

What is Health?

THE CHALLENGE

The challenge is to discover what health means and to explain how more of it can be achieved.

The word 'health' is used in many different ways. People often say they 'have health', 'are healthy' or live in a 'healthy society'. We claim 'healthy appetites' and 'healthy attitudes'. We may be 'health educators', eat 'health food' or work in faculties of 'health studies'. And we sometimes declare we are healthy just because we live in democracies, families, or happily on our own.

Scholars and practitioners continue to debate the meaning of health. Some hold that the correct definition is that *health is a commodity*, others consider *health an ideal state*, others believe an individual is healthy so long as she is *able to function normally*, and yet others claim that *health is a reserve of strength* which helps us adapt to changing circumstances.

Which uses are correct? Which are important? And which are trivial? Is there a common theme that links them all? Where they conflict, how can we decide which to accept and which to reject?

It is the purpose of this book to answer these questions.

Two points must be made clear at the outset:

1. To discover the meaning of health it is not enough to consult a dictionary

Dictionaries are not oracles, and those who compile them do not have sovereignty over the meanings of words. Dictionaries are written by particular people with particular values who live in particular societies and eras. It is perfectly possible to disagree with dictionary definitions and to have good reasons for doing so.

Raymond Williams – a 20th century writer and academic – pointedly demonstrated the folly of placing oneself in servitude to someone else's view of the world. He commented that:

Some people, when they see a word, think the first thing to do is define it. Dictionaries are produced and, with a show of authority no less confident because it is so limited in place

and time, what is called a proper meaning is attached. I once began collecting, from correspondence in newspapers, and from other public arguments, variations on the phrases 'I see from my Webster' and 'I find from my Oxford dictionary'. Usually what was at issue was a difficult term in an argument. But the effective tone of these phrases, with their interesting overture of possession ('my Webster'), was to appropriate a meaning which fitted the argument and to exclude those meanings which were inconvenient to it but which some benighted person had been so foolish as to use. Of course if we want to be clear about... barber, or barley, or barn, this kind of definition is effective. But for words of a different kind, and especially for those which involve ideas and values, it is not only an impossible but an irrelevant procedure. (Williams, 1976, pp. 14–15)³

The idea of health is not to be found within the pages of a dictionary. The nature of health is disputed and different understandings can be legitimately held. No matter how established the source, no one has privileged access to health's true meaning.

2. It is not enough to say that health is desirable and bad health undesirable

It seems obvious that health is desirable and bad health not, and yet no human desire is universally held. It is not even true that all human beings desire to be free from disease and illness:

i. Some diseases are culturally defined, which means that what is regarded as a disease in one culture may be regarded as normal – or even desirable – in another. Lester King gives the example of foot-binding in China, a practice which caused women considerable pain and disability as they sought or were forced to be fashionable (or to conform to social norms).⁴ Women's feet were tightly bound from childhood – producing what present-day Westerners would call serious disfigurement and restricted mobility – yet the women were not considered diseased, ill or disabled.

According to present day Western social norms, these women would be considered injured at least.

ii. It is well known that disease and illness is sometimes desired – even courted – in order to avoid work, engender sympathy, or obtain privilege.

iii. Some people are prepared to accept disease in order to achieve higher goals. Long-term disaster relief workers, for example, expect to contract illness as a part of their work. Though they would presumably rather not become ill, they nevertheless place themselves in situations where they risk sickness they could easily have avoided by staying home.

As soon as one asks serious questions about *what health is* it becomes obvious that it is not enough to respond 'health is desirable' since this is as uninformative as answering the question 'what is happiness?' with 'everyone wants it'. Such a reply tells us nothing about the subject in question.

Generalisation seems to lead to a blind alley. Instead, let us briefly examine the question 'what is health?' at the level of everyday life, by contemplating real people in real situations.

WHEN IS A PERSON HEALTHY?

If it is possible to say that some people are healthy and others not this should provide important clues about the meaning of health.

THE CASE STUDIES

The following studies are presented both to further this inquiry into the meaning of health and to provoke thought in the reader.

