Defining Health and Health-Related Concepts: Conceptual and Theological Considerations

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Health is a good that is almost universally desired. It is not only instrumental to obtaining many other goods of life, it seems good in itself. Indeed, in most western cultures, health has become a virtual cultural obsession, resulting in steadily growing demands on health care systems and in burgeoning industries in wellness and alternative medicine. In the United States alone, billions of dollars are spent every year in pursuit of health.

Clearly, health and healing are also central to the message of salvation throughout the Old and New Testaments, and particularly in the ministry of Jesus.

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Health is universally desired but has no universal definition. How we understand health depends on what we understand life to be for. Christians will find the definition and the experience of health within the community of the faithful.
Faith somehow heals us, too. Yet, while we may pray for health, we look primarily to health care providers for health and healing. But what is it, exactly, that we are seeking?

I. THE COMPLEXITY OF HEALTH-RELATED CONCEPTS

One of the difficulties in thinking and talking about health and related concepts is knowing what those terms really mean. An everyday, common understanding of them is likely to serve us well in conversation, but in trying to understand the implications of these terms for our behaviors and obligations, we quickly uncover some confounding complexities. In fact, even in common conversation, the terms health and healthy may be used variously. We may speak of a healthy body, but also healthy minds and spirits. There are also healthy circumstances, relationships, workplaces, and ecosystems. Similarly, we talk about physical, mental, spiritual, and social health. And health is related to salvation for Christians and many other religions, although it is not likely to be defined that way by a clinician or public entity like the World Health Organization.

One might also question relationships among forms of health. For example, can you have physical health without spiritual health? Or vice versa? Can you be healthy if your relationships are not healthy? We might think that it is possible in one sense to be “technically healthy” and yet not be reconciled with God or neighbor, although in another sense, health seems to be more than just passing one’s medical physical examination.

Even physical health is ambiguous. On average, each person carries several genetic defects. These defects may not result in any diseases for the carrier or offspring, but they might, given certain environmental conditions or reproduction with a person who carries the same defective gene. Does that mean we are all in less than perfect health? With enough testing and probing, virtually every person could be diagnosed with some kind of deficiency in physical and mental health.

Concepts like health—and the cluster of other concepts to which it is related, such as healing, disease, illness, and so on—are variously understood depending on the purposes to which we wish to put them. For example, health may describe a measurable state of affairs, such as the absence of detectable disease or other deficiency. A person gets a clean bill of health after a physical examination, or learns that he or she has high blood pressure or heart disease.

The term health is often used to carry an implied value, namely, that health is good and that a lack of health is bad, or should be prevented. Even more significant, the concepts and conditions of health and disease historically have reflected social values. For example, homosexuality and masturbation were once considered diseases, but now they are largely not—at least according to diagnostic manuals. Similarly, alcoholism and other addictive behaviors are now considered diseases. And not only particular conditions, but also the concepts themselves reflect values.
For instance, health may be defined in terms of individual functioning—reflecting individualistic social values—or in terms of broader social well-being.

Furthermore, health-related terms may imply social roles and responsibilities. A sick person may not be blamed for having a certain disease, or having limitations, such as not working because of illness, for example. Health may imply a responsibility to remain healthy or to contribute to social well-being in some way.

Finally, health-related terms function to provide direction for health care. If we define health in relation to physical states only, this has implications for the scope of that to which health care providers should attend. Conversely, if health is defined more broadly, encompassing a broader range of human desires, values, and aspects of well-being, the scope of implied responsibility for health care professionals broadens.

Gaining clearer insight on how these concepts should be used requires a general analysis of terms, what we can discern from tradition, and the kinds of functions to which these terms are being put to serve. To see this more clearly, we should begin with a review of ways of thinking about health and healing.

II. DEFINITIONS OF HEALTH

Some definitions of health focus on narrow, biological states of affairs. Philosopher Christopher Boorse, for example, defines health in a way that tries to eliminate any normative dimension. He defines health as species-typical functioning, a functional normality that can be biologically assessed according to what is typical for a particular species. All cells, organs, and organ systems function within an organism with specific purposes typical of those functions in other members of the species, and diseases are those biological phenomena that interfere with those functions. In this sense, health is the opposite of disease and is defined largely within statistical parameters.

