THE LIFE SPACE OF THE HEALTH EDUCATION PROFESSION*

by
Scott K. Simonds, Dr. P.H.

In preparing this address I was guided by a favorite quote from the English essayist, William Hazlitt, and by another quote from our contemporary humanist, John Gardner. It was Hazlitt who once said that, "Man is the only animal that laughs and weeps; for he is the only animal that is struck with the difference between what things are and what they ought to be." Indeed, one cannot approach an examination of a profession, any profession, without being struck with this difference, the difference between what it is and what it ought to be.

John Gardner has written in his recent book, The Recovery of Confidence, that "Institutions have been caught in a savage crossfire between uncritical lovers and unloving critics! On the one side, those who loved their institutions tended to smother them in an embrace of death, loving their rigidities more than their promise, shielding them from life-giving criticism. On the other side, there arose a breed of critics without love, skilled in dmolition but untutored in the arts by which human institutions are nurtured and strengthened and made to flourish. Where human institutions were concerned, love without criticism brings stagnation, and criticism without love brings destruction. The swifter the pace of change, the more lovingly men must care for and criticize their institutions to keep them intact through turbulent passages." (Gardner, 1971, p. 11) It is my hope tonight to serve more as a loving critic.

In preparing for this speech I was also stimulated to reconsider the contributions of Kurt Lewin to health education while reading, A Practical Theorist, (Marrow, 1969) a recent biography of Lewin. As health educators, we have a debt to Lewin that is likely greater than to any other theoretician, and it is likely that we have incorporated many of his concepts into our profession and we scarcely recognize from whence they came. "Forde field analysis", "group dynamics", "sinsitivity training", "level of aspiration" and "gatekeeper" are but a few of the terms and concepts that were his, but now a part of us. His ideas have led to research that is important to health education; they have led to theory that is significant in our work and, most importantly, they have led to action programs. It is no accident that Lewin was called "A Practical Theorist" for he believed and taught throughout his life that "there was nothing so practical as a good theory."

In thinking about the contribution of Lewin to our profession, however, it was not the more familiar ideas mentioned above that caught my imagination, but rather his concept of "life space" that intrigued me. By "life space", Lewin meant to describe the "psychological field" or "total situation" which embraces the many coexisting factors that determine the behavior of an individual. You will remember, no doubt, that he used to draw amusing little eggs with curved lines through them to express graphically the life space of an individual, and the separation of that life space into regions. Behavior in his view was a function of life space, and Lewin had a formula to express this function, B=f(LS).

Life space includes the past, present, and future as grasped by the individual at any one point in time. It is easy to see, therefore, that the life space of a child is small compared to an adult's. He has very little of the past to grasp, only a small awareness of the present, and little or no notion of a future. Unlike the

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life space of a child which is dominated by the present, the life space of the adult is ruled by a sense of both the past and the future, and his awareness of the present is ever so much larger. Lewin also emphasized that the group one belonged to comprised a large part of an individual's life space. It follows from this view that parts of the life space which have a high valance, or value, grow larger as the individual gains further satisfactions in these associations. Parts of the life space with negative valance recede and become smaller. Lewin's applications to marriage counseling and group problem solving situations evolved readily from those formulations.

In strict usage, the term life space applies to individuals and can be used to describe individuals in dyads, groups, and larger conglomerates, always recognizing that there is, in reality, no collective life space per se.

If each of us were to draw one of Lewin's eggs to represent life space for ourselves, and then were to draw some lines across it designating different regions of our lives, thus enclosing a region devoted to our profession, what would it look like? I would suggest that how the drawings were made and the proportions allocated to the professional region of one's life would stimulate a number of interesting hypotheses regarding the profession. By extrapolation of theory and by analogy, let me suggest several hypotheses for examination:

First, we could probably say that the amount of the life space a group of individuals allocates to their profession is in direct relationship to its importance in their lives, and the satisfactions they receive from it. It is obvious that in any random distribution of health educators, then, there will be some for whom the professional life space is smaller than it is for others. Some persons may for a variety of reasons experience the shrinking of professional life space - a possible result of aging, a possible result of leaving the field for other pursuits, or a possible result of low satisfaction. Others may be experiencing great satisfactions and hence the professional life space is increasing. My hypothesis would suggest, to the extent that a profession composed of people for whom the professional life space is increasing, that the profession is growing and developing. Similar hypothesis would also suggest, to the extent that a profession is composed of individuals for whom life space devoted to the profession is static, that the profession has reached a plateau in growth and development. A third hypothesis would suggest, to the extent that a profession is composed of individuals for whom the professional life space is decreasing, that the profession is on the decline.

