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AN EXPLORATORY STUDY OF THE CONCEPT OF THE HEALTHY FAMILY

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A thesis presented in partial fulfilment of the
requirements for the degree of

MASTER OF ARTS IN EDUCATION

Massey University

1970

ABSTRACT

Part 1 of this study examines the terms which are frequently used in discussions and definitions of health, mental, physical and social. Some of the terms are discarded because of their lack of clarity. A definition of health is presented for consideration.

Part 11 discusses health in relation to the family as an ideal and as a social institution. The relationship of the family to the society in which it is located is also considered, and some conclusions are drawn concerning the social conditions which are conducive to health in general and to the health of the family in particular.

The suggested definition of health is applied to the family as a social system, in interaction with other social systems. Some implications for research are suggested.

PREFACE

I would like to acknowledge the encouragement and guidance received from Dr. A. Webster, Senior Lecturer in Education, Massey University.

Professor C.G.N. Hill of the Department of Education, Massey University, has also been a source of much encouragement.

It would be appropriate to the family, my husband and children, to thank them for enabling me to have the time to write this study of "The Family".

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INTRODUCTION

It is a commonplace in modern society for the contemporary family to be unfavourably compared with the family of the past, which from a distance seems a model of stability and virtue.

The assumption underlying such an evaluation is the perception of the family as an independent entity, an entity which ought to be capable of behaving in the same fashion as did the family of a century ago.

But as the family is an open system in interaction with other social systems in society, it is not a completely independent variable in any social life or behaviour. That is, the family cannot be held solely responsible for its own behaviour.

Therefore, the study of the concept of the healthy family depends on a consideration of the relationship of the family to society, and to change in society.

But what could be meant by "healthy"? How could the concept of the healthy family be discussed without an

adequate definition of "health"? So this exploratory study begins with an attempt to answer that question.

Chapter 1.

A preliminary discussion of some of the terms frequently used in definitions of health, physical, mental and social seems an appropriate exercise to be undertaken before a definition of health is offered in Chapter 2.

This discussion is undertaken in an endeavour to clarify the concept of health in such a way that the definition submitted in this thesis has some justification.

The World Health Organization includes the following definition of health in its Constitution of 1947. This comprehensive definition which is often quoted or referred to in discussions of health seemed worthy of examination.

"Health is defined as a state of complete physical, mental and social well-being, not merely an absence of disease, or infirmity."

(World Health Organization. WHO.)

This definition appears to clarify the issue but (as definitions are wont to do) merely transfers the problem since it raises these questions which need clarifying; what could be meant by a "state" of health, by "complete health", and by "not merely infirmity"?

The last question is the most easily discussed. The WHO definition is in agreement with those who feel that health should be a positive condition not merely the absence of disease and infirmity.

The article on health in the International Encyclopedia of the Social Sciences commented on the many definitions of health which define health by saying what it is not. These definitions imply that health is the absence of manifest disturbance, in short the absence of pathology. To compound the difficulty, pathology has not always been defined either. "Deficiency" is another word used in negative definitions of health, but deficiency can only be specified if a standard of health exists so that falling short of it can be seen as a deficiency.

It could be conceded perhaps, that the absence of disease and infirmity could be used as a minimum standard of health. But it would be possible for a person, group or society to have some manifestations of ill health, but also to have enough of the elements of positive health to be regarded on balance as more healthy than unhealthy, and even perhaps with the capacity to become healthier.

Or is the absence of ill-health in negative definitions of health, stated as a pre-condition or "sine qua non" of health? It may be that those who are not ill could be in advantageous position for the development of positive health, but this cannot be guaranteed.

Even those apparently without disease may fall ill immediately after the assessment, depending on whether they were already carrying the seeds of disease within them, whether they were behaving in a manner conducive to ill-health, (such as smoking too heavily for long periods) whether the environmental conditions changed in such a way that an unsuspected vulnerability of the organism was free to operate, or whether the environmental stress was such that anyone would fall ill under those conditions.

There is also a logical reason for rejecting negative definitions of health. Health cannot be both health and not health simultaneously. The definition of 1 (one mathematically is such that $1 \neq -1$ (one cannot be equal to minus one).