Similarly, philosopher Leon Kass refers to health as a “natural standard or norm—not a moral norm.” Health is “the well-working of the organism as a whole,” or, “an activity of the living body in accordance with its specific excellences.” The health of the organism is seen in the well-working of the whole of the organism. In spite of the effort to avoid normativity here, what is left to be spelled out is what counts as the “specific excellences” of the organism. Here is where tra-

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2 Ibid., xxiii.

3 Christopher Boorse, The Concept of Disease (Dordrecht: Kluwer Academic).


6 Ibid.
dition and values can enter the analysis. A Thomistic analysis of the natural excellences of a human being, for example, would render a theological dimension to health—such as seeking communion with God—that already seems rather far afield from a more statistical method of measuring species-typical functioning.

Other definitions understand health as more relative to our own social or individual needs and goals—in other words, that which is necessary for us to function well physically and socially and to pursue our life ambitions. Philosopher Lennart Nordenfelt, for example, defines health as follows: “A person is in a state of complete health, if and only if this person is in a physical and mental state such that he or she is able to realize all his or her vital goals given a set of accepted circumstances.” Such a definition clearly imports particular social values. In this case, it is shaped by western liberal philosophical assumptions that what is good for individuals is that they realize their vital, individual goals. Health is thus defined individualistically.

Broader still are definitions that encompass virtually all aspects of well-being. For instance, the World Health Organization has defined health as “a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.” A similar definition was put forward by the Office of Research and Analysis of the former American Lutheran Church, following two years of study by its Task Force on Ethical Issues in Human Medicine:

Christian faith regards life and health as good gifts from God. ‘Health’ is the total well-being of persons; it is more than the absence of disease. Health encompasses the integration of each person’s spiritual, psychological, and physical dimensions. It includes the harmonious interrelationship of environmental, nutritional, social, cultural, and all other aspects of life.

Such definitions recognize the breadth of the concept of health by defining it as “total well-being.”

All of these possible definitions—which represent a spectrum of many such definitions—signal important considerations about health. They also suffer from shortcomings, depending on how the terms are used. First, we may want to define health narrowly so that all of life’s experiences are not reducible to matters of health, or so that health care professions do not become, in effect, responsible for our complete well-being. Yet, it is problematic to define what is “typical” for species, or to neglect other aspects of health that are not measurably physical. Is the dementia of a ninety-five-year-old person healthy because it is in some way typical

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of our species at that age? Second, we also want to recognize that complete well-being is rarely, if ever, possible, and that therefore defining health in the context of our individual goals and needs for functioning is appropriate. Yet, individual goals and contexts vary widely, and we might not want to sanction everyone’s definitions of what would make them healthy. Third, broad definitions of health are good for capturing our sense that health encompasses aspects of our well-being that are not merely physical in nature. Health does seem to be more than merely the opposite of disease. Yet, it would be difficult to maintain such a view of health without it becoming a kind of impossible ideal or without “medicalizing” human happiness.

Despite the range of definitions and the confusion generated by various uses of health and health-related concepts, many would agree with Aristotle’s observation that health admits of degrees without being indeterminate. That is, as Kass suggests, health is more like concepts of pleasure, strength, or justice, and less like being pregnant or being dead. Thus, we have a sense of what health is without it being free from the determinants of context and the values and assumptions of tradition. Christians must ask themselves, then, What difference does the Christian tradition make to an understanding of health, and in what contexts?

III. THEOLOGICAL DIMENSIONS OF HEALTH

Christians can discover very rich and distinctive perspectives on health by turning to Scripture and tradition. In the gospels, Jesus is often portrayed as a healer. His healing was concerned with more than merely the biological states of the human body. Jesus healed physical, mental, spiritual, and social conditions as a witness to his identity as the Son of God and to the presence of the kingdom of God among the people of his time. In his acts of healing, Jesus affirms a relationship between healing and having a right relationship with God. Healing a blind man, Jesus says, “Receive your sight; your faith has made you well” (Luke 18:42). And in Mark, he responds to those who challenge his healing of the paralytic by saying, “Which is easier, to say to the paralytic, ‘Your sins are forgiven,’ or to say, ‘Rise, take up your pallet and walk?’” (Mark 2:9). Clearly, however else we may think about healing and health, they are more than mere medical phenomena. They are also theological concepts with a clear relationship to our salvation.

