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HEALTH CONSCIOUSNESS AS A REAL PHENOMENON IN VIEW OF JOHN R. SEARLE'S CONSIDERATIONS. PRESENCE OF THE TERM IN HEALTH PEDAGOGY

Abstract: Health pedagogy as a sub-discipline of pedagogy struggles with the problem of determining its identity. One of the important issues is to develop the concepts that can be used in this area. One of such concepts is health consciousness which has numerous different definitions. The aim of the present study is to indicate the two-dimensional structure of health consciousness: 1) apperception of health condition and its contexts, 2) pragmatic nature of health consciousness. This approach is justified with J.R. Searle's considerations concerning consciousness.

Keywords: health consciousness, health pedagogy

INTRODUCTION AND AIM OF THE STUDY

The conceptual framework used in health pedagogy is interdisciplinary. Health consciousness may be perceived as a social and environmental component, and more precisely a determinant of health in the cultural aspect (Syrek, 2019, p. 17). Anna Gaweł (2001, p. 27) points out that the concepts used in health pedagogy are not defined precisely enough. Making an attempt to analyze health pedagogy from the theoretical and methodological perspective, she pointed to a multitude of signals proving how “difficult it is to explicitly confirm the status of health pedagogy as a fully constituted sub-discipline of pedagogy”. The issue is disputable. Health education, perceived as education in practice, needs a theoretical extension. Beata Fedyn (2017, p. 77) points to the need to show the students the value of health in pedagogical terms. In her opinion, building health depends on

an individual's personality. She writes that "providing knowledge about health and teaching appropriate skills to take care of health is an important process but insufficient for an individual to understand their responsibility for their own and other people's health and to make conscious and pro-health choices, i.e. not only have the knowledge of and know how, but first of all understand and want". According to Fedyn, health education is a field in health pedagogy which is an important condition for this process. However, the communication itself is not enough if emotions are not involved, in order to make knowledge a component of health consciousness. Health will be treated as a value that will allow for constructing norms of behavior. The author recalls the opinion of A. Gniazdowski that it is necessary to "translate health-related knowledge into the rules of individual behavior, the basis of which is building and increasing people's health consciousness – the conviction about the possibility of «healthy causation», i.e. being the creator of one's own health" (Fedyn, 2017, p. 80).

Consciousness is "a state in which an individual is aware of internal phenomena (such as one's own thinking processes) and phenomena occurring in the external environment" (Zimbardo, 1994, p. 684). At the same time, which is worth adding, an individual is able to react to these phenomena in a somatic form or autonomously, i.e. independently of their will. So, is health consciousness a pedagogical category? Józef Górniewicz (2001, pp. 5–6) notes that pedagogy should be treated as a discipline of science situated at the intersection of various fields of humanistic and social knowledge. "Through its relationship with axiology, it tackles issues of a normative nature, by referring to psychological knowledge it deals with an individual being the subject of educational activities, and through its relationship with sociology it undertakes studies on the social context of the education process". Thus, numerous interdisciplinary categories emerge. The author discusses such categories as responsibility (a concept rooted in ethics and moral philosophy), self-fulfillment (psychology, philosophy), imagination (philosophy, psychology), creativity and subjectivity (psychology, philosophy), tolerance (sociology, moral philosophy). "Categories are elements of real or symbolic reality constituting a certain functional whole, being an arrangement of elements belonging to various objects of reality, also structured in some way" (Górniewicz, 2001, p. 7). Górniewicz stresses that "a concept will become a category when a new way of interpretation is introduced in a given science, it will be perceived in a broader context, its history present in other fields of science will not be forgotten. A framework is created which supports new analyses and supplements" (Górniewicz, 2001, p. 11).

The content of self-consciousness is processed and takes on specific forms:

a) individual – which function based on individual traits, self-patterns, attitudes and needs,

b) defensive – the process involves encoding and processing of internal and external content based on fear and threats,

c) external consciousness – based on external norms and standards,

d) reflexive self-consciousness – attitudes coordinated with interiorized values and norms, based on needs and expectations (Zaborowski, 2000, p. 53).

The aim of the study is to make an attempt and define a structure of health consciousness referring to John R. Searle's considerations about consciousness.

STATE OF THE ART

DEFINING HEALTH CONSCIOUSNESS AND ITS DIMENSIONS

Health consciousness indicates readiness to take health-related measures, influences health attitudes and behaviors (Mesanovic et al. 2013, p. 571). Stephen Gould (1990) points out that health consciousness can be described in terms of four dimensions: self-consciousness in health (people who are more health-conscious show greater concern when health is at risk, they are also more responsible for health and more involved in keeping fit and proper nutrition plus stress management); mental/internal condition; investigating correlations between health consciousness and searching for and using health information; self-monitoring of health.

