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REVIEW ARTICLE

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PROMOTING HEALTH - A CHALLENGE TO THE SCHOOL

Key words: behavior modification of juveniles, health intervention, segments of culture, balance.

ABSTRACT

Health promoting programs aimed at juveniles should concentrate on modifications of the youth's lifestyles. Meager results are expected from attempts to threaten juveniles by referring to theie detrimental effects of conduct. A salutogenetic approach to the problem focusing on relevant resources is suggested in the paper. Malfunctioning interactions demonstrate similar structures to problematic intercultural relations. To implement the idea in a school project financed by the EU¹, the social construct of culture was split up into five segments: culture of movement, nutrition, communication, recreation and attire. These segments promote identification and formulate cross-curricular assignments, offering pleasant experiences to secure a "healthy" comprehension, consistent with the intended behavior modification. The experience of exerting control and thus being able to readjust balance is understood as the crucial sensation towards a lasting change. Encouraging feedback was received from students and teachers following the first experiences of the ongoing project.

Health has become a major issue in most – if not all – industrialized countries. We can find publications with complaints about the "health" condition of our youngsters almost every day in journals and magazines. This seems to be an international phenomenon, which is unanimously described as a health problem. Explanations given for the deteriorating health condition of our juveniles are manifold and divergent. Some put the blame on the amount of fast food and thus inferior nourishment. In other commentaries, computer games and a lack of physical activity are perceived as worsening the physical shape. A one-sided, passive leisure time, spent sitting in front of the screen and chatting in a virtual world is frequently mentioned as a major cause of the "poor" health condition.

Reduced interest (apathy) and intense consuming behavior may be an indicator of a widespread lifestyle among juveniles. As for physical activity, extremes seem to become increasingly common: either none or radical, often risky ones, both of which can result in unintended deleterious effects. Regardless of the reasons the perceived development is attributed to, the problem is labeled as the inferior "health" condition to be expected of future generations. Public personnel and politics are beginning to be stirred up. The topic of health – whatever it might imply – has gained significant

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attention in modern societies. In order to do something about the worrying situation, money is invested in various projects. Initiatives to enhance the health condition of juveniles indicate that the problem is of serious public concern. In such instances, school enters the stage. It represents a public institution, which is responsible for the intentional education of a society – I would like to add, for most of the "formation" (Bildung²) as well. Just to be mentioned, this function implies certain rules and the acceptance of some general principles.

The present paper is structured according to three crucial facets of institutionalized education: *planning – implementing – evaluating*. It focuses on specific aspects, which we often perceive as being inadequate or ignored. The aim is not to report on a complete concept, but rather to suggest an alternative to the commonly applied approaches to the topic. In conjunction with it, highlighted facets will be accentuated which might have an important impact on the structure and procedure of measures to facilitate behavior among juveniles that can be perceived as favorable to the individual's health.

1. SOME BASICS ON PLANNING

The word "basics" indicates a focus on aspects, which should receive attention when planning instructional units with the intention of initiating a health promoting activity.

1.1. Structure of health

What understanding of the phenomenon guides us, when we talk about health? Is it the fact that our children cannot walk backwards with their eyes closed, or show difficulties running continuously for 10 minutes? To add polemically: Why should they? Still, I am convinced that most of us agree that our kids should be able to do so. In spite of the correspondence, this does not replace the persuading argument. We feel quite sure about what is implied by the word "health". Doubts will hardly occur. Yet, when being asked to explain the term, we often begin to stumble.

What we call "health" merely accompanies us; it is part of our life. We take it for granted or

occasionally complain about the lack of it. We interpret our daily experiences more or less subconsciously. Nevertheless, our incidental conclusions lead to the development of a subjective comprehension of the term. Our attention will only be consciously attracted, when confronted with problems that indicate a deficit or lack. Therefore, it remains difficult for us to account for health in a positive, constructive manner. As a consequence, we should ask ourselves, when planning a lesson: Am I capable and prepared to talk about it and can I think in terms of health without relating it to a disease?

