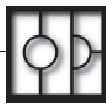

Continuing Education

The Meaning of Health

Joseph E. Balog

Abstract

Many health educators view health as a subjective, comprehensive and multidimensional construct, such as the WHO concept that defines health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. This paper, through a philosophical analysis, demonstrates that health is not multidimensional and is a natural phenomenon. A philosophical discussion contends that health must realistically and logically reside in the person and this requires it to be a physical state. This paper also illustrates that in the language of health, many health educators: (1) confuse what is desired and valued as a good life to mean what is good health; (2) fail to recognize the vital distinction between what affects health and what is health; and (3) inappropriately view health as a subjective human construct as opposed to viewing health as an objective phenomenon. To stimulate discussion, a philosophical analysis of health is presented about the meaning of health. This view argues that health is a state of physical well-being or physical fitness that is defined by how well the body is functioning in accordance with its natural design and how well this natural design affords individuals the ability to achieve essential functional objectives of humans on a biological and "person" level.

THE PECULIAR LANGUAGE OF HEALTH

There is something *peculiar*, *confusing*, and *troubling* about what health educators say and think about health. For example, it is peculiar to read in health education textbooks that a person can have cancer and still be healthy, or as Edlin, Golanty, and Brown express in their textbook, *Heath and Wellness*, "People with disease may live joyful, positive, healthy lives."[1] Yes, perhaps a person with a disease such as cancer can live a joyous and positive life, but not a healthy life.

Cancer represents a serious abnormal malfunctioning of the body that can be life threatening. In fact, malignant neoplasm, according to the National Center for Health Statistics, caused 553,768 deaths in the United States in 2001, representing 22.9% of all deaths. Cancer is a disease that can cause death, and no normal, rational person would desire having cancer. Yes, individuals can adapt to the existence of such a condition, maintain productivity in their daily tasks, and experience happiness while they are sick, but no reasonable person would welcome or seek such a state. So, why then, would someone state that a person who has cancer—a condition that is abnormal, pathological, physically debilitating, life threatening, undesirable, and cause death—is a healthy person?

Would anyone in their right mind not think it peculiar if a doctor performed a physical examination on a child and said to his parents, "My diagnosis is that your son has cancer, but don't worry; he's healthy"? Of course, parents would worry; they would be "worried to death," because cancer represents a pathological condition that is the antithesis of a healthy life. Sure, a child can receive treatment, learn how to adjust to this condition, be courageous, even maintain a level of happiness, and survive. However,

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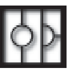


none of these situations negates the fact that the presence of cancer represents an unhealthy state.

Some would argue that a child with cancer could be resilient and courageous in the face of such a challenge. Some claim that these attitudes are indicators of health. They are not. Certainly, the displays of such qualities, especially in the face of a potentially life-threatening disease, are extremely valuable, desirable, noble, and worthy human traits. However, there is no need to substitute any words or to redefine meanings here; these qualities represent that children have the remarkable capabilities of being resilient and courageous.

Acting bravely in the face of cancer is courageous. Similarly, jumping into a river and risking one's life to save a friends life is courageous, but these actions and behaviors are not health nor are they acts of health. An act of health involves decisions and actions that promote the natural design and proper functioning of body. For example, a person who exercises can lower his or her heart rate and raise his or her level of fitness. This person is engaged in a healthful behavior. The act of exercising is not an act of courage; the person's heart is not in a state of courage. Rather, this person is involved in an activity that is improving the natural design and well functioning of his or her cardiovascular system that can promote health and prevent disease. It is as peculiar to equate the act of exercising with acts of courage as it is peculiar to say a person with cancer is healthy.

I understand the desire to want to recognize and admire courageous people. Humans value such traits as courage and value individuals who possess such qualities. However, the main point made in this paper is that health educators need to correct blurred dichotomies that exist in the language of health. The first blurry dichotomy presented above is that health educators need to resolve the fact that what health educators value in life is not the same as what is valuable for health. Put another way, health educators desire a good life, but a good life is not the same as good health.

