

THE HEALTH AND PERFECTION
OF MAN

What is health? What is it to be healthy? Our first answer must inevitably be the answer of St. Augustine, when confronted with the theoretical problem of time: "If no one asks me, I know the answer; if I want to explain it to the one who asks me, I do not know it." In both cases the first sensation of one who aspires to theorizing is that of perplexity. I think, therefore, that this initial perplexity has its source in two principal reasons, capable of reduction to these two assertions: first, the idea of health has a complex structure, and, second, the idea of health has a variable structure. Without a thorough study of this complexity and this variability, the construction of the medical anthropology that our historical level requires would not be possible. We will try to point out the fundamental lines of both.

I.

The idea of health has a complex structure. Is it not the case? Reflection on one point is sufficient to note that, in our Western world in the

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second half of the twentieth century, health is defined according to quite diverse criteria, all of which are partially valid.

There is, in the first place, the subjective or the emotional criterion. In this case the one who makes the decision concerning the state of health is the subject of that state, and he does so by means of one of two cardinal judgments: "I feel healthy," or "I feel sick." The "feeling" that man has of his own life, the "feeling of self," is the decisive factor; man esteems himself "sound" in so far as he is a *self-feeling subject*. Then who is sick? "The one who goes to the doctor," wrote Von Weizsäcker. Under its apparent triviality this statement contains a profound truth, but not a whole truth. One actually can be well or sick without knowing it, sometimes feeling and believing the contrary and being mistaken about one's own condition: a serious matter, calling for various precise measures.

Western science, enemy of subjectivity from its birth, has preferred to adhere to an objective criterion. The *métron* of medical knowledge is "the sensation of the body," according to one of the most discussed writings of the *Corpus Hippocraticum* (*De prisca medicina* l. i. 588–90). Conceived in one way or the other, this adherence to the *somatos aisthesis* has been the principle rule of occidental medicine and, for many, continues to be so. Oriented by it, the "scientific" doctor asserts a man to be healthy by observing him as a *perceptible object*.

But the "objectivity" of health can be established from two points of view which are quite distinct: the one, morphological or structural, and the other, operative, dynamic, or functional.

When one adopts the point of view that I have just called morphological or structural, one holds as sick a man in whose body there is a visible deformation (an alteration of his macroscopic or microscopic form) or a material reality different from what that body should be. Health, according to this, is the state "morphologically normal" of the living body, and the "norm" is understood as the absence of "lesions" (pertaining to the "anatomic lesion" of Morgagni, the "cellular lesion" of Virchow, or the "biochemical lesion" of Peters) and of "foreign bodies" (a calculus, a poison, or a pathogenic germ). Radiographic examination in series (recruits, students, etc.) is perhaps the example most demonstrative of this way of understanding sickness and health.

Things change when the "objectivity" of the discriminative criterion is of the operative or functional kind. Healthy, in this case, is the man

whose vital functions exhibit an efficiency which is judged “normal.” Now, this efficiency and the norm according to which it is judged can be referred to three orders of reality: the particular function of the different organs and systems that compose the human body (“functional tests” of a circulatory, renal, neurological, etc., kind), the entire activity of the individual in the society to which he belongs (conduct, professional work, military service), and the work of the person in the course of his life (creations, intellectual, artistic, political, etc.). In all these cases man appears before the inquirer as an active reality, productive or creative.

We see now that the idea of health possesses a complex structure. Under plea of example and exercise, we will examine a curious passage by Kant: “Because of my flattened and narrow thorax, which leaves little space for the movement of my heart and lungs, I have a natural disposition to hypochondria that in former years reached to a hatred of life. But the reflection that the cause of this cardiac difficulty was perhaps only mechanical and that, therefore, could not be abolished, convinced me not to worry about it; and in this way, while I felt the oppression in the breast, serenity and cheerfulness ruled in my head. In society, instead of showing the unstable temperament that characterizes hypochondriacs, I could express myself freely and naturally. And as in life we feel happier for that which we do in free use of it than for that which we delight in it, spiritual work can oppose a stimulating feeling of life to the impediments that appertain only to the body. The oppression has continued, because its cause resides in my bodily constitution; but, on the other hand, withdrawing my attention from those feelings, as if they were not mine, I have managed to impede their influence over my thoughts and my actions.”¹

