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Health

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“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,” according to the World Health Organization (1946). It will be the purpose of this article to develop some concepts about health and disease, exploring a few implications of the WHO definition in the context of both Western and non-Western medical ideas. First, notions of singular and multiple causation of disease will be contrasted. Second, three types of ideas about health will be defined. Finally, some applications of the health concept to units beyond the human individual will be mentioned.

Disease and its causes

Illness is a disvalued process that impairs the functioning or appearance of a human person and may ultimately lead to death. The definition of health given by the WHO includes *social* as well as physical and mental well-being. This reflects a concern with the person as a member of human groups—an entity certainly not limited to the body of that person. The components of an individual (e.g., blood, body, soul, spirit, shadow, name, etc.) are defined differently from one culture to the next. The death of the organism, however, is a biological constant which is taken into account conceptually in all cultures, and customs prescribe how the disposition of the corpse is to be arranged. Different components of the individual may be thought to depart from the presence of the living at different times, and these various departures are marked by a series of ceremonies (van Gennep [1909] 1960, pp. 146 ff.). Some components, such as the “soul,” may be thought never to cease existing entirely but to remain near the living or in some locality specially set aside for its kind.

Disease, then, may involve a temporary or permanent impairment in the functioning of any single component, or of the relationship between components making up the individual. An impairment of a person, furthermore, need not be restricted to a decrease in his ability to function in his ordinary ways: for example, among the Ashanti of West Africa, a congenital birthmark which leads to no discomfort or danger of death can be considered a sufficiently severe fault to disqualify a man from the office of chief. In many cultures, theories of disease will include explanations of congenital defects or imperfections, and the distinction between these and other illnesses may become relevant for further analysis (Polgar 1963).

Explanations of illness are not only useful to reaffirm the values of a social unit or to make death psychologically more tolerable for the next of kin but serve most immediately to indicate courses of preventive and curative action. To effect prevention or cure one should identify a course of events

which presumably has produced the impairment. Herein lies the rationale of *diagnosis*, which is one Page 331 | Top of Article of the three basic elements of all medical systems (the other two being therapy and prophylaxis).

Notions of singular causation

During the last decades of the nineteenth and the early part of the twentieth century, Western medicine was heavily dominated by the notion that most diseases are a result of infection caused by microorganisms. This type of conception—that disease simply results from the entry by a foreign agency into the body of the patient—is paralleled by the ideas found among many tribal people that illness is caused by “object intrusion” or “spirit possession.” Walther Riese has drawn attention to this similarity of ideas in stating that “ontologic” etiology (a conception of disease as caused by a monadic “alien-ferment”) “in its crudest form ... identifies these agents, if not the diseases themselves, with demons, in its scientific form, with germs” (Riese 1953, pp. 66-67). He does not imply, of course, that demons and germs are equally valid concepts in an empirical sense.

The emergence of the “doctrine of specific etiology of disease” (Dubos [1959] 1961, p. 90) as the dominant idea in medicine is related to the mechanistic world view prevalent in the late nineteenth century. Far older features of Western thought, such as the grammatical dualism of subject and predicate, the Judeo-Christian and Platonic mind-body dichotomy, and the experimental approach of the alchemists, provided a suitable background for the development of this “doctrine.” Of the greatest immediate relevance to it were the discoveries of Pasteur and Koch in the realm of bacteriology. Instead of emphasizing the patient and his total environment, as Western medical traditions had done previously, proponents of this “doctrine” spread the notion that all important infections could be controlled by therapeutic serums and preventive vaccines specific for all microbes (Dubos [1959] 1961, p. 130). Although a number of vaccines and antitoxins had been developed before the turn of the century, it was not until the 1930s that the sulfa drugs were discovered, and it was another decade later that penicillin came to be used. The great decreases in the mortality of children and young adults, which are nowadays often attributed to clinical medicine and the use of specific drugs, actually preceded these discoveries and mostly resulted from better nutrition and the hygienic measures carried out under the leadership of medical reformers, many of whom had even opposed the germ theory of disease (Rosen 1958, pp. 225 ff.; Dubos [1959] 1961, p. 131).

In the contemporary practice of clinical medicine, the inadequate care often received by patients unfortunate enough to suffer from a disability for which no specific etiology can be identified is symptomatic of the legacy of the bacteriological era. Von Mering and Earley (1965) trace the difficulties of such problem patients to, among other factors, the hospital as the main locale for diagnosis and treatment, as well as to the “growth of medicine as a science of tests and measurements rather than an art involving the five senses.” These authors find that “the clinic physician and general practitioner share a kind of ‘molecular man’ orientation which seems to predispose them to be more concerned with the specifics of the presenting complaint, and to look eagerly for major disease in every bed or consulting room” (von Mering & Earley 1965, p. 199; see also Pflanz 1964).