Difficulties arise especially in attempts to communicate about it with outsiders: The perception of the others is shaped by their own, subjective interpretations. They also describe the phenomenon mainly by differentiating it in respect to its opposite, by explaining for instance, that they do *not* display this or that symptom. In addition, such comprehension implies a reference to subjective norms or standards, which thus are intruding without notice.

The reason for this shortcoming lies in the lack of a substantial object to be called "health". In general, we cannot see, touch, hear, smell or taste health. The connotation of the term is built up in our mind. Thus, it becomes an abstract, mental construction that we shape, in order to facilitate the comprehension of a complex phenomenon and to integrate its somewhat related components.

The social surrounding influences the development of the named connotation with its structures and values. As a consequence, we should be aware that the term "health" represents a socially influenced mental conception, or better: a *social construct*. Such constructions are a common phenomenon in our everyday life. "Aggression" for example, or "friendship", "motivation", "wisdom", "intelligence", "fear" are further illustrations of social constructs – a fact, which we rarely take into account. As an illustration of the intended argument, one should ponder over questions like:

- Can a person with a stiff leg be considered healthy?
- Does "good health" include an isolated existence, living without social contacts?
- How many contacts are required to be called "healthy"?

These questions may show another implication or, better, a consequence linked to the phenomenon. If these constructs are nothing but

² It is difficult to find a precise English translation of this German term derived from W. von Humboldt's concept.

results of mental processes shaped by the social surrounding, it becomes logical and legitimate for various people from different places to carry divergent associations with them. Luckily, within a relative homogeneous social group, a more or less common elaboration facilitates the comprehension; and yet, we still encounter misunderstandings. As for a pedagogical perspective, we have to be not only aware but also able to argue for the topic in an inclusive, constructive way, without provoking fear. Being afraid is an invalid educator to build up a modified long-term behavior. Fear impedes to keep the focus on the activity. Additionally, it eliminates experiences of joy, pleasure and satisfaction. Once the reinforcement is gone, the old behavior may return.

1.2. Comprehension of health

It might sound trivial to stress that whatever connotation we apply, it determines in some way our life. Still, to secure a mutual understanding and thereby facilitate the communication, let me explain the comprehension of the term "health" that will be applied. Whereas in former times infection was the primary cause of disease, today problems arise primarily as consequences of lifestyle and behavior. Lifestyle and health are inevitably linked; if we want to change one, we have to modify the other. The search of well-being by means of consumption and craving for immediate remedy for any uncomfortable feeling may be popular among juveniles and characterize their common lifestyle; nevertheless, it remains contradictory to the so far indicated conception of health. The suggestion will be instead, to look at health in a holistic, salutogenetic way. The term "salutogenetic" introduced by Antonovsky in 1979 - indicates, a focus on the *resources* an individual has at hand. Health of a person then is represented by its position on an imagined continuum, thereby illustrating the resources at the individual's disposal to actively regain and readjust balance.

Though bearing quite some responsibility, it is not the individual's behavior alone that can provoke problems. The living condition a person is confronted with often plays an important role in the creation of health problems. This suggests looking at the school setting, which means to comprehend school as a *social system* enclosing a magnitude of relevant *influences* on a group of persons. On the other hand, a setting indicates a system, which permits its members to *mould their conditions* [17]. Within the given context, two consequences arise: 1. the topic of health should be integrated into the school program and; 2. all responsible members of the institution together with children and parents should be involved in order to create a convincing, health promoting atmosphere. It would be another topic to dwell into aspects of public health and setting. To emphasize the essence once more, school as setting implies provision of compatible, enhancing conditions at the institutional level, and at the individual one to cooperate and actively take responsibility. The issue has to become an integrated "brick" in the school building and thus in the setting of the school.

