

# Revisioning Health

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**If we were merely body-machines, health would be the absence of disease or malfunctioning parts. But we are not. As people who strive to find meaning in the world, we experience the evil effects of disease. This is why health includes the well-being or wholeness of the person.**

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**B**y some measures, our health would appear to be more robust today than it has ever been. Hasn't contemporary medicine been responsible for modern "miracles" like heart transplant surgery and the management of childhood leukemia, and hasn't the average longevity of people's lives increased tremendously over the last several generations?<sup>1</sup>

Yet such appearances can be deceiving. Indeed, there is a growing crisis in the quality of our health.<sup>2</sup> Consider just one widely discussed example: obesity has become so prevalent in the United States, especially among children and young people, that it must be considered an epidemic.<sup>3</sup>

One of the reasons for the current crisis in the quality of our health, we suggest, is how contemporary medicine "envisions" health through a biomedical model. Patients get reduced to functioning machines, to complex golems made of their anatomical structures and molecular parts. And the focus of medical care becomes the treatment of disease, the fixing of a malfunctioning or broken body part. In the biomedical model, health is not a state of the whole person to be achieved and enhanced; it is simply a default state.

In a moment we will examine some current attempts to humanize modern medicine by re-envisioning health in more positive terms as a state of well-being or wholeness. But first, let's review the traditional biomedical model of medicine more closely.

## THE ABSENCE OF DISEASE

The biomedical model of medicine, which lies behind the practices of most contemporary medical professionals, defines health in negative terms. Health is simply the absence of a disease entity (like a cancerous tumor) or the absence of the expression or detectible symptoms of a disease state (like the deep cough of pneumonia). It is, according to the first definition in the

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twenty-sixth edition of *Stedman's Medical Dictionary*, "the state of the organism when it functions without evidence of disease or abnormality."<sup>4</sup>

In Stedman's and many other medical dictionaries, even mental health is included within this negative definition of health. Thus, the thirty-seventh edition of *Black's Medical Dictionary* claims that "good health may be defined as the attain-

ment and maintenance of the highest state of mental and bodily vigor of which any given individual is capable."<sup>5</sup> As George Engel complains, "Biomedical dogma requires that all disease, including 'mental' disease, be conceptualized in terms of derangement of underlying physical mechanisms."<sup>6</sup> Thus, the notion of health, both physical and mental, is defined traditionally and predominantly as the absence of a disease. It is reduced to the "default" state of the material body – the physical organism functioning without damage or diminishment.

Christopher Boorse, a prominent proponent of this biomedical model, distinguishes between two definitions of health. The first (and more ideal and theoretical) definition is that health is the absence of disease, where disease is subpar functioning vis-à-vis optimal "species design," or the end point of biological evolution. Health, by this definition, is "normal functioning, where the normality is statistical and the functions [are] biological." This theoretical notion is a value-free concept, because it is based only on biological facts. Boorse's second definition of health is "roughly the absence of any *treatable illness*" (italics added). Yet he thinks this second notion, because it is practical and value-laden, is inadequate for developing a robust conception of health.<sup>7</sup>

He develops the first definition, the theoretical or functional account of health, based on Aristotle's idea of teleology and the modern notion of goal-directedness. "The normal is the natural," which he takes to mean that health is not based on any personal or social values, and thus is not a nor-

mative concept. “*Health* in a member of the reference class [i.e., the species] is *normal functional ability*: the readiness of each internal part to perform all its normal functions on typical occasions with at least typical efficiency.” A healthy individual conforms to its species’ design and normal functioning; it functions “the way it ought to” in terms of its physiology or the operation of its parts.<sup>8</sup>

More recently Boorse has distinguished “grades of health” by drawing distinctions between being well and ill, therapeutically abnormal and normal, diagnostically abnormal and normal, pathological and theoretically normal, and suboptimal and positive health. Despite this proliferation of categories, the basic idea of health remains the same negative account – it is the absence of disease. For instance, the latter category, positive health, he defines as “superhealth beyond the already utopian goal of complete normality”; it is a body part’s functioning much better than is expected for the species.<sup>9</sup>

When the typical modern physician defines health as the absence of disease, she will address the disease state of her patient and, given the reductive clinical gaze, she usually will address only the specific diseased part of her patient. Her medical practice will ignore the whole person, especially the socioeconomic or cultural context in which the patient lives.<sup>10</sup> She also will ignore or bracket the positive dimensions of health that are proactive in nature, such as exercising and proper nutrition. She will relegate instruction and care for these to other professional healthcare providers, and she may express no further concern for her patient’s welfare.

