

Looking at How Human Relations Affect Health

CHAPTER

26

Health, says the World Health Organization, *is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity*. We agree.

Throughout this book, we have pointed to the importance of the human factor in determining health and well-being. By the “human factor” we mean **how persons help or harm each other**. We have seen how poverty lies behind the ills of most people. And in Chapters 23 and 25, we argued that hunger in the world is not primarily due to population growth or shortage of land and resources. Rather, it results from unfair distribution—of land, resources, and decision-making power. We conclude that:

Health depends less on technical than on social factors. The healthy person, family, community, or nation is one that is relatively self-reliant—one that can relate to others in a helpful, friendly way, as an equal.

HEALTH means SELF-RELIANCE

The health worker’s primary job is to help people gain greater control over their health and their lives. But this is easier said than done.

In this chapter, we look at ways of helping groups of people to become more aware of the social factors that affect their well-being, and to discover their own ability to change and improve their situation. The methods and activities we describe have been used effectively with groups of health workers-in-training. They have also been used by health workers to help community groups develop greater social awareness, self-confidence, and cooperative action.

First, we discuss a method used in Mexico to help groups observe how a variety of factors, both physical and human, combine to cause sickness and death. This is done by first telling or reading a story, then having the group analyze it by playing the question game, *“But why . . . ?”*

Next, we explore group dialogue approaches for helping develop social awareness. We discuss the educational approach of the Brazilian educator, Paulo Freire, and look at ways that **conscientization** or “awareness raising” has been adapted to health and nutrition work in villages and communities.

Finally, we look at strengths and weaknesses of different approaches to awareness raising. And we give examples of how people’s increased understanding of their problems and their rights has led to organizing for changes that contribute to better health.

ANALYZING THE CAUSES OF SICKNESS

One of the weaknesses of modern medicine is that it has led people to look at illness in terms of single causes. On the death certificate, the doctor writes as the cause of death “typhoid” or “polio” or “tuberculosis” or “measles.” He thinks of the cause of death in terms of a particular “disease agent”—in these cases, either bacteria or virus.

However, **not all people who are infected with a disease agent become ill.** We know that many persons infected with typhoid bacteria never develop signs of the disease. Out of 200 or more children infected by the polio virus, only one becomes paralyzed. Relatively few persons infected by the TB bacillus develop tuberculosis.

Different persons have different explanations for illness.



A good way to start a discussion about the causes of illness is to consider local beliefs and compare them with the explanations of doctors, educators, sanitary officers, social reformers, and others. (See *WTND*, p. 17.)

If we look at which persons become ill or die from diseases like tuberculosis, measles, diarrhea, and pneumonia, we find that many of them are poorly nourished. Or they live in crowded conditions without a source of clean water. So in addition to the particular disease agent, we must also consider lack of access to enough healthy food and clean water as part of the cause of illness and death. But people usually do not eat poorly or live in unclean surroundings by choice. So poverty must also be included as an underlying cause of many illnesses. And so must the causes of poverty.

Sickness usually results from a combination of causes.

It is essential that health workers learn to look at illnesses and related problems in terms of their different causes: biological, physical, and human.

The following “STORY OF LUIS” has been used in Mexico (and also Central America, Africa, and the Philippines) to help student health workers analyze the complex chain of causes that led to a boy’s death. Tell the story to your group, or have students take turns reading it aloud, a paragraph at a time. Ask everyone to listen carefully and to try to notice all the factors that may have contributed to the boy’s death.

Note: You may want to use a story that takes place in your own area. Perhaps your students can analyze the events leading to the death of someone they knew.

THE STORY OF LUIS

Consider Luis, a 7-year-old boy who died of tetanus. Luis lived with his family in the small village of Platanar, 11 km by dirt road from the town of San Ignacio. In San Ignacio there is a health center staffed by a doctor and several nurses. The health center conducts a vaccination program and has a jeep. But the vaccination program only occasionally reaches nearby villages. One year the health team began to vaccinate in Platanar but after giving the first vaccination of the series, they never returned. Perhaps they grew discouraged because many parents and children refused to cooperate. Also, the road to Platanar is very dusty and hot.

When the staff of the health center failed to return to Platanar, a midwife from the village went to San Ignacio and offered to take the vaccine to the village and complete the vaccination series. She explained that she knew how to give injections. But the doctor said that unless the vaccines were given by persons with formal training, it would be putting the children's lives in danger.

Three years later, Luis took a bucket of food scraps to the pen where his family kept a mother pig and her piglets. On the way, he stepped on a long thorn with his bare foot. Normally Luis wore sandals, but his sandals had broken 3 days before and were too worn out to repair. Luis's father was a sharecropper who had to pay half his maize harvest as rent for the land he farmed. He was too poor to buy new sandals for his son. So Luis went barefoot. The boy pulled the thorn from his foot and limped back to the house.



Nine days later, the muscles in Luis's leg grew stiff and he had trouble opening his mouth. The following day, he began to have spasms in which all the muscles in his body suddenly tightened and his back and neck bent backwards.

The village midwife at first called his illness *congestion* (WTND, p. 23) and recommended an herbal tea. But when the spasms got worse, she suggested that Luis's parents take him to the health center in San Ignacio.

LUIS ISN'T GETTING ANY BETTER WITH THE TEA I GAVE HIM. YOU SHOULD TAKE HIM TO THE HEALTH CENTER!



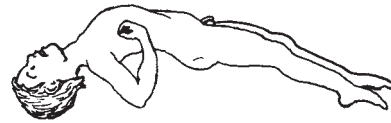
The family paid one of the big landholders in Platanar to drive to San Ignacio in his truck. They had managed to borrow 500 pesos, but the landholder charged them 300 for the trip. This was much higher than the usual price.

In San Ignacio, the family waited for 2 hours in the waiting room of the health center. When it was finally their turn to see the doctor, he at once diagnosed the illness as tetanus. He explained that Luis was in grave danger and needed injections of tetanus antitoxin. He said these were very expensive and, in any case, he did not have them. They would need to take Luis to the city of Mazatlan, 100 km away.

The parents despaired. They had barely enough money left to pay the bus fare to Mazatlan. If their son died, how would they get his body back to the family graveyard in Platanar?

So they thanked the doctor, paid his modest fee, and took the afternoon bus back to Platanar. Two days later, after great suffering, Luis died.

What caused Luis's death? This is a key question to start discussion after reading or telling the story. The question can be approached in many ways. Here is one possibility.



The question game: “But why. . . ?”

To help the group recognize the complex chain of causes that led to Luis's death, play the game, “But why... ?” Everyone tries to point out different causes. Each time an answer is given, ask the question “But why. . . ?” This way, everyone keeps looking for still other causes. If the group examines only one area of causes, but others exist, the discussion leader may need to go back to earlier questions, and rephrase them so that the group explores in new directions.

For the STORY OF LUIS, the “But why. . . ?” question game might develop like this:

- | | |
|---|---|
| Q: What caused Luis's illness? | Q BUT WHY did he refuse? |
| A: Tetanus—the tetanus bacterium. | A: Because he did not trust her. Because he thought it would be dangerous for the children. |
| Q: BUT WHY did the tetanus bacteria attack Luis and not someone else? | Q: WHY did he think that way? Was he right? |
| A: Because he got a thorn in his foot. | A: (Again a whole discussion.) |
| Q: BUT WHY did that happen? | Q: BUT not all children who get tetanus die. WHY did Luis die while others live? |
| A: Because he was barefoot. | A: Perhaps it was God's will. |
| Q: BUT WHY was he barefoot? | Q: BUT WHY Luis? |
| A: Because he was not wearing sandals. | A: Because he was not treated adequately. |
| Q: BUT WHY not? | Q: WHY NOT? |
| A: Because they broke and his father was too poor to buy him new ones. | A: Because the midwife tried first to treat him with a tea. |
| Q: BUT WHY is his father so poor? | Q: WHY ELSE? |
| A: Because he is a sharecropper. | A: Because the doctor in San Ignacio could not treat him. He wanted to send Luis to Mazatlan for treatment. |
| Q: BUT WHY does that make him poor? | Q: BUT WHY? |
| A: Because he has to give half his harvest to the landholder. | A: Because he did not have the right medicine. |
| Q: BUT WHY? | Q: WHY NOT? |
| A: (A long discussion can follow, depending on conditions in your particular area.) | A: Because it is too expensive. |
| Q: Let us go back for a minute. What is another reason why the tetanus bacteria attacked Luis and not someone else? | Q: BUT WHY is this life-saving medicine so expensive? |
| A: Because he was not vaccinated. | A: (A whole discussion can follow. Depending on the group, this might include comments on the power and high profits of international drug companies, etc.) |
| Q: BUT WHY was he not vaccinated? | Q: BUT WHY did Luis's parents not take him to Mazatlan? |
| A: Because his village was not well covered by the vaccination team from the larger town. | A: They did not have enough money. |
| Q: BUT WHY was the village not covered? | Q: WHY NOT? |
| A: Because the villagers did not cooperate enough with the team when it did come to vaccinate. | A: Because the landholder charged them so much to drive them to San Ignacio. |
| Q: What is another reason? | Q: WHY did he do that? (A whole discussion on exploitation and greed can follow.) |
| A: The doctor refused to let the midwife give vaccinations. | A: Because they were so poor. |
| | Q: BUT WHY are they so poor? (This question will keep coming up.) |

Biological, physical, and social causes of illness

To analyze the causes of ill health and how they are related, it may help to group them as follows:

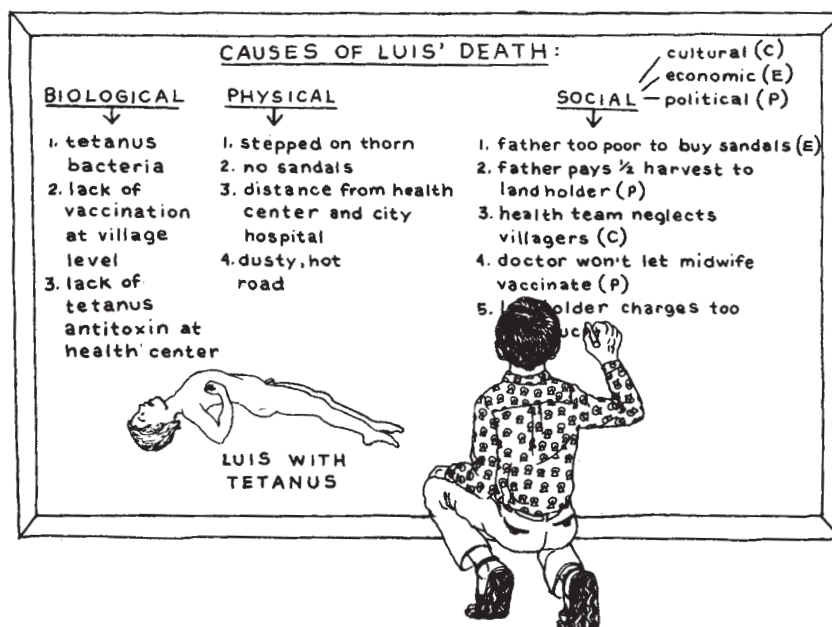
- **Biological:** caused by a living organism, such as a virus, bacterium, parasite, or fungus.
- **Physical:** caused by some condition in the physical environment, such as a thorn, lack of sufficient water, or crowded living conditions.
- **Social:** caused by human factors—the way people relate to or treat each other. These social causes can be divided into 3 sub-groups:
 - **cultural:** having to do with people's attitudes, customs, beliefs, and schooling (or lack of schooling)
 - **economic:** having to do with money, land, and resources—who has them and who does not
 - **political:** having to do with power—who controls whom and how



Symbols like these, adapted to your area, may help people understand and remember the different groups.



Ask the discussion group to list the various causes of a particular illness in columns under the headings **biological**, **physical**, and **social**. For example:



As the students draw up the list, they will soon realize that **social causes usually lie behind and are more numerous than the biological and physical causes**. It is very important that the group recognize and discuss these social causes, because...