1.3. Physical activity

Almost every discussion on health especially, if concerned with juveniles - stresses the importance of physical activities. Not only does it offer the structure of this field a favorable condition for learning, i.e. immediate feedback, but it also coincides with the interest of many youngsters [8]. The body with its senses provides us with authentic references and means of communication. That may explain the close link between the conceptions of health and movement. The development of both, the subjectivity and the vital ability of awareness depend on experiences in the realm of physical activities. Nevertheless, there is no automatic transfer from physical activity to a longterm "healthy" behavior. How and what kind of task is given has a strong impact on its consequences [12]. The activities should indicate possibilities to achieve and learn about one's ability to act. Furthermore they offer chances to experience novelties, and to be creative. This suggests activities in nature, which should be organized to facilitate social contacts as well. The responsibility of educators (parents, teachers etc.), likewise the ones attributed to educational settings, should provide guidance to offer a framework, within which each person can try out and find one's own possibilities. *Psycho-social* parameters created by the surrounding are vital for individual development. Mentioning the essential ones in general terms, we should think of the complex implications these labels stand for. Our knowledge about achievement [11, 12], motivation [22, 23], social learning [21] etc. has to be at hand in order to enhance self-concept and body perception, secure

social support, and provide emotional strengthening. The enumeration accentuates the supportive, holistic factors to be respected. Aiming thereby, in a broad sense, at the individuals' empowerment may represent a promising attempt to encourage our juveniles to switch from a – perhaps compensating – consumptive behavior towards one that is self-reliant, responsible and active. The terminology applied herewith shall indicate links to various pedagogical and psychological research and literature.

2. THE ROLE OF SCHOOL

School can neither secure prevention nor adopt it as its central topic; but the school setting can help and demonstrate how and where chances and possibilities exist. As argued repeatedly by different authors, school cannot be the repair-shop of the society. The many, often distinct, expectations of various school-clients do not facilitate a solution to the health-problem. Subjective values and the perception as an individual fate dominate the comprehension of the topic on the one hand, and on the other supplement its definition with expectations of parents and/or assumed requirements of the society.

In a democratic society, one might think rather in terms of *formation* (Bildung) than education; the latter being characterized primarily by the accumulation of academic knowledge and skills. If we are aiming at a "health-formation" it is to indicate making the individual aware and capable of deciding in a responsible way on his or her health related behavior. We have to admit that it is difficult to achieve. The immanent problem should not be denied that only future will tell, whether we succeed or not. Yet, such implicit optimism reflects the essence and constitutes a nutrient of any pedagogical effort.

Subsequent concentration on the implementation of the ideas shall be linked with practical suggestions. The example that will be referred to is taken from our cooperation with teachers of a Norwegian school³. Our specific perspective was titled "Aspects of Culture and Health – Public Health and Setting". The collaboration with the pupils began in term 8 and lasted almost until the end of term 9, which means that we accompanied a group of 14 to 16 year-old boys and girls. The teachers worked together as a team and coordinated the curriculum. Though involved and cooperative, they appreciated obviously the competent assistance and guidance concerning our project, which was offered by the coordinator⁴. The frequent contacts with the colleagues in school, discussions with them and practical examples offered to them in various courses improved their understanding of the concept and gradually familiarized the staff with the approach.

2.1. Implementation

Making youngsters acquainted with the topic of "health" requires a sensible translation. A common pedagogical assumption is that teachers should take over students' perspective. Then they have to transform a topic into tasks that hopefully stimulate students' involvement and participation. The intimate and subjective theme of health represents a special challenge to adults trying to find an appropriate mode to address juveniles. In order to avoid misconceptions and frustration, it could be advisable to try an indirect approach.

Usually, "health" indicates no problem for youngsters, which makes it difficult to familiarize them with the term. Our adult perception of the behavior of young generations provokes an anticipation of future problematic developments. In other words, our arguments are determined by a projection into the future we make on the basis of our interpretation of juveniles' conduct. As for the time being, it has to remain an undecided empirical problem, whether our comprehension of its consequences is suitable or shortcoming. Since we tried initially to reason as good as possible on the grounds of available information, the application of our conclusions seems justified, nevertheless with some optimistic expectations. Yet, we have to take allowance for the unsettled basis that we are applying and the assumptions linked to it. Thus we are obliged to additional reflections whenever we encounter objections; still that should not impede attempted applications. The indicated, inherent uncertainty might rather make us sensitive and help lend more flexibility to our endeavors.

