Of what use (or harm) is a positive health definition?

M. Hafen

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ORIGINAL ARTICLE

Of what use (or harm) is a positive health definition?

M. Hafen[1]

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Abstract
Aim The terminology used in the professional health care and in health science is partly unclear. One reason lies in the integration of aspects like well-being, functionality, or life-quality in the term health. This text aims to provide a convincing theoretical line of argument to define health more clearly.
Subject and methods The term "health" is analysed by means of the sociological systems theory, which is also a constructivist distinction theory. In this context, Antonovsky's 'health ease/dis-ease continuum' is being modified to a 'health/health-impairment continuum' in order to comprise not only physical disease and mental disorders but also injuries.
Results There are countless physical diseases, mental disorders, and other health impairments with clearly defined symptoms. On the other hand, aspects like well-being, other positive emotions, a good life-quality, or a high functionality may be important protection factors or a consequence of good health. As positive health symptoms, they blur the health definition and foster the tendency to indicate negative emotions as mental disorders to be treated by means of psychotherapy and medication.
Conclusion There are theoretical and ethical reasons to define health merely as the absence of disease and other health impairments.

Keywords Health · Disease · Health definition · Positive health · Systems theory · Health impairment

✉ M. Hafen
martin.hafen@hslu.ch

[1] Institute for Social Management, Social Politics and Prevention, University of Applied Sciences and Arts – Social Work, Werftstraße 1, Postfach 3252, 6002 Luzern, Switzerland

Introduction

There are various definitions of health. Is health just the absence of disease, injury or infirmity and thus, as the French practitioner Leriche had put it it, "life lived in the silence of the organs"? (Fantuzzi 2014, p. 1). Or does it correspond more closely to the concept outlined in the popular definition by the World Health Organisation (WHO) from 1948 (WHO 1998):

> Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

In his profound analysis of different health theories, Seedhouse (2001) distinguishes four clusters of theories of health. The first cluster, represented perfectly by the WHO definition, describes health as an ideal state. For the theories in the second cluster health is equal to "physical and mental fitness to do socialised daily tasks" (Seedhouse 2001, p. 79). A reference to this cluster can be found in the documentation on the WHO conference of 1984 (WHO 2009, p. 29) where health was defined as the "… extent to which an individual or a group is able to realize aspirations and satisfy needs, and to change or cope with the environment". The theories in the third cluster see health as a commodity that can be bought or given. References to this cluster can be found (beside others) in the Neo-Marxist perspective that sees the health system as a part of the capitalist society to make money and to control people instead of curing the "sick" society (Marcuse 1964). The fourth cluster of theories finally consists "of a group of theories which hold that health is a personal strength or ability" (Seedhouse 2001, p. 79). Here a reference to Parson's health theory in the context of his structural functionalism seems obvious. To Parsons (1991, p. 205ff.), good health in the population is an important resource for the functioning of

society and illness restricts the individual's ability to contribute to this functioning; thus, like Marcuse Parsons sees the health care system as a mechanism of control.

In this text, the term "health" is analysed by means of the systems theory elaborated (partly with reference to Parsons' systems theory) by the German sociologist Niklas Luhmann (1990, 1994, 1995). This theoretical approach to define health has already been chosen by other authors. With regard to the term health, two of the most prominent of these authors draw different conclusions. Simon (1999) regards health as the unmarked state of the health/disease distinction which to Luhmann (1990) is the leading distinction in the health system. Health as an unmarked state means, according to Simon, that there are no positive symptoms for health. Thus, following this perspective, health can only be defined negatively as the *absence of health impairments* or, defining it more accurately, as the absence of symptoms of physical diseases, mental disorders and mental or physical injuries (Daly and Bound 1996, p. S55). Pelikan (2009) on the other hand draws a different conclusion. Referring to Seligman's (2008) concept of positive health he argues that on the health side of the health/disease distinction there are positive symptoms of health like well-being and other positive emotions. The main purpose of this text is to find further systems theoretical arguments to support either of these two lines of argument.

Health and disease as social constructions

The sociological systems theory can be attributed to the constructivist theories. These theories argue on the assumption that reality itself cannot be reached, but only be (re-)constructed as a semiotic reality in the course of its observation. Consequently, the following text refers to health and diseases not as ontological facts but as social constructions. In the 19th century, for example, Attention Deficit Hyperactivity Disorder (ADHD) as a mental disorder was not yet available to explain disrupting behaviour and concentration deficits in children, as the first medical description of the disorder was only published in 1902 (Still 2006). Consequently, these children were not treated with medication but by means of education. On the other hand, phenomena formerly described as mental disorders like homosexuality today are socially accepted and not regarded as a health problem anymore (Spitzer 1981).