The current notion of health is too myopic: it addresses only the amelioration of disease and pays no heed to the promotion of well-being or wholeness. In other words, it is basically inhumane because it does not encourage the development of patients’ full potential vis-à-vis health. No wonder, then, that several recent attempts to humanize the biomedical model of medicine have led to more expansive notions of health in terms of well-being and wholeness.

## **TOWARD WELL-BEING AND WHOLENESS**

This classic and often-quoted definition of health in terms of well-being is in the preamble to the Constitution of the World Health Organization (1946): “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”<sup>11</sup> Like other more expansive notions of health as well-being and wholeness that we will discuss below, it is *normative* in nature.<sup>12</sup> In other words, the WHO definition of health includes the goal of flourishing as a human being.

Since the notion of well-being involves a value judgment about flourishing, the correspondence between health and well-being is not exact: “The sense of well-being frequently correlates with what we mean by health, but the correlation is not high,” notes physician-turned-philosopher Lester

King. "Certainly a sense of well-being does not preclude the presence of disease, while the absence of such subjective feelings does not indicate disease."<sup>13</sup> That is to say, a patient may suffer from a debilitating disease but still have an overall sense of well-being and wholeness because of what the patient values in terms of a meaningful and flourishing life.

Which norm of "physical, mental, and social well-being," then, could

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constitute the meaning of health? Because people disagree about what counts as a meaningful and flourishing life, the World Health Organization definition is incomplete and ambiguous. Should we define a flourishing life narrowly in terms of the particular values of the patient or physician, or more universally in terms of shared cultural values or common human goods?

Some would allow a patient's freely chosen values to provide the norm for his or her well-being. On this model, Tristram Englehardt notes, "a regulative ideal of autonomy [directs] the physician to the patient as person, the sufferer of illness, and the reason for all concern and activity." Medical practitioners would offer options and let the patient, or the patient's proxy, decide what treatment to receive. Though Englehardt endorsed this view in the 1970s, since becoming an Orthodox Christian in the 1990s he has roundly criticized this elevation of patient autonomy to the highest value.<sup>14</sup>

Preferring a more widely shared norm, Lester King recommends that we define well-being according "to the ideals of the culture, or to the statistical norm."<sup>15</sup> On this view, physicians should prescribe treatment based on cultural expectations. To see how treatment still might vary widely among cultures, consider the current practice of cosmetic surgery. As Christopher Boorse notes, often an operation is not required to maintain the efficient functioning of the body, but it is chosen on the basis of cultural ideals of beauty in order to enhance a patient's overall well-being.

Others, like philosopher Caroline Whitbeck, think the norm of well-being should be consistent across cultures and grounded in common human capacities. According to Whitbeck, "health, rather being something that happens or fails to happen to a person in the way that diseases and injuries do, is the ability to act or participate autonomously and effectively in a wide range of activities."<sup>16</sup> The "ability to act" goes beyond functional capacities of the body; it includes forming intentions and attaining personal goals.

Thus, there are several components in Whitbeck's notion of health or well-being. The first is the physical fitness of the functional capacities, especially in terms of avoiding disease. The second is wholeness, in which intentional capabilities are integrated with physical fitness. The final two components include "having a generally realistic view of situations, and having the ability to discharge negative feelings."<sup>17</sup>

Psychologists Carol Ryff and Burton Singer champion an even richer and more universal notion of human health and well-being. First, they claim that health is fundamentally a philosophical and not a medical issue. To that end, they examine "the goods" required for living a good life. Second, they note that the mind and body are intimately connected and influence each other, especially in terms of health and well-being. Their final principle is that "positive human health is best constructed as a multidimensional dynamic process rather than a discrete end state. That is, human well-being is ultimately an issue of engagement in living, involving expression of a broad range of human potentialities: intellectual, social, emotional, and physical."<sup>18</sup> Ryff and Singer identify four essential features of positive human health: "(a) *leading a life of purpose*, embodied by projects and pursuits that give dignity and meaning to daily existence, and allow for the realization of one's potential; (b) *having quality connection to others*, such as having warm, trusting, and loving interpersonal relations and a sense of belongingness; (c) *possessing self-regard*, characterized by such qualities as self-acceptance and self-respect; and (d) *experiencing mastery*, such as feelings of efficiency and control."<sup>19</sup>

## **THEOLOGICAL CONTRIBUTIONS**

Christian theology has much to contribute to the definition of health. After all, the prophet Jeremiah pictures God as the restorer of health, where this includes restoration of community and relationship with God (Jeremiah 30:17). And Luke not only describes Jesus as a healer and physician to sinners (Luke 5:31), but also portrays his disciples as healing the sick "by the name of Jesus Christ of Nazareth" (Acts 4:10, referring to the miracle performed by Peter and John in 3:1-16).

