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EDUCATION LEADERS' HEALTH IN THE INTEGRAL PERSPECTIVE. A RESEARCH ACCOUNT

ABSTRACT. Błajet Piotr, Przyborowska Beata, Baczała Ditta, Binnebesel Józef, *Education Leaders' Health in the Integral Perspective. A Research Account* [Zdrowie liderów oświaty w perspektywie integralnej. Raport z badań]. Studia Edukacyjne nr 49, 2018, Poznań 2018, pp. 55-65. Adam Mickiewicz University Press. ISSN 1233-6688. DOI: 10.14746/se.2018.49.4

The article aims at presenting the integral approach to the health of Polish education leaders' (head teachers) in light of Ken Wilber's map (four classes of factors responsible for health), in the social-ecological model of health. **Material and Methods:** The Matrix of Reflectiveness Development, an original self-observation schedule, was applied as a research tool. 46 head teachers were examined. **Results:** The results show that the respondents look after their own health the least. Relaxation is something they associate with mental health, while physical health is not high on their list of priorities. **Conclusions:** The respondents mainly focus on professional and family lives. Very little focus is placed on reflection and an integral approach to health. The analysis of research results highlights the challenges that education at each level, including health education, must face.

Key words: health, education leader, integral model of health, education, health education

Introduction

Where health approaches are concerned, a total and personalised approach is becoming increasingly more popular. The paradigm which lives up to these expectations is the social-ecological model of health widely acceptable in the field of health promotion.¹ It draws on the Hippocratic tradition which requires that the factors responsible for human health, understood to be a state of physical, mental and social wellbeing (according to the definition by

¹ Ch. Coutts, *Green Infrastructure and Public Health*, London 2016; W. O'Donohue, L. Benuto, L.W. Tolle, *Handbook of Adolescent Health Psychology*, Berlin 2014.

WHO), be considered holistically. What is emphasised in the social-ecological approach is the responsibility of the individual for their own health, which is reflected in their lifestyle – the complete collection of health-related human behaviours.² In view of this model, the following two educational tasks ought to be considered: creating an integral (holistic) model of health and instilling a sense of responsibility for one's own health.

The integral (holistic) model of health

The terms “health”³ and “holism” are etymologically close in meaning.⁴ Building on that, one could define health as a state of integration, while its opposite could be defined as disintegration (up to a complete disintegration after death). Expert discourse may be an obstacle to building an integral model of health as, basing on specialist knowledge, it contributes to thinking about health in terms of medical classifications. The field of medicine has entered a period of “paradigm instability”⁵ which demands that the responsibilities of doctors and their social roles be redefined.

“It is necessary to change, or at least expand, the biological concept of a disease so that morality, values, meanings, as well as, *objective* facts can be taken into account”.⁶ Following that change must come a change to the model of health, including modifications to the assumptions and practices of health education.

A useful tool in integrating the divided reality of academic research is a concept created by Ken Wilbert which takes the form of a map that he has named “the four quadrants”. According to the map each and every phenom-

² E. Syrek, *Zdrowie w aspekcie pedagogiki społecznej*, Katowice 2000.

³ “It is clear that there is no ideal way to define health. Such is always true when we try to define social constructs.” [6] We have chosen to use the integral view of health for our research, having determined it as the proper way to realise our research goals.

⁴ The word “health” in different languages, e.g. the English “health”; the Greek “hails”; or the Swedish “hälsa” is closely related to the word “whole” through the Pre-Indo-European form* “koi-l-u-s” (<http://phorum.us.edu.pl/read.php?f=19&i=9&t=9> [quoted on 10 October 2006]). In English, the word “heal” (to make someone healthy again after they have been ill) etymologically means “make whole”. The words “whole”, “holy”, and “health” have the same etymology [7]. In Polish the verbs “caleć” (to survive a dangerous situation), and “calić” (protect, preserve all parts together), which today are used with prefixes - “ocaleć”, “scalić” - derive from the word “cały” (whole). Moreover, the word “całować” (kiss) also derives from the word “cały” (whole). Moreover, the word “całować” (kiss) also derives from the word “cały” (whole) (circa 15th century) but to begin with it meant “to greet someone”, i.e. it was used to wish someone good health with greetings and goodbyes.

