CHAPTER 5

THEORIES OF HEALTH

5.1 INTRODUCTION

As we saw in the previous chapter, we need a general theory of health to guide us in order to be able to decide on the necessary features of positive mental health. There is a whole spectrum of such theories. At one extreme we have naturalistic, biological, or scientific theories. A few of these theories purport to give us a value-neutral theory of disease and health. They often refer to human design or to normality of functions. Christopher Boorse is the major proponent of one such view.

At the other end of the spectrum we have theories that Boorse calls "strong normativism".[1] According to this kind of theory there is no fact of the matter at all. To call something a disease is saying that we do not approve of the condition. In the previous chapter I sometimes used terms like "ideal normality" or "socially acceptable", or phrases like "this is how people ought to be", to describe this position. Few writers are as extreme as this.

Finally, there are a number of theories of the kind that Boorse calls "weak normativism". These theories contain both descriptive and normative[2] features. The three writers I will mention in contrast to Boorse are all weak normativists in this sense. Jerome Wakefield discusses design, a descriptive characteristic, on the one hand, and harm, a normative feature, on the other. Lawrie Reznek requires that a disease is a bodily or mental process, a descriptive element, and that it is harmful and abnormal, normative features. Lennart Nordenfelt's theory, finally, has a descriptive part which has to do with the relation between the ability to act and the goals of the individual, and a normative one which has to do with the happiness of the individual. Nordenfelt represents a type of theory we might call holistic theories of health.[3] These theories take the whole person as a starting point. It is the individual's capacity to act and achieve goals in a given environment which determines if she is healthy or not. Another writer who presents a kind of holistic theory is Bill Fulford. In contrast to Nordenfelt he does not primarily discuss health, but instead illness. He presents an action theoretic account of

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1 Boorse 1975.

2 I will use the word "normative", although it would be more appropriate to speak of "value".

3 Other proponents of holistic theories are Caroline Whitbeck (1981) and Ingmar Pörn (1984, 1993).

illness where it is construed in terms of action failure – a failure of what Fulford calls "ordinary doing".[4]

There is another important difference that concerns us. Some writers, like Boorse, take disease as the primary term and then define health as the absence of disease. Quite a few writers do not say anything about health. However, we might guess that they agree with Boorse. Other writers, like Nordenfelt, Pörn, Whitbeck, start by defining health and then relate disease to health. Since I am interested in the concept of health I will mainly discuss writers who explicitly discuss this concept.[5] The two writers that I will mainly discuss are Boorse and Nordenfelt. I will, however, say a few words about Reznek and Wakefield even though they do not discuss health. I will also briefly discuss the theory recently put forward by Mark Pestana.

Boorse claims that only factual matters count in deciding whether a condition is a disease, and thus, unhealthy. Naturalism is the most attractive position, since, if true, there would be an objective answer to every dispute over disease status. However, this position, Reznek, Fulford, Nordenfelt and others argue, is not possible.

5.2 REZNEK'S THEORY

But let me start at the other end, with a brief look at Lawrie Reznek's relatively radical weak normativist position. This is a less attractive position since it entails relativism. Is it really the case that calling a condition a disease is more or less a matter of convention – and if so, is this so bad?

Reznek holds that a disease is an abnormal involuntary bodily or mental process that causes harm and should be treated by a doctor. The only descriptive component here is that a disease is a process. Besides this one descriptive feature Reznek's theory contains normative judgments on three levels. We have to decide which processes are abnormal,[6] which abnormal processes cause harm,[7] and which abnormal harmful processes should be treated by a doctor.[8] There is no fact of the matter to help us, which leaves plenty of room for relativism.[9]

Now, according to this theory homosexuality and drapetomania,[10] as well as paranoia and schizophrenia, can be diseases, as long as some (mental) process is involved. This follows from Reznek's mind/brain theory, the type type theory. This theory says that every type of mental state is correlated with a type of brain state. Take mania as an

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4 Fulford 1989.

5 This is also the reason why I choose not to discuss Fulford's theory.

6 Observe that the term "abnormal", here, does not designate a statistical concept.

7 We suffer harm when our well-being is diminished by suffering and disability, and "what counts as suffering and disability depends on our values." (Reznek 1991, p. 164).

