The Significance of Sickness

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With one figure

"The pith wording should run as follows : that I do not only contract and have my sickness, but that I also make and shape it; that I do not only bear my suffering, but that I also need and want it; and that my sickness is also your sickness, because of the general solidarity of death" Victor von WEIZSÄCKER 1947, p. 165).

"Illnesses lie hidden in the organism as a contigency. The main generator is life unfulfilled" (JORES 1976, p. 21).

1. Introduction

In this contribution, I should like to say a few things about the significance of sickness. My starting-point thereby is the tenet that, for an individual, being sick contains a positive significance. An illness that befalls me actually means well with me. Sickness is an attempt of the organism to prevent the worse.

The capacity of getting sick belongs to the essence of every living organism and is a help and a defence process for that organism to recover and survive. To most people this sounds as a paradox and current medical practice corroborates the general opinion that all diseases are enemies that should be subdued within the shortest time. Thus sickness expresses a disturbance of the whole organism and is at the same time a first signpost towards recovery.

A comparison with the function of a safety fuse forces itself on me. That fuse is a built-in safety. When the electric wiring is overloaded and threatens to burn through, the fuse is blown. What does a clever proprietor do then? He tries to locate the disturbance or overload. What does the foolish propietor do? He reinforces the fuse so that it is blown less easily. The danger now is that the fuse loses its function of built-in safety and repair and the wiring eventually burns through. The same thing happens in a human organism. Sickness functions as a safety fuse and points to an overloading of the organic circuit that threatens to burn out. Suppression of sickness as a symptom imperils the health of the entire organism.

2. Maltreatment of sickness

When I am speaking about sickness here, I am especially concerned with all those ailments that modern man and medicine find no difficult to cure. Parasitic and infectious diseases,

which had been notorious "killers" up to the Second World War *(e.g.* typhus, cholera, dysentery, smallpox, tuberculosis) have been restrained by improved hygiene and conditions of life, antibiotics and preventive vaccinations. Yet, at the same time they have made room for chronic, cold and sclerotic disorders such as cardiovascular diseases, diabetes, arthritis, cancer etc. According to a recent analysis they would represent about half the number of illnesses in the population of the Low Countries (NUYENS 1980, P.25). The current medical practice is at a loss what to do with these diseases. "For the time being it can only provide them with a label, possibly do away with their life-threatening aspect, and, to a certain extent, find some form of control" (NUYENS 1980, p.25).

Also the large group of so-called psychosomatic disorders (from vague functional complaints to gastric ulcers, colitis, asthma etc.) is increasing at the same time. It is generally believed that they account for 40-50 % of consultations (JORES 1976, MITSCHERLICH 1967).

In our opinion all this is due to the maltreatment of sickness in our society: the ever increasing tendency in the population and among physicians to regard sickness as an evil, not as a part of a healthy process of life, but as something to do away with as quickly as possible, if need be with aggressive chemical means, or surgical procedures, or irradiation.

Sickness is rarely seen as part of a healing process that is favoured by changes in behaviour or way of life of the individual, group or society. Because man does not want to question his way of coping with the reality of life, he does not want to know about his sickness. In that respect, SCHAEFER (1976b) points out that, in spite of medical progress, the life expectancy of West German men of 20-60 years of age is regressing, owing mainly to a rapid increase of cardiovascular diseases, cancer, asthma, liver cirrhosis, diabetes and road accidents.

SCHAEFER believes that the rapid progress of those diseases can be explained by an improper way of dealing with our life-situation and the world we are living in. Medicine should, much more than it is actually doing, concern itself with the whole of psychosocial factors, also in case of so-called organic diseases (JORES 1976, p. 74).

Alas, neither the individual physician, nor the medical institutions, nor the sick have been prepared for and directed towards a change in the relation to their life-situation and the medical support of that change (SCHAEFER 1976b).
In a society that, on the one hand proclaims the high value of activity and productivity and, on the other, aims at painkilling and pleasure, many people wear "the mask of sanity" (H. CLECKLY 1955, quoted by MUSAPH 1973).

The "success of medicine in the 20th century in restraining **acute** and infectious diseases has reinforced opinions and attitudes of physicians as well as patients that diseases are departures from the dominant standards, and that they should be brought back to normal within the shortest time (NUYENS 1980, KRUITHOF 1978, ILLICH 1978).

This has led to the notion that sickness is something one **gets**, catches, contracts, something that befalls one and **that** must be taken away again by medical, therapeutic procedures, by medicines or in another way. Sickness is an eye-sore to our prosperous society and can therefore be tolerated only to a limited extent.

This maltreatment **of** sickness is in itself a social illness, leading to what MUSAPH calls "pathological sanity" (MUSAPH 1973, after MEERLO 1964): the insanity of not allowing oneself and others to be sick. The illness is named and treated **as** a more or less tolerated deviation of what is normal, instead of the result of a disturbed relation between an entire organism and its living-world, the disturbance being brought upon the people by themselves or else forced upon them (GÖRRES 1971, p.74, TRIMBOS 1978, p.91, 99f, ILLICH 1978, p.184).

At first sight, it seems surprising that chronic, psychosomatic and psychic illnesses are increasing in the Western Hemisphere, whilst man in this part of the world has never been better off and public health has nowhere been better organized.

