

The definition of health

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1985

This article should be cited as:

Van der Geest, Sjaak (1985) The definition of health. *Culture Medicine & Psychiatry* 9 (3):
287-294.

THE DEFINITION OF HEALTH

W. Wright, *The Social Logic of Health*, New Brunswick: Rutgers University Press, 1982.

The most embarrassing question one can put to physicians is probably: What is health? Often they prevaricate by providing the evasive non-definition: the absence of disease. The inability to define health is surprising if one takes into consideration how central the concept of health is in present-day society, both on the individual and the socio-political level. Countless policy measures and as many personal endeavours are carried out to improve health, but what health is, remains obscure. It was this paradoxical state of affairs which prompted Will Wright (1982) to undertake his study on *The Social Logic of Health*. The author is a sociologist and has previously published a book on 'The Western'. The argument of the present study is predominantly philosophical.

Wright develops his argument by contrasting his view with four established opinions about health. Firstly the view, which is common in medical circles, that health refers only to the physiological state of the human body and that it can be verified and measured by external technical means. Secondly the opinion, found both in the medical profession as well as among some advocates of holistic medicine, that health is a concept which is applicable only to the individual. Thirdly, that health can be divided into two spheres: mental and physical. Finally, the assumption held by some grand theorists in social science, that it is unavoidable that a 'healthy society' imposes unhealthy conditions on at least some of its members.

Anthropologists and others who try to define 'health' are faced with a dilemma. On the one hand, there is the Scylla of a too narrow bio-medical definition which does not seem to do justice to the full human experience of feeling well (or not feeling well). On the other hand, they meet the Charybdis of a broad definition which declares almost anything in the human environment part of the medical domain. It is the latter point of view, the so-called 'medicalization', which has been attacked by a great number of authors, such as Zola, Illich, Barbara and John Ehrenreich, Crawford and De Swaan. I hope to demonstrate that Wright's argument, however interesting and important, falls victim to what I have named the Charybdis.

Wright's approach consists of carefully scrutinizing the meanings of 'health' and 'healthy' in everyday language. Starting from the patient-physician encounter he deduces that patients have a much broader notion of health than 'the right' functioning of their body'. The fact that patients often decide *not* to follow the

doctor's instructions, is taken as an indication that they also include phenomena in their health problem which are not strictly medical. He continuously suggests new definitions of health which he then tests by placing them in an ordinary context of people speaking about their 'health'. The pithiest and most satisfactory definition he finds is: "an individual's ability to be fully human".

Wright is conscious of the fact that a crucial test of this definition lies in the meaning of 'fully human.' He clearly rejects reduction to the biological mechanism of the human body and emphasizes the social character of being 'fully human.' At the same time he points out that there are no universal, objective criteria to establish health, as often seems to be claimed by medical scientists. What is considered as 'natural' and 'ideally human' may differ from culture to culture.

Wright's most important thesis is that health is not a neutral but a moral concept; one which incites people to action. It is probably one of the strongest values in human ethics, because no moral concept can be so easily brought back to a concrete empirical phenomenon as health. Moral concepts which are much harder to relate to tangible phenomena are justice, freedom, peace and progress, for example.

Finally Wright attempts to convince the reader that it is possible to create a 'healthy society' where optimal 'health' (following his own wide definition) is guaranteed for all. However, I am afraid that this is the least convincing section of his book. His reasoning reminds one of the proof of God by the Scholastic philosopher Anselm: what can be logically thought, must also exist. Wright is certainly right in concluding that it is a contradiction to call a society 'healthy' if in that society a part of the population is forced to live under miserable, unhealthy conditions. However, this observation does not yet imply that a society where 'health' is attainable for all can be realized.

Numerous philosophers and social reformers have had visions of a perfect society: Plato, Augustin, Thomas More, Campanella, Saint-Simon, Fourier, Owen, Bellamy and Fromm, to mention some of the best-known. A discussion of the ideas of these utopians and of their critics would have prevented Wright from the somewhat simplistic argument concerning a 'healthy society.'

In this review, however, I want to focus on Wright's expansion of the definition of health. He describes and rejects the narrow definition in the following analogy:

With respect to the body, health is a good thing in the same way that, with respect to a piano, being in tune is a good thing. Both are machines whose purposes can be fulfilled only if they are functioning properly; therefore, in terms of the machine, functioning properly is a good thing. However, all other human purposes and values depend so intimately upon the proper functioning of the body, in ways they do not depend upon the proper functioning of a piano or any other machine, that the health of the body is an absolute good thing, whereas the proper functioning of all other machines can only be judged as good relative to more fundamental human values (p. 38).

