

Presentation on 13 August 2004 in Kloster Drübeck

What is Health?

While we believe that we know what disease is, the concept of health has so escaped our attention that we normally consider it to be a state in our past after we have become ill. The philosopher Gadamer (1993) thus speaks of the “seclusion of health”. Without a doubt there are clearly defined diseases, but nevertheless, the fact remains that for more than 80% of patients who seek primary medical care and undergo costly diagnostic testing, no organic cause can be found to explain the symptoms they complain of. This does not at all mean that we are treating patients with imagined illnesses, but rather with symptoms that, depending on a person’s disposition and the conflict faced, are activated by our body’s autonomic nervous system.

Take, for example, the man in room 314 of an anonymous hospital. He is 38; his health fragile. After leaving school, he has to help support his widowed mother. He works hard in one of the subordinate departments of a large organization and delves into the many details of a boring, but complicated office job. Probably because he has strained his eyes or perhaps simply from exhaustion, he begins to suffer from severe headaches, which as a result, lead to him taking days off sick from work. The benefits-specialist’s report leads to a salary deduction for the leave. Although these deductions are not much, it worries him and causes insomnia. He loses weight from frequent vomiting. Finally, his worried mother insists that he should go to the hospital, which is why he has landed in room 314. The doctors have examined him. They diagnose exhaustion, a slightly higher white blood-cell count, an enlarged spleen, but otherwise nothing. Slowly, but surely he seems to be feeling better. Obviously, he had an illness. The question is: which one? What should we call it?

In another hospital there is a middle-aged woman, a very strict-looking schoolteacher. After finishing her day at school, she goes to the doctor and waits her turn. Anxious and uptight, she hesitantly describes how she is being haunted by unpleasant thoughts. They occupy her mind so much that her teaching is suffering. She says that she lives alone, has hardly any friends or social contacts. The headmaster has reproached her on her depressed and pained appearance. For fear of losing her job, she has even considered taking her life. She has come to the hospital without telling anyone about it. An X-ray of her lungs shows some suspicious dark spots. Which treatment would lead this woman to recovery? What is the diagnosis? Does her illness have anything to do with the findings on the X-ray?

We see how difficult it is to find names for these conditions, because the conditions under which one suffers are not just simple facts; and because diagnosis, which more or less means “insight into what is going on”, is not simply a matter of naming diseases. Diagnosis really means understanding the nature of an individual illness, which can never be exactly the same for any two people.

This reminds me of another example: A 48-year-old attorney, a partner in a joint practice, was sent to me shortly before Christmas after being brought to emergency because both of his legs had given out on him. It turns out that this 48-year-old attorney, who runs a law practice together with a friend and shares the costs and the income equally with his partner, realizes at the end of the year that 75% of the turnover was due to his own work; considerably less was due to his partner’s. The result: his legs give out on him on Christmas Eve. What does this patient have? While there is normally no doubt that the symptoms are in fact real – true fakers are extremely rare – diagnosis, in the sense of labeling an illness, is very

complicated business. At this point, I'd like to refer to a motet by J.S. Bach (Bach-Werke-Verzeichnis 25):

“There is nought of soundness within my body”. In the recitative we hear: “Now all the world is but a hospital where mortals in their numbers passing count and even children in the cradle in sickness lie with bitter anguish. The one is tortured in the breast by raging fever’s angry lust; another lieth ill from his own honour’s odious foul stench; the third is torn by lust for gold, which hurls him to an early grave. The first great fall hath ev’ryone polluted and with its rash of sinfulness infected. Ah, this great bane doth gnaw as well my members. Where is a cure for wretched me? Who will by me within my suff’ring stand? My healer who, who will restore me?” Then in the aria we get the answer: “Ah, where shall this wretch find help? All my rashes, all my cankers can no herb or plaster cure now but the balm of Gilead. Healer mine, Lord Jesus, thou know’st alone my soul’s best cure.”