Our overindustrialized society sickens because it rids the people of the capacity of dealing with their lives in **a** sensible way and substitutes, when they become i11, a suppressing, symptom combating therapy for a failing relation.

The "medicinization" (TRIMBOS 1978, p.100) of our society has developed to a sickening *degree* where the medical institution is given the right to decide what sickness is, who is allowed to be sick and how such deviant people are to be dealt with (TRIMBOS 1978, p.91).

Maltreatment of sickness practically amounts to the medical support of a morbid society which encourages people to use preventive and curative means, where a change in individual or collective behaviour is to be wished and required (SCHAEFER 1976b, ILLICH 1978).

That eventually results in paralysing the healthy responses of man to phenomena of life such as sickness, suffering, **death**, in turning acute illnesses into chronic, stealthy, sclerotizing diseases, in individualising social suffering, in somatising personal incapacity of coping with the world, in veiling off real social causes lying outside the individual and in intra-psychising socially unfavourable factors and injustices.

We are now living in a society where man is in need of **therapy** from the cradle to the tomb, and where birth, marriage and family, sex, labour and leisure time, nutrition, education and school, sorrow and divorce, loneliness and death have wrongly became part of the physician's or therapist's field of operations (TRIMBOS 1978, p.100, KRUITHOF 1978, p.240, MENDELSOHN 1980, ILLICH 1978).

3. Looking for a comprehensive approach of sickness

Parasitic infectious diseases have clearly demonstrable causative agents (moulds, worms, viruses, bacteria). Such diseases do not usually cause great problems for the current medical practice. Apart from those, there is the increasing number of chronic, sclerotic and cold diseases which current medical practice is not capable of curing (cardiovascular diseases, diabetes, cancer etc.).

The same applies to most of the psychosomatic diseases, with a bodily organic repercussion (gastro-intestinal ulcers, colitis, asthma, arthritis, neurodermatitis, etc.) and the many severe psychic illnesses (such as schizophrenia). Those diseases slip from the grasp of orthodox medicine, too. It may symptomatically enclose them, stop their **Pro**gression, but rarely cure them. The strong psychosocial background and the multifactorial influences of those diseases are being approached inadequately with ideas and methods that have their origin in a biologic-scientific way of thinking (NUYENS 1980, p.28).

Medical training, research and practice exceedingly emphasize the theory of the transmission of diseases by determining exogenous factors such as poison, parasites, moulds, viruses and bacteria. Too little attention is given to other factors which we might bring together under one denominator "susceptibility". It has long been obvious to everybody that monocausal explanations of the origin and development of diseases are inadequate. They cannot tell us why a person is getting sick just now and why a particular sickness has befallen a patient (WEINER 1977, p.579). Virtually all authors who are concerned with the origin and development of sickness agree that every illness,

even the simplest infectious disease, is determined by a multitude of factors (e.g. JORES 1976, WEINER 1977, von UEXKÜLL 1981, TOTMAN 1981, KRUITHOF 1978, HERRMANN 1981 etc.)

This multifactorial view urges us to reconsider the medical practice and the dealing with sickness and the sick (SCHAEFER 1976a, p.63). Current medicine cannot manage the problem of sickness and health, treats sickness at high costs and with little result, precisely because too little attention is paid to the whole person in his living situation in which the disease comes about (SCHAEFER 1976a, p.66, NUYENS 1980). We need a comprehensive theory that can explain why somebody is taken ill, why somebody is taken ill now, and why exactly he contracts that particular illness and why others who are exposed to the same influences do not (WEINER 1977, p.581, von UEXKÜLL 1981, p.7, TOTMAN 1981, p.85). Only then shall we grasp the meaning of that sickness for that person at that moment of his life.

Many attempts have been made to that effect during the course of history. Several theoretical models have been developed (for a short review see KRUITHOF 1978 and KIMBALL 1970). Those models, after all, have failed. They had all been conceived within a well-determined (partly) scientific reference framework. The problem with all these models is that they cover only segments of man-in-his-life-situation and that the findings can hardly be translated or extrapolated to other reference frameworks. Thus explanations in the psychological domain cannot be merely transposed to the physiological domain and vice versa.

We need a theoretical framework in which somatic, psychic, social and cultural factors can be seen and appreciated as *coherent*, as aspects of the same entity *individual-world*. In addition, an accepted theory about the origin and development of diseases should be able to encompass data from different disciplines (TOTMAN 1981, p.80, von UEXKÜLL 1981, 1980, p.210), even though each discipline has another approach to the human organism (biological, physiological, psychological, sociological, anthropological).

A theory that explains why an illness occurs and what function it has for its carrier can only choose the active individual in his life-situation as the unit of study and investigation. The active organism in its narrow and broad envirement is the pivot to which all findings and data from all the different frameworks of interpretation (biology, physiology, psychology, sociology, anthropology) can be connected (KIMBALL 1970, TOTMAN 1981, von UEXKÜLL 1981).

"Physical", "psychic, "social", "cultural", are only terms, therefore, that refer to the various partial domains described by the separate science concerned. As a matter of fact, those terms refer to inseparable relation aspects of the indivisible active man in his environment. This entity "man-world" is the common "integration space" (von UEXKÜLL 1960, p.210) from where an approach of origin and development of diseases can be made and from where the data are intelligible for the different frameworks of thinking. In addition, a theoretical model that is based on action as the ultimate unity is also falsifiable: hypotheses can be set up and tested. That has not been possible so far with the (depth)-psychological and socio-psychological models (OLTHUIS 1973, p.25, TOTMAN 1981, p.65). Those make use of descriptive explanations that may well be correct, but can rarely be thoroughly tested.