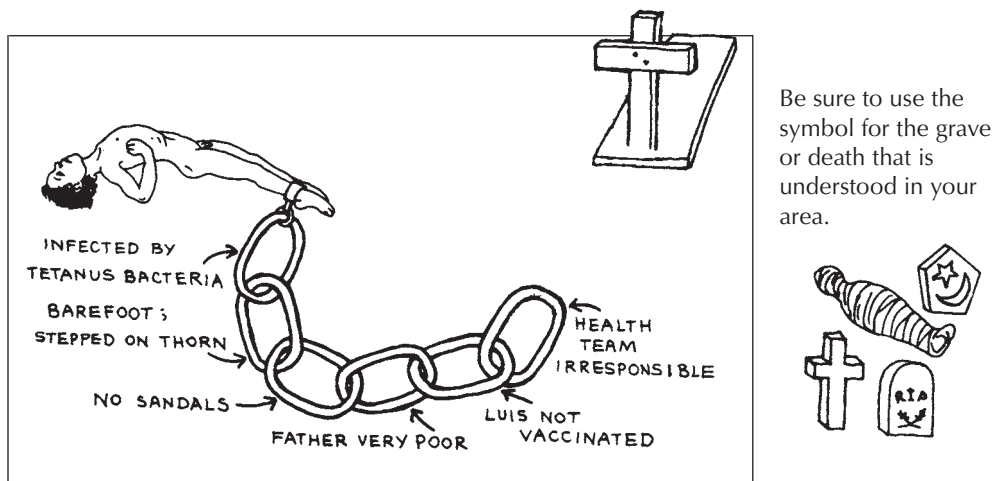
- the social causes are often ignored or overlooked by professionals and authorities, and
- only after the underlying social causes of ill health have been dealt with can there be a lasting improvement in the health of the poor.

The chain of causes

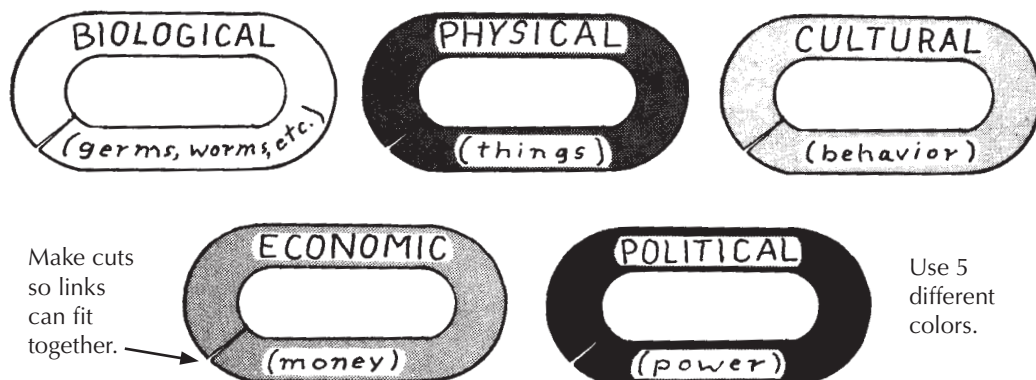
To help the group get a better idea of the chain or network of causes leading to illness and death, an actual chain can be formed. Each time another cause is mentioned, a new link is added to the chain.

Draw the chain on a blackboard or a large sheet of paper. Or cut out cardboard links, and drawings of Luis and a grave. These can be hung on a wall or fixed for use on a flannel board.

The “chain of causes” leading to Luis’s death from tetanus might begin something like this:



You can use 5 different colors of links 10 represent the 5 kinds of causes. Students can help make cardboard or flannel links themselves.



The group can form the “chain of causes” as they play the game *“But why. .,?”* or as a review afterward. Give each student a few links. Then, each time a new cause is mentioned, everyone considers whether it is biological, physical, cultural, economic, or political. Whoever has the right link for a particular cause, comes forward and adds the link to the chain.

Link by link, the chain grows until it reaches the grave.

In this photo, students have pieced together the “chain of causes” that led to the death of Luis.



Here students build a chain based on a story about a child who died of diarrhea.

These teaching aids are useful early in a training course. They help increase the health workers' awareness about the different causes of health problems and the way they relate to each other. However, the aids can also be used by health workers to teach groups in their communities.

When playing the “chain of causes” game with persons who cannot read, use local symbols on the links instead of (or as well as) words. Be sure to use symbols the people in your area will understand.



Note: You may be wise to avoid using big words like *biological*, *physical*, and *social*. Look for simpler terms people already use. For example, for *cultural*, *economic*, and *political* you might simply speak of causes related to *beliefs*, *money*, and *power*.

BUT WHAT CAN WE DO?

After analyzing the causes of Luis's death, the next step is to ask the question, "What can we do?" **It is often easier for people to think of possibilities and discuss them openly if they first consider what other people might do.** So ask:

"What could the villagers of Platanar do to help prevent the death of other children like Luis?" Members of the discussion group may have a wide range of suggestions, some more realistic than others:

"Organize the community to insist that nurses from the health center come to vaccinate the children."



"Hold raffles and dances to collect an emergency fund for poor families that need medical treatment in the city."



"Arrange to have someone from the village trained as a health worker."

"Start a cooperative, so people will not have to spend so much on food, and can afford sandals and other basic needs."



"Try to get the authorities to enforce laws calling for the redistribution of large landholdings."

"Organize the poor farmers to take over the land they now work as sharecroppers."



"Arrange for loans to groups of small farmers, so they can buy land they now farm as tenants."

"Unite with poor farmers' and workers' organizations to work for the changes that will put an end to sharecropping and other causes of poverty."



These are all suggestions that have been made by villagers in discussion groups in Latin America. But they are not only suggestions. We know of community-based programs and health workers who are carrying out various combinations of all these ideas!

Clearly, people from different lands and circumstances will have ideas different from those listed above. Both the suggestions people make and the ways they carry them out will depend on local factors.

In some places, villagers may not be ready to make many suggestions. Or they may make only "well-behaved" suggestions such as, "Talk to the nurses and see if they would be willing to come vaccinate the children!" Any suggestion that the poor people organize, insist on their rights, or take action to resist the abuses of those in power may seem strange or frightening to them.



Even in places where more and more people are awakening to their own possibilities, **most of the poor still feel there is very little they can do to change their situation.**

For this reason, many community-based programs make the development of critical awareness a primary concern. Through popular education methods and group dialogues, they try to help people look at their situation more closely, realize their possibilities for changing it, and gain the self-confidence to take positive, cooperative action. This process of building social and self-awareness is the main theme of this chapter.



Social change, through which the poor gain more control over the conditions that affect their well-being, is the key to “health for all.”

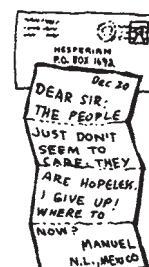


DIFFICULTIES IN WORKING WITH PEOPLE TO IMPROVE THEIR SITUATION

Often health workers are eager to involve people in community action when they return to their villages after training. But many quickly grow discouraged.

We received a letter from a young man who had trained as a “barefoot doctor” in a community-based program in Nuevo Leon, Mexico. His training, which had a strong political focus, had inspired him to try to organize people to work toward a fairer and healthier social order. In his letter to us, the health worker wrote of his frustration and sense of failure 6 months after returning to his own village:

“The people just don’t seem to care!” he lamented. “I explain to them that in other communities farm workers have joined together to start cooperatives, taken action to regain land that is legally theirs, and replaced corrupt local officials with persons who represent their interests. But they just shrug their shoulders and admit they are exploited by the authorities, the shopkeepers, the landholders, and the money lenders. No one is willing to open his mouth in a village meeting or raise a finger to do anything about it. Nobody tries to look ahead; nobody even seems to care that much. When things are too bad, the men get drunk and beat their wives or children instead of coming together to solve their problems. The people in my village are hopeless! I give up!”



He went on to ask if we could suggest a different village where he could work, where people would be more willing to work toward overcoming their problems.

We wrote back to the young health worker, saying that if such a community existed, its people were probably already working toward social change. And if so, they might do better without the help of an “outsider” like himself. We encouraged him to continue working in his own village, and to look for ways of awakening people to their own ability to change things that affect their lives.

We pointed out that, for 16 years, the village health team that we helped get started had been trying to get poor farmers in their villages to work together against the abuses of local authorities and landholders. But it had been only in the last 3 or 4 years that any significant, if small, advances were made.

Those who work with people toward social change need a great deal of courage, love, and patience. For change depends on the self-confidence and cooperative action of the people themselves.

Unfortunately, those whose health needs are greatest are often those whose opinion of themselves and their own abilities is lowest. These are the poor in villages and city slums who, no matter how hard they work, rarely seem to get ahead. Most of the decisions that shape their lives are made by others—by those who control the land, the wages, the rents, the prices, and the laws. Because the poor are denied enough land or wages to adequately care for their families, they are often hungry and in debt. For their health and survival they become increasingly dependent on the aid and “good will” of those in control. They learn that it is safest to suffer in silence, without question. Even without anger.



In time, those on the bottom begin to see themselves as the rich see them—worthless and lazy. They believe they are incapable of learning new skills or dealing adequately with their own needs. What choice do they have but to silently accept their fate? They suffer exploitation without protest. They obediently serve those who make decisions for them. And they take opportunities to temporarily forget the burden of day-to-day subsistence.



People who have long been on the bottom of the social order may also have come to fear the responsibilities that equality, social justice, and personal freedom require. Since childhood, they have been taught to defend the social order as it exists, and are suspicious of “troublemakers” who seek to change it. For this reason, the health worker who speaks out against unfair or unhealthy doings in his community may find himself rejected even by those whose interests he is struggling to defend!

The biggest obstacle to change is the idea that change is impossible. The most important beginning moment in working toward change is when people achieve some success, no matter how small, in improving something they had never considered could be changed. On pages 26-36 through 26-38 are some examples of such successes.

THE NEED TO START WHERE PEOPLE ARE, AND WORK FROM THERE

Too often, those of us committed to social change have our heads in the clouds. We dream of the day when our country, or even the world, will be a place where ...

- all people are treated as equals,
- all people have similar opportunities to work.
- all people have a right to a fair share of what the earth provides, and
- the many are no longer controlled and exploited by the few.

Such high and distant dreams have their place. For some of us, they provide a long-range vision and sense of direction—a sort of compass by which we can check our course.

But for those among us who lack sufficient land to plant or who must worry about how to feed their children, their dreams are closer to home. Often they have little concern about national or international affairs, even those that affect their lives. Their concerns are here and now: “my village, my children, my struggle to keep my loved ones alive.” Life is too uncertain right now to worry much about what happens far away or far in the future. Their concern is not for some vague and distant dream of “social justice.” It is to feed and care for their families.



Discussion leaders sometimes fail to communicate because they talk in general terms or use unfamiliar expressions. Try to build discussion around people's specific, immediate concerns—in familiar, everyday words.

To be effective, the health worker needs to begin with the day-to-day concerns of the people, and work from there. As people begin to solve some of their most immediate problems, they will find courage to look further ahead. In time, they may become more concerned with how things at the national, or even international, level affect their lives. But start where the people are!

DIFFERENT LEVELS OR STAGES OF AWARENESS



Why is it that so many people “just don’t seem to care” about changing or improving their situation?

What can I do to help people awaken to their own possibilities?

