Pedagogy for Next Generation’s Fulfillment: an Analysis of Mental Health Improvement Curricular Goals

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Abstract

In the new millennium, curricula should take the next generation’s fulfillment and happiness into account. The present study aims at achieving an integrated knowledge to characterize the goals of a mental health improvement-based curriculum, performed in the form of research synthesis analyzing previous investigations in the area. Targeted homogeneous sampling was applied to select 100 papers on the subject of pupils’ mental health authored by Iranian researchers found accredited data bases between 1996 and 2016. Data analysis using open subject coding encompassing three stages, namely open, axial, and selective coding, indicated that in order to improve the pupils’ mental health, a curriculum should embody goals in three areas labeled as knowledge/cognitive, competence/capability, and attitude. Knowledge category would be made up of such objectives as improving mental health literacy, well being knowledge, and mental disorders identification. The competence category, on the other hand, would embrace the following objectives: empathic communication, behavior management, responsibility, tolerance enhancement, self expression competency, enabling adaptation, and finally, decision making and problem solving capabilities. Ultimately, such objectives as value orientation and positive perfectionism, goal orientation, positive self image, and inclination toward positive interaction would make up the attitude-related category.

Keywords: Education/Pedagogy, Curriculum, Goals/Objectives, Mental Health Improvement, Fulfillment
Introduction

Education has been the most important concern of human beings across the history. The mankind’s invaluable heritage is nothing but the accumulated knowledge and experience which all generations have committed themselves to pass to others to come. In the third millennium, education has become the focus of nations’ and states’ attention more than ever, becoming the major mechanism for sustainable and multi-faceted development. Desirable performance of such a role by educational systems only would be achieved through the formulation of appropriate curricula meeting the learners’ needs, on the one hand, and the societal needs on the other.

Curriculum in the new millennium has to address real-world human beings (Ghaderi, 2010). It is essential that curricula prepare the learners for 2016; or for a healthy, vivacious and quality presence in several decades of this millennium. In other words, the challenge of curricula in the information explosion era is to meet the expectations which are no longer satisfied by the traditional role of schools in the passing of knowledge, attitudes, and skills, but also require the treatment of human values and ideals such as justice, altruism, nature safe-guarding, peace, and citizens’ mental health improvement.

Introducing the Problem

School is an environment where children experience competence, failure, success, popularity, isolation, rejection, etc. (Ganji, 2010). In such a setting, children would learn a valuable secret: they would achieve inner peace by acquiring self-confidence and self-fulfillment; or would embrace humility and self-deprecation. That is why the mental health has been declared to be the pass key to a glorious and peaceful passage to the third millennium by WHO(World Health Organization). Its strategic theme for 2001 portrays such an impression: “Mental Health –Stop Exclusion Dare to Care.” A theme which has been repeated on World Health Day 2015 in another form: “Dignity in Mental Health.”

Schools and curricula provide unique opportunities and critical platforms for improving the children’s and adolescents’ life quality and mental health, becoming the principal channel of receiving mental health training and skills (Atkinson & Hornby, 2008).

Mental health has been defined in the Articles of WHO not only as “the lack of illness or disability” but also “the optimal state of physical, mental, and social well-being” (WHO Report 2015). The concept of mental health in the view of this organization also goes beyond the lack of psychological disorders and includes: Mental well-being; perception of self- efficiency, independency and autonomy, adequacy and competency, inter-generational dependency, and self-fulfillment of mental and emotional potentials (WHO, 2015).

Given the importance of pupils’ mental health, some neo-conceptualist experts of curriculum area have criticized the education systems’ lack of attention to this issue. Accounting for schools’ 12 neutralizing effects, Pinar (1975) believes that they “drive the children crazy.” A closer look into Pinar’s 12 items would demonstrate the psychological pathologies which might be threatening the pupils if the mental health is ignored by the school and/or their curricula.