THE CONFUSING LANGUAGE OF HEALTH

As peculiar as the language of health can be, it also can be confusing. For example, it is confusing when one hears a health educator express views of health that contain several diverse and contradictory ideas within one description of health. For instance, recently a health educator stated to graduate students of mine that, "To be in good health is to be in a complete state of well-being. It is a state of complete physical, mental, and social prosperity. Health is multi-faceted. One can be in good mental and social health, but may be lacking in physical health. This does not make the person unhealthy, because he or she still has a sound mind. He or she may have an illness that affects just the physical aspect of his or her well-being. So one can be ill, but he or she is quite healthy at the same time."

Ideas such as these, as Daniel Callahan so eloquently pointed out over 30 years ago, present an attractive idea that health and humans are more than physical and that there exists "…some intrinsic relationship between the good of the body and the good of the self."[3] Holders of such views, I assume, must believe that humans are more than the sum of their physical being and that health "resides" somewhere in the whole person "outside" of his or her physical nature. This is an appealing idea found in several views of health as represented by the World Health Organization, which states states, "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."[4] However, as so astutely criticized, such a comprehensive and idealistic view of health breaks down "…when one drops a brick on one's toe; and it impels the analyst to work toward a conception of health which in the end is resistant to clear and distinct categories, closer to the felt experience."[3]

If one accepts the idea that health is "multifaceted" and contains several dimensions such as physical, mental, emotional, social, spiritual, and so on, then this notion begs the question *Where does health reside?* Does health reside within a person, among persons, or outside of a person's body and somewhere located in a spiritual universe? At first, these questions may sound silly, but at closer inspection, the idea of health being multidimensional is really the silly idea. Consider the notion of social health. When I ask health educators what social health means and how one can determine if a person is socially healthy, the answers usually revolve around the idea that social health is the ability to get along with others; this view is also propagated in health education textbooks.[5–8] Consequently, if we are to take this view seriously, then an evaluator of health must look "outside" a person to determine if a person is healthy; an evaluator must judge how well an individual is interacting with other people. In this case, health appears to reside outside a person and among acquaintances. This makes no sense at all. In other words, to determine if a person is healthy, an evaluator must look at the quality of social interaction among individuals and establish if all parties involved are having "healthy" interpersonal relations. What if three people are involved in a relationship and two of them are getting along but the other is not? How can the health of an individual be determined? Does a simple majority determine health? Is health established by the quality of dialogue or interactions between two individuals or does it reside outside an individual and within the "space" among all three individuals? If one person is not interacting "well" among all three individuals, then are all three individuals unhealthy or is only one person unhealthy? Who should make this judgment? One of the parties involved in this relationship?

These questions demonstrate how the idea of social health is ludicrous. Health does not reside outside of a person and it shouldn't be determined by another person's judgment about how well an individual is getting along with other individuals. Health resides in people, in their bodies, not in dialogues or among the quality of interactions that exist among people. In epidemiological terms, a microorganism that can cause disease is not unhealthy, nor

is the environment unhealthy. To determine whether health exists, one must evaluate the physical condition of a living organism that exists in the environment and compare its state to its natural design and function to determine if that organism is healthy. Health resides within an organism, in the host.

Certainly, an agent in the environment can have an effect on the health of the organism, but an agent is not health; it affects health. Similarly, another person in my environment can have an effect on my health, but another person, or a judgment made by another person about the quality of my relationship with them, is not my health nor is the interaction between this person's health and me. Some relationships can be good, bad, joyful, irritating, pleasurable, and so on, but these are judgments about the existence and quality of social and interpersonal relationships; they are not health. Consequently, the next key dichotomy that needs corrections is that health educators need to recognize the vital distinction between what affects health with what is health. Social, spiritual, and emotional dimension, and the like can affect health, but these dimensions are not health. Social interactions, spiritual beliefs about the meaning of life, and feelings of love and hate can stimulate physiological reactions in one's body, but they are not health, nor do they contain health; health is contained in one's body.

THE TROUBLING LANGUAGE OF HEALTH

Various views of health exist in the literature and in the minds of health educators. In fact, the profession of health education has stated that the field itself has no agreed upon view of health. Consider the fact that in the Report of the 2000 Joint Committee on Health Education Terminology, the authors affirm "There are many definitions written for the word 'HEALTH,'" and offer three very different thematic views for contemplation.[9] These notions of health, along with others found in the literature, present diverse notions of health that revolve around such themes as wholeness, well-functioning, well-being, high-level wellness, adaptability, happiness, and the like.[10–13] Such peculiar and confusing views about what it means to be healthy is troubling since, if for no other reason, such diverse views indicate that the field does not have a clear view of health, which could lead to, at best, ambiguous goals and directions for the field, and at worst, flawed, harmful, and ineffective health education interventions.