After each case the reader should ask:

1. Is the person healthy?
2. If he is, why? If not, why is he unhealthy?
3. How might she be made healthier?

CASE ONE

PERCY

Percy is a 36-year-old white bachelor who has worked as a clerk for various firms. In his last post he was responsible for the sale and despatch of spare parts for cranes. Six years ago, during an economic recession, he was made redundant by the crane company. Since then he has had to make do with various kinds of temporary work, usually manual, and has drawn unemployment benefit when nothing else was available.

Three years ago Percy began to suffer from occasional delusions over which he had no control. He would believe he was another person, taking on that person's character and acting exactly as if he were that person. Sometimes the people he imagined himself to be were real and known to him, at other times they were invented. The delusions never lasted longer than three hours, and afterwards Percy could remember nothing about what had happened.

Once Percy acted as if he was the office manager at the crane company. One lunchtime he took over a desk at the office of the builder for whom he was working as a temporary labourer and managed to order eight jib sections of cranes which were then invoiced to the building firm. On another occasion he imagined he was Bruce Springsteen – a hero of long-standing – and ran up an overdraft of \$5000 in one day at various clothing and musical instrument shops.

Recently Percy has sought professional help. He knows he cannot expect to hold down a job if his present problem continues, since his sporadic delusions make it impossible for people to treat him normally. At the time of each hallucination no one can communicate

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with Percy. They have to interact with Bruce, or whoever else he is at the time. Percy consulted his GP who referred him to a psychiatrist. Both doctors could find nothing physically wrong with Percy and could not pin down a mental illness.

Perhaps surprisingly Percy has no disease which medical science can label with certainty, though it has been suggested he might become a voluntary patient at the local hospital for mental illness and be assessed further.

CASE TWO

DENNIS

Dennis is a 45-year-old white man. He has worked as a bank teller for twenty years, and has been at his present branch for the last eight of these. He is rather flabby but not overweight according to the norm for his height and body structure. He is married and lives in England in a smallish three-bedroomed semi-detached house on an estate built just before the Second World War. He has no children.

Dennis returns home from work each day and can do no more than eat his evening meal – which is always prepared by his wife – and then doze in front of the television before retiring to bed. At weekends Dennis likes to ‘lie-in’ until at least midday. He enjoys watching TV sports programmes and spends the bulk of his spare time idly viewing the various subscriber channels.

Out of habit, Dennis visits his local GP once a year for a check-up. As far as anyone knows Dennis has no diseases, and he does not feel ill.

CASE THREE

ANNE

Anne is a white woman of 32. She suffered a serious car accident whilst working as a journalist for a popular women’s magazine. A vehicle overtaking from the opposite direction forced her off the road, causing her to collide at speed with an irresistible brick wall. She had greatly enjoyed her work, which involved writing special features and travelling to report from the scene of dramatic news events.

Unfortunately, as a result of the accident she is now a paraplegic – her lower limbs and most of her torso are paralysed. She lives in a specially designed flat, on her own since her

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husband left because 'she is not the woman she was'. And yet today she is content, caring, and always tries to encourage others, whatever their problem. She receives help from health and social service workers, provided by the state from tax revenue.

Anne has a good income from the interest from compensation received from the insurers of the driver of the car that precipitated the crash, and from payment for regular articles for various magazines on a freelance basis. She now specialises in writing for periodicals for disabled people.

CASE FOUR

BETTY

Betty is a white, 'middle-class' widow aged 51. She has three children, two of whom are married and have left home. She lives, in a house she owns outright, with her 16-year-old youngest son. He is taking pre-university qualifications at his local technical college.

Betty has cancer. Two years ago she had a mastectomy followed by a course of radiation therapy, and then by chemotherapy. She has been feeling 'sick and giddy' recently and has been told that cancer has reappeared as a small but inoperable tumour on her brain. Once again she is having radiation therapy, which is again to be followed by a course of chemotherapy. In addition to her headaches and increasing immobility she knows she will feel intermittent nausea and that her hair will fall out again.

Betty is miserable and very frightened, as much about what will become of her young son – who is now stealing, lying, and not doing any academic work – than about what will happen to her. However, despite all this she is showing great character and has resolved to fight her disease with all the strength she has. She is determined to survive, at least until she has seen her son move successfully into adult life – something she knows may take several years.

