What is health? What is disease? Thoughts on a complex issue

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Although health is the greatest of all goods relating to the body, it is nevertheless the one that we consider and enjoy least: when we have health, we do not think of it.[1]

Difficulties regarding method: The hiddenness of health

This subject affects us all, and is not only a concern of health professionals. Nevertheless, health is usually something that is hidden, only coming to the fore when it is not a "given." When we are sick, the loss of health is evident. But what is health? Is it simply the absence of disease?

The question, "What is disease?" seems easier to answer than the question, "What is health?" Disease manifests itself as disorder and announces its presence in the form of symptoms. Disease phenomena, cases of disease, the clinical picture and course of a disease can all be described, objectified and classified. Can the same be said of health? We face problems if we simply see each as the reverse of the other – disease as the negative counterpart of health, its opposite – and it hardly helps us arrive at a positive definition.

The 1948 World Health Organization definition of health

The World Health Organization (WHO) defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[2]

The following aspects of this definition are very helpful:

- Health goes beyond physical considerations.
- Health is viewed in its psycho-somatic entirety.
- Health is not limited to the person as an individual, but is also expressed in the person's relationship with the surrounding world.
- Health is more than the absence of disease.
- Health is understood in terms of (subjectively-experienced) well-being.

The following aspects of this definition, however, present problems:

- Health is described as an ideal, static state (how many people can claim to enjoy *complete* physical, mental/spiritual and social well-being?).
- Health is equated with the highest good, but in doing so the definition fails to present it as a means of enabling a successful personal life plan (it follows, surely, that the entire responsibility for a person's life plan would then become the concern of healthcare, instead of the person's own?).

Definition of health as given in the *Lexikon für Ethik*

In the *Lexikon für Ethik*, the entry for "health" revealingly refers the user to that for "disease," and the WHO definition is criticized as idealistic and subjective. "A helpful middle course seems to be, on the one hand, to interpret disease as functional disorder, i.e., the disturbance of a functional balance, and on the other hand, to let the criterion by which we define disease be not the failure to achieve the ideal state, but rather the deviation from statistical normal values."[3] According to this definition, disease is understood as functional disturbance and health as functional efficiency. The understanding of health is thus derived from disease – to be more exact, it is seen as the absence of disease. The achievement of health is interpreted as the removal of these functional disturbances. The measurement of (dys) functionality is based on statistically-determined, controlled variables, and health is consequently understood as a biologically-programmed set point.

The functional concept of disease and health is a descriptive one. Statistical, scientific analysis can identify a deviation from mean values, but is quite incapable of identifying states of health or disease. Physical, chemical or biological data are inadequate as prerequisites for understanding disease. This approach describes facts, but cannot say what should be the norm. It is a (naturalistic) mistake to proceed from statements of fact to normative statements of what ought to be. "Ought" does not follow from "is." Descriptive medicine finds itself in a "normative vacuum."[4]

Health is what is "normal," but not in the sense of the statistical mean. If (almost) all are blind, that is, not normal (take as an example of this idea Saramago's *Blindness*[5]),

there is nothing normative in a statistical statement of fact. It is precipitous to equate the "mean" with the "standard," and should be avoided.

A functional understanding of disease leads to the practice of medicine as repair. Repair medicine assumes a statistical mean value that has to be restored. The achievement of health is understood simply as a matter of restitution, in the sense of establishing the old order of set values. In contrast to this, Liem, for example, writing in the context of osteopathy, put forward a resource concept in which healing is not necessarily oriented toward a previous state of health, but is based on a concept of health as an evolutionary process, and embraces a higher-order dynamic balance of the person as a whole.[6]

Disease and health link back to the psycho-somatic well-being of a particular individual. This must definitively involve reference to the individual biography (history of disease and attainment of health) and the socio-cultural context of the individual.[6]

An attempt at a fresh definition of disease and health

There is a difference between disease and being ill. Being ill is not something that can be reduced to the clinical picture of the disease or to the somatic dysfunction/lesion. The functional, scientific perspective forgets that diseases link back to the individual experience of *being ill*. Diseases cannot be separated from the person who is ill. How far, we may ask, does Osteopathy, as a system of manipulative treatment, take into account these perspectives in its historic course of development, other than in terms of metaphysical speculation?[7]

The WHO took up the problem of a static concept of health as against the dynamic and process-based one, and formulated a blueprint for health policy in its Ottawa Charter. This is underlain by certain "resource" prerequisites for the promotion of health.[8] The Ottawa Charter represents an integration model, in terms of both content and method, the aim of which is to apply and develop various strategies to inform, educate, train and advise on matters of health, encourage self-help and promote preventative medicine. According to Hörmann, the main influencing factors on the maintenance and restoration of health are lifestyle and the treatment of disease.[9] The spiritual dimension of health should also, according to Raithel, et al., be taken into greater account.[8]