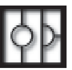
There are several reasons offered in the literature that discuss why health is such a difficult and confusing concept to describe. Arthur Caplan, in the philosophical vernacular of normative and nonnormative views of health, and others present several of these reasons including the fundamental task of questioning whether health is a concept that humans create or whether health is a natural phenomenon that exists in the world, albeit an occurrence that is challenging to recognize, understand, and describe.[14–16] However, perhaps an insight from Soren Kierkegaard about discovering what is truth better explains why health educators exhibit such a lack of consensus about what it means to be healthy.

"Subjectivity is truth!" Soren Kierkegaard argued in *Concluding Unscientific Postscript to the Philosophical Fragments: A Mimic-Pathetic-Dialectic Composition, An Existential Contribution.* He offered this thought-provoking insight about how humans perceive and relate to the world. The notion that subjectivity is truth, regardless of whether humans are cognizant or not about how perception shapes reality, is a fascinating psychological and philosophical puzzle for humans to explore. Kierkegaard offered this point of view early in his writings and proposed that subjective truth influences action and the pursuit of a meaningful life.[17] Kierkegaard said:

> What I really need is to get clear about what I must do, not what I must know, except insofar as knowledge must precede every act…[T]he crucial thing is to find a truth which is truth for me, and to find the idea for which I am willing to live and die. Of what use would it be to me to discover a so-called objective truth, to work through the philosophical systems so that I could, if asked, make critical judgments about them, could point out the fallacies in each system; of what use would it be to me to be able to develop a theory of the state…and constructing a world I did not live in…

Kierkegaard's ideas are exciting to read and contemplate. Yet, a person does not have to be a student of philosophy or Kierkegaard to hold these beliefs. In the field of health education, it is common to observe how passionate people feel about their subjective truth, especially when health education professionals and health education students offer their views on the meaning of health and their ideas on how to best achieve health. Health educators, and future health educators, passionately believe in the value and pursuit of health, regardless of whether or not they have formally analyzed their ideas and beliefs, or whether or not they use subjective truth to create views of health. However, if one's subjective truth has created a world that few live in, or has created a world absent of clear and effective methods for achieving health, then it is perhaps necessary to question with more objective and analytical methods what it means to be healthy.

Consider the following example to support the idea that it is troubling to view health subjectively and at the same time hold various and contradictory notions of health. In an exercise to explore what it means to be healthy, I ask practicing health educators and students in health education programs to decide whether a paraplegic or a quadriplegic person is healthy or not. In over 20 years of asking this question, it is rare for one to say that such individuals are unhealthy. Health educators typically say that these conditions are abnormal, they represent a malfunctioning of the body, they are not natural, and they are the antithesis of an evolutionary design of the body, but health educators will not say that these persons are unhealthy. They will point out that persons who are paraplegic or quadriplegic



can be adjusted to their condition, feel good about themselves, perform valuable roles in society, and be happy. Thus, what may appear to be an obvious improper physical functioning is not viewed as unhealthy. Rather, health is defined by subjective views of adaptation, coping, overcoming adversity, happiness, and the like.

Yet, as noble as this view is, and as courageous a paraplegic or quadriplegic person can be, adhering to such a view is troubling. Again, making a judgment about human qualities that we value in life does not eliminate the presence of a condition that is not healthy. On closer inspection, the idea that a paraplegic person is healthy based on the idea that this individual has adjusted to life and is happy does not hold up to a critical analysis. Suppose, for example, an infant is born with this condition; do we have to wait 20 or so years to see whether this person has learned to accept their condition, adjusted to life, has made a meaningful contribution to self and society and is happy? Doesn't health exist throughout one's entire life and can't a decision about health be made immediately after birth and with regards to the proper functioning of the body? It makes no sense that a judgment about health can't be made until one grows up and performs valued activities determined by others.