"The absence of certain qualities does not imply the presence of others."

(Jahoda 1958)

The organism could have no symptoms of ill-health but could have a "passivity and personal limpness" (Riesman 1961) which is not positive health, but rather a vulnerability to environmental stress or challenge.

"Health implies a standard of performance or capability that would not be met by some people or systems who have merely an absence of pathology."

(Wilson 1968)

Health as a state.

The WHO definition of health views it as a state. One objection to this has already been noted, that a state of health ascertained at one point in time, might be momentary. A "state" as defined in the Oxford dictionary, is an existing position or the condition in which a thing is. It would appear more fruitful to think of health as a process rather than a state. The distinction between "state" and "process" is central to achieving any operational goals, in our definition, since the manner in which health is operationally investigated as a state will be insufficient and frequently inapplicable to health as a process. Health is a processual concept because, as will be discussed later, it can be viewed as emerging from development and adaptation.

"What an organism does at a given moment does not always give the right clue to what it does over a period of time."

(White 1967)

It will be a major postulate of this thesis that it appears more fruitful to think of health as a process rather than a state.

Complete health.

"Complete health" can be linked to the idea of positive health. Complete health seems an ideal. It is doubtful if many individuals ever have complete health during their whole life span. Even if complete health was a state it is doubtful

if it could be held steady over a period of time.

"He who will not seek new remedies must fear
new evils; for time is the greatest innovator."

(Francis Bacon)

Health as an ideal.

At this point it would seem necessary to distinguish between health as an idea and health as an ideal. Wootton (1959) has this to say of definitions of mental health:

"Conceptions of the ideal, under the guise of health, express the personal value judgements of commentators rather than the scientifically established facts."

This statement does not say that value judgements are not involved, or should not be involved, but that if they are, they should be explicit not implicit.

"Ideals are conceived because man is a social being. Society moves or forces the individual to rise above himself and gives him the means for achieving this."

(Durkheim 1924)

The ideal here is seen as motivating. The existence of an ideal can have utility if the ideal is used as an aspiration. It is also postulated in this thesis that positive health being an active concept, motivation is needed on the part of those who may become healthy. In one field of physical health, public health, the society may provide conditions which promote health, but health itself requires motivated action which is purposeful, not mere reaction to a stimulus provided by the society. A person has to be motivated to stop smoking, to take exercise

and sufficient rest and relaxation.

An ideal of positive health may be motivating as an aspiration to move towards. There is, however, the real possibility that the perception of an ideal of health could be dysfunctional to health, if falling short of the ideal through personal deficiencies, or through the unavailability of the conditions conducive to health, produces feelings of frustration, anger or shame, guilt or apathy to such an extent that the movement towards health is inhibited.

An ideal of health would need to be open-ended, not too specific thus allowing for diversity, that is, different combinations and different weightings of the factors that contribute to health, should be possible. Apparently not only positive or complete health is an ideal.

"The hope that disease can be completely eradicated becomes a dangerous mirage only when its unattainable character is forgotten. It can then be compared to a will-o'-the-wisp, luring its followers into the swamps of unreality. In particular, it encourages the illusion that man can control his responses to stimuli and can make adjustments to new ways of life without having to pay for these adaptive changes. The less pleasant reality is that in an everchanging world each period and each type of civilization will continue to have its burden of diseases created by unavoidable failures of adaptation to the new environment."

(Dubos 1965)

Dubos can be agreed with to some extent, but "the hope that disease can be completely eradicated" motivates researches and field workers to make their contribution to the future. If Dubos sees even the absence of disease as an ideal state, complete and positive health is also an ideal and probably equally unattainable.

Health as well-being.

How could well-being be measured and by whom?

Ascertaining well-being as a feeling must depend on personal introspective report.