What, the, can we say about the professional life space of those of us in health education. As a group, is it increasing or decreasing, or is it remaining static? If we could classify our group into 10 year cohorts, what would we find in terms of life space allocated to the profession in those in the 1930 cohort, in the 1950 cohort, or in the 1970 for example?

I wish I could collect these kinds of data for it would help me understand better what is happening to the members of the profession and to the profession as a whole. Nothing has yet convinced me, however, that the average professional life space is increasing for us as a total group. From my somewhat superficial observations, it appears to be a static situation. For another small group, it seems to be decreasing. It is this latter population that is either growing old, tired, or disenchanted and we likely will have lost important resources and strength for building the profession further. Will we compensate for this loss? Will we be able to take any action to prevent further erosion? The young people coming into health education today would present a particularly interesting dimension for study for I suspect that professional life space is not as clearly drawn for them and is likely merged with other regions that include important personnel and social values and less "professionalism" per se.

A second hypothesis evolving from the concept of life space would suggest that the growth and development of a profession is related to the degree to which the region allocated to the profession in the life space has within it adequate proportions of the past, present and future. Lewin indicates that most of what determines behavior is determined by the present; for the adult, however, there must also be a sense of the past and an awareness of the future. My hunch here is that for those of us who do not know the past history of the profession, we have lost a perspective which is very useful in interpreting the present and in turn anticipating the future. Likewise, I would propose, that for those of us who do not have much of a vision of the possible future incorporated in the professional region of our life space, with dreams and aspirations of what it could be, we are likely to be rudderless in making day to day choices and decisions that really contribute to the growth and development of the profession. It seems to me that since the profession is 50 years old, using the start of professional preparation in 1921 as our founding date, most of us could have an extensive view of the past and our historical foundations. More importantly, we could have a vision of the future with some sense of the time frame within which the profession is developing? I pause to wonder about what the life space devoted to the future of the profession is like.

By viewing Lewin's concept of life space in this way, we should be able to ask some questions about ourselves individually, as a group, and as a profession. It seems obvious to me that the sum total of our professional life space, is all that there is psychologically to the profession. It is our most cherished possession, yet we know so little about it. We might well ponder whether there is a critical mass of professional life space sufficient to assure the growth and development of the health education profession. Will it be sufficient to accomplish what needs to be done in the next 10 years or by the year 2000? Or will it sustain only the progress that has been achieved?

Let me shift at this point to other aspects of professional life space that I view as external rather than internal to the individuals in the profession. Conceptually, I want to convey the idea that professional life space is also that region in society within which a profession is free to operate, the domain over which it has control as a profession, as it were. Imagine, if you can, all the areas in which all the health professions exist, and then try to view a region for health education. It would include areas of knowledge, degrees of skill, and the scope of responsibility within which the profession could move with freedom. To the degree that the health educator is looked upon and accepted more today as having greater competence and a contribution to make to the educational aspects of comprehensive health planning, for example, I would say that the life space of the profession has increased. To the extent that health education may have lost its potency in the Public Health Service at the national level, I would say that our professional life space had decreased. The sum total of these kinds of events, then, is what I would call our external life space. Quite obviously it fluctuates. It ebbs or flows with political tides or bends with the wind. While there is a good deal of professional life space which is determined by the politics of the times, I would like to suggest also that professional life space is a product of negotiations and exchanges planned and unplanned in the market place of professions and in the market place of consumers.

Reviewing for a moment what it takes to become a profession, most of us are aware that an occupational grouping is not a profession until it has a body of systematic theory; until its authority is recognized by a client group of some sort; until there is broad community sanction and approval of this authority; until there is a code of ethics; and until there is a professional culture sustained by formal professional association. Many of us are also aware that there are a number of steps that a group goes through in the achievement of professional status, such as fulltime activity at the task; establishment of university training; redefinition of

core tasks so that less skilled tasks are given to subordinates; conflict between the early visionaries and the new professionals over standards and goals; conflict between new occupations and neighboring ones; and political agitation to gain legal protection. Most professions go through these steps at one point or another. (Etzioni, 1969; Greenwood, 1957; Moore, 1970; Rugen, 1958.)

As a profession it seems to me we have started through most of the steps and by definition, are well on the way to becoming a profession. However, we still do not have a body of knowledge which is distinctly our own and not shared with other professions; we do not have a clear mandate from any client group as yet; not do we have a code of ethics by which members of the profession are disciplined.

