

AN ONTOLOGY OF HEALTH: A CHARACTERIZATION OF HUMAN HEALTH AND EXISTENCE

by Ryan J. Fante

Abstract. The pursuit of health is one of the most basic and prevalent concerns of humanity. In order to better attain and preserve health, a fundamental and unified description of the concept is required. Using Paul Tillich's ontological framework, I introduce a complete characterization of health and disease that is useful to the philosophy of medicine and for health-care workers. Health cannot be understood merely as proper functioning of the physical body or of the separated levels of body, mind, and soul. Rather, the multidimensional unity that is the essence of human life requires a new understanding of health as balanced self-integration within the multiple human dimensions. The ontological description of health and disease has concrete implications for how health-care workers should approach healing. It calls for a multidimensional approach to healing in which particular healing is needed and helpful if it considers the other realms of the human. It reveals the importance of accepting limited health as well as the value of faith understood as an ultimate concern because of its ability to wholly integrate the person.

Keywords: being; disease; existentialism; faith; healing; health; medicine; multidimensional unity; ontology; Paul Tillich

Man cannot solve any of his great problems if he does not see them in the light of his own being and of being-itself.

—Paul Tillich (1954, 125)

In approaching one of humanity's most universal, persistent concerns, disease and the quest for health, a fundamental and integrated description of the concepts is necessary to better understand, engender, and maintain

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health. In this essay I seek to reveal limits in the way the scientific community understands health and approaches healing. I introduce theologian Paul Tillich's ontological and existential framework of health and disease and explain how this description yields a compelling understanding of these concepts—an understanding that is useful both for the philosophy of medicine and to health-care workers. Because health is a meaningful concept only within the context of a concrete living being and ontology examines the question of what it means *to be*, an ontological approach provides the most complete basis for constructing a description of health.

Using Tillich's essential and existential view of human life, health cannot be understood merely as proper functioning of the physical body or of the separated levels of body, mind, and soul. The multidimensional unity of the human being requires a new understanding of health as *balanced self-integration within the multiple human dimensions*. Under the characterization of health, particular healing in the physical dimension remains necessary, of course. However, any operation aimed at promoting health should occur only after a careful consideration of its effects upon other dimensions of the person.

AN ONTOLOGY OF HEALTH WITHIN THE CONTEXT OF MEDICAL PHILOSOPHY

Leon Kass, former chair of the President's Council on Bioethics, writes that "the healthy human being is the end of the physician's art" (Kass 1975, 13). On the basis of this premise, I argue for the need for a complete and accurate understanding of that which health-care workers strive to promote. Kass also writes, "I am not seeking a precise definition of health. I am rather inclined to believe that it is not possible to say definitively what health is. . . . What I hope to show more clearly is what *sort* of 'thing' health is, so that we can be more secure in recognizing and promoting it" (1975, 24). Like Kass, I believe that a concise and accurate definition of health is not possible. I also share his goal of describing the meaning of health, but, unlike him, I believe the goal of medicine must be to promote health in all dimensions of the human.

In "Regarding the End of Medicine and the Pursuit of Health," Kass cites a growing number of responsibilities and demands placed upon physicians who are faced with limited time and capabilities. He describes a troubled system in which the "average doctor sees many more patients than he should, yet many fewer than would like to be seen" in the context of "rising patient and societal demands" (1975, 11). As a result, he settles for a description of health that is limited to the human body. He concludes that health is "a state of being that reveals itself in activity as a standard of bodily excellence or fitness" (p. 28) and claims that "somatic health is a finite and intelligible norm, which is the true goal of medicine" (p. 29).

As a medical student who has spent extensive time in clinics and hospitals, I am aware of the conflict between providing quality care and treating the many patients who need care. People act in a world of finite time, resources, and efforts. However, we should not settle for a definition of our stated goal—health—that is bounded in order to make it more achievable. Rather, we should aspire to understand and promote health completely and overcome our individual limitations by using the many workers in different fields of health care who unite to achieve the same objective. Examining health ontologically aims to provide an ambitious, complete, and achievable formulation of the meaning of health.

Robert Lyman Potter's article "Current Trends in the Philosophy of Medicine" (1991) provides a context for my essay within the burgeoning field of philosophy of medicine. Potter summarizes the main areas of inquiry by citing the mission statements of two prominent journals in the field, the *Journal of Medicine and Philosophy* and *Theoretical Medicine*, and extracting five important topics: the nature of the human being, the clinical encounter, the concept of health and disease, medical ethics, and the dialogue between medicine and culture (1991, 264). Tillich's ontology provides exceptional insight into both the nature of the human being and concepts of health and disease.

Potter explains that medical "research and practice have too often focused on selected aspects of the human in illness rather than on a systematic understanding of the illness in its relationship to the whole human experience" (p. 264). Tillich's ontology is useful for describing this relationship because it anchors the concepts of disease and health within a philosophy of human existence itself. Additionally, Potter writes that the aim to better describe the concepts of health and disease is "crucial to the theory of medicine," explaining that "the main purpose of the revitalized philosophy of medicine is to broaden the concept of health and disease to include psychological, social, and moral factors" (p. 265). Because the ontological method involves examination of all human dimensions together when analyzing health, it is the most complete and appropriate way to accomplish this task. Basing my analysis on the existential ontology of Tillich is also justified by Potter's description of medical philosophy: "Medicine's strong emphasis on the human dimension recommends that a philosophical method, designed to describe the world from the perspective of a 'lived' human existence, be evaluated for its appropriateness" (p. 271). Tillich's approach, introduced here, is precisely what Potter is describing.