Setting up such a comprehensive theoretical framework is the eminent task of psychosomatic medicine. Psychosomatic medicine is not a separate branch of medicine; it does not study diseases that are different from others. It should even be more than an approach of diseases (in the sense that all diseases are psycho-socio-somatic).

Its task is much more fundamental: psychosomatic medicine aims at setting up a theoretical framework within which all diseases can be studied as seen from the coherence of the active and signifying man in relation with his life-situation, and at contributing from there to a better understanding of the origin (etiology) and development (pathogenesis) of diseases (WEINER 1977, p.640,von UEXKÜLL 1981).

4. Sickness in the light of the unity organism-world

The meaning of sickness in its origin and development can only be understood in the light of the unity of the active man in his total life-situation.

The last fifty years, many authors have contributed to this from within different scientific thinking frameworks (biology, physiology, psychology, anthropology, philosophy, theology). A striking fact is the extent of common thinking that is involved.*

Even though they all belong to different sciences, they depart from an organismic approach, which *sees* the organism in interaction with its environment. What they mean is that man is a self-regulating organism that is to be understood as an open system, the different components of which are interrelated and make a coherent entity.

That organismic entity confirms itself and develops in a continuous exchange with its environment on the basis of its needs and motives, it perceives and interprets that environment and, moved by needs, standards and aims, gives it a *sense* and a significance. In that way the environment as it appears to man becomes a subjective world (Umwelt).

***Without being exhaustive, we are thinking mainly of von WEIZSÄCKER (theory of Gestaltkreis), J. and Th. von UEXKÜLL (Umwelttheorie and Situationskreis). LEWIN (Feldtheorie and Lebensraum), von BERTALANFFY (system theory), GOLDSTEIN (Der Aufbau des Organismus), the various representatives of the Gestalttheorie (for a review see H. WALTER 1977), phenomenology and existentiellem (for a review see R. BAKKER 1977).**

As an open system, man is, together with his *Umwelt*, part of a greater entity. I and my Umwelt constitute two poles of a broader entity which we call life-situation (NUTTIN 1981).

That life situation is created by the continuous interaction of an organism and its Umwelt that is significant to it. Only in this way the organism is an individual (indivisible unity): an active and signifying entity in a continuous exchange relation with its unique world of meaning. Man is an organismic entity which, together with his Umwelt builds up a meaningful life-situation:

- by observation and interpretation of his Umwelt as meeting his needs
- by making contact with his Umwelt, i.e. by using and exploiting that Umwelt for the gratification of his needs;
- by giving shape to his interactions with that Umwelt in a way that he may achieve values and aims that are important to him

Human behaviour, therefore, is a meaningful way of acting by which man lends significance to the world around him, gives a shape to his life and develops in relation to that world (NUTTIN 1962, 1965, 1981). When we consider the individual in his life-situation, it is very important to understand that actions are not only influenced by one's own needs, values and aims. Man is faced with the task to achieve his needs, values and aims in a way that

1. suits his individual self, i.e. takes into account his biological endowments, constitution, limitations, potential, preferences, attitudes
2. suits his social-cultural self, i.e. takes into account the rules, standards, values and aims of the group, community, culture and species to which he belongs.

The impact of each of these sources is the subject of various levels of scientific approach (biological, psychological, sociological, anthropological levels).

A theory that explains why somebody becomes ill and what the significance of that illness is in view of his life-situation, will have to take into account all these influences from various sources, and make room for facts and data that have been brought together from various levels of investigation.

Such **a** theory starts from the active and signifying individual in relation to the world around, i.e. his life-situation. Indeed, diseases befall individuals (TOTMAN 1981, p.65, KIMBALL 1970, GOLDSTEIN 1934). Furthermore such a theory takes into account the subjective significance of the Umwelt and the events in it for man. In other words : it makes allowance for the individual's life-situation and his needs, standards, aims, intentions that underlie the way in which somebody understands, arranges and comes up to hie world (TOTMAN 1981, von UEXKULL 1981, JORES 1976).

And finally the theory takes into consideration the influence which the individual in achieving his standards and goals undergoes from his own limits and limitations as well as from the limits and limitations of his socio-cultural body.

The principal tenet as expressed by TOTMAN (1981), von UEXKÜLL (1981), JORES (1976), FRANKL (1980, 1981) and others may be worded as follows : a life situation is pathogenous (further sickness), if the individual fails to establish good relations with this environment. In other words:
A man becomes ill if he does not succeed in creating a life-situation in which he as a physical, psychic, social and cultural being can stand his ground and develop in the direction which he has chosen himself. Such a failure may be due to :

- conflicts between standards, opinions and actions;
- conflicts between motives and standards;
- the unavailability of the desired action;
- previously acquired behaviour that has become inappropriate while new behavioural patterns are lacking.
- the inpracticability of the objectives, etc.