By the standards drawn by the sociologists who study occupations and professions, health education would be rated an "aspiring profession" or "semi-profession". That is to say, by the sociologist's criteria, most of which I have mentioned, we are short of being labeled a profession. I should point out, however, that there are many professions accorded this same judgment by many sociologists including social work, marriage counseling, teaching, nursing, public administration, and advertising, to name by a few.

Does the fact that academic sociologists would designate us as an "aspiring profession" or a "semi-profession" disturb us? Is there anything we can do about it?

Two of our more loving critics, Jerome Grossman and Dorothy Nyswander have directed our attention to what we are doing and should be doing to improve the health of society in the broadest sense, pointing out that perhaps a concern with professionalism is less important than concern with humanity.

In Jerome Grossman's address on "Upgrading the Profession" presented to a SOPHE meeting a few years ago in Detroit, he urged us, for example, to be concerned with measuring ourselves as a profession by the sole criterion of our relationship to the purpose of the profession, which he defined as working towards the solution of urgent social problems in ways that contribute to a healthy society. "With what somtimes appears to be a preposterous inevitability", he stated, "we find that the very achievement of professional status, and with it a place in an establishment, leads to events which direct us from the very purposes for which the profession and the establishment exist.." He posed for us the dilemma of directing efforts towards becoming a profession and the conformity it entails versus the free spirit of an enterprising profession concerned with humanity and serving as advocates for social change. (Grossman 1968)

Dorothy Nyswander in her now famous speech on "The Open Society" reminded us of our concern with being professionals and asked, "Why belabor a code of ethics. If the purpose of [SOPHE] include a commitment of our obligations to the human race, is that not enough?" (Nyswander 1967)

For these two health educators at least, and there are likely others, they seriously question professionalism in the strict sense of the word. Professional life space is what we make it here and now in service of humanity. If we are consumer advocates citizen activists, and humanists in action, that is our life space. If we only sit behind desks concerned solely with the tools of our trade, that too is our life space. As I view it professional life space is also a product of negotiations in the marketplace where society determines which professions shall be accorded what operational scope, status, privileges, and opportunities.

In a sense, a profession negotiates a contract with society. This contract is constantly evolving and represents a sort of agreement or consensus regarding the

life space of the profession--what it should and should not do; what it is capable of doing; who it will relate to for what purposes; how it shall be rewarded or compensated. No single person or group of persons represents society in the negotiation but many agents seem to function on society's behalf to handle the transactions, not all of whom, I should add, appear to function for the sole benefit of society or the profession. Persons who write job descriptions for civil service commissions are agents; employers who set salary schedules in accordance with technical competence and administrative responsibility are agents. When the statement of functions of health educators was prepared by the American Public Health Association, it is, in a sense, an offer of a contract for professional life space. It is only as it is accepted and utilized by the hiring agencies, other professions, and consumers in the community, however, that it becomes part of negotiated life space for the profession.

Just as labor unions and management in the industrial world start several years in advance to plan for contract negotiations perhaps it is time for us to plan for a renegotiated contract. Continuing national concerns with the development of a new health care system is stimulating a reevaluation of all components of health care and its control and presents an opportunity for health education to reassess its position and to make a new impact. The recent initiation of a President's Committee on Health Education, focussing concern with health education nationally could simultaneously lead to an "unfreezing" of attitudes, in the Lewinian sense, towards the profession and alter conditions at the "bargaining table".

The movement toward a Coalition of National Health Education Organizations suggests that the opportunity for merging action around common interests with other health education groups is present. The fact that National Health Forum will at long last focus this year on Health Education should also help to set the stage for change.

With the opportunity that appears to be arising to redefine professional life space and to renegotiate our contract with society will we be ready? As SOPHE participates in the negotiations, who will she represent - health educators, health education, consumers, or all three? As SOPHE has moved towards broader concerns with health education, I am constrained to say, the pressure to include everyone in the organization, and the pressures to be politically active, may be a source of some disequilibrium, if not a loss of a particular purpose which is the focus on the health education profession. If SOPHE does not continue to speak for health educators and their concerns as an aspiring profession, who will do so?