In the view of sociological systems theory, the construction of the semiotic reality is realized by observation: defined as an operation of distinction and designation (Luhmann 1994, p. 73). When we speak or think about something we designate this phenomenon (e.g. health, disease) and thus distinguish it automatically from what it "is" not. The resulting distinctions are more or less specified. So it is possible to distinguish "health" non-specifically from "anything else" (e.g. love, luck, peace), but it is also possible to put "health" in juxtaposition to specified physical diseases or mental disorders like ADHD. Here, the distinction "health/health impairments" is used because health impairments comprise not only physical diseases and mental disorders but also injuries or infirmity.

Observing health impairments by symptoms

Based on these reflections, it is suggested that Antonovsky's metaphor of the "health ease/dis-ease-continuum" (Antonovsky 1979) be used in the slightly modified form of a "health/health impairment-continuum". Every individual can be observed in relation to this continuum from the moment of conception until death. Health, therefore, is a constantly renewed construction, realised by different observers (e.g. individuals or health professionals) and influenced by their cultural context or the time they live in. The observation of health can focus either on the health side or on the health impairment-side of the continuum. The advantage of focusing on the health impairment-side lies in the fact that the physical diseases, mental disorders, injuries, and also infirmities are more or less exactly defined (e.g. in the International Classification of Diseases, ICD or the Diagnostic Statistical Manual for Mental Disorders DSM-V). These definitions comprise the description of symptoms and explanations for these symptoms. Thus, the mental disorder "ADHD" can be described as the explanation for certain observed symptoms in form of disruptive behaviour or attention deficits in a child. As outlined in the preceding, neither the symptoms nor the explanation ADHD are ontological facts, but rather are social constructions. In other times or societies the "same" behaviour might not have been observed as disruptive and explained (and treated) as a mental disorder. Still, the health system is reliant on the precise description of symptoms and explanations in form of specified physical diseases or mental disorders in order to decide which treatment is adequate.

Which are the symptoms of health?

While there are numerous concepts of physical diseases, mental disorders, injuries, and infirmities to explain clearly defined symptoms, there are no actual "healths" (as, in contrast, there are "diseases" or "impairments"). Correspondingly, only quite universal mental states are described as symptoms of (mental) health such as well-being in the WHO definition or positive emotions in Seligman's concept of positive health (Seligman 2008). For physical health there are no positive (and that means: observable) symptoms. Much more important for the observation of mental and physical health is the *absence* of any symptoms of health impairments. This has practical consequences, for

example with regard to the use of the term "health" in everyday life: Somebody who is ill has a "health condition", and wishing someone "good health" expresses the hope that this person will not suffer illness or injury, and not that he or she will experience positive emotions in the sense of Seligman's concept of positive health. Furthermore, the WHO hardly ever launches any programs to enhance well-being but countless programs to deal with communicable or non-communicable diseases. Consequently, there seems to be no obvious gain by observing the health side of the "health/health impairment" continuum by positive symptoms like well-being or positive emotions. The only health indicator lies in the negative symptoms of absent health impairments (Simon 1999).

The distinction of symptoms of health and health conditions

Of course, mental states like well-being, optimism or positive emotions are important. While they are just of no use as *symptoms* of health, they are much more important on the level of *health conditions*. As Seligman shows in accordance to resilience research (Cohen et al. 2006; Kaplan 2013) positive emotions like happiness and optimism are *protecting* factors not only with regard to mental but also to physical health. In other words, they are important as *impact factors* because they support individuals dealing with risk factors like stress or viruses. This level of *health conditions* (or impact factors) has to be distinguished carefully from the level of *symptoms*. Nobody would describe high blood pressure as a symptom of a cardiac arrest or a virus as a symptom of influenza. Instead, high blood pressure or viruses are seen as prominent risk factors to specific health impairments, while the human immune system is seen as a protection factor.

In their definition of health as the ability to adapt and to self-manage, Huber et al. (2011) do not separate the levels of symptoms and impact factors either. The ability to adapt and to self-manage helps people to stay healthy by protecting them from getting sick being exposed to risk factors; thus, this ability is rather to be seen as a protection factor (or a factor of resilience) than as health itself. Finally, the health theories mentioned in the preceding referring to Seedhouse that see health as a commodity, offer a definition of health conditions for prevention and treatment rather than a definition of health itself.

The distinction of health symptoms and functional aspects of health

Other authors mingle aspects of health conditions with functional aspects in order to define health. Marcuse and Parsons see a function of control in the health care system but they do not define health as control. Seedhouse (2001) on the other hand titles his book "Health – the foundations of achievement". Consequently, he defines health as follows (p. 103):

> The foundations theory of health argues that a person's health is equivalent to the state of the set of conditions which fulfil or enable her to work or fulfil her realistic chosen and biological potentials.