According to Anette Ch. Iversen and Pål Krafta (2006), health consciousness is different from health anxiety or fear of illness/death. Kraft and Goodell (1993), Dutta-Bergman (2004; 2006), Dutta (2007) associated health consciousness more with health-related behaviors and attitudes.

When developing a comprehensive health questionnaire for older adults (over 55), the authors of the Health Awareness and Behavior Tool (HABiT) (Agarwal et al., 2019, pp. 38–40) focused on five scales: knowledge, current health behaviors (risk factors and their understanding), health-related quality of life, perceived risk and self-efficacy. HABiT was developed in order to determine the effectiveness of community-based health promotion and disease prevention programs.

Anna Gawel (2011, p. 91) writes “[...] it can be assumed that health consciousness, being in its essence a sub-structure of human consciousness, is a complex cognitive structure that directs and organizes human behavioral activity related to health. It should be noted that referring only to health consciousness when explaining health-related behaviors would be a significant simplification because, undoubtedly, their organization and control also involve components of non-health areas of consciousness, plus personality factors related to impulses and emotions or temperament. We also assume that apart from cognitive factors, organization

of health behaviors involves mediating variables of a demographic, social and situational nature”. Taking into account the cognitive aspect, the following elements of consciousness should be analyzed: health perception, its valuation, attribution of health sources and causes of disease, beliefs about treatment.

In the last two decades, researchers have consistently referred to the following five elements of health consciousness:

1. Integration of health behaviors – health consciousness perceived as orientation towards well-being/wellness, focusing on behaviors related to care for building a safe environment, eliminating risks, physical fitness, personal responsibility, care for a proper diet and coping with stress. When defining wellness, Ardell referred to five dimensions: self-responsibility, nutritional awareness, stress awareness and management, physical fitness and environmental sensitivity. He later expanded the concept with social and spiritual dimensions (1984, after: Kraft, Goodell, 1993, p. 21).
2. Taking care of health – in particular, it refers to health orientation, health-related beliefs, health-related activities.
3. Searching for and using health-related information.
4. Responsibility for one’s own health.
5. Health motivation understood as “targeted stimulation to engage in preventive health-related behaviors” (Hong, 2009).

HEALTH CONSCIOUSNESS VS PEDAGOGY

Michel Foucault (2010, p. 318) wrote “To learn and to cure are similar activities”. Before they are undertaken, they require proper preparation of both the body and the mind. If appropriate measures are taken for the sake of health, being fully aware of the consequences of such behavior, we can assume that an individual is ready to take the right decisions which, after being implemented, will determine their health status. This process of maturation is achieved through learning and education. It becomes incorporated into the space of the culture of the self, where Foucault notices a paradox. In his opinion, it fits, at least to some extent “within the framework of morality, according to which death, disease, physical suffering are not real threats, so it is better to look after your soul and to not worry about bodily things. As in caring for oneself, the attention goes to where the diseases of the body and the soul may combine and increase their mutual impact; where the bad habits of the soul may cause physical unhappiness, while the excesses of the body reveal and sustain deficiencies of the soul” (Foucault, 2010, p. 319). This way of thinking points to a holistic model of health perception that is implemented within health education.

Health consciousness treated as a pedagogical category determines the field of activities in the process of education and learning. The relevant literature that refers to the issue of health defines, as it were, the constituents of health consciousness.

Consciousness is a state of a reflective mind. The beginning of a philosophical practice requires, according to Epictetus (Foucault, 2010, p. 320), to “recognize the cognitive abilities of one’s own mind [...] because if it is found to be inefficient, there is no need to attempt to use it to cope with big problems”. What remains is to follow health-related recommendations in the times of Plutarch formulated by medicine, which had to “define the way of life, a certain well-thought-out attitude of an individual towards oneself, their body, food, being awake and sleeping, towards various activities and the environment” (Foucault, 2010, p. 347). Nowadays, the above tasks are included in the health education-related activities. As a matter of fact, it is already Socrates who recognized the need to care of the self.

Socrates, as described by Xenophant, encouraged his students to care for their health (Foucault, 2010, p. 183) and such care was primarily based on the acquired knowledge. It is necessary to remain vigilant over oneself, to observe oneself, with the act of writing and taking notes, “he recommended [...] that everyone should constantly pay attention to what foods, what drinks, what tasks and physical hardships have the most beneficial effect on their body, and what life style should they lead in general to keep the best physical condition”. “The man who takes care of their own health in this way was, according to Socrates, the best doctor for himself and he knew best what served him” (Foucault, 2010, p. 184). In the regime of Socrates and Diocles, you can find suggestions regarding the diet, activity and even frequency of sexual intercourse.

HEALTH CONSCIOUSNESS REVISED

It can be said that the concept of health consciousness functions in health pedagogy, but it is so multidimensional that its presence is visible in the field of psychology, philosophy, sociology and social policy.