Here we will survey only two views developed by theologians. In his essays collected in *The Meaning of Health*, Paul Tillich (1886-1965) espouses a conception of health that includes the multiple dimensions of human existence.<sup>20</sup> Health, for Tillich, is an existential concept by which persons attempt to find meaning in their life, particularly when it is compromised by illness. Rejecting the traditional mind-body dualist view of human nature, he conceives of human beings as "a multidimensional unity" of their physical or mechanical, chemical, biological, psychological, mental or spiritual, and historical aspects. Tillich defines health as flourishing in each of these six dimensions and properly integrating them such that each dimension is present in every other dimension.

John Wesley (1703-1791), the founder of Methodism, articulates a biblical understanding of health as wholeness manifested in the union of a person's body, mind, and soul. He preached that health as wholeness is based on the unity and peace of the original creation; but when sin intervened, disease and death resulted. The point of "physick, or the art of healing," then, is to re-establish a person's wholeness and to maintain it.

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To that end, Wesley published a celebrated book on medicine, *Primitive Physick* (1747), which went through many editions and was widely used. In it he provides a set of practical guidelines, drawn from Dr. George Cheyne's *A Book of Health and Life*, for maintaining health through exercise, nutrition, sleep, and even prayer. Wesley emphasizes three themes: (1) preserving the "well-working body,"

which is the proper mechanical functioning of the body; (2) encouraging "sympathy" among the bodily processes that influence one another (such as the rightly ordered passions, or emotions, that can prevent disease); and (3) the "healing power of nature," by which wholeness can be regained.<sup>21</sup> Wesley's rich understanding of health as wholeness is evident in the second theme—the integration of the spiritual, emotional, and physical dimensions of the person. "The passions have a greater influence upon health than most people are aware of," Wesley wrote in the preface to *Primitive Physick*. "All violent and sudden passions dispose to, or actually throw people into acute diseases. The slow and lasting passions, such as grief and hopeless love, bring on chonical diseases. Till the passion, which caused the disease, is calmed, medicine is applied in vain." The corrective for disordered passion is "the love of God" which "effectually prevents all the bodily disorders the passions introduce, by keeping the passions themselves within due bounds; and by the unspeakable joy and perfect calm serenity and tranquility it gives the mind; it becomes the most powerful of all the means of health and long life."

## **CONCLUSION**

If a patient were merely a body-machine that is reducible to various separate body parts, then health would be simply the absence of disease or of any malfunctioning part that hinders the efficient running of the body. However, since a patient is a person who strives to find meaning in the

world, then, besides any biological or physical malfunction, patients always experience the evil effects of, or the existential angst associated with, their disease. This is why health involves more than the absence of disease. It includes the overall well-being or wholeness of the person. Indeed, our word "health" comes from *hāl*, the Old English word for wholeness.

It is not surprising that there is a crisis of care in modern medicine, given its reductive understanding of health. Patients are not body-machines, but persons with concerns and fears about their physical, mental, and spiritual being-in-the-world. Any adequate notion of health must include an account of well-being and wholeness which takes into consideration these concerns and fears.

## NOTES

1 James Le Fanu chronicles the amazing successes of post-World War II medicine in *The Rise and Fall of Modern Medicine* (New York: Carroll & Graf, 2002). For a recent review of human longevity, see Kaare Christensen and James W. Vaupel, "Determinants of Longevity: Genetic, Environmental and Medical Factors," *Journal of Internal Medicine* 240 (1996), 333-341.

2 Ewan B. Ferlie and Stephen M. Shortell, "Improving the Quality of Health Care in the United Kingdom and the United States: A Framework for Change," *Milbank Quarterly* 79:2 (2001), 281-315.

3 Richard S. Strauss and Harold A. Pollack, "Epidemic Increase in Childhood Overweight, 1986-1998," *Journal of the American Medical Association* 286:22 (December 12, 2001), 2845-2848.