To help health workers answer these questions, it may be useful to discuss the following “stages of awareness.” These are based on the ideas of Paulo Freire, the Brazilian educator. Freire’s methods for the development of “critical awareness” became widely used in Brazil as a part of literacy programs (for learning to read and write). After the military coup in 1964, however, Freire was jailed and later thrown out of the country. Freire describes 3 main stages of awareness:



1. Magic awareness. At this stage, people explain the events and forces that shape their lives in terms of myths, magic, or powers beyond their understanding and control. They tend to be *fatalistic*, passively accepting whatever happens to them as fate or “God’s will.” Usually they blame no one for the hardships and abuses they suffer. They endure these as facts of life about which they cannot (and should not) do anything. Although their problems are great—poor health, poverty, lack of work, etc.—they commonly deny them. They are exploited, but are at the same time dependent upon those with authority or power, whom they fear and try to please. They conform to the image of themselves given to them by those on top. They consider themselves inferior, unable to master the skills and ideas of persons they believe are “better” than themselves.

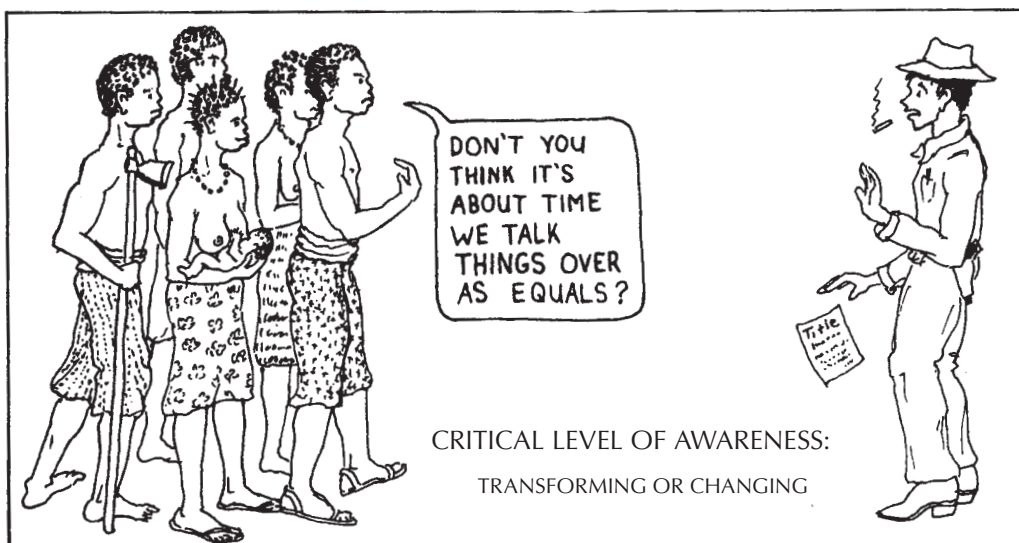
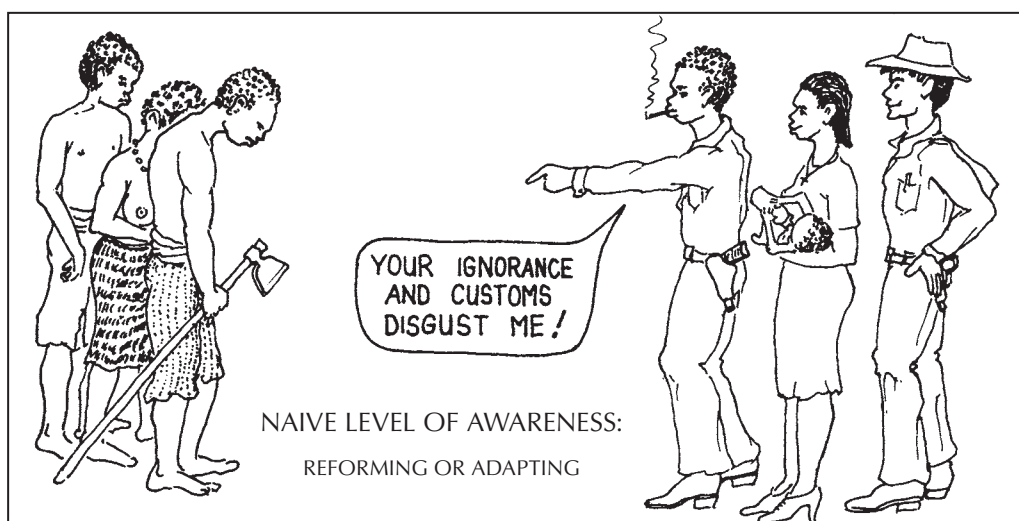
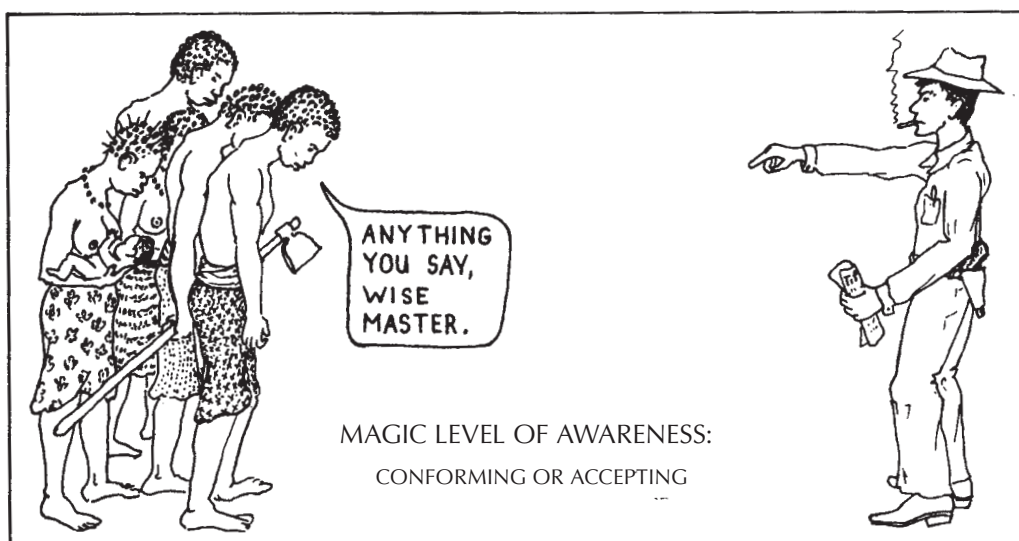


2. Naive awareness. A person who is naive has incomplete understanding. Persons at the naive stage of awareness no longer passively accept the hardships of being “on the bottom.” Rather, they try to adapt so as to make the best of the situation in which they find themselves. However, they continue to accept the values, rules, and social order defined by those on top (authorities, big landholders, etc.). In fact, they try to imitate those on top as much as possible. For example, they may adopt the clothing, hair styles, and language of outsiders, or choose to bottle feed rather than breastfeed their babies. At the same time, they tend to reject or look down upon their own people’s customs and beliefs. Like those on top, they blame the hardships of the poor on their ignorance and “lack of ambition.” They make no attempt to critically examine or change the social order.



3. Critical awareness. As persons begin to develop critical awareness, they look more carefully at the causes of poverty and other human problems. They try to explain things more through observation and reason than through myth or magic. They start to question the values, rules, and expectations passed down by those in control. They discover that not individuals, but the social system itself, is responsible for inequality, injustice, and suffering. They find that it is set up to favor the few at the expense of the many, yet they see that those in power are in some ways also weak, and are also “dehumanized” by the system. Critically aware persons come to realize that only by changing the norms and procedures of organized society can the most serious ills of both the rich and the poor be corrected.

As their awareness deepens, these persons also begin to feel better about themselves. They take new pride in their origins and traditions. Yet they are self-critical and flexible. They do not reject either the old or the new, but try to preserve from each what is of value. As their self-confidence grows, they begin to work with others to change what is unhealthy in the social system. Their observations and critical reasoning lead them to positive action.



In addition to the 3 levels or stages just discussed, Freire describes another level, which he calls “fanatic awareness.” This is a step beyond naive awareness, but off the main track of development toward critical awareness.

4. Fanatic awareness. **Fanatic** means extreme beyond reason. A fanatically aware person (or group of persons) rejects completely those in power and everything they represent, without trying to separate the good from the bad. At the same time, he often returns to the traditional customs, dress, and beliefs, but in an exaggerated form. Whereas the outlook of persons with critical awareness is mostly positive, that of fanatics is often destructive. Their opinions tend to be rigid, not flexible. Their actions seem to result more from hatred than from understanding. Rather than learning and communicating with others as equals, they tend to repeat the standard radical doctrines of their popular, yet powerful, leaders.

Persons at a fanatic level of awareness are not self-critical, independent thinkers as are those with critical awareness. They are captive to the ideas of their power-hungry leaders. In some ways, they are still servants and products of the social system against which they rebel. If and when they succeed in overthrowing the social order, the new system they set up may in some ways be as rigid and unjust as the old system it replaces. For all this, the fanatic is closer to critical awareness than someone in the naive stage and, if given the right short cut, may reach it sooner.

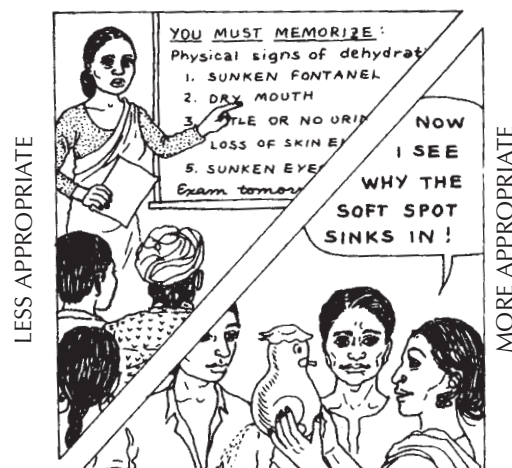
In truth, of course, no one is wholly at one stage of awareness or another. Many of us are fatalistic about some things, naive about others, critically aware about others—and at times a bit fanatic. Still, to reflect on these stages can be useful.

HELPING PEOPLE DEVELOP CRITICAL AWARENESS

Many leaders for social change feel that critical awareness is not only necessary for community development, but that it should be the primary goal of development. Only when people understand the human causes of their misfortunes and recognize their own capacity for positive action, will important changes take place.

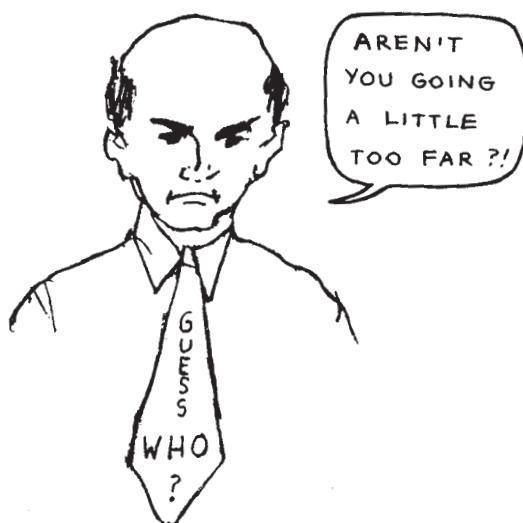
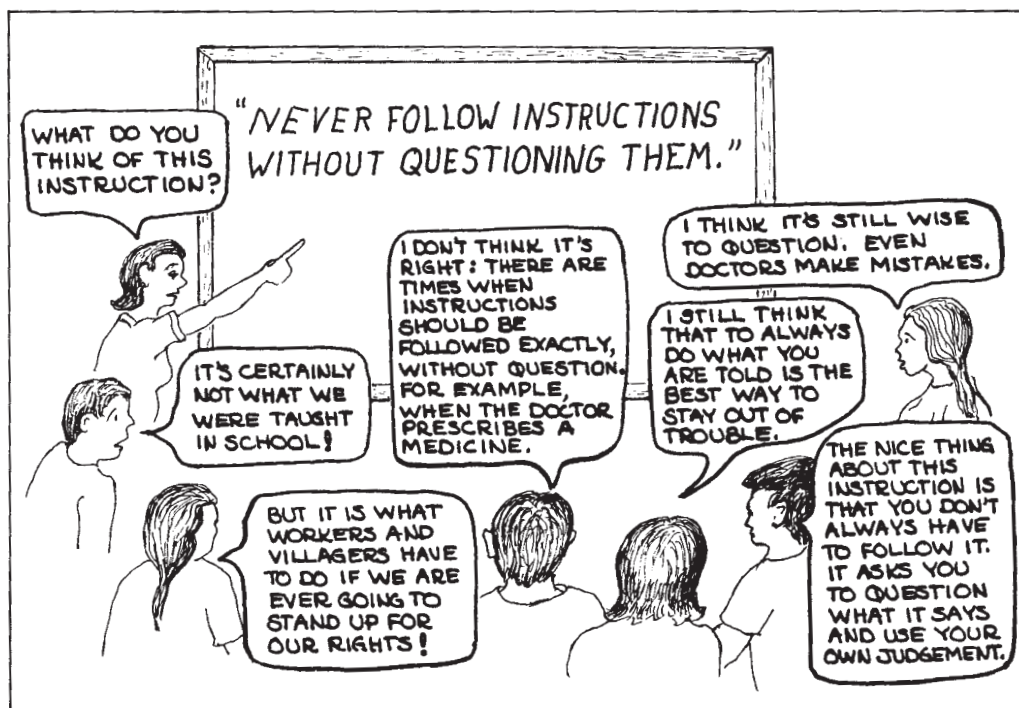
There are various ways to help people become aware of their own ability to understand and change the situation in which they live. These include using teaching methods and aids that help persons learn through exploration, discovery, and practice in solving real-life problems. (Most of the methods and ideas in this book are aimed at helping develop critical awareness.)

