitaries travel from place to place to represent a national or domestic perspective, ambassadors interact responsibly with personal and social graces favorable for each situation. Usually an ambassador carries a written document to establish the objective goals and expectations for the exchange. Gifts and concrete objects are also shared to transition and bridge a conversation toward the hopeful outcome of the main message. In musical communication, a segue is used to imply how a tone or melody moves without a break into the next section or piece, much like this preface does for this book.

With the compilation of this book, it seems reasonable to reflect on the historical action of our professional ambassadors who have transitioned health education from the twentieth to the twenty-first century. An integration of their personal and professional philosophies is found in this first-time collection of published works.

Each one of us shares our personal and professional stories when we interact in real time at professional conferences, meetings, and symposia. Are we not all ambassadors of our own storied lives as we share our tales of who we are and what we do? In doctoral seminars with professor emeritus Dr. Mary K. Beyrer, I learned that “people make history” and thus people ultimately become the subject of our profession. This text brings together the messengers and their messages in order to educate for health in individual, community, and global contexts. We are fortunate to have this collection of philosophical works that have been written by respected professionals from their place and time in history. As these ambassadors profess the importance of health education for a community of learners both now and beyond, the editors of this book “re-present” both past and current thinking since 1953.

As professionals come together to share their ideas in spoken and written narratives, we continue to synthesize and refine our messages for health education. With diplomacy, we can all learn to leave a space in history to honor our subjective stories and more objective theories while negotiating and interrogating ideas for our collective futures. This book affords us a scholarly discourse for engaging philosophical ideas across time from four major perspectives. For the first time, we will be able to compare and contrast a body of published works in a more in-depth way. By making

these papers available in one place, the editors of this volume help to open new pathways to our storytelling and theoretical musing.

As we investigate the crossroad between story and theory in our professional community, may we honor and respect the sophisticated thinking of our ambassadors [L. ambactus, helpers] who have brought into view different vistas for health education while bearing their gifts for philosophical discourse.

Valerie A. Ubbes, PhD, CHES
Miami University

INTRODUCTION

Philosophy has been defined as (1) a love and pursuit of wisdom by intellectual means and moral self-discipline, (2) an investigation of the nature, causes, or principles of reality, knowledge, or values, based on logical reasoning rather than empirical methods, (3) a system of thought based on or involving critical inquiry, or according to William James, “philosophy is the unusually stubborn attempt to think clearly.” Thinking critically about different philosophical beliefs and perspectives involves intellectual strategies to probe the basic nature of a problem or a situation. This means that the reader will need to make observations, assumptions, and comparisons and contrasts to try to uncover the relationships between the parts and the whole (Sloane, MacHale, & DiSpezio, 2002). Philosophy provides a foundation for all academic disciplines. It seeks to shed light on questions such as Who am I? What is real? What and how do I learn or teach? How should people live? What is it to be healthy? It deals with issues and problems that cannot be addressed adequately by appealing to experience and scientific study alone. Philosophical inquiry requires that we question our assumptions, our beliefs, and our reasons for believing them.

Over the past thirty years, health educators have been calling for a professional philosophy for the health education profession (Oberteuffer, 1977; Landwer, 1981; Balog, 1982; Rash, 1985; Timmreck, Cole, James, & Butterworth, 1987, 1988; Shirreffs, 1988; AAHE, 1992; Welle, Russell, & Kittleson, 1995; Coalition of National Health Education Organizations, 1999; AAHE, 2005 [see Appendix B]; Gambescia, 2007). Welle and her colleagues (1995) stated that “health educators perform a multiplicity of roles in a variety of settings, a single philosophy does not seem possible or even particularly desirable. Rather, what the health education profession needs is a clear delineation of the major existing philosophies and an analysis of the current trends in health education philosophies.”

In his 2007 SOPHE presidential address, Stephen Gambescia asked, “Do we have a philosophy of health education?” He suggests that we should think critically about three major questions: (1) How do I know what I know (epistemology)? (2) What should I do; how shall I behave (ethics [see Appendix D] and morality)? And (3) How do I interact with others; and what is my relationship to them (governance)? He goes on to emphasize the importance that we, as a profession, should “discover our own philosophy of health education” (Gambescia, 2007).

This publication offers just such an opportunity. The readings are organized into parts for your critical review: personal philosophies of selected health educators (Part 1), commentaries on philosophical perspectives in health education (Part 2), and

discussions of a range of philosophical issues that are relevant to the practice of health education (Parts 3 to 6). These last four parts are organized around four philosophical perspectives found repeatedly in the health education literature and identified by Welle and her colleagues (1995), including cognitive approaches (Part 3), behavior change (Part 4), freeing/functioning (Part 5), and social change (Part 6). (For a brief comparison of these perspectives, see Appendix A, Philosophy of Health Education Grid.)

We encourage you to read each selection carefully, analyze the points raised, and consider the values identified and discussed by each of the authors. The essay beginning each part includes an overview of the articles and highlights their challenges to the reader.

After reading each selection, consider the following questions.