This is an important and suggestive passage. Leaving aside Kant’s commentary—from which could be derived a complete treatise on medical anthropology—we will simply ask: When Kant was writing these lines, was he well or ill? The answer will depend on the point of view taken by the inquirer, because in the individual reality of the man, Immanuel Kant, the feelings of health (joy, freedom) coincided with the feelings of illness (pressure on the thorax), and an evident anomaly of his body (deformation of the thorax, deficiency in the functioning of

1. “Von der Macht des Gemüths durch den blossen Vorsatz seinen krankhaften Gefühle Meister zu sein,” in *Der Streit der Fakultäten*, Book III, Part I.

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the respiratory and circulatory apparatus) with the excellence, not less evident, of that which we could well call the “biographical production” of his person (the works and longevity of Kant). Undoubtedly, the reality of the vital state that we call health and the idea that we form of that reality possess a complex structure.

Not only is the idea of health complex; it is also, as I said, historically variable. What in one historical situation is maintained as “illness” can, in another, be a special form of “health.” In addition, the mode of understanding what “health” might be changes with the mentality of man and, consequently, with time and place.

In certain primitive societies of Siberia the trance of the shaman belongs to the “normality” of his life; he is for his fellow members an exceptional man, but not a sick man. What would be thought of him in the midst of a civilized European or American society: an individual who seriously, and not for fraud, firmly professes to have traveled to far lands and to dominate fire and spirits during his ecstatic trances? What judgment would he merit from those who deal with him?

On the other hand, the interpretation of what health and sickness might be changes historically. For an Assyrian, human sickness, insofar as it derives from the complex semantic designated by the word *shertu*, connotes the moral and religious impurity of the sick person. For an ancient Greek the morbid state was in many cases an impurity at the same time religious and physical (*lyma, miasma*). To be “healthy” was equivalent in both cases to being “pure.” How can we forget, confronted by these conceptions of health and sickness, that the romantic sensibility (see Novalis) made the terms “sickness” and “distinction” synonymous? For a romantic a sick man capable of suffering “spiritually” his own sickness was a man much more “pure” than the most firm and robust person in complete health.

In regard to human life and insofar as conceived by the mind of man, the idea of health is, essentially and indubitably, a historic idea, a “creation” changing through times and places. There are few things more suggestive than to pursue through the ages, from the paleolithic to the present, the different attitudes of the human spirit toward that mode of living that we call “health.” Within the limits of this short space I will have to be satisfied to present synoptically the attitudes adopted by men of the Western world, from Alcmaeon of Crotona to the present day.

My exposition will have a systematic character and not a chronological one. I will begin by distinguishing two cardinal modes of understanding the health of man, one pertaining to the naturalist view of the human being and the other to personalistic anthropology. Following these, I will distinguish, then, in each of these conceptions of health, oppositions between them which correspond to two other basic attitudes of the spirit: the classical attitude and the romantic or baroque, in the sense that Eugene D'Ors gave the term. Thus, there will appear, in terms of this double system of co-ordinates, the four principal types of the Occidental idea about health.

II.

Medieval philosophy conceived the reality of man as a unity of two constitutive moments, metaphysically distinct: the "nature," and the "presupposed" or "person"; the *natura ut quo*, that by which one is, the aggregate of the operations in which the being of man is realized physically, and the *suppositum ut quod*, that which one is, the center or presupposition of the free and intelligent acts by which man is a person. If I digest, feel, and think, it is because the capacity and even the necessity of digesting, feeling, and thinking belong to my "nature"; that I digest, feel, and think this or the other is a fact which is in some form dependent on the "presupposed" or "personal center" that freely regulates and orients—whatever might be the extent of my freedom—the movements of my nature.

