HEALTH AND EMPOWERMENT

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Consider the reality of those poorest in power in modern societies. Income is inadequate. Housing is dangerous. Automobiles rule the limited public space, schools fail to liberate children, young people find no economic space, crime is epidemic and drugs and alcohol a cure. In the local hospital, signs of this reality abound in maladies from home accidents, traffic injuries, interpersonal violence, drug overdoses, poisoning, premature pregnancy, alcoholism, etc. The list is well known — an inventory of health costs of powerlessness.

Consider the tools of public health in the face of these health hazards. How many more clinics, doctors or hospitals will it take to cure these maladies? What environmental regulation will treat these conditions? What educational television program or school cirriculum will cauterize the neighborhood?

The life is sickening even though the sewers work, the milk is pasteurized, children immunized, public programs pay for medical care, air pollutants have been somewhat reduced and schools attempt health education for children.

What is the problem?

It is increasingly clear that no matter how intensively we use the traditional public health tools, the problem will remain. This is not to denigrate these tools, nor to suggest that they have not been helpful in the past. However, it is our experience that they have reached the healthful limit of their power. A healthful future for the person in the disempowered neighborhood now depends upon a different form of action, a new set of tools.

One does not have to be an ideologue or an epidemiologist to recognize that many modern maladies are caused by powerlessness. Less well understood is the fact that there is no effective treatment that can be administered to the powerless. They are peculiarly immune to the injections, ministrations and education we bestow upon them. They seem perfectly resistant to most of our efforts to deal with them as an object of concern, care or cure. This has resulted in a dismal array of abandoned programs, palliative remnants and "burned out" health workers. Indeed, many of our current public health tools and the structures for their use are not only ineffective — they are fast becoming part of the cause of the very malady they seek to cure.

For example, in many communities where the powerless struggle for economic survival, the total public payments for their medical care are greater than the public income payments they receive. Thus, in an unbelievable therapeutic inversion, those sickened by inadequate income are given more medical service than income.

Another example involves modern health education efforts that have used mass media to attempt to reform the behavior and lifestyle of the powerless. The public health centralists have tried to amplify their message through powerful electronic megaphones. One can hardly imagine more effective methods for emphasizing the impotence of the powerless than these overwhelming voices of the manipulative outsider. It is little wonder that the messages have so consistently been ignored.

With each magnification of intensity in the use of the medical and media tools of public health, the impotence of the poor is now extended, powerlessness amplified and malady multiplied. Health has fallen victim to those professionals and policymakers who have attempted to treat the political issue of powerlessness as a technical problem.

We are obviously in need of a new set of guidelines for those health policies affecting the powerless in post-industrial societies. Our research leads us to suggest four basic empowering principles.

First, all increases in expenditures for therapeutic services should be faced with a "burden of proof." Medical advocates should be required to demonstrate that their therapies will be more healthful than applying the same budget to the income of the poor, their community organizations or an alternative preventive approach.

Second, all health developments should be tested in terms of their capacity to strengthen local authority and legitimize the competence of the local community. This is a test that can only be applied by the powerless. Its legitimacy is demonstrated when their decision is decisive, rather than advisory or "participative."

Third, the non-medical tools and techniques claimed to improve health should be evaluated in terms of their empowering capacity. Are they usable by their "beneficiaries?" Understandable? Controllable? Or are they mystifying, mega-scale, manipulative devices and methods that necessarily require outside dominance to achieve their "healthful" effect? Again, the burden of proof should be with the advocates of megatools. How will the impotence their tools create cure sickening powerlessness?

The fourth guideline is at once the most important and the most difficult to understand: health is basically a condition and not an intervention — an output, not an input. The basic "healthist" misunderstanding of health is best understood by the modernized poor. Injected, treated, cured, cared, educated, and manipulated toward "compliance," these people know better than anyone else that these interventions are not the source of their health. Instead, each day their lives are physiologically sickened by their impotence confirmed by their intervenors. They are reduced to being

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mythical creatures called "health consumers" that only exist in the unicorned minds of fantasy figures called "health providers."

Health is a condition, an indicator, a sign. In post-industrial societies, health status measures the power, competence and justice of a people. It tells whether tools control people or people use tools. It indicates whether systems rule or people control.

Our research indicates that it is impossible to produce health among the powerless. It is possible to allow health by transferring tools, authority, budgets and income to those with the malady of powerlessness.

DEVELOPING HUMAN POTENTIAL — AN AWAKENING PROCESS

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What Is It?

What do we mean by potential and why it is relevant to discuss at a conference concerned with "health"? Potential means "existing in possibility and capable of development into actuality". In relating this to the human condition can we agree with Maslow, that in all individuals "there is an active will toward health, an impulse toward growth, or toward the actualization of human potentialities"? Maslow studied self-actualization, the characteristics of individuals who were actively *using* their potential, who were *fulfilling* their innate nature. He found them to be vital, energetic people who accepted themselves and others without judgment, and who were spontaneous, autonomous and creative. They displayed a high degree of acceptance and sympathy for their fellow man, and tended to see "differences" as assets and did not judge or fear them. In other words, people whose basic human needs are met adequately, and who have a healthy self concept, are the most tolerant and supportive of others.

We can view maximizing human potential and achieving total physical and mental health (or a high level of "wellness") as synonymous concepts. Total (or 'holistic') health, goes beyond the definition of health — that of "the absence of disease" — to a more expansive and dynamic concept. It implies interplay between the physical, emotional, mental, social and spiritual aspects of our being. This approach reflects an attitude and lifestyle designed to achieve one's highest potential.

A reassessment of values and goals is taking place in society. Our definition of human potential and total health are a reflection of this value shift. Willis Harmon suggested that "much of industrial society's manifest confusion about ultimate goals and values is rooted in its century-long preoccupation with developing techniques (which) ... increasingly affected the knowledge system of society. But knowledge focusing on ability to predict and control is not the same as knowledge focused on human development, total wellness, and search for meaning ... The prestige of technique-focused science has resulted in selective inattention to the kinds of knowledge most pertinent to clarifying issues of ultimate goals and values."

This "selective inattention" to "ultimate" values and goals didn't arise accidentally. The scientific "prediction and control" knowledge has been most useful in generating new technologies and the ability to control our physical environment. However, in the process we have paid a high price! Purpose, meaning and understanding human needs relates to a completely different kind of knowledge. These concepts are not physical and measurable and therefore have been considered less important. One result of this has been a significant paradigm shift in awareness. People are engaged in a spontaneous response to "righting" the imbalance. I will explore this "balancing of needs" phenomen and examine implications for education, health policies, and other avenues that would "empower" people to take charge of their lives.

Where to Begin

Personal growth is a lifelong process. Two important principles to consider in this process are self-responsibility and choice. Throughout life there is a progressive or regressive choice — a growth versus a security choice. To make the growth choice is to move towards self-actualization — toward developing one's potential.

We must also examine fundamental human needs that must be met for individuals to survive and to grow into healthy, fully functioning human beings. They can be considered in two categories: 1) The need for security and 2) the need to accommodate the innate drive toward growth. These categories incorporate five interrelated and interdependent aspects of living: 1) emotional, 2) social, 3) mental, 4) physical and 5) spiritual. All of these interact.

A "Systems" Approach

"Systems" theory attempts to explain the interrelationship between parts of a "whole" — a "system" being defined as a whole made up of interrelated and interdependent parts.

The parts of a system exist in balance and any change in one part affects the others. A healthy and effective system requires a constant inflow and outflow of information and energy; when this energy is blocked in any one part it produces disequilibrium.