THE NATURE AND RELEVANCE OF THE ONTOLOGICAL METHOD

In this section I introduce the ontological method, justifying the use of such an approach in the question of health by explaining how it provides a

fundamental basis for analyzing the meaning of health. I also summarize the field for the unfamiliar reader. I introduce the concept of a multilevel reality discernible in objects, which becomes important later for developing the concept of a multidimensional unity present in the human being.

Ontology is the study of being. It strives to characterize “the texture of being itself” (Tillich 1954, 20)—a quest that preliminarily may seem abstract. However, in all actions and expressions we display at least an implicit consideration and awareness of our understanding of existence. Ontology asks the basic question for human beings: what it means to say “I am.” Ontology “precedes every other cognitive approach to reality” (1954, 20), including the scientific approach.

The question of being is not the question of any special being, its existence and nature, but it is the question of what it means to *be*. It is the simplest, most profound, and absolutely inexhaustible question—the question of what it means to say that something *is*. This word “is” hides the riddle of all riddles, the mystery that there is anything at all. (Tillich 1955, 6)

In attempting to define health, most modern individuals respond by describing a physical state of the body. Health means having normal cholesterol levels and blood pressure; being fit and muscular; the absence of infection or cancer. More generally, one might define health as the lack of bodily malfunction or as the proper functioning of all parts of the body. Even more generally, one might define health like the World Health Organization: as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (*Preamble* 1946).

All such approaches to health are relevant and useful, but they are limited for several reasons. First, they consider only one or a few particular dimensions of the human being. Put differently, these definitions confine humanity to the concretely quantifiable realms—the objective, scientific reality. Additionally, they primarily choose to define health through negative formulations or by substituting other vague terms such as *well-being*. An ontological description of health is preferable because it is able to provide a positive and complete formulation of the meaning of health.

In order to best promote health in a patient, a physician must consider all of the human realms that constitute his or her existence. If the perfection of human life is attainable by mastery over the chemical and physical qualities of the person alone, an appropriate definition of health should consider only those elements. Tillich asks, “Is the life process merely a complex physico-chemical mechanism whose perfection and duration can be enhanced by physical and chemical repairs?” (1984a, 48) He concludes, as one logically must, that if this is the case, proper physical medical corrections alone should be sufficient to engender total health. However, this type of medical perfection could never translate to perfect health because human existence involves realms beyond the physical and chemical. Therefore, the preferred form of healing requires attention to the whole person.

Any complete description of health must consider the condition upon which health is contingent and the condition that health modifies: being. Health is not a part of a person like a leg, arm, muscle, or bone is. Nor is health a human function, such as digestion or respiration. Tillich explains that “health and disease are existentialist concepts” (1984b, 165), meaning that health and disease are possible only within the presence of a life. Because health occurs in the context of existence, a comprehensive definition of health can be attained only by an analysis that examines this necessary condition of health. A physics student studying the Doppler Effect will learn that propagation of a sound wave can occur only in the presence of a medium such as air, and therefore a more complete understanding of the phenomenon requires a description of the medium that is a necessary condition for sound propagation. No complete analysis of such a phenomenon can be claimed without a close examination of that upon which the phenomenon is contingent—in this case, the air. Similarly, because health and disease are meaningful only as possibilities and distortions of existence, a complete analysis of health and disease must include a study of the person *in* existence.

Ontology exposes multiple levels of reality present in any object. A person asking the question of being can distinguish between various “surface” and “deeper, more real levels” (Tillich 1955, 12) in an attempt to penetrate to the ultimate reality of a thing. Consider an ice-cream cone. We call the cone a cone, and in this sense it is such, but in a deeper sense it is not actually an ice-cream cone; after all, in other parts of the world it is called something else. And our description of it is only a name. Then, consider that it is made up of various ingredients. And at an even more basic level, the cone is a certain organization of molecules and atomic elements. Multiple levels of reality are present in the ice-cream cone, none of which is any more real than the others.

Similar analyses can be given for more complex entities such as human beings. But at what level does one reach the ultimate reality of a thing? Tillich explains:

In our search for the “really real” we are driven from one level to another to a point where we cannot speak of level any more, where we must ask for that which is the ground of all levels, giving them their structure and their power of being. The search for ultimate reality beyond everything that seems to be real is the search for being-itself, for the power of being in everything that is. (1955, 13)

Our search for the *really real* reveals two important observations: first, the presence of various levels of reality in a thing, and, second, the sense that none of them adequately describes the thing in an ultimate sense. To reach the ultimate reality of a considered entity one must examine how it can *be* at all—a concept that transcends all scientific analyses of reality. The question of the ground of being asks about that which is unconditioned

and infinite. This is and must remain an indefinite concept because finite beings cannot completely explain or describe the power of being.