We will accept this view of human reality as a heuristic scheme without entering into discussion of the profound anthropological problems that it poses. This being admitted, it is evident that in the history of western anthropology it should be possible to delineate two principal lines or orientations: that of those people for whom man is *completely* and *solely* nature, and that of the others who look at man as a reality at the same time natural and personal—more concisely, pure naturalism and personalism.

For the followers of pure anthropologic naturalism the reality of man would be exhausted in his physical or psychosomatic operations. This view is then blind to the personal "intimacy" of the human individual, or at the most, considered as a mere epiphenomenon of its nature. Thus liberty, responsibility, and morality are viewed as simply properties and affections of human nature, from which it is inferred that they

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belong constitutively and even exclusively, in metaphysical reality and psychological modality, to the two cardinal states of human nature—health and sickness. The perverse or malignant exercise of liberty would be a vital activity phenomenally distinct from fever or vomiting but metaphysically comparable one to the other. The “good will,” then, would pertain to “good health” as much as would the feelings of somatic well-being.

But this naturalistic idea of human health has realized itself historically according to the two canons of perfection that I mentioned before, the classic and the romantic. It will be well, therefore, to separate with care the two series of concepts that result from this realization.

The “classic” mentality has conceived of health as normality, equilibrium, or harmony. The “isonomy of the potencies” of Alcmenon of Crotona, the first natural scientific notion of man’s health, is perhaps the most ancient example, pure and simple, of a conception of human hygiene at once naturalistic and classical. According to Alcmeon, the man is healthy in whose nature is found harmoniously balanced the diverse contrapositions or “enantiosis” that form the hot and the cold, the humid and the dry, the sour and the sweet, and the rest of the “potencies” of the animal nature. Of equal anthropological significance as the isonomy of Alcmeon is the *eukrasia* or “good mixture” of the Hippocratic writings, although in this case the equilibrium might be referred not so much to the “potencies” or natural “properties” (hot, cold, etc.) as to the “humors that support them materially. For more than twenty centuries—until well into the eighteenth century—medical men of the Occident continued to conceive of health as the proper and harmonic constitution of the individual humors.

Plato tries to move “beyond Hippocrates” (*Phaedrus* 270c), and, in effect, he does so, because he considers that without the right order of the soul—*sophrosyne*—the health of man is not possible. Virtue, health, and *sophrosyne* constitutes a unitary complex, as he tells us in a beautiful passage from the *Philebus* (63e).² Without *emetria* or “right order” among the diverse components of the soul (beliefs, impulses, sentiments, and knowledge), individual human health would not be pos-

2. Passages similar to these or complementary in their meaning are found in *Gorgias* 526d, *Phaedo* 89d, *Republic* iii. 408e, *Laws* xii. 960d, and *Epistle* x. 358c. I have studied in some detail the Platonic attitude in confrontation with the problem of the relations between *sophrosyne* and health in “Die Platonische Rationalisierung der Besprechung und die Erfindung der Psychotherapie durch das Wort,” *Hermes*, LXXXVI (1958), 298–323.

sible. But, moving “beyond Hippocrates,” Plato—the Plato of the *Philebus*—limits himself to complete the Alcmeonic and Hippocratic idea of health with the right order of the soul. This is, definitively, equilibrium, harmony, right and well-measured proportion. It would not be difficult to show that in Aristotle as well there is a strong relation between the idea of health and the ethical doctrine of the “just mean” (*mesotes*), according to which virtue would be a habit well centered and proportioned between the vicious extremes of excess and defect (*Nicomachean Ethics* ii. 9. 1109–20).

In one form or another this conception of human health as a harmonious equilibrium of the potencies or properties constituting the nature of man remains in the medical tradition of the Western world. It would be a very easy task to prove it documentally. But I am concerned now not with demonstrating what is evident to all but rather with supporting by means of concrete historic arguments the anthropological thesis which I have pointed out, that is, the fundamental relationship of liberty, responsibility, and morality to the idea of health, conceived according to the assumptions of naturalistic anthropology.