Let me reflect also on something I discussed briefly at our meeting a year ago, namely the relationship between the concept "N Ach", or "Need for Achievement" and the growth and development of SOPHE as a professional organization. You will recall that concept of "N Ach" was defined as a desire to do well, not so much for the sake of social recognition of prestige but to attain inner feelings of accomplishment. People with a high "N Ach" tended to work harder at certain tasks; to seek out and perform in situations in which there was a moderate risk of failure; and do a variety of other things essentially embodied in the protestant ethich of hard work. I felt at the time I discussed this concept in SOPHE that the future of the organization was dependent upon a high "N Ach" among the members. I still think this is true. It is becoming clear, however, that increasing numbers of youth seem to be subordinating the achievement motive in preference to other values. (Allen, 1972) Should this trend continue, it is likely that students coming for graduate preparation in health education, as in all fields, will look upon the "N Ach" motive as a syndrome of a competitive, hardworking, success oriented society, and find it utterly distasteful. The possibility exists, that "N Ach" may be applicable only to those cohorts of health educators before 1970, and that the history of the new era will be written quite differently than we planned.

If we can accept the view that historical events have the capacity for changing the life space and boundaries of the self, and that changes in the life space and boundaries of the self in turn affect history (Lifton 1969) it becomes clear that the external life space of a profession will be not only affected by the events in society in the broad sense, but also by the changes in the life space of the individuals in the profession and vice versa.

The major task ahead for health education is to extend the life space of the profession in the external sense, to broaden and deepen the contribution it can make to help make a healthy society. Without, however, some realignment of internal life space in the Lewin sense, this change will not happen.

It appears to me that we cannot rest on any laurels along the road to professional growth in development and extension of professional life space - as Walt Whitman said, "It is provided in the essence of things that from any fruition of success, no matter what, shall come forth something to make a greater struggle necessary."

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the life space of the health education profession

by **Scott K. Simonds**

In reflecting upon the profession of health education, I was guided by a favourite quote from the English essayist, William Hazlitt, and by another quote from our contemporary humanist, John Gardner. It was Hazlitt who once said that, " Man is the only animal that laughs and weeps; for he is the only animal that is struck with the difference between what things are and what they ought to be." Indeed, one cannot approach an examination of a profession, any profession, without being struck with this difference, the difference between what it is and what it ought to be.

John Gardner has written in his recent book, *The Recovery of Confidence*,[3] that " Institutions have been caught in a savage crossfire between uncritical lovers and unloving critics! On the one side, those who loved their institutions tended to smother them in an embrace of death, loving their rigidities more than their promise, shielding them from life-giving criticism. On the other side, there arose a breed of critics without love, skilled in demolition but untutored in the arts by which human institutions are nurtured and strengthened and made to flourish. Where human institutions were concerned, love without criticism brings stagnation, and criticism without love brings destruction. The swifter the pace of change, the more lovingly men must care for and criticize their institutions to keep them

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SCOTT K. SIMONDS, Dr. P.H., is Professor of Health Education and Chairman of the Health Education Department at the University of Michigan School of Public Health, Ann Arbor, Michigan. He completed his doctoral degree at the University of California in 1966 and has been on the faculty at the University of Michigan since that time. Dr Simonds is currently a member of the President's Committee on Health Education in the US, the President of the Epilepsy Center of Michigan, and the immediate past President of the Society for Public Health Education. Prior to his present academic appointment, he was employed as a health education consultant for the US Public Health Service, California, then the Minnesota State of Public Health, and the San Jose, California, Health Department. He was a lecturer at the University of California and Coordinator of the Navajo Health Education Project.

Address: Health Education Program, School of Public Health, University of Michigan, Ann Arbor, Mich. 48104, USA.

intact through turbulent passages." It is my hope in this instance to serve more as a loving critic.

In preparing this paper I was also stimulated to reconsider the contributions of Kurt Lewin to health education while reading, *A Practical Theorist* (Marrow [7]) a recent biography of Lewin. As health educators, we have a debt to Lewin that is probably greater than to any other theoretician, as we have incorporated many of his concepts into our profession; yet, we scarcely recognize from whence they came. " Force field analysis ", " group dynamics ", " sensitivity training ", " level of aspiration " and " gatekeeper " are but a few of the terms and concepts that were his, but now a part of us. His ideas have led to research that is important to health education; they have led to theory that is significant in our work and, most importantly, they have led to action programmes. It is no accident that Lewin was called " a practical theorist " for he believed and taught throughout his life that " there was nothing so practical as a good theory ".