But the most important thing is for instructors or group leaders to treat people as equals, respect their ideas, and encourage them to question and criticize openly.



Teaching methods either block or help build a person's ability to observe and find answers for herself.

To have critical awareness means to question—to doubt things that are often simply accepted. Development of such awareness in yourself and others is an important step in working toward a healthier situation for the poor.



Whether the above instruction is acceptable or not will depend on your point of view.

What do you think?

What do your students think?

PAULO FREIRE'S METHOD OF CONSCIENTIZATION

Awareness raising—or *conscientization*, as Freire calls the development of critical awareness—is an open-ended learning process carried out through group dialogue. A group of persons comes together to discuss and try to solve problems they have in common.

This is different from most educational situations, because the questions that are raised during the group dialogues have **no predetermined answers**. There is **no “expert”** who has the answers and whose job it is to pass his knowledge on to others. Instead, the persons in the group search for better understanding of the problems they face together. **Each person’s experiences and views have equal value**. Everyone takes part in looking at the problems and searching for solutions.

The person who acts as group leader or *facilitator* (whether an instructor of health workers, or a health worker leading a group in her community) needs to keep in mind that her role is not to lecture. In fact, the leader tries to avoid giving her own opinions. Otherwise, persons may simply say “yes” to whatever the leader says.

At the start of a discussion, the role of the group leader is to . . .

- encourage all persons to take an active part,
- assure them that they are among friends and are free to speak their own thoughts,
- advise them to listen carefully and avoid interrupting each other, and
- warn them not to simply accept what another person says, but to think about it carefully, or *analyze* it.

It is essential that the group leader genuinely feel that all persons in the group have their own knowledge and valid points of view. That way, everyone can learn from each other. The line between “teacher” and “student” is broken. The leader becomes a “teacher/learner.” Each participant becomes a “learner/teacher.”

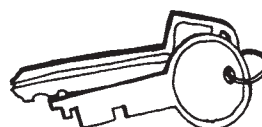
The leader’s role is mainly one of asking questions. These should be questions that help the group see the world around them as a situation that challenges them to change it— not as something unchangeable and beyond their control.

Helping people to realize that they have within themselves the capacity to understand and change their situation is not easy. This is especially true with persons who have learned to silently endure their misfortune and who accept society’s view of themselves as powerless, ignorant, and hopeless (see “Magic awareness,” p. 26-12). But these are the persons for whom a more critical understanding of their situation can be the ladder toward a healthier life.



The group discussion has 3 objectives, each opening the way to the next:

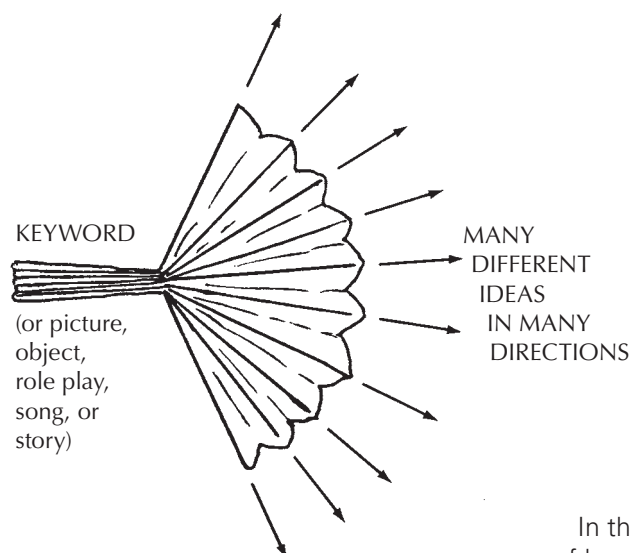
1. To help awaken people to their **personal worth** and potential **group strength**; to help them gain confidence in themselves as thinking, active, capable human beings.
2. To help people **examine, analyze,** and **take action** to change their situation.
3. To help them obtain the tools and skills they need in order to take charge of their health and lives.



The use of key words and pictures

In order to help persons look more closely at themselves and their world, Freire found it useful to **start each discussion by having everyone look carefully at a specific word, thing, or situation.** Careful study needs to be done in advance to choose words, pictures, objects, or stories that have key significance to the particular group.

The key word or picture is used to “spark” the members of the group to discuss themselves, their situation, their abilities, and their problems. Often a single word or picture will touch off a 1- or 2-hour discussion.



The key word or picture is like a fan, because it opens the way to discussion in many new directions.

It produces many new words, new pictures, and new observations in people's minds.

The group leader does not know ahead of time where the discussion will lead.

In this chapter we often speak of key words, objects, or stories as **discussion starters.**

Awareness-raising discussions sparked by key words, pictures, or stories can be used when teaching almost any basic skill: literacy, health, nutrition, agriculture, etc. The number of key words or pictures used and the number of times the group meets will depend in part on what skill is being learned.

Linking awareness development to the learning of practical skills

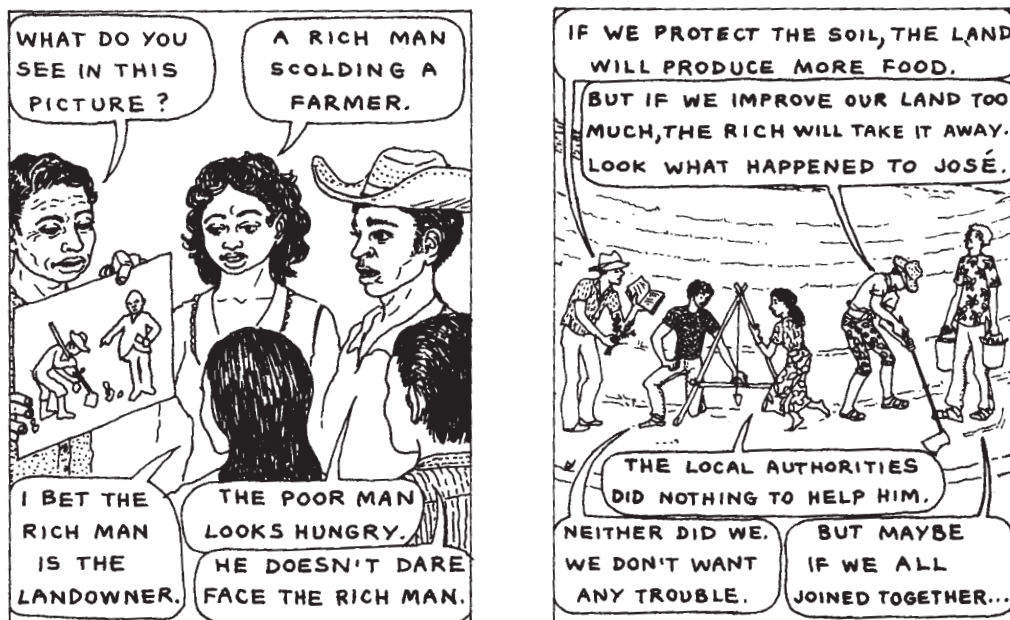
Paulo Freire first developed his methods of “conscientization” as part of an effort to help Brazilian farm people learn how to read and write. Thus, education for the development of critical awareness was linked from the first with the learning of skills that made the poor more equal to the rich.

This linkage may be a key to success in the use of Freire’s methods. In fact, many people who have tried to separate consciousness raising from the learning of practical skills have had serious difficulties. Freire himself, when he began to work in Chile after his exile from Brazil, found that people quickly grew impatient with the consciousness-raising dialogues unless they were combined, from the first, with literacy training. People had not come to “raise their consciousness,” but to learn how to read and write!

To be most effective, educational methods that increase self-confidence and social awareness should be built into all aspects of training programs and community activities.

Unfortunately, some training programs separate the development of awareness from the learning of practical skills. Instructors may hold special “consciousness-raising” sessions based on group dialogue, but use conventional lectures for teaching about health. This is a big mistake. It would be more effective to forget the special sessions but to use awareness-building methods throughout all aspects of training.

This does not mean that “consciousness raising” should be continually talked about. In some places, it may be wise not to talk about it at all. Rather it means that we should **look for ways to combine awareness-raising discussions with other study and activity.** This we have tried to do throughout this book.



Development of critical awareness is more “down to earth” when combined with learning practical skills, or working.

FREIRE'S METHOD IN LITERACY PROGRAMS

In the 1960s, Paulo Freire's program in Brazil became famous because of its quick results: people were learning to read and write in just 6 weeks! Freire's main contribution to literacy training is not speed, however. People learned quickly to read and write, but more important, they discovered their own ability to change the conditions that keep them poor.

We have warned against separating "consciousness raising" from skills training, but the reverse is also true. Some programs have attempted to use Freire's literacy technique without discussing poverty or injustice. But in such programs, the students do not learn to read and write nearly as well. Freire was aware that the difficult task for his students was not learning the alphabet or recognizing words, but **overcoming the feeling that they were too ignorant to learn**. For these poor farmers, written words were part of the rich man's world, something beyond their reach.

This is Freire's starting point: getting people to take possession of words. Before the first class meeting, the instructors visit the village, getting to know the people and their way of life. Then, together with a small group of local people who will be in the class, they choose a short list of words that are central to the lives of the villagers. Words like *hunger*, *school*, *landlord*, and *vote* may be chosen for their ability to spark discussions in many directions (see the fan on page 26-17). The words are also chosen so that every letter in the alphabet is included.

Usually a drawing or a photograph representing a word is shown before people see the word itself. The group discusses each word for a long time before they ever see how it is written. The drawings and photos are carefully chosen to represent a setting similar to, but not exactly the same as, the learners' village. That way, the people can safely discuss the problems of this "nearby village" without feeling too threatened by criticism of their own lives. Later, when the consciousness of the group is greater, they will feel more secure about discussing their own problems, because they will know that they can change much of what they do not like.

When the learners finally see a word in print, it is not frightening, because **it has become their word**. In this way, the words on a page do not dominate the reader. Readers take control and put words in the order they choose. The action of writing sentences of their own creation is an important part of the conscientization process.