4 Thomas L. Stedman, *Stedman's Medical Dictionary*, 26<sup>th</sup> edition (Baltimore, MD: Williams & Wilkins, 1995), 764.

5 Gordon Macpherson, ed., *Black's Medical Dictionary*, 37<sup>th</sup> edition (London: A&C Black, 1992), 265.

6 George L. Engel, "The Need for a New Medical Model: A Challenge for Biomedicine," *Science* 196:4286 (April 8, 1977), 129-136, citing here 130.

7 Christopher Boorse, "Health as a Theoretical Concept," *Philosophy of Science* 44 (1977), 542-573, citing here 542. While maintaining that health is a value-free concept in terms of "core" medicine, he now concedes that social values play an important role in "peripheral" medicine such as cosmetic surgery. See his "Concepts of Health," in Donald Van De Veer and Tom Regan, eds., *Health Care Ethics: An Introduction* (Philadelphia, PA: Temple University Press, 1987), 359-393.

In "Health as a Theoretical Concept," Boorse explores two other notions of "positive health," which is more than the absence of disease. Examples of the first notion are prevention of disease and health maintenance. Boorse argues, however, that defining health as prevention and maintenance does not differ fundamentally from defining health as absence of disease, since what is prevented is a disease or what is maintained is the absence of disease. According to a second notion of positive health, "physicians and mental health workers should actively aid individuals, or communities, in maximizing their quality of life and developing their full human potential" (568). For Boorse, this notion is a genuinely positive notion of health since it entails an enhancement of function or "functional excellence," which the medical community does not discover but can advocate.

8 Boorse, "Health as a Theoretical Concept," 554, 555, and 562.

9 Boorse, "Concepts of Health," 366.

10 Engel, op. cit.

11 *The Constitution of the World Health Organization* (1946) is available online at [www.searo.who.int/LinkFiles/About\\_SEARO\\_const.pdf](http://www.searo.who.int/LinkFiles/About_SEARO_const.pdf) (accessed November 7, 2006).

12 Tristram Engelhardt clarifies that “health” and “well-being” are normative concepts that, like “money” and “reputation,” name external goods rather than moral goods. “Though health is good, and though it may be morally praiseworthy to try to be healthy and to advance the health of others,” he writes, “still, all things being equal, it is a misfortune, not a misdeed, to lack health.” Thus, we do not blame a patient for the accidental loss of health, but sympathize with him or her over the loss of this good. See H. Tristram Engelhardt, Jr., “The Concepts of Health and Disease,” in H. Tristram Engelhardt, Jr., and Stuart. F. Spicker, eds., *Evaluation and Explanation in the Biomedical Sciences* (Dordrecht, Netherlands: Reidel, 1975), 125-141, citing here 125.

13 Lester S. King, “What Is Disease?” *Philosophy of Science* 21:3 (July 1954), 193-203, here citing 196.

14 Tristram Engelhardt defended this view in “Is There a Philosophy of Medicine?” *PSA* 1976 2 (1977), 94-108, citing here 139. He critiques it in recent articles and *The Foundations of Christian Bioethics* (Lisse, Netherlands: Swets & Zeitlinger Publishers, 2000). Nevertheless, it remains a dominant perspective among medical ethicists.

15 King, *op. cit.*, 197.

16 Caroline Whitbeck, “A Theory of Health,” in Arthur L. Caplan, H. Tristram Engelhardt, Jr., and James J. McCartney, eds., *Concepts of Health and Disease: Interdisciplinary Perspectives* (London: Addison-Wesley, 1981), 611-626, here citing 616.

17 *Ibid.*, 620.

18 Carol D. Ryff and Burton Singer, “The Contours of Positive Human Health,” *Psychological Inquiry* 9:1 (1998), 1-28, here citing 2.

19 Carol D. Ryff and Burton Singer, “Human Health: New Directions for the Next Millennium,” *Psychological Inquiry* 9:1 (1998), 69-85, here citing 69.

20 Paul Tillich, *The Meaning of Health: Essays in Existentialism, Psychoanalysis, and Religion*, edited by Perry LeFevre (Chicago, IL: Exploration Press, 1984).

21 John Wesley, *Primitive Physick: An Easy and Natural Method of Curing Most Diseases*, Library of Methodist Classics (Nashville, TN: United Methodist Publishing House, 1992). For a helpful survey of Wesley’s views, see Philip W. Ott, “John Wesley on Health as Wholeness,” *Journal of Religion and Health* 30:1 (March 1991), 43-57.



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