An important concept

In thinking about the contribution of Lewin to our profession, however, it was not the more familiar ideas mentioned above that caught my imagination, but rather his concept of " life space " that intrigued me. By " life space ", Lewin meant to describe the " psychological field " or " total situation " which embraces the many coexisting factors that determine the behaviour of an individual. He used to draw amusing little eggs with curved lines through them to express graphically the life space of an individual and the separation of that life space into regions. Behaviour in his view was a function of life space, and Lewin had a formula to express this function, $B = f(LS)$.

Life space includes the past, present, and future as grasped by the individual at any one point in time. It is easy to see, therefore, that the life space of a child is small compared to an adult's. He has very little of the past to grasp, only a small awareness of the present, and little or no notion of a future. Unlike the life space of a child which is dominated by the present, the life space of the adult is ruled by a sense of both the past and the future, and his awareness of the present is ever so much larger. Lewin also emphasized that the group one belonged to comprised a large part of an individual's life space. It follows from this view that parts of the life space which have a high valance, or value, grow larger as the individual gains further satisfactions in these associations. Parts of the life space with negative valance recede and become smaller. Lewin's applications to marriage counseling and group problem solving situations evolved readily from those formulations.

In strict usage, the term life space applies to individuals but it can also be used to describe individuals in dyads, groups, and larger conglomerates, always recognizing however that there is, in reality, no collective life space *per se*.

If each one of us were to draw one of Lewin's eggs to represent life space for ourselves, and then were to draw some lines across it designating different regions of our lives, thus enclosing a region devoted to our profession, what would it look like? I would suggest that how the drawings were made and the proportions allocated to the professional region of one's life would stimulate a number of interesting hypotheses regarding the profession. By extrapolation of theory and by analogy, let me suggest several hypotheses for examination.

Our professional life space: its impact on the profession itself

First, we could probably say that the amount of the life space a group of individuals allocates to their profession is in direct relationship to its importance in their lives, and the satisfactions they receive from it. It is obvious that in any random distribution of health educators, then, there will be some for whom the professional life space is smaller than it is for others. Some persons may, for a variety of reasons, experience the shrinking of professional life space—a possible result of aging, a possible result of leaving the field for other pursuits, or a possible result of low satisfaction. Others may be experiencing great satisfactions and hence the professional life space is increasing.

My hypothesis would suggest, to the extent that a profession composed of people for whom the professional life space is increasing, that the profession is growing and developing. It would also suggest, to the extent that a profession is composed of individuals for whom life space devoted to the profession is static, that the profession has reached a plateau in growth and development. This same hypothesis would further suggest, to the extent that a profession is composed of individuals for whom the professional life space is decreasing, that the profession is on the decline.

Speaking for the United States, what, then, can we say about the professional life space of those working in health education? As a group, is it increasing or decreasing, or is it remaining static? If we could classify the health education group into 10 year cohorts, what would we find in terms of life space allocated to the profession among those in the 1930 cohort, in the 1950 cohort, or in the 1970 for example?

I wish I could collect these kinds of data for it would help me understand better what is happening to the members of the profession and to the profession as a whole. Nothing has yet convinced me, however, that the average professional life space is increasing for health education as a total group. From my somewhat superficial observations, it appears that for only a small sample of the profession is professional life space increasing. Rather, for the majority, it appears to be a static situation. For another small group, it seems to be decreasing. It is this latter population that is either growing old, tired, or disenchanted and we likely will have lost important resources and strength for building the profession further. Will we compensate for this loss? Will we be able to take any action to prevent further erosion? The young people coming into health education today would present a particularly interesting dimension for study for I suspect that professional life space is not as clearly drawn for them and is likely merged with other regions that include important personal and social values and less " professionalism " *per se*.

The need for a perspective

A second hypothesis evolving from the concept of life space would suggest that the growth and development of a profession is related to the degree to which the region allocated to the profession in the life space has within it adequate proportions of the past, present, and future. Lewin indicated that most of what causes behaviour is determined by the present; for the adult, however, there must also be a sense of the past and an awareness of the future. My guess here is that those

who do not know the past history of the profession have lost a perspective which is very useful in interpreting the present and in turn anticipating the future. Likewise, I would propose that those who do not have much of a vision of the possible future incorporated in the professional region of their life space, with dreams of what it could be, those are likely to be rudderless in making day to day choices and decisions that really contribute to the growth and development of the profession. It seems to me that since the profession is 50 years old, using the start of professional preparation in 1921 as our founding date*, most health educators could have an extensive view of the past and of historical foundations. More importantly, we could have a vision of the future with some sense of the time frame within which the profession is developing. I pause to wonder what the life space devoted to the future of the profession is like.