Prolonged failure may induce sickness and even death. Sickness is disintegration, always a sign of disorganization, both in the narrowest (somato-biological) interpretation as in the broadest (cultural-anthropological) explanation. Health is continuous integration. We always come back to the same questions: what conditions make someone become ill? What is the significance of that illness? What does it mean that I contract this disease and no other. Why is it that somebody who is susceptible to a disease does not contract it whilst somebody else with a similar susceptibility does. How can one explain that somebody with a predisposition contracts a disease in a particular period of his life and not in another one (WEINER 1977, p.3).

Or in one sentence: what determines whether somebody remains healthy or not and what factors support his health?
The answers to these questions are concerned with the following facts:

1. man is an active signifier, who gives shape to his life-situation;
2. sickness and health should be regarded as the result of a way of dealing with this life-situation, whether definitive or successful or not, by which man satisfies his needs and achieves his aims (SCHAEFER 1976a, JORES 1976, TOTMAN 1981, von UEXKÜLL 1981, KNAPP 1970).

5. Health and sickness: the expression of conscientious acting

From what has been said before, it appears that health is more than the absence of sickness. Health is a continuous active and dynamic process of dealing with my world, of assimilation and accommodation (PIAGET), confrontation and adjustment. Health is the lasting result of a successful independent, and yet socially and culturally determined interaction with a socially created Umwelt (SCHAEFER 1976a).

Health, therefore, is never a gift, but a never ending task of dealing with an ever changing environment as well as with an ever developing organism (von UEXKÜLL 1981, TOTMAN 1981). health is at the same time looking forward to the future, being occupied already now with a successful relation **I** and the world in the future, giving my life a shape towards death as a completion LADRIERE s.d., MACQUARRIE 1965).
And finally, health is the expression of conscientious acting, i.e. acting that agrees with one's values, standards, rules and aims (van EGDOM 1961, TOTMAN 1981, von UEXKÜLL 1981, JORES 1976, p.16-23) the extent to which one realises values and aims that one considers to be important, all through the participation in past, present and future interaction systems (family, group, colleagues, peers, community). A man who acts against his better judgement, for a long time and to a great extent, who does not shape his life in accordance with his own values and aims, will certainly become ill and even die (TOTMAN 1981, JORES 1976). When self-realization as an organismic entity is continuously or lastingly prevented by a failing I-world-relation, the organism will become ill and even die (JOLES 1976, p.17).

Thus sickness is, in the light of what precedes, not really the opposite of health, but in the first place an attempt of the organism to restore itself, i.e. gives oneself the chance to reorganize one's life and repair the disintegration, disorganization or breakdown. Health is not an aim of action either (as is the case with many people who are greatly concerned about their health) but the result of acting in accordance with one's "conscience", aimed at the satisfaction of needs, the fulfilment of motives, the realization of values.

In the broadest sense this means that even society as an organismic entity may become sick with a defective organization of life, a failure in shaping its expression of life in a satisfactory way. Not just individuals, but societies, too, can thus contract illnesses instead of reorganizing themselves (TOUSSAINT 1978, FRANKL 1981, HATTINGA VERSCHURE 1979).
Turning back to the level of the individual organism, we can imagine two extreme situations:

1. The ideal healthy situation
   in which an individual mostly performs acts
- that are in accordance with (consistent, coherent, congruent with) his own rules, values, convictions, aims;
- that are in accordance with what he says, avows;
- that are sufficiently compatible with the rules, values and objectives of people and groups in the society in which he lives that are important to him;
- that match the choices he has made in the past as well as the options he has taken for the future;
- that thereby confirm, corroborate and support his rules, values, convictions, objectives;

2. The unhealthy situation.
   in which an individual mostly performs acts.
- that are not in accordance with (not consistent, coherent, congruent with) his rules, convictions, values and objectives;
- that disagree with what he says about them;
- that are not in sufficient agreement with the rules, values, aims of people and groups in his society that are important to him
- that ignore, detract from or undo important previous choices or options for the future;
- and that thereby unsettle or deny his rules, values and objectives;
- that require frequent alterations of rules and values to make accordance between doing and avowing possible.

The first situation will be associated with a steady behaviour, a great sense of self-esteem and a high degree of identity. The second one with disrupted and uncertain behaviour, and a strong sense of self-alienation and loss of identity (TOTMAN 1981, KRAPPMAN 1978).

The principal tenet as expressed before, i.e. a life-situation furthers sickness when somebody fails to establish a good relation with the world around him, can now be refined as follows:

- *someone's* susceptibility to (whatever) sickness increases *when* he fails to regularly and lastingly act in accordance with his rules, convictions, values and objectives;
- *which particular illness* eventually ensues is the result rather of heredity, disposition, antigens and other physical risk factors (TOTMAN 1980, p.85, von UEXRÜLL 1980, p.210, 1981, JORES 1976).

TOTMAN (1981) mentions three conditions that must be met for that situation to remain in which there is agreement between acting and conscience (in the sense of the personal whole of self-accepted values, standards and objectives of the organism which the organism is aware of) :

1. The rules, standards, values and objectives which the organism applies must not be incompatible with the limitations of its physical environment. Part of that physical environment are also the physical possibilities and limitations of the individual himself. In other words, the standards, values, etc. which I apply must be sufficiently flexible and practical, so that I can take and allow actions that satisfy my needs an the one hand, and that no actions are imposed upon me that exceed my limitations on the other. The risk of sickness increases as these conditions are not met (TOTMAN 1981, p86).

