

Toward a definition of health

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I believe the idea of a "right" to health should be replaced by the idea of an individual moral obligation to preserve one's health—a public duty if you will.

—Knowles^{1(p19)}

WHAT IS HEALTH? What is this moral obligation that is being placed directly on the individual? Currently much is being said and written about the need for a national health policy. However, with the basic meaning of the term so lacking in clarity, how can consensus be secured for the development of this policy? Most certainly a clear definition of health would enhance the promotion of quality in health care. An essential initial step would seem to be to determine commonly held beliefs about the concept of health. The next step would be a theoretical formulation reflecting these beliefs. One is led to wonder whether published definitions and descriptions are being read and considered by health care professionals and others. Has it now become a game to create a definition of health? Or is it

safer and easier to continually talk and write about health than to do something about it?

Today the "in" word is health, used as a noun and an adjective. Health is used to describe a number of entities: a philosophy of care (health promotion, health maintenance), a system (the health care delivery system), practices (good health practices, (w)holistic health practices), behaviors (health behaviors), costs (health care costs), health insurance, curricula (health-oriented curricula), and so on.

Until recently, literature dealing with health care has concentrated almost exclusively on sickness and disease—etiology, symptoms, and treatment with a narrow edging of prevention. Curricula for health care professionals have been primarily sickness- and hospital-oriented. Most primary health care practices and educational programs have focused on treatment of symptomatology. Health insurance has paid for treatment of illness, with little or no provision for payment of health promotion or health maintenance activities.

Confusion reigns relative to the use of the word health. Some persons mean health as a positive, nonsick state. Others have included the well and ill under the umbrella term of health—a health cycle.^{2,3} Freeman^(pp4-5) considered the relativity of the term: "it [health] may mean different things to different individuals or to different governments, and it can mean different things at different points in time."

For this article health is equated with wellness. Any differences in the two terms are more semantic than substantial. How-

ever, Bruhn et al^(p211) believed that there are differences between the terms wellness and good health: "Wellness is a process that continues in time, whereas good health is a state or a stage along the health continuum."

What, in fact, does the word health include? How has health been defined and described in the literature?

ORIGINS AND HISTORY

The origins of the word health are revealing. In Partridge⁶ the heading "health" was followed by a reference to "whole." "Whole" was derived from "hole" or "hale" in Middle English and from "hal" in Old English (hal→hole/hale→whole→health). Such derivations certainly fit into the dimensions of health commonly quoted today—physical, psychological, social, environmental, spiritual. Consistency of these ideas is found in Roget's *Thesaurus*,⁷ which provides synonyms for the noun health (vigor, euphoria, eudaemonia, well-being, trim, bloom, pink, prime) and for the adjective healthy (sound, well, robust, hearty, hale, fit, bouncing, strapping, whole, able-bodied, athletic). In addition, Williamson and Pearse⁸ equated health with aliveness.

Historically, health was perceived by the New World Indians as the relationship among humans, nature, and the supernatural.⁹ The ancient Chinese included energy flow as a part of their beliefs. They believed that

life is the result of a combination in specific proportions of yang energy from the sun and yin energy from the earth. Human activity,

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health and sensitivity are nothing other than the refraction of the vital force through the body, which is itself a condensation and materialization of cosmic energy.^{10(p199)}

The word health originated as a positive state, devoid of the idea of illness. Wholeness was an integral characteristic of its origin and historical development.

REVIEW OF THE LITERATURE

A selected review of the literature revealed rather extensive writings about health by physicians, nurses, psychologists, health educators, economists, philosophers, theologians, and others. Each discipline offered its own vantage point for viewing health, some quite foreign to contemporary health care professionals' thinking. For instance, economists¹¹⁻¹⁵ viewed health as a form of capital, that is, of wealth. At least one of these authors¹⁵ believed that maintaining health was primarily a societal responsibility vis-à-vis an individual responsibility. Philosophers¹⁶⁻¹⁸ related current thinking to that of ancient philosophers (ie, Plato, Socrates, and Galen). Health was perceived as a state,¹⁹⁻²⁷ a process,^{28,29} a diagnosis,^{22,30} a task,³¹ a response,³² or a goal.³³⁻³⁵ Within the definition/descriptions, varying degrees of explicitness and breadth of vision are evident.

