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DEFINING HEALTH/ILLNESS: SOCIETAL AND/OR CLINICAL MEDICINE?

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Medicine is becoming more and more ‘technologically’ powerful. To protect patients, doctors and societies from misuse of this power it is necessary, as before, to indicate, as clearly as possible, the very purposes of medicine. Providing precise definitions of the fundamental concepts of medicine such as ‘health’/‘illness’ (‘disease’, ‘sickness’) becomes in this context a crucial issue. The literature review was commissioned to identify key approaches to defining ‘health’/‘illness’. The collected definitions were classified according to the criteria: the positive/negative character of the definition, the naturalist/normativist approach; analytic/synthetic (constructive or precising) type of definition, the goal-oriented/ideal-oriented definition. The Venn’s diagrams were used to visualize the relationship existing between studied terms. Using the concept of a triad of disease-illness-sickness, the positive definition of ailment was introduced. It was indicated that the paradigmatic role in medicine plays the term ‘illness’ rather than ‘disease’. The World Health Organization’s definition of health was critically evaluated and instead of it, a harmonistic definition was proposed. In conclusion, the wording of a harmonistic definition presented in the article should be considered as a starting point for further considerations. Several directions of such considerations were proposed.

Key words: disease, health, illness, philosophy of medicine, sickness

INTRODUCTION

Bioethics seems to be ‘excessively’ (1) practical discipline of knowledge, where ‘practical’ means ‘to be useful’ and likely ‘to be successful’ in resolving its proper problems. This observation appears to be true not only when taking as a standard ‘unpractical’, by its nature (2), philosophical considerations but also when comparing it with the scientific disciplines. It is worth noticing that
bioethics is often defined in the form of the enumerative definition which lists the main morals dilemmas being the subject of bioethical considerations (1, 3).

Such a practical character of bioethics can be explained by indicating its (i) historical roots, (ii) used methods of considerations, and (iii) aspirations. In what refers to ‘historical roots’ of bioethics, it should be emphasized that the new discipline has not emerged from theoretical divagations but rather from public discussion aimed at resolving a given moral dilemma. The public discussion on the problems related to the expensive therapies and their social accessibility, which took place in the early 1960s, could probably be recognized as a direct source of bioethics understood as a specific discipline of knowledge (1). Taking into account that (i) in the contemporary ethical discourse, and in bioethical one in particular, as Beauchamp and Childress observe, “covering-precept theories have recently diminished in influence” (4, p. 17) and (ii) inductivism and/or coherentism becomes more and more attractive as a way of justification of ethical judgments, it seems to explain why from methodological reasons bioethics is so practical in its character. Bioethics is expected to conclude its discourses in the form of precise and concrete guidelines and/or recommendations which could be used directly in (medical, health care political agendas’) practice (1).

On the other hand, bioethics seems to be aware of the fact that without theoretical settlements regarding, at least, understanding of the most fundamental concepts, the rational ethical discussion is simply impossible. The fundamental, also from a practical point of view, question “To treat or not to treat?” as Hofmann and Eriksen observe (5), could not be answered without previous agreement about our understanding of such concepts as “health” or “illness”, limiting herein to these two only.

The aim of this article is not only to clarify existing understandings of these – essential from the point of view of the philosophy of medicine – concepts. The very purpose is to discover whether these understandings are based on purely ‘medical facts’ or on socially accepted convictions. In other words, if it is rationally sustainable that the influence of the psychosocial sphere on medically recognized diseases not only by being a factor which correlates with or even causes same clinically noticeable changes, but also by being a source of understanding what at all should be considered as a health/disease.