CHARACTERISTICS OF THE MODERN MIND

My own training is primarily in the biological and medical sciences. Prior to reading Tillich's ontology, I believed that technical reason provided the most accurate and complete description of any given object or process. However, in considering Tillich's analysis of the modern mind I became aware of several tendencies deeply embedded within my thought process as well as an unquestioned assumption that this mode of thinking was the only relevant and proper mindset. Several characteristics of the modern (especially scientific) mind may predispose one to reject Tillich's philosophy, but an awareness of these elements should aid in one's considering the possibility of other understandings of reality. I have found Tillich's ontological analysis increasingly rational and useful in describing my own experience of life.

Many modern individuals, especially those in technical scientific careers, display four common characteristics that provide a basis for their actions and thoughts and shape their grasp of reality. Their understanding of reality can cause them to objectify the human being, which produces a limited understanding of health. The following is a critique of the downfalls of this modern mindset that point to a need for an ontological framework for understanding health and disease.

The first element of the modern mind is an emphasis on what Tillich calls "the horizontal dimension of life" (1955, 24). Humanity envisions itself in a world "determined by time and space, causality and substance" (1955, 24) and understands itself as constantly moving forward in it. Inventions and technological achievements continually improve, and, as a result, humans understand their strivings as attempts to become more adept at manipulating nature.

This leads to the second element—"the intention to control nature" (1955, 24). Nearly all medical achievements, whether the ability to kill bacteria with penicillin, surgically repair a damaged joint, or vaccinate against disease, provide examples of the desire to control or alter certain outcomes.

The third element of the modern mind—"making everything into calculable objects which can be described in terms of numbers" (1955, 25)—naturally emerges from the scientific method. In order to achieve reproducible and demonstrable scientific results and to analyze and manage data, variables must be quantifiable. Observations must be convertible into numbers that can be "managed, divided, and put together again" (1955, 25). A good medical example is the conversion of one's height and weight into a body mass index (BMI) for categorizing a patient's weight. In this

conversion, much is lost; both a world-class athlete and a couch potato may have a BMI of 27 and thus be categorized as overweight.

The fourth element is a shift from ontological reason to technical reason (Tillich 1951, 72). According to Tillich, reason “was formerly the power of knowing the ultimate principles of the good, the true and the beautiful” (1996, 26). The modern mind often mistakes reason as a tool to be used only within science for controlling or predicting nature.

These characteristics of the modern mind have had consequences that are both beneficial and harmful for humanity. Although the benefits are numerous, the damaging consequences are of primary interest here. These elements lead to a limited and incorrect understanding of reality as only those elements that can be concretely observed, quantified, and controlled. Just as data are consolidated into manageable numbers and forms, one can observe “the making [of the human] into a calculable object” (Tillich 1996, 31). In marketing, advertising, medicine, and psychology, human beings are reduced into quantifiable processes that can be predictably manipulated. Tillich points to an example in medicine: “Not only are the moods, vitality, and emotions of a person transformed by drugs, but to a large extent the person as well. And to transform a personality by chemical means is the complete objectification [of the human]” (1996, 31).

The American approach to medicine and healing that is taught and practiced by the majority of conventional physicians is part of a larger cultural trend that emphasizes technical reason—acceptance of only the scientific method and evidence-based medicine as the process for establishing fact and making clinical decisions. Observations lead to testable hypotheses, which are either supported or refuted by repeatable and demonstrable outcomes. One studying to become an allopathic physician is trained in anatomy, microbiology, immunology, biochemistry, pathology, and other fields that contribute to an understanding of the physical constituents and chemical processes of the human body. Additionally, treatments frequently use drugs to alter imbalances and purge the body of disease-causing agents.

Because so much of a medical education focuses on observing and detecting these quantifiable and calculable aspects of humans, doctors tend to understand their patients as predictable objects. This approach reduces the patient-doctor relationship to the level of a technician adjusting a machine according to protocol. Thus, many patients perceive apathy in or lack of personal attention by their doctors. They sense that the doctor could just as effectively sit in a separate room, make observations, and order a given treatment without any need for communication. In contrast, the physician who grasps the ontological definition of health is more inclined to approach the patient as a complex, unique individual. The clinical encounter is thereby enhanced and the healing approach more personalized and effective.

A final analysis of the elements of the modern mentality reveals a “thoroughly objectifying attitude” (Tillich 1996, 35) that is the source of a crippled understanding of reality. As Tillich explains, “In order to define anything, you must objectify it—make it finite. . . . Therefore all problems of something unconditional, ultimate, or infinite—not in the mathematical but the qualitative sense—are strange to the typical modern person. For these matters cannot be construed in terms of finitude or definition” (1996, 35). Because reality in the modern mentality is understood as that which can be defined, or made finite, anything belonging to the ultimate dimension is often discarded, invalidated, or ignored.

Although the ontological perspective on health may be foreign to the typical modern scientist, it is a fully rational and fundamental way of approaching any human issue. The serious scientist who rejects any dogmatic description of reality must take ontology seriously.