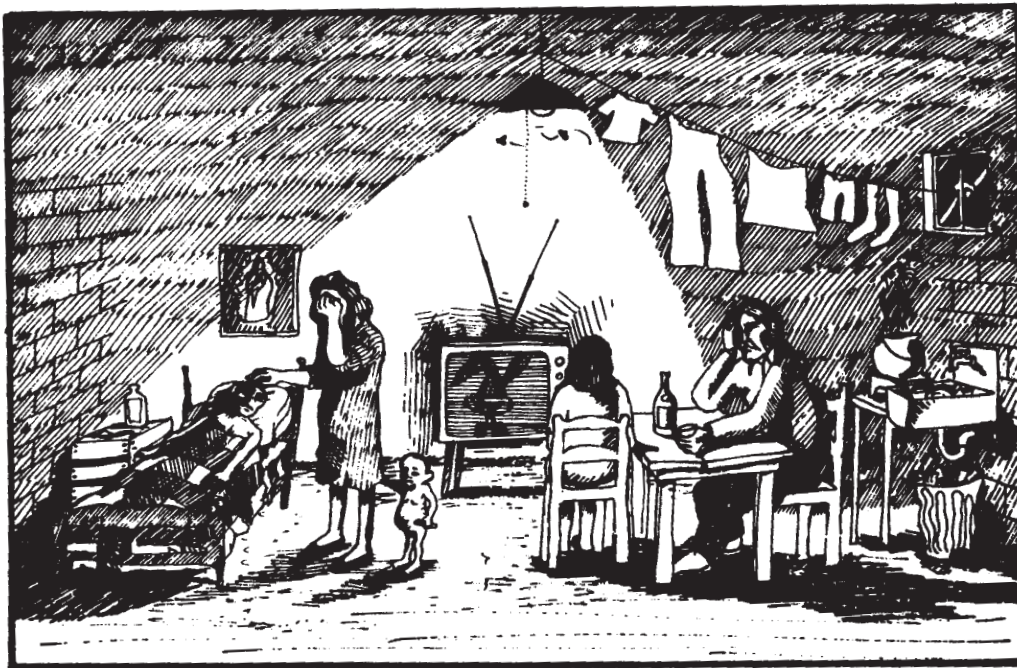
In conscientization, people do not simply discuss their lives. They think and then act to make changes where they are needed. Thus, **reading and writing become tools they can use, instead of weapons to be used against them**.

One literacy program using Freire's methods is based in Netzahualcoyotl, a huge slum near Mexico City. Twenty key words, and pictures representing each word, are used as discussion starters. On the next pages are 2 examples.

WHAT DO YOU SEE HERE?



TELE (local slang for television)



The group leader guides the discussion through 4 main areas of questions:

1. Naming the problem

What do you see in the picture? How does this family live? What do they have in their house? How does the television compare with the other objects in the house? What are the people doing? What problems do they have? What sort of things do they see on television?

2. Effects on the discussion group

Does your family have a television? How many families in the neighborhood have one? How much time do they spend watching it? Which programs do they prefer? Who watches most, young people or adults? In a half-hour program, how many minutes are spent on advertising?

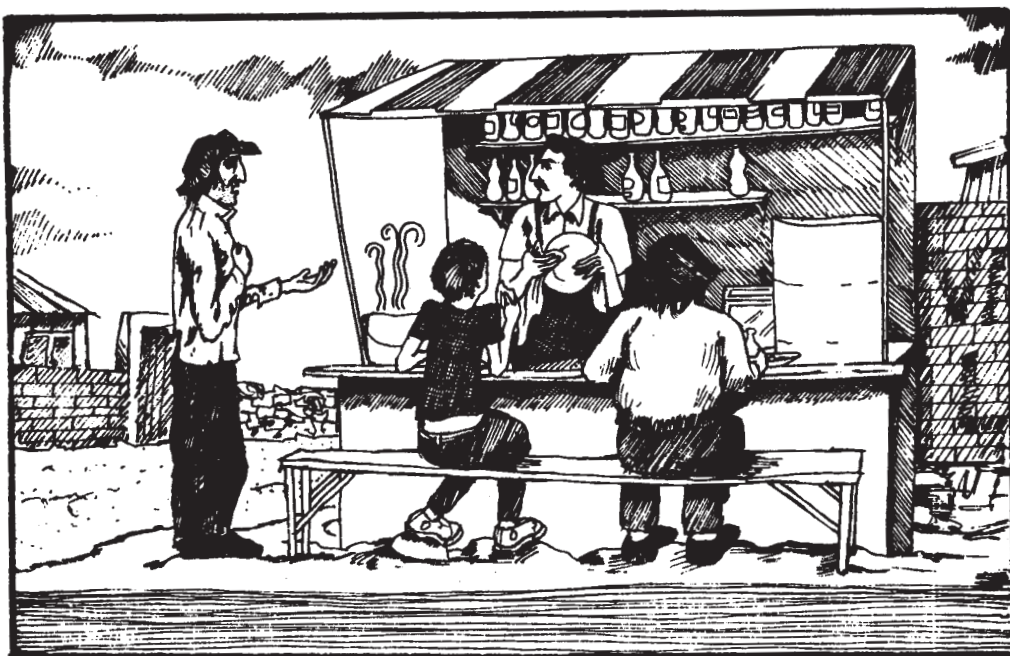
3. Causes of the problem

What do people learn from television? How does it affect children who watch it a lot? Who pays for the programs? Who benefits from television? Does it help people solve their problems? Does it provide an escape from problems? In what way? What larger problems relate to what we see in this picture?

4. Possible solutions

Would it be possible for television to serve the people better? How? Is this likely to happen? Would it be possible to live without television? Would this be better? What might this family do? What might we all do?

HUNGER



The group leader asks similar questions about this picture and the word HUNGER. The discussion eventually leads to questions like, *Why is there hunger?* and *Can we do something at the family level to improve nutrition? What? What can we do at the community level?*

Each of the key words, along with its picture, serves as the starting point for a 2-hour session. The first hour is spent discussing what the word means to the members of the group, as we have described. The second hour is spent learning how to write the word, sound out the letters, and use those same letters to form other sounds and words. Because the group explores the meaning of each word before learning how to write it and use the letters it contains, becoming literate takes on immediate personal and social importance.

The first 4 weeks of this literacy program in Netzahualcoyotl are spent analyzing the key words and the pictures that go with them. During the 5th and 6th weeks, the students practice reading and writing. For this, simple illustrated stories are used that help the group analyze problems that are important in their lives. Since some words and phrases in the stories are left blank, the readers fill them in according to their own experience. So **students actually participate in writing their own stories.**

By the end of 6 weeks, the students not only have learned to read newspapers and announcements, but have gained confidence in their own ability to master new skills and to begin to change their situation.

ADAPTATION OF FREIRE'S METHOD BY HEALTH PROGRAMS IN GUATEMALA

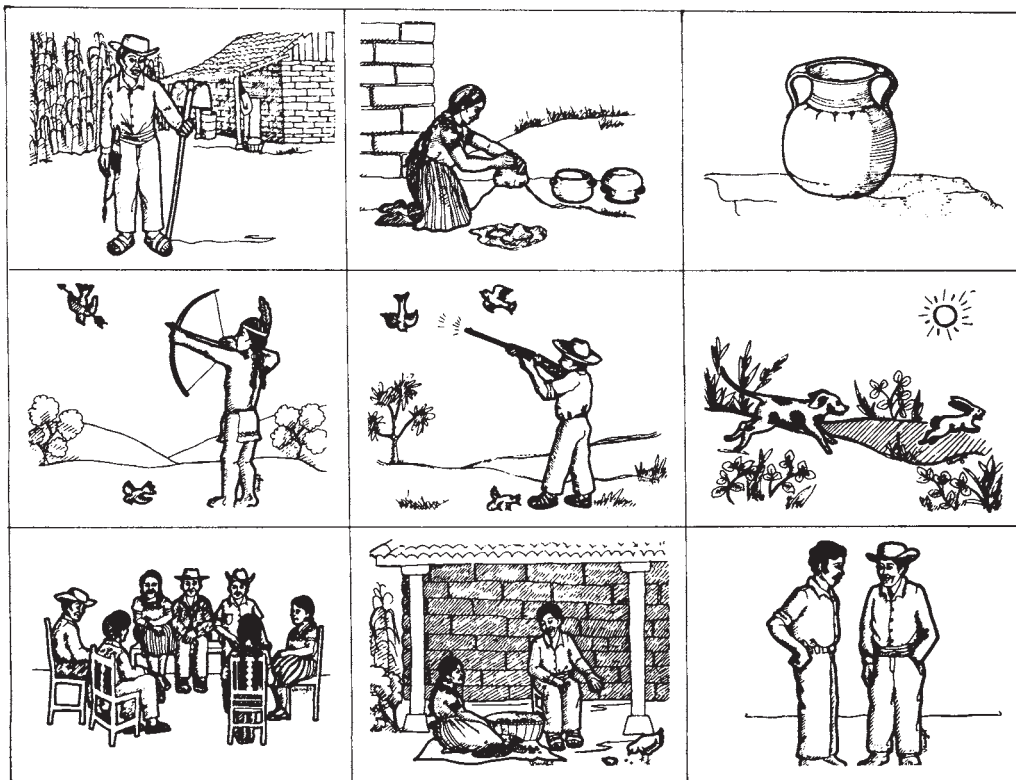
Paulo Freire's methods of education through conscientization have been used by many health and nutrition programs, especially in Latin America.

In Guatemala, a health network coordinator, Maria Hamlin de Zuñiga, has organized awareness-raising workshops for groups of village health workers. Health workers who receive special training as discussion leaders then conduct similar workshops with groups of villagers.

The workshops use Freire's methods to explore questions related to health. Each workshop is centered around 10 drawings of people and situations typical of the area where the workshops are held.

At first, large, poster-sized drawings were used, so that everyone in the discussion group could see at once. But workshop leaders have found that **people become more involved when each person has their own copies of the drawings.** This also permits everyone to take the drawings home and discuss them with their families and friends.

Here are 9 of the 10 basic drawings (the other one is shown on p. 26-26).



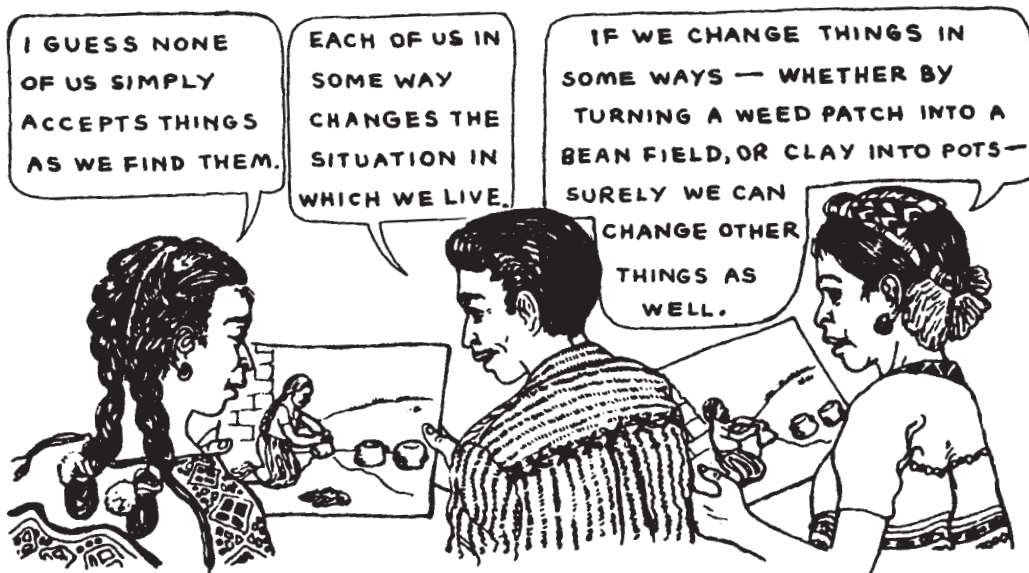
Care has been taken to make sure that these drawings look familiar to the people and are typical of their area. In fact, for several of the drawings, there are alternative versions that can be matched with the particular dress and customs of the village where the workshop is held.

For example, here are 3 alternatives for the man in the first drawing.