Wright finds support for his broadening of the definition among anthropologists. He refers to Fabrega and Silver (1973), Willis (1979), Morley (1979), Horton (1970) and Maclean (1979). He could have cited many more, because medical anthropologists all over the world have indeed shown that (in Wright's words) "in many other cultures health and illness are traditionally deeply intertwined, conceptually and practically, with the social, moral and political life of the community" (p. 58). I do not think, however, that the intertwining of health and illness with other areas of life (NB: the author seems to use the terms 'health' and 'illness' in their narrow, physical meaning here) is a reason to change the meaning of the words. If all that is intertwined is given the same name we could do away with most of our vocabulary and would no longer be able to express in words the mere fact of intertwinement. I suggest, therefore, that it is more useful to stick to a rather narrow physical definition of 'health', keeping in mind, however, that the physical condition which we call health – or illness – can be brought about by, and be linked with, almost any other aspect of the human condition, be it social, psychological, moral, religious or what have you.

It is interesting that Wright cites the psychiatrist Szasz, who is very explicit in rejecting a caoutchouc definition of health; he even does not want the terms health and illness to be used for people's mental condition: "Strictly speaking . . . disease and illness can affect only the body. Hence there can be no such thing as mental illness. The term 'mental illness' is a metaphor" (Szasz 1973). And elsewhere he writes (also quoted by Wright): "The practice of mental health education and community psychiatry is not medical practice, but moral suasion and political coercion Mental health and illness are but new words for describing moral values" (Szasz 1974: 35–36). Of course, one can debate Szasz's controversial stand on psychiatry and 'mental illness' and argue that with the advance of science more and more behavioural syndromes may be analysed in physiological and biological terms. As Wright (p. 103) predicts: in that case "mental illness will no longer be a metaphor; indeed, mental illness will *become* physical disease." Such reasoning however would be beside the point and only confirm Szasz' terminological preference for a clear and narrow definition. The grounds on which Wright rejects Szasz' definition is that health "refers to a more fundamental sense of human life and experience than is available . . . through discussions of biology and physiology" (p. 104), and he concludes: "Health is quite possibly a moral concept with an empirical referent" (p. 104). I would rather say: Health is an empirical concept with a moral referent.

I am afraid that Wright too easily gets rid of the narrow definition. He seems to view defining something as divorcing it, separating it from its natural context. Defining, however, is a conceptual tool which enables us to see the intimate linkages between everything and everything. Szasz (1974: 15) again says it very clearly with respect to the concept of health (again cited by Wright, p. 101):

“Although the desirability of physical health, as such, is an ethical value, what health *is* can be stated in anatomical and physiological terms” (emphasis added).

While pleading for a narrow definition of health, I shall now argue that the concept of ‘physical health’ (indeed a pleonasm) is linked in at least four ways to domains which transcend the restriction of the human body.

In the first place physical well-being depends on conditions which are not directly part of the human body. Some conditions can be clearly demarcated from it, such as those belonging to the physical, social and cultural environment in which one is living. Other conditions are more closely intertwined with the somatic aspects of the individual: his psychic and emotional state, his perception and symbolization of the environment. The Belgian anthropologist Devisch (1983b, 1985), inspired by some philosophers and by anthropologists such as Mary Douglas, Victor Turner, Lévi-Strauss, Kleinman, Fernandez and Bourdieu, views the relationship between the body and the socio-culture in terms of ‘metaphorisation’, ‘symbolic transformation’ and ‘transference’. The three terms are approximate synonyms and refer to the way in which the body converts to the socio-cultural and natural world surrounding it. Although in Devisch’s design the intertwining of bodily health and environment is extremely intense and complex, the conceptual distinction remains. Without this distinction Devisch would not be able to come to grips with the problem and to communicate his thesis to others.

The insight into the close connection between physical health, environment and the psycho-social experience has led to the application of the terms ‘health’ and ‘healthy’ (or ‘unhealthy’) to aspects of the human condition which *produce* or *help to maintain* physical health (or the absence of it). This way of speaking is a derivation of the original meaning of health and can only be understood when this derivation is kept in mind. Examples of such ‘second hand’ use of the term healthy are: healthy air, healthy food, healthy work, a healthy sport, and, depending on its context: a healthy relationship, a healthy idea, a healthy hobby, etc.