Additionally, introducing a curriculum titled “Currere”, designed to provide an understanding of the pupils’ pedagogical journey, while warning about the traditional ideas on the curricula, or the engineering thereof, the major concerns of which include design, formulation, implementation,
and evaluation, Pinar (1988) has reminded the fact that human beings’ inner voices are not heard at school, poses a very important question regarding the route of pedagogical journey, asking what the role of such a journey could be in the pupils’ mental life.

The movement opposing the psychological pathologies raised by schools and curricular, which have ignored the pupils and their mental health, is also traceable in the curriculum autobiographical literature. Jacques Daigneau (1992) has explicitly complained about the restrictions driving pupils in schools to silence, obedience, and submission; and seeks a way to break that silence, searching for a peaceful whisper which is voiceless and infinite. Hoping that the future century would embrace such an idea, he believes that understanding the curricula as an anti-structuralistic text, would require some kind of self-reshaping or self-reconfiguration (cited from Pinar and McKnight, 1995).

It is a commonly accepted idea in the third millennium that a major goal of education is to raise healthy, useful, and vivacious individuals, which would not be achieved unless through ensuring the pupils’ mental health. If educational settings and curricula are not fit to the pupils’ physical, emotional, psychological, social, and spiritual needs, they would create serious challenges for the society in addition to damaging the mental health of the future makers. No doubt, the curricula could play an invaluable role in improving the pupils’ mental health, especially during the elementary education, which sets the foundations of individuals’ character and excellence.

Exploring the Importance of the Problem

According to the latest forecast of WHO, the load of depression disorder will rise from the fourth to the first position in developed and from the fourth to second position in developing countries immediately after AIDS, between 2002 and 2030 (Andrade et al., 2013). Reliable international research findings demonstrate a reduction in the school children’s mental health levels, and call for a great consideration of education in order to elevate the society’s mental health (Olfson et al., 2014). In Iran, on the other hand, the load of mental illnesses and psycho-behavioral disorders has achieved the second rank in 2003 after intentional and unintentional incidents (Naghavi et al., 2009). Such forecasts and statistics reveal the importance of a global consideration for mental health improvement during the next two decades.

Moreover, the schools and educational settings have been the experts’ focus and the center of the negligence-removal considered by the WHO in terms of mental health due to the attendance of sensitive age groups and the role of childhood and adolescence in the foundation of character and personality. This implies an understanding of the fact that the schools’ health improvement, especially in psychological terms, would be some sort of investment for future generations: on the one hand, mentally sound pupils would be more vivacious and have better achievements, and on the other, they are part of families and could be messengers and ambassadors of mental health at home for their kinship. Also, they would be future mothers and fathers themselves and their mental health and related skills would help the extension of mental health attitudes in the society to the further generations (Motlagh et al., 2011).
In the face of such realities, some experts believe that curricula have become negligent of the pupils’ individual and social lives. Although school is allegedly known as the pupils’ second home, one has to consider why most children do not express favorable feelings toward this “home.” An examination of curricular objectives would reveal that as they mostly rely on adults’ attitudes, they are less consistent with the demands, preferences, desires, and experiences of the pupils, depriving them from their happiness, vivacity, and peace, exposing their mental health to great risk. Some research reports also reveal a reduction of pupils’ satisfaction and a shift from good feeling from 81% in pre-elementary to 32% in the third grade (Bazargan, 1997).

In addition to the studies on formal curriculum, examinations of the positive and negative influences of latent curriculum on the pupils’ mental health also reveal that its invaluable educational potentials have been neglected in Iranian schools. The dominance of negative on positive pedagogical effects in the studied aspects of latent curriculum is an indication of a bitter reality present in Iran’s schools, which could be due to the teachers’ and principals’ unawareness of how to effectively use it or due to its denial and in acceptance by the schools’ pedagogical structure and resistance to changes proportional to an era of information explosion. Now, in the third millennium, one has to lay new foundations by redefining school structures, revising the bureaucracy, regulations, methodologies, and management systems governing the schools, institutionalizing the culture of compassion, establishing desirable social atmosphere appropriate to local culture, establishing constructive and humanistic interactions between teachers and pupils, and paying attention to mental health components, providing for an opportunity so that this curriculum could emerge in order to also achieve the explicit objectives of the national educational system in the light of its positive pedagogical effects (Ebadi, 2013). This would require the fulfillment of the next generation, as well as design of a curriculum based on mental health improvement, the goals of which constitute the main problem treated by the present study.