By viewing Lewin's concept of life space in this way, we should be able to ask some questions about ourselves individually, as a group, and as a profession. It seems obvious to me that the sum total of our professional life space is all that there is psychologically to the profession. It is our most cherished possession, yet we know so little about it. We might well ponder whether there is a critical mass of professional life space sufficient to assure the growth and development of the health education profession. Will it be sufficient to accomplish what needs to be done in the next 10 years or by the year 2000? Or will it sustain only the progress that has been achieved?

Our external life space

Let me shift at this point to some other aspects of professional life space that I view as external rather than internal to the individuals in the profession. Conceptually, I want to convey the idea that professional life space is also that region in society within which a profession is free to operate, the domain over which it has control as a profession, as it were. Let us attempt to imagine all the areas in which the various health professions exist, and then try to view a region for health education. It would include areas of knowledge, degree of skill, and the scope of responsibility within which the profession could move with freedom.

To the degree that the health educator is looked upon and accepted more today as having greater competence and a contribution to make to the educational aspects of comprehensive health planning, for example, I would say that the life space of the profession has increased. On the other hand, what is the position of health education in public health services at national governmental level? In the US, I would say that it has lost some of its potency and that our professional life space has therefore decreased. The sum total of these kinds of events, then, is what I would call our external life space. Quite obviously it fluctuates. It ebbs or flows with political tides or bends with the wind. There is a good deal of professional life space which is determined by the politics of the times.

Is health education a profession ?

Reviewing for a moment what it takes to become a profession, there is no doubt that an occupational grouping is not a profession until it has a body of systematic theory; until its authority is recognized by a client group of some sort; until there is a broad community sanction and approval of this authority; until there is a code of ethics; and until there is a professional culture sustained by formal professional association. There are also a number of steps that a group goes through in the achievement of professional status, such as fulltime activity at the task; establishment of university training; redefinition of core tasks so that less skilled tasks are given to subordinates; conflict between the early visionaries and the new professionals over standards and goals; conflict between new occupations and neighbouring ones; and political agitation to gain legal protection. Most professions go through these steps at one point or another (Etzioni,[2] Greenwood,[4] Moore,[8] Rugen,[10]).

As a profession it seems to me we have started through most of the steps and by definition, are well on the way to becoming a profession. However, we still do not have a body of knowledge which is distinctly our own and not shared with other professions; we do not have a clear mandate from any client group as yet; not do we have a code of ethics by which members of the profession are disciplined. By the standards drawn by the sociologists who study occupations and professions, health education would be rated an " aspiring profession " or " semi-profession ". That is to say, by the sociologist's criteria, most of which I have mentioned, we are short of being labeled a profession. I should point out, however, that there is a large number of professions accorded this same judgement by many sociologists including social work, marriage counseling, teaching, nursing, public administration, and advertising, to name but a few.

Does the fact that academic sociologists would designate us as an " aspiring profession " or a " semi-profession " disturb us? Is there anything we can do about it? Is there anything we should do about it?

A concern with humanity: is this not more important?

Two of the more loving critics of health education, Jerome Grossman and Dorothy Nyswander, have directed our attention to what we are doing and should be doing to improve the health of society in the broadest sense, pointing out that perhaps a concern with professionalism is less important than concern with humanity.

In Jerome Grossman's address on " Upgrading the Profession " presented to a SOPHE* meeting a few years ago in Detroit, he urged us, for example, to be concerned with measuring ourselves as a profession by the sole criterion of our relationship to the purpose of the profession, which he defined as working towards the solution of urgent social problems in ways that contribute to a healthy society. " With what sometimes appears to be a preposterous inevitability ", he stated, " we find that the very achievement of professional status, and with it a place in an establishment, leads to events which direct us away from the very purposes

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* The first programme was given at the Massachusetts Institute of Technology, under the direction of Prof. Clair Turner.

* SOPHE, originally the Society of Public Health Educators, was formed in 1950 with Dr. Clair Turner as President, " to promote, encourage and contribute to the health of all people by encouraging study, improving practices, and elevating standards in the field of public health education ". In 1971 the organization officially changed its title to Society for Public Health Education (still SOPHE) to more clearly reflect its broader concerns with the role of education in promoting the health of all peoples and to encompass the changing concerns of the over 700 members of the organization and the needs recognized in society for changes in social policy, community action, as well as professional growth and development in health education.

for which the profession and the establishment exist." He posed the dilemma of directing efforts towards becoming a profession and the conformity it entails versus the free spirit of an enterprising profession concerned with humanity and serving as advocates for social change (Grossman [5]).