Antonovsky's *Salutogenese* takes a similar direction by investigating the means by which individuals develop toward health and help to unlock the resources of healthy capacities.[10] Common to both *Salutogenese* and the Ottawa Charter are the aim of enabling healthy development, the centrality of prevention and health promotion, and addressing several context dimensions (system levels).[11] Whereas Antonovsky's concept of health genesis inquires about options for healthy development, gives a central place to self regulation in treatment and adopts a dynamic understanding that views sickness and health as a continuum, pathogenesis asks about the causes of disease, applies analytical approaches and objective findings, and combats disease based on a dichotomy between health and sickness.[11] Many approaches of complementary and alternative medicine, as well as approaches within Osteopathy, correspond to "Salutogenic" views, for example, seeing health and disease as a continuum and the view that disease can, to some extent, also be seen as part of physiology, or in the much-quoted words of A.T. Still, "To find health should be the object of the doctor. Anyone can find disease."[12]

On the one hand, Osteopathy does show signs typical of the Salutogenic approach. On the other, the interpretation of human and interpersonal phenomena in exclusive terms of anatomical and physiological processes – which often characterize actual, current osteopathic methods – risks the reduction of the person, especially when inner experiences are disregarded, to the energetic or physical level. We can, of course, regard structural and physiological dynamics as a precondition, but not as an adequate cause of human phenomena.[6] If we wish to treat the *wholeness* of the patient, it does not suffice to treat only what is represented in the tissue.

It is also not uncommon to find in practice that patients take the approach of simply handing over their bodies for treatment to the osteopath, as they might hand over a car to a garage for repair. An osteopath who unquestioningly accepts this role misses the opportunity of enabling the patient to make a conscious decision to participate actively in the healing process. This also increases the likelihood that the patient will suppress psychological associations.[13] A further problem is that the language in which a great proportion of osteopathic approaches are expressed is bio-reductionist. These last two points make it difficult for patients to recognize the connections between the circumstances of life, their own experience and behavior on the one hand, and the associated dysfunctions and disturbances of their state of health on the other, enabling them to take personal responsibility for their physical and psychological state of health.

Further, in Osteopathy there is an almost complete lack of methods that could provide a basis to promote the development of subjective experience in the practitioner (or, indeed, the patient), apart from techniques to

experience the tissue by palpation, taught in osteopathic training. Osteopaths are therefore usually little prepared to consider subjective realms of experience in their patients (or, indeed, in themselves).[14] In this respect, phenomenology teaches that it is especially the act of dealing with the space-time character of existence—and dealing with the physicality of existence, co-existence in a common world, attunement of mood, memory and existence in history, mortality, openness of existence and, beyond this, the unfolding of these supporting possibilities—that lead to freedom of existence.[15]

The medical finding should be understood from the experience of being ill, and not the other way around. To be ill means to have a disturbed relationship with Oneself, one's fellow beings and environment. Applied to steopathy, this means that, against the objective reality of the tissue structures and associated energies, there stands the subjective reality of inner consciousness or subjective experience (both that of the patient and that of the practitioner). This is embedded in inter-objective realities (sociobiological environment) and inter-subjective ones (culture/family).[6]

It is sick *people* rather than diseases that are healed—persons in their psycho-somatic-social wholeness. The dimension of experience of the sick person who complains of symptoms cannot be straightforwardly equated with the objective level. What is meant by the achievement of health (in terms of the healing process) is not determined from the outside (i.e., by the use of statistical mean values), but from the direction of patients themselves. Standard values cannot establish what it is to be healthy, nor can this be measured technologically. Rather than this, health appears to be a state of "inner adequacy and agreement with oneself."[16]

Sick patients each bring with them an individual history, bound up with their particular biography and relationship with the world and people around them. The aim of therapy cannot be to bring about a statistical mean value, but to find a fresh balance, matched to the individual. Being ill is not something that can be reduced to a biological, social or psychological dimension—it must take into account all related concerns in their entirety, from the point of view of the patients.

Achieving health does not, therefore, mean a return to a pristine biological state. Rather, what is past is treated as something that has indeed existed and whose consequences in the present and future must always be taken into consideration. Therapeutic methods, therefore, must be innovative and not just restitutive. There is no preset "what" or universal "how" in being healthy. "Not everything is equally healthy for every individual. There are no definitions of being healthy or being ill that apply infallibly to every single case."[17] Being ill and being healthy link back to the particular person's individual experience. Since medicine has been viewed from more than just the scientific point of view, and has been seen as the art of healing. This art lies in the ability to appreciate the suffering and specific characteristics of the individual person. In sickness, the requirement inherent in this specific individual experience is this: Change is required when individual suffering needs to be alleviated. Taking this normative and practical view of the particular individual and that person's life experience as a starting point, we can then look at socio-cultural, descriptive scientific aspects. Osteopathy, therefore, must recognize individuals as they are, and it is in this sense that it offers the potential to act, to give treatment. Examples of possible approaches can be found in *Morphodynamik in der Osteopathie*.[6]