CASE FIVE

THE JAMES FAMILY

Mr and Mrs James are both white and aged 20. They are renting a thirteenth-floor state-owned flat. The wallpaper is peeling from the walls of every room, particularly in the main

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bedroom which is noticeably damp. Their electricity supply has recently been cut off because of non-payment of substantial arrears.

Mrs James had an abortion nine months ago. Six weeks ago she took an overdose of Valium and was briefly hospitalised. Last week she discovered she was pregnant again.

When she was a very small child she spent nine weeks 'in care', after which she was brought up by her stepmother. Mother and stepdaughter fell out three years ago and no longer have any contact with each other. Mrs James feels very depressed. She regularly says she cannot go on any more – as far as she can see her life can only get worse.

Mr James is currently on probation for car theft and house-breaking. He has never had paid employment in his life and, although he has tried, has been unable to get a job. The couple's only child is three-and-a-half years old. His speech is slow and he has recurrent bronchitis. He also has frequent temper tantrums.

CASE SIX

WINSTON

Winston is a 22-year-old Maori. All his life he has lived in a small, draughty, cheaply built weather-board house in South Auckland, right next to a busy motorway intersection. He is part of a local gang and is peripherally involved in Maori activism – protesting against colonisation and lack of opportunity for Maori youth.

In common with almost all his friends Winston has never had a full-time job. He deals in 'soft drugs' in a small way in order to supplement his benefit. So far this has been overlooked by the police although Winston is sure they know what he is doing.

Winston has a fine physique and is in excellent shape because he works out every day at the local leisure centre.

CASE SEVEN

PETER

Peter is a 53-year-old American man. He lives in the North-West and is married with two daughters, both of whom are studying at university. He is the CEO of a company trading in cut-glass for the upper range of the market. He lives in a luxurious detached house, which stands in an acre of grounds maintained by a gardener whom Peter employs two

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days per week. He has a good circle of friends and acquaintances, enjoys golf, and is active in the local branch of the Republican Party.

Peter lives the 'good life' to the full. He smokes 30 good quality cigarettes a day, often supplemented with two or three cigars. He eats most things heartily but does try to keep his weight down since he cares about his appearance. He drinks three or four bottles of beer – always from local 'boutique breweries' – per day, as well as several single-malt whisky 'chasers'.

Peter is still very ambitious and becomes frustrated easily. Occasionally this frustration becomes manifest in a fit of temper, and twice in the past year he has struck his wife in the face with the palm of his hand.

WHICH OF THESE PEOPLE ARE HEALTHY AND WHICH ARE UNHEALTHY?

In order to reach conclusions about these people's state of health we need to have some idea about what health is, but no clear understanding of health springs from the descriptions of their lives.

This leaves two options. One is to apply existing definitions of health to see how they help answer the question. The other is to attempt a personal assessment of the case studies – to use an intuitive understanding of health – and then work back from this to an explicit account.

1. To take **the first option**, consider the answers one might expect from four hypothetical people, each of whom espouses a different definition of health. They are a *medic*, a *social scientist*, an *idealist* from the World Health Organisation, and a *humanist*.

This particular medic defines health as *the absence of disease, illness and injury*. The social scientist defines health as *the ability to function in a normal social role*. The idealist defines health as *a state of complete physical, mental and social well-being*. And the humanist thinks health is *an ability to adapt positively to the problems of life*.

The Medic

According to the medic *Percy is unhealthy* because he is ill. Although she cannot definitively put a name to Percy's illness she believes the problem is a psychosis of some kind and that further investigation would confirm the type. Certainly, Percy is not clinically normal.

Dennis is healthy, although he does seem to be excessively idle.

Anne is unhealthy - it makes no sense to describe a cripple as healthy. *Betty is unhealthy* because she has cancer. *Mrs James is unhealthy* since she is so depressed. *Mr James is*

healthy. The *James child is unhealthy*. *Winston is very healthy* - he is exceptionally and admirably fit. *Peter is healthy*, but he should watch his smoking and drinking.