The first part of the definition ("state of the set of conditions") refers to the level of health conditions (impact factors), while the second part ("which fulfil or enable her to work or fulfil her realistic chosen and biological potentials") focuses on functional aspects. These functional aspects of health are also in the focus of the cluster of theories which "hold that health is a personal strength or ability" or which define health as the "physical and mental fitness to do socialised daily tasks". In neither of these definitions are the symptoms of health (strength, ability, and fitness) specified in the same way and precision that the symptoms of diseases and injuries are specified. Consequently, the diagnosis of health does not correspond to the observation of health symptoms (as it does in diseases and injuries) but rather to the observation of activities enabled by health. Since these activities (e.g. work) stand in relation to the "realistic chosen and biological potentials" of the individual, nothing is said about the *health state* of an individual, for disease and injuries are part of the mental and physical *potential*. A person with a severe health condition (e.g. the astrophysicist Stephen Hawking) who does important work and has a high level of life quality, consequently has to be described as "healthy", although his physical health is impaired by a severe disease that has been diagnosed decades ago and is not curable. This is not convincing; thus, it would be more precise separating the two distinctions health/health impairment and high functionality/low functionality and putting them as specific distinctions in relation to each other without integrating them under the term health.

Separating health-related distinctions from the health/health impairment distinction

In this sense, life quality and functionality can be *impact factors* and thus part of the conditions of health, as much as they can be a *consequence* of health and the treatment of diseases and injuries. The same can be said for mental states like well-being or positive emotions, the ability to work, and other aspects like happiness. Nobody would dispute that well-being and life quality are impaired by the first diagnosis of any kind of cancer. Still, getting used to cancer, other diseases, or injuries, the restoration of well-being, life quality or functionality is possible. In this sense, distinctions like "optimism/pessimism", "well-being/not well-being", "happiness/

unhappiness", "high life quality/low life quality", and "good functionality/impaired functionality" can be put in relation to the "health/health impairment" distinction as impact factors or consequences of health, without integrating them in the health distinction directly, as in the WHO definition and in the functional definitions of health, or indirectly by means of a "two continua model of mental illness and mental health" (Westerhof and Keyes 2010).

Harmful aspects of a positive health-definition

The distinction "health/health impairments" is a very clear distinction. Observing the health state of a person by the impairment side of the distinction takes place by the diagnosis of defined symptoms of physical diseases, mental disorders or injuries. The health side of the distinction on the other hand is only accessible by observing the absence of symptoms of health impairments. That's why Leriche speaks of the "silence of the organs" and Gadamer (1993) of the "hiddenness of health". By integrating positive mental symptoms like well-being or positive emotions in the health side of the distinction, its clearness fades away without gaining any additional advantages, as it does by mingling functional aspects or consequences of health.

But this is not the only argument for the recommendation not to mix the health/health impairment distinction with other distinctions: "Health/health impairment" or "health/disease" is the main distinction of the health system (Luhmann 1990). By integrating well-being or positive emotions in the health distinction, the probability rises that any states of "not well-being" or negative emotions are being diagnosed and consequently treated as forms of health impairment in this system. One example for this tendency is the medicalisation of grief: In the DSM-IV, a person in grief (i.e. after the loss of a child) could be diagnosed with a major depression after 2 months, whereas in the DSM-V, this period was shortened to 2 weeks (Bandini 2015, p. 351).

Health is one of the most prominent values in modern society. Since the 19th century, it has more and more become a social norm as well (Labisch 1992). The integration of well-being in the health side of the "health/health impairment" distinction may have contributed to the fact that well-being today has become a social norm as well and aspects of non well-being are being considered and treated as mental disorders by the health system. This development is, with all probability, in the interest of psychiatrists who have a substantial influence on the definition of mental disorders (Caplan 1995); it is also in the interest of the pharmaceutical industry (Cosgrove and Wheeler 2013), but it certainly is not in the interest of public health professionals who try to activate individual resources and change societal conditions of health.

Conclusion

Present/absent well-being, positive/negative emotions, a good/bad quality of life, and a high/low functionality—these are aspects of human life as is the absence or presence of disease and other health impairments. All these distinctions can be put in relation to each other either as impact factors or as consequences of each other. The WHO health definition from 1948 integrates one of these distinctions (present/absent well-being) with the health/disease distinction, as it is the case in the Two Continua Model of Health of Westerhof and Keyes or Seligman's concept of positive health. By integrating these distinctions under the term "health", the health/disease distinction is blurred. This blurring is enhanced by the fact that these concepts do not properly distinguish the levels of symptoms, impact factors and consequences of health. Furthermore, the integration of well-being and other positive emotions in the term "health" fosters the pathologization of unfavourable mental states, which cannot be in the interest of professionals in public health. Thus, it is strongly recommended to define health merely as the absence of disease or infirmity and put the distinction of health/health impairments carefully in relation to other distinctions that describe the conditions and consequences of health without integrating them in the term "health".

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