Unquestionably the single most quoted and criticized, yet enduring, definition of health is that of the World Health Organization (WHO),^{36(p29)} which states that "health is a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity." The criticisms have focused on its abstractness, simplicity, "wooliness," lack of suitability for scientific interpretation, placement of too much power and authority in the hands of the medical profession, and setting a false goal for medicine.³⁷⁻⁴⁰

Most authors quoted in this article referred to the WHO definition in one way or another, but only Terris²³ sought to clarify and specify its content. Presently the Human Population Laboratory in California is attempting to apply the WHO definition of health to the health of a population. They⁴¹⁻⁴³ utilize the dimensions of physical, mental, and social networks in evaluating health in relation to health practices.

At least one effort has been made to examine the nature of health in a systematic fashion. In 1935 the Pioneer Health Centre was established in Peckham, England. It was designed as a biological laboratory for experimental investigation into the nature of health.^{8,44} By studying families they found that three processes were present in health: living (functional existence), surviving (compensative existence), and dying (decompensative existence). Moreover, compensative existence was not equal to the health and wholeness of functional existence. That group defined full living as when "total potentiality of the organism is free to find expression as circumstances demand; and when

no limitation is placed upon free exchange between the individual and his environment."^{8(p16)} The "living-organism-in-its-environment" concept was the basis of their work.

Nonhealth care professionals

Philosophers were far less specific in their writings about health, but added thinking and dimensions not usually considered by health care professionals. Callahan⁴⁹ believed that any definition of health should imply some intrinsic relation between the good of the body and the good of the self. It should distinguish between health as a norm and health as an ideal. Callahan perceived health as something humans seek and value.

Kass⁴⁰ believed that being alive and being healthy are different. A question was raised as to whether humans wish to live in order to live healthily and well or whether they wish to be healthy and virtuous merely to stay alive. Health was seen as a norm or natural standard, as "a state of being that reveals itself in activity as a standard of bodily excellence or fitness, relative to each species and to some extent to the individual, recognizable if not definable, and to some extent attainable."^{40(pp28-29)} Kass considered both body and soul and saw health as a duty. An obligation to preserve one's health is on every individual.

Finally, Kass called for large-scale epidemiologic research on healthiness. Suggested topics for study were (1) health maintenance; (2) what promotes and undermines health; (3) nutrition, bodily exercise, rest and sleep, relaxation and response to stress, personal habits of

health and hygiene and their effects on general healthiness; and (4) overall resistance to disease. In addition, particularly healthy subgroups, such as the Mormons, should be identified and studied to discover why they have good health.

Boorse^{45(p555)} proposed that health in "a natural class of organisms of uniform functional design" is normal functional ability, the "readiness of each internal part to perform all its normal functions on typical occasions with at least typical efficiency." Health can be graded in a linear fashion similar to the manner of grading severity of disease. Three conceptions of positive health^{45(p571)} related to functional excellence show gradations in development of an individual's performance capacities.

The renowned theologian, Tillich,⁴⁶ described health as a unity made up of six dimensions. He rejected the use of the term *levels* and perceived the dimensions as being within each other, with lines crossing each other at one point. The model might be diagrammed as shown in Figure 1.

Twaddle,^{22(p31)} a medical sociologist, offered a conceptualization of a state of

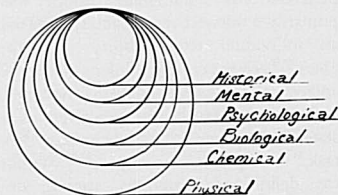


Fig 1. Schematic representation of Tillich's description of health.

perfect health, "an ideal toward which people are oriented rather than a state they expect to attain [therefore,] there must be a range of less than perfect health which is defined as normal." In addition, "what is considered normal for one individual may be considered abnormal for another." This notion is probably strongly influenced by cultural and societal norms and definitions. Twaddle^{22(p31)} also believed that health is "a functional requisite of social systems, and every society has a vested interest in maintaining levels of capacities of its population" to the level of performance needed for continuity or system maintenance.

Health care professionals

Leichtman and Jepikse,⁴⁷ a physician and an educator, respectively, took a philosophical approach to describing health. They believed that the source of health is in one's soul and is a by-product of "right" living. Well-being exists when "the physical body is healthy, the emotions are sound, the mind is strong, the lifestyle is sane, and the spiritual expression is whole."^{47(p4)} All of these are expressed through one's productivity, goodwill, clarity of thought, responsibility, and integrity.

