

# The Definition of Health: Towards New Perspectives

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## Abstract

The definition of health is not just a theoretical issue, because it has many implications for practice, policy, and health services. The current definition of health, formulated by the WHO, is no longer adequate for dealing with the new challenges in health care systems. Despite many attempts to replace it, no alternative definition has reached a wide level of consensus. Assuming an epistemological perspective, the need for a unique definition has to be rejected in favor of a plural approach in which cannot exist the best definition of health but many different definitions, more or less useful depending on the scope of application. Nevertheless, it should be noted that not all potential definitions of health are fit to pursue clinical scientific goals. Based on recent scientific debate, one can maintain that each definition of health should have at least 9 features to work well within the clinical scientific field. Moving from this perspective, a new definition has been developed for pursuing health, especially in the fields of chronic patients and older people.

## Keywords

health, definition of health, chronic illness, older people, health education, health promotion

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The definition of health is not just a theoretical issue, because it has many implications for practice, policy, health services, and health promotion.<sup>1</sup> The definition of health affects health professionals, and in turn they strongly affect how health is socially constructed in modern societies.<sup>2</sup> The social representations of health influence the demands and expectations of health, the health care systems, the policy makers, and many other key aspects of health. In particular, views of health have a strong impact on people's health behaviors<sup>3</sup> and therefore on the ability to make appropriate health decisions. In short, the definition of health has a strategic importance in all health fields.

## **The Definition of Health in the Last Century**

Western medicine was initially developed in the 19th and early 20th centuries focusing on a reductionist concept of health, based on absence of diseases or infirmities and defined by physical parameters.<sup>4,5</sup> Later, thanks to the World Health Organization (WHO), a Copernican revolution occurred, and health has been defined as a "state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity."<sup>6</sup> In the last century, this definition was disseminated over the world and has had an important role in the development of national health care systems, pushing the countries beyond the traditional boundaries of health care set by physical conditions of individuals.<sup>7</sup>

Nevertheless, many critical analyses<sup>7-13</sup> have shown that the WHO definition of health has become unfit for dealing with the new challenges arising from the growth of the aging rate and the increasing number of people with chronic illness (due to improvement of the survival rates for several diseases). At the beginning of the 21st century, the chances for a longer life in health even in old age have never been so good before,<sup>14</sup> but this new perspective implies a change of the health paradigm. The time has come to abandon the WHO's utopian vision: we can no longer consider health as a state of complete physical, mental, and social well-being.<sup>10</sup>

For a more detailed overview, the main problematic aspects of the WHO definition have been summarized.

The 1st one regards "complete well-being," which means a state so extreme that it is nearly impossible to achieve.<sup>7,11</sup> Certainly, it is never achievable for older people or patients affected by chronic illness, which represent an ever-increasing population due to the growth of the aging rate and the improvement of the survival rates for several diseases. Nevertheless, a complete state of well-being is a problem also for other people, because common experiences in life suggest that a long period free of physical and mental symptoms is highly improbable: scientific evidence shows that the average adult experiences about 4 symptoms in a 14-day period.<sup>15</sup> This implies that health, conceived as a complete state, could be only a temporary state, at least for an average adult. In other words, this definition proposes unattainable health standards that make

almost all people unhealthy most of the time.<sup>11</sup> In fact, a complete state of well-being would also involve the absence of any risk factor of any disease, which is a condition absolutely impossible for all because “even the most optimistic health advocate surely has to accept the impossibility of risk-free well-being.”<sup>10</sup>

The 2nd critical aspect regards the poor degree to which the WHO definition is suited to concrete application: it is not useful in real situations<sup>9,16,17</sup> because it is neither operational nor measurable,<sup>8,11</sup> and it has never generated concrete and useful health standards<sup>18</sup>; although some serious attempts have been made,<sup>19,20</sup> it is time to recognize that it is not possible to measure a utopian concept.