2. My life-situation must allow me to take actions and keep up interactions that turn my rules, values, objectives into a clear and complete whole. This can also be understood in the light of the Prägnanz law (from the Gestalt theory): the more the whole of self-accepted values and objectives finds its expression in actions, the clearer and the more that strikes and the more that will subsequently direct the person (WALTER 1977, van EGDOM 1981). It is necessary therefore that the individual in one way or another keeps

up relations with people, groups, societies, that he takes part in interaction systems that are important to him (such as family, neighborhood, peer group, etc.) in which and with which he can turn his values into actions, check them and *see* them confirmed. That involvement ("belongingness") can take two forms:

a. I talk to other people and I bring forward and exchange, with a minimum of personal implication, my values, opinions, objectives, etc.;
b. I take actions myself and develop activities, alone or with others, aimed at the realization of values and objectives that are valuable to me.

Health is at risk when one of these forms of involvement is drastically reduced or disappears (TOTMAN 1981, p. 85; FRANKL 1980, 1981).

3. The individual must have sufficient psychic defence mechanisms. The function of psychic defense mechanisms is to enforce the accordance between actions and conscience if my behaviour deviates too rauch from what I actually want, need, avow or aim at. Since such defence mechanisms usually operate towards consistency, they further the resistance to illness. Consistency is reached, for example, when **I** can justify a behaviour deviating from my values and objectives with other important motives or excuses (TOTIAN 19£1, p.88).

In short: good health is the result of the achievement of lasting satisfactory relations with my environment in the broadest sense, of shaping a life-situation in which **I** can regularly act in accordance with my own accepted rules, values, objectives, and test and confirm these in and with my interactions with reference systems that are of consequence to me in my broad environment.

The hypotheses that can be derived from this can be tested and are, on the whole, already supported by many investigational data and facts collected in the past, even though they were picked up from various disciplines (see TOTMAN 1981, von UEXKÜLL 1980, 1981, JORES 1976):

1. people become ill when they adhere to extreme standards and values which cannot possibly live up to, because they exceed their possibilities;
2. people become ill when they keep feeling themselves fall short of their standards, values, objectives;
3. people become ill when they regularly or lastingly act against their self-chosen standards, values, objectives;
4. people become ill when the realization of their own needs and objectives is brought into a serious and inextricable collision with values and standards of reference individuals or groups that are important to them;
5. people become ill when they fail to develop activities that make sense to them, confirm their personality and make their values clearer;
6. people become ill when their life-situation is altered to such an extent that their concern with reference groups that are important to them is drastically diminished;

7. people become ill when they are continuously or suddenly forced to change their well consolidated rules, standards and values;
8. people become ill when there is no available or prospective replacement for the loss of a satisfactory and consolidated pattern of concerned social activities;
9. people become ill when their psychic defence mechanisms cannot or no longer tolerate or justify deviating behaviour

Finally I should like to go somewhat deeper into the severe chronic, cold and sclerotizing diseases which I have always had in mind when writing this article.

We have defined good health and sickness as the success or failure in the establishment of a satisfactory life-situation in which man acts according to his values and objectives. We have adopted the central thesis that the failure of establishing a satisfactory life-situation is the most important factor contributing to somebody's disease. *Which* illness a man will contract depends on his personal preference, which is determined by genetic, constitutional and other personal or exogenous risk factors (antigens).
We might, therefore, bring forward the following general hypothesis:
- temporary failure is more likely to result in an acute form of sickness, which ought to give a person the time and opportunity to re-establish control (this is a hypothesis supported amongst other authors by HERRMANN 1980, in his article about acute infectious diseases);
- long-lasting and serious failure is more likely to result in a more severe form of chronic, sclerotizing disease, which will eat deeper into man as the extent and duration of the inconsistency between "acting" and "conscience" is greater.

The hypothesis could be laid down with the following wording:
- the greater and lengthier the discrepancy between my acting and my conviction, values and objectives, the longer and deeper the sickness which I contract will eat into my organism;
- and the longer I wait to restore that fundamental discrepancy (e.g. by suppression or removal of the symptoms) the deeper the sickness will settle down in my system.

The hypothesis has not, as far as I know, been tested as such, but its likelihood is supported by BAHNSON's investigations concerning cancer (1981). He assumes that cancer as a sickness is particularly contracted by people who cannot meet their need of warmth and support in a satisfactory relation with their environment, whereas at the same time they suppress socially less acceptable feelings such as aggression, anxiety and dependence.

This is confirmed by extensive investigation with all sorts of instruments and in comparison with various control groups. The suppression of negative, unfriendly feelings is significantly the highest in cancer patients. He explains these data with the interpretation that cancer is actually the deepest level of negation and suppression in the organism of unsatisfactory relations with the environment. Cancer is a suppression down to the cellular level of a failure of personal integration.

That hypothesis also fits in the homeopathic doctrine of disease, which assumes that a disease, the bearer of which cannot restore himself in a life-situation, will dig itself deeper into an organism. Classic homeopathy starts from the assumption that a disease preferably manifests itself in a less life-threatening form as a signal of an integration disturbance.