³ Ungdomskole Compulsory School for children aged 12-16 years.

⁴ We are very grateful to Carmen Cabrera-Rivas for her work as mediator between university and school.

2.1.1. Approaching juveniles

Applying the term "health" in talks with juveniles may easily provoke associations of disease and handicap, as indicated initially. This might lead the youngsters to perceive any discussion on that topic as a sneaking, hostile intervention by the adults, directed against the fun guided and enjoyment seeking conduct of the young generation. As a consequence, we attempt with our approach to provide information instead, and to give examples that illustrate the compatibility of pleasure, enjoyment *and* health-consistent behavior. Still, we try to avoid the term "health".

Looking for specific conditions and circumstances in juveniles' behavior and their surroundings, we noticed repeated cues like difference, membership and exclusion or power, which seemed to play an important role in their life. This provided a link to well-known topics of intercultural education and thus to facets of culture [5, 9, 10, 14, 15, 16]. The obvious connection between health and culture seemed convincing and plausible to us. If the holistic perspective on health is taken seriously, we will notice quite an overlap of the intercultural topic on the salutogenetic conception: We need personal identification and self-confidence to survive as individuals in an increasingly amorphous, changing society. Rising migration and abundant technical possibilities to spread information provoke growing difficulties to find an adequate basis for one's identification in cultural diversity. Juveniles tend to be especially affected by such varying circumstances [5]. As we have learned from intercultural education, the experience of *difference* can be an important lesson, especially to the majority. The confrontation with different others and experiences of strangeness and uncertainty can foster learning about oneself and the awareness of one's own characteristics [8]. Living with difference and being able to cope with it, as well as solving conflicts in a rational manner, are important skills that may contribute to the enhancement of targeted behavior and represent a significant indicator of intercultural competence at the same time. In radical terms, as for teachers, this may be perceived as a reminder to accept - if not "welcome" - conflicts as chances for learning crucial behavior instead of avoiding or even ignoring them. It has to be admitted that such complex, uncontrolled situations represent an inherent, continuous challenge to the teacher [16].

With these ideas in mind, we began looking for a school to cooperate with. It was to include various social groups and ethnicities. We expected that variety could facilitate the plausibility to focus on different facets of culture and thus suggest this approach as a convincing, relevant didactical frame. It has to be emphasized that the term "intercultural" is *not* restricted to different ethnicities. The structures of differences and resulting conflicts are repeatedly quite similar, whether they occur between ethnicities or groups like young and old, boys and girls, insiders and outsiders, etc. This provides a range of experiences and material that can be adapted, for instance, from gender education, efforts on empowerment, or from the realm of achievement and/or motivation.

2.1.2. Culture

We carry our culture with us wherever we go. The way we move, communicate, how we eat, dress, sleep etc. is influenced, if not determined, by our cultural background. Culture represents the source of the individual's identification and thus his or her cultural identity [2]. This interpretation of the term culture reflects two determinants:

- 1. All intellectual constructions that human beings produce in their communicative and interactive processes can be understood as cultural products [19, 20]⁵.
- 2. The products must be perceived as the core of society and therefore valuable and important to be transmitted to the succeeding generations.

It has become practical for the application of the concept to differentiate between *objective* and *subjective* culture [2]. The complexity of the cultural products represented by mental constructions and imaginations or by real objects, in written, oral or material form belongs to *objective culture*.

The way a person uses these products of objective culture in order to master her/his life, shall be labeled as *subjective culture*. It is manifested by the individual's participation in common traditions. We can find in every aspect of people's life traces of culture and each of them lends itself as a topic to the educational realm.

⁵ Translation R.E.

2.2. Segments of culture

Following, five segments of culture will be accounted, which represent the framework for implementation of a health-enhancing intervention in school. They shall guide the transition from a pedagogical intention into the actual tasks. Commenting on the enumerated segments shall merely illustrate the ideas that were guiding the respective selection.