I have discussed the issue of schools and mental health in positive terms so far. Now it is time to consider it from a privative point of view. Many researchers have tried to introduce various misbehaviors of the pupils indicating the lack or shortage of mental health. Brophy & Mccaslin (1992) indicate 12 misbehaviors of the pupils raised either by unsound schools or inevitably appearing at school, including: pupils with failure syndrome; perfectionist pupils; low-demanding pupils; weak pupils; hostile and aggressive pupils; hostile and passive pupils; provocative pupils; hyperactive pupils; inattentive and distracted pupils; immature pupils; peer-rejected pupils; and, timid or shy pupils. In this view, too, the fulfillment of the next generation may not be expected without increasing the knowledge and skills of pupils with reliance on changes in curricular objectives. In his book, “Flourish: A New Understanding of Happiness and Well-being”, Seligman (2011) has tried to present us with a new understanding of happiness and well-being theory, posing a thought-provoking question on the parents, educators, and those involved in the educational system while emphasizing the fulfillment as the purpose of healthy and positive schools: “Say, in one word or two, what do you want most of all for your children?” He believes that if the respondents were like thousands of parents being surveyed, they would respond: “happiness, self-confidence, contentment, fulfillment, balance, good stuff, kindness, health, love, civility, meaning, …”. It seems that the highest priority is given to mental well-being and health. His second question is like a bitter coffee presenting us with consciousness: “Say, in one word or two, what do the schools teach?” with unsatisfying responses such as
“achievement, thinking skills, success, conformity, literacy, mathematics, work, passing the tests, discipline and order,…” It seems that there is no overlap and commonness between the above two inventories. In his view, time has come for schools to teach both well-being skills providing for and ensuring the children’s mental health and vocational and financial success skills with none being sacrificed to the interest of the other.

The schools’ psychological influence in terms of the pupils’ mental health would be more clear if one achieved an inclusive awareness of psychological challenges and difficulties of the post-technology era such as individual and social concerns; depression; anxiety; stress; violence; suicide; psychopathy; increasing aggressiveness in local, national, and international levels; and, affective, emotional and behavioral challenges. In the post-technology era, schools should find a solution to teach individual skills to overcome the aforesaid challenges. Perhaps one could move toward maintaining, providing for, and improving mental health of the future makers by elevating the levels of their psychological capitals in order to enhance individual capabilities toward giving weight to their psychological resources against their affective, emotional and behavioral problems (Ebrahimi et al., 2014).

Endeavor toward establishing a relation between curricula and mental health is a necessity conceived by many nations. Its importance could be summarized as the following: drawing hr teachers’ attention to the pupils’ mental health improvement; influence of mental health on learning; increasing the knowledge base on the pupils’ mental problems and disorders and preventive strategies; concerns about the increase of mental health threatening statistics including the expulsion of children with unhealthy behaviors; mental disorders among pupil populations; pupils’ suicide and self-injury; unbound increase in substance abuse and depression of adolescent students; the threatening effect of lack of mental health in all aspects of pupils’ lives including emotional, physical and social development, achievement; the emergence of academic failure; undesirable implications of the pupils’ psychological issues on those around them including teachers and other pupils; loss of opportunity; and the effect of adolescents’ mental health issues on other societal components in terms of more expenses on social, educational and judicial services (Atkinson and Hornby, 2008).

Thus, it is necessary that, in the dawn of third millennium, the educational system obtain required awareness in order to understand the psychological needs satisfying which would be a requisite of the learners’ mental health, designing curricula on that basis. Only in this way a curriculum might respond to the needs of growing learners, providing meaning to their growth. This investigation tries to examine the objectives of such a curriculum.