When the illness is ignored as being a signal by suppressive or resectional treatment, it will come back in a deeper and more radical form: from outside to inside, e.g. from the skin to lungs and kidneys; from less vital to more vital organs, e.g. from the skin to the respiratory tract, the heart, from acute occurrence to chronic lodging in the Body, *e.g.* from dermatitis to asthma bronchialis (VITHOULKAS 1980). Also the results of H. WOLFF's investigation and those of M. PFLANZ (quoted by von UEXKÜLL, 1980, p. 220-222) support the hypothesis that prolonged and serious failure to bring my personal world in agreement with the common world of the group, society or culture, has an effect on the deeper integrational levels of my organism, viz. organs, tissues, cells.

So, with von UEXKÜLL (1980, p.220) we may cautiously conclude that failure in the personal integration plays a role in all illnesses, even in infectious diseases, degenerative diseases, neoplasias (neoformations or tumours) and psychiatric diseases; that integration disturbances at the somatic level (e.g. cancer) are actually physical embodiments of long-lasting integration distrubances at higher level (psyche, group, society, culture); that inconsistent behaviour to a high degree and for a protracted period of time may entail inconsistent and inadequate reactions at deeper physiological levels (organs, tissues, cells), which essentially will react in the same way as the organism. The organs, tissues, cells, *as* part of the total organism, will act inadequatly, like the organism as a component of a broader entity (life-situation) behaves inconsistently and inadequately.

After all, this has to do with "Stufen zum Tode" (Steps towards Death) WOHLS 1976, p.24): The further and deeper the failure to realize oneself and one's values and objectives, the deeper the illness will dig itself into the organism, down to and including death.

Suppressing or ignoring the sickness is in fact doing more of the same : letting the inconsistency in its existente and con-firming it, letting it eat into the organism, down to the deepest level (cell), which eventually will lead to death. JORES is very precise in that matter: "Wir müssen immer wieder daran festhalten, daß eine weitgehende Selbstverfehlung für Tier wie Mensch gleichermaßen den Tod bedeutet. (1976, p.24) Sickness is an attempt at reorganization and restoration of unity. Even when the individual organism dies of it, one may wonder whether that death does not entail a definitive restoration of the individual. Man, as a self-regulating organism, can also be self-destructive and carries death "as the ultimate possibility" (MACQUARRIE 1965, p.118) within himself.

6. Sickness to do me good: sickness as a possibility of recovery

All the preceding in summary: sickness is a sensible and re-gulating mechanism that serves life in its totality (KNAPP 1970). Sicknesses warn us that we are doing something that is no good for us; thus giving us a unique chance to restore ourselves. It is as if something in ourselves knows better, is aware of dis-order which we do not even (want to) see, and give us the chance to do something about it (KNAPP 1970). The Germanic languages have some strikingly appropriate synonym for "recover": heal, and restore, the first meaning: make whole and sound, the second build up again, repair. So the restoration of the identity of my organism as a whole in its total life-situation is indeed the repositioning of my behaviour and way of living in the light of my values and objectives.

The reader will notice that we can use the verbs restore and heal in their true sense: thanks to my sickness and guided by it, I will re-position, re-arrange, re-construct, re-shape my life. Also heal is literally make whole or sound, restore the whole, the totality, make whole again what was disturbed, what had fallen apart, was disorganized. Recovery, therefore, is only possible in the first place if the significance of the sickness is placed before the totality of the sick individual in his total life-situation.

This casts a new light on the roles of patient and physician. Not the physician heals or cures, but the organism cures itself. The physician then is somebody whose support and assistance is a helping presence for the cure or healing of a diseased organism. The sick man himself has, like any other man, fundamentally all the possibilities and abilities to sensibly shape his life. That is why the task of the physician, therapist or assistant is just to help the sick person to clarify his values and objectives and develop his abilities required to shape his life according to those values and objectives (WALTER 1977, p.117, REMEN 1976a).

A first prerequisite of self-assistance (healing is my own affair, help is what I ask an expert) is therefore: the acceptance of my sickness as meaningful, the appreciation and positioning of my sickness in the light of the totality of my life.

As long as self-assistance has the same objective as medicine, i.e. the pursuit of a socially highly valued apparent health, and the riddance of illnesses as unwanted and dangerous quests nothing will change and the "self-assistant" will not derive any benefit from it. The first step consists of, individually as well as socially, accepting sickness and recognizing and treating is as a means to rearrange a disorder. A healthy *way* of being sick would require a shift of the traditional sickness model to the view that being sick is an experience that is part of the process of recovering. We can give the following visual presentation of the two model (REMEN 1976b):

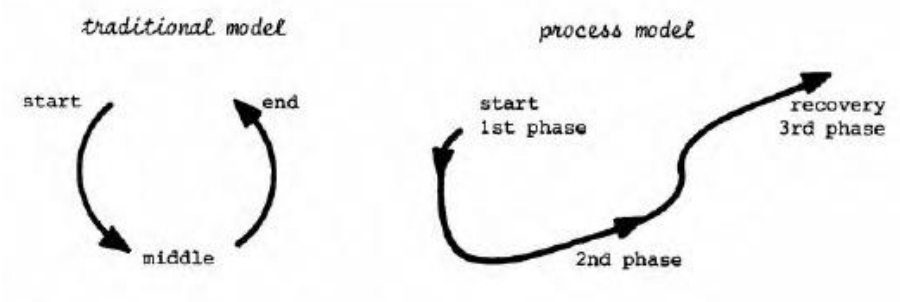

Fig. 1:

In the traditional model, an individual experiences his being sick as something negative, befalling him from outside, reaching a peak and, preferably as soon as possible, brought back with the help of some medication to the level of before the sickness.