2.2.1. Culture of movement

Focusing on the "culture of movement" in the educational context implies attraction of attention of the juveniles and having them learn and practice various forms of local and traditional activities, including respective background information as well. Pupils should experience stimulation, be given occasions to reflect and compare the conceptions they have learned, as well as to try out and develop their own patterns. The perception and awareness of the own body within the environment obtains a central position in this segment.

2.2.2. Culture of nutrition

Every society possesses a more or less long history of its food, eating modes and celebrations. The art to prepare and conserve food represents a cultural aspect to be focused on in the educational context. Besides the awareness of nutritional values of food, experiences and knowledge about the individual effects of nourishment are important facets to be learned, including the perception and feelings of wellbeing in relationship to meals. The preparation of food should include mutual tasting of the various results at the end. All are expected to join in and sit at a table arranged and decorated by fellow students. It is assumed that this ritual helps to create an atmosphere, which stimulates pleasant emotions. The experienced pleasure combined with sitting together at a joint meal is expected to be remembered in contrast to the widespread habit amongst juveniles (and many parents) of the spontaneous intake of food in the streets, whenever tempted by a fast food location.

2.2.3. Culture of expression and communication

In the course of time, humanity has developed an enormous variety of expression systems, from the pure corporal forms to the employment of multiple tools and instruments. The ability to express oneself in various modes is an important source of satisfaction, often accompanied by self-confidence. In contrast, uncertainty and *stress* can result from the subjective feeling of a *lack of ability to communicate* – an important aspect to be kept in mind, when people with different cultural backgrounds have to interact. Additionally, indications and impressions of inclusion and exclusion can be experienced and become subject to reflection and discussion.

2.2.4. Culture of recreation

Any type of excess provokes weariness, boredom or even injuries. Too much corporal or mental work, even an exclusive creative occupation can lead to such a result. A severe lack of stimulation and reflection may produce similar effects. In line with that, a major function of leisure activities can still be seen in the compensation of daily physical and psychological demands. The culture of recreation, as a focused aim of education, is indicated by the conscious selection of a suitable activity according to the individual needs at an adequate place. As a byproduct this might include the way to school: Instead of being brought by car or using public transportation, riding a bicycle to school or walking can become a healthy alternative.

2.2.5. Culture of attire

Attires have a special meaning and function in every civilization all over the world. People use and cultivate them in different ways. The style of the attire itself becomes a mode of identification. Quick information can be communicated about the religion, political conviction, membership or the position in an organization, merely by wearing a special garment or a particular ornament. Often, the messages and perceptions are not accounted for among juveniles. Stimulated reflections and discussion in this realm might therefore become quite enlightening to all sides.

School is not the place to impose upon the type and mode of wearing differentiating clothes. Instead, it is one of the few places in a society,

where the young generation can encounter an opportunity to reflect upon the pattern of attire and learn about its cultural links in a neutral and objective way.

2.3. Application

These five segments of culture were identified as having an influence on the juveniles' lifestyle. Splitting up the construct in such a way is intended to improve its understanding and facilitate the invention of tasks. The assumed behavioral impact should be transferred to theoretical and practical activities by giving specific assignments associated with these areas. There exists no restriction to physical activities. The ideas are applicable to many courses and therewith have the students experience the wide range and relevance of the cultural segments. It can be amazing, how stimulating these intertwined, cross-curricular applications become for reflection and discussion. Though not necessarily on a daily basis, but whenever suitable, should facets of this perspective be incorporated in the tuition. It can take place in social classes as well as in music or language courses besides PE lessons. Any subject offers additional possibilities and chances for reflection. The segments are to be perceived as part of the school program across different course curricula.

As an essential prerequisite, the deliberately participating teachers have to be briefed and prepared for their job to promote health-enhancing patterns of behavior by such an unspecific modality. If obstructions block the way, like the lack of sufficient facilities (for instance, no oven to cook or no place for the joint meal), a creative search with the help of colleagues, parents or other organizations within the vicinity might lead to unexpected solutions.