The 3rd one is a significant problem, too often underestimated, which is linked to the broad range of the WHO definition of health. In more detail, it should be noted that this conception of health is potentially so broad that it conflates scientific assessments with moral and political arguments: a complete state of physical, mental, and social well-being implies a life free of poverty, vices, iniquity, discrimination, violence, oppression, and war, which are essentially problems of living and should not be considered medical problems.<sup>21</sup> This definition of health implicitly includes existential problems, moral arguments, ethical choices, and political dimensions<sup>17</sup>: for this reason, it was considered much more a political statement than a scientific one,<sup>22</sup> or a concept much more closely related to happiness than health.<sup>8</sup>

The 4th critical aspect is the increasing of the medicalization of society. The broad range of this definition and the positive conception of wellness lead to medicalization of all aspects of life<sup>23,24</sup> and, consequently, problems which belong to a social sphere or other fields are seen as belonging to the medical domain. Even if this effect is surely unintentional, it has serious practical consequences: if the nature of problem is seen to be medical, a medical solution will be looked for, rather than any other type of solution.<sup>17</sup> This means that each minor deviation, from the physical and psychological norms, potentially becomes a loss of health and consequently leads people to increase their demand for health cares.

The 5th one regards an important exception: the WHO definition assumes that well-being is always linked to health, but it does not consider that this assumption may not be corrected in all cases. When individuals are coping with a negative event, they feel sorrow, not well-being: this reaction cannot be considered a loss of health, otherwise everybody would lose health nearly every day. The lack of well-being in these common situations must be considered an objective sign of an appropriate sense of reality, and paradoxically a complete state of well-being in similar situations may indicate an alteration in the subjective experience of reality and therefore a loss of health. Furthermore, the exclusion of malaise from the definition of health excludes a significant part of population from the possibility to be healthy: indeed, older people and chronic

patients may think of their health only as ability to live with a disease and restrictions, to accept physical deficits, and to find an arrangement with these.<sup>25</sup>

The last, but not the least critical aspect, regards another important exception. The WHO definition assumes that physical, psychological, and social well-being always have a positive correlation among them, as widely reported in the literature,<sup>26</sup> but it cannot take account of some exceptions, like risk-taking behaviors,<sup>17,27</sup> in which a decrease of physical well-being may be linked to an increase of psychological or social well-being, or vice versa. The risk-taking behaviors represent a minor, but significant, phenomenon which cannot be neglected.

These 6 problematic aspects cannot reduce the huge contribution given by the WHO definition to all clinical sciences. Furthermore, it should be noted that these aspects are understandable if we consider the particular context in which the WHO definition arose, characterized by the end of the Second World War.<sup>9</sup> In any event, the social, cultural, economic, and epidemiologic conditions are deeply changed, and it is obvious that the definition of health needs to be changed.

Even if the WHO has always confirmed its own definition, we have to note that some changes have occurred by an extensive interpretation of WHO definition.

The Declaration of Alma Ata<sup>28</sup> attempted to redefine the utopian vision of the WHO definition: on one hand, it reaffirmed the historic definition, but on the other hand, it introduced “the highest possible level of health,” which is a more pragmatic target than a complete state of well-being.

Subsequently, a new perspective implicitly arose in the Ottawa Charter<sup>29</sup>: health became a resource for everyday life (a process) and not the object of living (a state). This perspective was derived from a concept of health as the extent to which an individual or group is able, on the one hand, to realize aspirations and satisfy needs, and, on the other hand, to change or cope with the environment.<sup>30</sup>

Even if these extensive interpretations of WHO definition improve the historic definition of health, they are not able to overcome all problems mentioned above. Nowadays, some authors suggest that this definition should be seen as an inspirational goal<sup>9</sup> rather than a real definition of health.

In the last 40 years, many important attempts have been made to find a new definition of health. Some of these have proposed a purely descriptive definition of health based on biological function: they have defined health by objective terms regarding biological variables.<sup>31–35</sup> Many other perspectives have taken distance from this biostatistical point of view and have defined health focusing on psychological and sociological variables.<sup>10,11,36–45</sup>

This wide scientific debate seems to have come to a standstill: on one hand, the WHO does not change its own definition; and on the other, no alternative perspective seems able to reach a wide level of consensus.

