

IMPROVING MENTAL HEALTH IN LEARNERS AS AN AIM IN EDUCATION IN NIGERIA

Angough, U. A.

Abstract

Different cultures have different notions about mental health. There are many aspects of life which mould personality and behaviour. Much mental health disorder is related to cultural confusion and uncertainty. What should be accepted as a healthy mind must be something which many rational people would wish to possess such as freedom from unreasonable anxiety; control of hostility and violence. People tend to use mental health, emotional stability, autonomy and personal development to cover any kind of increase in cognitive awareness. A mentally healthy child is one that makes steady improvement in both intellectual and social skills. The aim of this paper is to attempt to identify conditions that indicate a healthy mental state including conditions that show disorder of mental health. The paper will discuss conditions that are related to mental health and point out those conditions that can actually be associated with disorders of mental health arguing against those that cannot be associated with disorders of mental health. In other words, the paper will identify conditions of a healthy mind; indices of mental disorder; conditions that can be controlled through education; conditions that are the area of therapy; how therapeutic conditions should be handled and how to handle educationally related conditions. Teaching is not the same as curing, if any process clears a person's false beliefs and malfunction, the process is therapy. Teaching a person with the result that he becomes more aware and has a fuller life, is educational.

Introduction

The question of what education should aim to impact to people, like the meaning of education itself is as old as civilization. Thus many people have different definitions of education and the question of why people should be educated, what education should be doing to people, the type of skills education should impact to people and in general the type of citizens education should produce, all point to the desire to know the aims of education. Since education is a worthwhile activity and is expected to have extrinsic means-end objectives, many people believe that mental health should be the primary aim of education because an educated person should behave rationally in all situations and the degree of one's rationality depends on the correct functioning of one's mental powers of perception, thinking, speaking, memory, motor activity and relating to others.

Since many people cannot distinguish between physical and mental illness, this write up intends to make the distinction clear and discuss areas that are the concern of therapy and those that education should be of help.

Mental Health

Different cultures have different notions about mental health. Thus, mental health according to Wilson (1968) is a concept that is not very clear. Since what counts as mentally healthy in a

particular society may not be accepted in another society. As Rosenblith (1966) puts it, there are many aspects of early life which mould personality and behaviours, such as indulgence, and discipline, type and stability of families, rites and ceremonies. Much mental health disorder is said to be related to cultural confusion and uncertainty. This position is logically incoherent, because it is an error to tie down the concept of mental health too firmly to empirical criteria. It is more intelligible to believe that the defining characteristics of what is to be accepted as a health mind be seen as something which any rational person would wish to possess.

Thus, such criteria as freedom from undue or unreasonable anxiety, control of hostility, and violence can be taken as characteristics of the rational mind or prerequisite for developing rationality. In education today people tend to use mental health, emotional stability, autonomy and personal development to cover any kind of increase in rationality or cognitive awareness. In Mueller's (1972) opinion a mentally healthy child is one who makes gradual but steady improvement in both intellectual and social skills. He makes improvement in ability to perform effectively in and out of school. He improves in work, play and inter-personal relationship. We can think of mental health as an increase in competence in all areas of living.

Riesen (1965) quotes the American National Education Association as defining the mentally healthy child as:

“One who is able to adapt to changing environment who perceives reality accurately, manages stress, stands on his own feet, wants to learn, and possesses feelings of adequacy and well-being”.

In fact the state of being ill or unhealthy does not arise unless something is wrong with a person which makes him unable to do what we believe he should normally be able to do. For instance any community, or family or individual that is disadvantaged materially or mentally is in danger of being exploited by the richer, the stronger or the more skillful. Such people may be equally endangered by benefactors and well-wishers, if they are exposed to excessive or ill-considered assistance, for in fact nearly all health and social assistance can endanger self-respect by failing to teach self-help.

Many people suffer because the disadvantages of the use of power or violence are not yet recognized. There is evidence that men for long have been trying to live in communities, yet man is still poor at adapting himself to community life even within his own immediate family. Men still murder, exploit and enslave one another, yet there are always those who prefer violence, destruction and offensiveness to any exercise of reason and consideration. Those who use violence forget that once there is violence there is no justice and it is the innocent that are hurt. Too many people seem to develop a taste for aggression, since some good results have been found to be achieved by protest, it is then felt that protest in itself is a virtue. Violence deprives people of their rights to civilization and to the possibility of social justice.

Some aspects of mental health that the world needs most are common sense, sensitiveness, and tolerance. These aspects of mental health are not to be construed to mean vegetative life. Aristotle (as cited in Agbakoba 2001) pointed out, there are three aspects of the soul, vegetative, animal and rational. The vegetative part is expressed when a man remains insensitive to any degree of provocation. He expresses the animal part when he is unreasonably hostile and irritated at any slightest provocation. The blending of the vegetative and animal aspects goes to make the rational part which is an enviable characteristic of mental health.