Dorothy Nyswander in her now famous speech on " The Open Society " reflected on our concern with being professionals and asked, " Why belabour a code of ethics? If the purposes of a professional group include a commitment of our obligations to the human race, is that not enough? " (Nyswander [9]).

These two health educators at least, and there are likely others, seriously question professionalism in the strict sense of the word. Professional life space is what we make it here and now in service of humanity. If we are consumer advocates, citizen activists, and humanists in action, that is our life space. If we only sit behind desks concerned solely with the tools of our trade, that too is our life space.

An opportunity to redefine our life space

As I view it, professional life space is also a product of negotiations in the market place where society determines which professions shall be accorded what operational scope, status, privileges, and opportunities.

In a sense, a profession negotiates a contract with society. This contract is constantly evolving and represents a sort of agreement or consensus regarding the life space of the profession—what it should and should not do; what it is capable of doing; who it will relate to for what purposes; how it shall be rewarded or compensated.

No single person or group of persons represents society in the negotiations; but many agents seem to function on society's behalf to handle the transactions, not all of whom, I should add, appear to function for the sole benefit of society or the profession. Persons who write job descriptions for civil service commissions are agents; employers who set salary schedules in accordance with technical competence and administrative responsibility are agents. When the statement of functions of health educators was prepared by the American Public Health Association, it was, in a sense, an offer of a contract for professional life space. It is only as it is accepted and utilized by the hiring agencies, other professions, and consumers in the community, however, that it becomes part of negotiated life space for the profession.

Just as labour unions and management in the industrial world start several years in advance to plan for contract negotiations perhaps it is time for us to plan for a negotiated contract. Throughout the world, continuing concern with the development of new health care systems is stimulating a reevaluation of all components of health care and its control and presents an opportunity for health education to reassess its position and to make a new impact.

In the US, the recent initiation of a President's Committee on Health Education,* focussing concern with health education nationally, could simultaneously lead to an " unfreezing " of attitudes, in the Lewinian sense, towards the profession and alter conditions at the " bargaining table ". The movement towards a Coalition of National Health Education Organizations * suggests that the opportunity for merging action around common interests with other health education groups is present. The fact that National Health Forum** will at long last focus this year on health education should also help to set the stage for change.

The need for achievement

I would like to reflect also on another point which I feel has major implications, namely the relationship between the concept " N Ach ", or " Need for Achievement " and the growth and development of professional organizations. The " N Ach " concept has been defined as a desire to do well, not so much for the sake of social recognition or prestige but to attain inner feelings of accomplishment. People with a high " N Ach " tended to work harder at certain tasks; to seek out and perform in situations in which there was a moderate risk of failure; and do a variety of other things essentially embodied in the protestant ethic of hard work. I feel that the future of any organization is dependent upon a high " N Ach " among its members.

It is becoming clear, however, that increasing numbers of youth seem to be subordinating the achievement motive in preference to other values (Allen [1]). Should this trend continue, it is likely that students coming for graduate preparation in health education, as in all fields, will look upon the " N Ach " motive as a syndrome of a competitive, hard-working, success-oriented society, and find it utterly distasteful. The possibility exists that " N Ach " may be applicable only to those cohorts of health educators before 1970, and that the history of the new era will be written quite differently than we planned.

If we can accept the view that historical events have the capacity for changing the life space and boundaries of the self, and that changes in the life space and boundaries of the self in turn affect history (Lifton [6]) it becomes clear that the external life space of a profession will be not only affected by the events in society in the broad sense, but also by the changes in the life space of the individuals in the profession and vice versa.

The major task ahead for health education is to extend the life space of the profession in the external sense, to broaden and deepen the contribution it can make towards a healthy society. Without, however, some realignment of internal life space, in the Lewin sense, this change will not happen.

It appears to me that we cannot rest on any laurels along the road to professional growth in development and extension of professional life space—as Walt Whitman said, " It is provided in the essence of things that from any fruition

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* President Nixon has appointed a seventeen man committee to examine all aspects of consumer health education in the United States and to make recommendations for future directions The committee is to report to the President in the summer of 1972. The author is a member of this committee.