**Methodology**
This study has been performed emphasizing the findings of previous research. Integrative inquiry or research synthesis results in an integrated set of knowledge. In other words, such an investigation provides for a set of knowledge which places together various and disperse findings of different studies, which might be related to specific practical needs, in order to obtain new knowledge helping in the solution of current issue and other ones requiring planning or making practical decisions (Marsh, 1991).
However, it is not possible to provide for a single inventory in terms of research synthesis stages according to the relevant scholars. Hurd (1983), Ward and Reed (1983) and Roberts (1983) have introduced it in seven interactive stages, six major steps, and six stages, respectively. Given the said stages, the present study benefits from a combination of methods presented by Hurd (1983) and Roberts (1983). In other words, the following steps were taken in order by the researcher:

1. Identifying the need or demand (confirming the necessity and importance of research);
2. Identifying first-hand information sources (obtaining 100 Iranian research papers on pupils’ mental health from accredited data bases between 1996 and 2016);
3. Identifying the information or conceptual categories based on the models developed by previous research (identifying and categorizing the information based on predetermined objectives from a mass of collected data);
4. Arranging the data in appropriate groups for intended use (resulting in the extraction of 200 concept codes from previous research);
5. Integrating the data within each engineering category/group (resulting in concepts categorization);
6. Interpreting the integrated data; and finally,
7. Presenting the findings.

**Sampling Procedure**

In order to select Iranian papers on the subject of pupils’/students’ mental health, the goal-oriented homogeneous sampling method was applied.

**Sample Size**

In qualitative research, the sample size is directly related to the researcher’s decision and judgment; and according to Patton, this requires a trade-off between research extension and depth (Gall et al., 2007). Thus, sampling was gradually performed in terms of going through the research papers on the subject of students’ mental health improvement, and continued to the saturation extent.

**Data Analysis Method**

Subject coding method, recognized with three stages, namely, open, axial, and selective coding, was applied in this study for information analysis.

**Findings**

In order to answer the research question regarding the nature of a mental health improvement-based curriculum, the main findings were extracted from 100 research papers on the subject in the form of 200 concept codes and then, were identified using the researcher-made codes of health area. Furthermore, the same concepts were categorized into 15 objectives in three general areas, namely, knowledge, attitude, and capability. The results achieved in relation to a mental
health improvement-based curriculum illustrated three more general categories of knowledge objectives, attitude objectives, and capability objectives. (Fig. 1)

**Knowledge Objectives**

Findings showed that mental health improvement-based curricular objectives in knowledge area would include such items as mental health literacy development, recognition of health-based skills, well-being knowledge, and identifying mental disorders. The mental health literacy development corresponds to understanding the mental health and identifying the psychologically healthy and unhealthy behaviors by the students which should not be neglected by the curriculum. According to the findings in this area, the notions which provide the students with well-being knowledge include the identification of group skills, orientation to social well-being, understanding the emotional well-being, and application of psychological well-being. Identifying the health-based skills, too, as another finding in the cognitive objectives category is rooted in items such as learning life skills, learning friendly behavior, how to cope with mental health, and learning social skills.
Another objective appeared in the cognitive area was the identification of mental disorders, which presents the necessity of the students’ orientation to psychological symptoms, illnesses and failures, stress, hazardous behaviors, anxiety, depression, social malfunction, emotional maladjustment, aggression at school, and substance abuse.

Fig. 1. Mental Health Improvement-Based Curricular Objectives (Based on Research Synthesis)
3.2. Capability/Competency Objectives
This category results from the acquisition of knowledge on the skills required for the provision, retention, and improvement of mental health. Findings have located the competence objectives in categories such as empathic communication, behavior management, responsibility, tolerance enhancement, self-expression skills, empowering/enabling adaptation, and decision making and problem solving capabilities. On the basis of the same findings, the acquisition of communication skills, ability to establish positive relationships, avoiding narcissism in relationships, and emphasizing the empathic aspect of inter-personal relationships, have been located in the center of the empathic relationship category.

