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Choosing Health

What determines whether we will be healthy?

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The practice of medicine has become more and more captivated by the idea that we can control our lives. Health is taken as a natural given that is continuously threatened by a host of risk factors - bacteria, viruses, stress, etc. If we avoid them by changing our environment and our behavior, our lives will be healthy.

However, medical science shows us that it is not that simple. One of the best research projects in the cardiovascular field, the Multiple Risk Factor Intervention Trial, studied a large group of people all over the United States who had risk factors for cardiac disease - smoking, high blood pressure, high cholesterol, and excessive weight. Half of them were helped to reduce the risk factors. After seven years it became clear that the risk factors in this group, compared with those of the control group, were indeed markedly reduced, but there was no difference in survival between the two groups.[1]

Another interesting example is the research of the Coronary Drug Project Research Group.[2] People with heart disease were given one of two possible medications - either clofibrate (a cholesterol lowering drug) or a placebo (an inactive fake pill). After five years, the blood cholesterol level was significantly lowered in the clofibrate group. Among the people who

took more than 80 percent of the clofibrate 15.0 percent died compared with 24.6 percent of the people who took less than 80 percent of their prescribed medication. However, for people who took the placebo pills these data were 15.1 percent and 28.2 percent, respectively. So, other factors seem to be at play.

Research done by Spiegel and his co-workers[3] found that women with metastatic carcinoma of the breast who had had psychosocial support for a year survived on average 36.6 months since the start of the study, compared with 18.9 months for the women who did not have psychosocial support.

WHAT IS HEALTH?

Perhaps, we should study healthy people more closely to find out how they remain healthy in spite of various risk factors, or regain health in spite of injury and disease. This *salutogenic* approach studies the origins of health (*salutas*), rather than the genesis of suffering (*pathos*), as is done in the pathogenic approach.[4]

Examples of such an approach can be found, amongst others, in research that distinguishes between usual and successful aging.[5]

Often older people develop some form of age-related diabetes, osteoporosis, cognitive loss and many (psycho-)somatic complaints. However, there are some older people who do not develop or develop far fewer of these age-related health losses. According to this research, these people differ in being more active, more autonomous, and having more social support. Stimulating older people to be more active and to take more control over their lives, and providing (autonomy-enhancing) social support, increases their well-being and health; complaints and diseases disappear or diminish.

'EXCEPTIONAL' CANCER PATIENTS

Over the years I've conducted research on exceptional cancer patients: people with cancer who live longer and better than can be expected, with a partial or complete remission of the cancer. Most of these people had advanced stages of cancer for which no effective therapy existed.[6,7]

My first impressions of these patients were of people radiant with vitality and energy. Their presence, authenticity, and individuality was astonishing. From the outside these people were often successful, both professionally and privately. They were nice, caring people who came from all levels of society, and who seemed to be content with life and or thought they should be. But when they talked about their lives before their cancer they would say, "Oh, I did not live then," "I did not really exist," "I did not *feel* that I had any choice."

What these exceptional cancer patients conveyed to me was that they had developed a quality of awareness, of consciousness, that resulted in an entirely different attitude towards life and towards themselves. This quality

of awareness, was characterized by a strong sense of autonomy - of being free to enter relationship with all aspects of life - and the ability to come into deeper and more meaningful relationships. These people also seemed to have a vivid experience of their bodies, a clear sense of meaning and purpose in their lives, and a deep-felt choice to live.

Although this state of health might influence their (objective) cancer process and perhaps (objective) immunological parameters, this health itself was a subjective state, a human experience. This subjective state can not be measured or quantified, and hardly can be described, but it is nonetheless a state that can be experienced (subjectively) by anyone coming into relationship with these people.

There was the 52-year-old manager who was diagnosed of a malignant mesothelioma of the pleura for which no therapy exists. The doctor wanted to do an exploratory thoracotomy right away to verify the diagnosis, because if the diagnosis proved to be wrong, perhaps something should be done as soon as possible.

The patient said, "Yes, but not now. First I have to make up my mind." He went home and told his wife and his grown sons that he was going camping in the south of France. He took a stack of books, and for four or five weeks he was alone. Then he made up his mind. (I would add that the essential thing here was the *one* who had made up his mind).

He came back and he had the exploratory thoracotomy; the initial diagnosis proved correct. He started a special diet and he started to build a small Japanese garden house, alone, keeping everybody at a distance. His cancer completely disappeared and stayed away for four years.

Often these people could say, "There and then *it* happened....I fell down on the bed, feeling tired, just before going to this party. And I just let myself feel how exhausted I was. Suddenly I became *aware* of how I was a victim of my life, a victim of my youth, a victim of this cancer, a victim of the treatment, a victim of all the norms of our society, and I *felt* that I had a choice."

Somehow, that seems crucial in all the stories of these people that I have met: in the *experience* of being a victim, a *deeper self* is experienced, a consciousness, and there is an *experience* of choice.

Sometimes, this discovery of a deeper self, of choice, can be rather explosive. I interviewed a 63-year old woman, the wife of a railroad man, who had been living with a metastasis of breast cancer for 12 years. The metastasis was the size of a tennis ball and it did not get smaller nor bigger.

I remember sitting with her in her immaculately clean living room (her husband had just retired). They were living in a middle class neighborhood where everything was neat and tidy. She did not tell me very much, and I was about to end the interview when suddenly her voice changed and in a

rather conspiring way she said: "You know it is very strange, and I never told anyone before, but when this metastasis was there and it could not be treated, I woke up in the middle of the night. I ran to the balcony, and I screamed my lungs out for minutes and minutes. Here in this quiet and neat neighborhood! Then I went to bed again, and the next morning, I woke up feeling very refreshed and vital. It was then that I decided to have one evening a week for myself. I joined a choir and I have been singing there once a week ever since. Strange, is it not?"

After the discovery of this deeper self, after the initial experience of vitality, of health, these exceptional cancer patients started to make choices. Usually the choices were very intuitive. Whatever choices they were making, whatever new things they started doing, therapeutically or otherwise, these people were always studying themselves while doing so. They usually developed a good sense of their own vitality with a heightened perception of their bodies and of the effect that others could have on their vitality.

CREATING HEALTH

The Ottawa Charter of Health Promotion says, "Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love." In these times we have to take responsibility for creating health.

As soon as we start studying ourselves, as soon as we start taking more seriously our own experiences in our everyday lives, as soon as we start our search for our true self, somehow our vitality gets better and our health starts to improve. When we approach this inner world in a sincere way, when we seek an open and equal relationship with it rather than ways to control it, a response comes. We enjoy life more, and every now and then we have moments or periods of great vitality, of radiant health, when we are found by this inner self.

You may think that this sounds like a situation full of harmony and peace, and in a certain way it is harmony, the experience of life as an interrelated wholeness. But this harmony includes pain as much as joy, sadness as much as happiness. Somehow, this state of meaning and vitality requires us to include the opposites in ourselves in a continuous field of tension that should not be resolved.

The medical world, the pathogenic approach, holds the promise that we can have power over our health. The challenge of the 'salutogenic' approach is to let go of the belief that certain factors *determine* health or disease, and to investigate the human experience in health and disease. To investigate how people can be free or become more free.

Such an investigation requires a dialogue. It requires us to become aware of and move beyond our often unconscious assumptions and belief systems and to go into relationships with people with all that we have inside of us - not just with our minds, but also our feelings, our bodily experiences, and our

hearts. This is a big step for a science that has gained so much by excluding all those experiences and being "objective."

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