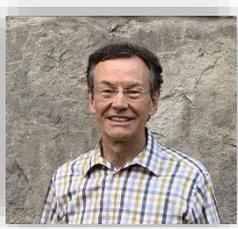


# HEALTH - ILLNESS FROM THE PERSPECTIVE OF POSITIVE PSYCHOTHERAPY



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## Abstract

Health and illness are to be understood as two sides of the same coin. The human being is neither healthy nor sick, rather there is a constant effort for a balance, only then can one speak of an approach to health. In this context, symptoms take on an informative character and indicate longings (needs) that have not been fulfilled.

**Keywords:** health, illness, balance, Positive Psychotherapy, needs

*A person suffers from an average of 20 life-threatening, 20 serious and two hundred moderate illnesses in 20 years of life.*

*Stefan Heim*

## Introduction

### The onlookers and the elephant

An elephant had been brought into a dark room for exhibition at night. People flocked in droves. Since it was dark, visitors could not see the elephant, so they tried to grasp its shape by touch. Since the elephant was large, each visitor could only grasp part of the animal and describe it according to his tactile findings. One of the visitors who caught one of the elephant's legs explained that the elephant was like a strong pillar; a second, touching the tusks, described the elephant as a pointed object; a third, grasping the animal's ear, said it was not unlike a fan; the fourth, stroking the elephant's back, claimed that the elephant was as straight and flat as a couch. (Peseschkian 2016)

We should ask ourselves: what is health? In the above story we learn that each person can only discover and describe a part of the animal through his tactile findings, but he only sees a part of the whole at a time. The conclusions drawn from this distort the view of reality or, in other

words, we experience a reality that we subjectively distort. Similarly, this story can be understood as a synonymous example when we ask about understanding health and illness. We each experience the expression of symptoms in the disease, but these can only be understood as part of the whole.

Since people in general are constantly at risk of illness in their lives, this fight against the disease requires the mobilization of enormous energies and justifies a high cost without ultimately clarifying the question of what health is. Since health cannot be sufficiently defined with the absence of illness, a holistic concept in the sense of a philosophy of health is necessary. Health can therefore not be a lack of individual aspects of the disease. As a result, a symptom cannot be determined only in the context of the disease, because the unexplained or missing role of health (as the opposite) has not yet been satisfactorily explained.

## Methodology

### Requirements for Understanding of health

We know health as soon as we lack it. (Andrew Weil). Trying to define health by 'not being sick' expresses a similar helplessness as trying to declare peace as 'not being at war'. This unsatisfactory definition of health is based on a multidimensional problem: The individual is asked to

become aware of the limits of his/her own individual, interactional, institutional and ideological reference, because between health and illness on the one hand, and the social environment on the other (transcultural reference), there is an interdependence because each definition of health or illness takes on a different meaning within the respective level. The decision as to when there is a 'disorder' that fulfills the conditions of an illness and when an individual has enough pathological components, depends on the definition of health and understanding of disease.



Fig. 1. Four Qualities of life = health

Another difficulty in determining health is the beliefs and worldview of people who make decisions about them. Like health, illness (symptoms) is to be understood as an attribution of interpretation, in which beliefs and world views are expressed and constructed as a diagnostic definition.

The medical understanding of somatogenic diseases has been fundamentally changed by the development of "psychosomatics". The theoretical and methodological explanatory concept of psychosomatics is of psychoanalytic and deep psychological provenance, and therefore a domain of the individual-interactionist level. From these levels, psychopathological approaches played a major role in the theoretical and methodological explanatory concepts of psychosomatics.

## Results

New explanatory and healing approaches with different understandings of theory and methods were added (primarily systemic and transcultural approaches). Despite

all the variety of theoretical and methodological approaches, commonalities can be found for many clinical pictures. Diseases, disorders and problems are increasingly being given a hidden or unconscious message with information content. By interpreting these diseases or disorders, they become the subject of communication and thus 'meaningful', 'conscious' and treatable. In general, there is a tendency in the classification of psychosomatic processes to differentiate them from somatic processes (diseases) or to justify them based on differential diagnosis (see, for example, "ICD 10" coding). With such a separation between somatic and psychosomatic illnesses it is implied that not every illness / symptom correlates with a deeper human problem and therefore not every form of illness is granted an 'information content'.