2.4. Cultural interaction

It has to be remembered that "culture" refers to any identifiable subgroup. The interaction of these groups can provoke and stimulate the mentioned experiences about oneself. Occasions that provide such possibilities are of great importance to the young generation. It is a reiterating topic especially in the time of growing up, in a period of accelerated development.

The sensation of being part, of being accepted in a certain group, enables the individual

to employ the empathy and willingness needed to initiate contact with members of a different culture. An awareness of one's own *cultural identity* supplies the feeling of security, required to dare an involvement or to allow an exchange with persons from another group [2, 4, 5, 8, 9, 13]. Such sensations are of particular importance to young people. Their daily life is being inundated with fast and different changes that aggravate their comprehension of grasped impressions. Additionally, the process may be supplemented by unparalleled shifts – called puberty – with its dramatic physical and emotional changes and individual developments within a short period of time.

Regardless of what type of society we focus on, this process creates more or less conflicts especially with those adults who feel responsible for the youngsters. Parents and teachers are often confronted with the following dilemma:

- On the one hand, the obligation to teach tradition to young people, to explain the historical value of cultural heritage and to make them appreciate it; in short: To assist youngsters in developing a cultural identity.
- On the other hand, parents and teachers should provide the juveniles with the needed space and occasions, letting them experience their subjective world and trying out possibilities to develop cultural facets on their own [5].

These two contradictory aspects represent an essential that can be ascribed to the pedagogical paradox. Being consciously involved in traditions implies chances to learn and exercise useful abilities of daily life. At the same time, the knowledge about historical developments illustrates the continuous changes. Becoming aware of it may lead youngsters to become interested and encouraged to initiate their own modifications.

The ancient Greek philosopher Socrates was supposed to argue that it was the privilege of the juveniles to criticize the existing conditions and to attempt new ways. Their attempts should not be perceived as mere opposition, but as fruitful unrest questioning the adult society. A constructive opposition and search for alternatives obliges the established representatives to argue, why things should not be changed, but pursued instead in the unquestioned way – until now – or even give in.

The pedagogical obligation of the adults motivates the young generation, which can occur, for instance, as a consequence of a critical analysis of the predominant conditions. There exists no unlinked, completely new conception. The individual receives the fundament for the new idea from his or her *perception* of the existing tradition [7]. Once again, these aspects represent the essentials of a pedagogical endeavor and contain an indispensable part of the so-called formation (Bildung).

3. BALANCE

To be frank, we are not used to think and argue consistently in salutogenetic terms, and as a consequence, experience difficulties in our attempts to do so. The sequence leading to this article may serve as an example. Its incentive originated from an EU project called Health(a)ware. That project would have never been financed without the notion of prevention with its pathogenetic implications. In other words: the expectation that the results will provide material, which will prevent juveniles from feared damages and widespread illness.

Let us return to the applied understanding of the term "health". Introducing its comprehension, the importance of *individual resources* was stressed; resources that were apprehended to provide the facilities regaining and readjusting balance. Health cannot be understood as a stable state, as an occasional misunderstanding that the term "wellbeing" might suggest. An appreciated stable state can turn fast into a boring one [24]. To "regain balance" points towards the fact that influences exist opposing our equilibrium. In this sense, to be "healthy" means to be capable of readjustment. A bottle of good wine enjoyed with a friend or a large bowl of ice-cream on a hot summer day may not contribute to our health physiologically, but perhaps psychologically. If this happens once in a while and we deliberately control the amount and frequency, we may well enjoy such occasions without regret, because we are able to regain our balance [6].

