

# AROUND THE TRIAD HEALTH AS A VALUE - HUMAN BEING - POSTMODERNISM (PEDAGOGICAL DIMENSIONS)

KOWALSKI MIROSŁAW

## **Summary**

*In everyday live we often determine our attitude to the health by using such statements as: „health is the most important!”, „keep well!”, we also greet ourselves by using statement „how is your health?”. Frequency of these kinds of statements should emphasize far-reaching conviction, that in live of every human being health is the most important, health is value. Actually this value has existential character, deciding about the shape of our existence, about our lifestyle, it constitutes the gauge of the quality of humanity. Health as a value is a source of the social dynamism (it is essential factor of changes), it inspires initiatives in society, directs and sanctions behavior, is a condition to support norms and social rules and it is a factor which shapes relations: man- man, man- social group, man- social environment. Writing foregoing expressions we should ask few questions. Isn't the value of health more and more frequently substituted by other “values”? Maybe more adequate to appearing needs and various forms of people's acting in the society, so different from traditional.*

## **Key words**

*Responsibility. Health.*

Health (understood as a lack of illness) is undeniably taken as one of the most important values by a major part of every society. It seems that this value – it can be identified with good, activity and well-being – has an universal character and appeals to most of the cultural systems created by the humans. Health – as a value being the main factor determining attitudes and health behaviours – should be given a suitably high position in the hierarchy of demands and aspirations of every human being. Nevertheless, it should be pointed out, that on one hand health is a value that in social awareness is commonly recognised, understood and accepted, but on the other hand (what we often experience ourselves) is not commonly respected. What can explain that kind of attitudes? K. Janicka<sup>1</sup> remarks, appealing to the human awareness, that there are two independent areas existing in its structure. The first one, embracing abstract thinking, which contributes to giving the health's value the highest note, and the second one concerning concrete thinking, which can contribute to, in everyday-life confrontations, to decreasing the importance of this value.

It is equally important to point out that health, which is more and more often not the highest value, is being appreciated only if some symptoms of an illness are noticed. K. Puchalski<sup>2</sup> states: “(...) *the value which people actually associate with health is definitely*

---

<sup>1</sup> Janicka K., *Typy potocznego myślenia o różnicach społecznych. Wymiary struktury w poglądach inżynierów i robotników*, [w:] *Grupy i więzi społeczne w systemie monocentrycznym*, E. Wnuk-Lipiński (red.), Wyd. IFiS PAN, Warszawa 1990.

<sup>2</sup> Puchalski K., *Zdrowie w świadomości społecznej*, Wyd. KCPZwMP, Instytut Medycyny Pracy im. prof. dra med. J. Nofera, Łódź 1997, 74.

*different than the one it should be given*". It appears, that health's value is very often lower hierarchized than other values like career or financial funds. That can result in a supposition, that the listed values lead to a creation of instrumental values, which mediate in the realisation of particular desires. If career, as well as wealth, becomes the aim, then the value of health should be equally important as the one which appears to be necessary in order to achieve the primary aim. The value of health perceived in this way is a means (to achieve other important for the individual and/or society values), which of course is not alternative, should not create any dangers in the selection of actions<sup>3</sup>. H. Sęk emphasises this, by writing that actions "*(...) should not be associated with the human's values system, while health is not usually threaten as an autotelic value but a servile one*"<sup>4</sup>.

On the other hand, treating the value of health as one of the most important values, which all the others are dependent on, seems to be a self-limitation, omitting the significance of other equally important priorities (health, family's happiness, 'the existential minimum'). Nevertheless, without any doubt, health is the value 'by itself', 'obvious', and commonly accepted and in this sense autotelic.

Health – depending of how it is understood – can be analysed from the perspective: of declared values (health is universally perceived as something very important, which people care about and take as a condition of happiness); accepted values (everybody thinks that health should be respected and taken care of); demanded values (to achieve health, keep, or improve it, one has to be ready to sacrifice the time, energy, financial funds, etc.); practised values (actual actions aimed at improving health and using it in order to achieve other goals)<sup>5</sup>.

According to that, it seems that it is most significant to search for the way that would make it possible to recognise the value of health, and at the same time will not minimalise the importance of other – not less valuable things or objects. Eventually the research based on reading the made choices between the value of health and other values will not contribute to deepened analysing of health as a value (especially its place in the hierarchy), as well as the correct view on the importance if this value in the human life<sup>6</sup>. It can result from the fact that

---

<sup>3</sup> Słońska Z., *Promocja zdrowia: współzawodnictwo między zdrowiem a innymi znaczącymi wartościami*, [w:] *Socjologia zdrowia i medycyny, Konwersatorium 1986–1988. Materiały*, Wyd. IFiS PAN, Warszawa 1989.