Scriptural texts suggest that salvation is essentially an act of healing. In fact, the terms healing and saving in the gospels are often translations of the same word in the New Testament texts. As members of a fallen humanity, we suffer from a fundamental separation and alienation from God. Disease, illness, and death are realities because of this ontological state, which is, ultimately, the result of our own lack of faith, or sinfulness. These realities are brought about for individuals not

10Ibid.
usually because of individual sins (although they might be), but because we live in a
time when the kingdom is not yet a full reality and in which human sinfulness and
finitude are realities with consequences for our health. Thus, we should see healing as
a re-establishment or reconciliation of a wholeness that was in some way broken.12

Jesus is our savior and healer in that he is the way this brokenness is overcome.

While it may not make complete sense to conceive of health as condition in
eternal terms, nevertheless, since our bodily existence after the resurrection will be
transformed, the eternal gives us a perspective from which our present condition
may be judged. Perfect reconciliation with God and perfect wholeness would be a
state of perfect health, and death would be no more. This is the reality we look for-
ward to when Jesus will once again bring about the fullness of the kingdom of God
for God’s children, beyond history. There will be no frailty, disease, injury, or
death. “Health” would be a perfect wholeness.

From the perspective of the eternal kingdom, we might understand perfect
health as something unattainable for us as sinful, embodied creatures, with all the
limitations and contingencies of our earthly existence. When we experience what
we consider to be good health, we can understand it, in theologian Paul Tillich’s
words, as “fragmentary,” for it is imperfect and threatened, and as “ambiguous,”
for it is not our ultimate value.13 Health represents for us a wholeness that can
never be fully achieved within this life. Health is therefore also “anticipatory,” for it
points us to the source of health and to our hope for eternal salvation to come.14

In a Christian context, then, the concept of health carries meanings that must
be more than merely the “opposite of disease.” Certainly, within the context of di-
agnostic clinics, we recognize that health has largely to do with the well-
functioning of biological components of ourselves as organisms. When we speak of
“cure,” this is largely to what we are referring. But even there Christians should rec-
ognize that the overall biological health of an organism—the correct functioning of
cells and organs—is a relative condition. Its fleeting and contingent nature points
us, first of all, toward the source of our salvation, and a recognition that healing is
related to a restoration of our wholeness that is more than mere physical cure.

In addition, even as the biological dimensions of health point us toward its
source, so definitions of health reinforce the idea that health is an instrumental
good, freighted with the values and interpretations of traditions. That is, health is
measured not merely in terms of function, but also in terms of functioning for
some other good, such as an organism’s survival and reproduction (Boorse), “spe-
cific excellences” (Kass), or “his or her vital goals” (Nordenfelt). Such definitions
will not be universal. They necessarily point us in the direction of traditions of un-
derstanding that suggest what human life is actually for, because that is what health
will serve. The Christian tradition consists of various answers to the question of

14Ibid.
what life is for, ranging from those that rely on natural law, to those that would implicate such concepts as vocation, to those that emphasize radical human freedom.

The salvific dimension of being healed means that our experience of health, while often reflective of our physical and mental states, also goes beyond it, including other dimensions of experience such as the social and spiritual. We might be partially healthy, in terms of a relative absence of disease, and yet not be participating in the wholeness of reconciliation that constitutes a right relation between ourselves, our neighbors, our environment, and our God. In this way, we can be cured without being healed. We can achieve an absence of physical and mental disease, without finding health. But achieving right relations is the basis of healing, or attaining health. And for the Christian, this involves, first and foremost, coming into the presence of the word and presence of Jesus himself. These broader dimensions of health are what is captured by the popular use of the term wholeness, a secular reflection of our biblical understanding of the relation between health and salvation.

Health, therefore, has a communal dimension, for it is in relationships that healing is found and wholeness achieved. Instead of being defined by capacities to achieve individual vital goals, health is found in reconciliation to God, others, and self. A cure may restore physiological functioning, but it does not deliver healing or health in the fullest, Christian sense of the term.