Some people can feel well and still be ill. Indeed some states make introspective report clearly inapplicable. A person may be light-headed and say "I am feeling marvellous" when he has a high temperature or is simply drunk; or has been and is still ill and feels slightly better. A manic might be in such a state of euphoria that he may report feeling well enough to win the war in Vietnam single-handed. Oxygen narcosis at high altitudes is dangerous precisely because the informant would report his own feeling of well-being. In fact there are reasons for a feeling of well-being that have nothing much to do with health. The person might have won a lottery, his team might have won a football match, he might have just committed a successful burglary without being caught, or he might be feeling

wonderful because, being a sadist, he has hurt someone.

Well-being like health, needs to be assessed at not one point in time but as a long term orientation, if it is to be assessed at all. The difficulty of quantifying such a term as well-being, of finding standards against which to measure it and of specifying conditions conducive to such a feeling, do not make it a useful description of health. Nevertheless it could be used in examining the manner in which a healthy person operates. It could be used to describe the person who finds being healthy easy and enjoyable. A feeling of well-being like happiness might be an outcome of being healthy but cannot be synonymous with it.

Imagine a person who is healthy but who is apt to feel vaguely depressed in dismal weather; then imagine such a person living in a dismal climate; then even if on a long term basis he remained healthy it would be without any feeling of well-being. There could be conditions other than ill-health which would contribute to an absence of the feeling of well-being such as being a slave who is harshly treated.

Another way of viewing the use of well-being in the WHO definition could be that it was used as a synonym for health, in which case it has not contributed to the definition.

A discussion of some of the terms frequently used in defining health, apart from those used in the WHO definition.

Normal

Definitions using this word often say "normal and healthy" or "normal or healthy", thus equating the two.

Presumably if we can define one we have defined the other.

"In general the attempts to define normality have been either statistical, or culturally relative or biological medical. Informally normal is a value definition."

(Maslow 1954)

Maslow is discussing mental health, but in fact the medical profession is in no better shape when discussing normal than is any other discipline.

"Normal can mean average, what most people do, what usually goes on, common practice, what most people would like to see, what society approves of, or the mores of the group."

(Wilson 1968)

Bott in Bell and Vogel (1968) discusses normal and asks whether it means perfect, average, ordinary or customary? Is it the clinical ideal which may never be reached in practice; is it the behavioural mode; is it what is thought morally right or is it the typical pattern? Average, typical, common practice, ordinary and customary as definitions of normal hardly serve the cause of defining health as positive. These terms are relative to the population under discussion, and as populations differ,

so will the definitions of normal. So normal gives us no standard of measurement that can be used in cross-cultural comparisons.

Wilson's "what society approves of" is also culturally relative. Bott's "perfect" and "clinically ideal" may or may not be culturally relative. If they are thought of in the same way as "ideal" they may be abstract ideals which can be applied to all cultures, or they may be culture-specific.

Even if the idea of normality is either average, typical or relative to the expectations and aspiration of a particular culture, the picture is still far from clear. Are there degrees of normality, and how normal does one have to be, to be so labelled? Does what is regarded as normal remain constant over time even in one culture? The level at which normality is defined tends to be constantly raised due to cultural and educational development and increases in knowledge. Normal behaviour tends to be different in times of war from times of peace, in times of economic depression from times of affluence.

Normal as what society approves of, is not always a simple matter to ascertain in a complex society, but let us suppose that it has been possible to ascertain this.

"If fitting into the normal range is based on almost complete compliance to others' wishes and expectations then the normality may be more apparent than real if normal is to be regarded as healthy."

(Laing 1959)

To look at the problem in another way, does deviation from the normal affect health? It may even make it better. Would not it have been thought that an inhabitant of Nazi Germany who deviated from the normal and refused to work in a concentration camp was indeed more healthy than his compliant fellows? Instances such as these can be made for not wholly accepting cultural relativity as a basis for a definition of health.

Fromm (1947) puts forward the view that normality can be equated with goodness, desirability and value. This definition leads to the necessity of defining goodness for example, which will not be attempted here.

The International Social Science Journal (1959) presents Kluckhohn's statement on abnormality with the comment that his definition has the advantage of recognising cultural differences in the judgement of abnormality without subscribing to extreme cultural relativism.

"All cultures must regard as abnormal, individuals whose behaviour fails grossly to be predictive in accord with the cultural norms, or who are inaccessible to communication or who consistently lack a minimum of control over their impulse life."