The analysis of various approaches to the issue focused on health consciousness suggests yet another view on this issue.

John R. Searle (2010, pp. 117–118) considers the appropriateness of referring to consciousness not only in the mental aspect. He is the supporter of biological naturalism. Referring to consciousness, he puts forward four theses:

- “1. States of consciousness together with their subjective, first-person ontology are genuine phenomena set in the real world [...].

2. States of consciousness are nothing more than the result of lower-level neurobiological processes taking place in the brain [...].
3. States of consciousness arise in the medium of the brain and need to be treated as the properties of the central nervous system, and therefore exist at a level higher than neurons and synapses [...].
4. Since states of consciousness are genuine properties of the real world, they are part of cause and effect relationships. For example, my conscious thirst prompts me to drink some water”.

Consciousness understood in this way allows for considering the concept of health consciousness composed of two layers:

- the first one concerns the apperception of health condition and its contexts,
- the other one the pragmatic side of health consciousness.

This simple division is justified by the assumptions made by Searle. He identifies the following features of consciousness:

- qualitative nature,
- ontological subjectivity,
- unity (according to Kant “transcendental unity of apperception”),
- intentionality,
- mood,
- distinction between center and periphery,
- pleasure/unpleasure,
- situational context,
- active and passive consciousness,
- Gestalt structure,
- “self” consciousness.

Health consciousness is qualitative. Searle gives examples that can be classified as health consciousness-related problems, such as pain. In addition, it is a state characterized by a high degree of subjectivity, within the meaning of the philosophy of ontological subjectivity. At the same time, according to Searle, the qualitative nature and subjectivity coexist with unity. For example, health condition consciousness relates at the same time to four dimensions of health, i.e. physical, mental, social and spiritual. However, not all states of human functioning are characterized by intentionality, such as the state of fear. Searle writes “[...] consciousness and intentionality significantly overlap” (2010, p. 142). When it is assumed that health consciousness creates implications for actions, and these are strongly correlated with the thought that occurs in the mind, intentionality speaks most clearly here. Even if the act does not take place, an intention appears. As Searle notes, states of consciousness are accompanied by mood. Health consciousness concerns the health condition that creates this mood to a large extent.

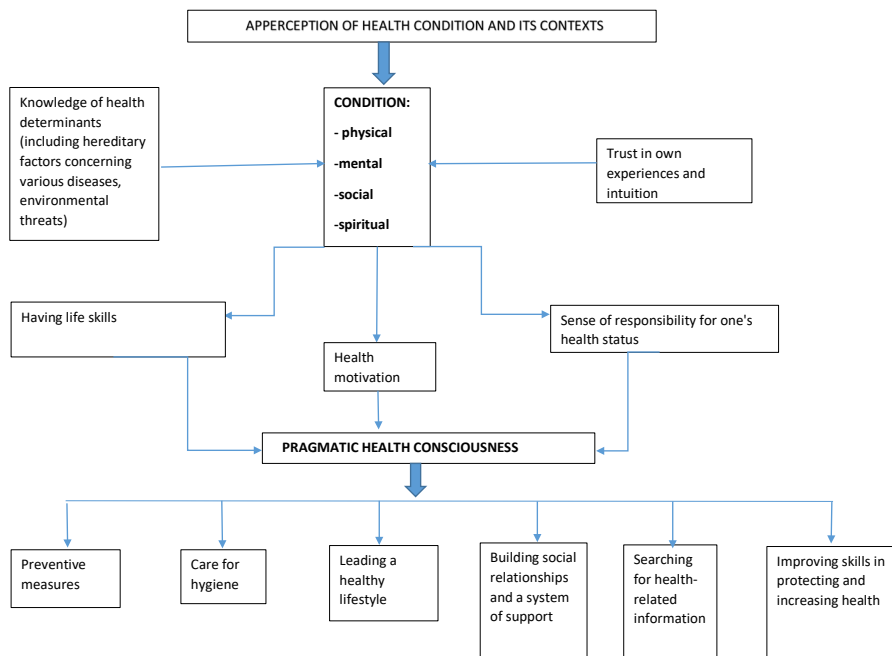
A well-rested person, with no symptoms of a disease, after waking up in a safe place and accompanied by a loving person feels bliss and joy. The high level of energy initiates activity. When a person wakes up with a toothache, all the joy that would accompany them in the circumstances described above will disappear like a soap bubble. Irritability and anger will occur.

A human being is capable of focusing attention on specific objects in the field of consciousness. This allows them to activate resources that help them cope with health problems, i.e. therapy. If a person with a burn injury is shown a film of a land full of snow and ice, their pain sensation is reduced. Health consciousness creates space for feeling the unpleasant or pleasant and is entangled in the situational context (where is a person? who accompanies them? how old are they?). Searle points out that consciousness can be active or passive. In the case of health consciousness, such a distinction can also be adopted. An example of active consciousness is the consciousness of performing physical activity, and of passive consciousness when this activity is visualized during the training session.

