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THE FLOW CHART OF HEALTH AND HEALTH EDUCATION IN ADOLESCENCE

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Abstract

I work in the field of adolescent health education. I have witnessed that longing and searching for well-being are characteristics deeply rooted in human beings. Therefore, I wonder where the starting-point is, what activates, promotes, sustains and guides such a search? When does a person feel healthy? Does the achievement of such a goal depend upon circumstances, available means and resources, the right genes or something else? May one's personality play a role in pursuing well-being? How can personality play such a role? Why do some achieve the goal, while others do not? Why do some wealthy people not "feel well", while other less wealthy people do "feel well"? Are there non-replaceables which assist one in reaching a true and complete well-being? Recent research has demonstrated the relationship between mind and body. The conception of "field of energy" indicates ways of contact between the Self and the brain. What is the relationship between feeling well inside and psycho-physical health? Is it reasonable to think health is not accidental, but rather the outcome of compliance, with "natural" rules. (i.e., rules inherent to the nature of human beings)? Does health have a scope? A positive answer to all these questions allows us to claim health education has a solid basis to develop more effective projects.
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Introduction

I work in the field of adolescent health education. I have witnessed that longing and searching for well-being are characteristics deeply rooted in human beings. Therefore, I wonder where the starting-point is, what activates, promotes, sustains and guides such a search? When does a person feel healthy? Does the achievement of such a goal depend upon circumstances, available means and resources, the right genes or something else? May one's personality play a role in pursuing well-being? How can personality play such a role? Why do some achieve the goal, while others do not? Why do some wealthy people not "feel well", while other less wealthy people do "feel well"? Are there ureplaceables which assist one in reaching a true and complete well-being?

Recent research has demonstrated the relationship between mind and body. The conception of "field of energy" indicates ways of contact between the Self and the brain (Eccles, 1994). What is the relationship between feeling well inside and psychophysical health (Benson & Stark, 1997; Dossey, 1996; Petrini & Caretta, 1997)? Is it reasonable to think health is not accidental, but rather the outcome of compliance, with "natural" rules. (i.e., rules inherent to the nature of human beings)? Does health have a scope? A positive answer to all these questions allows us to claim health education has a solid basis to develop more effective projects.

In order to answer all these questions we need a holistic approach assuming all human dimensions (i.e., spirit, psyche, and body) contribute to well-being. These dimensions must be rank ordered to explain how it is possible to "feel well" even though one may be physically ill and why psychophysical health does not guarantee well-being. Human psychobiological being is continuously characterized by a sense of frailness, imperfection and limitedness. If wealth is only defined by psychobiological parameters it will remain an abstract and utopian mirage. Moreover, health cannot only be referred to as psychobiological normality, since not even psychobiological perfection satisfies human beings' deep need for well-being. Such a definition of health cannot even apply when a disease is active even though not yet symptomatic.

Health may be regarded as a feeling of well-being, happiness and gayness. Therefore, it may be achieved despite all human limitedness, including that caused by physical illness. If health belongs to a person's inner dimension, it is nourished from this inner or spiritual well-being and is a personal feeling

capable of overcoming any physical or biological deficit. Thus, health cannot be measured through clinical or laboratory tests available to modern medicine. Laboratory tests may identify a disease, but they cannot measure well-being. The challenge is to invent valid and sensible instruments to measure health. Then, it may be possible to find as many different levels of health and well-being, as we presently find of illness.

The conception of health is strictly linked to that of identity. A study of psychosocial variables (Calvi, 1986) showed the idea of health as strictly related to the "Self" (Brera, 1993). After all, daily experience has shown how many people express their inner strength of love and creativity through obtaining a feeling of well-being, despite physical or psychic difficulties. In contrast, other's frequently visit their doctor or therapist despite a healthy body and good metabolism, and report they do "not feel well" because of a sense of inner unhealth damaging both their identity and physical body. While deep feeling of well-being is necessary for psychophysical health, the latter is not sufficient to guarantee the former. In other words, the psychobiological level depends upon the inner, moral level (Seifert, 1996).

Thus, it is suggested that the key to explaining personal well-being and the answers to the above questions may only be found at the inner, moral level. The multiplicity of definitions shown in Table 1 illustrates the difficulty in finding a common element capable of defining and explaining health (and illness) in such a way that satisfies doctors and youth workers, psychologists and sociologists, philosophers and theologists, anthropologists and any other person interested in human well-being.