The acquisition of behavior management skills is emphasized by self-control, emotions and stress management, hazardous behaviors monitoring, self-discipline, and violence prevention. Empowering the students in playing a role in adaptation and responsibility, either in individual or social level, is presented by such concept codes as social adaptation, improving one’s capacity toward the acquisition of biopsychological balance, developing affective stability and achieving mental peace. Moreover, the necessity of the self-expression skills is shaped by the development of self-expression, balanced affections and feelings, courage-based and sound self-expression behaviors, and the acquisition of assertiveness skills by the students.

The tolerance skill is surrounded by such ideas as improving resistance to stress, conflict, hardships, failures, and unpleasant experiences.

Attitude Objectives
The findings show that a mental health improvement-based curriculum has to direct the students’ attitudes toward value-orientation and positive perfectionism, goal-orientation and spirituality, self-orientation and positive self-image, and positive interaction.

The improved decision making and problem solving capacity embraced such concepts as sound and correct decision making, problem-finding and problem-identification, as well as positive problem solving skills.

The value-orientation and positive perfectionism indicates the necessity of “personal growth”, “values clarification”, “practicing and learning humanitarianism”, “the feeling of accepting and valuing one’s competencies”, and “valuability of human beings endowed with positive personality”, all having ground in the integrated research concept codes.

The category of goal-orientation and spirituality is shaped by such concepts as the sense of goal-orientation in life, tendency toward spirituality and self-contentment from relation to God, all of which possess research-confirmed effects on the mental health improvement.

Positive self-orientation is characterized by concepts as self-acceptance, the sense of effectiveness and control, self-confidence, and the sense of adequacy.

The tendency toward positive interaction is characterized by the improved tendency toward group relationships, trusting the social capital in the form of empathic feelings, capacity-making for peace and tranquility, asking for assistance when needed, cooperation with others, and effort to become popular among peers.

Discussion
This investigation, performed applying the research synthesis method, using 100 research papers from Iranian authors on the subject of grade school pupils’ mental health, began with a principal question: What are the goals of a mental health improvement-based curriculum? Findings
indicated that in order to improve the pupils’ mental health, a curriculum embodying objectives in three categories, namely, knowledge, attitude, and competence, each embracing other sub-categories mentioned above, has to be designed.

Findings indicate that schools in the post-technological era have to address the education of individual skills in order to enable the pupils to overcome psychological challenges. Also they have to expand the psychological capital and improve mental health literacy and capabilities. Thus, such a curriculum has the development of mental health literacy and capabilities in its core. According to Babatiskos (2010), in this process, the empowerment of individuals toward identifying and controlling the components affecting individual and social health, and sound decision making toward the selection of health-based behaviors, as well as a commitment to healthy life style, have to be taken into account.

The findings in sum emphasize the fact that the starting point of all activities in the process of pupils’ mental health improvement is in the provision of an opportunity to develop mental health literacy as well as self-identification either in respect to one’s capabilities or limitations. Without self-awareness, any effort to change the pupils’ mental health behaviors and development of their capabilities would not be reliable and generalizable to their life styles. Thus, the WHO has dedicated a major portion of its life skills program objectives to the identification and understanding of self-efficiency and self-awareness (Rani & Singh, 2015).

No doubt, a curriculum claiming the improvement of mental health cannot neglect the transfer of knowledge and information on mental health, mental illnesses identification, increasing knowledge on adaptation skills, interpersonal communication, peer relationships, how to improve trust and self-esteem, identification of self-fulfillment, information requisite to empowerment, human relationships practical knowledge, awareness of quality life competencies, and concept of emotional intelligence. Those constitute the basis for well-being knowledge and their implementation and practice could be referred to as “health intelligence.”

In this regard, positive psychology emphasizes that schools not only should teach those skills corresponding to vocational and financial success, but also those concerning wellbeing providing for and ensuring the pupils’ mental health, so that none is sacrificed to the interest of the other (Seligman, 2011).

Such findings are consistent with Curtis (2002) who believes that in order to improve the pupils’ health mentally, the knowledge-increase and skill-development in the mental health area have to become the core of pedagogical activities of schools.