In the process model, a person experiences his being sick as a meaningful event in the whole of his life, taking its origin in that life and being used to derive benefit from it, i.e. possibly resulting in a better condition than before the sickness (RENEN 1976b).

The first phase in such a process model consists in realizing that something is happening in my life and situation that is important enough to become ill for it, to retire for some time and come back to my senses. This withdrawal from my daily life, my situation, works as a sort of retreat, a reflexion, a "fitting out" (the new "out-fit" should make me "fit" in my situation again). A period of time during which I, being sick, can deal with important questions. Precisely in that first phase it is very hard for a sick person to experience sickness in this way. He will sooner regard his illness as an enemy, especially when the illness is serious and life-threatening. Also with chronic illnesses the sick individual has difficulties in regarding his illness as the potential for recovery. For most people even influenza is at least a troublesome interruption of life, and not a vacation (in the Latin sense of: emptying oneself), a time to rearrange things. For that reason it is so important for attending people or self-aid groups to define that retreat as a possibility to become better than before. It is very important to allow one-self and the others to retreat, to put aside the daily task of life. By not accepting the illness, the attending person and the sick one prolong the process of recovery (RENEN 1976b, p.175). That process of emptying oneself and retreat is the more important as man tends to ignore what goes wrong (JORES 1976, p.18, 34 und 72).

The second phase begins when the sick person has accepted his sickness as meaningful, even when it is life-threatening, and wants to find out the significance of that sickness. He starts wondering about the origin, the evolution, the course and the

outcome of his sickness. Starts to show interest in what is going on outside and in his environment. That is the phase in which the sick person will re-arrange certain things, recollect, realize (let become real what he is doing in his life), etc.

The third phase is the one in which the pieces fall together, in which questions are answered, the sick man starts seeing what he did not see before, in which he starts exploring and knowing the meaning of his sickness (REMEN 1976b, p.177). The sick person will review his life in terms of, way of life, habits, values, objectives, priorities and will occupy himself with the eventual question: what am I actually doing, and is it important enough to go on with it.

Recovery then is not so much the end of a process of sickness, but rather the start of a new development, in that a person resumes his life at a higher level than before, be it that the illness confirms his resolve about what way he is actually going in his life, or that it makes him take completely different options in his life.

That appears to hold true even for sick people whose sickness has become chronic or has taken a fatal turn. The sick person new sees himself placed before the new and compelling tank of completing his life, of coping with living and dying, of taking leave, of making the transition ("rite the passage") from his former identity (living in good health) to a new one (being chronically ill or dying) that is taking shape. The meaning of this transition for the identity and its consequences for further life or for leave-taking are examined by the sick person: is this process of sickness or death an enemy to me or a friend, a teacher or an ultimate road sign that saves me, even if I die?

7. Healthy ways of being sick: sickness as an ally

There are healthy ways in which to respond to serious diseases, ways that preserve personal integrity, even when the body has suffered damage (REMEN 1976a).

I should like to make a few suggestions about being sick in a healthier way. They partly come from my own practice as a psychotherapist and partly from the techniques of the Gestalt therapy (PERLS 1970, PERLS et al. 1974) or Psychosynthesis (ASSAGIOLI 1975; 1976, FERUCCI 1981).

1. I can accept sickness as meaningful for myself in my life-situation; on no account may I regard my sickness as meaningless suffering that befalls me from outside.
2. I can ask myself the question why I am becoming ill just now, in this period of my life. What does it mean that I am suffering from this particular disease, about what is this particular disease trying to challenge me?
3. Perhaps sayings and proverbs in my mother's tongue can help me find an answer; sayings and proverbs dealing with the body parts in which I am suffering.

4. What do my sick organs say themselves when I let them speak, when I make a conversation with them, when I put them before me. Which behavioural or situational changes emerge from those dialogues?
5. What happens when I *make verbs* with my illnesses (SCHAFER 1976)? One of the advantages of that method is that I start seeing sicknesses as a process, instead of objectivating them as things that happen to me and for which I am not responsible.

   E.g. a sour stomach: I have soured my stomach; I strain it with things I cannot digest...
   Cancer: cankers, eats away, I eat myself away, I am dissatisfied.

   Sclerosis: sclerotize, my veins are sclerotizing; my brain is sclerotizing, hardening, becoming rigid.
   A way to resume my responsibility is to convert objecti-vating terminology into the language of action, so that it becomes evident that my sickness is a process that has to do with my acting. It appears indeed that sick people are perfectly able to find the appropriate verbs in a few seconds.
6. Especially with chronic diseases I can make verbs of what is going on chronically in my organism and make them *go in* a *direction* outside myself. Diseases are often "retro-flexions"'(PERLS et al. 1951), i.e. actions that return to the own organism, with which I actually do to myself what should be directed to the outside (to the situation, to the other, to work, etc. ...).
   For instance chronic angina: I oppress myself instead of ...
   asthma: I get no air, I take away my own breath instead of ...
   bronchitis: I choke myself, I cramp my own self instead of ...
   enteritis: I set fire to my own intestines, I burn my intestines instead of ...