Multicausal conceptions of disease

The recent theoretical developments away from the doctrine of specific etiology are spearheaded by advocates of comprehensive medical care and psychosomatic medicine and by some epidemiologists. All three of these segments of the medical community regard illness as an interaction of many factors and, correspondingly, favor treatment of patients once more as total organisms in a complex setting. One of the foremost modern exponents of this view is the epidemiologist John Gordon, who has shown the interplay of the *host*, the *agent*, and the (physical, biological, and social) *environment* in the spread of a good number of both infectious and noninfectious diseases (see, for example, Gordon 1958). The studies of John Cassel, another noted epidemiologist, on the spectrum of health disorders

resulting from independently documented socio-cultural processes exemplify a further step away from the one cause-one disease manner of thinking (Cassel 1964). Although writers in the psycho somatic tradition of medicine often use concepts like “stress” or “conflict” as if they were specific causes of illness, the emphasis in this school of thought is on the patient’s physical *and* mental well-being, and consideration is often given to his social milieu as well (King 1963). Comprehensive medical care is more than a movement to improve the institutional means by which patients and sometimes families are medically supervised. The theory that underlies these arrangements includes rejection of both the dominant disease orientation of modern Western medicine and the organic-functional dichotomy, and it places a strong emphasis on the patient as a person (Steiger et al. 1962).

Multicausal conceptions of disease are neither new in the Western medical tradition nor unique to it. One main theme in the Hippocratic writings Page 332 | Top of Article is that disease is to be traced to an imbalance between the person and his external environment; much emphasis is also given to the relationships among different environmental factors, such as exercise and diet, and to the connections between disturbances in an organ and the whole body (Sigerist 1951-1961, vol. 2, pp. 317 ff.; Dubos [1959] 1961, pp. 117 ff.). In non-Western societies there are many multicausal ideas about disease. The distinction between conditions that make persons particularly susceptible and events that precipitate the onset of the disease is particularly common: for example, the Maori of New Zealand see “bad acts” by the patient as predisposing to, and external spirits or objects as the immediate cause of, an illness episode (Newell 1957); in the Middle East, a well-formed male child is identified as especially susceptible to attack by the “evil eye” (Shiloh 1958).

Related to this division between predisposing and precipitating factors is the division between the reasons why a particular person becomes ill at a particular time and the explanation of the way in which it happens. These latter two types of causes may be termed *incidence notions* and *etiological notions* (Polgar 1962, pp. 166 ff.); they also bear some similarity to the Aristotelian efficient and material causes (Riese 1953, pp. 66 ff.). In some non-Western medical systems there are categories for “natural” diseases—usually minor ills such as the digestive problems of infants (Nurge 1958)—which do not require an explanation for the occurrence of the disability in the particular instance and hence do not raise questions about who is “responsible.” In urbanized as well as nonurban societies, however, the search for the transgression of the patient himself or the malevolent action of another being (human or supernatural) is a major element of the diagnostic process.

In small tribal or peasant communities, the assignment of responsibility for illness to a relative or neighbor (whose departure from prescribed norms of behavior is pinpointed as a breach of taboo, witchcraft, irresponsibility, or sin) helps to bring latent interpersonal conflicts into the open where they are more easily resolved (Paul 1953; Firth 1959, pp. 135 ff.). Similarly in the Judeo-Christian tradition the attribution of illness to sinful behavior served to reinforce the mores of the society. With increasing secularization, this diagnostic category became less satisfactory, and in scientific medicine it was replaced by “naturalistic” explanations. However, residues of this earlier concept of sin still affect attitudes toward disease; for patients and their families, a physician’s diagnosis which fails to blame anyone for the occurrence of the illness also fails to deal with the sense of guilt they often have and leaves them vaguely dissatisfied (Sigerist 1951-1961, vol. 1, p. 157).

Three conceptions of health

If disease is seen as an individual’s departure from perfectly well-meshed social or physiological performance, health, by contrast, becomes an *asymptote*—an ideal that can be approached but never attained in actuality. In the WHO definition, the expression “*complete* physical, mental and social well-being” [emphasis added] echoes this type of conception.