The competency-based curricular objectives also correspond to the fact that even though putting step in the third millennium, mankind is still facing annoying challenges such as war, violence, discrimination, terrorism, racism, etc.: phenomena that indicate mankind’s inability to solve its challenges through dialog and humane communications. It could be imagined that pupils possessing better personal, interpersonal, and social communication abilities, would be less affected by psychological issues such as depression, anxiety, fear, violence, aggressiveness, violence, addiction, etc. No doubt, the higher the levels of a nation’s citizens’ psychological
health, the sounder, and more constructive a role shall they play in the areas of social, national, and internal responsibility.

The practice to establish effective communications, as well as creation and retention of interpersonal ones in school, would go beyond the school setting, facilitating the family, group, social, national, and international relationships if provided through a mental health improvement-based curriculum leading to the institutionalization of the said skills. Achieving that goal would become the focus of learning for life (Rani & Singh, 2015), which is the core of presented objectives of a mental health improvement-based curriculum.

Another objective in the category of competency is to achieve the ability of self-expression, a category considered by the WHO (2015) in its life skills training programs. Self-expression, in the form of courageous behavior and responses, and avoidance of aggressive or passive ones, may prevent negative compliance and peer conformity in respect to delinquent and hazardous behaviors such as risky sexual behaviors, alcohol and substance abuse, violence, and joining gangs, etc. The art of saying “no”, or assertiveness, in such cases, is raised by the development of self-expression competencies in a positive and health-based manner.

On the other hand, life is interwoven with problems. A problem refers to a situation or a set of interrelated situations which individuals have to overcome in order to have an effective function within their environment. Obviously, problem solving requires the application of previously learned knowledge and skills in new situations. The problem solving skill requires the detection and application of knowledge and skills which lead to the learner’s correct response to a situation or fulfillment of intended goal. Such a knowledge and skill, along with the skills of tolerance, adaptation, and successful confrontation of stress factors, could be learned and their appropriate implementation may assist the individuals against the conflicts raised by problematic situations which distort their cognitive or psychological balance. Skills which, as Cane et al. (2015) stated, is a principal component in life management and leads to improved individual performance and efficiency. Perhaps that is why there is coordination among European educational systems in respect to the improvement of positive and effective adaptation as a mental health enhancement curricular objective, in order to safely confront life stresses and challenges, notwithstanding the cultural diversity across the EU (Carvalho, 2012).

Given the explanations set forth, it could be admitted that the first step toward changing the behavior and life style in order to improve the pupils’ mental health is a change in attitudes. Enhancing the insights on understanding the position of mankind in the universe, spiritualism, possession of a sense of goal-orientation and meaningfulness of life, value-orientation and positive perfectionism have found their place among other attitude-related objectives of a mental health improvement-based curriculum because connection to an infinite and endless power source and the belief in the support from such a power, and the goal-orientedness of life, can manage the anxieties, loneliness, anxiousness, depression, and stresses that human beings encounter across their lives; a belief which, no doubt, would facilitate the mental health improvement. The role of objectives such as self-orientation and positive self-image enhancement, value-orientation, and individual development, also, should not be ignored by a
mental health improvement-based curriculum, facing the same destiny of the absurd curriculum in this respect, because those are interwoven with the mental health construct.

A curriculum embracing such objectives may play an essential role in the pupils’ link-seeking with self, creation, and nature. Achieving the attitude objectives is an analogy of a key opening a dark room of life. Cognitive objectives, with the identification of skills, possession of health intelligence, and mental health literacy, could be an analogy of a lamp lighting that room, while the realization of competence objectives (pragmatism and skills application), would rearrange that room. Decorate it, presenting its owner with happiness and vivacity. Obviously, neglecting such functions would lead to the infertility of some portions of educational system, casting doubts on the allegedly understood need of next generation for development. Self-re-creation and re-orientation, with a positive approach to life using the objectives of a mental health improvement-based curriculum would be the first step toward human beings’ multi-dimensional growth without which self-fulfillment could not be achieved. Mental health and fulfillment are the right of next generation and curricula has to recognize that right.
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