Table 1. Some Definitions of Health

1. A state of complete physical, mental and social well-being, not simply lack of illness .(WHO)
2. A condition of harmonious functional, physical and psychic equilibrium of the individual dynamically integrated in his/her own social and natural environment. (SEPPILLI)
3. The ability of an individual or group to realize one's own desires and satisfy one's own needs, change or adjust to one's own environment. (KICKBUSCH)
4. The ability to realize one's own potentials and respond positively to external challenges. It is a resource for life, not its scope. (NUTBEAM)

The Flow-Chart of Health

A flow-chart is very useful for expressing the origins, development, goals, ways of maintenance and growth of health. Moreover, it may show both the essence, and the "dynamics" of health. (i.e., a process characterized by: (1) a direct, fundamental participation of the person; (2) a development through subsequent steps; (3) a continuous growth; and (4) a purposeful significance).

By means of the Flow-chart of Health as shown in Table 2, I hope to contribute to clarifying the mechanisms involved in the path leading to health construction and achievement. This flow-chart is based upon the hypothesis that human life has a sense, a scope and a goal in and of itself (Benson & Stark, 1997) or as part of a universal project (Davies, 1993; Pasolini, 1982). It assumes there are laws, behavioral rules, a sort of "user's manual". Compliance to such rules is needed in order to express our potentials to their fullest, give our best, and achieve a "super human nature" without underutilization of our life or risking to damage it.

Table 2. The Flow Chart of Health

HEALTH SOURCE:	Ideal Self +
REALIZED BY:	Will-Power +
THROUGH THE:	Resources =
LEADS TO:	SELF-REALIZATION *(real self)* ↓
WHICH BRINGS ABOUT:	HEALTH ↓
AND INCREASES IF AIMED AT:	"BEING FOR" "BEING WITH"

The Flow-Chart of Health Education

Thus far, health education projects have been based upon methods aimed at scaring people through information about negative consequences of behaviors, resisting social pressure, increasing self-control, and increasing problem-solving skills. Such projects have not only failed to determine real change in risk behavior, but have sometimes even had the opposite effect (Hofferth, 1991; Makkai, Ronda, & Mac Allister, 1991; Rooney & Murray, 1996; Ross & Carson, 1988; Schaps, Di Bartolo, & Moskowitz et al., 1981, Smart & Fejer, 1974). In order to promote health or influence risk behavior, educational programs must act at a deeper level; a level where behavioral motives come from. Therefore, health workers should aim to enable youth to recognize the value and uniqueness of their own lives which are full of mystery and to strive to realize themselves through recognition and utilization of their own resources.

Table 3. Flow-chart of Intervention Level of Health Education

Helping people discover and value one's Ideal Self +
Educating people to train their will-power in order to choose coherently with one's ideal self +
Favoring knowledge and development of personal and social resources =
SELF REALIZATION (REAL SELF) ↓
HEALTH ↓
VALUING HEALTH THROUGH ACTUAL ACTION AIMED AT BUILDING UP AND IMPROVING ONE'S SOCIAL AND PERSONAL REALITY

The Flow-Chart of Health Education shown on Table 3 demonstrates how each educational project must formerly know and latterly develop the rationale of health. Moreover, it must be designed so that actions are not random, but follow the same steps of health evolution. This flow-chart is proposed for use in adolescence as that age period is a first priority for health education. However, it may apply to older age periods, as well. It should be referred to when planning

health education programs targeted at schools or other youth communities and when presenting to parents, teachers and youth workers about how youth may achieve well-being. Moreover, it may apply to doctors treating patients who lost their way towards health and took the way towards illness through psychological and psychosomatic disorders, existential anxiety, risk behavior and self-destructive attitudes (Rooney & Murray, 1996).

In the following paragraphs the Flow-Charts from Tables 2 and 3 will be discussed in detail. Specifically, the starting point and subsequent steps along the path towards health will be identified (Table 2), as well as recommendations on how to assist youth in passing through such steps (Table 3).

The "Ideal Self"

According to Brera (1993), health is experienced in one's subjectivity. It is a "well-being" where the person intervenes and plays a fundamental role. Therefore, it does not happen by chance or due to biochemical determinism fixing a certain production of endorphins. On the contrary, such a production is eventually the "outcome" of the person's true effort. If a person may "build up" his or her own health, then it must start from that "inner structure" Brera named "Ideal Self" (Brera, 1993).

The Ideal Self is that inner structure "compelling us" to strive for health and well-being. It is the basis, the starting-point, the starter activating one's own health. It is something innate belonging to each person's inner dimension. It comes about and gains awareness in adolescence and may be identified as a sort of ideal model of person. It is the scope for life already inscribed in ourselves. It indicates what we are meant to become. It is a "guideline" for our life choices. It represents for human beings what instinct is for animals. It leads human beings to become who they are in order to realize their life goals and be and feel completely realized as persons.