**MATERIAL AND METHODS**

The literature review was used to collect existing definitions of health and illness (also sickness and disease). To gather as much different definitions of health/illness as reasonably possible, the electronic databases and the standard library catalogues’ search were used. On the other hand, it should be emphasized that the article does not aim at listing definition. These definitions were gathered to study different approaches to defining health/illness rather than to consider the different wording of the definitions.
There were taken into account both the real definitions aiming at displaying (revealing/articulating) the essence of health/illness and the nominal definitions which only signify (refer to/pick up) the essence of what is defined by them (6). It is worth noticing that although the distinction between real and nominal definitions has a rich tradition in the history of philosophy, it lacks consensus on the understanding of the very essence of this distinction or, more precisely, on how the relationship between ‘definiendum’ and ‘definiens’ should be interpreted in these kinds of definitions (7). There are, at least, six different opinions on how real/nominal definitions ought to be understood (8). Moreover, both kinds of definitions are used in science, and choosing between them is (maybe even incorrectly) considered as a ‘technical’ rather than ‘substantial’ issue (8). It should be emphasized also that the analysis of existing definitions of health/illness seems to show that authors of these definition pay little attention to use precise forms of wording which would prove in a univocal manner to what kind of definitions the one proposed by them should be classified. To avoid misunderstandings which occur when real definitions are understood as nominal ones, and vice versa, and having in mind the tendency to limit the process of defining to nominal definitions only (9-11), it is assumed that all the definitions considered in this study will be understood (it means in certain cases ‘will be translated into’ or ‘interpreted as’) as nominal ones. The acceptance of this assumption is based on Gorski’s view that every real definition can be interpreted as a nominal one (7).

Nominal definitions are divided into two groups: (i) analytic and (ii) synthetic definitions. The latter are subsequently divided into two subgroups: (i) constructive and (ii) precising definitions. The analytical definition is understood as one which aims at documenting/expressing the meaning of a given word in a certain language, whereas the synthetic definition introduces a new meaning to a certain term. When it seems an absolutely new meaning, the synthetic definition is named ‘constructive’, when it only restricts/expands (in the specific context) a previous meaning, it is named ‘precising’ one (7).

To classify the meanings attributed to the terms ‘health’/‘illness’ (‘disease’ and ‘sickness’) by the definitions studied, the methods of standard logic and its ‘language’ were applied. Venn’s diagrams were introduced with the purpose to explain the relationship between the studied terms. In the diagrams shading or a minus sign (“−”) is used to represent the empty set, while white regions or a plus sign (“+”) represents the not-empty set (12, 13).

To create and evaluate the definition of ‘health’, the distinction (known from classical philosophy) between the roles which ideals and scopes play in human moral life is accepted (14). This distinction seems to, at least partially, justify Szumowski’s indications on how definitions in medicine, and in other practical sciences as well, should be created (15).

RESULTS

The literature review provides not only different, taking into account both their contents and forms, definitions of health and illness, but also suggests criteria for the division or classifications of these definitions. Although the distinction between ‘naturalistic’ and ‘normativistic’ conceptualization of health/illness is of fundamental importance to many authors (5, 16, 17), it seems reasonable to start dividing the definitions studied according to logical criteria.

The definitions are created either as ones which (positively) express what health/illness is, or (negatively) what defined words do not denote. The diagram $d_1$ in Fig. 1 expresses a positive and diagram $d_2$ a negative defining approach.
There are also definitions which combine positive and negative approaches, i.e., which simultaneously define that “health”/“illness” is (means) something and is not (does not mean) something else. However, these definitions should not be considered as a third kind, existing between positive and negative ones. In fact, every positive definition indicating what something (“S”) is, at the same time expresses that this (what is defined) is not something else (for instance “P”; naturally in the case when \( S \cap P = \emptyset \)). Thus, it is reasonable to understand this kind of definitions as belonging to the category of positive definitions. The diagram \( d_j \) in Fig. 2 expresses how definitions of this form are built.

**Negative definitions of health**

During the ages, the most common conviction about health and illness was that these two terms were antithetical, mutually exclusive (18). From this point of view, health is perceived as the absence of illness. The understanding of health depends on what is intended by ‘illness’. In order to avoid the error of ‘circulus vitiosus’, it seems necessary to define ‘illness’ in the positive rather than negative

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**Fig. 1.** Positive and negative approach to defining health/illness.

**Fig. 2.** The specific type of the positive definitions of health.
way. In a certain sense the negative definition of health assumes the positive definition of illness.

