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INTRODUCTION

I. ON THE TITLE OF THIS BOOK

In an attempt to introduce and situate the papers collected in this volume, it is worthwhile at the outset to explain a few things about the title of the volume: Why did we bring together the notions of person, society and value in a volume devoted to a critical analysis of the concept of health? What is meant to be conveyed by the term 'personalist', and by the term 'concept'? Was it necessary to include the open-ended expression 'towards' in our title?

The following remarks on the title should help in establishing a context for the discussions, and in providing a framework for uniting the various points of view contained in this volume.

A. The Use of the Terms 'Personalist' and 'Concept'

Taken *prima facie*, these terms seem not to require any discussion. This obviousness, however, is bought at the price of an uninformative vagueness: one could understand almost anything under the notion of a 'personalist' 'concept'. It will become evident from the papers collected here that to fix any precise meaning to the terms, and even more so to the terms in combination, is not an easy task.

The word 'personalist' is used very often in the contemporary discussion of health in opposition to biological, mechanistic, or functionalist approaches to human health. Models of health based on such approaches consider health primarily in terms of a physical organism or in terms of the functioning of this organism. Despite the various amounts of success such models have enjoyed, it has become clear that they fail ultimately to do justice to human health. This failure, however, would not be considered total by most, because to some extent these models have succeeded in capturing something important about the nature of health. The problem lies in limiting the characterization of health to what can be understood or explained in solely functionalist or biological terms, hence the tendency to consider these models reductionist, and not outright false.

They become reductionist because when applied to human health, they are forced to explain health in terms narrower than the full human reality.

What is the specifically human which these models do not capture? Most would agree that it is the moment of being a person, of being a subject who not only has a body, but also lives and consciously experiences this body and its states. Identifying the human being as a person carries with it the awareness that the human being is primarily a subject, and that this makes human health radically different from non-human: by being lived and consciously experienced, human life and health are no longer purely physical or biological realities.

This leaves us with a complexity in the notion of human health, born of the combination of a model of health as a biological, physical phenomenon, and a model that takes into account the dimension of subjectivity. It leaves us with the task of understanding the relation of subjectivity to physical and biological processes, and of the specific kind of being in which this union takes place. It challenges us also to recognize that identifying the specificity of human health requires the cooperation of many disciplines, as many as are necessary to do justice to this complex phenomenon.

Recognizing the need for a personalist model emerges, therefore, as only the first step in replacing inadequate theories of human health. The task requires the further step of making concrete what it means to be a person, and an embodied person as well. Then follows the step of identifying what belongs properly to health, and what falls outside of it. Each is in its own way a step in specifying the fundamental insight that a unique category, that of personhood, is necessary for an adequate characterization of human health. It is to be hoped that this process will yield in the end a 'concept' of human health. A few thoughts on how we use the term 'concept' will help us to explain further the goal of this volume.

As we have already noted, a given model of health is compatible with many different concepts of health. A concept differs from a model in that a concept can be considered as a concretization of a given model. It concretizes the model by putting forth a certain content, thereby delimiting some clear meaning and/or pointing to some concrete thing. A concept, then, is narrower than a model, more precise, and as a result, more difficult to formulate and easier to falsify or contradict. At the same time, it is more useful than a model, precisely because of the way it identifies or localizes.

On the other hand, a concept is richer or broader than a definition. As Lennart Nordenfelt notes in his *On the Nature of Health* (1987, p. 8), it is possible to have many definitions corresponding to, or attempting to capture, one concept. The reasons for such a multiplicity of definitions in relation to one concept could be many, such as the concept's ambiguity, or its complexity. This shows that a concept is more than a linguistic or propositional entity, while we could consider a definition to be such. A propositional formulation, while succeeding in perhaps pointing to an entity in such a way that it and only it answers to the definition, can in fact only point to its object, it cannot capture it. A concept, on the other hand, is able to 'capture' that which is meant, and could perhaps be characterized as an entity of the understanding, or as the mind's possession of the thing meant.

While definitions are certainly important and useful, their usefulness is directly proportional to the simplicity of the thing defined. The more complex the object, the less adequate is a definition in expressing what it is. Similarly, the more complex the object, the greater the need to go beyond a definition and understand the object in its own terms, or in other words, to develop a concept able to reflect and encompass this complexity. This is not to discourage the search for definitions, and in particular for a definition of health. It is only to point out that any definition presupposes understanding – having a concept – of that which is to be defined. Recognizing this dependence of definition on concept again shows the priority of clarifying and refining the concept. At the same time, it rescues definitions from their reductive potential by emphasizing that with every definition there is *more* than what is captured by the definition itself.