1. Summarize the key points of the article.
Discuss the key ideas from the article with a classmate. (What?)
2. Compare the concepts discussed in the selection to your philosophical beliefs.
What are the relationships, if any, between what you believe about practicing health education and what the author states about health education? (So What?)
3. What are the implications? (Now What?)
How does this material inform your practice of health education?
4. Relationships
What themes emerged as you read this material?
5. Applications
How can you utilize this material?

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Steven R. Furney, EdD is a professor at Texas State University in San Marcos. where he has been on the faculty since 1980. He serves as the director of health education and teaches in the areas of health education and health promotion. His teaching has been recognized with the Texas State University Presidential Award for Excellence in Teaching, the Texas AAHPERD College Health Educator of the Year Award, the Southern District AAHPERD College/University Health Educator of the Year Award, and the National AAHE College Health Educator of the Year Award. Dr. Furney has filled many professional leadership roles at the state, district, and national levels. In Texas, he served as president for the 75th anniversary diamond jubilee celebration year in 1998. In Southern District AAHPERD, he was president in 2001. He has served the Alliance as a member of the AAHE Board of Directors from 2003 to 2006 and through work on various committees including the AAHPERD Strategic Planning Committee and the AAHE Scholarship, Fellows, Nominations, Ethics and History and Philosophy Committees. The professional bodies for which he has served have recognized him with the AAHPERD Honor Award, the AAHE Professional Service Award, the AAHE Health Education Professional of the Year Award for Administration, the AAHE Fellow, the Southern District AAHPERD Health Professional of the Year for Administration, the Southern District Honor Award, the Texas AAHPERD David K. Brace Award, the Texas AAHPERD Honor Award, and the Texas AAHPERD Scholar Award.

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Ann E. Nolte, PhD, CHES, FAAHE, was a Distinguished Professor, Illinois State University. She was also a Fellow of the American Association for Health Education, a Distinguished Fellow of the Society for Public Health Education, and a Fellow of the American School Health Association. Her career in health education spanned more than 40 years and included teaching positions from high school to university settings and numerous achievements, honors, and awards. Dr. Nolte's research interests were numerous. She officially retired from Illinois State University in 1990, but remained very active in her profession. She is most appreciated for her extensive work on the philosophical foundations and historical perspectives of health education, a movement she both chronicled and shaped for modern higher education. Dr. Nolte served as president of the American Association for Health Education, 1980 through 1982, and was named the AAHE Scholar in 1983. Her scholar address was titled, "In Relationship: Freedom and Health." Dr. Nolte was a founding member of the AAHE History and Philosophy Committee and served the AAHE as historian from 1974 until her death in 2009.

PHILOSOPHICAL
FOUNDATIONS OF
HEALTH EDUCATION

PART

1

PHILOSOPHICAL PERSPECTIVES IN HEALTH EDUCATION

Thinking philosophically involves many analytical skills, such as critical inquiry, reasoning, and logic. When these skills are applied to a body of knowledge, such as health education, it reveals the values, ethics, and dynamics of life as applied to an individual functioning within an environment and culture. Basically, it is the what, how, when, where, and why of health education to which the health educator must respond as he or she practices as a professional. Examining the philosophical beliefs of key leaders, both past and present can inform our understanding of the development of the profession

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and aid us in the development of our own personal and professional philosophy (Black, 2006).

These readings explore different ways of thinking about health and education. Each author addresses different aspects of health and education. Extrapolating the substance of these articles will reveal a wide range of different values and beliefs. Examining these beliefs and determining which ones are meaningful for you and your future as a health educator is the beginning of a foundation for your professional life. Maintaining this foundation in essence is the application of your philosophy and the continual reexamination of your beliefs in light of advancements in basic science and behavioral sciences.

ARTICLES

The articles in this section provide a sampling of different ways of thinking about health and education. Bensley (1993) provides a personalized view of health education and discusses both his personal and professional philosophical perspective. Rash (1985) and Wilgoose (1985) focus more on the foundations of health education. In “Three Essential Questions in Defining a Personal Philosophy,” Pigg (1993) provides a general discussion on philosophy, ethics, morals and religion and discusses his personal view of the implications for health education. Carroll (1993) provides a bit of health education history as a platform to discuss what he calls “guiding principles of health and health education.” These four principles are personal empowerment, life affirmation, interconnectedness, and an admission of some of the limitations of health education. Thomas (1984) closes this section with a philosophical overview of holistic health and an analysis of the writings of three health education philosophers, Jesse F. Williams, Howard Hoyman, and Delbert Oberteuffer, and their views that related to holistic health. These six articles provide a sampling of both personal and professional philosophies of selected health educators and identify some of the key issues that readers might face when beginning to develop their own personal and professional philosophy of health education.

CHALLENGE TO THE READER

A philosophy may fluctuate over time. This is a normal process and represents the growing and developing life of the professional. The continuing examination and validation of one’s beliefs (philosophy) is a healthy process for a professional health educator.

CHAPTER

1

THIS I BELIEVE: A PHILOSOPHY OF HEALTH EDUCATION

LOREN B. BENSLEY JR.

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.