## The Epistemological Perspective

This standstill may be overcome by assuming an epistemological perspective which allows understanding of the nature of knowledge regarding health and how it relates to different definitions of health. In more detail, adopting the social constructionism point of view,<sup>46-49</sup> one can understand health is not simply present in nature, waiting to be discovered by scientists, but rather is continuously created by individuals and groups who interact among themselves in different social contexts. In other words, health may be seen as the contingent result of actions, choices, intentions, and so on, embedded in a network of social ideas, expectations, social practices, and institutions.<sup>49</sup>

This implies that health cannot have a unique definition in isolation; instead, health embodies as many definitions as there are people who use it. This evidence obliges us to accept the intrinsic and irreducible plurality of health, rejecting the myth of a unique definition. Effectively, a unique health conceptualization has never existed, whereas different perspectives have always coexisted. Even from an etymological point of view, there are no homogeneous meanings, because in Anglo-Saxon cultures, health meanings lean toward a static concept and structural characteristics, whereas in Greek-Latin cultures, health embraces a dynamic process and functionality variables.<sup>50</sup> Indeed in Anglo-Saxon cultures, the word “health” has the same root as the word “whole” and is related to wholeness, uninjured, completeness, and entirety, while in Greek-Latin cultures, “health” was seen as “harmony,” “equilibrium with nature,” and “balance.”<sup>45</sup> Meanings and symbols of health have varied not only among different cultures but also within the same culture, as shown by the different health paradigms arisen in Western society.<sup>4</sup> Furthermore, health conceptualizations are highly fluctuant even within the same person, as evidenced by continuous changes of ideas and values about health during an individual life span.

In this perspective, health may be conceived as a potentially never-ending system of events, within which an observer may select some of these events and construct a theoretical configuration of health, depending on its own theories, knowledge purposes, and operational targets: no one of these can be absolutely better than another, because each definition may only be more or less useful for pursuing specific knowledge and operational targets in the different scopes of application.

In other words, a unique definition of health cannot contain the complexity of this phenomenon,<sup>7</sup> and therefore each definition allows us to see some aspects of health and prevents us from seeing others. Consequently, each observer unavoidably has to select which aspects of health need to be observed and then has to choose which definition allows him or her to better observe those aspects of health. This means that each definition of health can only be the result of a subjective point of view, so much that, Jadad and O’Grady claimed that

“health is in the eye of the beholder.”<sup>7</sup> This does not mean that health does not exist on empiric-factual level, because as suggested by Hacking,<sup>47</sup> something may be, at the same time, both socially constructed and real (in the sense of “to have biophysical basis”). In more formal terms, as suggested by recent epistemology, “we cannot consider knowledge as an approximation of truth and therefore as a process towards a certain, definite reality, but rather as a relationship between the individual who knows and what is known.”<sup>51</sup>

Finally, instead of continuing to look for a new definition for substituting the WHO definition, it is time to accept that the complexity of phenomenon obliges us to have many definitions of health, among which no one will be truer, or more comprehensive, or more exact than others, because each definition can only be more or less useful for achieving some specific operational and knowledge purposes in a specific context of application.

Effectively many different scopes of application are inside the clinical sciences: for example, planning public health policies is very different from measuring individual’s health level before and after a treatment, and assessing health among chronic patients may be very different from doing it in acute diseases. A unique definition of health cannot work in each different situation, and therefore we have to choose the most useful one to best achieve the knowledge and operational goals pursued in each specific context.

## **A Theoretical Framework for Constructing Scientifically Sustainable Definitions of Health**

It is important to underline that not all potential definitions of health can work well within the clinical scientific field. For example, if we construct health on the basis of Western society’s upper-middle class ethic, people belonging to a different class or different ethnic group will be assessed by a cultural bias, and their own health will be underestimated. Otherwise, if we define health as a state, we cannot see some important dynamic aspects which play a crucial role in the clinical situations.

Based on recent scientific debate, one can maintain that each definition of health should have at least 9 features to work well within the clinical scientific field.

1. Health must be beyond the absence of diseases or infirmities and the biophysical parameters<sup>37,38,52–55</sup> to avoid the old well-established reductionism of medicine.
2. Health must be conceptualized as a capability,<sup>38,56–58</sup> because health as a concept becomes coherent when is conceived as a capability, or more precisely, a cluster of capabilities.<sup>55</sup>