This is not much different from a remark made by a monk physician from the 8th century: “an illness can be healing when it breaks down the hardness of the heart, and very dangerous is health that only tempts people to continue to indulge their own desires”.

It is really amazing that there is so little talk of health in medicine and in psychology. One tries in vain to find the word “health” in medical textbooks. In none of the common psychology dictionaries can one find a definition of health. And that when, from time to time, health is considered to be the most precious thing we have. Without a doubt there is good money to be earned with the promise of health. In England it is said that “One feels illness, health not at all”. It is not enough, though, to merely describe healthy or “being healthy” as the absence of illness. René Leriche, a French neurosurgeon (1879-1955), whose thoughts went in this direction, once said very short and pragmatically, “Health is the state when the organs are silent”. Health eludes objectivity for the very reason that subjective feeling and assessment processes are involved. Being healthy is not usually considered a special condition; it rather appears to be accompanied with a certain kind of “forgetting oneself” as Gadamer maintains. The World Health Organization’s definition, which describes health as a condition of “complete biological, psychological and social well-being”, has a somewhat utopian character since human life is never in a permanent state of homeostasis. On the contrary, “the normal state of affairs of the human organism is one of entropy, of disorder and of disruption of homeostasis”.

For our purposes there are definitions which are more helpful, such as Viktor von Weizsäcker’s (1933): “Being healthy does not mean being normal, but rather being able to change, grow, mature and die at the right time”. Or the definition of the founding rector of our school, Fritz Hartmann (1993): “Ill, for a physician, is whoever thinks he needs a doctor and seeks a doctor’s help. Ill, for society, is whoever can no longer take an active social part in life as usual”. Health, seen as being conditionally healthy, is when one, independent of whether one has clinically detectable or only perceived physical or emotional deficits, can find balance either from within or with the help of others, which make a meaningful development of one’s personal aptitudes and the reaching of one’s goals possible so that one can say: “My life, my illness, my death”.

A Harvard University medical student, who was asked what a healthy person was, answered that it was a person who hadn’t been examined carefully enough. There is a core of truth to this anecdote. In any sick person, one can find something healthy and vice versa. It might be muscle tension, extrasystoles, high triglyceride values or the likes. A medical

sociologist once said in the early 60s (Zola 1966): Instead of it being a relatively infrequent or abnormal phenomenon, the empirical reality may be that illness, defined as the presence of clinically serious symptoms, is the statistical norm". This standpoint is not far away from the investigations of the Israeli medical sociologist, Aaron Antonovsky, who dealt with the resistance to stress and developed the concept of salutogenesis. The perspective changed: instead of considering why someone becomes ill, he considered why someone stays healthy despite adverse living conditions. Dis-ease and health-ease are at opposite ends of a continuum.

This has far-reaching implications for how we deal with patients. He came to some decisive conclusions from a study of Israeli women 25 years after their internment in concentration camps. Most of the time they spent there was during their adolescence; at the time of the study, these women were going through menopause. A good 2/3 of them still had symptoms and problems stemming from the time of their internment. The other 1/3 of the women was relatively healthy in spite of the same negative experiences during adolescence and did not differ from other Israeli women. How did these women manage to stay healthy despite the extreme traumatization and the adverse external conditions of losing family members and immigrating to Israel?

Who are the smokers who do not get lung cancer? Who are the people with Type A personalities who do not get coronary heart disease? Antonovsky, in hindsight, calls this change in his perspective a decisive turning point in his medical sociological career.

