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WHAT IS HUMAN HEALTH? TOWARDS UNDERSTANDING ITS PERSONALIST DIMENSIONS

I. INTRODUCTION

Health is, in the final analysis, something ultimate, in the sense of being an irreducible datum which is only found in living things, and must be understood in its own ultimately undefinable terms. This is *a fortiori* true of that quite unique phenomenon within the more general datum of health which we can call "the health of a person." "Personal health" is an entirely new datum which cannot even be reduced to what we call "health" in plants and animals. Using an expression in Heidegger's *Sein und Zeit* (1927, § 7), a primary *phenomenon* can never be defined through other elements but can only "show itself from itself." This is true even though health, and specifically the health of persons, is not as ultimate a datum as life or personhood, but depends on them, as well as on some pre-biological elements. The latter explains the partial applicability of the "biomedical model" to health and the practical fruitfulness of various forms of reductionism. Such reductionist theories take note of isolated moments of health which are truly elements of it, though any reduction of health to them is untenable.

Something similar is true about the pair of concepts in terms of which Nordenfelt seeks to interpret health: goals and capabilities. While these terms take into consideration the biological and conscious levels of human life, and hence allow for a less reductionist concept of human health than the purely biomedical model, they concern one element that is merely a *part* of health (capabilities to accomplish goals) and another one which is neither indispensable to nor sufficient for the presence of health: goals (at least when interpreted in the sense of consciously adopted goals). Such an action-oriented concept of health could not explain why the cancerous person who is presently still capable of accomplishing all of his goals is nevertheless unhealthy, nor could it explain why a person attracted by a *dolce far' niente* in which he does not have or pursue any goals is healthy. Also, this action-theoretical account of health is insufficient to capture both the deeper essence and all the elements of health in general, and of the health of persons in particular.

The nature of health, however, must not only be understood in light of all its parts, but also in light of other more primary data such as life, rationality, and personhood. Within the realm of irreducible data, while all of them are ultimate in a broader sense of this term, some are still more ultimate and primary than others. For example, being is entirely ultimate, life already presupposes being; color is more ultimate than 'red' which is an irreducible species of it but includes the more general moment of 'color' in its essence, etc. In this way, health must be conceived in the light of more primary data such as life. Nevertheless, just as the color 'red' cannot be reduced to the notion of color as such or to any other color, let alone wavelength, so 'health' can in no way be reduced to life or to any other more general and more primary datum. Accordingly, not only mental health, but also those elements of human health which reductionist theories of health recognize, will never be properly understood if they are not seen in their specific personal dimensions. This paper undertakes some effort to demonstrate this point. More specifically, I shall attempt an elucidation of four facts:

1. All the pre-biological aspects of health receive a radically new character and meaning when they are part of the health of persons.
2. All the specifically *biological* aspects of health which depend on the primary datum of *life* (as it is found also in plants and animals) receive an entirely new personalist meaning and new characteristics when they exist in human persons.
3. There are many uniquely personal dimensions of health, particularly of mental health, which do not exist in plants and animals at all.¹
4. Personal health, while it constitutes a basic human good, neither constitutes the absolute and highest value in human life nor can it be realized fully without reference to higher moral and social values.

II. THE ROLE OF THE CONCEPTS OF SPECIES-PLAN, NATURE, DYNAMICALLY DEVELOPING TEMPORAL PATTERNS, AND GENDER IN AN UNDERSTANDING OF HUMAN HEALTH

Speaking quite generally, the health of any organism is related to the specific nature of the given living being, which dictates the range of what constitutes its health. In order to know which abilities belong to the health

of a cat or a dog, I must presuppose some knowledge of the respective natures of cats and dogs. Understanding human health implies as well an understanding of the specific nature of the human being. To have insisted on the central role of a species-plan for understanding health is a significant contribution Boorse (1975; 1977) has made toward an appropriate understanding of health. Without understanding the natures, tendencies, intended actualizations and species-plans of living beings, the notions of health and specific health of a given being cannot be understood.