A passage from Galen will make very clear what is referred to as Hellenic naturalism: “Those who think that all men are capable of virtue, just as those who think that no man could be just by his own choice . . . have not seen but half of the nature of man. Men are born neither all enemies nor all friends of justice; they come to be what they are because of the humoral constitution of their body.”³ Fever and the enmity toward justice would be only different forms of the same generic disorder; the morbid disorder of the humoral crisis, the rupture of the *eukrasia*. As to the expert in the correction of the disorders of human nature, it is the doctor who in principle ought “to treat” technically the injustice and the sinfulness of men.

Is it necessary to recall that in another form this is also the ethical doctrine of modern naturalism? Crime is the consequence of somatic anomaly more or less visible, affirms Lombroso in *L'Uomo delinquente*. The political is nothing but “medicine on a large scale,” maintains Virchow. Since the nineteenth century the doctor has believed that in

3. Galen *Quod animi mores corporis temperamenta sequantur* c. 11. Similar passages may be seen in the writings *De propriorum animi cuiusdam affectum dignotione et curatione* and *De de cuiuslibet animi peccatorum dignotione et medela*. For Galen the “sins” (*hamartemata*) would be disorders of human nature and therefore incumbent on the doctor.

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the near future he can be a maker of “men of good will.” The medical techniques of the twentieth century—neurosurgery, endocrinology, psychopharmacology, depth psychotherapy, experimental genetics—seem to open resolutely the way towards accomplishment of this splendid and remarkable program.⁴

For the naturalist mentality, “health” and “perfection” of man are coincident concepts; human perfection is “physically” conceived, and physiology includes morality. Not a few followers of pure naturalism think, complementarily, that the health of man and therefore his total perfection consists in equilibrium, harmony or rule, in the good internal and external proportion of his specific and individual nature. An organism’s capacity for “centering”—for adopting, in confronting the internal and external medium, a solidly “centered” vital position—is the best index for measuring “the height of his being,” wrote Kurt Goldstein recently.⁵

But, opposed to this classical version of naturalistic anthropology, there is another that we may very well call “romantic”—Eugene d’Ors would say “baroque”—if we may use these two adjectives as names of a basic attitude of the human spirit and not as denominations of particular and transitory historical events. According to the “romantic” or “baroque” version of naturalism, the perfection of human nature—the total perfection of man—consists not in equilibrium but in creative disequilibrium; it is not harmonious proportion but a perfective violence. In sum, it should not be defined as a “rule” but as a “supernormality.” Understood as mere equilibrium, “normality” would be vulgarity or commonness. The human individual would attain his maximum perfection exalting himself and making himself “genial” by means of his talents.

Plato clearly distinguishes two kinds of madness: morbid madness or

4. I will be satisfied to copy some lines from the biologist Jean Rostand: “Prolongation of existence, choice of the sex of children, posthumous fertilization, generation without the male parent, transformation of sex, pregnancy in a retort, modification of the organic characters before or after birth, chemical regulation of the temperament and character, genius or virtue on request . . . , all this appears at present as a proper or possible achievement of the science of tomorrow” (“Inquietudes d’un biologiste,” in *Les Nouvelles littéraires*, XI [1958], 20).

5. *Der Aufbau des Organismus* (Hagg, 1934), p. 314. Consequently, for Goldstein—as for Lubarsch, Schilling, Aschoff, Grote, and others—health is security and equilibrium, and sickness is disequilibrium and threat (*ibid.*, pp. 266–72).

exalted lunacy (*Timaeus* 86b) and creative madness, diversified into the four species that he calls prophetic, telestic or ritual, poetic, and erotic (*Phaedrus* 244a–265b). The first is a sickness; the second gives perfection to human nature. Opposed to the doctrines of the *Charmides* and the *Philebus*, in which the perfection of man is equilibrium and harmony, these pages of *Phaedrus* teach clearly that man cannot be perfect if he does not become disequibrated and carried away by passion. Schelling tells us the same thing, in spite of the astronomic distance between his thought and that of Plato. The highest operation of the human mind, the unveiling of the metaphysical identity of nature and spirit, is the specific work of the genius: only by being “genial”—only by becoming disequibrated in an act of energetic creation—would man be able to approach the highest perfection of his nature.