TILlich’s ONTOLOGY OF HEALTH

Human Essence: A Multidimensional Unity. *Essence and existence* are the common qualities of all things that are (have being) (Tillich 1963, 12). Essence involves the innate, ideal characteristics that distinguish different objects. For example, the essence of a stone is its mineral composition as well as its hardness and dense structure. However, essence alone is not being. The stone as a concept or as described here is not actualized because it lacks the second quality of being: existence. For the stone, existence is vulnerability to the possibilities of erosion, compression, and other natural forces. Existence means subjection to dynamic fluctuations; it presents the possibility of “growth, distortion, and death” (1963, 12).

Although the above descriptions are generalized to apply to all things with being, essence and existence can be characterized in more detail with respect to human life. Tillich calls the essence of the human a “multi-dimensional unity” (1984b, 167). Examples he gives of human dimensions include the physical, chemical, biological, psychological, mental, and historical. (This list is not complete but includes the most readily distinguishable ones.) The physical dimension is visibly observable and includes such elements as one’s stature, strength, and size. The chemical dimension is the reality of the human viewed from the organic perspective, as a complex organization of different molecules and compounds. The historical dimension refers to the unique human awareness of past occurrences, progressions, and changes, including those occurring long before one’s birth. This awareness is present and active implicitly in human actions and thought.

Having described a few of the dimensions, the reasoning for using *dimension* as opposed to *level* must be explained, because it has a very precise meaning. It is used to indicate “that the different qualities of life in man are present within each other and do not lie alongside or above each other”

(Tillich 1984b, 167). Additionally, it points to a “difference of realms of being in such a way that there cannot be mutual interference . . . they cross without disturbing each other” (1963, 15).

The crucial connotation of *dimension* is the inclusion of all realms within the others in such a way that they relate but do not interfere. It describes distinct parts of the person while making it apparent “that in each dimension all the others are present” (1984b, 168). This concept is meant to counteract alternate, often dualistic, notions of the person as a combination of competing or conflicting strata such as body, mind, and soul. It emphasizes that “man is one” (1984b, 167). In other words, the human being is composed of multiple inseparable realms crossing in a single point.

A useful criterion for distinguishing different beings is the number of dimensions that compose them. The rock is a multidimensional unity of only two realms, the physical and chemical. Bacteria occupy a different level of being because they incorporate a third realm, the biological. The human being is a unity of many more complex realms.

The primary implication of a multidimensional understanding of human essence is the need “for a multidimensional concept of health, of disease, and of healing” (1984b, 168). If the human is understood dualistically or as a stratified combination of any number of levels, the healing method can appropriately be segmented; some levels can be completely ignored without any threat of disrupting the others. However, if the human is a unity of multiple realms that are present within each other, any attempt at healing, to be rightly applied, must attempt to account for as many dimensions as possible.

Human Existence: Self-Integration. Having elaborated the essential quality of the person, the existential aspect (which is subjection to distortion of one’s essence) must be considered. Tillich explains that all life processes (actions) involve a “going-out from a center of action” which occurs “in such a way that the center is not lost in the outgoing movement” (1963, 30). Although the center of an individual is typically not lost in an outward process, it is inevitably altered. Within a dialogue between two persons, for example, each is exposed to foreign ideas and concepts. New concepts are incorporated in such a way that the self is altered but remains recognizable.

The names Tillich gives to the existential processes common to all beings are *self-alteration*, “the going-out from oneself,” and *self-identity*, “the returning to oneself” (1984b, 166). Self-alteration is the process of reaching out and encountering the foreign, and self-identity preserves the presence of a unique, distinguishable center. These existential processes, in their general form, are applicable throughout all the human realms. Self-alteration and self-identity are said by Tillich to characterize “life under all dimensions” (1984b, 166). Consider the atom that forms a chemical bond.

It encounters elements outside itself and is changed, but it is still distinctly recognizable as the original atom. Additionally, the “growth of the plant, to the movement of the animal, to the creativity of the mind, to the dynamics of historical groups” (1984b, 166)—all of these involve the same interaction between the self and the foreign.

Within the existential processes of human life, two perils are constantly present. If one process becomes dominant, damage to the being results. The first is an extreme self-alteration lacking sufficient integration into the center, which can produce “dispersion into too many directions, a wrong kind of growth, [and] a loss of the uniting center” (1984b, 166). Consider a purely spatial and physical example. If a rock completely erodes into sand and becomes dispersed, it ceases to be a rock; its identity is lost due to the loss of its defining center. In a person, if central aspects defining the personality are overtaken or replaced, the personality is lost or unrecognizably altered. In the physical dimension, removing a limb does not kill a person or change her central identity; however, trauma causing death is a disruption of central elements such as the brain, heart, or lungs such that the central identity is irreversibly altered.

The second danger inherent in existential processes is a reactionary response to fear of the loss of one’s center that produces a weakening or disintegration of the being: One limits the self-altering process. This extreme is signaled by a retreat “to a limited form of existence in which the self-identity on a reduced basis is preserved” (1984b, 166). Attempting to preserve their children’s innocence, parents may compulsively limit their children’s exposure to outside influences. This is a form, imposed from an external source, of lack of self-alteration and can have damaging consequences on childhood development. Examples in the biological realm are particularly illustrative of the danger of avoidance of the foreign. A burrowing animal, such as a rabbit, tunnels for protection against predators. But the animal must leave its tunnel to find food and water. If, fearing the dangers present above ground, it remains in protected seclusion, it will weaken and eventually die.

