Health within illness: Conceptual evolution and practice possibilities

Health in terms of growth or change is being increasingly related to illness through health theory development and personal reports of illness. Clinicians in nursing often provide accounts of health within the experience of illness, and theorists in nursing incorporate health-within-illness ideas, but the concept has not been previously explicated for practice. Adoption of this perspective in current health care would initiate drastic changes and provide endless possibilities for a more positive, less judgmental attitude toward the experience of illness.

Susan Diemert Moch, PhD, RN
Associate Professor
Wellness Director
University of Wisconsin—Eau Claire
Eau Claire, Wisconsin

THE PERSPECTIVE called "health within illness" views illness as an event that can expand human potential. By becoming aware of the message within one's own illness, one can make great strides in learning about oneself and others. Ideas consistent with a health-within-illness conceptualization can be found in nursing and health literature, but full incorporation of that perspective would revolutionize health care. According to the current view, the patient is expected to treat his or her illness as an enemy, to fight for his or her life, and to choose treatments that prolong life regardless of the quality of that life. This view of illness as an enemy precludes a health-within-illness experience by focusing on getting rid of, rather than getting in touch with, the illness.

Getting in touch with the message

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within illness is central to the view proposed in this article. In a health-within-illness view, the experience of illness can accelerate personal growth through increased awareness and transformational change. Such a view, which may prove to be central to nursing, is developed with theoretical formulations and research findings and the practice possibilities of adopting such a view are suggested through a case study.

Illness as an opportunity for health is consistent with nursing's theoretical and practice base. Nurses in clinical practice often describe situations of health within illness that are consistent with those emerging in the literature.[1-3] Patients tell of finding meaning in their illnesses, of feeling closer to family members, or of feeling an inner peace with a greater spiritual dimension through their illness experiences.

Illness is increasingly credited with stimulating personal transformation[1,3] and promoting greater aliveness and connectedness with the whole.[2] Illness has also been suggested as a means to learn about oneself[4] and as an opportunity to reflect on the meaningfulness of life.[5] These views are consistent with evolving nursing theory.

NURSING THEORY

Although a health-within-illness concept has not been completely explicated within the theoretical base of nursing, some formulations include ideas that are consistent with the concept. Nightingale[6] described health promotion as an opportunity to assist in the reparative process of illness, and Peplau[7] identified illness as a process of reorienting feelings and strengthening the personality. Both of these conceptualizations are consistent with the health-within-illness perspective. Rogers's[8] theory, especially the principle of helicy, also implies this perspective. Newman[9,10] considers health to be expanding consciousness and a dialectic fusion of disease and nondisease. According to Newman, illness is a manifestation of the total pattern of the individual and is thus considered to be an aspect of health. Tensions within illness allow patterns of expanding consciousness to emerge. By serving as an integrating factor illness may facilitate desired change, as reflected in the pattern of interaction between person and environment.[11]

The theoretical frameworks of Parse[12] and Fitzpatrick[13] also integrate illness within health. Health is viewed as patterns of interrelationships with the environment; one such pattern may be disease.[12] The dynamic patterning of health, which includes illness, is characterized as becoming, coconstituting, transcending, and unfolding. Fitzpatrick[13] identifies health as a rhythmic, developing characteristic of people, which includes the process of dying as a heightened awareness of the meaningfulness of life. Health within illness is also reflected in the theoretical concepts of transitions, developing human potentials, and increasing harmony in life, as discussed by Chick and Meleis,[14] Paterson and Zderad,[15] and Watson,[16] respectively. The same conceptualization is evident in Sarosi's[17] consideration of illness as an opportunity for discovery of one's being and Travelbee's[18] identification of illness as an opportunity to find meaning. Further support is apparent in the holistic health models proposed by Narayan and Joslin[19] and Hall and Allan.[20]