When it became clear to Antonovsky that the resources that individuals have to resist influences which could possibly cause illness are varied and complex, he began to investigate a general concept that he called Sense of Coherence, or SOC. This Sense of Coherence was very well defined in the women who, in spite of having bad experiences during menopause, were relatively healthy. It is defined as "a global orientation that expresses the extent to which one has a pervasive, enduring, though dynamic, feeling of confidence that the stimuli deriving from one's internal and external environments in the course of living are structured, predictable, and explicable". It is about how an individual anticipates potentially harmful environmental stimuli, and evaluates these based on a faith in one's being able to cope, as well as in existing resources lying beyond the person to obtain help. Salutogenesis describes the active adaptation to a world full of inescapable stress factors. This Sense of Coherence consists of three components. First of all, comprehensibility: a person's expectation of being able to classify, understand, and predict external and internal stimuli and developments. Secondly, manageability: the optimistic confidence in being able to manage future tasks in life either on one's own power or with external support. Thirdly, meaningfulness: an individual's confidence that future events in life are meaningful tasks which are given to one, or are worth dedicating oneself to both emotionally and actively.

The feeling of coherence, consisting of these three components is a general attitude and is expressed by the confidence in a comprehensible and meaningful life which can be influenced. Meaningfulness is, of course, the moment that is most formative. It is closely tied to one's personal religious faith. We will later see that even so-called strokes of fate, which are extremely painful when they happen, are able to facilitate development which can also be called personal maturity.

Antonovsky's view is just the opposite of the conventional pathogenic postulate that a healthy organism is in a normal state of homeostasis, which is thrown off balance by a disease. Moreover, he is convinced that the ideal condition of ordered homeostasis does not exist among people. In addition, being healthy is not at all the norm with disease being a rare

deviation from this norm, but rather just the opposite: “At any point in time, at least one third, but possibly more than one half of the population of any industrial country can be labeled ill on the basis of the plausible parameter of a pathological characteristic. This shows that being ill is not a relatively seldom deviation from the norm, but an ubiquitous phenomenon.”

In Antonovsky’s second theoretical supposition, which has already been mentioned, he gives up the either/or position that health and disease are dichotomous conditions in favor of a continuum with dis-ease and health-ease at opposite ends, and between which our relative condition of health or illness can be positioned. While the common medical, pathology-oriented way of looking at diseases tries to remedy physical and biochemical processes as well as organic defects in the sense of a rather mechanical model of disease, also negatively

referred to as the “machine model”, the salutogenetic model opens perspectives for the activation of resources. For this, knowledge of the individual’s history, social network, as well as intra-psychological mechanisms such as one’s personal philosophy of life including their sense of meaning of life is of outstanding importance. I would like to close this discourse with another of his quotes: “we are all terminal cases, but as long as there is still a little life left in us, we are healthy to a certain extent”.

Paul Tournier expressed this quite impressively in his book, “Im Angesicht des Leiden: Sinnerfahrung in dunkler Stunde” („Creative Suffering“). He himself lost his father at the age of 2 months; his mother died when he was only 5 years old. Later he even lost his wife and was, as he describes “orphaned for the third time”. He is a wonderful example of how strength, curiosity and even finding meaning in life can develop from painful experiences. Experiencing deficit or the finite nature of life so early prepared him to tackle life’s basic questions. He gives numerous examples of well-known figures in politics, art and science who were orphaned at an early age. Worth mentioning are: Alexander the Great, Julius Caesar, George Washington, Napoleon, Fidel Castro, Leonardo da Vinci, Johann Sebastian Bach, Dante, Tolstoy, Voltaire, Dostojewski, Jean Jaque Rosseau, or Jean Paul Sartre. Such a stroke of fate can also be regarded as a curse, which then takes a negative turn in the sense of giving up, accompanied by meaninglessness, hopelessness and helplessness. It can also, in retrospect, be seen as a blessing and can lead to a healing process. The process which follows a traumatic event in one’s life has been labeled “post-traumatic growth” in international literature. Signs of personal maturity through crises and severe illness have been shown in many cases. Personal maturity is generally defined as an increase in experience and in capabilities. In this maturation process we develop strategies for coping with situations, empathy, wisdom as well as positive changes in attitude, which all affect our personal system of values, philosophy of life and our esteem of other people. Subjectively, personal maturity is, above all, experienced as the meaningfulness of an occurrence for one’s own personal development. With the help of this personal maturity, the negative outcome of a traumatic situation can, in time, be transformed to a positive one by assessing the current and the future situation from a new perspective. We are talking about the result of overcoming a traumatic experience which adds to the resources one has to cope with future crises and traumata similar to a pruned bush that possibly then produces even more beautiful shoots. During the traumatization there is often a disproportion between the demands and the means of coping, which leads to an extreme feeling of helplessness as well as to a disparity in the former understanding of oneself and the world. The shift of priorities set into motion by the maturity process leads to reorientation. In this phase, but actually anytime we deal with patients, it is