Progress is being made toward the development of a theory of health. Newman,^{48(pp56-58)} a nurse, has spelled out assumptions underlying the notion that health is a synthesis of disease and nondisease as follows:

1. Health encompasses conditions heretofore described as illness, or in medical terms, pathology.
2. These pathological conditions can be

considered a manifestation of the total pattern of the individual.

3. The pattern of the individual that eventually manifests itself as pathology is primary and exists prior to structural or functional changes.
4. Removal of the pathology in itself will not change the pattern of the individual.
5. If becoming ill is the only way an individual's pattern can manifest itself, then that is health for that person.
6. Health is the expansion of consciousness.

Newman^{48(p67)} used the concepts of time, space, movement, and consciousness as a framework for viewing "health as the totality of life processes," including disease as a process.

At least two specific, clear, and comprehensive statements of health that are potentially measurable have been set forth. Oelbaum,⁴⁹ a nurse, referred to hallmarks of wellness and, using an A-to-Z format, identified 26 hallmarks. Another statement of the aspects of the state of health was made by Blum,⁵⁰ who identified 12 measurable aspects of health and defined each aspect with operational means.

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CONCEPTUAL ANALYSIS

To ease the task of comparison and analysis, a listing was made of 42 definitions/descriptions from the literature. (See the Appendix.) Because no systematic search was carried out, the list is far from exhaustive, although no stated definitions/descriptions found in the literature were omitted.

In an effort to analyze the definitions efficiently, a chart was developed listing each author, each selected definition, and 22 subconcepts used. They vary in comprehensiveness, abstractness, clarity, and detail. Most are global, lacking in specificity, thereby leading to difficulty in operationally defining many of the terms. Illich,³¹ Murray and Zentner,³² Frost,³¹ Hanlon,³² Cardus,³³ Hadley,³⁴ and Burgess³⁵ are among the more specific. Cardus provided clarity for critical words—capability, optimality, and adaptability. Although the initial statement was abstract, clarification of intent produced potentially measurable components.

Personal and group health

Of the 42 listed definitions/descriptions, personal health exclusively was the focus of 40 of them. Frost³¹ and Hanlon³² included population groups as well as the individual. A specific mention of family was part of one description.³¹ Family might well be included within social characteristics. However, only 13 authors referred to social characteristics. Population groups could be a part of the environ-

ment characteristic, but only 13 authors specifically included environment. Social and environment characteristics overlapped in 4 definitions.

Since a major portion of the literature review was conducted on publications written after 1960, no interpretation can be made about the drastic difference in numbers of definitions pre- and post-1960. However, the literature of the 1970s revealed a great number of nonhealth care professionals writing about health. The number of nurses and physicians publishing about health seemed to be consistent with the past.

An effort was made to compare the comprehensiveness of definitions/descriptions between pre- and post-1970. Many of the definitions from the 1970s were as global and lacking in specificity as pre-1970. Of the pre-1970 definitions, Frost,³¹ Hanlon,³² and perhaps Dunn³⁶ showed the greatest comprehensiveness. Post-1970 the most comprehensiveness was shown by Miller³⁷ and Schlosser.³⁸ Interestingly, neither Miller nor Schlosser is a trained health care professional.

Physical and mental health

All authors did not specifically include physical and/or mental functioning. However, several used phrases similar to "integrated functioning" and "optimum capability." Overlapping either of these two phrases with the usage of physical and mental was demonstrated by several writers.^{8,23,24,26,29,33,53,59-61}

Two unabridged dictionaries^{62,63} used the conjunction "or" between physical and mental characteristics. A more recent edition of *Webster's Collegiate Dictionary*⁶⁴

has replaced soul with spirit but continues to use the conjunction "or." In addition, the definition spelled out in *Webster's New International Dictionary of the English Language*⁶² was considerably different than that in *Webster's Third New International Dictionary of the English Language—Unabridged*.⁶³ *Stedman's Medical Dictionary*⁶⁴ specified only freedom from disease and optimum capability.

A ranking of the totals for the inclusion of each characteristic may be found in Table 1. As might be anticipated, physical/biological and emotional/psychological

top the list. In light of the inclusion of social well-being in the WHO definition of health in 1947, it is surprising that only slightly less than one-third of the writers mentioned social specifically. Of profound concern, at least to me, is that cultural, spiritual, and heredity rank low. These concepts are not new in health care.

