

Why Wellness in Schools isn't Working

Part I

Stress is a growing disincentive for current and prospective educators, making wellness a concerning paradox. While consensus is high for supporting our most precious human resource, the return on investment is unknown. Only 7.3% of educators surveyed 'strongly believed' that stress reduction as a PD topic would decrease their chances of burnout with 97% of that same sample believing burnout is a real risk (TC Survey, 2018).

Without hope for meaningful results and inconsistent utilization of services, we need to better understand this issue. Why aren't educators taking more advantage of wellness offerings and where should districts allocate their limited resources? For those who do avail themselves of wellness initiatives, are the results leading to long term health improvement? Why are educators lacking confidence in stress inoculation? We need to understand the limiting factors putting our schools at risk.

The University of British Columbia yielded the first scientific association between teacher burnout and student stress, a growing concern for mental health, suicide, addictions and more. But even if the neurochemical link between teachers and students wasn't clinically significant, those in the classroom know that the growing perception of student apathy, poor initiative, and declining maturity requires educators to overcome a significant amount of distress, which goes well beyond students.

With perceived student changes registering as less than a quarter of total stress, what about the influence of work/life balance challenges (37.7%), difficulty with administration (15.7%) or policy (14.66%) plus the aforementioned lack of confidence in school support? To reduce educator stress and its many reverberations, we need to consider the source, the action and a less commonly studied element of perception.

The paradoxical theory of change means that we need to fully understand a problem, before trying to find solutions, otherwise we may create more problems. Five factors that serve to limit the effectiveness of wellness, will be examined, building a framework for the ideas outlined in Part II.

Factor #1: Understanding Resistance

Most districts lack of a unified paradigm defining wellness and the association with overall health, because they like most social service agencies, fail to appreciate how people get unhealthy to begin with. While wellness includes activities to improve health, resistance in actualizing a wellness lifestyle is critically important to encouraging sustainability or ownership, as is the organizations complicity in subverting this process.

We may for instance recognize that looking at our phone right before going to bed or the first thing we do upon waking needs changing, but are we aware of our growing reliance, dependence and addition on

technology as a whole? And for the schools in a race to continuously improve access to technology, without realizing how this shift is inherently compromises our brain/body balance, will a workshop in mindfulness really make a difference?

When educators attribute a significant portion of their stress to work, we may question whether faculty will be receptive to support. Organization derived resistance is the push back leading educators to be weary of such help, with some already investing less of themselves in their work, sometimes out of spite but most often self-preservation.

Sometimes resistance is not born out of mistrust, but a more personal struggle to get unstuck. When our needs aren't being met, we experience emotional pain that varies according to our history. For some this may be feeling unworthy while others may fend off despair. To guard against these unpleasant experiences, we without thought, activate our defenses.

Humor, denial, avoidance and the dozen plus protective mechanisms interfere with our ability to get needs met, bracing for pain of some kind (rejection, disappointment, humiliation). When our energy shifts to self-protection, we may feel more immediately safe (emotionally) or secure (physically), but it also means a decline in energy toward understanding the source of our distress and healing efforts.

If we employ our protective mechanisms over a long period of time, we risk a more dangerous shift into survival mode. On the continuum between thriving and surviving, human beings who get stuck in the space of existing will find their wellness deteriorate over time.

With real or perceived threats and our instinct to self-protect, chronic stress grows. Stress is the unseen burden on our system, depleting vital resources and increasing inflammation, a primary contributor to most physical and psychological illness. When activating protective mechanisms or in full-fledged survival mode, stress is generated as a result of insulating from further harm.

Thus, a wellness or stress reduction offering may be less appealing than the immediacy of consuming unhealthy food as a temporary mood elevator. Now our protective mechanism, that instead of nourishing our bodies triggers a secondary problem. Nutrient depleted food will hinder our ability to cope with daily life, decrease our energy level, make decision making difficult and ultimately amplify our vulnerability to illness.

Factor 2: Paradigm

If a person is overweight, there are physical and psychological barriers interfering with their ability to take off and keep off the weight, such as a fear of being seen. A woman who was abused early in her life may circumvent male attention by insulating herself with layers of protection. Simply offering a weight loss program may not be sufficient to penetrate the deep complexity such as purpose the weight serves.

Misunderstanding about healthy food, appreciation of the link between neurotransmitters and diet, and the underlying psychological reasons for insulating ourselves in fat, are just a few of the barriers why people don't attempt or sustain a wellness plan. Wellness services are typically embedded in an

appreciation for the forces for sameness or change acting on people all the time, creating resistance to sustainable change.

Wellness is to physical health as psychosocial emotional learning (PSEL) is to mental health, both working together to form an integrated approach to well-being. One without the other is less effective, because as we know, there is crossover between physical and mental health. When our immune system isn't working well, inviting frequent illness, our mood may decline. When we are experiencing chronic anxiety, our body gets worn down inviting illness.

When somebody gets a massage, a popular wellness activity, they may feel better for hours or longer. However, if the source of distress causing their initial tension is not addressed, their muscles will soon return to a state of high tension. This doesn't mean the massage wasn't helpful as it can help improve circulation and even increase our attention to where the body holds energy. It does mean that without education about the mind body connection, it's more apt to resemble symptom relief.

Districts need to educate their faculty about the integrated nature of health including the roles and responsibilities of the individual and the organization. When new emotional or physical supports are introduced, they need to be born out of a philosophy of dis-ease and restoration that people can understand, otherwise we are applying topical solutions for systemic etiology. Just like a therapist treating trauma, the orientation of that practitioner needs to be appreciated so the client can find greater volition of recovery. Therapy and treatment are vastly different.