RELATED THEORY

The growth or opportunity aspects of crisis theory[21,22] and developmental theory[23,24] suggest a health-within-illness conceptualization. Illness experiences, which are often considered to be life crises, can facilitate personality growth[25] and increase mental health[26] and cognitive awareness,[27] according to crisis theorists. Health or growth through crisis is achieved through reflecting on oneself,[28] increasing awareness of one's potential,[29] or finding purpose or meaning in the event.[5,28]

Ideas consistent with health within illness are emerging in health-related theory development. Moss[2] proposes that a door opens during health crises to make one more available to aliveness, which is defined as a transformational experience in which one is open unconditionally to the present moment. Relatedly, Dossey[30] considers disease to be an opportunity to move to higher levels of complexity, as it is a natural process that facilitates understanding. Transitions that people make to a state that Dossey[31] calls "beyond illness" are similar to stages of spiritual enlightenment. "Periods of illness, stress, or crisis in a person's life can be times of profound personal transformation," according to Pelletier.[4(p32)]

Siegel,[3] a surgeon, describes his experience of learning about health within illness through encounters with his patients. Those with whom he worked in "exceptional cancer patient groups" taught him about the process of personal change through illness. Using excerpts from poetry, literature, and patient situations, Siegel illuminates the healing processes that he witnessed.

Other theoretical formulations related to the health-within-illness perspective include those of Jaffe,[32] Booth,[33] Slater,[34] and Sacks.[35] Jaffe discusses a transformation, or a quantum leap of development, through trauma or illness experiences.[1,32] Booth and Slater consider illness to be a message of the whole person which describes a conflict between the individual organism and the environment. Sacks delineates a process of coming to know about the wholeness and completeness of his personhood during a personal recovery from illness.

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RESEARCH RELATED TO HEALTH WITHIN ILLNESS

Although theoretical formulations consistent with a health-within-illness view are available, research is limited. Relevant studies have focused on the growth component of crisis theory, developmental theory, and descriptions of the illness experience.

Hypothesizing that crisis may contribute to personal growth, Ryff and Dunn[36] looked for and found positive correlations between crisis and personal growth. In their research, a sample of 115 women and 53 men of middle age and older was assessed via a life experiences survey and a personality development scale.

Reed[37] compared 57 persons in the late stages of cancer to a matched control

group with regard to religiousness (a purported measure of transcendence of development)[38] and well-being. As hypothesized, the cancer patients reported greater religiousness than the healthy adults ($t[112] = 3.11$, $p < .001$). Both groups demonstrated moderately high levels of well-being, with no significant differences between the groups.

Smith[39] hypothesized that the experience of serious illness changes a person's goals, values, and relationships with others. Through interviews with 44 medical-surgical patients, she found that 66% mentioned changes in values and priorities and often linked the change to a heightened awareness of death. Seventy percent of those interviewed noted a change in relationships with others, and they described having greater concern with a sense of community with others. A heightened awareness of the beauty of nature was discussed by 55% of the patients; these same subjects also described a sharper sense of their own mortality. Patients' comments included: 'Last night I looked out my window at the moon, and I never saw it so beautiful," and "I just took all this for granted. It is like being made to see with new eyes."[40(p30)]

Slightly over half of a sample of breast cancer subjects ($n = 78$) reported a life reappraisal due to their experience of cancer. They verbalized new attitudes toward life, an increase in self-knowledge, and/or a reordering of priorities, with a new emphasis on relationships. The cancer experience "is perceived by many to have been the catalytic agent for restructuring their lives along more meaningful lines with an overall beneficial effect."[41(p1163)]

In another study,[42] five of ten cardiac arrest patients experienced a "transcendental redirection" in their lives as a result of their illness. Persons who had experienced a heart attack were reported to engage in a related reconstructive process.[43] Hall[44] analyzed life history data of 200 families in crisis and 200 families not in crisis with regard to their spiritual growth. She found that crisis conditions appeared to be related to dramatic spiritual growth, although crisis experiences did not always result in spiritual growth.