Variants of the asymptotic concept

Two main variants of the asymptotic notion about health can be identified. One variant, the harmonious working together of disparate elements, is a dominant theme in the Indo-European tradition, antedating Galen's notion of the "four fluids" and manifest today in the influence of Walter B. Cannon's ideas about homeostasis. The yang and yin of Chinese philosophy also indicate a search for balance, the restoration of which is one of the healer's primary goals (Huard & Wong 1959, pp. 105 ff.). Grand designs of physiological, physical, and metaphysical order—each replicating the elements of the other—are typical of classical times.

The second type of asymptotic conception is a backward-looking romanticism, which has been described by Dubos in his chapter "The Gardens of Eden" ([1959] 1961, pp. 1-25). For Rousseau and his followers, the ills that beset Western society are consequences of the departure from a perfect state of harmony with nature that is entailed in the process of becoming civilized. Freud also accepted the myth of a precursor of modern man who was exempt from the latter's neuroses, since this imaginary "savage" did not inhibit the biological drives toward aggression and sexuality (Riese 1953, pp. 14 ff.). Remnants of ideas about "primitive man's" closeness to "nature" remain today in such medical folklore as the myth of easier parturition among American Indians and the "innate" superiority of their sense organs. When this theme is transposed to the life cycle of individuals, children may be seen romantically (for example, by the poet Wordsworth) as endowed with sensitive understanding which they gradually lose by exposure to the eroding influence of the "civilized" ways of adults.

In operational terms, the asymptotic definition of health is mostly negative; it implies the *absence* of manifest disturbance. While this notion has advantages in focusing attention on the nonexistence of a clear break between the presence or absence of disease, by the same token it makes for difficulties in conducting health surveys and planning for medical facilities (Lewis 1953; U.S. Department of Health ... 1966).

The elastic concept

Another set of notions about health centers on the accumulation of resistance to potential danger. This may be termed the *elastic* concept. Examples of health behavior derived from this manner of thinking include restricting the water intake of children to make them hardy, homeopathic medicine, and variolation (of differing empirical value, of course). Adversity is not regarded here as a disruption of some prior or ultimate harmony but rather as an ordinary and expected circumstance for which preparations can and should be made. This manner of regarding health seems to play a substantial part in modern preventive medicine. Another good contemporary example of an application of the elastic view of health is psychoprophylactic training for childbirth, by which women are taught to cope with the hardships of delivery through psychological conditioning together with certain exercises (Bing et al. 1961). Some accumulated resistance potentials can be measured operationally in the scientific laboratory by testing an individual's capacity to produce specific antibodies when challenged by an antigenic substance or his capacity for continued adequate performance of sensory tasks under controlled changes in temperature, humidity, pressure, and other conditions.

The open-ended concept

The outstanding difficulty with the asymptotic notion of health (which is circumvented by elastic conceptions) is its unattainability. By turning the argument around, one can start with death as a kind of absolute zero and fix no upper limit for human functioning (Bates 1959, p. 59). This may be termed the *open-ended* conception of health. The outstanding example of this ideology is involved in the attempts to formulate a philosophy of "positive mental health." While some concepts used by the writers in this tradition, such as "self-actualization," would fall in the category of asymptotic notions, the criteria of *growth*, *zest*, and *creativity* clearly belong under the open-ended rubric. The theorists of positive mental health share with the authors of the WHO definition and others mentioned above the desire to construct a manner of looking at health which is based "not merely on the absence of disease or in firmity." However, they go beyond the WHO view of health, and beyond most of

preventive medicine generally, in their search for positive goals which are independent of disease (Jahoda 1958). Health promotion in nutrition, for example, aims to prevent deficiency diseases (a goal which is of the "elastic" type) or persuade people to consume recommended daily norms of nutrients (an asymptotic-type idea). By contrast, "zestful living" does not reach an optimum at certain levels of energy expenditure and could even make people occasionally *more* prone to injury or disease.

Modern medical practice

In terms of actual health behavior in urban societies, open-ended conceptions are more likely to be put into practice in national parks, beauty parlors, bathrooms, or athletic studios than in the offices of doctors or psychologists. Physicians may recommend vacations, walks in the "fresh air," or other types of exercise, but this is usually prescribed for incipient illness or problems of overweight rather than for promoting health as such. In non-Western societies one may find practices aimed at increasing supernatural power, physical strength, prosperity, wisdom, virility, or femininity, which are conceptually and behaviorally integrated with actions to prevent or cure disease. In industrialized societies, however, increased specialization results in the separation of medical institutions from the religious, esthetic, recreational, and economic spheres. As mentioned above, the focus of Western medicine narrowed as the doctrine of specific etiology of disease became the dominant view. Thus, health promotion through such customs as taking cold showers, swallowing vitamin pills to "pep you up," giving laxatives routinely to children, taking walks, and the like is seldom transmitted as part of the professional medical system but rather is passed on through relatives, friends, or the mass media.