This definition includes looking at the condition over time - in fact a life style - sees cultures as accommodating some degree of deviance and includes one of the essentials of human development, the capacity to communicate. Yet, because in this definition "normal" is defined negatively rather than positively, it suffers from the same limitations as does the negative definition of health. Therefore it does not seem to clarify the meaning of health, nor "normal or healthy".

But the idea of the normal range does have some contribution to make. Some capacities which are included in some definitions of health, for example flexibility, only contribute to health within a certain range. Too much flexibility is compliance and too little implies the inability to adapt. If some attributes operate outside the "normal range" they become dysfunctional.

Adjustment.

"The adjusted are those who reflect their society or their class with the least distortion. The adjusted refuse to distort or re-interpret their culture and end by distorting themselves."

(Riesman 1961)

If society were perfect, then perhaps adjustment to society might

be defensible, but only then if it were freely recognised by the person that it was perfect and he chose therefore to adjust to it.

Riesman's use of the word "adjusted" implies that adjustment is passive compliance.

Adaptation would be a more appropriate word to use. Adaptation as applied to man, can mean either the adaptation of the environment or of man, or both. Adaptation can be used to solve problems. Man adapts to his limitations in physical strength by making machines which will carry his burdens for him. Adaptation as adjustment to the environment is insufficient.

"In a society where regimentation prevails, active adjustment (adaptation) will hardly be possible; in a society where overt regimentation is replaced by the invisible compulsiveness of conformity pressures, active adjustment will be equally rare. Only where there exists social recognition of alternative forms of behaviour is there a chance for the individual to master his surroundings and attain mental health."

(Jahoda 1958)

So again we find that health is a matter of interaction between man and his environment whether the environment be other people, social groups, society or the physical environment.

Adjustment as conformity.

"If conformity is to the status quo, the status quo is the most illusory of goals. The price of conformity may be very high in terms of distorting oneself."

(Riesman 1961)

"Conformity may be a defence against visibility and accountability."

(Laing 1959)

Such a defence is not positive health unless it is freely chosen because the risk of not conforming is an extreme penalty. Even then it is not the person who recants who is admired, but rather the martyrs who choose to be held accountable.

Is non-conformity a risk to health?

"Those who do not conform may be either anomic or autonomous"

(Riesman 1961)

"Rebellion and non-conformity may be far more important than social adjustment. These acts have to be put into context."

(Soddy 1961)

The conclusion reached is that conformity of itself, unless it is freely chosen and has no elements of compulsivity, could be inimical to the development of health.

Flexibility.

The neuroses are characterised by rigidity, which is really the inability to learn from experience. Clearly rigidity is not conducive to the development of health. But what degree of flexibility contributes to healthy development?

If behaviour is too flexible it has no consistency and is not integrated. Yet behaviour needs to have some degree of flexibility for learning to take place, but not so much flexibility as to be compliant, unless the actor has chosen to be compliant in a certain situation for good reasons.

Development and change.

These two concepts do seem to have utility for health. Development implies change in the sense of human development, social development and physical development. If health is to be viewed as a process the concept of development is linked with that of health, and this will be discussed in the next chapter in greater detail.

"Change is always inconvenient, even if it
be from worse to better."

(Dr. Johnson)

Change provides challenge but if it is too rapid it may produce stress because of the difficulty of integrating the new experiences into the pattern of behaviour, of assimilating change and accommodating to the changes either within the person or in the environment. Personal development entails a different perception of the environment as development progresses, even if the environment has not changed. Change is a challenge but the response to change may be temporary disorganization at best

before the changes are integrated into new behaviour;
 (e.g. adolescence) at worst the disorganization may have a
 permanent effect such as melancholia which does not remit,
 after a bereavement.

Maturity.

"Maturity" or "mature" are words which appear in
 definitions of health. Maturity is linked to development
 in the sense that maturity can be defined as the ability to
 cope with the tasks appropriate to the stage of development.
 Comparisons are made by measuring the degree of competence in
 dealing with tasks using immature mature as a continuum.