In light of the existential processes that are constantly occurring in every being, we can distinguish an important function for human beings: to balance the self-altering and self-identifying processes through integration. In self-integration, “the center of self-identity is established, drawn into self-alteration and re-established with the contents of that into which it has been altered” (1963, 30). Consider the powerful and enduring document that is the United States Constitution. Its persistence and relevance for providing guidelines for the operation of the American government is primarily a result of the constant integration that has occurred during its history. If it did not allow for change, it could not confront newly arising concerns. However, if it were not protected from alterations of its fundamental tenets, it would lose its central identity.

Human health and disease can now be understood as existential qualities of human life. Because health and disease describe states of being, they are “not [elements] in the description of man’s essential nature” (1984b, 165). Health and disease “add a new element [to human essence:] the possibility and reality of its distortion” (1984b, 165).

Disease. Because disease and health are related as opposing distortions of human essence, an analysis of the nature of disease will aid in our arriving at the meaning of health. “Health is a meaningful term only in confrontation with its opposite—disease” (1984b, 165). Two causes of disease, extreme self-identity and self-alteration, have just been discussed. In the former, the person becomes stagnant, and in the latter, she loses her identity. However, maintaining a balance by properly integrating the foreign into the self does not guarantee health. Disease stems from another quality of existence: the ambiguity of life. It is perhaps the most significant reason for disease, and it cannot be avoided. “Ambiguity means that in every creative process of life, a destructive trend is implied; in every integrating process of life, a disintegrating trend; in every process toward the sublime, a profanizing trend. These ambiguities of life produce the concrete causes of disease” (1984b, 167). In any being, even one properly integrating the foreign and new, destructive encounters are inevitable. In nearly all human actions required for growth and life, destructive possibilities exist. Even in a person or object carefully encountering its environment and integrating its center, “accidents, intrusions, and imbalances” occur (1984b, 167). By breathing, one risks inhaling infectious particles. Encounters with new ideas threaten one’s structure of meaning. A romantic relationship can become deeply damaging and hurtful. Actions inspired by the intention to help another can result instead in damaging consequences. A doctor’s treatment may have an unanticipated consequence that worsens a patient’s condition, and drugs prescribed to heal can have dangerous side effects. One must conclude that the ambiguous nature of dynamic interactions means that no encounter is completely benign.

Although diseases stem from the ambiguity of life processes, pathology is not directly caused by the ambiguity itself. Rather, ambiguity produces unanticipated and unpreventable imbalances in the life processes, and these imbalances cause the disease. Tillich describes disease as a “symptom of the universal ambiguity of life” (Tillich 1984b, 167) instead of as a direct result of ambiguity. “Many diseases, especially infectious ones, can be understood as an organism’s inability to return to its self-identity. It cannot reject the strange elements which it has not assimilated” (1963, 35). Although an ambiguous interaction such as ingestion of food may have caused the infection, the direct cause of disease is an intrusion by a pathogen or toxin that alters the central identity of the affected cells or creates an imbalance that compromises cell function.

The most significant conclusion of this analysis is that disease is unavoidable. One must be willing to accept “the fact of limited health” (Tillich 1984b, 170) in order to achieve more complete health. If one actively encounters the world, ambiguity will cause disease. But if in attempting to avoid such problems one restricts the center from interactions, disease still results; “in order to be safe, the organism tries to rest in itself, but since this contradicts the life function of self-integration, it leads to disease and disintegration” (Tillich 1963, 35).

Through this ontological analysis, we reach a conclusion we instinctively know to be true—that there is no reward without risk. One can avoid risk, but this also surely leads to disintegration. Health therefore must include the possibility of disease within itself. The physically healthy athlete risks her health in the very actions that develop strength. Even such life-sustaining actions as consuming food and water have inherent risks to physical health.

Health. Having established a description of disease, and acknowledging that health is the negation of disease, a detailed discussion of the meaning of health is possible. The summary of health given earlier—balanced self-integration within the multiple human dimensions—should now be intelligible. However, this characterization requires more discussion.

The multidimensional essence of the human being was described as the innate structure of the person. Physical, biological, chemical, psychological, mental, historical, and spiritual realms are all present in each person in a unified way. They are inseparably present in each other and are not in competition or opposition. Self-integration relates to the existential aspect of being. A being must constantly undergo a dynamic process of encountering foreign elements and incorporating them into its own center. If self-integration occurs in an unbalanced way, disease is the result.

Centeredness is required for one to have an identity and is necessary for self-integration. The centered human “actualizes itself as a personal self by distinguishing, separating, rejecting, preferring, connecting, and in doing so, transcending its elements” (1963, 28). These actions are self-integrating actions, but only a centered individual can display them. In this sense, a *center* is a prerequisite for self-integration. Health can occur only in a being with a stable center. The center transcends the individual human dimensions because it contextualizes and organizes them.

Health must be understood as dynamic because it is an existential concept. The moment a being attempts to withdraw and protect its center, it automatically becomes unhealthy. An understanding of health as dynamic combats the notion that a being can attain health and then protect it by ceasing to participate in further life processes. Additionally, it suggests that the possibility of disease is always present within health.