A study[45] of 22 patients who had complete remissions of cancer for 5 to 20 years identified positive attitudes toward life and the future. According to the authors, patients with advanced cancer "have a greater appreciation of time, life, people, and interpersonal relations. They are more relaxed and less concerned about the nonessentials of life."[45(p2191)] In-depth interviews with ten people who experienced personal tranformation through a life-altering event lend further support to the health-within-illness conceptualization.[46] The people described themselves as being less concerned about material possessions and more interested in other people and in the spiritual dimension.

CASE STUDIES AND PERSONAL ACCOUNTS

Support for the health-within-illness conceptualization is provided by case studies,[47] in-depth interviews,[48] and personal accounts.[49] Rawnsley's case study[47] of a young woman with cancer described her movement toward health through a facilitating environment with a nurse therapist. In a phenomenologic study of courage in

chronically ill adolescents, Haase identified health within the chronic illness experience by describing personal growth through the development of a "sense of mastery, accomplishment, and competence."[48(p69)]

Personal accounts of persons with cancer often report changes that result from the experience. Some of the changes include increased empathy and an awareness of personal potential,[50] increasing closeness with family,[40] greater aliveness and stronger bonds with others,[51] increasing consciousness about life,[41] and increasing acceptance of love.[46] In her account of breast cancer, Harrell says: "Cancer took my breast but I'm left with a greater respect for life, an articulate tongue, an increased empathy for the sick, and a new awareness of my personal potential."[50(p677)] Another woman said: "I felt more alive, more a part of things than I ever have."[40(p40)]

The theoretical development of meaning in suffering through interviews with patients relates directly to the health-within-illness conceptualization. Steeves and Kahn[52] describe, using case studies, incidents of meaning that changed the experience of suffering. The crisis of physical illness as a turning point has also been illustrated in case studies by Moos and Schaefer.[53] According to the authors, patients viewed illness as freeing, enriching, and as offering opportunities to learn.

PROPOSALS FOR FUTURE RESEARCH

Research on health within illness is needed to support the theoretical base of nursing that is consistent with this view. Exploration of several questions is suggested. How is health within illness operationalized? How is it experienced? What is the relationship between health within illness and the experiences of greater aliveness, personal transformation, and discovery of meaning? Can health within illness be promoted? If so, how?

The study of health within illness poses difficulties, however. Tools to measure it are not available because the health component has yet to be completely described. Health within illness may be different for each person, which implies difficulty with traditional methods of measurement. The notion of measurement may in itself be inappropriate for health within illness, as measurement often implies quantity or degree whereas health within illness may be related more to the quality or variability of experience. Such variability may include spiritual enlightenment, increased environmental awareness or self-awareness, deepening relationships with others, experiences of connectedness with a whole, or the discovery of new meaning in life. Due to the abstract and personal nature of health within illness, research may need a holistic, humanistic focus unencumbered by the control of variables. Traditional reliability and validity criteria may not apply to this conceptualization. Methods for the study of health within illness may derive from grounded theory, heuristic inquiry, dialectical approaches, and phenomenology.

IMPLICATIONS FOR NURSING PRACTICE

Nurses often use aspects of a health-within-illness conceptualization in their

clinical practice. Health within illness is promoted by listening attentively while encouraging patients to talk about their experiences, by connecting with patients in transpersonal relatedness, and by supporting patients through their search for meaning and spirituality. Hospice care, in particular, has its roots in a health-within-illness philosophy.

Complete incorporation of the health-within-illness view into health care would change it dramatically. Encouraging patients to get in touch with the message within illness is very different from the current approach, with its expectation that one should fight illness rather than seek the health potential within illness. This approach can lead to the mistaken identification of patients who cope with illness by reflecting on it or trying to find meaning in it as persons who resort to denial or reaction-formation defense mechanisms.

Techniques to facilitate understanding of the message of illness are almost nonexistent. Advancing the health-within-illness view will require new interventions and new approaches to the illness experience. Speculating about the nature of the health care changes that would be necessary in the areas of individual responses to illness and dying, treatment priorities, and the expectations of significant others may serve to foster further understanding.