Mental Illness

In Peters (1964) opinion, mental illness is a condition in which a person manifests certain disorder of thinking and behaviour. In modern time "mental illness" is used to describe some features of an individual's personality. It is regarded as the cause of interpersonal or social disharmony. Social intercourse between people is regarded as something inherently harmonious, its disturbance is seen as the presence of mental illness. To the writer chronic hostility, divorce, vengefulness, suicide etc. are indices of mental illness. However one may not wish to associate divorce and suicide totally with mental illness. Most divorce cases result from misunderstanding and some people commit suicide in order to avoid long period of suffering, some do to get out of shame. On the other hand it may be argued that a mentally healthy person should be able to resolve misunderstandings, endure all forms of suffering and accept death when it is imminent believing that "a human being is a being whose being is not be". Mental illness is correctly taken as a deviation from the norm. Mental illness is different from physical illness in the sense that it is what an individual does, feels or think, where as physical illness is something that happens to a person. To Bavelas (1978), mental illness is a disorder of mental health.

Disorders of Mental Health

Disorder of mental health, in Swift's view (1977) falls into groups. The groups are perception, thinking, speech, motor activity, mood, memory, orientation, consciousness and intellectual functioning. Disorder of perception refers to response to the five senses. It implies relating various sensory impressions with previous experiences and knowledge. To perceive banana, for example, is not only the visual image but also the knowledge that can be eaten, that it has a certain taste. There are two disorders of perception: illusions and hallucinations.

Illusion is a misinterpretation of perception. Examples are mistaking a shadow for a person, believing a stick to be a snake.

Hallucination occurs without an external stimulus. The stimulus comes from the person's mind. It develops when there are strong feelings which cannot be controlled by defense mechanisms. Such strong feelings include fear, guilt, selfcriticism, rejection and wish fulfillment. When these feelings are projected on to the environment in the waking state, the perception is referred to as hallucination. Sherif (1936) says the paranoid may suffer

hallucination. He may experience sensation when there is no stimulus to cause it. He may hear voices or sound when there is none around. He may see things which are not sensibly around.

Disorders of Thinking

Thinking is the most highly organized function of the brain. Thinking combines experience with perception and knowledge which has been stored as memory. Swift (1977) has identified disorders of sequence of thought as:

- a. **Flight of Ideas:** Thinking is greatly accelerated. It is expressed as speech which skips from one idea to another, the thought following each other so rapidly that the expression of each idea is incomplete, but there is a connection between ideas. Sarason (1977) says the thought disorder involves a tendency to think in a personal way so that the logic typical of normal thought is not followed. Thus, ideas may be condensed in such a way which is understandable only to the speaker. Chains of thought are disrupted by inappropriate intrusions hence he cannot control his ability to consider a problem or situation rationally. The psychotic can be described as thinking in ways that do not make sense to the listener or observer. The psychotic world is such a private and personal one that he cannot separate what is going on within him and events occurring in his environment. We may agree that the inappropriate affect of the psychotic occurs as a result of his inability to discriminate between his private cognitive world and his environment.
- b. **Retardation of Thought:** The stream of thought is slowed down and expressed in slow speech. This is seen in cases of depression.
- c. **Perseveration of Thought:** There is persistent repetitive expression of simple ideas. It may be found in cases of fatigue, it may occur as a result of brain damage. An example is a person who always brings into conversation the belief that his colleagues or neighbors hate him.
- d. **Circumstantial Thinking:** The speaker includes in his speech many irrelevant details which are not essential to the subject being discussed.
- e. **Thought Block:** Thought block occurs when an individual's stream of thinking reaches a barrier or block usually a thought associated with strong emotion.
- f. **Fragmented Thinking:** This consists of rapid incomplete thoughts being expressed one after the other with no apparent connection between them.

Disorders of Thought Content

Disorder of thought content is expressed in delusions. Delusions are fixed beliefs which are not shared by others from one's own social background. By fixed beliefs we mean those beliefs which are not changed by reason or explanation. A delusion separates a person from his friends because his ideas are not shared by them. Underlying a delusion are strong feelings of fear, envy, anger or inferiority which reduce the capacity of critical thinking. There are two types of delusion: delusion of persecution and delusion of grandeur. In a persecutory delusion, a person

believes that people are plotting against him. The office worker may believe that his colleagues are conspiring to prevent his promotion.

In a grandiose delusion a person believes that he is the most important figure among his colleagues or that he is the most intelligent among them. In extreme cases a person may claim that God has sent him to deliver a special message to people. Closely related to delusions are phobias which are persistent irrational fears of specific objects or situations.