Being healthy is the essential capacity to be open towards oneself and others, and to enter into communication. Healthy individuals are neither at the mercy of what they encounter, nor are they slaves to it (as in addiction or compulsion), nor do they shut themselves off from their own selves or others. Being healthy is the fundamental experience of the person's own ability to be: "Hidden as it is, health becomes apparent in a kind of well-being; more than this, this very sense of well-being makes us eager to be active, open to discover, and forgetful of self, so that we hardly even notice stresses and strains…"[16] In the process of achieving health, according to Liem, an increase in health finds expression in increasing

CME QUIZ

The purpose of the quiz on page 31 is to provide a convenient means of self-assessment for your reading of the scientific content in "What is health? What is disease? Thoughts on a complex issue" by Matthias Flatscher, PhD (Austria) and Torsten Liem, DO (Germany).

To apply for Category 2-B CME credit, answer each question on the *AAOJ* CME quiz application form answer sheet. The AAO will record the fact that you submitted the form and will forward your test results to the AOA Division of CME for documentation.

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coherence—for example, in increasing understanding for the meaningfulness of the entire world in which the person lives. Individuals grow in understanding for their life history as a whole, including their state of health, suffering and associations of meaning, and there is an increase in trust.[18]

Summary and conclusion

Health, unlike disease, is hard to put into objective terms. Attempts at a definition rest on certain reductionist ideas (health cannot be defined as an ideal state). Health/disease cannot be understood simply from a functional perspective or by objectifiable values. A norm cannot be derived from a description (false reasoning on naturalist premises). The achievement of health does not rest upon restorative methodology (repair medicine). Health/disease should be seen from the perspective of the individual's experience. The determining factor in the achievement of health is not by way of objective mean values but patients' inner agreement, with consideration being given to the individual, along with their personal history and the contexts surrounding that individual.

Normative requirements can only be arrived at when working from a perspective that relates to experience, and these norms are always individual. Medicine and Osteopathy, as healing arts, must conform to this individuality. To be ill is to have a disturbed relationship with one's self, one's fellow beings and the surrounding world. To be healthy is the essential capacity to be open to self and others, and to enter into communicative exchange.

References

1. Descartes R. Brief an Chanut vom 31. März 1649. In: Canguilhem G. *Health – eine Frage der Philosophie*. Berlin: Merve; 2004.
2. Constitution of the World Health Organization. http://www.admin.ch/ch/d/sr/i8/0.810.1.de.pdf
3. Horn C. Krankheit. In: Höffe O, ed. *Lexikon der Ethik*. Munich; 2002.
4. Waldenfels B. Der Kranke als Fremder. In: *Grenzen der Normalisierung*. Frankfurt am Main: Suhrkramp; 1998.
5. Saramago J. *Blindness*. London: Harvill Press; 1997.
6. Liem T, ed. *Morphodynamik in der Osteopathie.* Stuttgart: Hippokrates Verlag; 2006.
7. Gevitz N. *The DOs: Osteopathic Medicine in America*. Baltimore: The Johns Hopkins University Press; 2004.
8. Raithel J, Dollinger B, Hörmann G. Gesundheitspädagogik. In: *Einführung Pädagogik.* Wiesbaden; 2004:232-249.
9. Hörmann G. Die Krise des Gesundheitssystems: eine verkannte Bildungskrise. In: *Bildung*. 2002; 1(1):24-30.
10. Antonovsky A. *Salutogenese Zur Entmystifizierung der Health.* Tübingen: dgvt-Verlag; 1997.
11. Petzold TD. Salutogenese und 20 Jahre Ottawa- Charta. In: Gesundheit Berlin. *Dokumentation 12. bundesweiter Kongress Armut und Health*. www.gesundheitberlin.de
12. Still AT. *The Philosophy and Mechanical Principles of Osteopathy.* Kansas City, MO: Hudson-Kimberly Publishing Co.;1902:58.
13. Nathan B. *Touch and emotion in manual therapy.* New York: Churchill Livingstone; 1999.
14. Liem T. Osteopathy and (hatha) yoga. *Journal of Bodywork & Movement Therapies*. 2011;15(1):92-102.
15. Boss M. *Grundriss der Medizin und Psychologie*, 3rd ed. Bern: Verlag Hans Huber; 1999.
16. Gadamer HG. *Über die Verborgenheit der Health*. Frankfurt am Main: Suhrkramp; 1993.
17. Pöltner G. *Grundkurs Medizin-Ethik.* Vienna: Facultas Universitätsverlag;2002.
18. Liem T. Wechselseitige Beziehungsdynamiken und subjektive Ansätze in der Osteopathie. Osteopathische Medizin. 2011;12(2):4.

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