The Social Scientist

The problem for the social scientist is to define what a normal social role is. According to this particular scientist it is what a person has been doing for the last three years in which she had no serious disease, illness or injury unusual to her. Consequently, the social scientist thinks *Percy is unhealthy* because he is not functioning in his normal social role. *Dennis is healthy*. *Anne has regained her health*. *Betty is unhealthy* because she is unable to do what she used to. *The James family are healthy* - they have had their social roles for over three years. *Winston is healthy* because he has an established way of life. *Peter is healthy* because he has an important social role.

The Idealist

As far as the idealist is concerned *they are all unhealthy*.

The Humanist

The humanist has his own ideas about what positive adaptation is. In his opinion *Percy is healthy* since he is doing what he can to cure himself of his delusions. *Dennis is unhealthy* because he is drifting and doing nothing positive to change his unfulfilling life. *Anne is healthy* because she has adapted excellently to her considerable disabilities. *Betty is healthy* because she is responding positively to her disease and her circumstances. *The James family is unhealthy*. *Winston is healthy* because he is doing all the positive things he knows, although in the humanist's opinion he could be a lot healthier still if he channelled his energies in other directions. Finally, he thinks *Peter is unhealthy* because the humanist does not consider wife-beating a positive adaptation to stress.



All this is messy and perplexing. Percy, Betty, Mrs James and the James child have been described as unhealthy three times, and as healthy once. Dennis, Anne, Mr James and Peter have each been labelled healthy twice and unhealthy twice. Winston has been described as healthy three times and as unhealthy once.

Undoubtedly, health means different things to different people and it is not easy to see a way to decide between the different understandings.

2. The **second option** – to attempt a personal assessment of the lives described, without having a definition beforehand – almost inevitably results in puzzlement.

Health issues do not seem to boil down to questions of either/or, so it is very difficult to state definitively that anyone is or isn't healthy. Experience shows that most people want to conclude that the case studies – and indeed all people in real life – are *healthy*

in some respects even though they are unhealthy in others. Anne, for example, does not seem to have physical health but she has excellent mental and emotional health. Winston has marvellous physical health but seems badly unfulfilled intellectually and emotionally. Betty is not healthy physically because she has secondary cancer, but she is showing so much resolve, mental strength, stamina, and courage that it is hard to deny that she has a high standard of mental well-being.

This way of looking at the case studies seems to be more balanced, yet it does not advance the inquiry far because it nevertheless allows that *a person can be healthy and unhealthy at the same time.* This seems to be a clear contradiction, on a par with the statement that a person can both be diseased and not diseased at the same time. Later it will become clear that this is not the case; however, we are attempting to answer the question ‘what is health?’ too early in the investigation. We are not properly prepared, and we do not have a specific theory to test. In order to get to the bottom of the issue – in order to defeat the frustration of not being able to answer a superficially very simple question – it is important to step back from it. It is necessary to see the importance of clarification, to appreciate the extent of the *problem of meaning*, and to recognise the merits and disadvantages of existing theories of health.

WHAT IS HEALTH? – UPDATE

This deceptively simple chapter sets out the challenge for everyone seriously interested in working for health. We talk freely of health. Many of our most important social institutions bear health’s name. We imagine we know perfectly well what health means. Yet analysis swiftly undermines our confidence.

First, it is no good saying we all desire health, for this tells us nothing, and in any case we do not always desire the same things. Second, there are several different definitions of health, and once these are applied to real cases it is obvious they are not only dissimilar but incompatible. Third, we cannot rely on unexamined intuitions since they tend to lead to the paradox that we can be healthy and not healthy simultaneously.

What is the way forward? It is tempting to ignore the problem – to carry on in the name of health regardless. And indeed this is what the great majority of ‘health professionals’ do at the moment. But although this is a natural response to conceptual difficulty, it is not an answer to it.

It is not merely a semantic problem, and nor is it practically trivial. It is a philosophical problem that requires philosophical investigation. And until it is satisfactorily answered by those who work in official health systems, massive problems of health policy, priorities and purpose, communication, professional–patient relationships and health care ethics will inevitably persist. It is only by coming to terms with the philosophical magnitude of the question ‘what is health?’ that practical progress toward clearer, more systematic and morally aware health work is possible.⁵