<sup>4</sup> Sęk H., *Subiektywne koncepcje zdrowia, świadomość zdrowotna a zachowania zdrowotne i promocja zdrowia*, [w:] *Promocja zdrowia. Psychologiczne podstawy wdrożeń*, Z. Ratajczak, I. Heszen–Niejodek (red.), Wyd. Uniwersytetu Śląskiego, Katowice 1997, 52.

<sup>5</sup> Ratajczak Z., *Model zachowania się człowieka wobec własnego zdrowia. Wnioski dla praktyki promocyjnej*, [w:] *Promocja zdrowia. Psychologiczne podstawy wdrożeń*, Z. Ratajczak, I. Heszen–Niejodek (red.), Wyd. Uniwersytetu Śląskiego, Katowice 1997, 58-59.

<sup>6</sup> Zob. Famuła-Jurczak A., Jurczak L., *Alkohol w życiu gimnazjalistów (raport z badań)*, [w:] *Wychowanie na co dzień* 2008, nr 10-11.

the valuating relation to health has a dynamic character, what can contribute to – from the perspective of other value's influence – changing our judgements about this value.

The multitude of independent multimedial messages, often opposite to each other, having different sources, 'identifying themselves' with authority, which power is too big to oppose, contributes to the development of freedom. Freedom establishes the bases of functioning, it is the element of order and is often understood as a way to or away from the universal values. F. Mayor says: "*We can not look into future, because it will never be what it was. We can prepare it, because it is not written down in the 'great book', but is the uncertainty, the crossroads, the creation of accident. However, it is in our hands, because it is the freedom, the liberty: to a significant degree it will be what we make of it.*"<sup>7</sup>.

It is worth (however only for a while) to think about the relationship between freedom and the responsibility for health (our own and the others'). The mental stereotype indicating that it is freedom that is the condition of responsibility, including for health, is very often repeated. Maybe the above elements should be analysed inversely: the responsibility for health is the condition of freedom. Not getting deep into details, I would like to emphasise the fact that, as far as health is concerned, freedom and responsibility could be (or maybe even should) taken as a whole – an unity. An unity that from the point of view of the performer (e.g. medial-health factors) appears as the responsibility and from the perspective of the receiver – as freedom. It seems that thinking, and especially, actions in the area of health which divides itself from freedom and responsibility, can become the cause of disintegration of being free and responsible. In connection with this, I will try – on the background of freedom and responsibility – to illustrate the value of health from the perspective of the influence of the medial-health messages on the present youth.

It is often said that health is the value 'by itself', 'obvious', and commonly accepted and in this sense autotelic. It is also said that health is 'a banner slogan' (H.D. Lasswell's definition), a social key-symbol. But, in fact, is health undeniably recognized as one of the most important values by the society? Does not the never ending medial-health carnival around the body and the human health create a sense of defencelessness and uncertainty, contributing to a intensified fear of health? Then, does the multitude of medial images (signs, symbols) make it possible to make a rational, responsible choice in the area of the value of health?

---

<sup>7</sup> Mayor F., *Przyszłość świata*, Fundacja Studiów i Badań Edukacyjnych, Warszawa 2001, 11.

On one hand, health as a value is recognised with good, activity and well-being, but on the other hand with the effectiveness of the preventive measures, unusual efforts, and exceptional caution. T. Lewowicki wrote: “*The visions of the worlds of values are not either solid nor obvious. They are shaped in constant struggles, disputes and dilemmas. Even the universally accepted values (like good, beauty and truth, or freedom, the right to live, and unlimited development, etc.) are being subjected to different attempts of relativisation. In the individual dimension (...) it is often a heroic struggle, choices, doubts*”<sup>8</sup>. Analysing the value of health from a cultural point of view, we can state that it is a, shaped by the society in cultural development, conception that shows itself in different forms of social awareness, biopsychosocial balance of a human being in the environment. It seems that this value has an universal character and refers to the majority of cultural systems created by the humans<sup>9</sup>.