Since the late 1960s, the definitions of illness or rather, more correctly, of ‘ailment’ (or even only ‘human ailment’) has been considered using the concept of the triad of disease, illness, and sickness (5). Although dictionary definitions of the terms belonging to the above-mentioned triad seem not to pay attention to distinguishing them (‘ordinary language’), in 1975, Marinker (19) introduced definitions which ascribe the specific significance to each of the three terms (‘technical language’ of medicine or rather philosophy of medicine). According to his opinion: (i) “disease” can be defined as a pathological process, especially physical, which is empirical in its character (it means is a subject of cognition through human senses); (ii) “illness” is understood as a subjective experience of a feeling to be unhealthy, which reduce the capacity of a given – ill – person; and (iii) “sickness” means to play a specific social role, which, in particular, seems to be based on assumption that the society is obliged to sustain the person to whom this role is attributed, and should be ready to release this person form all or rather a (substantial) part of his/her obligations.

Marinker (19) argues that the concept of “disease” is the central one form medical point of view. This opinion, however, raises serious doubts. It seems that “illness” rather than “disease” (or “sickness”) is ‘genetically’ and ‘logically’ the most fundamental concept. The subjective experience of being unhealthy is the main (at least during a bigger part of the history of medicine) reason why people apply to doctors with the request to diagnose a disease or to be treated for a disease. The doctors’ opinion then becomes an essential issue, at least in the contemporary societies, to attribute the social status of being sick to them. ‘Logically’ also ‘illness’ seems to be the first step and even, in a certain sense, can be understood as a necessary condition to recognize a given empirical (physical) process as a disease. It is sustainable that the concept of ‘disease’ is central within the specific, although the most common in the contemporary Western medicine (20), paradigm of medicine (the strictly biologically-oriented medicine), but it seems to be unacceptable when taking into account the other paradigms (for instance the holistic medicine), and, in consequence, medicine as such.

Hofmann and Eriksen (5) used a classical three-term diagram with to study relationship existing among the terms: ‘disease’, ‘illness’ and ‘sickness’ (5). Remembering that the negative definitions of health base on the assumption that health is a complement of the set of ‘ailment’ (it seems necessary to introduce the term ‘ailment’, after the distinction between disease, illness, and sickness has been made; ‘ailment’ = ‘disease’ ∪ ‘illness’ ∪ ‘sickness’), in Fig. 3 (d4) the diagram prepared by Hofmann and Eriksen (5) is placed into ‘universe’. In this way the classical Venn’s diagram of three terms is created.
The diagram $d_4$ expresses clearly how many different negative definitions, form THE logical point of view, can be created. Obviously, not all of them are equally acceptable when taking into account their semantic content.

Some of the negative definitions seem TO express ‘naturalist’, other ‘normativist’ theory of health. Hofman and Eriksen (5) clearly describe what is understood by each of these theories. “Naturalists define disease in terms of natural (biological) processes. Disease is a value-free concept, existing independently of its social and cultural context. Disease can be discovered, studied, and described by science; it is descriptive and not normative“. The normativistic definition, on the other hand, states that there is no such thing as a value-free concept of disease. The concept of disease is invented and not discovered. It is contextual and given by convention” (5, p. 4). It should be emphasized that the meaning of the term ‘disease’ used in the quotation does not necessarily correspond (also it seems to be very close) to the meaning which this term assumes in the disease-illness-sickness triad. When accepting the exact meaning of the tree terms of the ‘ailment’ triad, it can be said that such definitions as ‘health’$\equiv$D’ or ‘health’$\equiv$(D$\cap$I )’ express rather the naturalist point of view,
while definitions such as ‘health’≡I’ or ‘health’≡(I∪S)’ – normativist one. It is worth noticing, as Hofman and Eriksen (5) showed, that the definitions which aspire to be purely naturalist always have “normative traits”, because it is impossible, in the value-free manner, to define “normality” or “functions” (5, p. 4). It should be accentuated that these two terms (and their precise understanding) are essential to create any ‘naturalistic’ definition of ‘ailment’ and of ‘health’.