What about the person whose maturity at a specific
 stage of development is maturity plus? Young people who are
 as responsible as middle-aged adults are often admired and held
 up as models by the older generation. To arrive too soon
 may prejudice future development. What is a "middle-aged"
 adolescent going to be like at forty?

Sir John Barbarolli, the conductor of the Halle
 orchestra when asked to comment on what had been described as
 the somewhat extravagant style of playing by the brilliant
 young cellist, Jacqueline du Pre', remarked that youth was the
 time for extravagance; if one was not extravagant when young

what did one have to pare away when getting older? To have taken on the task of generativity too young (Erikson 1950) as in middle adolescent parenthood, and even to do it reasonably well but not to have solved the identity crisis may mean that the identity crisis is never resolved adequately.

Health as realization of potentialities.

"It is apparent that we need a definition of the supremely health personality not in terms of averages, but in terms of ultimates - that gives us something to shoot for. We need to know what man can become."

(ASCD yearbook committee 1962)

There is much to be said for this point of view and much has been said, but the point of view is fraught with difficulties. It is a positive view of health with the sky the limit, the limit being set only by what man can become under certain conditions; it is a point of view with utility for physical and social health as well as mental health. Maslow sees the idea as having generalizability for species-wide psychological health, which can be applied to all human beings no matter what their culture and no matter what their time.

But Barbara Wootton (1959) has this to say:

"Health can be described as a state in which one's potentialities are fully realised. But unless some

potentialities are characterised as morbid and excluded from this generalisation, this is absurd. We all have deplorable tendencies as well as desirable ones."

If the desirable potentialities (and this is a value judgement) are to develop rather than the undesirable, we need to know more about the relative strength of various potentialities in man, the individual variations in strength and the conditions under which these potentialities can be realized.

A recent publication by Kluckhohn and Strodtbeck incorporates the results of more than ten years of research on values at Harvard University. Their first question is; what is the character of innate human nature? Human nature can be perceived as evil, good or neutral or as Maslow puts it, a baby is born prior to good and evil. The second question is: what is the relation of man to nature? Is he subjugated to nature, is he master of it or must he live in harmony with it, the "Yang" and the "Yin" of classical Chinese medicine? The third value explored relates to the temporal focus, that is whether the past, the present or the future is the most important. The fourth value dimension concerns the modality of human activity, whether it stresses being or doing. The last of the five dimensions is man's relationship to other men: lineal, collateral

and individualistic. These value dimensions held by different cultures and religions influence the direction in which the development of potentialities might go. At our present stage of knowledge we have models before us of what man can become and there may be other alternatives which man has not yet been able to imagine. How does one choose among these alternatives? Western psychologists can always be accused of ethnocentrism and this may well be true. Is choice possible? If one has been brought up to be a doing person, is what could be meant by being imaginable?

Other critics of this point of view see it as committing the naturalistic fallacy in trying to get an "ought" from an "is". Can we say that what is or can be, is what ought to be chosen? (Taylor 1961). If we are to decide from these alternatives, can the conditions of rational choice ever be met? The intellectual knowledge, the practical knowledge and the imaginative knowledge of these values which are imbedded in a way of life could scarcely be gained by one person in a life-time even if he had nothing else to do.

However we often have to choose and act on the basis of "as if" we knew and then it comes to a value judgement. The search for scientific evidence for one point of view rather than another should go on. Something we do know about man is that a way of life has to be learned, it is not a "given"; it has to be

learned by social interaction, so we may never know what the character of innate human nature is. But man is also capable of choosing and of creating the conditions for rational choice, and there this argument will have to rest.

Autonomy.

Autonomous people are described as those able to choose for themselves. The autonomous person chooses his own goals and modulates his own pace. Autonomous people are those who develop beyond the "type" of the culture, who are capable of transcending their culture and their initial socialization, as to become autonomous requires a far wider range of signs that can be internalised in childhood. (Riesman 1961). Autonomous can be applied to those who in their character are capable of bearing the burden of freedom, whether or not they are able to, or care to take the risks of overt deviation. An autonomous person is not just a means to society's ends though he may choose to use his strengths in social causes. He is capable of being a social gadfly, a Bernard Shaw or a Bertrand Russell, without being driven into this role by inner compulsions. He is the person who can take it or leave it. Autonomy pre-supposes intelligence, a wide-ranging mind, an education that has enabled him to think, judge and discriminate, and a personality which is relatively independent. But to what ends might his autonomy lead him? He might be a saint, a hero or a criminal, or an apparently ordinary person. His style of life is autonomous,

but what are the outcomes of that style? Whether he chooses good or evil is an issue which is not necessarily built into the style.