For him who understands the perfection of man in this way, what, then, is health? Two attitudes seem possible. One may believe, in effect, that the perfection of individual human nature requires or includes health, with health conceived as capacity of disequilibrium or of expansion: the man will be called “healthy” whose nature can be expanded or disequibrated, without morbid alteration, to the full extent required by the strenuous creative outburst in which perfection consists. When in the *Phaedo* Socrates says that his zealous investigation of reality left him exhausted (*Phaedo* 99d), he seems to understand the health of his individual nature in just this way. However, one may also believe that the perfection of man—in Schelling’s system the genial act of spiritualizing nature—is not possible without nature’s losing the equilibrium that we usually call health; in other words, without becoming sick. The romantic experiencing of sickness (the romantic hero is always feverish and infirm) and the theory of the genius that post-romantic naturalism elaborated (the thesis underlying the formula “genius and madness”) are two clear examples of that extreme and exacting idea of human perfection.

The “romantic” or “baroque” mentality—in the most ample sense of these two adjectives—does not conceive perfection without disequilibrium. But is that mentality present only in those violent, idealistic, and impassioned men that people are accustomed to call “romantics”? Far from it! Aristotle, scarcely a “romantic” philosopher, held that without a certain excess of melancholy—without, then, a certain humoral disequilibrium, a certain *dyskrasia*—human excellence is not possible

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(*Problem 954a, b*). And that most serene Goethe, this time following the Stagirite, wrote centuries later:

Proper to the genius of poetry
this element: melancholy.⁶

Would perfection without disequilibrium be, finally, a rigorously superhuman perfection?

III.

Since the time that Christianity was realized historically, man has always seen in himself something more than pure "nature"; he has always thought of himself as being also "person," "rational substance," or "spirit."⁷ Man "is" his own nature. Expressions such as "I am blond," "I am dyspeptic," or "I am impassioned" are grammatically and metaphysically unobjectionable. Man "is" his soul and body. But, this being true, it seems that the expression "I am" acquires a special depth when its predicate is constituted by the more intimate and proper acts of the person who speaks, and not by the properties or the material realities of his nature: "I am my thought," "I am my love," "I am my freedom." With a little rectification of the well-known contraposition of G. Marcel between *être* and *avoir*, one could say that man "is" his nature "in having it," and that he "is" his person—his personal life—"in being it."⁸ The "I" and the "I am," Scheler taught, can have very different levels in the reality of the man who pronounces these words. Stated in another way: for personalistic anthropology, the "nature" of man—his body, his diverse psychical powers—is found to be unitarily regulated

6. Concerning the function of melancholy in Aristotelian anthropology and in the ulterior vicissitudes of the psychological problem of the genius, see J. Croissant, *Aristote et les mystères* (Liège and Paris, 1932); H. Flashar, "Die medizinischen Grundlagen der Lehre von der Wirkung der Dichtung in der griechischen Poetik," *Hermes*, LXXXIV (1956), 12–48; and E. Zilsel, *Die Entstehung des Geniebegriffs* (Tübingen, 1926).

7. Permit me to use these three words without having historically and systematically studied the meaning of each one. I limit myself to indicating that with the word "spirit" I am referring to the "personal spirit" of each human individual and not to the *Geist* of the idealist philosophy.

8. Therefore, "doing it." Man "is" personally, in the strict sense of the term, that what of himself he "does" freely. Up to what point can man "make" his own nature? For the time being, making it his own, accepting it. Personally, "I am thin" in the proportion in which I make "mine"—I accept—my own thinness.