8 When discussing all these matters Reznek makes it seem that using these three categories (abnormal, harmful, should be treated by a doctor) helps us in deciding what diseases are. It does not. (I would furthermore claim that these three categories are at least one too many, since if we judge that a process should be treated by a doctor, we need not also decide that it is abnormal. Or, if we decide that a process is abnormal, we do not also have to decide that it should be treated by a doctor.)

9 I agree with Åge Wifstad (1997) that this theory is much more radical than Reznek himself seems to believe.

10 Drapetomania, it was once held, is the "disease" that made slaves run away. History is full of similar examples. See Reznek (1987, 1991) for some more.

example. This is a type of mental state, and it is therefore also a type of physical state. This physical state is also a process. Thus, if we also decide that this is an abnormal harmful state/process and that it should be treated by a physician we can conclude that mania is a disease.

There is, however, something unsatisfying about a position where what is disease seems to be a matter of choice. If mania is a process, so are schizophrenia, obsessive/compulsive "disorder", paranoia, and a number of other conditions, including homosexuality, drapetomania, and pedophilia. For each of these conditions we then have to decide whether or not it belongs to the class of diseases. For instance, if we accept that homosexuality is a process, we have also to decide if it should count as an abnormality, if we believe it causes harm, and if it should be treated by a doctor. But maybe there is no better alternative. If, as I will argue, Boorse's naturalistic position is untenable, we might have to accept this relativistic position.

The question now is, is there a theory which avoids the drawbacks of a position like Reznek's? The aim is to find some kind of general condition which is present in all diseases. Descriptive features can of course help us to some extent, and maybe there is a normative element with some descriptive side to it. Harm, a criterion suggested by Reznek and Wakefield, has something to be said for it. The question is how to best characterize it. Sometimes harm has been characterized as suffering. However, I believe that incapacity is an even better suggestion. But what this incapacity consists in has to be developed if we are to overcome the drawbacks of Reznek's theory. I will return to this when I discuss Nordenfelt. But let me first discuss Boorse's naturalistic theory.

5.3 BOORSE'S BIOSTATISTICAL THEORY

Boorse starts by defining disease. Health is then defined as the absence of disease.[11] Disease is, according to Boorse, an internal state that causes subnormal functioning of at least one part, organ or function of the body. Boorse also states that mental processes have functions.[12]

The functions of the body have through time evolved by way of selection. They have been selected because they have helped the individuals of the species to survive, and thus to reproduce. Each function has a goal, according to Boorse, and is working properly if it reaches its goal. What these goals are, medical science will tell us.

By reaching all their goals the different functions of the body causally contribute to the individual's survival. A part, organ or function of the body is working properly if it falls within the statistical average of the species. If an organ or part is functioning below the average, the person has a disease. How far below might be a bit of a problem to determine. This, Boorse admits, must be decided conventionally.

Furthermore, it is only abnormalities which reduce the individual's ability to survive and to reproduce that count as diseases. Statistical "abnormalities" ("supernormalities")

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[11] Boorse's concept of disease is very wide. It includes states like injuries, disabilities, and other unhealthy conditions. He justifies their inclusion by referring to the AMA (The American Medical Association) *Nomenclature* which lists them as diseases. Those who feel reluctant to adopt this use should, Boorse recommends, for disease "substitute 'theoretically unhealthy condition'" (Boorse 1975, p. 546).

[12] Boorse 1976.

like high intelligence and extreme strength do not count as diseases since, instead, they most likely increase fitness.

Other aspects which Boorse takes into account are age and gender. First, children cannot be statistically compared with grown-ups, and old people cannot be compared with younger adults. Thus, different age groups have their own standards of normality which determine if they are diseased or not. Secondly, Boorse states that because of the biological differences between men and women their health partly has to be judged by different standards of normality.

Another problem that Boorse has to solve is that there are cases where a majority of a population have what is considered to be a disease. Tooth decay is one of the examples that Boorse mentions, minor infections are another. These phenomena, being statistically common, would then not be considered as being diseases. To resolve this dilemma Boorse introduces the possibility of environmental injuries. Something can be a global disease if we can explain what environmental conditions cause it and at the same time show how it lessens survival value and reproductive capacity. The only things he cannot account for, Boorse admits, are global genetic diseases.