The first few drawings in the series are intended to help members of the group realize how **they change their surroundings through their daily activities**. They recognize how the farmer in the picture is able to change a brush patch or strip of forest into a maize or bean field. By cultivating it, he changes or transforms a part of the "world of nature" into the "world of culture." In a similar way, the woman in the second picture transforms "nature" into "culture" by shaping clay into a pot.

By asking questions that bring ideas like these out of the members of the group, the leader helps them realize that...



These pictures also help people recognize the **value and extent of their own knowledge**. Because they have had little or no schooling, village people often consider themselves ignorant. But after discussing all the things that the person in the picture knows how to do, they realize that they have a special culture of their own. To help the group reflect on how much they already know and can do, the leader can ask other questions that help them find even wider meanings in the pictures. For example:

“Does the school teacher here in our village know how to find and prepare the clay to make pots or roof tiles?”

“Does the agricultural extension worker know how to make a wooden plow? Does he know what kind of local wood will make an axe handle that will not break, or fence posts that will not be eaten by termites?”

“When the nurse from the city runs out of medicines, does she know which wild plants to use to get rid of intestinal worms or to control bleeding?”

“If a doctor or lawyer moved onto this land with no more money or tools than the people in this picture have, could he farm the land as well? Would the people here help him or give him advice? How much would (or should) they charge him for their advice?”

“Who grows the food that doctors, lawyers, and businessmen eat? Which is more important to health—food or medicine? Which is worth more, the knowledge of the doctor or the knowledge of the farm people? Why? Why do doctors, lawyers, and businessmen earn so much more for their work than the people who grow the food? How does this affect people’s health? Can people do anything to become less dependent on doctors, lawyers, and businessmen? What? How?”

By considering questions like these, people gain new respect for their own abilities and knowledge. They awaken to the possibilities for change and for making things better. They feel more equal to others, more self-confident, more fully human!

That, at least, is the theory. Whether or not the discussions actually produce this sort of “awakening” will depend on the skill, attitude, and understanding of the discussion leader, as well as on the characteristics of the particular group.

Maria Hamlin de Zuniga points out some of the difficulties that may arise:

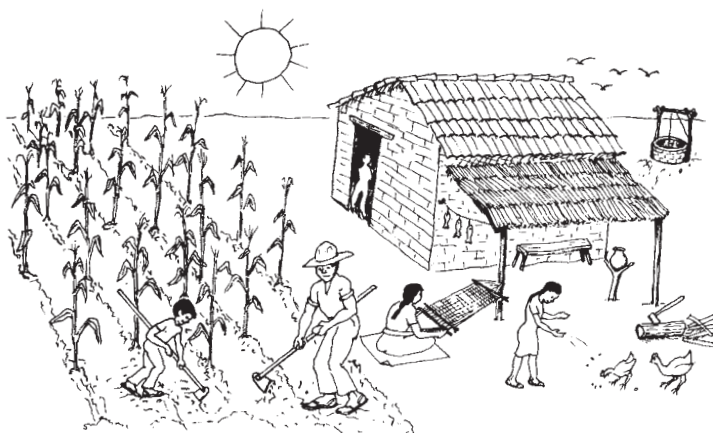
“At the start, particularly in the first session, some groups will react somewhat negatively, due to the fact that they are not used to this type of participation, but rather to simply listening to speeches or “health talks.” Some persons may ask the leader to “just tell us” how things are, insisting that they themselves “know nothing.” Others will see it as a waste of time. Some may become bored or annoyed, and possibly walk out. Others may try to turn things into a joke. In any case, one has to sort his way through these situations, little by little helping the group to adopt the method and participate. If this happens, halfway through the series of pictures people will grow enthusiastic.

“Some groups will not begin to take part as quickly as others, some will become involved slowly, others rapidly. The leader will need to guide the discussion to match the rhythm and speed of the group, in order that they fully grasp the points that come out.

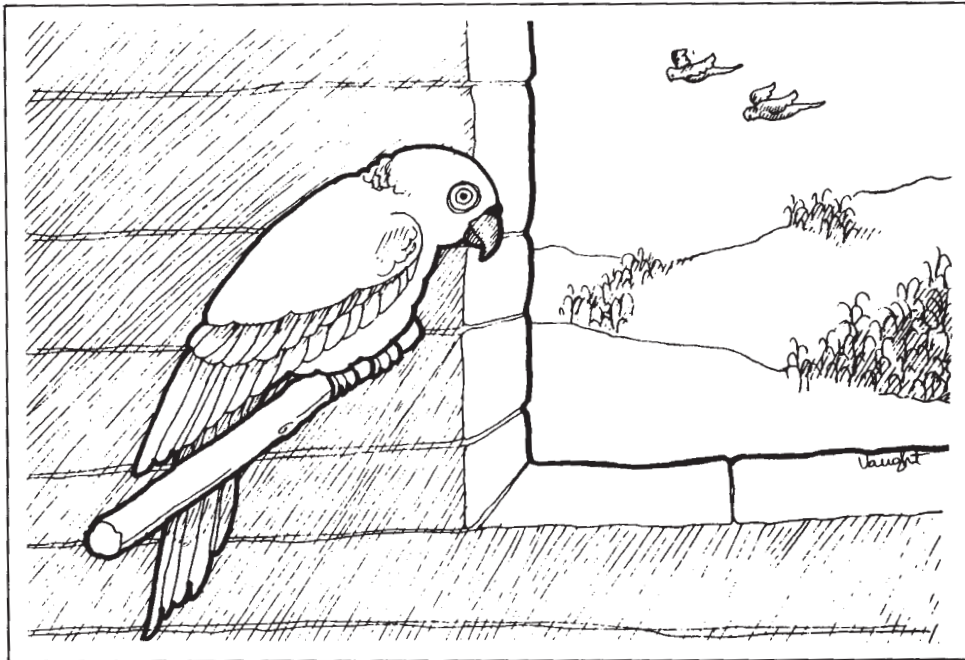
“Do not expect, during the discussion period, to touch upon all the themes that could relate to the picture, for this is impossible. In any case, a sign of success is to see that members of the group continue discussing on their own, in small groups, once the session is over.

“Finally, remember that people only fully grasp new ideas when they act on them—when dialogue leads them to act, observe, reflect, and once again act.”

How many ways do you see that these people have changed things around them to better meet their needs?



Group discussions with pictures and questions like this help build people's confidence in themselves and their ability to change things for the better. (From *Where There Is No Doctor*, p. w26.)



This is the seventh in the series of pictures used in the Guatemalan workshops. (It is the one we left out of the series on p. 26-22.)

At first glance, the picture does not seem very interesting—hardly a discussion starter for helping develop greater critical awareness. But we have seen this picture used with several groups of villagers, health workers, and instructors, and have been amazed by the amount and depth of discussion it can spark. Perhaps because the group looks first at birds and not at people, they find it easier to talk openly in a way that leads to soul-searching personal discussion.

The discussion leader begins by asking the simplest of questions:

***What do we see in this picture?
What are these birds doing?
Where are they?***

Before reading further, take a moment to look at the picture and think about these questions yourself.

People usually begin by commenting on the fact that one of the birds is a captive, or pet, while the others are free. They feel that the captive bird looks sad. But why doesn't he fly out to join the others? He is not tied; his wings are not clipped. What is it, then, that holds him back? Who takes care of the birds that fly? Do they have to work hard to find food? Who takes care of the bird in the window? Whose life is more secure? Why does the bird in the window look so sad?

From the discussion about the birds, the members of the group begin to reflect on their own lives and experiences. They ask themselves: ***In what ways are we people in our village free? In what ways are we captive? Is a person who is hungry free? Are all people equally free to provide for their families with their own hard work? Why or why not? Who has to think and work more—those who are free or those who are captive? How could we become more free, or live more according to our human nature? What stops us? Why are the free birds flying together?***

ALTERNATIVES TO PICTURES AS DISCUSSION STARTERS:

Usually key words, together with drawings or photographs, are used to spark discussions. But songs, role plays, or objects can also be used. Make sure that what you use is something familiar that can lead to eye-opening discussions in many directions.



We have seen a group leader start a lively discussion by passing around a bottle of *Coca-Cola* and asking, "What does this mean to you?" The people's first reaction is to quote advertisements they have heard:

"THINGS GO
BETTER WITH...
COKE"

BUT DO THEY
REALLY?



"The drink that refreshes!"

"The real thing!"

"Things go better with *Coke*!"

"But do they really go better?" asks the group leader.

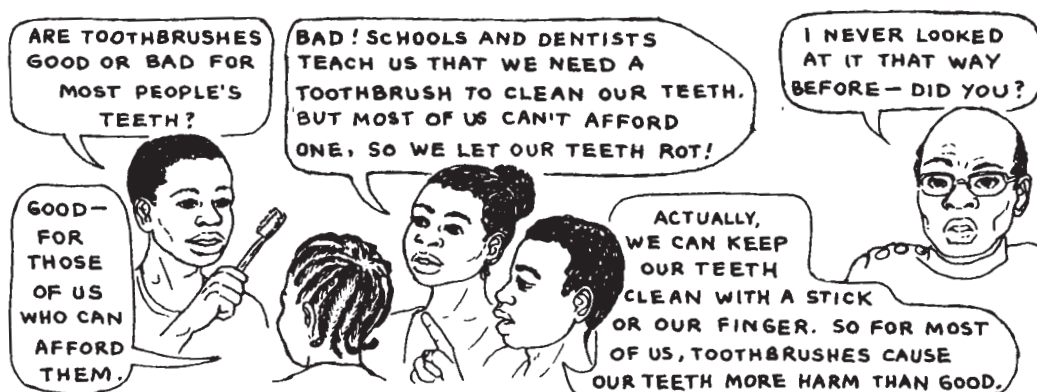
And so the discussion begins. It may range from looking at "junk foods" as a cause of malnutrition, tooth decay, stomach ulcers, and heart disease, to exploring how advertising influences people's thinking and idealizes foreign values. Depending on the sophistication of the group, they may also discuss the role of huge international corporations in the national and world-wide power structures.

In the Central American country where the discussion about "Coke" was held, some persons were aware that several union organizers had been shot to death in a *Coca-Cola* bottling plant. They had been trying to get fairer working conditions.

The group concluded that *things might go better without Coke*.



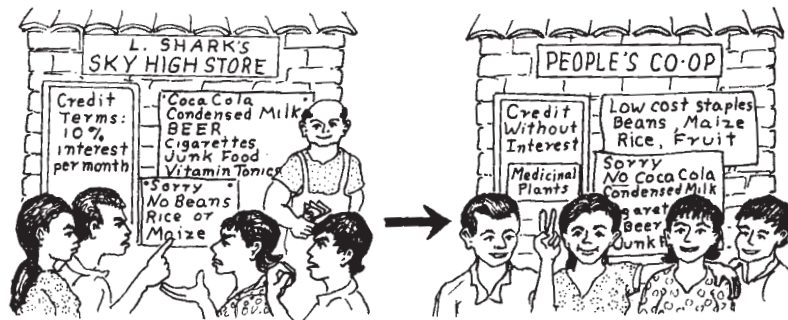
Even a toothbrush can serve as a discussion starter to help people look at things in new ways:



Similar consciousness-raising dialogues can be sparked by such things as baby bottles, cans of infant formula, plastic-wrapped "junk food," or packages of refined sugar or flour.

FROM AWARENESS TO ACTION

The purpose of helping people become more aware of their situation is not to breed anger or discontent. Rather it is to enable people to take positive action.



“Consciousness raising” that begins only with talk and is not linked to practical skills or activities often ends as it began—in just talk. But **when the development of critical awareness is linked to meeting specific local needs, it can help people find the spirit, energy, and sense of direction required for effective action.**

Consider the following example from Honduras:*

In Olancho, Honduras, rural health workers had been active for years, giving standard health talks and telling women how they should “change their behavior for better health.” But almost no one paid any attention. Being talked at and told what to do did not convince anyone to change much of anything.