The subconcepts identified are not exclusive (ie, well-being, wellness; harmony, balance). The definitions of the health care professionals and the nonhealth care professionals are fairly internally consistent. For example, for "physical" the percentage of mentions was 55% and 53%; for "emotional," 51% and 46%. Rather drastic differences were found for "daily living/activities," 10% and 23%; "opposite of illness, pain," 24% and 46%; and "adaptation," 24% and 15%. The subconcepts could probably be further reduced.

The category "other" showed a great variety of subconcepts that cannot be analyzed. No analysis is possible within "health care professional" or "nonhealth care professional" definitions relative to "other."

Health as an obligation

If the maintenance of one's health is a moral obligation, what has been asked of each individual in terms of the three most comprehensive definitions? Hanlon⁵² would expect the individual to maintain a state of total physiological and psychological functioning within the environment and be able to adapt to or cope with a variety of internal and external forces mostly outside the individual's control.

Miller⁵⁷ would expect the individual to achieve a special interdependent, harmonic

Table 1. Ranking of subconcepts included in 42 definitions/descriptions

Rank	Subconcepts	Mentions
1	Physical/biological	22
2	Emotional/psychological	20
4	Environment	13
4	Social	13
4	Opposite of (or freedom from) disease, pain	13
6	Integrated functioning	11
7	Optimum capability	10
8	Adaptation	9
9.5	Daily living/activities	5
9.5	Spiritual	5
13	Cultural	4
13	Wellness	4
13	Relationships	4
13	Purposeful direction	4
13	Meaning in life, one's values	4
17	Well-being	3
17	Harmony	3
17	Heredity	3
19.5	Balance	2
19.5	Self-knowledge, self-realization	2
21	(w)holistic	1

Accountability to society by consumers for preserving their health may be impossible until a workable, precise, clear definition of health is developed.

relationship of the physical, mental, and spiritual aspects of health that is intertwined with every other individual and society. Schlosser³⁸ would expect the individual to develop a meaning in life that

includes the realms of physical, mental, aesthetic, interpersonal, social, and spiritual. It should be interwoven with love, creativity, and self-fulfillment, free from disease and fear of death and dying.

Health would seem to be quite an obligation! Accountability to society by consumers for preserving their health may be impossible until a workable, precise, clear definition of health is developed. Consumers at present are unable to identify what their ultimate goal for health might be and for what they should hold health care professionals accountable.

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Appendix. Subconcepts included in definition/description of health identified by health and nonhealth care professionals (sequenced by date)

Writers and Sources	Physical	Biological	Emotional	Psychological	Social	Culture	Environment	Spiritual	Heredity	Well-being	Wellness	Harmony	Balance	Relationships	Daily living activities	Opposite of illness, pain	Holistic	Integrated functioning	Optimism capability	Purposeful direction	Meaning in life, one's values	Adaptation	Self-knowledge, self-regulation	Way of life	Other
Nurses <i>Nightingale</i> in Dolan ⁽⁶⁴⁰⁾ "not only to be well, but to be able to use well every power we have."											*							*							
<i>Goodrich</i> ⁽⁶⁴¹⁾ "composite term for man's best physical, mental and spiritual expression in building an efficient society."	*	*	*	*				*										*							
<i>Frost</i> ⁽¹⁶⁴²⁾ presented a diagram of three concentric circles labeled individual health, family health and community health containing elements and resources relevant to each category.	*	*	*	*	*		*																	Family, community	
<i>King</i> ⁽¹⁶⁴³⁾ "a dynamic in the life cycle of an organism which implies continuous adaptation to stresses in the internal and external environment through optimum use of one's resources to achieve maximum potential for daily living."							*								*				*					Environ- ment, internal/ external	

[illegible]

Writers and Sources	Physical	Biological	Emotional	Psychological	Social	Culture	Environment	Spiritual	Heredity	Well-being	Wellness	Harmony	Balance	Relationships	Daily living activities	Opposite of illness, pain	Holistic, wholistic	Integrated functioning	Optimum capability	Purposeful direction	Meaning in life	one's values	Adaptation	Self-knowledge, self-regulation	Way of life	Other
<i>Dunn</i> ⁽⁹⁶⁾ "High-level wellness for the individual is defined as an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable. It requires that the individual maintain a continuum of balance and purposeful direction within the environment where he is functioning."																										
<i>Hanlon</i> ⁽⁹⁷⁾⁽⁹⁸⁾ "Hanlon and Pickett" ⁽⁹⁹⁾ "A state of total effective physiologic and psychologic functioning; it has both a relative and an absolute meaning, varying through time and space, in both the individual and in the group; it is the result of the combination of many forces, intrinsic and extrinsic, inherited and contrived, individual and collective, private and public, medical, environmental, and social, economy, law and government."	•	•	•	•	•	•	•							•				•	•	•					Individual group economic, law, government	