essential to go beyond the mechanical understanding of medicine of seeing the illness merely as the result of physical and cellular destruction. We must take the patient's personality into consideration in order to be aware of the suffering. Thus, suffering is more than just something that should not be, but rather a complementary dimension to happiness, and therefore a basic constant in the human condition. At this point, I would like to express a few theological thoughts. Even a healthy person suffers from the inner turmoil, which, in biblical terms, is called sin. The German word for sin, "Sünde", comes from the word "sondern" meaning "separate" and cannot be overcome by a body's healing powers. The Old High German word "heil" means healthy, unscathed, saved. It goes far beyond that which we as physicians do with our attempts at healing. An otherwise healthy person, who secretly delights in his tax evasion, cannot be considered "heil" or healthy in this sense of the word. Health is the ability to live, which encompasses the ability to suffer. Thus, health is not only the absence of biological, emotional and social disorders, but the ability and the power to live with these disorders without being prevented from experiencing meaning in life. Belonging

to this is the ability of intensive personal relationships of loving and being loved. The theologian, Körtner writes, "the contrast between illness and health becomes relative from this vantage point, because this newly given ability to have relationships can be lived out in health as well as in illness and nothing can separate us from the love of God (Romans 8:31-39)". Even in our oh-so-enlightened world there are situations again and again ending both positively as well as negatively which cannot be explained. Recently a 16-year-old died during a routine appendix operation without ever finding the cause. On the other hand, there are others suffering from illnesses, especially "survivors" of cancer, who in all probability should have died. Hirschberg found 50 "survivors" in a study whose characterizing feature was that they had accepted the diagnosis, but not the prognosis. Of these, 67% prayed and reported having spiritual experiences as well as social support; 70% had been married for more than 20 years. We cannot explain this, but there is no doubt that these observations exist.

We physicians and psychotherapists ask ourselves how we can stay realists but still convey hope. While fear is afraid of any change, its counterpart, hope longs for change. I cannot convey anything to a patient that I do not believe myself. This is communicated to the person verbally, but more importantly, non-verbally. Faith, the Greek word *Pistis*, means believing or holding to be true that which cannot be known, together with a trust directed towards and devoted to God. The remarkable thing about the Christian religion lies in the fact that our sinful nature cannot be lifted from us by even the most moral efforts. This has to do with our being fundamentally dependent on grace. The opposite of this would be merciless, which is exactly how many traumatized people see their fates. Nevjodov, to whom I am grateful for the following illustration, writes, "in order for the mind to comprehend a higher logic, it must be opened to this realm through faith, prayer and grace". If one tries this only with the mind, he or she makes a categorical error. It is like trying to learn how to swim without getting into the water. It is not the slight doubt, but rather despair as an existential experience which paves the way for faith. Within this context, allow me to report from my wife's dissertation dealing with elderly Christians, some of whom had been traumatized by war experiences on the front, internment, expulsion, concentration camp imprisonment, the loss of a limb to mention a few. The study showed that faith in God and the hope of salvation in spite of everything that had happened, gave them a reason to live and their lives meaning. One of them wrote in a Christmas letter: "I consider my physical limitations a prescription

from God to purify me on the one hand, and to enable me to show more solidarity to others who are suffering on the other hand”. This attitude of simple trust is basically the goal of such psychotherapy and the prerequisite for becoming or staying healthy, or even for leading a meaningful life in spite of being ill.