⁵ H.R. Wulff, S.A. Pedersen, R. Rosenberg, *Filozofia medycyny. Wprowadzenie*, Warszawa 1993.

⁶ Ibidem.

enon of reality has four aspects which result from the two most natural lines of division:

- singularity and plurality: the individual and collective aspect;
- interior and exterior: the internal and external aspect.⁷



Fig. 1. Four quadrants by Ken Wilber

According to the paradigm above all quadrants have to develop evenly to avoid chaos and so that the whole system, i.e. the human body, can function without interruptions. If we do not take into account even one quadrant, e.g. we do not take into account the inner needs of an individual or cultural aspects in promoting health, the whole “structure” of health will be upset or even destroyed.

According to Wilber’s map, the four quadrants may be used to distinguish four classes of factors responsible for health:

- 1) mental factors (thinking, emotions, memory, imagination, perception, intentions);
- 2) behavioural factors (genetic and physiological, and behaviours);
- 3) cultural factors (health culture of the society, relations between the members of different groups);
- 4) systemic factors (the political system, the legal system, the health care system).

Since the external aspects of reality, behavioural and social, can be described in an objective language as “It”, Wilber reduced four quadrants to the Great Three: “I”, “We”, “It”.

⁷ K. Wilber, *Krótką historia wszystkiego*, Warszawa 2007.

Basing on our understanding of biology, the field of medicine has made great progress since the Enlightenment and thinking about health in terms of "It" has dominated the aspects of "I" and "We". To paraphrase Wilber, narrowing the notion of health down to the biological aspect of "It" and omitting aspects of "I" and "We" has become the "open wound"⁸ of our health. To make headway, the three spheres of our existence should be integrated so that they become "one of many".

The integral perspective makes the integral approach to health possible and helps to understand the necessity of all actions directed at their own inner lives (e.g. coping with emotions and obsessive thoughts, creating cognitive distance), at changing behaviours (an appropriate diet, physical activity), at fostering relationships, at the ability to utilise the natural and manmade environment. It allows us to neutralise the dominant, objectivistic discourse and, as a result, to highlight the subjective factors of health.

Responsibility for one's own health

The second crucial task resulting from the social-ecological model of health is the shaping of responsibility for one's own health. It requires a reflective attitude towards personal convictions regarding health which exist within the society. Writing about the importance of reflectiveness for mental health, Scott Lash points out that it can be expressed as a belief in expert systems such as psychology and psychoanalysis, and perceived as defiant to the rules and resources of social structure. At a higher level of cognitive development, when critical thinking has been developed, reflectiveness allows for an analytical approach to expert systems⁹ (ie. it is free off various forms of psychotherapy, the so-called postmodern ideologies) and their criticisms.¹⁰ Instead, "natural (auto)therapy" is used¹¹, that is the potential of reflectiveness: the human ability to create and organise meanings borne of experience.¹² Such thinking can be applied to all problems related to health. On the one hand, knowledge of medical therapies increases the feeling of health security; but on the other hand, a critical attitude towards these therapies is necessary, as is expanding one's knowledge of non-medical methods of improving health. With the help of reflectiveness, the creation of a personalised model of health is possible.

⁸ Wilber defines the splitting of the Great Three as the "open wound" of our consciousness; K. Wilber, *Krótką historia*.

⁹ M. Foucault, *Nadzorować i karać. Narodziny więzienia*, Warszawa 1998.

¹⁰ U. Beck, A. Giddens, S. Lash, *Modernizacja refleksyjna: polityka, tradycja i estetyka w porządku społecznym nowoczesności*, Warszawa 2009.

¹¹ R. Kegan, *Evolving Self. Problem and Process in Human Development*, Cambridge - London 1982.

¹² U. Beck, A. Giddens, S. Lash, *Modernizacja refleksyjna*, Warszawa 2009.

