

# What is health? What is disease?

## Thoughts on a complex issue

By M. Fatscher & T.Liem, 2011

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Health is usually something that is hidden, only coming to the fore when it is not a "given." The loss of health is evident only when we become sick. The question "what is disease?" seems easier to answer. Disease manifests itself as disorder recognised by the presence of symptoms. Disease can be described, objectified and classified. But can the same be said of health?

In 1948, The World Health Organisation (WHO) defined health as **"the state of complete physical, mental and social well-being and not merely the absence of disease or infinity."** This is a helpful definition because it is recognised that health goes beyond physical considerations and is viewed in its psychosomatic entirety. **Health is not limited to the person as an individual, but it's also expressed in the person's relationship with the surrounding world.** Health is seen to be more than the absence of disease; but is defined in terms of **subjectively experienced well-being.**

However this definition also raises some problems. **In this definition, health is described as an ideal, static state.** Though in reality, how many people really do enjoy complete physical, mental/ spiritual and social well-being? In these terms, health is equated with the highest good—i.e., wellbeing. It has been criticised as idealistic and subjective.

Another helpful definition suggests that disease is functional disorder, i.e., the disturbance of a functional balance. According to this definition **disease is understood as functional disturbance and health as functional efficiency. Here, the definition of health is derived from disease**—specifically, **the absence of disease**; and **the achievement of health is viewed as the removal of these functional disturbances.**

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 prerequisite for understanding disease. This approach describes facts, but cannot say what should be the norm.

**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—in the sense of establishing the old order of set of values. However, it has always been clear that **healing is not always oriented toward a previous state of health, but is based on the concept of health as an evolutionary process, and embraces a higher order dynamic balance of the person as a whole.**

**Disease and health link back to the psycho somatic well-being of a particular individual.** This involves reference to the individual biography (history of disease entertainment of health) and the socio-cultural context of the individual.

**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 often forgets that diseases are linked back to the individual experience of being ill—disease cannot be separated from person who is ill.

**Integrated models of health promote various strategies to inform, educate, train and advise on matters of health, encourage self-help and promotes preventative medicine.** They also recognise that addressing several context dimensions (system levels), such as the spiritual dimensions of health, should also be taken into greater account.

**Many approaches of complimentary an alternative medicine see health and disease as a dynamic continuum.** To some extent disease is 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.”**

Interpretation of human and interpersonal phenomena in exclusive terms of anatomical and physiological processes risks the reduction of the person, especially when inner experiences are disregarded, to the energetic or physical level. **If we wish to treat the wholeness of the patient, it does not suffice to treat only what is represented in the tissue.**

**Health care approaches that are bio-reductionist, make it difficult for patients to recognise the connections between the circumstances of life, their own experience and behaviour on the one hand, and the associated dysfunctions and disturbances of their state of health on the other, and makes it difficult for them to take personal responsibility for their physical and psychological state of health.** Further to this, there is an almost complete **lack of methods that provides a basis to promote the development of subjective experience (phenomenology) in the practitioner, or indeed, the patient.**

**Phenomenology**, teaches that it is especially **the act of dealing with the space time character of existence—and dealing with the physicality of existence, coexistence 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.**

**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.** Against the objective reality of the tissue structures and associated energies, there is the **subjective reality of inner consciousness or subjective experience** (both that of the patient and that of the practitioner). This is embedded into objective realities (socio biological environment) and intersubjective ones (culture/family). **It is sick people rather than diseases that are healed—persons in their psycho somatic social wholeness.**

So what is meant by the achievement of health in terms of the healing process? It is not determined from the outside (i.e. by the use of statistical mean values), that's from the direction of patients themselves. Standard values cannot establish what it is to be healthy, nor can this be measured technologically. Health appears to be a state of "inner adequacy an agreement with oneself."

**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.**

What is past is treated as something that has indeed existed and the 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 presets "what" or "how" in being healthy. "Not everything is equally healthy for every individual. There are no definitions of being healthy nor of being ill that apply infallibly to every single case."** Being ill and being healthy link back to the particular persons individual experience.

**Health and disease should be seen from the perspective of the individuals experience.** The determining factor in the achievement of health is not by way of objective mean values but patients in agreement, with consideration being given to the individual, along with their personal history and the context surrounding that individual.

**Being healthy is the essential capacity to be open and authentic in connection, communication and expression, with oneself and others.** The individuals are neither at the mercy of what they encounter, nor are they slaves to it.