Being faced with such an ideal model makes us feel uneasy and unsatisfied because we are aware of the gap. In the meantime, we feel drawn to it in a process aimed at filling the gap. Such a process towards the "Ideal Self" is the path leading to self-realization (i.e., health and well-being as shown in the Flow-chart of Health in Table 2).

Thus, the "Ideal Self" calls us to life; it is "the call to life" (Brera, 1993) which pushes us to act, to dedicate ourselves to pursuing it, and to continuously improve. A direct consequence of such a "call to life" is the innate human desire and search for self-realization, well-being and an ideal, gratifying life-style. Humans face this "ideal model" with a need for absolute perfection, bringing about three fundamental questions for each person: the needs of *loving, truth and beauty* (Brera, 1993). The "Ideal Self" is satisfied and realized only when a

person predisposes himself or herself to experience love, truth, and human and universal beauty. Therefore, these three conditions serve as the "fundamentals" to gaining health and self-realization. Furthermore, these deep-rooted needs unveil our true nature; they tell us we are made to love the others, know the truth, contemplate and build beauty, and participate in the harmony of the universe, because that is what brings about our self-realization and satisfaction.

A believer may consider the desire for absolute perfection expressed by the "Ideal Self" as a "sign" left by the Creator. Is it proof that we are truly made in God's own image and likeness? May its spell and attraction be God's instrument to stimulate and guide us in the search for and meeting with Him?
Health education must help the youth discover their "Ideal Self". It should not propose alternative "selves", nor those in fashion. Education programs must give the youth the opportunity to experience the mystery surrounding our life: love and hate, truth and lies, beauty and human and environmental degradation, life and death, the finite and the infinite, time and eternity, and so on.

The mystery may be penetrated through introspection and reflection, experience and observation of reality, or artistic creativity (music, poetry, painting and the like).

Will-Power

We fell under the spell of the "Ideal Self" because we feel its realization corresponds with our expectations, our innate desire to search and realize well-being and gayness of living. However, the "Ideal Self" is only proposed to us: it depends on our free choice whether we accept that model or not. It depends on our will-power whether we respond to the "call to life" of the "Ideal Self", and whether we decide to follow such an ideal, or any other, or none at all.

Will-power expresses the spirit of human beings and makes them free when faced with choices. Social, educational and cultural factors surrounding adolescents play a role in such choices. They may refuse that "model" and find new ones, trying to become "creators of themselves" and "their own image and likeness". However, these new models prove to be "false" as they do not correspond to what adolescents might and should become in order to be and feel truly realized. Although these models are easier and more gratifying, in the beginning, they are not coherent with the "Ideal Self" and do not allow the experience of sense in our lives. According to Frankl this is at the origins of some neurosis and a sense of absurdity, leading to illness (refer to the "Flow-chart of Illness"; Rooney & Murray, 1996) or to lower personal satisfaction.

Compliance with the requests of love, truth and beauty by the "Ideal Self" is highly demanding. While attractive, it is a difficult goal to achieve. These difficulties may prevent or postpone the choice, leaving youth left on

their own. Will-power is sustained by expectation of outcome. Therefore, health education must activate the youth's will-power to pursue the "duty" posed by the "Ideal Self". This will bring about self-realization and a deep-rooted satisfaction. Encouraging the youth to give up or resist a small temporary satisfaction must be based upon the promise of great outcomes and future satisfaction, not only upon behavioral techniques. Adhering to the "Ideal Self" is a fundamental "investment" for physical, mental and spiritual well-being.

Rosenstock developed the "Health Belief Model" theory in 1966. His hypothesis was that pro-health behavior depends upon three factors: vulnerability (risk perception), seriousness (gravity of the possible damage), and benefit (expectation that a certain behavior will be beneficial for health; Brera, 1993). In fact, expectations move will-power and make us overcome obstacles and difficulties. On the other hand, motives influence both beliefs about what may be useful or dangerous for health, and risk perception of behavior becoming a resilience factor against risk behaviors (Gochman, 1972; Gochman 1971). This is true for everyone, even those handicapped or lacking resources, since a person's motives, scope and objectives are more relevant in sustaining will-power than his or her living condition. Therefore, parents who sustain their children's will-power by demonstrating the pursuit of the "Ideal Self" (transformed into "Ideal Couple" after marriage and "Ideal Family" after child-bearing) lead them to "feel well" and live their existence with gayness. Youths' will-power may be stimulated to self-realization only by positive example. Reliance and certainty that today's sacrifice and self-denial will turn into tomorrow's true satisfaction depends upon somebody showing youth how gratifying it is to strive for self-regulation.