The sensation of having power to influence our personal situation represents a state, that we might well call a "healthy" one, according to the introduced comprehension. Though the understanding is by far not limited to physiological parameters, as emphasized, a poor physical condition does not even allow us to benefit from encountered possibilities or accidentally received

advantages. For instance, a hike to a mountaintop may provoke joyful apperceptions; or rowing on a lake in the sunset, playing volleyball with neighbors on the beach, climbing up the stairway until the top of a tower etc. are examples of joyful leisure activities. Their crucial prerequisite is a certain minimal physical condition. On purpose, we will not argue for a defined standard of an abbreviating fitness. Instead, the unsystematic illustrations given shall support the argument for individually gained *freedom* to select and act. In other words, it suggests close links to subjective possibilities offered by the availability of personal resources. With such a connotation, the comprehension of well-being becomes closely linked to positive individual aspirations, including the relationship with others, feelings of being accepted and/or belonging to a group. The latter illustrates the mutuality with many of the mentioned facets of culture.

It may require a long learning process to reach the level, where one feels free and is able to enjoy the gained freedom in a responsible manner. This kind of independence seems in complete contradiction to the description of modern juvenile societies given at the beginning, where an immediate satisfaction and the instant remedy of unpleasant conditions were named as typical characteristics of today's generations.

Though somewhat abbreviated and simplified, let us imagine the process of learning, practicing or training. Exercises themselves are seldom the cause of attraction, consisting often of repeated routines. Typically, this illustrates a *delay* of gratification, which we have to focus. We train in order to perform better at a certain event in the future or to become able to run for more than 10 minutes uninterrupted. It will take time and continuous effort, which exactly leads to important cues and the already mentioned pedagogical value. The cues hint at research on motivation for instance, representing goal setting, attribution or standard of reference to name perhaps the most relevant ones to the realm of education. Several aspects of health promoting behavior can be linked to these cues, which has been elaborated on in many studies.

This seems encouraging and at the same time disappointing. If we already have devices and theoretical suggestions at hand, why do things not change? Why is that knowledge rarely integrated into practice? One reason might be that the mentioned labels and concepts imply certain values and a perception of the individual, which may have impeded its spreading. As to the topic of health, these issues have not been indicated often as parts of a health promoting program. The theoretical links offered seem perhaps too weak to convince integrating such an individual, psycho-social strengthening into the concept of health promotion focusing on behavior modification.

The holistic comprehension of health is not limited to isolated facets of the individual or its life, which permits many possible approaches to promote a favorable behavior. A former colleague, who was a medical professor (internist), confessed once that no person could observe all relevant health related suggestions. We have to choose, select and adapt. In school, this task remains a responsibility of the teacher. He/she has to adapt the information and adjust it to the specific group, if not to each individual. We have often heard complains about such a difficult endeavor, which hardly offers standards to decide what is right or wrong. The latter is true, but it should be looked upon like at a partly filled glass of water: It can be perceived either as half full or half empty. If we take juveniles seriously and want them to develop into responsible citizens, we have to cope with that uncertainty, which implies an optimistic view in the sense of a half *filled* glass.

The carefully reflected endeavors may justify our optimistic expectations of future results. Life in modern societies is complex and it provides neither clear roles nor many strict rules. We have to judge and select and be prone to modify our decisions according to shifting goals or other varying circumstances. It gives us responsibility, which is occasionally difficult to cope with, but at the same time it can provide intense pleasure and deep satisfaction; to educate in that manner is responsible and contributes to prepare for a democratic society. Thereby we attempt to enhance the formation (Bildung) of our youngsters in the original sense of the word: to enable them to judge critically and decide in a self-confident, responsible manner, how they intend to live. Whether we will succeed following our aims and standards depends to a large extent on the decisions made by the juveniles in the future. A first attempt to evaluate the endeavors may give some hints to justify our investment. The initial assumptions and theoretical reflections, which provided the basis of the intervention, now serve as references.

4. EVALUATION

The complex theme of evaluation could open a complete new discussion [18]. We will narrow the topic down, instead, to health promotion within the given context and comment on a few selected items.

4.1. Aim and indications

The intention of the Health(a)ware project was development of suggestions and material promoting healthy behavior among juveniles. The standards of the program only permit to explore the relevance and effects of the material in a broad, unsystematic way. Any further investigation had to be combined with the development of the material. In result, conditions were not designed to test the consequences of the suggested measures.