Nowadays, the body became, on one hand the receiver of sensations, an instrument of pleasure, and on the other hand a synonym of a subject of desire associated with a more and more idealised image of youth, health and beauty. B. Baczek remarks that “*(...) the power of images is possible thank to the connection of truth and norm, information and values, made by the symbolism*”<sup>10</sup>. It can appear to us that the value of the body is the higher, the closer it is – in its corporeality – to the perfect, preferred by the medial-health factors model. This image can be compared to terror in the area of health and beauty<sup>11</sup>. A specific advertising of the human corporeality is overwhelming in mass media what is a strong influence on the way we perceive and interpret the world. The words of U. Eco are symptomatic here: “*(...) we live in a world, where mass media not only exist but also determine our way of thinking, even if we feel effectively isolated in our academic towers of ivory, resistant to the charm of coca-cola, closer to Plato than to Madison Avenue, (...) the way we, or in any case, our students read Plato – if they do – is determined by the existence of the 'Dallas' series even for those who do not watch it at all*”<sup>12</sup>. A person with a body of a high value is not insensible to life's pleasures, does not react drowsily to visual, auditory, sexual or gastronomical temptations, he has a wide variety of desires and demands. His happiness, from the perspective of the functioning of his body, is formed through actions aimed at creating deep, passionate, exciting sensations and experiences. These – subjective – sensations are hard to survey, or try to describe them using measurement tools. It is even harder to compare them form the

---

<sup>8</sup> Lewowicki T., *Przemiany oświaty. Szkice o idealach i praktyce edukacyjnej*, Warszawa 1994, 21.

<sup>9</sup> Zalewska D., *Kontekst kulturowy funkcjonowania zdrowia jako wartości*, Wyd. I.I.P., Wrocław 1994, 50.

<sup>10</sup> Baczek B., *Wyobrażenia społeczne. Szkice o nadziei i pamięci zbiorowej*, PWN, Warszawa 1994, 42.

<sup>11</sup> Wolf N., *The Beauty Myth. How Images of Beauty are Used Against Women*, Vintage Books, London 1991.

<sup>12</sup> Eco U., *Foreword*, [w:] O. Calabrese *Neo-baroque – A Sign of the Times*, Princeton 1992, cyt. za: Świerkocki M., *Postmodernizm. Paradygmat nowej kultury*, Wyd. UŁ, Łódź 1997, 20.

perspective of normality and anomaly. There is a game around the human corporeality and health in which the body wears a shirt with a name 'product', so something which is made, advertised, sold, and often strived for. The game around human body and health is played on a field with no side lines (nothing symbolises where the field ends), there is no half-time brake (for the body to have a rest), there are no referees, who would be authorities in the world of 'health consumerism'. The 'Health game' is played on an arena surrounded by experts, who by propagating 'healthy' articles that are supposed to help in exercises, diets, hygienic or surgical interventions, bring a temporary ease for a human being, and at the same time burden him with responsibility for their own outlook. In other words *"(...) there is a desire created which makes him want to adjust himself to the model of his tendencies. An escape into dreams it the recompensate he receives. Usually he is given such ideals, that will create a tension between him and them (...) and that will make the tension escape only by projection, not chain of effective actions that would aim at changing anything"*<sup>13</sup>.

Crooked reflections of 'the healthy nature' of human being, so much visible in the mirrors of everyday life as well as 'health-media mess' loosing the real man undoubtedly contribute to the theatrical acting on the stage 'the sense of numerous fulfilment'<sup>14</sup>. Everyday healthy-media fight about the physical experiences contributes to the confusion round the health signs/symbols and mind's thought. Multitude of acted plays through the 'masks' of the poets and health's clowns, thinkers and leaders of the health, saints and sinners of the health, is pointing at the necessity of standing at the doorstep of the dressing room. Only here, in the full light, without spotlights, extras, choreography, one can understand the rules of the endless acting. The imitation of the health-media culture each day sets free everyone who desire it (want to) from the illness of their own inside by the skin and body retouch, with simultaneous 'reseting' healty and moral 'dilemmas' (by Z. Kwieciński) (here you will buy the thing you are thinking about). Honest game in 'the media supermarket' about the value of health, will be carried on only when the sense of the health responsibility of all players will be based on 'the real intelectual opposition' – the dialogue based on a critical reflection. The reflection which can protect the youth against experiencing characteristic solitude in 'the crowd of the health commercials' protect against the superficiality of the interpretation and the fragmentarization of the ways of reasoning in the 'health' value area.