Reflectiveness is one of the conditions of health behaviour modification. It is reflected in the models of change in health-related behaviours: Health Belief Model (HBM), The Theory of Reasoned Action (TRA), The Theory of Planned Behaviour (TPB) and Transtheoretical Model of Health Behaviour Change (TM). The models emphasise, among other things, the importance of:

- the awareness of threats and one's own vulnerability to threats, understanding of the benefits of change in behaviour, awareness of barriers inhibiting changes, and self-efficacy (TRA);
- attitudes towards the desired behaviour, noticing "other and meaningful" beliefs with reference to desired behaviour, perceiving how easy or difficult it is to behave in a desired manner (TRB and TPB);
- developing self- and problem- awareness, consciousness and active planning of change, reflection on the impact of new behaviour on one's well-being (TM).

Not only in medicine but also in education, the value of reflectiveness is being considered increasingly more often as the determining factor in teachers' behaviour. A leader of education/head teacher is assessed on their didactic and educational effects. Therefore, when a head teacher is described as a "reflective practitioner" it means they are being pictured as someone who is reflective towards the objective aspects of professional actions: the methods and effects. The feelings and emotional states of the subject, or relations between the subjects of education, are rarely the topic of reflection. It shows that the reflectiveness of educators most often concerns the aspect of "It" and more rarely the aspects of "I" and "We". Other aspects of being a teacher have been dominated by "It".¹³

The thoughts expressed in the article, the analysis of the relevant literature, and personal work experience with education leaders (teachers and head teachers) were the basis for this research project (carried out as a postgraduate degree for education leaders). The research aimed at evaluating the principles of applying the integral model of education to the practice of educating education leaders as support for their professional and personal development by shaping their reflectiveness. The model of integral education was based on Ken Wilber's integral map (the integral operating system).¹⁴ Moreover, the research aimed to create an original and innovative measurement tool to gauge the level of personal and professional development of teachers. The research project was based on the following assumptions:

- each life event: challenges, successes, failures, wounds, traumas; can be a valuable lesson;

¹³ B.D. Gołębnik, *Wyjść poza scjentystyczne i personalistyczne myślenie o „uczeniu się uczenia”*, [in:] *Rozwijanie zdolności uczenia się. Wybrane problemy*, Ed. E. Filipiak, Bydgoszcz 2008, p. 50-59; A. Brzezińska, *Nauczyciel jako organizator społecznego środowiska uczenia się*, [in:] *Ibidem*, p. 35-50.

¹⁴ K. Wilber, *Krótką historia wszytkiego*, Warszawa 2007.

- each present moment produces new possibilities;
 - acting, even if the situation is unplanned and unpredictable, demands carefulness and awareness of one's life – integral life practice is the opposite of “life on autopilot” and of copying inherited and acquired habits and routines without any reflectiveness;
 - each sphere of life can be an opportunity to practise.
- Thereby we tried to make education leaders more reflective in the aspects of ‘I’ and ‘We’.

The method and materials

Retrospective and theory-verification research was carried out. There were 46 respondents. The analysed group consisted of women who were headmistresses of public schools e.g. primary schools, lower-secondary schools, and upper-secondary schools. The Department of Education of the Marshal Office of the Kujavian-Pomeranian Voivodeship commissioned these postgraduate studies as part of the project “The key to teaching, second edition – professional teacher is a guarantee of quality education”. The starting point of this curriculum became the analysis of educational needs of head masters which had been carried out by the Office of Education of the Kujavian-Pomeranian Voivodeship. The results of that research in the region revealed that head teachers were lacking specific skills such as planning, school organisation and management, and the so-called “soft skills”. The postgraduate studies were conducted according to an original, innovative, and integral model of education. A large number of schools and universities worldwide use the integral model to develop curricula.¹⁵ The curriculum of the postgraduate studies included all the educational content of the four quadrants, prepared education leaders to solve personal and professional problems in accordance with the integral map, and made the respondents more reflective.

An original self-observation schedule¹⁶ the Matrix of Reflectiveness Development (MRR) was drawn up to assist with the research. First the respondents filled out a weekly table with information regarding their personal and professional activities. Next, the information was moved to the integral matrix where activities were divided into the “I”, “We” and “It” categories. Entries written by the respondents were classified into four fields and their respective activities. The table below shows sample entries of the respondents.