This fact is to some extent even recognized by those empiricist theories which abandon the notion of nature or essence entirely, reducing them to mere statistical standards. Boorse (1975; 1977) himself proposes such a theory, notwithstanding some Aristotelian elements of his philosophy. He seeks to replace the notion of nature by "normal function" and defines "normal function" in reference to the species (for example, man) as reference-class. The "species-design" (still a reminder of an Aristotelian concept of nature) is then reduced to a statistical quantity, although not entirely, in that Boorse permits over-function with respect to the species design and other elements which are not explainable in purely statistical terms.²

But is it not evident that a statistical quantity can never replace the notion of nature as a guiding principle of the concept of health? If we all had cancer, AIDS, headaches, missing limbs, or were blind, this would not make such states of statistical normalities "healthy." Thus it is clear that we have to look beyond facts and statistics to comprehend human nature as a standard for what is healthy and unhealthy, as Nordenfelt (1986) also points out. An in-depth study of the problem of essences would show that not only necessary essences but also meaningful contingent natures are in no way reducible to mere statistical generalities, and require categories and methods which the "negative Popperian empiricism" of the theory of falsification also cannot account for (Hildebrand, 1960; Seifert, 1991, 1995b). This applies much more to the nature of the human person which involves both highly meaningful contingent structures and essential necessities, without which particularly mental health remains incomprehensible.

Especially in light of nature as the second underlying moment of 'health', it becomes evident that some kind of "biopsychosocial model of health," for which Engel (1977) argues, is needed today. But even this model needs to undergo a critical examination and particular personalist

reform, the adequacy of which will depend on the adequacy of our grasp of human nature. For this "health-model," which corresponds to the WHO definition of health, could be interpreted both in an unjustified subjectivist sense which denies the objective nature of the human being and of his or her mental acts, and in a utopian sense which would include all physical, psychic, and social goods of the human person under the umbrella of 'health'. Such a concept is both inadequate and useless for medicine, as we shall show when discussing the concept of 'mental health' later in this paper.

Besides nature, a distinct dynamic component of health also becomes evident at this point. What would be health for a baby would be a terrible retardation for an adult. As Engelhardt (1981, p. 41) notes: "The acceptable physical state of an 80-year-old would be disease for a 20-year-old."

The formation of an adequate notion of human health also requires a grasp of the gender-related differences between human beings and of the dynamic development within a given nature. What would be normal physical and psychic states for a menstruating girl would be abnormal for a young man, etc. Of course, some of these "normalities" may themselves be sicknesses, such as old age and its effects themselves, which the Romans call *morbus* (disease). Other cases may still be normal and meaningful when the rhythms and gestalt-quality of the entirety of human life is taken into consideration – for example, though it involves the loss of a fundamental dimension of her generative power, the infertility of a post-menopausal woman is normal. This again shows the need for an intuitive grasp of the form and essence of the human person (including the form of dynamic development) as standard for human health. And this is precisely the task I undertake in the following sections of this paper.

III. THE PRE-BIOLOGICAL ASPECTS OF HEALTH AND THEIR PERSONALIST DIMENSIONS

There are at least three aspects of the health of organisms, and in particular of human health, which are "pre-biological" in the sense that, while they are parts of health only in living things, these elements can also be found in machines or statues or other non-living objects. For this reason, certain reductionist models of health (e.g., mechanical or

chemical models) can be successful insofar as they concentrate on these pre-biological aspects and analyze or “fix” them.

A. The Mechanical and Biochemical Functioning of the Body

The first of these pre-biological elements of health is the inner chemical and physical order and the physico-chemical, electrical, and mechanical functioning of the body. While these aspects of health partake in the structures of organic chemistry and in specific functions of the organs of living beings (and thus are never reducible to inorganic chemical occurrences or to the mechanics of a machine or camera), they nevertheless contain, on a certain level, strict parallels to the chemical processes, mechanical functionings or optical devices which can also be found in lifeless things and machines. As in lifeless things, in living organisms chemical deficiencies can be treated by injecting the necessary chemical substances, and the purely mechanical and optical aspects of vision or hearing may be repaired by surgery or by new lenses.

Yet any purely mechanistic consideration of these pre-biological elements of health would be mistaken. This applies particularly when these material functions also affect the specifically human body-soul relationships. The breakdown of the mechanics of the inner ear of a *human* being is not an isolated material or physiological dysfunction, but the cause of deafness and problems of health which can never be explained in terms of a mechanistic philosophy of man. The breakdown of the mechanical functions of the inner ear may even give rise to the despair that was expressed vividly, for example, in Beethoven's *Heiligenstädt Testament*.

To understand the pre-biological elements of health as part of *human* health requires therefore the understanding of the specific *medial* role of the mechanics of the ear for the experience of hearing and for the higher sphere of intentional conscious relations of persons to music and language, and to the entire aesthetic and cultural world with which perception brings us into contact and which perception renders possible in persons. The same applies, for example, to the mechanical functioning of the joints, without which humans would lack the capacity to perform many acts.

The link between these pre-biological conditions and elements of health and the person is not restricted to the *conscious* relationship between the personal life of the human person and the body. It involves

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