---

<sup>13</sup> Eco U., *Fenomenologia Mike'a Bongiorno*, [w:] Eco U., *Diariusz najmniejszy*, Znak, Kraków 1995, 27.

<sup>14</sup> Kowalski M., Gawel A. *Zdrowie – wartość – edukacja*, Oficyna Wydawnicza „Impuls”. Kraków 2006; Kowalski M., Drózd M., *Przemoc i zdrowie w obrazach telewizyjnych. Edukacja przez codzienność telewizyjną*, Oficyna Wydawnicza „Impuls”, Kraków (2008); Kowalski M., Falcman D., *Krótki dyskurs o zdrowiu i kulturze (z postmodernizmem w tle)*, [w:] *Kultura i Edukacja* 2008, 1 (65), 70 – 84.

## References

- Baczko B., *Wyobrażenia społeczne. Szkice o nadziei i pamięci zbiorowej*, PWN, Warszawa 1994.
- Eco U., *Foreword*, [w:] *O. Calabrese Neo-baroque – A Sign of the Times*, Princeton 1992.
- Janicka K., *Typy potocznego myślenia o różnicach społecznych. Wymiary struktury w poglądach inżynierów i robotników*, [w:] *Grupy i więzi społeczne w systemie monocentrycznym*, E. Wnuk-Lipiński (red.), Wyd. IFiS PAN, Warszawa 1990.
- Famuła-Jurczak A., Jurczak L., *Alkohol w życiu gimnazjalistów (raport z badań)*, [w:] *Wychowanie na co dzień* 2008, nr 10-11.
- Kowalski M., Gawel A., *Zdrowie – wartość – edukacja*, Oficyna Wydawnicza „Impuls”, Kraków 2006.
- Kowalski M., Drózd M., *Przemoc i zdrowie w obrazach telewizyjnych. Edukacja przez codzienność telewizyjną*, Oficyna Wydawnicza „Impuls”, Kraków 2008.
- Kowalski M., Falcman D., *Krótki dyskurs o zdrowiu i kulturze (z postmodernizmem w tle)*, [w:] *Kultura i Edukacja* 2008, 1 (65), 70 – 84.
- Lewowicki T., *Przemiany oświaty. Szkice o ideałach i praktyce edukacyjnej*, Warszawa 1994.
- Mayor F., *Przeszłość świata*, Fundacja Studiów i Badań Edukacyjnych, Warszawa 2001.
- Puchalski K., *Zdrowie w świadomości społecznej*, Wyd. KCPZwMP, Łódź 1997.
- Ratajczak Z., *Model zachowania się człowieka wobec własnego zdrowia. Wnioski dla praktyki promocyjnej*, [w:] *Promocja zdrowia. Psychologiczne podstawy wdrożeń*, Z. Ratajczak, I. Heszen–Niejodek (red.), Wyd. Uniwersytetu Śląskiego, Katowice 1997.
- Sęk H., *Subiektywne koncepcje zdrowia, świadomość zdrowotna a zachowania zdrowotne i promocja zdrowia*, [w:] *Promocja zdrowia. Psychologiczne podstawy wdrożeń*, Z. Ratajczak, I. Heszen–Niejodek (red.), Wyd. Uniwersytetu Śląskiego, Katowice 1997.
- Słońska Z., *Promocja zdrowia: współzawodnictwo między zdrowiem a innymi znaczącymi wartościami*, [w:] *Socjologia zdrowia i medycyny, Konwersatorium 1986–1988. Materiały*, Wyd. IFiS PAN, Warszawa 1989.
- Świerkocki M., *Postmodernizm. Paradygmat nowej kultury*, Wyd. UŁ, Łódź 1997.
- Eco U., *Fenomenologia Mike'a Bongiorno*, [w:] Eco U., *Diariusz najmniejszy*, Znak, Kraków 1995.
- Zalewska D., *Kontekst kulturowy funkcjonowania zdrowia jako wartości*, Wyd. I.I.P., Wrocław 1994.
- Wolf N., *The Beauty Myth. How Images of Beauty are Used Against Women*, Vintage Books, London 1991.

## Address of author

*Dr hab. Mirosław Kowalski*  
*Kierownik Zakładu Teorii Wychowania*  
*i Pedagogiki Uniwersytetu Zielonogórskiego*  
*Al. Wojska Polskiego 69*  
*65 – 625 Zielona Góra*  
*E-mail: M.Kowalski@ipp.uz.zgora.pl*