A MULTIDIMENSIONAL APPROACH TO HEALING

In this section I use the ontological definition of health and disease to discuss concrete implications for how any individual should approach the promotion of healing. In a consideration of healing, both the essential and existential elements of the person are crucial. An ontological analysis of healing leads to five conclusions: (1) The essence of the human being demands a multidimensional approach to healing. (2) Particular healing is needed and is helpful if it considers the other realms of the human. (3) Personally accepting limited health is crucial for the possibility of any health. (4) The power of *faith as ultimate concern* becomes critical for health because of its ability to wholly integrate the person. (5) The healing power of medicine and faith complement and assist each other.

The Multidimensional Approach. Ontological analysis of the human being suggests that a multidimensional approach to healing is necessary for complete healing. Tillich declares, "The multidimensional unity of life in man calls for a multidimensional concept of health, of disease, and of healing" (1984b, 168). Healers in all specializations should understand their role in promoting healing in a complex being consisting of multiple, unified realms. This does not mean that a healer should be trained to cure imbalances within all dimensions. It is impossible to be an expert in all areas. Similarly, limits in time and resources are present for any health-care worker.

The call for a multidimensional approach has several specific ramifications for the training and practice of physicians. In allopathic medicine, disease typically is countered from a mechanistic angle. Such an approach considers the chemical and biological realms of the human while ignoring the others. Medical-school curricula must dedicate time to contextualizing medical healing within the concept of complete healing. This means encouraging physicians to expand the human dimensions they consider when treating and conversing with patients. Physicians should accept that physical health is not complete health and that physical treatments influence the other human dimensions. These suggestions, if implemented, would not require a radical shift in medical training; curricula would need only to broaden the application of sound scientific principles and practices already in place. Physicians currently consult other medical specialists in order to be sure a treatment will not have unwanted effects on other parts of the body. They must simply broaden this principle, consulting experts in other fields in order to learn the potential results of a treatment within the other human dimensions.

An important principle of human biology is that elimination of disease symptoms is not equivalent to recovery from the disease. Recovery means rectifying the source of the problem, not numbing the body to pain or

hiding the symptoms. This principle, too, can be expanded in light of the human multidimensional unity. Within this broader context, the doctor can be confident that a treatment is not causing greater damage to the whole individual by masking a physical symptom of a disease originating in another human dimension. An athlete sustaining a knee injury can receive a steroid injection in order to reduce inflammation and pain at the chemical level—and continue competing. However, the ability to feel pain serves a crucial function, and the inability to feel pain may cause the athlete to more severely and permanently damage the joint. As Kass explains, “pain serves as an accompanying sign of a threat to bodily integrity” (1975, 27). The ontological approach reveals human dimensions beyond the mere physical and helps explain why in certain cases pain is important to the health of the whole individual. Because pain alerts the individual to an imbalance in one or many realms, it can promote awareness of the need for a balancing action.

The need for such changes in medical curricula is illustrated by an explanation of the harm resulting from a narrow understanding of healing. The danger of a limited approach is that “it has the tendency to provoke diseases in another realm” (Tillich 1984b, 173). Particular healing may promote health in one realm but encourage disease in another, as with cortisone injections for athletes. This occurs “if healing under one dimension is successful but does not take into consideration the other dimensions in which health is lacking or even imperiled by the particular healing” (1984b, 172). Tillich provides several possible examples: “successful surgery may produce a psychological trauma; effective drugs may calm down an uneasy conscience and preserve a moral deficiency; the well-trained athletic body may contain a neurotic personality” (p. 172).

Consider a person experiencing a highly traumatic event, such as the sudden death of a family member. Normally, that person would undergo a difficult but “healthy” period of bereavement entailing mourning, reflection, and remembrance. An intervention with powerful drugs could be used to alter brain function so that the person feels little distress. For months after the event, balance, and even health, in the chemical dimension could be maintained. However, concluding that the patient is completely healthy in this instance would be absurd. It would be dangerous to the psychological health of the person to mistakenly interpret the symptoms of sadness as proof of a purely physical problem and, as a result, prematurely intervene in a way that may disrupt the mourning process. In this example, a “correction” masks the physical symptoms of a multifaceted problem, leading to deterioration and disease in other realms.

Consideration of the multidimensional unity of the human should be applied in healing methodology in more nuanced situations as well. Tillich explains, “The great physician is he who does not easily cut off parts and does not easily suppress the one function in favor of the other, but he who

strengthens the whole” ([1955] 2005, 39). The physician should carefully consider the potential effects of any treatment method within all human realms. Just as a drug can have undesired side effects upon the body, a treatment seeking to promote health in one realm can have profound implications in the other human realms.