To continue this example and by using another physical condition, I have asked the same groups of health educators whether obese persons are healthy. Curiously, and in contradiction to the above dialogues, health educators are not willing to say that these individuals are healthy. They point out that even though obese individuals may feel fine, have adjusted to their physical state, are happy, and are performing their roles and responsibilities in society, health educators are also quick to point out that obese individuals also have a lifestyle and condition that is physically damaging, related to heart and other diseases that lead to a shorter life expectancy. The logic used in evaluating obesity is contradictory to the logic used in evaluating paraplegia or quadriplegia. Poor physical health justifies viewing obesity as unhealthy. Yet, poor physical health does not justify viewing paraplegia or quadriplegia as unhealthy. The dichotomy that appears to be influencing these contradictory views is that health educators are seeing health as an objective phenomenon and a human construct at the same time. As a result, health educators confuse what they value as a good life with what they value as good health.

SO, WHAT IS HEALTH?

To answer the question of what health is, one should begin with the realization that logically and realistically health must reside in the person and this requires it to be a physical state. Otherwise, health is no more than a subjective and relative concept that is invented and defined in relationship to cultural values and social norms that could lead to peculiar ideas such as social health or defining health by what humans desire as a good life as being equal to good health. Nonetheless, if health exists, then it must be a part of what it means to be human and to live within the human condition. Consequently, I would argue as Callahan proposed, "health is a state of physical well-being," or, put another way, health is a state of physical fitness.[3] I would also add, as I have presented before, that a state of physical well-being or physical fitness is defined by how well the body is functioning in accordance with its natural design and how well this natural design affords individuals the ability to achieve essential functional objectives of humans on a biological and "person" level.

Previously, I have argued this point, but with the belief that health is a human construct that is related to the functional objectives of humans that are defined in relationship to cultural values and social norms.[16] Now I believe the opposite: that health is a natural phenomenon that is clearly rooted in the physical domain and measured and assessed by how well the body is functioning in congruence with its natural design and how well an individual achieves the functional objectives of being human. There will be disagreement as to what these functional objectives are but, at a fundamental level, humans more or less offer a great deal of coincidence in their estimation of them.[18–20] For example, the preservation of life, the prolongation of life, the avoidance of pain, the procreation of the species, the gratification of desires and the insurance of security for the species are fundamental goals on a biological level. In this sense, it becomes clear why a child with cancer is unambiguously unhealthy; cancer can be a painful malfunctioning of the body that possesses the potential to interfere with an individual's functional objectives of life, including life itself.

On a "person" level, the maintenance of self-consciousness, the ability to make self-assessments and the potential to make rational judgments are fundamental objectives of humans. Health at this level is the possession of a central nervous system that is physically functioning in accordance with its natural design. In other words, health means being physically fit enough, as the Surgeon General's Report on mental health has implied, to have the mental functions of thinking, reasoning, feeling, and thoughts about purposive behavior.[21] As neuroscience has taught us, the mind and body are inseparable: the mind contains the mental functions of thinking, mood, and purposive behavior and the mind and psychological phenomena are expressions of biological processes that are physical activities derived from the brain. Thus, health at the "person" level is a physical state of successful performance of mental functions. Judgments about the quality or value of these mental functions are not health, nor are the opinions of others about the intended or actualized behaviors related to thoughts. Health is proper functioning of the central nervous system that affords individuals levels of mental functioning that has the ability to achieve the essential functional objectives of humans on a biological and person level.

Yes, self-conscious, rational and quality thoughts may lead, as the Surgeon General Report described, to "…productive activities, fulfilling relationships with other

people, positive attitudes, and abilities to adapt to change and cope with adversity."[21] However, these states of affairs are results of successful mental functioning, not the successful mental functioning itself. Certainly, rational and irrational thoughts and behaviors can affect health and how an individual thinks and feels can impact on one's personal and social well-being, but these resulting thoughts, feelings, and behaviors are not health.

In our culture, the resulting thoughts, feelings, and behaviors of mental functioning are viewed and defined as mental health, but it would be more accurate to define these results of mental functioning as states of personal and social well-being that are determined by cultural values and subjective views of a good life. Thoughts, emotions, and behaviors are assessed and evaluated as being appropriate or inappropriate, harmful or harmless, good or bad, right or wrong,and so on, based on the valued and acceptable standards of normalcy in a society. Of course, this theme brings up the related issue of what mental health is and how is it defined in our society, a discussion that needs to be addressed in length and at another time. For now, however, it is important to recognize that, as Cowen noted, mental health is a difficult concept to define and what it means to be mentally healthy varies across cultures and is related to many different interpretations that are rooted in values and judgments about acceptable and desirable thoughts, feelings, and behaviors.[22] Nonetheless, thoughts and feelings can have a positive and negative effect on personal and social well-being as well as on health. And, in our society, when thoughts, feelings, and behaviors are related to mental disorders such as Alzheimer's disease, depression, attention deficit/hyperactivity disorder, and/or less intense psychological concerns termed "mental health problems," these conditions are legitimate problems that need treatment and professional interventions ranging from counseling or psychotherapy to psychopharmacologic interventions.