The attempt of the mental hygienists to develop a new and positive content for the concept of health is further limited by concern for the possibility of their encroachment on other institutions. Brewster Smith (1961, p. 301) has commented on the difficult position of the psychologist who is asked to provide notions of mental health as substitutes for weakened religious values; and Freidson (1961/1962, pp. 125 ff.) has warned about the dangers of bringing questions of nonconformity to moral, legal, or political norms under the umbrella of medicine. In spite of these problems, it may be predicted that scientific medicine will gradually adopt a more open-ended conception of health as Page 334 | Top of Article the technological tasks of health maintenance in a population with increasing proportions of older people are accomplished and as the relationship between people and their environment once again becomes the central arena of medical concern.

Health beyond the individual

The WHO definition does not specify whether its terms apply only to the health of the individual. In the Greek medical system of the fifth century B.C. and that of some modern Western physicians, as described above, health is seen as an *interaction* between a person and his surroundings. This type of conception is carried even further in the ideas of many non-Western peoples. Margaret Mead (World Federation for Mental Health 1953, pp. 217 ff.) mentions several examples of "continuity" between the well-being of man and of the soil and between the body and "other bodies of the social unit." It is but a short step from a focus on these interrelationships to a consideration of the larger unit itself, without necessarily looking at the individual within it at all times.

As the student in schools of public health is often reminded, his "patient" will usually be a community. Public health is thus not only the name of a medical specialty but also refers to the well-being of various publics (Brockington 1958, pp. 19 ff.). The health of other entities, such as families, societies, the human species, or the entire ecosphere of this planet, has also been discussed.

The resistance potential of a human collectivity to an epidemic of infectious disease cannot be described as the sum or the average of individual immunity: the degree of resistance in different age groups or the spatial dispersion of the population are crucial in estimating the level of "herd immunity" (Gordon 1958). Mental illness is regarded by a number of psychologists and psychiatrists as a

pathological state of an entire family. The illness may be discovered through the request for treatment of a single member who acts as the “messenger boy,” carrying the information about the trouble to the outside world, although he is neither the only one sick nor necessarily the one most seriously disturbed (Gruenberg 1957). There are also some writers who consider it appropriate to label entire societies (for example, Nazi Germany) as pathological and to wonder if any “healthy adjustment” is possible for individuals living in them (Devereux 1956).

Western medical practitioners almost inevitably put a higher value on prolonging individual life than on the health of the social unit—witness the grotesque situation where catheters, sedatives, exorbitant hospital bills, and oxygen tents prevent a dying man from making a decent and meaningful departure from his relatives. Under different cultural circumstances the reverse evaluation may predominate, as among the Navajo Indians of the southwestern United States, who are more concerned with the well-being of the entire kin group than with the maximum comfort of, say, a congenitally malformed infant (Levy 1962).

For an entire species, health may be regarded as a matter of Darwinian “fitness” for continued survival. Unless a species is approaching death through extinction, however, it may be impossible to diagnose its current degree of fitness. The possibility of using modern medicine to keep alive individuals with genetically inherited diseases and the higher reproductive rate of the impoverished classes have been a focus for alarm by some eugenicists. Whether any real danger of “deterioration” exists for the gene pool of the whole human species is debatable (Medawar 1960); but, of course, conceptions of health which regard the proliferation of a “chosen people” as good and their relative submergence by “heathens” or other out-groups as bad are not a recent development (Haller 1963).

The health of the entire ecological system that exists on the surface of the earth can also be evaluated in terms of the survival potential of “life.” Evolution on this planet—inorganic, biological, and social—has in the past moved toward increasing degrees of entropy retardation (Polgar 1961). The catastrophe of nuclear war or the slower but equally irreparable consequences of accelerating population growth are threats to the survival not only of “civilized” man but also of the energy balance of our entire terrestrial ecosystem. According to this view, our future well-being in this world as we know it depends on mankind’s acting deliberately to safeguard and to continue accumulating the ordered energy and information that evolution represents.

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[See also ILLNESS ; MEDICAL CARE ; MENTAL HEALTH ; PUBLIC HEALTH . *Other relevant material may be found in the articles on* CREATIVITY ; EPIDEMIOLOGY ; EUGENICS ; PSYCHOSOMATIC ILLNESS ; SOCIAL DARWINISM .]

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