The need for a healing approach that considers realms beyond the chemical and biological is also relevant in epidemiology and public policy planning. This is illustrated nicely by Dr. Paul Farmer’s work in Haiti. During and after his medical education, Farmer worked to improve abysmal health conditions in Haiti, a country in which one quarter of the population dies before reaching the age of forty (Kidder 2004, 25). Despite distributing free drugs to treat tuberculosis in various poor areas, recovery rates were unsatisfactory in many regions. One of Farmer’s Haitian coworkers, believing that the ineffectiveness of the medicine resulted from a limited approach to healing, explained that “giving people medicine for TB and not giving them food is like washing your hands and drying them in the dirt” (Kidder 2004, 34). To test the theory that simply providing the drugs was not enough, Farmer conducted an experiment. One group was given free drug treatment; a second group received the same drugs plus small stipends to pay for food, child care, and transportation. Health-care workers made visits to the homes of members in the second group. Thus, one group received attention to the chemical realm only, while the fuller healing approach expanded its scope to confront problems in other realms of the patients’ lives. In the first group, fewer than half of the participants recovered. In the second, all participants were completely cured (2004, 34).

Farmer demonstrated that additional human realms significantly contributed to the disease and that minimal attention to those dimensions remarkably increased the recovery rate within the observable physical realm. His experience supports the assertion that a multidimensional approach to healing has tangible benefits in the physical realm. However, this example does not presume that complete healing has occurred, since the other human realms are not nearly as quantifiable or observable. Rather, it suggests that a multidimensional approach can produce healing results that anyone can appreciate.

Particular Healing. The call for a multidimensional approach to healing has implications for the validity and justification of particular healing. A segmented healing approach that assumes that the human is a combination of separate strata, and therefore ignores the other realms, is not justifiable. Because the human is a unity of dimensions, manipulation of any one will affect the whole. If the human being were not a unity, the most narrow forms of healing would be effective. However, as Tillich writes, the “independence of particular ideas of health and healing is limited by the mutual within-each-otherness of the [human] dimensions” (1984b, 172).

This broader approach to healing does not imply that particular or narrow forms of healing are unnecessary. In fact, the ontological approach affirms the necessity of healing in one realm while encouraging recognition and consideration of the effects on other realms. Because the human dimensions do not lie in the same plane, “each of [the] elements can disintegrate independently of the other elements” (Tillich [1956] 2001, 128). The multidimensional unity recognizes that human elements can improve or degenerate independently of the others but also that any manipulation will affect the human as a whole. On this basis, Tillich concludes that “there are special helpers and healing methods called for under every dimension” (1984b, 172). The ontological description of the human being affirms the need for particular forms of healing while encouraging healers to work for the complete healing of the person.

Accepting Limited Health. Another logical consequence of the ontological description of health is the conclusion that health can never be statically preserved; as a dynamic process, health always includes the possibility of disease within it. A physician therefore should help a patient to accept the fact of limited health (Tillich 1984b, 170). The ambiguous nature of the life processes makes the possibility of disease or harm unavoidable. Extreme attempts to avoid disease result in a limiting of one’s life processes and automatic degeneration into disease. Therefore, one can best pursue health by accepting the possibility of disease. This conclusion is a special case of the broader ontological assertion that one’s being is best affirmed by embracing and including nonbeing.

Redefining Faith. Although the suggestions for healing discussed thus far result from a consideration of the multidimensional essential aspect of the human being, the existential element also has important implications for healing. Previously, the direct cause of disease was uniformly understood to be unbalanced self-integration. A question is raised for the individual: Is there a principle for achieving balance, and thus health, in multiple dimensions?

Faith is the force capable of promoting a self-integration of the whole being—but not faith as it is understood in common usage as the acceptance of specific religious truths. This assertion requires extensive explanation, mainly because of the distorted way in which faith is currently understood. Tillich explains, “Today the term ‘faith’ is more productive of disease than of health. It confuses, misleads, creates alternately skepticism and fanaticism, intellectual resistance and emotional surrender, rejection of genuine religion and subjection to substitutes” ([1956] 2001, xxi). Given the massive number of distinctly different ideas about what faith means, I am tempted to use a different term. However, a detailed description of the

concept is needed regardless of the term used, so I retain *faith* and use it subsequently as it is defined below—as one’s *ultimate concern*.

In faith, one seeks ultimate reality and truth—the ground of being. As a result, faith serves as the guiding principle for one’s life. According to Tillich, faith is “the state of being ultimately concerned” ([1956] 2001, 1). Faith defined in this way is present and active in all people in some way; it is the varied content of faith that distinguishes its different forms. One’s faith commands and directs the process of self-integration. It contextualizes experiences, creates priorities, and helps to make decisions—actions that define the center of a being. Because faith is capable of providing a principle that organizes the center of a person, it has ramifications for the whole in multiple dimensions.

Because faith is concern with the ultimate, it comes from the center of the self. Tillich explains that faith “claims ultimacy,” demanding “total surrender of him who accepts [its] claim” ([1956] 2001, 1). If the content of one’s ultimate concern is success, all of one’s actions will be organized in its pursuit. Daily experiences will be understood by the way they relate to this goal. Faith “demands unconditional surrender to its laws even if the price is the sacrifice of genuine human relations [and] personal conviction” (p. 4), as may be the case in the pursuit of success. However, such a sacrifice for the one with this form of faith is acceptable because faith also promises “ultimate fulfillment” (p. 2).