Factor #3: Symptom Focused

Symptoms are used in the western hemisphere for providers to diagnose and prescribe a remedy. This very notion makes people more dependent on physicians and even pharmaceuticals offering quick fix solutions, relished through our on the go lifestyle. Instead of looking inward to see what messages the body is sending us, we rush to alleviate our discomfort. While nobody wants to feel discomfort, if we redefine illness as dis-ease, we can potentially improve our capacity for distress long enough to look for causality.

If headaches for instance are an indicator of high blood pressure, caused by diet and stress, taking medication to relieve the pain may be a short- term fix creating a more severe long- term problem. If we are eating because we feel empty and stressed since we feel alone in our turmoil, we can exacerbate our problem by only addressing symptoms, as opposed to solving underlying causes.

With both physical and psychological health, the key is getting our needs met. Beyond the original hierarchy created by Maslow, we also have needs for approval, purpose and value and most importantly peace. Peace in particular is the antidote to stress and the primary component of wellness. When peace and other needs aren't being met or seem compromised, our body sounds an alarm and for some, we employ protective mechanisms.

The alarm our body sounds is similar to the warning lights in a car, indicating intervention is needed before a more serious malfunction. Warning signs experienced might be tingling in the arm, heart palpitations, heartburn, irregular sleep patterns, and other puzzle pieces we react to. In humans, we often respond instinctively with guardedness as opposed to curiosity, interfering with our ability to meet

that need which has been compromised. Depending upon early modelling and personality, we more frequently resort to the less helpful instinct of self-protection.

Treating symptoms is easy for people to understand because it appeals to our cause and effect rationality. Similar to the iceberg of child misbehavior, we are tempted to focus on what is most evident as opposed to the complex etiology hidden from view.

Factor #4: The Complexity of Stress

Stress is the byproduct of both internal and external conditions, many of which aren't on our radar as human beings. We may not realize we are protecting ourselves and all the energy expended in this process. We may however be more aware of the external conditions helping to generate our higher tension level.

There are three parts to stress we need to be aware of. The source, the experience, and the action. The source refers to the external conditions generating tension. Our experience of that tension, meaning how we are impacted by it, is the internal component. The action or remedy is what the person and organization are doing to remedy the issue. Depending on how these three areas are addressed by a wellness program will likely determine how effective and sustainable the program will be.

External sources of tension are the byproduct of conflicts such as what we want versus what is expected. As a general rule, the conditions, circumstances, and occurrences of our daily lives, divergent from what we want, need, or believe are responsible for most sources of stress. We may work in an environment where we feel a lack of volition, autonomy, or continuous pressure, interfering with our ability to do our jobs well.

Internally, how we experience this tension is the area we have more control over, however less awareness of. If we believe we are inundated with tasks we can't possibly manage, our perception that we have to get something done or complete the objective to a certain standard is where the tension amplifies.

Our response to the tension may shrink, grow or have no impact on our current state. If we eat because we are feeling lonely, we haven't understood the message from the body or acted on it in a way that helps address our unmet need. Temporary relief from the use of protective mechanisms may be misleading because we associate the relief with a solution.

With educational leaders and the general faculty experiencing significantly high daily stress levels, there isn't enough objectivity to understand the complexity of stress and how it's resolved. Developing solutions such as a wellness day at the start of the school year when teachers are busy getting ready, is the type of effort that can result in greater frustration.

With burnout an actual diagnosis, according to the *ICD-10*, the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (*ICD*), a medical classification list by the World Health Organization (*WHO*), workplaces have a greater responsibility to reduce the source of stress and provide more remedies for those who are stressed.

Whether a cause or effect of workplace and homelife stress, our integrity as an organization and as an individual is compromised, when stress is not effectively managed. In survival mode, institutions and individuals resort to less thoughtful ways of getting their needs met and even deconstructive methods of self-protection. As seen on a national stage, the moral decompensation from those advocating for their beliefs, justifies questionable conduct.

When values are not matched with morals, we generate an entire new layer of systemic pressure that erodes the fabric of our community. Therefore, we also have to include in any wellness initiative, some outlet for those wishing to learn how to improve constructive differencing while still maintaining contact with others.

Factor #5: Organizational Health

Maintaining our integrity when our values are in conflict with the expectations of our job is an example of existential well-being. Spiritual health for individuals and schools translates to one's relationship with the larger community. Am I maintaining moral, ethical and value systems in spite of opportunities to self-advocate, in the service of guiding our debate, discussion and dialogue of differences? With the omnipresent temptation to cheat and take short cuts, moral development as part of spiritual health is seldom associated but an important component of wellness.

When we experience ego-dystonia or incongruence between what we believe to be important and what we want to feel good, we generate existential stress. It's the type of dilemma that calls into question our identity as a person and our standing in the community. Few people are prepared for this type of challenge. If educators were prepared, we might not be seeing the growing rates of teacher-student boundaries causing irreparable harm and financial ruin for school districts nationwide.

Effective wellness involves a solid commitment by school districts with a willingness to consider their effort an iterative process. Ongoing measurement and direct feedback loops are necessary to continue evolving services with a constant eye for the intersection of organizational and individual health.

The work to balance the needs of the individual and organization is the primary work of the district leadership but can also be the responsibility of any adult in the school with a willingness to invest in their community. Adult learners who get trained in personal growth can serve as ambassadors to the district, similar to how it's done in professional development.

In part two, several ideas will be explored on how to achieve this balance of needs to grow an environment where educators are excited to teach and students excited to learn.

Please email me at coach@teachercoach.com to remind me to send Part II when it's ready.