Disorders of Speech

Speech is believed to be an accurate reflection of thinking therefore disorders of speech are associated with similar disorders of sequence of thought, thus, retardation of thought, accelerated speech, block of speech, and fragmented speech. Any speech that is incoherent cannot be understood. Another disorder which may arise from habit is echolalia (echo of speech) when a person repeats part of the question before he answers, for example when you ask "what is your name" the person repeats "my name?" before he answers. Mutism may be voluntary or beyond consciousness. The catatonic schizophrenic exhibits a tendency to be mute. He refuses to acknowledge the presence of people around him. He remains for man hours in whatever position he happens to be.

Disorder of Motor Activity

Here restlessness quickly comes to mind restlessness is the inability to remain still. If this is associated with anxiety and worry, the disorder can be called "agitation", another disorder of motor activity is negativism. Retention of saliva is an example of negativism. However, retention of saliva, like echolalia, may be a habit. Mutism may be another expression of negativism.

Disorders of Mood or Affect

Mood and affect are believed to mean the same thing and are used to describe the general attitude of a person. Mood influences thought, speech and motor activity. One's mood may be expressed in anxiety, anxiety is a feeling of uneasiness and apprehension which when marked becomes fear. Panic is acute anxiety and may be associated with personality disorganization.

Incongruous affect is a disorder of mood in which feelings are out of harmony with the situation, for example when a person laughs for no apparent reason. This may also be found in a public lecture when some people clap without apparent reason.

Some people show no kind of emotional reaction no matter the degree of stimulus. We may describe this absence of emotional reaction as "blind affect."

Disorders of Orientation

A person is said to be properly oriented when he knows the date, the place and the identity of people around him. He is said to be oriented for time, place and person. Many people are

disoriented in one or more of these areas. Disorientation is common in confessional states.

Disorder of Consciousness

A person lives in a world that is completely his own. He laughs inappropriately as if he is responding to internal stimulus. In his regressed state he may often wet and soil his clothing and eat his food like an infant.

Disorder of Intellectual Functioning

A person functions below his intelligence. For example, the hermit who picks pieces of food and other objects from waste can is said to have lost his intellectual functioning.

The therapeutic aspect of mental health disorder above can be referred to as mental illness, since mental illness can be defined as a behaviour feeling, thinking which interfere significantly with a person's ability to work or enjoy life or to get along with other people.

Experience has shown that mental illness is a condition in the mind of the patient. This is to say that behaviours such as extreme suspiciousness, acting as if one is being persecuted, or exaggerated self-importance are taken to indicate a mental condition called paranoia.

Promotion of Mental Health

Mueller (1972) quotes Bower as suggesting five characteristics of children who have potential mental health problem.

1. An inability to learn which cannot be explained by reference to intellectual, sensory or health factors.
2. An inability to get along with others
3. An inability to act appropriately under normal or stress situations.
4. An inability to forget an unhappy experience
5. A tendency to develop physical symptoms, pains or tears as a result of personal or school problem.

A classroom teacher's concept of the meaning of mental health strongly influences his relationship with his students, and his evaluation procedures.

As far as education is concerned with mental health, there are educational activities which develop various kinds of rationality such as helping people to increase their awareness in various fields, to develop their potentialities and improve their grasp of different forms of thought by so doing we help to free people from irrationality, if we have a pupil whose irrational fear of darkness cripples his life and if we teach him to abandon his false beliefs about darkness which generate his anxiety, then we can be said to be improving his mental health.

It can therefore believe that to improve mental health in any of its modes is an aim in education. Wilson cited in Dearden et al (1972) argues that only people have aims, intentions

and purposes. Is he implying that education can't be said to have aims? We can say that when we talk of aims of education we are thinking about what people aim to achieve when they educate. In this sense the question "Is mental health an aim of education?" may be interpreted to mean "Do people educate consciously to improve mental health?" the answer may be that empirically some do, others do not, however, we remember the sense of education in which a process does not count as part of education unless it involves something worthwhile or justifiable, in this sense, education should not have aims of intrinsic type, its justification should be seen in itself.

In fact questions about aims of education refer to issues of how the things people do should be justified or whether there are other things which people should do in the name of education. Even if we agree that all we do under education should be justifiable, we will face the problem of comparative judgment, as to things that come under the concept of education and those that do not. For instance, which one shall we say is more important, the worthwhile educational activity of learning Arabic or the worthwhile non-educational activity of gambling? In other words, can we justify some educational process by reference to mental health? It is evident that certain educational processes are identical with some processes which increase mental health, in other words; some forms of teaching are identical with some forms of psychotherapy. But we can also say that teaching is not the same thing as curing. The argument here is that if any process makes a person clear his false beliefs and result in clearing up malfunctioning, then the process cannot be said to be teaching, but should rather be called therapy. There is an overlapping nature in teaching and therapy. For example handicapped patients are often being taught how to make baskets, how to walk, how to make tools and how to speak. One may argue that these are all educational activities since it is not an aim of therapy to help people improve their skills. Although educational process and therapeutical ones are identical, the difference lies in the fact that teaching a person about his feelings and beliefs with the results that some mental dysfunction is cleared can be said to be an area of therapy, while teaching him with the result that he will become more aware and have a fuller life is educational.