But when a new, community-based approach to meeting health needs was begun, things began to change. Women *promotoras* were trained with a strong emphasis on self-care and critical awareness of social conditions. Women were chosen rather than men because women were “viewed as the most stable and potentially most powerful element in the society—as well as the most oppressed.”

The *promotora*’s role as a health worker, although important, was seen as secondary to her function as an organizer and consciousness raiser in her village. It was, therefore, considered essential that she recognize her own role and the place of health in relation to the overall social structure in Honduras:

“In the training program, before any health content was taught, the promotoras discussed issues such as the nature of man, the reality of Honduras, the role of the Honduran woman, and the role of grass-roots organizations in the change process. They discussed nutrition . . . focusing on the politics of food distribution, the relationship between malnutrition and oppression in Honduras and all the Third World . . . and the politics of health care. The women also learned how to lead group discussions—that is, what kind of questions to ask and how to lead the dialogue in such a way that their comrades would begin to critically analyze their reality, looking at root causes and consequences of problems, and searching for solutions that would bring about radical change rather than mere reform.”

*This report, with language slightly simplified, is taken from *Creating Critical Consciousness in Health: Applications of Freire’s Philosophy and Methods to the Health Care Setting*, 1980. The authors also visited and worked with *promotoras* from this program in Olancho, Honduras.

The results of The *promotoras*' work over the past few years have been impressive. The first big change occurred in the *promotoras* themselves. Early discussions of the role of Honduran women had shown a very low self-image among the *promotoras*, who spoke of themselves as "breeders," not much different from their farm animals in terms of function and role.

But in the process of group dialogue, the *promotoras* began to question their inferior position in relation to men, and their role as little more than "breeders." Their self-confidence also grew as they experienced success in their work.

With few exceptions, the women saw their role as one of service to their fellow women, and of helping to bring about a more just social order. Their training through group dialogue had helped them to see themselves as "teacher/learners" and to relate to other women as friends and equals, rather than bossing them about as had many of the health workers before them. As a result, a spirit of cooperation and concern developed among the women they worked with.

Some of the accomplishments of the *promotoras* have been outstanding. It is reported that in every village where there is a *promotora*, members of the *Club de Amas de Casa* (housewives' club) now boil drinking water as a preventive health measure.* This is particularly impressive when it is considered that health workers before them had been trying for 25 years to get the women to boil their water, without success.

The *promotoras* also have been successful in organizing the women in activities beyond the area of health. When the men in one village failed to finish building a school, the women abandoned their typical gender role, walked down the mountain, and returned carrying lumber on their backs. They completed the school themselves.



The *promotoras* have become active in land reform as well, helping to organize the people and make them aware of their legal rights. In Honduras, large parcels of land are held by persons who started out with smaller plots, but little by little moved their fences to include more and more land. (This has given rise to the popular saying. *The fence posts walk at night.*) The *campesinos* (poor farm people) in Olancho have begun to take back the illegally held land. Although at first some violence resulted, most of the *campesinos* have been able to keep the land they reclaimed.

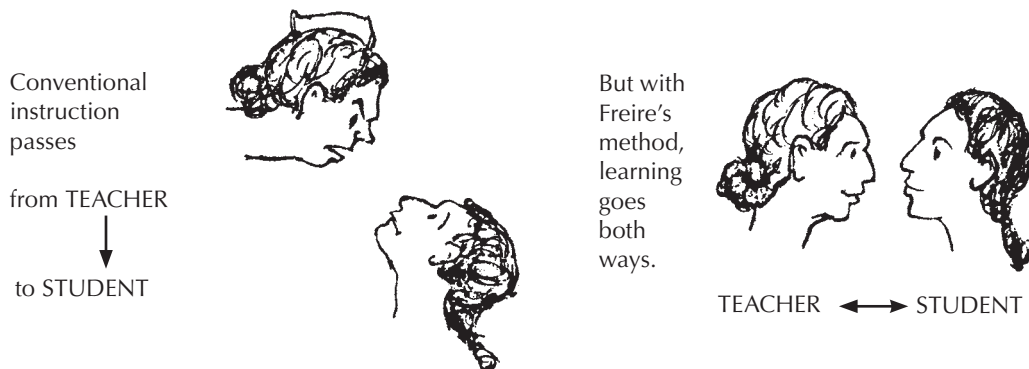
The *promotoras* of Olancho have done far more for the long-term health of their people than have the regional health programs with their large budgets and government support. The *promotoras*' success has resulted from their ability to awaken their fellow women to their own capacity to combat the underlying social causes of their problems.

*See "Drinking water—to boil or not to boil?" p. 15-3

THE DIFFERENCE BETWEEN CONSCIOUSNESS RAISING AND BRAINWASHING

Many “experts” in health and development place great emphasis on **changing the attitudes and behavior of “the people”** (by whom they mean the poor). They appear not to realize that it is just as important to people’s health to **change the attitudes and behavior of the rich**—of those in control (see p. 1-29).

Freire’s approach to critical awareness is refreshing because—in theory, at least—it does not involve imposing the ideas and attitudes of “those who know” upon “those whose behavior needs to be changed.”



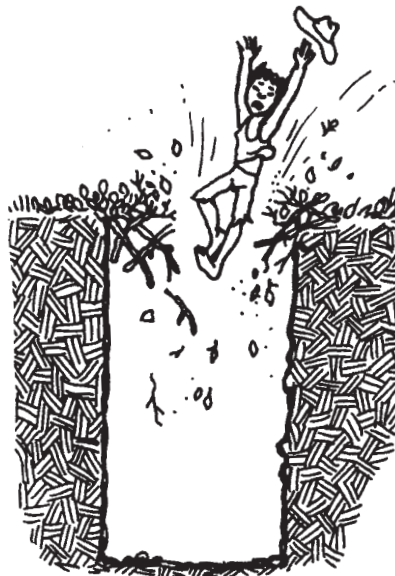
In Freire’s approach, the educational process is open-ended and adventurous. Passing out information is considered less important than putting together the learners’ own observations and experiences. The leader avoids imposing her own views or conclusions on the group. Instead, learning is based on looking for answers together.

To a large extent, *how* learning takes place determines *what* is learned. In other words . . .

THE METHOD IS THE MESSAGE.

Such, at least, is the theory. Unfortunately, in practice, “consciousness raising” is full of contradictions and *pitfalls*.

Freire himself stresses how important it is for the discussion leader to **ask questions that do not already have the answers built in. The leader must be prepared to have the group come up with answers and ideas completely different from what she had expected.** She must be ready to learn from the group, not just about their culture, but about her own culture and herself. She, too, must be prepared to see things in a new way . . . to change.



A *pitfall* is an unexpected difficulty.

But all this is more easily said than done. In spite of our good intentions, those of us who are attracted to Freire's method often have strong ideas of our own. We see the world in a certain way and want others to see it as we do. Frequently, there are deep contradictions within ourselves that we have never resolved. For example, we may believe that each individual needs to find his own truth for himself. Yet we feel the need to impose our own beliefs on others. And so we use—and often misuse—the process of conscientization.

Even in the leadership and writings of the famous teachers of awareness raising, the questions asked often have built-in answers. Look back at some of the questions we have given as examples in this chapter. You will see how the opinions and politics of the askers are often built into their questions. (We, the authors, often fall into the same trap ourselves.)

Pictures, like questions, can also be politically loaded. For example, a literacy worker in Netzahualcoyotl may hold up the two drawings shown below and simply say, "What do you see here?" But the drawings themselves make the leader's own viewpoint obvious.



We are not saying that the events shown in these pictures do not happen. In Netzahualcoyotl they happen only too often. But the drawings make a strong, one-sided political statement. Pictures like these tend to put ideas into people's heads rather than drawing them out. The members of the learning group are *indoctrinated* with the social and political beliefs of the leader. *Indoctrination* is the process of putting ideas into people's heads.

The beliefs may be true ones. But if people are to develop a more critical, independent way of looking at things, we need to let them reach their own conclusions and think their own thoughts—not ours!

The challenge for the group leader is to help persons make their own observations and arrive at their own answers.

As we have pointed out, when leading discussions it is very easy to impose our own ideas on other people—in spite of our sincere desires not to. An example of this is a well-known attempt to adapt Freire’s methods to nutrition education in northeast Brazil. The leader of the project was very familiar with the methods, and gave an excellent summary of Freire’s writings in her project report.* But when she tried to practice the methods in the field, like many of us, she fell into the trap of putting her own ideas, observations, and conclusions into people’s mouths. The following is an excerpt from her tape-recorded dialogues:

Leader: You were . . . listening . . . to the radio program on how to grow community gardens . . . *weren’t you?*

People: *Yes*—that is right.

Leader: In order to make children and adults strong, *right?*

People: *Yes*—that is what they said.

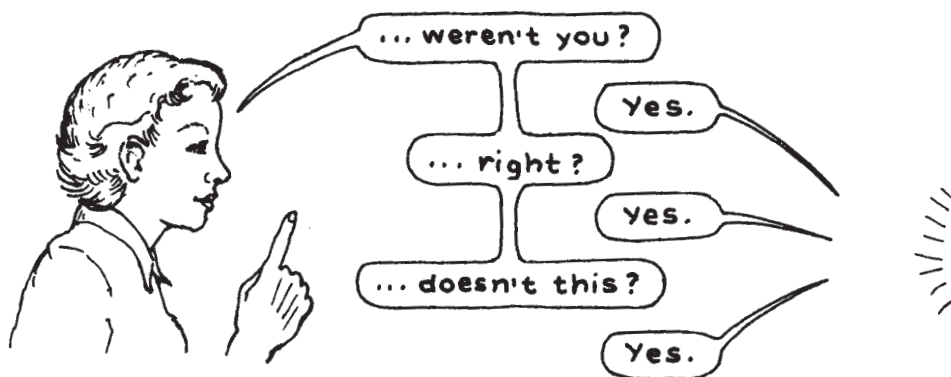
Leader: Have you ever done any planting together as a community?

People: *Yes*, we planted rice together last year.

Leader: When a community does something together, works together to solve a problem, *doesn’t this give support to everyone?*

People: *Yes*, it’s good to work together.. .

Notice that **none of the ideas in this dialogue came from the group**. They volunteered only one piece of information: that they had planted rice together. All the rest of the information and ideas came from the leader. Even though she spoke only in questions, the people were given clues as to how they were expected to answer.



In this way, groups in 3 very different villages were led through a dialogue that was, to a large extent, pre-planned. It is no surprise that all 3 villages came up with almost the same nutrition plan: (1) to examine the children to find out which ones needed special care, and (2) to elect “coordinators of health” for every 10 houses or families.

But whose ideas and plans were they?

**Using the method of Paulo Freire in nutrition education: an experimental plan for community action in northeast Brazil*, 1975

The nutrition plan was clearly the invention of the group leader, not the people. Typical of plans designed by outsiders, it starts by wanting to collect data on things the local people mostly already know. Yet the ideas for the plan were consistently put into the people's mouths. In other words, the group dialogue was used to **manipulate** people into thinking the leader's ideas were their own. Although the leader had the highest regard for Freire's approach, in actual practice **her message overpowered the method.**

In fairness to the leader of this Brazilian project, we should add that much of the dialogue was far more open-ended than the part we quoted here. Some of it resulted in genuine participation, and at times unexpected viewpoints were expressed by the people. For example, in response to the nutrition plan the group leader was trying to promote, a young father burst out in anger:



"You say you'll examine the children and tell us which ones are weak. Do you think we don't know that? ... So you tell us to take them to a doctor. We could walk the day's journey to Alcantara in the burning sun. If the child lives long enough, we may even get to the end of the line at the clinic and see a doctor. So, what does he do? He gives us a piece of paper that says what medicine we should buy. And who gives us the money to buy that medicine? Will **you** buy that medicine?"