On the notion of "persona" in present-day philosophy see the *Ethics* of Scheler and the work of X. Zubiri, "The Problem of Man," *Index*, XII (1958), 3.

from an "intimate center" that transcends it; a center in which freedom and responsibility have their origin, their seat, and their condition of imputation. Moral perfection and excellence of spirit are reached by man through the operations of his individual nature, but they do not belong ultimately and formally to his nature.

The contrast with the naturalist conception cannot be more flagrant. For naturalism, the freedom and responsibility of man are expressions of human nature and consequently depend essentially on health and sickness. For personalism, on the other hand, responsibility is not formally and ultimately imputable to the nature of man, and therefore his admitted dependence on health and sickness is never more than partial and accidental. "Bad conscience" is not in itself a sickness, although it can engender it, and criminal impulses are perfectly compatible with the best health and the most perfect beauty of the body. There is nothing more "anti-Lambrosian" than the idea of man which underlies the present-day detective story. Vice versa, the most sublime spiritual perfection, in the moral order as well as in the intellectual and artistic order, can coincide with the most detestable natural health. To demonstrate this, we have Theresa of Jesus, Theresa of Lisieux, Novalis, and Kant.

But, just as in the case of pure naturalism, we could not understand completely the personalist idea of health if we did not distinguish in it the two modes of conceiving it that I have called "classic" and "romantic."

There is, in effect, a conception at once "personalist" and "classic" of health and perfection. Health and perfection are in this case modes of human reality essentially distinct, but not independent of each other. Both together would consist in the harmonious composition of two elements: the psychic and somatic equilibrium of human nature on the one hand and the orderly moderation in the exercise of one's own freedom on the other. The perfection of man would be the result of combining health and equanimity, the latter understood not as simple *emmetria* or the right ordering of the soul but as the serene and well-measured exercise of personal freedom. A minstrel of Christian classicism so highly respected as Fray Luis de Leon says:

Let me be awakened by the birds
With their delightful singing, unlearned,
Not the grave concerns

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By which is always followed
He who to another's will is subjected.⁹

Fray Luis aimed at Christian perfection and wanted to achieve it through health and equanimity. Would the partisans of a "romantic" conception of personal perfection—wild and impassioned—think in this way? Would they want the trill of the birds to awaken them? Without subjecting themselves to another's will, moved to personal action from the depths of their own souls, would they not usually find themselves awake before the lark begins his morning song? The perfection of man here consists in utilizing the possibilities granted by his nature—his capacities and talents of all kinds—in the service of a noble and arduous task, conceived and desired beyond that nature, in the transphysical and personal center, where his liberty resides and from where it springs.

But here as well there are two ways of conceiving the relation between perfection and health and therefore of health itself. For some, the creative and perfective violence in the exercise of personal liberty and the disequilibrium or decentering of the nature that necessarily accompanies this exercise should not by rights upset the state of health. Even by use of force, the attainment of perfection is and ought to be compatible with an ultimate respect for the order of nature; moreover, this is required. This is the spiritual attitude of Christian mystics and ascetics. Ignatius of Loyola wrote to a nun who had asked advice concerning her spiritual perfection: "With a sound body you could do much, with a sick one I don't know what you could do." He is then perfect—he approximates perfection—who, without, sickness consumes his health in the accomplishment of a high undertaking, and he is healthy whose nature is capable of being disequibrated and decentered without being morbidly affected in all that the forceful surrender to such an undertaking requires from him; that is, saintliness, heroism, intellectual or artistic work, or political action. In short, perfection is here the result of combining health and magnanimity, the responsive elasticity of nature, and the voluntary ordering of life toward noble and arduous ends.