Undoubtedly, normativistic approach to the concept of ‘illness’ (‘disease’, sickness’) and health can justify and be used to justify unethical attitudes and behaviors in medicine and in the whole social life. The examples of such misuses of medicine and its authority are well known both from history and, unfortunately, from contemporary medical practice. Moral, religious, or political and economical values have been influencing the understanding of health/illness (5, 21-27). For instance, African slaves in North America were said to suffer diseases called “drapetomendia” or “dysesthesia ethiopis” when they had escaped from captivity or worked inefficiently. The moral condemnation of homosexuality was the reason why it was considered as a deviation of personhood and the moral disapproval of masturbation permitted to see it as a cause of epilepsy, catalepsy, and hysterics among women. In the 20th century political dissidents were diagnosed as mentally ill, and nowadays economic pressure of pharmaceutical industry is accused of disease-mongering which turns healthy people into patients, or rather into buyers of medicines.

Positive definitions of health

Although positive definitions of health are probably even more vulnerable to influences of different, sometimes undoubtedly unjust, socially established opinions, than negative ones, such definitions seem to better support more and more holistic approach to medicine and to its purposes (20, 28, 29). The most well-known definition of this kind is apparently a famous World Health Organization’s (WHO’s) definition of health which says that: “Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (30). Changes in this definition, which were proposed during the 101st session of the WHO Executive Board in January 1998, added that health should be considered as “a dynamic state” of not only physical, mental, and social but also spiritual wellbeing (31,32).

The WHO’s definition was formulated in the half of the 20th century, but it should not be forgotten that the attempts to define health in a positive way, and not only as the absence of illness, are known from ancient Greek times. The term ‘kalokagathía’ expresses in the most adequate way what was intended in the Antiquity, and especially in the ancient Athens, by ‘health’ (positively defined), or more precisely who was considered to be a ‘healthy man’ (18). This term “is a complex word, derived from two adjectives: kalós = beautiful, pretty, hansom (outwardly), decent, honest, noble (inwardly) + agathós = honest, good noble,
courageous, worthy of admiration. It is interesting to note that the word kalós already partly includes the values contained in the semantic field of agathós” (33, p. 208). The patients can become kalós (healthy and beauty) only with the help of the agathós (being in possession of the above indicated virtues) doctors. The ideal of ‘kalokagathía’ is obtainable exclusively from the collaboration between the patient and the doctor (18). “To be healthy” is intrinsically related to the concepts of “beauty” and “moral goodness” (34). It seems to be intuitionally obvious that the concept of ‘kalokagathía’ could sustains the WHO’s health definition. This definition, however, finds its direct sources in the concepts proper to the political philosophy of ‘welfare state’ and utilitarian ethics (18).

Although, having in mind that medicine returns to the holistic approach, WHO’s definition seems to express fundamental ideas of health/illness in the more appropriate way than negative definitions, there are serious objections about its correctness. There are seemingly three main problems. The first of them is related to an excessively static understanding of health and illness which is expressed in the phrase: “health is a state of...”. Such critique seems to be particularly often directed by those who accept non-Western orientation of medicine (35, 36). However, it is worth noticing that describing health as a state does not necessarily mean that health is ‘static’ in its character. One can correctly speak about a certain state of the dynamic processes.

The second problem with the WHO’s definition is based on the fact that the term “health” should not be defined using the constructive but only the precising definition. The word “health” belongs to the ordinary language. In this language it has certain, even if equivocal and unclear, meanings. Constructive definitions introduce into a language absolutely new meanings of terms or phrases. If the term which exists (with its meaning) in the ordinary language is a subject of this kind of definition, it will be become subject to another. Consequently, equivocation of this term will increase. Taking into account that the main goal of the process of defining is to diminish equivocations and unclearness of terms, it should be observed that defining words of ordinary language using constructive definitions is contradictory with the very idea of defining.

By WHO’s definition, the term “health” assumes meanings which would probably be very hard to find in ordinary language and excludes the meanings known and used in such a language. It refers in particular to this part of the definition which positively describes health as a complete physical mental, social, and even spiritual well-being.

The precising only and not constructive character of this definition is sustainable when assuming that health is understood as an ideal rather than realistic proposition. But if so, the third objections against WHO’s definition arises. It is expected that the definitions which are formulated by practical sciences, medicine is one of them, will have a ‘practical’ character (8). It means, as Szumowski observes, that they will express the meanings of terms indicating directly what actions should be undertaken (15).
The distinction between “ideals” and “goals” of human life seems to be of particular importance in this context. The ideals are the subjects of cognition, while goals are the subjects of will (14). Ideals are unable to motivate people to undertake an activity. They play the role of road signs, in the sense that they indicate the direction of human activity. Only the achievable goals are able to stimulate the willingness to go in the direction which was previously indicated by ideals. Therefore, it could be said that only the definition which describes health as the (achievable) goal fulfills standard of being the ‘practical’ one.