There is also generally no scientific agreement to give all symptoms a psychological correlation with psychosocial factors. Where diseases and symptoms experience an attribution that is contrary to the understanding of 'conventional medicine', the derogatory title of "psychologization" threatens, which means an unnecessary complication. Any method that wants to interpret symptoms psychologically and meaningfully and sees them as an unsolved psychological problem, but whose explanatory approach is outside the recognized "nomenclatura", will not avoid the need to provide evidence of the relevance of postulates made.

Healings or the elimination of symptoms are not sufficient scientific justification, since so-called "spontaneous healings" or "placebo effects" draw attention to the fact that there are other active factors that either require a new explanation or are manifestations beyond the currently "explainable" (Jaspers 1913).

A separation of somatic and mental illnesses without consideration of interactions (interdependency), harbors the risk of an apparently causal link between cause and effect, whereby essential aspects of the wholeness (reality) are excluded or denied. In the traditional pathogenetic explanations of illness, a reductionist thinking can be seen. One remains in the exact diagnosis and consideration of symptoms from an etiological point of view (e.g. bacterial infestation as the cause of physical symptoms) without paying attention to the coherence of the whole. The connections between the symptoms and the appearance of a disease as well as the interactions of disease signs with the social and communicative conditions are insufficiently considered.

Simon (1995) explains this idea as follows: "If illness is seen as a change within the physical space, it does not mean that the deeper explanation for it - i.e. the mechanism generating it - is localized within the body. The processes taking place in the body, which explain the formation of symptoms, in turn require an explanation that fits into the logic of the everyday world view applied".

Somatic medicine also interprets the causes of illness in connection with the symptoms and certain symptoms are assigned to certain causes, e.g. infectious diseases require viruses or bacteria. It is also undisputed that a weakening of the immune system is postulated at the onset of the disease.

However, an individual's illness is rarely associated with an individual's personality structure and its social role and reality (macro- and meso- systems). As is well known, humans are constantly confronted with bacteria without necessarily reacting with manifest illness.

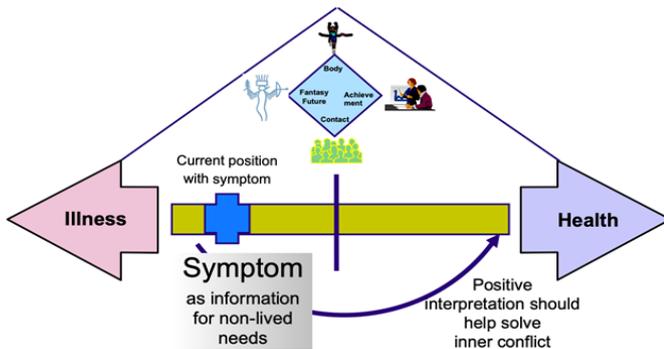


Fig. 2. Illness – health in balance (by Author)

The problem of health / illness is therefore not easy to explain in terms of a cause and effect principle. On the one hand, there is the question of when and why symptoms appear and what meaning of the disease can be attributed to them, and on the other hand, what conditions / factors the individual brings with them so that illness (e.g. burnout) can manifest itself.

If “organic medicine” cannot determine any organic findings with a defined symptom, the condition is unsatisfactory not only for the doctor, but also for the patient. Organic medicine then shows the tendency to shift the causes of these to an imaginary space somewhere without “diagnosis” (Simon 1995), which cannot be explained, but nevertheless appears in effect due to its effects. The acceptance of the imaginary space corresponds to the assumption that ‘some’ mechanisms are involved that have not yet been explained (researched, found, etc.), but must exist. This brings the intolerable state of “ignorance” into a comprehensible concept for a doctor / psychologist / scientist, even though the causes of the phenomena are outside the of the communication.

The patient's imagination can therefore take up a lot of space, that he is not really sick (only simulating) or punished for socially deviant behavior. In other words, the patient interprets his symptoms according to his individual explanations, because somehow and in his subjective way he tries to reconcile the observable symptoms and phenomena with his understanding of reality (concept).

