

Health, well-being, and the quality of life: Some psychosomatic reflections

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Health

To be healthy and feel well does not evoke any particular attention of man. It is held as something natural and is used as a basis for other interests and activities. Disorders of health, in contrast, are noticed by a heightened arousal as they represent distress and/or danger of suffering and threatening of life. This may be one of reasons why there exist minute descriptions of hundreds of symptoms and signs of various health disorders whereas the state of health is usually described in more general terms only as if it should not have such a distinct identity of its own as the health disorders do. It is somewhat idealised at times also.

According to WHO "health is the state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity" [1]. This and other similar definitions [2] have several shortcomings. They do not take into account the way in which life's processes and functions take place in the human organism and focus on a certain global picture of the state of man and his organism. They describe situation of an overall contentedness when a man feels good and is well off and when his needs, demands, and expectations are satisfied not only from health but also from material and social point of view. These are, however, conditions more closely related to the term of the quality of life. Man suffering, for instance, from hunger, natural tiredness, worries or unfavourable environmental influences does not stop to be healthy because of it.

A certain degree of discomfort is not only a natural part of life but is even one of the needful preconditions for the maintenance as well as promotion of health. Without various demands, burdens, and stresses, many positive abilities of man could not develop and the capacity, resistance, and adaptability of his somatic, mental, and social functioning could not rise. As for health concerns the influence of discomfort on man and his organism is rather the problem of its frequency, intensity, quality, and duration, and of the ability of man and his organism to cope with factors that evoke it respectively. The state of complete well-being may be viewed as one of man's, goals while health can only be seen as one of the fundamental means and/or prerequisites for reaching the above or any other positive goals.

The state of health includes, above all, the ability to maintain an equilibrium and cooperation among life's processes within the organism and in the interaction with the environment. In our work, we have defined health as a functional optimum of all life's manifestations of an individual and his organism – biological, psychological, and social – which depends on many in-

ternal and external factors and may reach various levels. It changes markedly during the life and its manifestations are different in the early childhood, in adulthood and in the old age. It may also differ conspicuously in efficiency of various functions depending on dominant activities of man. A certain resistance against the damage, the ability to limit this damage and the spontaneous renewing of functional optimum may also be viewed as the basic manifestations of health [3, 4, 5].

Well-being and the quality of life

The concept of well-being is closely related to the concept of the quality of life. Both concern the satisfaction of material, biological, psychological, social, and cultural needs and demands of an individual, which are necessary for his satisfaction with life. Under the term of well-being rather the immediately experienced state may be understood whereas the quality of life concerns the more complex condition enabling satisfaction with life, which is of longer time duration and of a certain positive perspective respectively. From these points of view, health may be considered as the vital factor as concerns the capability of an individual to meet his aspirations and satisfy his needs and demands, and to manage the requirements of the biological and social environment as well.

The problem of the quality of life is essentially the problem of values. The problem of personal interests and preferences in an individually wide spectrum of abilities and possibilities to "live in a certain way", to attain certain goals, to avoid certain kinds of distress, and to live in a fully satisfying manner in various spheres of personal and social life [6]. People try to shape their lives according to their ideas, experiences, and expectations of reaching a successful and happy life.

In medicine, the concept of the quality of life has been mostly restricted to various aspects of preservation and promotion of health and to conservation of the well-being and life satisfaction of diseased people with respect to procedures of diagnostics, treatment, rehabilitation, and the outcome of the disease respectively. This concept represents a certain shift in the approach to treatment of health disorders since it changes its focus from removal of the symptom to the maintenance of functioning.

Psychosomatics

Similarly as in cases of health and disease, considerably more attention has been paid in medicine to psychosomatic relationships in health disorders than in conservation and promotion of health. Moreover, while there exist almost innumerable studies dealing with the harmful effect of various negative psychological and social factors upon physiological processes and functions, data dealing with the beneficial influence of positive from the above factors on somatic functioning – namely with respect to conservation and promotion of health – are relatively scarce.

Several personality characteristics have been described which increase the resistance of man and his organism against the noxious influences of the social nature as well as the biological nature. One of them is an overall optimistic approach to life and its various stressful situations with a significant feeling of self-assuredness and self-reliance [7]. Bandura [8] denotes a certain cognitive mechanism linking psychosocial influences to the functioning of health as the "self-efficacy". The term refers to beliefs in one's capabilities to mobilise the motivation, cognitive resources, and courses of action needed to meet situational demands.

In our work, the relationship was studied between the ability of an individual to manage various stressful situations actually experienced in the premorbid life and the development of several somatic diseases. We have found that people who were not able to manage stressful life situations actually experienced during their whole premorbid life – that is from the childhood up to the first clinical manifestations of diseases under study (bronchial asthma, progressive arthritis, and coronary heart disease) – in an effective, emotionally well balanced, and socially reasonable manner showing instead disturbing affective reactions developed the above diseases in a markedly younger age than those who showed good ability to cope with stressful life events [9, 10, 11].

Kiritz and Moos [12] conceptualised influences of the social environment which have positive or negative impact on human health and/or physiological processes in the human organism into three basic dimensions: the relationship dimension which includes the degree of support to an individual by his social environment from a biological, psychological, and social aspect, his proximity to other members of environment and his participation in reaching common goals; the dimension of personal

development; and finally, the dimension of a certain functional system of the social environment and changes taking place – these include clarity of a system functioning, the possibility to control it, and the degree of order in the system.

Socio-biological theories on the effect of social relationships on health state that, from early development of animals, these relationships and social interaction are a part of the processes of homeostasis. In addition to the emotional and motivational effects, they have neuroendocrinological ones as well, which influence the immunity processes and help maintain a correct course of life's processes and the organism's resistance to damage [13].

The review of studies dealing with the relationship between the social support and physiological processes reveals that support in the social environment is reliably related to beneficial effects on aspects of the cardiovascular, endocrine, and immune systems [14]. Other dimensions of the social environment that have an impact on physiological processes [12] were studied in much lesser extent.

Some studies have focussed on the interaction between certain personality characteristics, negative affect states, social support and/or isolation, socioeconomic factors, and other psychological, behavioural, and social factors from the point of view of risk of development and progression of a wide variety of diseases (e.g. 15, 16). All these studies point at the complexity of factors influencing human health at the level of psychosomatic relationships.

Although various psychological and social factors contributing to the quality of life may be seen as an inevitable prerequisite for conservation of health, some of them – at certain quantity and quality – may have an opposite effect. Health is a matter of optimal functioning whereas tendency to reach the maximum prevails in the quality of life: A maximum of possibilities, capabilities, and of positive experiences respectively, sometimes without respect to risk of damage of health and even of loss of life.

Conservation and promotion of health as a functional optimum of all life's manifestations of man, on one side, and heightening of level of his quality of life, on the other side, are two aspects of human life which can be hardly separated and which influence each other. They would require to elaborate an integrated and integrating concept of what is and of what kind should the human life be with respect to conservation and development of the existence of man and the future of the human society.

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