In order to evaluate, one needs a reference and/or a criterion to relate the information to. Without such a framework, no qualification whatsoever is possible, not even a verdict if something was learned. Logically, it depends on whoever asks, what kind of relationship is assumed and which devices are applied for the collection of information. Evaluation can refer to various steps and different facets of the educational process as well as include distinct institutions or school settings. One of the most commonly mentioned reference represents the more or less articulated goal at the initiation of an explicit endeavor. As indicated, we have chosen a specific way, which we assume appropriate to enable and encourage our young ones to develop a health-enhancing behavior. It suggests that most juveniles had to modify their perception and behavior. Our decision has been based on a comprehension that determines health as:

- 1. a social construct, which exists only in our minds;
- 2. closely linked to lifestyle, which is often perceived as a cause of the problems;
- 3. requiring a special translation to reach the young generation.

Since the intended change of behavior can hardly be expected within the short period of the ongoing measures, substantiated indicators have to be selected.

The individual responsibility, which expects the pupils to decide, hints at the targeted formation. A "formation" in the intended direction implies the *freedom of will*, which means to the teachers that they have to be aware and accept possible unexpected decisions of their students. This in conjunction with an expected behavioral change suggests that one should be *able to argue* for an intended modification without referring to feelings of threats. The required *pleasant atmosphere* is indicated by reports of experienced joyful and stimulating situations. The articulated self-reported increase in the *knowledge* and *awareness* of behavioral impacts on health will be perceived as relevant indicators. Students should at least indicate some *delay of gratification*, feeling of *belonging* and/or being *accepted* within the group.

4.2. Results

The italicized words in the last paragraph represent valid indicators according to the assumptions stated. Short questionnaires, observations and diaries of the students supplemented with informal group discussion and feedback from the teachers draw an overall encouraging picture. So far, we have been quite confident with the received information about the progress in the expected direction. Summing up, we may state that:

- the students (aged 14-16) seem attracted by the topics presented or the variations given;
- they cooperate willingly;
- their written material (predominantly diaries) indicates interest and demonstrates learned information;
- steps were mentioned that hint at behavior modification;
- some contrast can be noticed between aspects learnt at home and in school.

The last item might be a severe obstacle to the intended behavior modification. Though the positive tendency was not unanimous, it is remarkable that we did not receive any severe objections. The most negative feedback consisted of the students' comment that they had experienced hardly anything new.

Institution and teachers: The school has been very cooperative. This is not limited to the teachers involved in the project. The fact that the topic of health has been included into the schools' curriculum for grade 9, beginning with the current

school year, illustrates an effect on the school setting, which the involved teachers implemented.⁶

CONCLUSION

The behavior of juveniles is perceived as the primary cause of their frequently reported, deteriorating health condition. To counteract, the rationale of a concept was presented for an intervention to be applied across school subjects. In order to attract the youngsters without the threat of disease, the construct of culture was split up into five segments. These should facilitate the transformation from the ideas into tasks assigned by the teachers. The tasks should provide possibilities of pleasant experiences and stimulate reflective discussions among the students. Teachers and students of a complete level of 14/16 year-old boys and girls are experimenting with the concept and related tasks. In addition, they were observed and asked about their feedback. The received answers were quite encouraging to continue the indirect, salutogenetic approach focused on individual resources and pleasant confirmation of health consistent behavior.

As mentioned before, there are a few ways to approach the problem. The chosen one must be perceived as a consequence of persons with a specific background interacting under certain circumstances. The challenge to select and argue, modify and adapt, or even try out and then observe, whether a task works as expected, will always remain an important duty of a responsible teacher. Trying to be well prepared and still admitting to be uncertain about the result and therefore open to modifications remains a demanding task, but also a fascinating and rewarding challenge.

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⁶ Besides the school administration and the teachers involved, the commitment and competence of two external collaborators had a great impact on the positive result. Carmen Cabrera-Rivas made an essential contribution as project coordinator and "assisting supervisor" and Scott Givot as expert in the segment of nutrition, where his impact reached far over the project's initiatives.

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