Simon explains (1995): „When explaining, from the perspective of the outside, objective observer, a generating mechanism for the phenomenon to be explained is constructed. In understanding, on the other hand, the observer uses the similarity between himself and the observed system (a human being, a cat, a god, a machine ...); he identifies with him, goes, so to speak, into the inner perspective of the subject standing in a certain communicative context in order to (re) construct his feeling, thinking and acting in its meaningfulness ... The unobservable area, in which the explanation for the symptoms of the disease to be localized is modeled on normal human communication. There are certain social rules of good behavior, compliance with which is correlated with well-being. And, conversely, it is concluded that the loss of well-being is an indication of a lack of good behavior.“

The understanding of symptoms, even if their explanatory approaches are not within a markable and understandable (“unobservable”, Simon 1995) area, because they elude comprehensible observation and traditional categorization, are nevertheless treated as a “source of information”. Subjective experiences and intuitions form a subjective knowledge which, together with the individual personality profile, opens up its own “sense provinces” (Berger / Luckmann 1969) and “reality clues” (Müller 1991).

From this it can be deduced that symptoms are to be understood as a message and are given a subjective meaning both intra- and interpersonal. This subjective and collective process of interpretation assigns meaning to symptoms, which makes them accessible for communicable understanding. The reference to objective reality plays a minor role.

Symptoms become messages and can influence further steps; e.g. : Pain is assigned a meaning that does not interpret it as hostile and directed against the individual, consequently it does not have to be combatted. In this context, burnout can be given information or a message that is meaningful in the context of health and wholeness, for example to indicate a deficiency that overwhelms the individual in certain situations. If no countermeasures are taken or the correct conclusions are not drawn, there is a risk of a disorder, symptom, or illness.

Such a process draws attention to a general phenomenon. One can speak of a construction of reality by the individual communicating and explaining his subjective understanding (attribution of meaning) about his reality to the outside world with his interpretation of the symptom.

If the interpretation of symptoms is based on a subjective understanding, the question of the context within which the subjective understanding develops develops at the same time. For this purpose Peseschkian (2016) uses the terms meaning and finding meaning, to which he assigns the

domain of religion (meaning) and science (finding meaning). This use of terms by Peseschkian (2016) implies an interaction of different domains, which, however, form the background for a subjective understanding and can be found in every attribution.

If one assumes that the meaning of symptoms and events is a subjective construction, then it is accepted that the individual has his/her implicit orders, ideas, norms and values communicated to the outside world in a subjective way.

Hypothetically, two sources of information can thus be tapped:

a) the interpretation of the symptom makes the construction of reality of the person concerned or observer transparent and at the same time it becomes clear what meaning the symptom has for the person concerned and

b) The interpretation reveals a subjective and situation-shaping reality of expectations, which determines the further action of the individual and his learning experiences for new situations.

#### **Health as Understanding of wholeness**

In the following, a basic understanding of health is assumed, which is influenced by a certain idea of wholeness, which should enable the individual to integrate his symptoms into everyday life. In the further course of the chapter, this model, as well as the use of the term wholeness, will have to be explained in more detail because it means health is synonymous to the sense of 'being healthy'.

Heil comes from Middle High German and has the following meaning according to the Dudens' dictionary of origin (Duden's dictionary of origin 1963):

Luck"; (lucky coincidence; Health; Healing, salvation, assistance ... Under the influence of Christianity, the word salvation also took on the meaning "redemption from sins and the granting of eternal bliss" ...

The use of 'wholeness' and 'being healed' means a balance that is not static but dynamic, and whose balance creates a state that can be translated as health. As a result, illness is a condition that exhibits a 'loss' or 'lack' of wholeness (according to the meaning: hopeless = "without luck, welfare or health, therefore, miserable; hideous, wicked; *ibid.*).

We find the meaning of salvation both in medicine and in religion (holy). Common to both is the understanding of a unity consciousness as an overcoming of a split-off or a fragmented perspective. It also means learning to integrate what exists outside of a subjective reality or has been suppressed outside of this subjective reality.

Sickness and health are not simply physical conditions that will sooner or later be fully analyzed and understood through the methods of science. They are rooted in the deepest and most mysterious layers of being ... The idea that one has to accept and incorporate the dark side of

existence, even illness and death, if one wants to achieve wholeness and perfection, is an impressive train of thought that is reflected in numerous systems of practical magic and esoteric philosophy. (Weil, 1997)

Health can therefore also integrate illness if illness is understood as a phenomenon that shows that necessary aspects for the wholeness are missing, and consequently no health has yet been achieved.