These mental disorders and mental health problems, as the Surgeon General recommended, are real conditions that affect health and a quality of life, and should be part of the mainstream of health care. Some of these concerns have known physical etiologies and some do not. Some of these conditions are expressions of poor physical health and some are results of thoughts and behaviors that lead to personal and social distress. However, regardless of whether or not mental disorders and mental health problems are known to be rooted in a physical state or lead to pain and suffering, in practice mental disorders and mental health problems are labeled and placed within the domain of mental health in the nation's health care system. The results of mental functioning (what affects health, not the mental functioning itself) are what is seen as mental health. It would be naïve to believe that the practice of blurring the distinction between what affects health and what is health on a person level will change in contemporary society, for this has been a practice throughout Western society. In the Platonic dialogue, *Charmides*, for example, Socrates demonstrated this position when he criticized the Greek physicians for foolishly neglecting the whole when attempting to heal a part.[23,24] As Leon Kass indicated, Socrates argued that:

> Just as one must not attempt to cure the eyes without the head or the head without the body, so neither the body without the soul [mind]. In fact, one must care "first and most" for the soul if one intends the body to be healthy. If the soul is moderate and sensible, it will not be difficult to effect health in the body; if not, health will be difficult to procure…

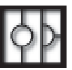
Thus, Socrates believed that an individual's way of life and the soundness of his soul [mind] were necessary preconditions for health. That is not to say that Socrates thought that the excellence of the soul and the excellence of the body were one and the same, but rather that health was significantly affected by and dependent upon virtue. This view of health is as true today as it was in the beginnings of Western society.

CONCLUSIONS

Three basic conclusions may be drawn from the above discussion. The first is that health resides within individuals, it is natural phenomena, it is a state of physical well-being or physical fitness, and it is defined by how well the body is functioning in accordance with its natural design and how well this natural design affords individuals the ability to achieve essential functional objectives of humans on a biological and person level.

The second conclusion is that health educators do not find the above physical view of health as attractive and are drawn to multidimensional views of health, such as the WHO concept of health, which sees health as some peculiar, confusing and unrealistic state of physical, emotional, social, and spiritual well-being, or put another way, health is seen as what is desirable as a good life. However, this paper argues that what constitutes good health, physical well-being and physical fitness, is only a small portion of what constitutes a good life, and it is inappropriate, if not foolish, to equate health to virtue.

The third conclusion is that heath educators should know and be clear about the distinction between what affects health and what is health. This will help health educators to eliminate peculiar, confusing and troubling ideas about mental, emotional, social, and spiritual health, and help limit health education intervention to known and effective interventions that promote physical fitness and prevent and reduce physical diseases. Health educators who are prepared in college health education professional preparation programs that lead to the Certified Health Education Specialists (CHES) credential should understand and recognize how social and emotional factors affect health, but they do not have the training to properly address, define, or treat these conditions. Health educators should use their professional roles for improving the physical health of individuals and reducing the ills of physical disease. Health educators



should *not* use their professional roles for addressing the problems of virtue and life unless, as Keirkegarrd said, health educators are more interested in finding a subjective "…truth which is truth for me…" and less interested in discovering "…a so-called objective truth…" Thus, the "crucial things," or the crucial questions for health educators, are which truth will give the profession of health education the best map for promoting health and preventing disease and which view of health provides the profession of health education with, metaphorically speaking, a truth that health educators are willing to live and die for. Health educators should passionately pursue health guided by their concept of health, but they should be guided by a concept that is objectively and analytically discovered with reason. If not, health educators run the risk of passionately creating a subjective truth of health that reflects a world that few live in, a world absent of a clear view of health, effective methods for achieving health, and an understanding of what it means to be healthy.

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