Faith described here must be separated from its common religious connotation—as accepting “assertions about God, man and world, which cannot be fully verified, but might be or might not be in the future” (Tillich 1959, 28). Faith does involve a risk, but the risk is not that one’s faith is objectively true or false; rather, “the risk of faith is an existential risk, a risk in which the meaning and fulfillment of our lives is at stake, and not a theoretical judgment which may be refuted sooner or later” (1959, 28). The risk of faith is in the surrender of oneself to a self-integrating principle. Tillich explains that if one’s faith “proves to be a failure, the meaning of one’s life breaks down; one surrenders oneself, including truth and justice, to something which is not worth it” ([1956] 2001, 20).

In light of this analysis, one can better understand why Islamic extremists are willing to sacrifice their lives and kill innocent people. If the ultimate concern in one’s life—the integrating principle—is a (tragically distorted and relatively rare) interpretation of the Qur’an, reservations about ending one’s own life or the lives of innocent people are overcome by a principle demanding complete surrender and promising complete fulfillment. All forms of faith display a similar pattern of ultimate obedience to a principle, although most do not manifest in such reprehensible or violent forms.

Given the above examples that point to forms of faith that promote disease, it should be clear that the content of one’s ultimate concern is the

criteria by which it should be judged and the determinant of whether it is productive of health or disease. In a pluralistic world, how can the content of innumerable distinctly different forms of ultimate concern be judged?

This question directs my analysis back to the discussion of the multiple levels of reality present in beings and objects. Faith, as a representation of the infinite for finite beings, must always take symbolic form. The “really real” was called the “ground of being”—the ultimate reality that transcends all individual levels. Various forms of faith attempt to give access to ultimate reality, but this can be done only symbolically because the truly ultimate cannot be fully expressed in finite form. There are innumerable different symbols through which faith is expressed. Common examples include God, gods, success, money, respect, fame, family, and nation.

Tillich believes that the symbol of one’s faith can be evaluated as either authentic or idolatrous. Idolatry occurs when the symbol is misunderstood as itself the ultimate. Authentic faith includes symbols that point to the ultimate reality, but the symbols themselves are not raised to the level of the ultimate. Authentic forms of faith consist of understanding that its symbols only *point* to the infinite. Therefore, a faith that promotes healing must have two characteristics: symbols that truly point to the ultimate ground of being, and symbols that are understood as finite representations of the ultimate. I believe that there are symbols that point to the infinite and that are productive of health within multiple religious traditions and also outside of established religion. Conversely, both religious and nonreligious symbols, when understood as the ultimate, are idolatrous and promote disease. Faith in money, focusing as it does upon finite acquisitions, does not embody the ultimate. Faith in a single interpretation of a part of the Christian Bible raises a finite passage to the level of the ultimate and has dangerous consequences.

The Role of Faith in Healing. One’s concept of health is fundamental in directing approaches to healing. For example, if health is understood as a purely physical concept, the argument for faith’s role in healing is unjustifiable. If health requires balance and integration within the many dimensions that compose the human, faith as an ultimate concern must be central to healing. Having enumerated a careful definition of faith, I return to the question: How can an ultimate concern promote health in multiple dimensions? Whereas a disruption in a particular human dimension does not necessarily endanger the whole, a disruption of the center threatens the entire being. Similarly, a force that integrates the whole is beneficial in multiple dimensions. Faith is this force, and the content of one’s faith determines whether the center is integrated or disrupted and whether health or disease is promoted. Tillich writes, “Faith as an ultimate concern is an act of the total personality. It happens in the center of the personal life and includes all its elements” ([1956] 2001, 5). Because faith

directs the center of the person, it is the principle by which balanced self-integration within multiple human dimensions can occur.

Authentic faith, however, cannot be used to *replace* other forms of healing. Tension often results from the claims made by all types of healers to possess exclusive validity in the healing process. It must be made apparent that no conflict between the healing methods exists so that an “understanding of the differences as well as the mutual within-each-otherness of the dimensions can remove the conflict and create an intensive collaboration of helpers in all dimensions of health and healing” (Tillich 1984b, 173). Tillich concludes that “the ways of healing do not need to impede each other, as the dimensions of life do not conflict with each other” (1963, 281). A healing approach meant to be active in any particular human realm, if it considers the other realms, can be devised to complement or avoid conflict with other healing forms.

Similarly, the authentic faith described herein, because it avoids applying faith in the form of highly narrow and finite religious restrictions, should not impede healing within any particular realm. A health-promoting form of faith should not restrict the use of an important intervention in the physical dimension when it clearly has innocuous effects in other human dimensions, as in the use of blood transfusions to save the life of patients suffering severe blood loss. Faith “precedes, accompanies, and follows all other activities of healing” (Tillich [1956] 2001, 128); this means faith is present within the other healing forms but does not impede, outweigh, or negate them.

CONCLUSION

This essay has sought to help resolve common reductionistic and objectifying attitudes about human health and disease by introducing Tillich’s ontological framework for conceptualizing this aspect of human existence and by discussing its implications for healing. By embracing what I believe to be a fundamental and all-encompassing description of human existence and health, physicians can act in the best interest of their patients by teaching patients to pursue health by accepting limited health, respecting them as unique and complex individuals, rejecting segmented or narrow healing approaches, considering the effects of any manipulation in all dimensions before acting, and, most important, within any particular treatment, directing their efforts toward the complete healing of the person.

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