¹⁵ <http://nextstepintegral.org/wp-content/uploads/2011/04/Integral-Education-Esbjorn-Hargens.pdf>, [downloaded on 1.03.2017].

¹⁶ M. Guzik-Tkacz, *Badania diagnostyczne w pedagogice i psychopedagogice*, Warszawa 2011.

Table 1

Fields and forms of activities of the respondents

Field	Forms of activity
Job	<i>didactics; administration; outside the school</i>
Home	<i>house; cooking (for pleasure); family</i>
Relaxation	<i>mentally active; physically active; meetings with friends</i>
Health	<i>mental; physical</i>

Results

Selected research results have been presented below in broken down into percentages. Each self-observed activity has been included as noted by the respondents.

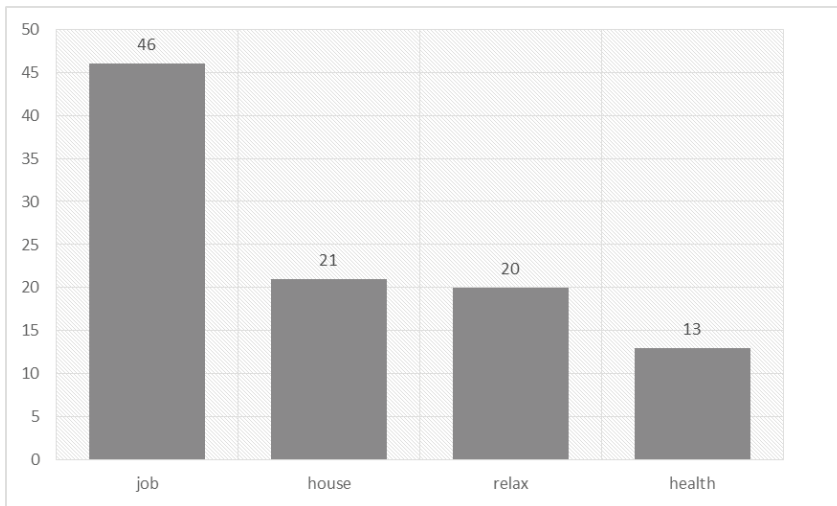


Fig. 2. Percentage share of entries divided into fields of activity

Figure 2 shows that the highest number of entries concerned work (46%). Education leaders are mainly focused on their work and their family environment, with their relaxation activities also mainly taking place with or within their families. A significantly lower amount of attention is paid to looking after their own health. These findings correlate with what the respondents said during interviews regarding the spheres of life that they focus on the most, and which are stressful and consume all of their time.

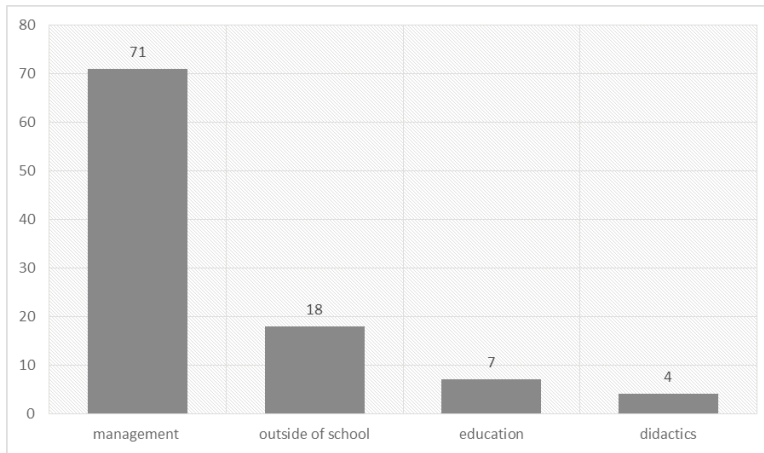


Fig. 3. Field of activity: job. Percentage share of entries divided into forms of activity

The highest number of entries concerned management-related activities (71%). Reflecting on didactic (4%) and educational (7%) work makes up a very small percentage. It can be surmised thus that education leaders function and develop mainly within the systemic quadrant as that is where they handle the greatest number of tasks and which is the most problematic. They have very little time, energy, and strength left to spend on analysing their own “interior” (the left-side quadrants “Culture and I”), nor that of the other participants of the educational process.