This outburst, completely unplanned, unexpected, and perhaps frustrating to the leader, was really the start of a sincere two-way dialogue. Here the people did, in fact, look critically at their social reality, and even found the courage to speak out against an outsider's nutrition plan that they considered inappropriate.

Facing up to the reality that "no one is going to take care of us if we don't do it ourselves" finally brought the people to exploring new possibilities. They began to realize that by working together and learning more about the nutritional needs of their children, they could prevent many from becoming weak and sick. So in the end and in spite of the leader's pre-decided plan, the discussion served an awareness-raising purpose—at least in part.

In short, this community nutrition project in Brazil had both weaknesses and strengths. The group leader herself recognizes many of the problems. She states, "In listening to the tapes afterwards, I noted my mistakes, which often seemed glaring."*

May we all have the same courage to admit and learn from our own mistakes!

*After writing this critique, the authors discussed it with the group leader. She agreed with it and told the authors she was worried that her report was being used by so many programs as a model. Nevertheless, her report is an excellent discussion starter for critically considering the possibilities and pitfalls of the conscientization process.



Manipulation is when someone tries to have a hand in the decisions somebody else is making.



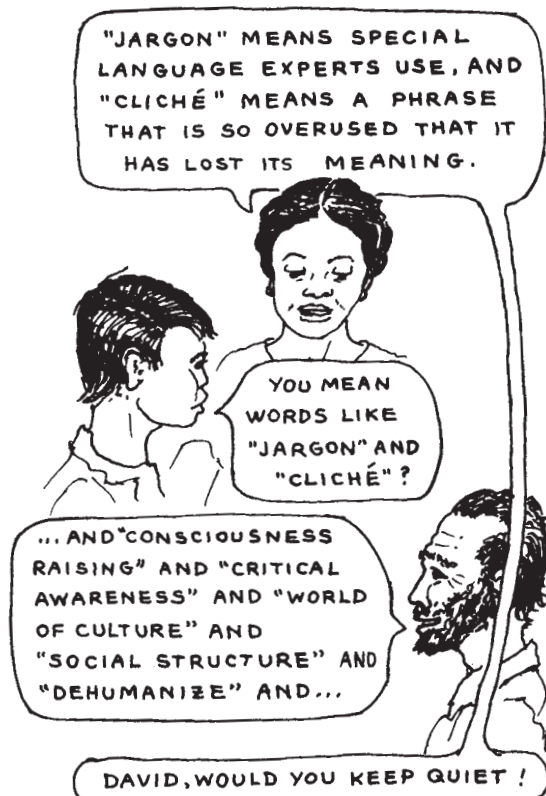
The difference between consciousness raising and brainwashing:

With *consciousness raising*, we encourage other people to look at all sides of a question and draw their own conclusions. With *brainwashing*, we encourage others to look only at our side and to arrive only at conclusions we agree with.

All of us who have been discussion leaders and “consciousness raisers” are guilty, to some degree, of brainwashing. We should admit this and warn our students against accepting anything we say without questioning it.

Suggestions for guarding against brainwashing when leading a group dialogue:

- Try to **ask questions that are truly open ended** and that do not let the group know what reply you prefer or expect.
- For discussion starters, use words, pictures, or objects that are familiar and will spark ideas. But leave the related social and political problems for the group to figure out from their own experiences. Avoid pictures or stories that take sides or spell everything out. (Compare the bird drawing on page 26-26 with the police and law drawings on page 26-31.)
- As much as possible, **try to avoid stating your own opinions and ideas**. But when you do state them, make it clear that they are yours. Do not try to put your thoughts into other people’s mouths.
- Be prepared for the discussion to go in directions you never expected. Be ready to accept the opinions and conclusions of the group—even when you disagree.
- Alert the group to your own tendency to impose your ideas on them. Warn them to doubt and question everything you say.
- **Welcome criticism and disagreement.** Accept a sincere attack on your own ideas as a sign of successful leadership.
- **Keep your language simple.** Use the same words the people use to talk about their own experiences. Avoid like poison the *jargon* and *clichés* of public health, social science, and leftist politics. Also avoid the unusual and confusing language of “consciousness raising” (see the next page). **Never use a word you cannot explain clearly and quickly to the people you are talking with.** Insist that others interrupt you whenever you use a word or expression they do not understand.



THE SPECIAL LANGUAGE OF “CONSCIENTIZATION”— A TOOL OR A TRAP?

Education for critical awareness requires clear communication between persons as equals. Yet it has become one of the fields most muddled by language few people can understand.



This contradiction between method and language goes back to Paulo Freire himself. A frustrated health worker in Africa who had tried to read Freire’s *Pedagogy* of the Oppressed* recently protested, “How can anyone who thinks so clearly write so badly?”

Unfortunately, the language that surrounds Freire’s ideas prevents many community leaders with limited schooling from being able to learn from and use his methods. It also has led to a sort of “cult” in which the use of terms like “dehumanization,” “thematic universe,” “transforming the world,” and even “liberation” actually prevents others from understanding the ideas.

In *Pedagogy of the Oppressed*, Freire states that, “Many participants during these debates affirm happily and self-confidently that they are not being shown anything new, just remembering . . .” He gives this example:



“ ‘I know that I am cultured,’ an elderly peasant said emphatically. And when he was asked how it was that he knew himself to be cultured, he answered with the same emphasis, ‘Because I work, and working, I transform the world.’ ”

Frankly, we would be more convinced that the old peasant was “just remembering” if he had expressed his new feeling of self-worth in his own words and not in Freire’s. After all the purpose of conscientization is not to transform peasants into parrots!

And yet it seems to have turned many highly educated “followers” into parrots as well. We have seen educators who have been completely unable to communicate with groups of villagers. Why? Because they were more concerned with getting across concepts such as “the world of culture” than with helping people explore their own situation in their own words.

For example, one educator carried out a study on the “level of consciousness” of Indigenous people in the highlands of Ecuador. One question he asked them was, “What are the most dehumanizing problems in your life now?” He reported that persons at the “magic” level of consciousness often responded with “problem denial”—meaning they either said nothing or denied that they had any problems. It does not seem to have occurred to the educator that the persons may not have understood the concept of “dehumanization.” Or if they did, they may not have liked having the term applied to themselves. “Problem denial” may, at least in part, be a problem of communication—or, in this case, well-justified distrust.

In any case, the tendency of educators to impose their “mysterious language” on people has further blurred the distinction between consciousness raising and brainwashing. We encourage anyone who uses Freire’s methods to look at them critically. Learn from Freire’s wisdom. But, for everyone’s sake, avoid his language!

**Pedagogy*: educational method

COMBATTING EXPLOITATION AT THE VILLAGE LEVEL

People in a small village or community often find it difficult to work toward social change at the national or international level. Attempts to protest or resist abuses and injustice originating outside the community can be frustrating, and sometimes dangerous. The forces “outside” are so large and difficult to combat that one hardly knows where to begin.



However, within most villages or communities there exist important, sometimes crushing, forms of exploitation and abuse of those who are poorest or weakest. A health worker, health committee, or other local group may be able to help people work together to overcome some of these problems. It often makes sense to **combat injustices in one's own community before taking on the giant problems outside**. First groups of villagers, then groups of villages, can begin to help the poor gain more control over their health and their lives. A process of social *evolution* (gradual change) begins, which may prepare the way for social *revolution* (complete structural change of the whole society).

There are no simple formulas or instructions for overcoming exploitation at the village level. It is never easy, and rarely without some risk. Each local group must work out its own plan of action.

In this book we give many examples of ways in which groups of villagers have joined together to overcome forms of exploitation that have threatened their health and well-being. Sometimes it is a question of the poor coming together, finding strength in their numbers, and demanding their rights. Other times it means helping people gain awareness about the laws of their country. Then they can organize and demand that the laws no longer be broken at the expense of the poor.

AN EXAMPLE FROM INDIA*

“In a cluster of 30 tribal villages, many families had fruit trees mortgaged to money lenders. Years ago, they had taken small loans for purposes of subsistence, or for getting their sons or daughters married. A widow had mortgaged 2 trees for a loan of 20 rupees 12 years ago. Others had lost the right to the fruit of 10 or more trees. Instead of paying interest, these persons had to bring the fruit of their trees to the doorstep of the money lender.

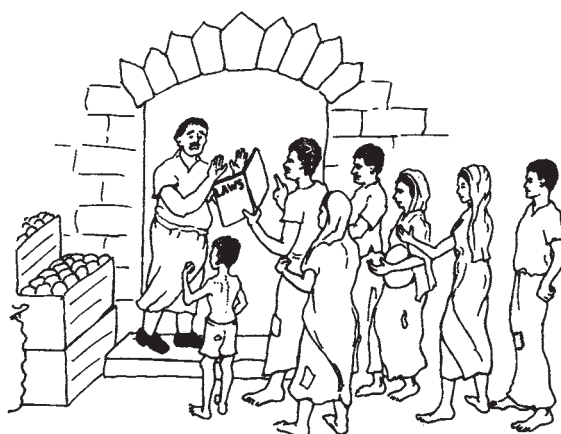


“A group of committed young volunteers had come to stay with these people one year ago. Being very realistic in their approach with people, they were able to assist them through a process of awakening, learning, planning, and acting, which enabled them to free themselves from this cruel bondage. This process of conscientization helped them discover with awe that all these years they had paid interest in kind to the tune of 100% to 300%!

*Taken from *Moving closer to the rural poor: shared experiences of the Mobile Orientation and Training Team*, 1979

"They learned that there are laws that make money lending of this type illegal. With the support of the voluntary team, the people succeeded in getting back their rights to the fruit trees. Through this action, the people brought about a small change in the structure of ownership, of very great significance to them. This action also made a small dent in the local power structure and helped the people realize better the need to build up their organizational strength."

Success stories such as this one from India can be important teaching tools. Health workers can use them to help villagers look at their own situation and find courage to take similar action. A health worker can tell a story to a group in his village, or perhaps a group can present the story to the whole village in the form of a sociodrama or farmworkers' theater.



Pictures like these may add life to the story from India, when it is told or read to a group. Or the pictures can be used after the story is told, to help start a discussion.

SHARING IDEAS AND EXPERIENCES AMONG PROGRAMS

Growing communications between health programs in neighboring and distant locations have led to valuable sharing of ideas and experiences. Here is an example of how a teaching story from this book, shared by the health team in Ajoya, Mexico, helped health workers from another area to solve a community problem:

Health workers from Huachimetas, a lumbering area in Mexico, took part in an educational exchange of training methods in Ajoya. Together with health workers from other countries, they read the STORY OF LUIS and analyzed the chain of causes that led to his death (see p. 26-3 to 26-7).

A few weeks after they returned to Huachimetas, a young, very thin child died of diarrhea. Everyone in the village was concerned because the child had been sick for a long time and no one had been able to help him.

The health workers called a meeting and led the villagers in exploring the chain of causes that had led to the child's death. They asked people to focus on a cause that they themselves could correct. People said that lack of food was a major cause of the child's death. But everyone agreed that a big part of the problem was that men were spending their lumber wages to buy liquor and beer instead of more food for their families.



Villagers from Huachimetas began to visit surrounding communities, talking with people about the problems resulting from drinking. Finally they gathered enough people's backing so that the local farmworkers' council (representatives from the different villages) took action to prevent liquor being trucked into the area. Today, although small quantities of liquor are still quietly brought in, drunkenness does not contribute to malnutrition as much as it did before.

The importance of sharing experiences from one village or community or program to another should not be overlooked. It gives people a fresh view of their own problems and may give them ideas for constructive action. It also helps people realize how similar their own problems are to those of the poor in villages and barrios in many parts of the world. **People gain courage when they learn that others are also struggling to overcome their problems—and sometimes succeeding.**

REQUEST TO THE READER

We hope you will send us your own examples of ways in which villagers and health workers in your area have acted to overcome difficult social problems that have affected people's health. We would like to make a collection of these stories so that everyone can learn and get ideas from the experiences of others.