We might better understand how this is so by considering also illness. We learn about what health means when we experience a loss of health. When we are healthy, we scarcely notice our condition. Yet when we are ill (i.e., unhealthy), we experience a kind of alienation or loss of wholeness. To have an illness is to experience our bodies as separate from ourselves and outside of our control. In the suffering caused by illness, we also become alienated from others because we struggle to understand and situate what has happened to us within our own personal life stories, including our relationship with God. Others cannot easily share in these struggles. We may even be tempted to lose faith or question God’s purposes as we seek understanding for why illness has happened to us. Illness, defined as the experience of a lack of health, also mirrors the lack of perfect healing and wholeness that is our earthly existence; it points us to what health means for us today as well as what salvation will mean when all illness and death have been fully overcome. In short, just as healing and health represent and anticipate God’s presence and kingdom of reconciliation, so their absence represents sources of suffering and need for greater wholeness, experienced often as alienation from our bodies, our neighbors, and God. This is the basis for the church’s obligation to respond.

To see this relationship between the features of health and healing is to see that health for us will always be a “more or less” within history, because our salvation within history is not complete. To expect or demand perfect health apart from

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15 Marty, Health and Medicine, 48.

this perspective—that is, in a way that places health merely in the realm of the
physical apart from the spiritual—is to separate human well-being from our home
in God and thus idolatrize health. But to find health and illness within the context
of our story of salvation is also to find a place within which health and illness can
have meaning and be understood within God’s larger purposes for ourselves and
God’s entire creation.

IV. IMPLICATIONS FOR HEALTH-CARE PROFESSIONALS
AND THE CHURCH

If a major function of a definition of health is to provide directions for health
care, what are the implications of health’s theological dimensions for this function?
Tending to the restoration of physiological functions—including mental health
functions—is clearly the realm of health care professionals. In many cases, that is
all that is really required or desired by persons seeking health care. This realm will
also include many other professionals who contribute to creating conditions in
which our physical and mental health are maximized, such as those involved in the
field of health promotion (i.e., public, environmental, and legal health profession-
als, as well as those in health and wellness education). But insofar as health is more
than the opposite of disease, and given the complex ways in which diseases are in-
fluenced by many other features of human well-being, health care can be a much
more complex matter.

There is a moral as well as a policy challenge if health is broadly understood to in-
clude social and theological/spiritual dimensions. It becomes too difficult on the basis
of conceptual analysis alone to determine who is responsible for what. It would seem
important, on the one hand, not to insist upon or vest health care professionals with
responsibility for all of human well-being, including and perhaps especially its salvific
dimension. On the other hand, to recognize that dimension is to understand that
health and healing are greater than curing, especially when cure seems unlikely, such as
with chronic diseases. The practices of health care and therapy are enriched and more
effective when health, and not just curing, are dimensions of care. Health care profes-
sionals provide healing when they assist patients to overcome the alienation from
self/body, others, and God that is occasioned by illness. Healing will involve efforts to
restore bodily wholeness and integrity. This requires a provider-patient relationship
that seeks this goal, even when function may not be restored.

Healing also requires helping people find meaning in the suffering that iso-
lates them from others and from God. This requires a greater community than
merely the health care provider, although the provider is the link to that commu-
nity. And it requires a hearing of the word, and the promise of reconciliation with
God.

17Toombs, The Meaning of Illness, 112.
18Stanley Hauerwas, Suffering Presence: Theological Reflections on Medicine, the Mentally Handicapped, and
the Church (Notre Dame, IN: University of Notre Dame Press, 1986) 49.
This last requirement is most obviously the responsibility of the church, rather than directly that of a health care professional. The church’s obligation is to promote healing and curing and help believers grasp its fundamental theological dimensions. More than a matter of conceptual understanding, it is a task of helping the unhealthy person situate his or her illness within the ongoing narrative of salvation that is the story of the church. And in living form, the church, most of all, provides that community of the faithful within which healing and health can be understood and can occur—to whatever extent those can be a reality in our own place and time. ☪