   It is very important to fill in what I could actually do if I did not direct the action towards and against myself. What behaviour fits in better with what is good for me?
7. Visualize what would have happened to me and my life if I had not made myself sick in time, i.e. what did my sickness protect me from. E.g. what would I have kept doing if my sickness had not come about?
8. When I make a list of all the things I may do in my daily life, to which I give my devotion, for which I sacrifice myself and my kin, neglect myself and my kin, which of all these activities do really contribute to the accomplishment of my needs, values and objectives?
9. I can draw a sketch (or another type of visualization of my illness and place that in the context of my life, reflect about its colours and forms, and let sink into my mind what its significance might be for me.
10. I can project my illness on an inner screen, first the word, *e.g.* c-a-n-c-e-r; then imagine(summon images to appear) what the cancer cells in my body look like (colours, shape), how they feel (touch), what music goes with them, what landscapes, what smells, what memories, and finally think of a symbol that suitably expresses what fundamentally cancer is to me. With that symbol I can speak, I can picture it (paint, sketch, model), deal with it in other ways (caress, fight, destroy, burn, bury), make agreements with it, contracts, write letters to it. I can also imagine how that symbol slowly changes and turns itself into an ever more supporting, warm, cooperating and healing figure for me.
11. I can do restoration visualizations twice daily, imagining how cells, tissues, organs, body parts, continue healing ever more, i.e. fit themselves into the whole of my body, start functioning again in that whole, resume their original shape and function.
    - Thus I can imagine how my cancer cells shrink and make room for new cells at the service of my whole organism, whilst I imagine how my cancer actions in my life (by which I eat myself away) make room for other actions that are at the service of my own and whole organism in my life-situation.
    - Thus, in case of an operation of the colon, I can imagine that my colon grows together again, becomes a sound whole, whilst I imagine that my actions in my life become a sounder whole, i.e. I start acting in better agreement with what I actually want and what is good for me.
12. I can give my illness a friendly name (name-giving is acknowledgement), and as an illness with a personal name give myself instructions to bring my life in better harmony with my values and objectives.
13. I can also welcome my rather "innocent" illnesses (those of which I am innocent?) such as tonsillitis, influenza, a common cold), as a retreat, a means to rearrange a few things, restore or balance, grant myself the time to let decisions mature, or as a run to a new phase in my life.
14. Finally, I can start playing attention to my dreams to see if there are indications in them for my cure. For dreams are like illnesses; they come when we need them and contain road signs pointing towards recovery.

Besides these suggestions that may be useful when I am sick, we formulate a few route indicators for the prevention of sickness:

1. I can stimulate my "belonging to" by taking warm, tender, faithful and sincere relations with my wife, children, friends and other companions.
2. I can cross out of my life straining, sour making and sclerotizing behaviour and devote more energy to activities that contribute to the accomplishment of objectives that are important to me.
3. I can set up more effective and joyous activities in which I feel myself involved with my qualities.
4. I can repress all forms of obstinate and compulsive attachment (to ideology, recognition, status, production, action, possession, competition, performance, pleasure, etc.) and spend more energy for actions that will free me and my kin from compulsion and attachment, i.e. base my actions on purposeful choices.
5. I can afford to risk conflicts and experience loathing, pain and sorrow in achieving what is good for me and the people around me, instead of avoiding loathing and pain.
6. I can afford to let pain be pain instead of taking an analges or narcotic drug at the slightest disorder and thus become alert each time something goes wrong with me.

7. Finally, I can continuously organize my life and live so that I may die tomorrow. I can *see* all my actions as contributions to my fulfilled life in the light of death. FRANKL (1980, 1981) points out that many people become sick of their empty existence, rush past themselves and are fundamentally dissatisfied, because they have not occupied themselves with making their lives meaningful in the light of their deaths.

Afterword

As a sick person I am entitled to the help of my physician, therapist, pastor or attendant, for occupying myself with all these questions, placing my sickness into the context of my life-situation, and monitoring my behaviour and situation, so that my sickness (dis)solves instead of settling deeper in my organism.

I have the right to demand a treatment by my physician, therapist, etc., that respects, supports and completes the process of my sickness instead of one that does away with that process. I am entitled to all information about each action, treatment or drug that concerns my sickness, about their effects and side-effects.

I have the right to refuse each treatment that appears to me as maltreatment of my illness, without being regarded as an ungrateful or irresponsible person.

I have the right to be sick.

Summary

The starting-point of this contribution is the assumption that sickness carries in itself a positive meaning. Sickness is an attempt by the organism to prevent worse things. Becoming ill is an essential potentiality for any living organism and it is the expression of the relation with its "Umwelt". Sickness is an attempt to restore that relation. Indeed, an organism becomes ill when it is in a position in which it cannot satisfactorily realize its needs and values for a long time.

The article finally makes some suggestions for being ill in a healthy way.

Zusammenfassung

Der Ausgangspunkt für diesen Beitrag ist die Annahme, daß Kranksein eine positive Bedeutung hat. Indem der Organismus erkrankt, versucht er, Schlimmerem vorzubeugen. Das Vermögen zu erkranken, gehört zum Wesen jedes lebenden Organismus und ist Ausdruck seiner Relation zur Umwelt.

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