The notion of 'concept' itself is not an undisputed matter, as any basic course in logic soon makes clear. Of the debated issues, the one perhaps most crucial to the understanding of health is the question of to what exactly a concept refers. In a realist understanding, a concept is a concept of some *thing*, and through it we grasp the nature or essence of this reality. A nominalist understanding of concepts, on the other hand, sees concepts as reflective not of reality, but of an individual or collective structuring of the world or of the use of language. The resolution of this dispute depends ultimately on epistemological and ontological investigations, and the whole discussion could appear far removed from the concerns of medicine and the understanding of health.

Yet as the contemporary discussion as well as several of the papers included in this volume show, the ontological status of our conceptual correlate when talking about health is far from being settled. In speaking of health, does our concept refer to something real, or does it rather reflect an individual's or a society's interpretation of their physical or psychological states? The logical problem of the status of concepts and the ontological problem of the status of health on this point at least coincide, and a resolution of one question could help in resolving the other, and vice versa.

B. Which 'Personalism'?

It is evident that all the authors who contributed to this volume are committed to a personalist approach to understanding human health. On this point they stand in fundamental agreement. It soon becomes evident, however, that this fundamental agreement on the personal character of human health does not eliminate debate on the issue. An obvious point of discussion is the precise criteria for determining health itself. And yet, at least equally important is the question about what it means to be a person. The debate is no less a debate about the nature of the human person than it is a debate about the nature of health, and there can be as many definitions of human health as there are conceptions of what it means to be a human person.

Naturally, to grasp the uniqueness of the human person is not yet to grasp the specific nature of personal health. But it is certainly a first step, and it becomes evident that fundamental to the understanding of health is a certain anthropology, a certain theory of what it means to be human. Another way of putting this is to say that every theory of health presupposes (tacitly, if not explicitly) a theory of the person. Even a functionalist, mechanistic model, in prescind from any consideration of persons, implies the possibility of such bracketing, and thus of a certain separability of person from body.

The theoretical implication of a specific anthropology, however, is not sufficient to extend the term 'personalist' to a given model. It seems more adequate, rather, to call those models 'personalist' which include the category of 'person' in the basic characterization of health. Proceeding as if one could understand health without reference to the personal character of the being whose health it is marks the fundamental difference between the various conceptions we have called reductionist above and beyond

any personalist conception, which is based on the fundamental idea that one cannot understand human health without reference to human personhood.

In characterizing more precisely the position of this volume, it will be helpful to distinguish two major forms of personalism: realist and idealist. The former can best be understood in the context of traditional metaphysical realism, and the latter in terms of a modern version of idealism, for which personhood can be identified with the mind (or the presence of 'mental predicates'). Most of the contributions in this volume correspond to realist personalism, as represented by some contemporary Phenomenologists (e.g. Crosby, 1996; Scheler, 1973; Seifert, 1989, 1989a; Stein, 1994, 1994a) and the Polish Personalist School of Ethics (Wojtyla, Styczen & Szostek, 1979). According to this conception the person is the ontological ultimate and personhood the fundamental explanatory principle, hence the ultimacy attributed by most of the authors to personhood, both in value (the dignity of the person) and in being (the person as substance in the Aristotelian sense).

Moreover, personal existence and well-being are explored mainly through the phenomenological method, which attempts to capture in new ways the relation of the body to the person, a problem that has caused a long-standing ambiguity in personalist thought. The phenomenological investigations offered in this volume may therefore provide an impetus for new conceptions of personhood and human health. This approach has the advantage of advocating a systematic conception of the total person which combines surface experiences (subjective experiences of well-being) with deeper dimensions of the person (value and being).

It then becomes clear that this kind of realist personalism brings together the crucial concepts used in this collection, such as person, health, well-being, value, society, and so on. That a person is distinct from a mere thing and from other living beings, and that any human being, insofar as she is a person, is in consequence of this personal status to be treated in a special manner, has enormous implications not only for our understanding of what constitutes the health and well-being of the person, but also for our conception of what health care should comprise.

Thus, answering philosophical questions, such as those raised in this volume about health, is crucial for the solution of societal and political problems such as how to legislate and finance health care policies. Nevertheless, this task faces the challenges which any definition of health faces, if it is to be both truly personalist and at the same time operational.

Person, Society and Value

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