3. Health must be seen as an ongoing, iterative, and dynamic process, not as a state to reach<sup>11,38,40,55</sup> to catch the complexity of this phenomenon, avoiding neglect of some dynamic and iterative aspects of healthy conditions.
4. Health must be potentially achievable for everyone in real life, in all circumstances, at every age, regardless of cultural or socioeconomic status, race, or religion,<sup>10</sup> to avoid becoming a utopia.
5. Health must include both malaise and well-being, because most people cope daily with negative events and therefore feel unease, sorrow, and unpleasant emotions without reporting a loss of health. The inclusion of malaise in a definition of health is strategic for contrasting medicalization of society and reducing cultural bias to consider health as an ideal condition: it allows one to have realistic expectations about it and to be healthy even when one is coping with negative events. For older people or those affected by chronic illness, health can be understood only as the ability to live with restrictions, to accept physical deficits, and to find an arrangement with these.<sup>25</sup>
6. Health must overcome individualistic approaches, because it can no longer be considered a property of an abstract individual independent from living context, but, at the same time, health cannot be solely reduced to an outcome of social determinants.<sup>55,59</sup>
7. Health must be independent of moral and ethical discourse, even if it is unavoidable that each definition of health is an implicit expression of a particular social-cultural norms.<sup>17</sup> This aspect is very important because it allows one to avoid the problem of conflating morals with scientific assessments,<sup>8,21,60</sup> but its concrete application might not be easy because value-laden statements are involved in several facets of health.<sup>61-63</sup>
8. Health must be based on a person's priorities, values, needs, aspirations, and goals<sup>5,10</sup> to integrate the patient's personal experience into medical practice<sup>64</sup> and to take account of those subjective factors which have an important role in a person's health<sup>45</sup> (it may entail a loss in terms of measurability and standardization, but it increases the construct validity). This implies the adoption of an idiographic perspective, based on the specific individual and his or her unique point of view, rejecting a nomothetic perspective aimed at finding general laws which explain health phenomena for all individuals.
9. Health must be operational and measurable by clear, concrete, and definite processes<sup>8,13,18</sup> to become a useful concept in real situations. Of course, as with all abstract concepts, health cannot be measured directly but only by indicators, which must be constructed on the base of the definition of health.

Finally, these 9 theoretical coordinates allow one to construct many definitions of health, among which one can choose the most useful for achieving the knowledge and operational goals pursued in the different scopes of application.

## **A New Potential Definition of Health**

Moving from these 9 recommendations, a new definition of health has been developed. This newly proposed definition configures health as the capability to cope with and to manage one's own malaise and well-being conditions. In more operative terms, health may be conceptualized as the capability to react to all kinds of environmental events having the desired emotional, cognitive, and behavioral responses and avoiding those undesirable ones.

Although this definition could appear simple if compared with the complexity of health phenomenon, it fully satisfies the 9 theoretical coordinates mentioned above. Indeed, health is not reduced to diseases or infirmities, nor to physical parameters, and it is constructed as a capability to be healthy, that is an ongoing process, potentially achievable for everyone, in all circumstances. It includes both malaise and well-being, avoiding the risk of being utopian. This definition overcomes individualistic approaches and those based only on social determinants because it encompasses both individual and social variables, focusing on individual responses to environmental events. Furthermore, it is independent of moral and ethical positions, even if the "capability to cope with and to manage" is clearly an expression of Western society's cultural values. Finally, it is based on a person's point of view and may be fit to obtain concrete indicators of health values, even if this operation may give rise to some problems that will be analyzed in greater detail later.

It has to be noted that this concept of health, in contrast to the WHO definition, overcomes medical reductionism without giving rise to utopism. Indeed, "to cope with and to manage one's own malaise and well-being conditions" is a wider health target than those ones established by physical parameters, but at the same time it is really achievable by everyone, independently from age, cultural and socioeconomic status, race, religion, and ethical values. This fact allows one to avoid the paradoxical effect generated by the WHO definition, which has unintentionally made most people unhealthy for most of the time. This also means avoiding the unwanted side effect, caused by the WHO definition, that is the increasing medicalization of society.

Although this concept of health goes beyond traditional reductionism of medicine, it is not against the traditional purposes of medicine, such as healing diseases, alleviating pain, and reducing infirmities. They are encompassed in the "capability to cope with and to manage one's own malaise and well-being conditions": indeed, healing diseases, alleviating pain, and reducing infirmities are important factors which deeply affect the capability to cope with and to manage one's own malaise and well-being conditions. For example, each medical intervention which reduces or eliminates one symptom of whatever disease, directly increases patients' capability to cope with and manage that malaise condition and therefore helps the same patients to be able to have their own desired responses to that negative event.



The most crucial aspect of the proposed definition is that health explicitly includes malaise conditions. Indeed, if health depends on how individuals cope with and manage their own malaise and well-being, it means that pain, sorrow, and unpleasant feelings or emotions may be a part of healthy conditions. For this reason, the present definition might play a significant role in reducing utopian attitudes toward health.