If one starts from this concept of health as a whole, the elimination of a symptom does not mean a cure, because only the symptoms were cured, that is, illness was treated.

Healing is therefore largely conceptualized as eliminating the causes of illness, but not as creating health conditions. (Simon, 1995)

In order to clarify the content and form, the explanation by Detlefsen and Dahlke (1990) should be used to differentiate between symptoms, illness and health. Detlefsen and Dahlke use a picture in which they compare the body / organism of the individual with a stage (form) on which a tragedy is performed. Although the tragedy is performed on the stage, the stage cannot be tragic, only the piece (content) can be tragic. But the piece (content) appears on the stage (form), within the scenes, using the costumes, the music, the actors etc. These are only the formal aspects that express something, but not the content itself.

Capra (1983) tries to formulate health approximately as follows: "Health is a subjective experience, the quality of which can be intuitively known, but can never be exhaustively described or quantified". But perhaps we can begin our definition by stating that health is a state of well-being that arises when the organism functions in a certain way. The description of this type of functioning will depend on how we describe the organism and its interaction with its environment ... The term "health" and the associated term "illness" therefore do not refer to precisely defined units, but are an integral part of limited and approximate models that reflect the relationship between several aspects of the complex and flowing phenomenon of life.

Once one has recognized the relativity and subjective nature of the term health, it also becomes clear that the experience of health and illness is strongly influenced by the cultural context in which it arises ... In addition, the cultural context also influences the specific way people behave when they get sick.

In Capra's understanding, health is the expression of a multiple interaction of the individual with his social reality (macro- and meso- systems) and the resulting generating mechanisms, as well as his subjective view.

In this sense, health is understood with the Peseschkian balance model as a whole, in which complex and heterogeneous contents and expectations are to be integrated in dependencies of the multidimensional realities

in order to provide individual satisfactory answers to the diverse requirements, conditions and situations.

The Peseschkian balance model is a metaphor for wholeness and health. In this way, complex interrelationships such as health become accessible visually and intuitively, which is not satisfactory enough with communication alone. At the same time, this model remains ambiguous and can nevertheless summarize different and complex areas from the point of view of similarities.

To be healthy, people need flexibility and the willingness to do something actively. He/she needs the knowledge of the possibility of shaping and making decisions. The more dynamically a person has learned to use and develop his/her energies within the four areas of the balance model, the greater that person's flexibility and alternatives to react to problems and new challenges. As a result of this dynamic balancing act, Peseschkian sees health as a subjective feeling of well-being, which gives the helper the opportunity to experience his physical (body), psychological (performance, contact) and intellectual (imagination / future) abilities, which work together positively with the natural (animals, plants, etc.) and social environment (contact). This would enable this individual to accept phases of crisis as natural life intervals - as a valley between two mountains. Peseschkian (2016) assumes that the ability of individuals to help themselves is more likely to be expected when people know how to use their energies and needs.

In this context, the balance model can help people orient themselves and get a health compass to organize their self-help.

## Conclusion

Health can be understood as a subjective construction that is shaped by the process of socialization. In addition, cultural habits refine the development of personality. This leads to a self-evident view of yourself. But it is actually only habits based on relative repetitions in the cultural-social-individual living space that become a kind of strict law as to how I understand what I should do and what I shouldn't do in order to be myself. This process takes place largely unconsciously, in the sense of habit.

The understanding of health and illness is also shaped by the individual constructions of realities. This development becomes problematic when the individual understands habits as the only way to be himself, even against his emotions and needs, just because he believes it has to be. As a result, the individual reduces his creative process of thinking of new possibilities that have so far still existed outside of their own reality, but have so far been thought of as not allowed by my conception of myself.

If, however, desires and needs cannot be reconciled with the creative possibilities, symptoms are, on the one hand,

the expression of the non-lived needs and, on the other hand, information about the lack of creativity, insufficient use of new possibilities. The result is an unconscious self-reduction of the possibilities to stay in habits that do not reconcile the needs of the individual.

Understanding the balance model in positive psychotherapy is therefore also an invitation to think "outside the box" of previous reality and the request to reconcile one's needs with oneself, from which health and life satisfaction would indirectly derive.

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