For education involves initiation into worthwhile and justifiable activities which should be seen to have intrinsic-end justification such as contributing to survival preparing people for jobs. Such justification phrases can be said to stand for ends in education in which case therapeutic phrases such as contributing to mental health may also stand for an aim in education. In this sense one may wish to know the sort of ways which a person can display mental illness or irrationality which must be handled educationally. We may wish to begin with insensitiveness. To Rusell (1976) sensitiveness is an aspect of emotion. A person is emotionally sensitive when many stimuli produce emotion in him. But, this can be described as a good quality only if the emotional reaction is in some sense appropriate. A man of wide and vivid interests finds less difficulty in living life than is expressed by some miserable hypochondriac whose interests are bounded by his own alignment.

At the early stage, children pass beyond mere pleasure of sensation, pleasure of social approbation or approval. Every child loves praise and hates blame. Usually the wish to be thought well, remains one of the dominant motives in life and it is very valuable as a stimulus

to pleasant behaviours. Sympathy is another stage in the development of sensitiveness. Sympathy is expressed in different forms: there is physical sympathy seen when a young child cries because a brother is crying. Two aspects are needed in sympathy. There is sympathy even when the person suffering is not a close relation, secondly, to feel sympathy when the suffering is merely believed to be occurring and not sensibly present. For example, when one learns about an earthquake that has claimed thousands of lives in one of the distant islands of the world, one naturally feels sympathy.

The capacity for abstract sympathy is not common. When we see a person trapped in fire, almost everyone that sees the agony of the victim feels sympathy. Perhaps in situations like one being rapped in fire or in an accident vehicle, what some people show can be described as fear rather than sympathy. However, the belief is that a mentally healthy person should feel sympathy in cases like these. In the recent past, a train had an accident in which several Nigerians were trapped. After the victims had cried for help for many weeks, the government thought it "wiser" to help the agonizing victims by setting the train ablaze. Many sympathizers argued that the government did not do enough to help the victims, There are many cases of wanton massacre of citizens by leaders of government everywhere in Africa. An Education producing sensitiveness to abstract stimuli would make such behaviour impracticable.

To promote sympathy in children sympathetic stories should be told, such stories as that of Abraham and his son Isaac, when Abraham with intent to obey God, took Isaac to the desert to slaughter, then the story of the she-bears killing the children whom Elisha cursed. Such stories naturally stimulate sympathy in a child for another child.

We cannot suggest here all the indices of mental disorder and how they can be controlled educationally, but we have to say something about fears which many people including Russell (1975) have agreed that it is the root of many conditions of mental disorders. According to him fear in its pathological forms as persecution mania, anxiety complex, it is treated by alienists. But in milder form it is common among those who are considered sane. There are instinctive fears such as loud noises, fear of the dark, which arise from experience, fear and infections, children catch it from their elders. Timidity is quickly imitated. In many cases aristocracies have been trained not to show fear. Fears, conscious or unconscious, are very likely to produce hatred because other people are regarded as capable of inflicting injuries. We can postulates that fears are roots of dilution such as persecution and grandeur. If young children have enough fearlessness they will ignore any form of danger and allow themselves to be made miserable and join the company of anxious moralists.

However, those who start fears early must be sheltered longer than those who are stolid or endowed with natural courage. A mental habit of fearlessness due to expectation of kindness should be firmly established before the child is made to face the existence of unkindness. The control of mental health that we have discussed here is hoped to produce happiness and courage in learners and improve mental health in them.

Conclusion

A mentally ill person lacks certain cognitive abilities such as ability to identify his own or other people's feelings. He may possess these abilities but fail to utilize them on particular situations. He may both possess the abilities and be willing to utilize them but fail to feel and act appropriately to the situations. The case of one's inability to put one's cognitive abilities into practical use is a grave one in the sense that education may have very little contribution to make in improving the condition. Though this case may still come under mental health it no longer comes under education. In fact, most forms of mental illness can be related to failures in the basic capacities of man as a rational animal. This explains why the development of mental health is believed to consist in maintaining the basic structure of man as a rational animal and in developing these rational capacities to the full.

Recommendations

Most mental health disorders that fall under the concern of education may not be easily identified at the early stage because people who suffer from these disorders would hardly accept being ill. In this way, the teacher has to establish good relationship with his students so that he can immediately detect any abnormal behaviour arising in any of them. Secondly, improvement of mental health may not necessarily be done in the classroom. It is one's belief that tactful interaction in various situations and good counseling are the right approaches to the problem.

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