If parents are unable to give such an example, we may resort to the example of youths and adults who show their gayness of living as an actual outcome of having responded to the three famous demands of the "Ideal Self". Thus, health education must be carried out by persons who "do not call themselves out", but they themselves witness love, truth and beauty since they are called to realize their "Ideal Self". This emphasizes the importance of selecting health educators. They should be skillful in both educational methods and techniques and human and existential involvement.

Making youth recall little gratifying events in the past (a well-implemented task, a sign of generosity, the observation of dawn and the stars) may be used to sustain their will-power in pursuing more difficult but deeply satisfying choices. The memory of well-being demonstrated in those occasions may become the most convincing proof that it is possible to feel well by responding to the requests of the "Ideal Self". On the contrary, experiences leaving us with a sense of emptiness and dissatisfaction do not respect these premises.

Resources

Resources may be distinguished according to social and personal perspectives as much as by one's biophysical, intellectual, economical, moral and spiritual nature. Each person's resources vary according to genetic inheritance, environment, economical opportunities, education and affection. However, individual differences do not condition the possibility to realize the "Ideal Self". Even a handicap or a physical illness may be regarded as a "minus" of resources that does not prevent self-realization but simply influences the mode of such self-realization. In fact, everyone is able to realize the "Ideal Self" (i.e., the need of loving, knowledge, aesthetic sensibility in any living condition).

Although any kind of resource may be useful, the most relevant are those deriving from our experience of love, truth and beauty. If these resources are offered by parents, relatives, friends, and educators through emotional relationships they may open a symbolic space for the "Ideal Self" to be expressed and grow even in childhood. It has been shown that emotional resources play a fundamental role in the prevention of risk behavior (Brera, 1992; Resnik, Blum, & Harris, 1992). On the contrary, if these resources are not available or scarce the discovery and realization of the "Ideal Self" becomes more difficult. However, this cannot be a reason not to follow the "Ideal Self", since these resources are offered to us in childhood and later on need to be built up. We are called to respond to our need for loving, discovering the truth of our existence, and building and valuing the beauty both inside ourselves and surrounding us. Loving, truth and beauty represent the true and necessary resources the "Ideal self" requests for self-realization. Thus, each person responds to the requests of the "Ideal Self" and in the meantime participates to realizing his or her health through the building of these resources.

A question deriving from this observation is whether modern medicine is able to help people build these resources. Another question is whether a person is able to realize these three fundamental resources on his or her own or whether the help of others is needed. May a person truly love, know the truth and unveil the mystery of life; value the beauty and harmony of the universe without someone else supporting him/her and revealing his or her condition of "creature"?

Health education must help youth discover, value and increase all their (material and spiritual) resources as much as possible. It must contribute to the development of an inner reality predisposing to love, curiosity about knowledge and search for truth, and aesthetic sensibility for beauty. Moreover, educational programs must give youth tools for learning to discern love from hate, truth from falsehood, and beauty from degradation. Parents and other educators must be helped to become more and more "lively and vital resources" for the youth.

We must encourage parents to rediscover and renew their "Ideal Self", "Ideal Couple" and "Ideal Family" in order to both tune into youths' real inner needs and be an example to them.

The "Real Self" Breeds Health

Each person may approach the "Ideal Self" because will-power and resources turn such a life project into something real (the "Real Self"). This realization brings us nearer to our own "ideal model of person" and makes us experience a great inner satisfaction responding to our deepest expectations. On the other hand, this outcome sustains and reinforces both the "Ideal Self" and will-power. Research (Benson & Stark, 1997; Dossey, 1996; Petrini & Caretta, 1997) and common experience has shown that this inner well-being brings about physical and psychic well-being. Even highly-sophisticated statistical studies have shown that satisfaction of oneself coincides with satisfaction of one's health and, in general, of one's life (Campbell, Converse, & Rodgers, 1976).

The accomplishment of the "Ideal Self" (i.e., the experience of a fully realized human nature), gives us the opportunity to feel well. Yet, health in turn, becomes a new resource to employ in a new path of approaching the "Ideal Self", in a continuous sequence of steps nearing us to that inner model.

These steps may be identified as kairos events ("opportunities to") described by Brera (1994) as life situations where a person may experience loving, truth and beauty and originate a new existential reality through a creative synthesis. These events may change people's life as much as the "peak experiences" described by Maslow (1959).