Writers and Sources	Physical	Biological	Emotional	Psychological	Social	Culture	Environment	Spiritual	Heredity	Well-being	Wellness	Harmony	Balance	Relationships	Daily living activities	Opposite of illness, pain	Holistic, wholistic	Integrated functioning	Optimum capability	Purposeful direction	Meaning in life	one's values	Adaptation	Self-knowledge, self-regulation	Way of life	Other
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[illegible]

Appendix (Continued)

Writers and Sources	Physical	Emotional	Psychological	Social	Culture	Environment	Spiritual	Heredity	Well-being	Wellness	Harmony	Balance	Relationships	Daily living activities	Opposite of illness, pain	Holistic, wholistic	Integrated functioning	Optimum capability	Purposeful direction	Meaning in life one's values	Adaptation	Self-knowledge, self-regulation	Way of life	Other
<i>Darwin</i> ⁽¹⁹⁾ "is the quality of wholeness of a biologic system as manifested in the level of harmony at which it functions." (Five features of health: "freedom from symptoms, physical health, functional capacity, mental and emotional health, and well-being".)	•	•	•						•		•							•						
<i>Terris</i> ⁽¹⁴⁾⁽¹⁰⁰⁾ "a state of physical, mental, and social well-being and ability to function and not merely the absence of illness and infirmity."	•	•	•	•											•		•							
<i>Blum</i> ⁽²⁰⁾⁽⁹⁾⁽¹³⁾ "Each culture defines health according to its general belief systems"; "a state of being in which the individual does the best he can with the capacity he has and acts to maximize his capacities."					•													•		•				
<i>Stedman's Dictionary</i> ⁽⁴⁶⁾⁽⁴⁸⁾ "The state of the organism when it functions optimally without evidence of disease or abnormality."															•			•						

[illegible]

Appendix (Continued)

Writers and Sources	Physical.	Biological	Emotional.	Social	Culture	Environment	Spiritual	Heredity	Well-being	Wellness	Harmony	Balance	Relationships	Daily living activities	Opposite of illness, pain	Holistic, wholistic	Integrated functioning	Optimum capability	Purposful direction	Meaning in life	Adaptation	Self-knowledge, self-regulation	Way of life	Other
Other health care professionals <i>Daloz</i> ^{20(p101)} "More than a state in which the organism has become physically suited to the surrounding physicochemical conditions through passive mechanisms; it demands that the personality be able to express its creativity."	•	•	•																		•			
<i>Holte</i> ^{21(p71)} "is a living activity, not a product. It is something experienced within the person. It is not something to <i>have</i> but a way to <i>be</i> . It is a procession, not a possession."																							•	
<i>Wan and Livieratos</i> ^{19(p31)} "Health status is reflected by the extent to which an individual has reached certain levels of adaptation encompassing a multidimensional state of wellness in terms of physical/physiological, mental, and social well-being."	•	•	•	•					•	•									•	•				

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Appendix (Continued)

Writers and Sources	Physical	Emotional, Psychological	Social	Culture	Environment	Spiritual	Heredity	Well-being	Wellness	Harmony	Balance	Relationships	Daily living activities	Opposite of illness, pain	Holistic, wholistic	Integrated functioning	Optimum capability	Purposeful direction	Meaning in life one's values	Adaptation	Self-knowledge, self-regulation	Way of life	Other
Bonnie ⁽¹⁹⁶¹⁾ "is determined by behavioural capacity, including biological as well as sociological components, and it is this capacity to fulfill fundamental functions."	•		•										•										
De/ma ⁿ ⁽¹⁹⁶⁷⁾ "An individual is healthy (that is, has attained or is in the state or condition known as health) if he is functioning adequately in a stated environment; and if while functioning in this environment he is subjected to some sort of stress he is able to adapt to his stress within the range of normal functioning."				•													•			•			Sex, growth, and development
Burn ^s ⁽¹⁹⁶¹⁾ "The consequence of a proper ordering of the naturals (structural and functional elements innate in the body) and a proper regimen of the nonnaturals (air, rest-motion, sleep-wakefulness, food-drink, excretion-retention, emotions).																							Ordering of naturals, regimen of non-naturals

Appendix (Continued)

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