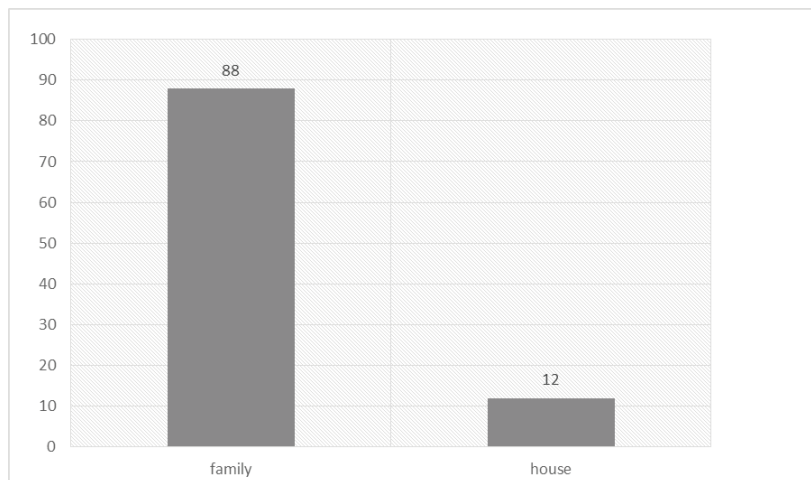


Fig. 4. Field of activity: home. Percentage share of entries divided into forms of activity

The house is primarily a place for family relationships (88%). Aside from work this is the main place where they foster activities and relationships.

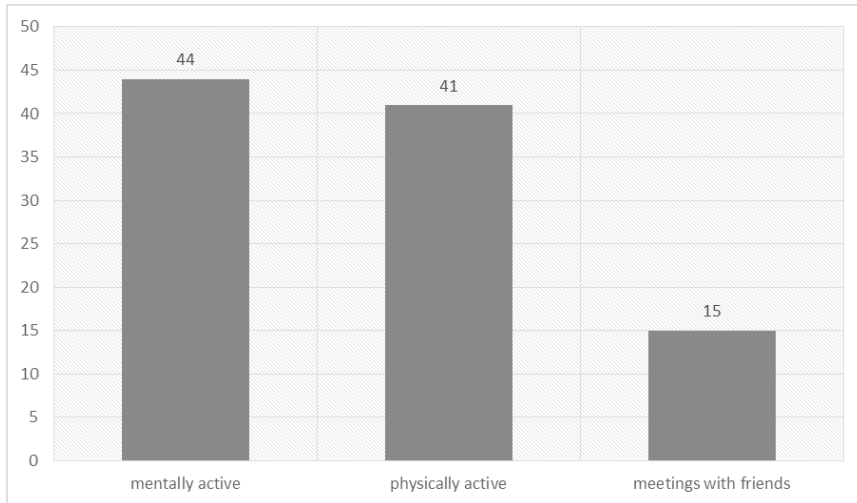


Fig. 5. Field of activity: relaxation. Percentage share of entries divided into forms of activity

The respondents devote their attention equally to mental and physical relaxation, while meetings with friends come in last.