The second linkage of a narrow definition of health to a much wider dimension of human experience lies in the awareness that physical health (I continue to use this pleonasm to avoid misunderstanding) has far-reaching consequences for the over-all quality of life. Someone with a healthy body has – generally speaking – better prospects to attain a happy and satisfactory life than someone who lacks bodily health. It should be emphasized, however, that physical health is not a guarantee for, what Wright calls, “being fully human”. In the same way, physical disability does not necessarily prevent somebody from attaining a fully human development. It would however be absurd to call someone who manages to live a satisfactory and happy life in spite of physical health problems ‘healthy’. There are excellent alternative words to describe such a situation. It seems that

Wright is conscious of this contradiction but he does not resolve it. Ironically, Illich (1977), who has so violently attacked the expansion of medical practice and language into nearly every aspect of human life, has nevertheless proposed a wide and vague definition of health which will probably further facilitate the process of medicalization. He calls health a virtue, the ability to cope with pain, sickness and death (*not* the absence of pain, sickness and death). Health is identified as human autonomy. Those who are physically sick can be totally healthy in Illich's terminology. No one will understand him, unless one reads his book, and tries to forget the ordinary meaning of words.

The third linkage lies in the field of metaphors. I doubt whether there is anything which has been as prolific in providing metaphors and analogies as the human body. Some authors who have pointed out the importance of the body as communicative and symbolic medium are Douglas (1970, 1973), Hall (1969) and Devisch (1983a). The richness of the body as a metaphor presents itself overwhelmingly if one consults words like hand, foot, head, nose, eye, mouth, heart, stomach, bones, etc., in the dictionary. Physical health and illness in particular have proved powerful metaphors. Some may prefer to call them clichés because of their over-use. 'Healthy' as an adjective can be used for almost anything which, in analogy with the body, functions properly. In Dutch for example one can speak of 'healthy sense' (best translated as common sense). Both in English and in Dutch one speaks of 'a healthy economy',¹ 'a healthy business', 'healthy fruits', etc. As we have seen, Szasz has shown that applying the terms 'health' and 'illness' to mental and behavioural phenomena is also metaphorical. Both Szasz and Wright point out that the term 'healthy' becomes synonymous with morally good. In that – secondary – meaning it can be added to words as different as judgement, taste, world view, marriage, hobby, character, humor, art, language, and situation. Risking becoming monotonous, I must emphasize that all these are examples of a metaphorical terminology, a way of speaking *derived* from the proper meaning of 'health'.

Susan Sontag (1983) has exerted herself in showing the other side of the metaphorical health medal. Her book provides an extensive summing up of how illness (particularly cancer) is used as a metaphor for a wide range of phenomena. She draws her examples mainly from written sources such as novels, poetry, biographies, diaries, historical accounts and essays. The quotations refer mostly to political and moral issues, but examples referring to other areas of life could probably be found as well. I cannot resist quoting some of the most 'pictorial' examples in her collection. Baudelaire, an anti-democrat, used the illness metaphor to denounce new political developments: "We all have the republican spirit in our veins, like syphilis in our bones – we are democratized and venerealized" (p. 36). Trotsky compared Stalinism to cholera, syphilis and cancer (p. 84). Arabs call Israel "a cancer in the heart of the Arab world" (p. 86) and Lawrence

called masturbation “the deepest and most dangerous cancer of our civilization” (p. 87). Machiavelli used the medical analogy of “cutting off a serious disease early” to express the statemanship of forestalling social crises (pp. 80–81). In French a mouldering stone is called *lèpreuse* (p. 63). One could thus continue *ad infinitum*.²

The fourth linkage of ‘health’ to the wider area of human existence is closely linked with the first and second ones and refers to morality and politics. Any aspect of human existence, any concept, any phenomenon assumes a moral dimension as soon as people make a pronouncement on its desirability, on its value, whether good or bad. As Wright (pp. 36–64) has shown, this applies particularly to the concept of (physical) health, which is considered to be one of the most valued qualities of life.

If a healthy body is so highly valued because it has such far-reaching consequences for human development, health will be given very high priority in human activities. In particular politicians are expected to create conditions for optimal public health, and if they cannot, they will have to pretend they can by the use of political rhetoric.

However, the fact that health assumes moral and political significance is no reason to redefine it in moral terms. As I have stressed, anything that has value becomes morally ‘infected’, for example education, music, a child, a house, a car, money and a video recorder. Does it mean that all these concepts should be given a new definition which does justice to their moral dimension? For the same reason ‘health’ should retain its basic definition of *proper functioning of the body*. Using this key definition enables us to see the intricate linkage of health with almost every aspect of the human life in general.