* Collaborative working arrangements are being studied which will enable the following organizations to provide a more unified front for professional health educators: American College Health Association, American School Health Association, Society for Public Health Education, American Association for Health, Physical Education and Recreation, Conference of State and Territorial Directors of Health Education, Public Health Education Section and School Health Education Section of the American Public Health Association and Council of Chief State Control Officers.

** An annual national meeting sponsored by the National Health Council designed to focus national interests on key health problems. The National Health Council is composed of key national voluntary and professional groups and organizations in the health field.

of success, no matter what, shall come forth something to make a greater struggle necessary."

● This paper is based on the presidential address, delivered by the author at the Annual Meeting of the Society for Public Health Education, held in Minneapolis, Minnesota, on 9 October 1971, and is reproduced with the kind persmission of SOPHE.

Summary

Professional preparation of health education specialists has just passed the half century mark in the United States and yet the profession faces questions whether it meets the standards of a profession applying the usual criteria. The author views the development of health education as a profession from the vantage point of a " loving critic " outlining the problems and opportunities that exist for its future growth.

The concept of " life space " as defined by Kurt Lewin, a major contributor to the theoretical base of health education practice, is utilized to analyse the profession itself. The time has never been more opportune than it is now, the author suggests, for the health education profession to renegotiate its " life space " and to assess how it can make an even more important contribution to society.

Health education is developing within a different time frame in each country. The interpretation of the developmental process given here will raise questions among those concerned with health education in all countries regarding their plans and commitments for encouraging the long-term growth of health education as a profession in their respective countries.

Résumé

La préparation professionnelle des spécialistes en éducation pour la santé vient de dépasser le demi-siècle aux Etats-Unis. Et pourtant la profession se demande si vraiment elle peut se considérer comme une vraie profession, selon les critères qu'il est coutume d'appliquer dans ce domaine.

L'auteur étudie le développement de l'éducation pour la santé en tant que profession, en se plaçant du point de vue d'un critique amical, et souligne les problèmes et les possibilités qui existent dans la perspective d'une croissance future.

Le concept de « l'espace de vie » tel qu'il a été défini par Lewin — l'un de ceux qui ont le plus contribué à édifier la base théorique de la pratique de l'éducation pour la santé — est utilisé par l'auteur pour analyser la profession même. Il semble qu'une telle analyse soit particulièrement opportune au moment où l'éducation pour la santé s'apprête à négocier à nouveau son « espace de vie » et à déterminer comment elle peut apporter une contribution toujours plus importante à la société.

L'éducation pour la santé se développe à un rythme qui varie selon chaque pays. L'interprétation du processus de développement tel qu'il est présenté ici ne manquera pas de soulever bien des questions dans la pensée de tous ceux qui sont concernés par l'éducation pour la santé, sous des latitudes diverses, quant à leurs plans en vue d'encourager dans leurs pays respectifs la croissance à long terme de l'éducation pour la santé en tant que profession.

Zusammenfassung

Berufliche Ausbildung von Spezialisten für Gesundheitserziehung ist in den Vereinigten Staaten gerade 50 Jahre alt und noch immer sieht sich dieser Berufsstand vor die Frage gestellt, ob er den Kriterien eines Berufsstandes entspricht, wie sie üblicherweise gelten. Der Autor betrachtet die Entwicklung der Gesundheitserziehung als eines Berufsstandes von dem bevorzugten Standpunkt eines « wohlmeinenden Kritikers » aus, indem er die Probleme und Möglichkeiten, die für sein zukünftiges Wachstum bestehen, darstellt.

Die Konzeption des « Lebensraumes », wie sie Kurt Lewin, der auf dem Gebiet der theoretischen Grundlagen der Gesundheitserziehung einen bedeutsamen Beitrag leistete, definiert hat, wird zur Analyse des Berufsstandes selbst verwendet. Für die Gesundheitserzieher, so behauptet der Autor, ist die Zeit niemals günstiger gewesen als gegenwärtig, um ihren « Lebensraum » neu zu bestimmen und festzusetzen, um somit einen noch bedeutenderen Beitrag für die Gesellschaft leisten zu können.

Gesundheitserziehung entwickelt sich in jedem Lande in einem anderen zeitlichen Rahmen. Die Interpretation des Entwicklungsprozesses, wie hier dargestellt, wird Fragen bei denjenigen, die sich mit Gesundheitserziehung beschäftigen in allen Ländern aufwerfen, und sie werden ihre Pläne und ihre Verpflichtung dazu, die Entwicklung der Gesundheitserziehung als Berufsstand auf lange Sicht zu fördern, neu überdenken.

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