The explicit inclusion of malaise in a healthy condition has important consequences, both at the theoretical and operational level. First, it allows most people to be healthy in spite of their own daily malaise caused by unavoidable negative events. Furthermore, it allows millions of individuals suffering from chronic diseases to pursue their own personal health dimension, in spite of physical impairments and suffering conditions. As suggested by Charmaz, "the self is more than its body and much more than an illness."<sup>52</sup> Therefore, this new definition of health may prove useful especially in those individuals characterized by chronic and severe diseases, which represent an ever-increasing population. This definition of health may be very adequate also in emergency situations, such as earthquakes and other natural disasters, because a definition focused only on well-being cannot be applied in these situations: indeed, only a definition of health that includes unpleasant feelings or emotions and malaise may discriminate health status in these tragic situations.

The present definition of health is not much different from those ones based on the ability to adapt,<sup>10,11</sup> which may be seen quite close to the concept "to cope with and to manage one's own malaise and well-being conditions." Nevertheless, an important difference should be noted: the definition of health focused on the ability to adapt<sup>10,11</sup> includes only implicitly the possibility to feel malaise in a healthy condition. Furthermore, a recent study<sup>13</sup> has shown that it tends to become a very broad and positive concept, including existential dimension, quality of life, social participation, and other dimensions. Therefore, this definition once again encounters the risk of medicalization because, as discussed above, the broad range of health and the positive conception of wellness lead to medicalization of all aspects of life.<sup>17,23,24</sup>

To configure health as a capability may be seen as derived from the more general "Capability Approach" proposed by Sen,<sup>56,57,65</sup> Nussbaum,<sup>58</sup> and more recently Venkatapuram,<sup>55</sup> who maintains capabilities represent the real and effective opportunities to do and to be what persons have reasons to value. Consequently, health is not seen as an abstract ability but as a person's possession of the real and effective opportunity to carry out an act, in terms of coping with and self-managing all events. In more concrete terms, health is the capability to react to all kinds of environmental events having the desired emotional, cognitive, and behavioral responses, and avoiding those undesirable ones. It should be noted that desirability or undesirability of one's own emotional, cognitive, and behavioral responses must be determined only by one's own personal point of view, which includes a person's values, needs, aspirations, priorities,

and all other subjective factors belonging to consciousness and unconsciousness. This specification is very important because it allows one to construct health by integrating the patient's personal experience into medical practice,<sup>5,10,64</sup> reducing the influence of dominant cultural values on the definition of health. This implies the rejection of nomothetic perspective aimed to find general laws which would lean towards an anachronistic operation of establishing standards of desirability and undesirability valid for all. As discussed above, the idiographic perspective represents the new horizon of clinical sciences.<sup>5,10</sup>

The most critical aspect of the proposed definition regards measurability of health defined in this way. In more detail, the planning of concrete operation for measuring health poses some doubts about reliability and validity of self-reported measures of capabilities. Sen<sup>66</sup> suggested that self-reported measures of health may be seriously affected by some variables of social context and can be extremely misleading. Sprangers and Schwartz<sup>67</sup> showed that some factors may induce a change, between and within individuals, in the way by which individuals respond to the certain questions. Furthermore, a research evidenced that people use their age group or expected abilities as a yardstick for assessment of health, causing a shifting reference point.<sup>68</sup> Another problem concerns the meaning of terms used in the questions, which may be differently interpreted by researchers and subjects: some authors reported that even simple words can have different meanings among different persons.<sup>69,70</sup> In spite of these measurability problems, self-reported capabilities may be considered feasible and meaningful,<sup>71</sup> even if "attention needs to be paid to the wording used to evoke capabilities and on guiding individuals on the time-frame and constraints they might to consider in evaluating their capabilities."<sup>71</sup> Consequently, paying attention to these recommendations, the capability to react to all kinds of environmental events having the desired emotional, cognitive, and behavioral responses, and avoiding those undesirable ones, can be measured by self-reported evaluations.

Finally, it should be highlighted that this new definition of health can represent only one possibility among many potential definitions that will be more useful for pursuing some knowledge and operational goals, but less for others. We should never forget that the complexity of observed phenomenon is understandable only by a net of relationships among many points of observation and explanation.<sup>72</sup>

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