To some this argument may seem to be hair splitting. What difference does it make whether one favours a broad definition of health or a narrow one which regards the wider uses of the concept as derivative? The difference is that Wright, unwillingly, prepares the ground for increased medicalization. Viewing health as an all-embracing concept leads to an all-embracing medical profession. Illich has rightly warned us against the dangers of such a development, although he used the wrong terms.

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NOTES

¹ On the BBC I heard someone talking about the 'anemic economy'.

² It is interesting that the strength of the bodily metaphor is such that it is not only used in language. The body itself can become a metaphor and a symbol referring to very different areas of life, and able to convey very different messages. The healthy politician, who jogs, practices horse-riding, cycling or any other sport, radiates political confidence, however absurd this may sound. Conversely demolishing bodily health may be particularly apt to express disapproval and protest in a highly intensive way. Lewis' (1975) study of possession-illness as a hidden protest is well-known. Numerous medical anthropologists have drawn similar conclusions about illness as a culturally coded signal for help. Phenomena as hunger strike and suicide have proved to be very effective symbols to attract the public attention for a particular problem. Torture is known to have far more consequences than bodily impairment.

Sontag (1983: 30) remarks that very successful metaphors may even provide for contradictory applications. She shows this beautifully in the example of tuberculosis. She writes that by the mid-eighteenth century TB had acquired the association of being attractive, interesting. Morbidity was coming to be regarded as beauty. A fragile health became a mark of distinction. Sontag (p. 33):

It became rude to eat heartily. It was glamorous to look sickly. 'Chopin was tubercular at a time when good health was not chic', Camille Saint-Saëns wrote in 1913. 'It was fashionable to be pale and drained.'

REFERENCES

- Devisch, R.
 1983a Space-Time and Bodiliness: A Semantic-Praxiological Approach. *In* R. Pinxten (ed.), *New Perspectives in Belgian Anthropology*. Göttingen: Herodot; pp. 13–35.
 1983b 'Ik blijf me raar voelen in de buik': Een semantisch-antropologische verkenning van bovenbuikkachten in Vlaamse huisartspraktijken. *Antropologische Verkenningen* 2(3): 139–75.
 1984 Symbol and Psycho-Somatic Symptom in Bodily Space-Time: The Case of the Yaka of Zaire. *International Journal of Psychology* 20 (3–4), in press.
- Douglas, M.
 1970 *Purity and Danger*. Harmondsworth: Penguin (1966).
 1973 *Natural Symbols: Explorations in Cosmology*. Harmondsworth: Penguin.
- Fabrega, H. Jr. and D. B. Silver
 1973 *Illness and Shamanistic Curing in Zinacantan*. Stanford: Stanford University Press.
- Hall, E. T.
 1969 *The Hidden Dimension*. Garden City: Doubleday Anchor Books.
- Horton, R.
 1970 African Traditional Thought and Western Science. *In* B. Wilson (ed.), *Rationality*. Oxford: Blackwell; pp. 131–71.
- Illich, I.
 1977 *Limits to Medicine. Medical Nemesis: The Expropriation of Health*. Harmondsworth: Penguin.
- Lewis, I. M.
 1975 (1971) *Ecstatic Religion. An Anthropological Study of Spirit Possession and Shamanism*. Harmondsworth: Penguin.
- Maclean, U.
 1979 Choices of Treatment Among the Yoruba. *In* P. Morley and R. Wallis (eds.), *Culture and Curing*. Pittsburgh: University of Pittsburgh Press; pp. 152–67.

Morley, P.

- 1979 Culture and the Cognitive World of Traditional Medical Beliefs: Some Preliminary Considerations. *In* P. Morley and R. Wallis (eds.), *Ibid.*; pp. 1–18.

Morley, P. and R. Wallis (eds.)

- 1979 Culture and Curing: Anthropological Perspectives on Traditional Medical Beliefs and Practices. Pittsburgh: University of Pittsburgh Press.

Sontag, S.

- 1983 (1978) *Illness as Metaphor*. Harmondsworth: Penguin.

Szasz, Th.

- 1973 Mental Illness as a Metaphor. *Nature* 242: 305–7.

- 1974 (1970) *Ideology and Insanity*. Harmondsworth: Penguin.

Willis, R.

- 1979 Magic and Medicine in Ufipa. *In* Morley and Wallis (eds.), *op. cit.*; pp. 139–51.

Wright, W.

- 1982 *The Social Logic of Health*. New Brunswick N.J.: Rutgers University Press.