Can autonomy be desired in all cultures? Is it not a western idea with therefore limited generalizability? In some cultures very few persons have the opportunity to become autonomous. The autonomous person could be regarded as healthy if health is seen as an end but not also as a means.

Health in functional terms.

Here medicine, psychology and sociology meet. The Oxford Dictionary defines physical health as sound of body; that condition in which its functions are duly and efficiently discharged.

"A relatively simple, working definition of mental health would be most useful, even if it were not entirely "scientific". In my work in other fields, my co-workers and I have settled for some simple criteria such as these: the ability to hold a job, have a family, keep out of trouble with the law, and enjoy the usual opportunities for pleasure."

(Ginsberg 1955)

Parsons (1958) defines health in terms of "an optimum capacity for task and role performance."

Polgar (1963) in commenting on this definition comments that it is a positive view of health, that is asymptotic. But Polgar prefers "theoretically unlimited" to "optimum" as he

feels an open-ended view of health is possible. He offers this definition:

"Health is the theoretically unlimited maximum capacity for performance of roles that are maximally valued and can be legitimized for the person. The health of a group, a population or a species can also be defined, but suffice it to say that the maximum potential for survival of future generations would be a central criterion."

Hansen (1969) poses a question which can be asked of both definitions. He asks whether capacity for task and role performance is enough? Roles are patterns of behaviour not persons. Hansen in looking at vulnerability in the family, hypothesises that there is positional influence (role is the behaviour of persons in certain positions) and personal influence. It is this personal influence which is characteristic of small groups.

Polgar's definition accompanied by the central criterion of maximal potential for the survival of future generations raises the question whether life itself is the ultimate value? The ideal and the idea of human health in individual terms always lead to death, so that life is valuable, but does the individual see mere existence as sufficient? But even in the long term view taken by Polgar is life enough? There is a general "pro-attitude" towards the preservation of life as without

life there is indeed no hope. Life can be seen as a pre-condition for health, but is life an end in itself? It could be said that life is the means to the good life, or that the good life is the dream to which we commit ourselves thus making on-going life a possibility.

Health as a means or an end.

It could be said that health has inherent value and instrumental value.

"Health it would seem, is held in universal esteem, but while health is an ultimate aim the means of realising health objectives is controversial."

(Sanders 1963)

Sanders posits health as an end in itself. But the view could be held that health is a means to an end as well, the difficulty being that this leads us into the area of value judgements.

What would happen if health were an end in itself and were attainable? Is a state of complete equilibrium which goes on to infinity possible? Given some of the potentialities of man which have utility for reaching this goal, exploratory behaviour and imagination, would such a changeless steady state be possible? It could be argued that man's expulsion from the Garden of Eden was inevitable because knowledge and the increase

of knowledge makes change inevitable and makes choice possible. The good can only be recognized if the bad is also known, and health can only be recognized if some knowledge of ill-health is also available. Health as a means rather than an end is an open question, but this thesis is based on a choice which has been made for health as having both inherent and instrumental value.

This chapter has cleared the ground to some extent. It suggests that the following terms often used in definitions of health, present too many difficulties in interpretation: well-being, normal, adjustment and self-realization.

It has been indicated in this chapter, that health can be defined positively: that health as a process is a more fruitful idea than health as a state: that though complete health may be an unattainable ideal, such an ideal may motivate researchers and social policy makers to aim for the stars and thus enable man to enjoy a general standard of health which more closely approximates the ideal than does the present standard of health: that adaptation, development, maturity and autonomy are concepts which are worth considering in relation to health: that health can be seen as function: and that health as both valuable in itself and as a means to an end is also an idea worthy of consideration.