It is interesting to note that the state of the ideal human health, as defined by WHO, remains contradictory. It is required that a healthy person would live in a state of complete, e.g., mental well-being. Such a state seems to be achievable when and only when the rational subjects do not suffer form lack of information or erroneous information. However, this is possible only for someone who is omniscient, it means for Absolute Being, called in religious traditions “God”. People who believe to be omniscient (to be God), undoubtedly, suffer from having erroneous information.

Despite the weaknesses in the WHO’s definition, the real value of the approach to define health positively and not as “merely an absence of disease or infirmity” (30) should be accentuated. The positive definitions of health, although are accused of being source/ justification of a so called ‘medicalization’ of different spheres of human life (37, 38), first and foremost help overcome the reductionistic paradigm in medicine. In this way, positive definitions participate in the promotion of the holistic approach to medicine (20, 28, 29), which is sensitive to patients’ not only biological, but also psychical, social, and even spiritual needs.

In this context, an attempt to define health as a form of harmony is of a particular interest. Already in the Antiquity, Plato described health as ‘eukrasía’ (harmony, equilibrium of different qualities) (18). Contemporary harmonistic definitions of health (39, 40) seem to apply the concept of harmony in a wider context than the one present in the Ancient Greece. Health is defined as “a unity and harmony within the mind, body, and spirit which is unique to each person and is as defined by that person. The level of wellness or health is, in part, determined by the ability to deal with and defend against stress. Health is on a continuum with movements between a state of optimum well-being and illness which is defined as degrees of disharmony. It is determined by physiological, psychological, sociocultural, spiritual, and developmental factors” (40).

It could be added to this definition that, within the ‘continuum’ of health, an important point exists. This point expresses ‘normal health’ or ‘accepted level of health’. The position of this point depends on the influence of the above-mentioned variables. In the ordinary language one can say: ‘this young person is healthy’ and ‘this elderly person is healthy’. But by these expressions different states of well-being will be designated. Taking into account the age (only one of
the variables, which should be taken into consideration when evaluating health),
the ‘normal health’ is positioned in different places of the continuum of health.

The terms ‘normal health’ and ‘optimum well-being’ permit to use this
definition to describe health both as the ‘achievable goal’ and as the ‘ideal’. It is
worth noticing that not only ‘normal health’ but also ‘optimum well-being’ is
determined by the above-indicated variables.

Conclusions

Logical classification of the definitions of health/illness seems to help better
understand, on the one hand, the differences existing between them, and, on the
other hand, the very content of each of them. What appears even more important
is the fact that there is no definition which is strictly value-free. The naturalistic
project to define health/illness has failed. There is no other way to define these
crucial concepts than through the normativist approach to them. It is not clinical
medicine, but different sociocultural influences that build our understanding of
what the purposes of medicine are. These fundamental purposes of medicine are
intrinsically related to, and partially (mainly?) defined by, the concepts of health
and illness. It does not exclude the possibility that medicine (understood as a
science, practice of health care, and specific institutions) is unable to influenced
(sometimes, unfortunately, not in the morally right way) the societies to change
their view on the concepts of health/illness.

It should be emphasized that the harmonistic definitions of health, accepted in
this article, ought to be considered as something ‘in statu nascendi’ rather than the
ultimate resolution of the problem. Further attempts to define health/illness
should respond to the questions, among others, of whether: (i) the axiology
elaborated by Max Scheler can serve to overcome the highly individualistic
understanding of health in the harmonistic definition; (ii) it is possible to create
the classical definition of health (health of living organism is the ‘genus
proximum’, what constitutes ‘differentia specifica’ when defining human health);
(iii) it is useful to study metaphorical and analogical use of the studied terms; (iv)
it is possible to rely on the harmonistic definition of health in the pluralistic
societies (where the variability of sociocultural and psychological variables is
extremely high).

REFERENCES


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