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Responses to illness and dying

Individuals' expectations with regard to emotional responses to illness would change and become similar to those associated with developmental milestones. Feelings of overwhelming grief at a friend or family member's diagnosis of serious illness would be replaced by feelings of empathy with the difficulty and excitement of anticipated learning. If the illness resulted in death, the response would not be one of despair or failure.

Treatment priorities

Each person diagnosed with a serious illness would be offered such treatments as journal-keeping, meditation, intense interactions with another or others, bibliotherapy, aesthetic experiences of art or nature, or any other means that might enhance his or her experience of health. Treatment priorities would be decided by the person with the illness.

Treatments that are now considered to be standard medical interventions for serious illnesses would be incorporated if they were consistent with the person's need for quiet reflection and intersubjective interaction with others. Reflection and interaction would be deemed essential to enhancing the health of the person.

Expectations of significant others

Friends, relatives, and nurses of the person with an illness would expect to develop a deeper relationship with the person. They would also expect to learn about themselves through helping the ill person.

HYPOTHETICAL CASE EXAMPLE

A hypothetical case study illustrates the necessary changes identified above. Ms Sims, aged 44, discovers a lump in her breast. She wished to know whether the lump is cancerous and so schedules a breast examination with related diagnostic procedures. Ms Sims is concerned about the serious nature of the possible diagnosis but is not overwhelmed by fear and anxiety. Instead, she wonders what she will learn through the experience.

When Ms Sims tells her family and friends about the lump and the possible diagnosis of cancer, they feel empathy with her. They know that such a predicament is not easy and that many uncertain feelings accompany the presence of a breast lump. Her friends and family do not automatically dwell on the terrible possibilities or become uncomfortable around her because of their own fears (eg, "What if that were me?"). They make a commitment to be with her through the experience, and they anticipate the learning that will accompany the difficulty. The illness is viewed as a developmental milestone, much like losing one's first tooth or entering adolescence.

When Ms Sims goes to the hospital for her breast examination, she is offered, in addition to the routine medical procedures, other treatment options that include ways for her to learn about aspects of health within the illness. She is given the clear message that she is the one who must make decisions regarding her treatment. She is given information but is not pressured to decide immediately on any particular treatment plan.

The plan for treatment selected by Ms Sims would be supported. If she chose treatments or interventions that did not promote an absence of her illness, she would not be given messages that she had done something wrong or was at fault in any way. Persons working with Ms Sims would assume that she knew what was best for herself. She would be offered opportunities to choose various treatment options during the course of her illness. She would be given time and encouragement to reflect and to interact with others.

If Ms Sims's illness progressed to a more advanced stage, she would not be considered to be a treatment failure or a person with a negative illness outcome. Determination of the experience of the illness would be made on a subjective basis by Ms Sims and her close associates rather than on an objective basis by those fighting the illness on her behalf.

This hypothetical case illustrates the differences in care between the prevailing view of the health care establishment and the health-within-illness view. Both the concept itself and the hypothetical example raise questions regarding the adoption of a health-within-illness view: whether illness is a necessary path to health, whether fighting an illness is incompatible with health in illness, and whether advances in illness cures would be sought within the model. Skeptics may determine that answers to these questions must be found before the health-within-illness concept can be incorporated into present health care. Yet answers to many pertinent questions were not sought before the current illness-as-enemy view was adopted: whether one can experience an acceptable quality of life during a desperate fight for one's life, whether people who do not get

well through drastic treatment approaches feel that they have failed, or whether countless nonmedical opportunities for health and personal growth might be neglected during each illness.

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The health-within-illness concept poses questions and incites speculation. Evolution of the concept through nursing theory, health theory, and research has been described for consideration as a basis for nursing practice. The view challenges the traditional view of illness and opens up practice possibilities that are consistent with nursing theory and newly emerging health concepts.

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