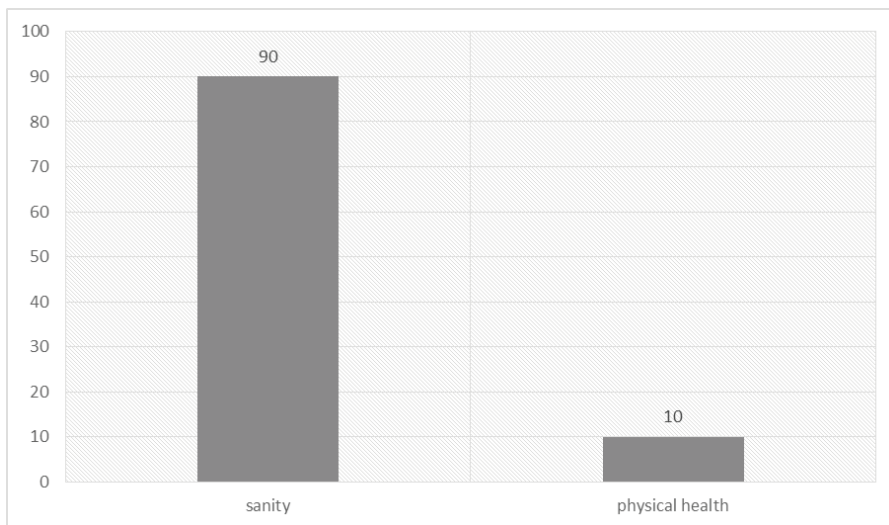


Fig. 6. Field of activity: health. Percentage share of entries divided into forms of activity

The respondents associate relaxation with the sphere of mental health and that is where the majority of their efforts are focused. The most alarming finding is that physical health (10%) is the sphere which has no proper place in the respondents' lives. The physical sphere was often the topic of the research project during postgraduate studies. When the respondents were informed about the results of the research they came to the conclusion that that sphere of their life also demands their attention, and committed to taking steps to address the problem (e.g. going for a walk, riding a bike, doing yoga).

While summarising findings, the three perspectives of "I", "We", "You" were also included while analysing research material.

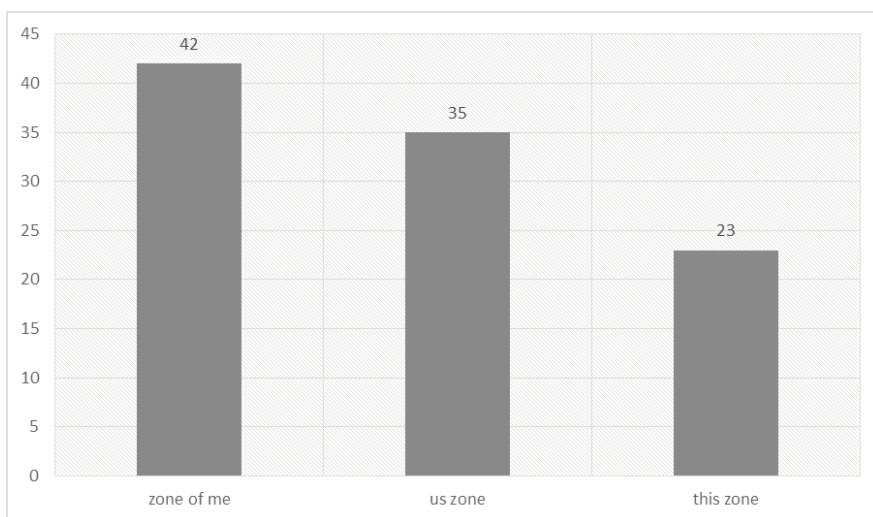


Fig. 7. Percentage share of entries divided into spheres of activity

The respondents give the sphere of "I" the greatest amount of thought. The sphere of "We" is equally important and the sphere of "It" is next. This situation is typical of respondents who are education leaders and thus feel burdened with responsibility and relations.

Discussion

The application of the retrospective approach does not yield a completely objective and generalised picture, however, the research aimed to have the respondents self-assess their activities in the perspective of the four quadrants. Making inquiries of oneself is essential to being in charge of one's own actions with full awareness. The results show that the respondents are main-

ly focused on professional and family activities. They perceive the need to make changes to their physical activity but not in a significant way. Further, they function mostly within right-side quadrants of "It" (actions and the system). Thereby they devote very little attention to reflection and an integral approach to the broadly-defined notion of health. The results of the research are a challenge not only for education at its every level but also for self-education. At the same time, it is worth noting that the applied research tool (the Matrix of Reflectiveness Development) can be used to assess the capacity to reflect within the integral approach, which is a condition for fostering responsibility for one's own health (as per the social-ecological model of health).

MRR could find application as a tool of self-education, including self-education of teachers on the topic of health.

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