The perceived world has its own structure, although its various elements can be constructed in different ways. Perhaps this might explain the variety of feelings in similar situations. Sick people with similar symptoms may interpret them as life-threatening but just as well underestimate them. There is also the problem of personal identity. Health consciousness depends on many personal aspects related to the fact that a person is an individual different from others. Personal experiences are individual experiences, although frequently a person goes beyond their limits, trying to understand the situation of another person, e.g. showing empathy.

Apperception and pragmatism form a coherent area in which health consciousness exists not only in the mental but also in the real dimension. Consciousness in the philosophical aspect is the basis for building identity, which manifests itself in undertaking various activities. Health consciousness is a construct whose main element related to the apperception of the health condition and its contexts translates into the pragmatic side, where a person takes actions that are directly and closely related to the health condition.

Diagram 1.

Two-dimensional model of health consciousness

Source: Own compilation.

Apperception of the health condition is in fact perceiving own health in the physical, mental, social and spiritual dimension. To a large extent it is influenced by the acquired knowledge regarding various health entanglements in internal and external conditions. The figure (diagram 1) emphasizes the importance of environmental threats as well as diseases being family health complications that are significant for health. Undoubtedly, the inner voice lets you know what are the individual's previous experiences and trust in one's own intuition.

Moving to the practical side of activities depends on the motivation, assumed responsibility for the health status and possessed life skills.

The pragmatic nature of health consciousness can be manifested in such activities as preventive measures, taking care of hygiene, leading a healthy lifestyle, building social relationships and a system of support, searching for health-related information and improving skills in protecting and increasing health.

What is specifically indicated in Hong's review, relevant literature includes integration of health behaviors and care for the health in health consciousness.

The pragmatic aspect has already gained its status. Of course, health consciousness can be viewed from a different perspective. The philosophy of mind has many representatives, and in the field of their “dialogizing” there are also problems of mentality and physicality.

The presented structure of health consciousness is a proposal of a multidimensional approach to the subject, taking into account the contemporary research carried out. Addressing the problem results from the belief that it is worth highlighting the concepts important from the point of view of health pedagogy, a subdiscipline of pedagogy, which still lacks a highlighted apparatus of meanings and their interpretation. The highlighted approach paves the way for discussion.

SUMMARY

The increasing number of duties, the ever-present hectic pace and the accompanying stress, plus giving up on having rest worsen the health condition and contribute to the risk of civilization diseases. It is only becoming aware of the existence of threats that leads to taking up an effective battle. Most often, it is assumed that a pro-healthy lifestyle refers to everyday behaviors of an individual or a community in order to maintain or strengthen health in the biological, mental, social and spiritual dimension and in compensating or reducing burdens, counteracting pathogenic factors affecting health (Woźniak et al., 2015, p. 13). The following have been included among activities and behaviors that make up a healthy lifestyle: physical activity, positive interpersonal relations, proper nutrition, active and passive rest, personal hygiene, coping with stress, satisfaction. Taking pro-health measures or adopting attitudes concerning health-related behaviors requires proper recognition of the problem.

Building health consciousness is a life-long process that requires proper motivation combined with mature responsibility for the health status. It comprises a whole spectrum of extremely important factors that allow for the formation of appropriate health-related beliefs, leading to the integration of pro-health behaviors. Making an apperception of the health condition and its contexts and activating the pragmatic side of health consciousness allows for full involvement in recognizing the issue of health and implementing appropriate strategies to maintain, improve and protect it. People who are more health conscious are more likely to care about their well-being and quality of life (Choi, 2019).

Determining the level of health consciousness allows for a more accurate assessment of the effectiveness of health promotion programs and implementing activities preventing development of diseases, especially chronic ones.

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ŚWIADOMOŚĆ ZDROWOTNA JAKO REALNY FENOMEN W ŚWIETLE ROZWAŻAŃ
JOHNA R. SEARLA. OBECNOŚĆ POJĘCIA W PEDAGOGICE ZDROWIA

Streszczenie: Pedagogika zdrowia jako subdyscyplina pedagogiki boryka się z problemem określenia jej tożsamości. Jedną z istotnych spraw jest opracowanie pojęć, którymi można posługiwać się w jej obszarze. Takim pojęciem jest świadomość zdrowotna, mająca wiele różnych określeń. Celem obecnej pracy jest wskazanie na dwuwymiarową strukturę świadomości zdrowotnej: 1) apercpcja kondycji zdrowotnej i jej kontekstów, 2) pragmatyczność świadomości zdrowotnej. Uzasadnieniem dla tego ujęcia są rozważania Johna R. Searla dotyczące świadomości.

Słowa kluczowe: świadomość zdrowotna, model, pedagogika zdrowia