Perhaps some of you know the book by the Czech author Milan Kundera called, “The Unbearable Lightness of Being”. In it he writes to the effect that the heaviest burden is often an image of the most intense fullness of life. The heavier the burden, the more grounded our life is, the more real and truer it is. Conversely, the result of the absolute absence of burden is that man becomes lighter and rises like air, removing himself from earth and earthly existence, which really only halfway works and his movements become just as free as they are meaningless. Kundera describes a man here, who sails through life like an adventurer. He encounters one woman after another, but does not dare to take on any responsibility. He does not dare to give his life weight. As soon as a relationship begins to become meaningful, he pulls away to meet a new woman just as lightly and superficially as before. But this lightness eventually becomes unbearable. We read of a desire for weight and seriousness, for the joy that comes when life is filled with meaning.

You all know the report of a 60-year-old man who had been subjected to many traumatic experiences. He had been beaten up, robbed, unjustly thrown in prison. He had

been shipwrecked many times and thus fulfilled the Type A criterion for traumatization dozens of times. These experiences, in combination with incredible strains, could not keep him from carrying out his task and finding meaning in life. When all is said and done, we have him to thank that we are sitting here today. What does the Apostle Paul do after all these traumatic experiences? He does not give the impression that he is suffering from a post-traumatic stress disorder; instead, he boasts of his weakness. And if he had known the song “In Thee is gladness amid all sadness”, he would have joyfully raised his voice in song.

Paul Tournier would add that suffering forces us to the truth. False security is taken from us; we are forced to face the truth, which is always a painful process. But as a result of this, we step away from ourselves and can sense that we are being carried, at first by transcendental values. But especially “when we affirm our necessarily fragile, transient, limited, incomplete, human situation, we are also obeying God who has put us in this world as ‘aliens and strangers’ (I Peter 2:11)”. Finally, let it be mentioned that all these painful experiences contribute not only to our personal maturity, but also free us from the burden of that which we hold against others – those meant in The Lord’s Prayer request “and forgive us our trespasses as we forgive those who trespass against us”.

Maslow (1977) came to the following characterization of healthy people from a study which did not have a Christian motive: They possess inexhaustible esteem; basic gifts of life are approached with deep respect, joy and astonishment. They are influenced by mystical experiences, loss of ego and transcendental experiences. They have a strong sense of community; they can cross the boundaries of the self and have intensive interpersonal relationships. They have strong ethical dispositions; this means firm moral standards and not chronic uncertainty regarding the difference between right and wrong. Their sense of humor is philosophical. They are able to accept themselves, those around them, and nature; and have a dislike of artificiality, lies, hypocrisy and boasting. They do not let themselves be deterred from completing important tasks by conventions, and they are very creative.

The characteristics listed here could also be fitting of a Christian. Paul Tournier spent his whole life working on the problem of how to reconcile the standards of science with those

of morality. He used to work “scientifically” in his practice during the day, and in the evenings have his problem patients come home to him to his fireplace, until he realized that these fireplace discussions were just as effective, if not more so than what he did during the day. And that is why I would like to close with a quote from his book “Jeder Tag ein Abenteuer” (p. 208) (“Adventure of Living”): “I have felt called to make a whole out of these two different lives, to live my adventure of faith in my profession and not outside of it. For it quickly became clear to me that a talk at the fireplace which helped a patient solve his own problems in life was just as healing as medicine, a diet or the surgical knife”.

Now when we try to answer the question posed in the title of my talk, we must consider Viktor von Weizsäcker’s definition: “Let us adopt the following insight: being healthy does not mean being normal, but rather being able to change, grow, mature, and die at the right time.”

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