The term "disease" is according to Boorse a descriptive term. It is "to be analyzed in biological rather than ethical terms".[13] However, we often think of terms like "disease" and "illness" as normative terms. Boorse recognizes this and makes a distinction between disease and illness. According to Boorse illness is a subcategory of disease. Thus there is no illness that is not also a disease. Illness is a disease with certain other features. These features are normative. As Boorse puts it, "a disease is an *illness* only if it is serious enough to be incapacitating", and therefore is "undesirable for its bearer; [or] a title for special treatment; [or] a valid excuse for normally criticizable behavior".[14] [15] Hence, "illness" is a value term.[16]

It follows from this that you can have a disease that is not at the same time an illness. The disease might not be incapacitating.

Let us return to the concept of "health". Health is defined as the absence of disease. Thus, it is also considered by Boorse to be a value-free concept. It is also an absolute concept – meaning non-dimensional. One can be either more or less afflicted with a disease but when one does not have any disease one is healthy, quite simply. However, sometimes we speak of people as being either more or less healthy. To account for this way of speaking Boorse introduces the notion of "instrumental" health. Having instrumental health means being able to resist diseases better. You do not get a cold as easily, or you can endure severe circumstances better. This does not mean that you have more health, says Boorse – just that it is less likely that you will get a disease.

5.3.1 A Critique of Boorse's theory

Boorse's theory has been criticized on a large number of issues. I have chosen to focus upon a few of these. The first is to put normality in context and show that there are as

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[13] Boorse 1975, p. 550.

[14] Boorse 1976, p. 63.

[15] This only goes for physical illnesses, for reasons explained in Boorse 1976.

[16] Boorse has later claimed that it was a mistake to make illness a normative term. See the reprint of Boorse 1975 in Caplan et al. 1981, and Boorse 1997.

many normal ways to function as there are situations in life. A second way is to problematize the Boorsian concept of normal bodily function. Another way is to show that there are normal bodily and mental reactions which we paradigmatically view as diseases. One can also try to show that people with abnormalities are arguably healthy despite the abnormality.[17] It is the third of these points which I will mainly focus upon.

5.3.1.1 Normal activity

First a remark on abnormal functioning. Nordenfelt has pointed out that we cannot talk about one level of normality for a function or organ. There are as many normal values for each function as there are activities and environments. Let us ask what the normal heart rate is for a man in his forties. The question cannot easily be answered since when a person is sitting still it is one rate, when he is jogging it is another, and when he sleeps it is yet another. And add the environment factor. Are we talking about the heart rate at sea level, or at 2000 meters above sea level? Are we talking about warm climates or cold? And so on. It seems that Boorse's theory becomes very complex. We need to establish the statistical average for all the different activities in all the different environments imaginable in order to establish what health and disease are. This is no major criticism of Boorse, but it shows that his theory is much more cumbersome than it seems at first sight.

Another point made by Nordenfelt is that the reduction of one function in the body can be compensated by the increase of another. One might even remove an organ and still on a holistic level function well. For instance, the removal of one kidney creates an abnormality in Boorse's sense. However, we would all function fairly well (holistically) with one kidney. Boorse would probably answer that this only shows that all disease does not create illness.

Another, more severe, kind of criticism is based on trying to find paradigmatic cases of disease where there is no abnormality, but instead, normal functioning. Let me start with an example. Imagine a person who after a meal at a restaurant is stricken with food poisoning. As a result the person feels sick and vomits. This seems to be the statistically normal reaction of the body given the situation. This is also, I believe, a paradigmatic example of having a disease. However, there is no malfunctioning, no disease in Boorse's sense.[18]

Boorse has recently defended himself against the criticism mounted against him during the past twenty years. In line with what he there writes Boorse might try to defend himself by claiming that were it not for this reaction the person might be poisoned and die. This kind of reaction (vomiting) is a function that has evolved in order to protect the individual from being harmed by bacteria, viruses or other poisonous substances. This is of course true, but this is another story. It is still this normal ("healthy") reaction, feeling sick and vomiting, which we consider as being a disease. If it were the case that we were poisoned, and no defense mechanism intervened, *another process* would start, maybe even lethal, but that would be *a different disease.*

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[17] There is another line of argument that I will not pursue. It is to show that the concept of disease is value-laden after all. For examples of this approach see Agich 1983, Hare 1986, and Fulford 1989.

[18] Lennart Nordenfelt has a similar example which concerns infections (1987, pp. 30-31).

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