Being-for, Being-with

Health cannot be achieved once and for all, ought not to remain a private good, and must be made available to others and for the improvement of the social environment. Such "Being-for, Being-with" (Brera, 1993) actually refers to our capacity to involve ourselves in something useful and important for others, together with others. This is so that we may respond to the need of loving dictated by the "Ideal Self" and increase the feeling of well-being through the development of the "Real Self".

Health education must enable youth to offer themselves to others and society without closing themselves in a detrimental egoism. Moreover, we must help them to keep investing in themselves (study, work, physical strength, economical resources) in order that they may be able to better help others. In terms of health and satisfaction, this "pays" more than an attitude of closure. Therefore, in any truly educative relationship we must prevent youth from

"closing" into an attitude of "think of your own" or "mind your own business". In the meantime, we ought not to disappoint them by saying "nothing can be done to improve things" or "the world will get worse and worse anyway". We may prevent them from suffering and illness by encouraging their involvement in something great and useful for both themselves and others.

Conclusion

The "Flow-chart of Health" shows health as the outcome of a step-by-step process activated by the person in relation to a model he or she owns. Such a model is an essential premise to the final outcome. On the basis of this flow-chart we can propose the following definition of health: "a state of well-being a person builds up through the realization of the Ideal Self. Such a state of well-being increases with the approaching of the Ideal Self". This definition gives a new dignity even to illness since it may be "built up" by the person by simply changing the starting-point (Table 4).

Table 4. The Flow Chart of Illness

ILLNESS SOURCE:	"FALSE IDEAL SELF" +
REALIZED BY:	WILL-POWER +
THROUG THE:	RESOURCES =
LEADS TO:	"PSEUDO SELF-REALIZATION" ("false real self" or "pseudo-realism") ↓
WHICH BRINGS ABOUT:	***Illness*** ↓
WITH SUCH EFFECTS AS:	EXISTENTIAL DISTRESS (with risk of loneliness , apathy, depressions, sense of boredom, self-destructive attitudes, risk behaviors)

In fact, strong will-power and a large amount of resources are not enough to achieve well-being if the goal is not coherent with our true "Ideal Self". It is at this point that a doctor must investigate further when faced with a patient and his or her sufferings, since they may come from an incorrect or dissatisfying starting-point, a "False Ideal Self".

The "Flow-chart of Health Education" shows that health education must intervene in all steps of the path towards the "Ideal Self" and in an ordered succession. We cannot intervene in just one step, nor can we invert the sequence of actions, otherwise we may sow in a field not prepared by the previous step. This educational method aims at "amplifying" the strength of the "Ideal Self" and sustaining them in the step-by-step "path" leading to self-realization and well-being (i.e., health). The first experiences confirm the validity of this method. An educational project based upon this theory has demonstrated success with youth presenting problems unsolved by traditional methods.

Riassunto

Mi occupo di educazione alla salute nell'età adolescenziale e, se è vero che il desiderio di star bene e la ricerca del benessere sono connaturati alla natura umana, mi domando qual è il punto di partenza, cos'è che dà il via, promuove, sostiene e guida questa ricerca? Quand'è che una persona si considera in salute? Raggiungere questa meta dipende solo dalle circostanze, dai mezzi e risorse disponibili, dai geni giusti oppure esiste qualcos'altro da cui muove ogni possibilità di successo? Il soggetto può giocare un ruolo nella realizzazione della propria salute? In che modo può farlo? Perché alcuni raggiungono lo scopo ed altri no? Perché alcuni, pur avendo molte risorse a disposizione, "non si sentono bene" mentre altri "stanno bene" in condizioni difficili e poveri di mezzi? Ci sono delle risorse senza le quali non è possibile realizzare una salute vera e completa? Negli ultimi anni la psico-neuro-immuno-endocrinologia ha dimostrato scientificamente il rapporto esistente tra il corpo e la mente e, applicando il concetto di "campo di energia", si intravvedono le modalità di contatto tra l'Io ed il nostro cervello. Esiste, quindi, un rapporto di causalità tra il sentirsi "interiormente bene" e la salute fisica e psichica così come sembrano dimostrare gli studi sulla relazione tra il vissuto spirituale e il benessere fisico e psicologico? E' ragionevole pensare che la salute non sia una conseguenza del caso, ma il frutto del rispetto delle leggi o codici "naturali", cioè, insiti nella natura stessa dell'uomo? La nostra salute ha uno scopo? Se a queste domande può essere data una risposta affermativa, allora, anche l'educazione alla salute possiede una base sicura su cui costruire progetti più efficaci.

Parole chiave: educazione alla salute, educazione alla salute nell'adolescenza, benessere, mente-corpo, nuova definizione di salute.

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