But not everyone has thought in this way. Novalis, believing in the personal spirit and being highly romantic, held as true that in this world

9. Fray Luis de Leon was classic and serene in his poetry (and, at that, not always, as Damas Alonso has so ably demonstrated); but at the same time he was melancholic and bilious in his life.

there could not be perfection for man without sickness. To be truly eminent—to fulfill with success the avid effort that the spiritual perfection of his person demands from his nature—man has to feel a breaking of the natural equilibrium of which health consists. Human life would be a kind of infirmity of the relation between the spirit and nature; to live with the purpose of perfection is to know that you are sick and to know how to “utilize” your own sickness. Novalis wrote that “we still know very poorly the art of utilizing sicknesses. Probably, these are the stimulus and the most interesting subject matter of our meditation and our activity.” It does not appear unfair to affirm that, for Novalis and a considerable number of the romantics, sickness is man’s health at its highest. But I have already said that romanticism is more an attitude of the spirit than a concrete historical event. When, well into the twentieth century, Victor von Weizsäcker maintained that human sickness is “a sighing of the creature” and “a development of the conscience produced by a corporal event”—and, at the same time, “a corporal event produced by a development of the conscience”¹⁰—his words gave new life and new force to the romantic and personalist thought of Novalis.

But, whether classic or romantic in its orientation, personalism is gradually gaining strength and realization in the anthropology and medicine of our century. Fifty years ago everyone thought, without a shadow of a doubt—better, perhaps, to say everyone believed—that medicine was pure “science of nature,” of “nature” without adjectives. Today, those are legion who believe and think that medicine, insofar as it is scientific, is and should be “science of *human* nature”; therefore, of a “nature” specified by its belonging to the personal being that we call “man.”

In the conception of personalism is inscribed the present-day idea of health; sometimes in a resolutely and perhaps ingenuously religious manner. In a convention dedicated to the “medicine of the person” (Bossey, 1948), forty doctors from nine countries and of four religious faiths unanimously subscribed to the following concept of human health: “*Health* means something more than a mere not being sick; it consists in a turning of the body, the soul, and the spirit toward God. For that reason, it demands from us an attitude of responsibility, hon-

10. “Stücke einer medizinischen Anthropologie,” in *Arzt und Kranker* (Stuttgart, 1949), p. 147; “Nasci hic in corpore mortali, incipere aegrotare est,” wrote St. Augustine (*En. in Psalmos* cii. 6).

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esty, disinterestedness, and internal freedom and love; in short, an induction without conditions, in the order legislated by God." Other times, the relation of health to the person is expressed more cautiously and reflexively, in a way that we may well call prereligious or humanistic. R. Siebeck has written that "health is not complete without a satisfactory answer to the question: Health for what? We do not live in order to be healthy, but we are and want to be healthy in order to live and to produce."¹¹ To human health belongs constitutively a "for what?" that is not included within itself. The aspiration to an end that transcends it is inscribed in an inevitable way in the physical and metaphysical structure of man's health; an end that day by day must be proposed to him by the vocation and freedom of the person possessing this health. But the connection between health and the end is of such an intimate and individual kind that only when rightly ordered toward the latter can the former acquire value and fulfilment, and this is the reason why Plato could say that health and *sophrosyne* follow virtue (*arete*) as her court follows a goddess (*Philebus* 63e). Health, a concept belonging to the order of nature, and, consequently, to what is nature in man, is actually specified and individualized when man is person.

IV.

Insofar as he is servant and agent of the perfection of man, what will be the mission of the doctor within the conceptions of an anthropology sharply personalistic? Naturalism—the ancient as well as the modern—attributes to the doctor three principal missions: to cure the sick, to prevent disease, and—since for him morality belongs to nature—to make "men of good will." A society of sound, just, and happy men—men in whom, by virtue of scientific and technical knowledge, nature might be faithful to itself—constitutes and will always constitute the utopia of the crassly naturalistic medical man.

But it happens that man is not *pure* nature; to the point that some like Ortega have said hyperbolically that man does not have "nature," because what he has is "history."¹² For both the misery and greatness of man, the health of his nature—the hygiene of his body and of his spiritual faculties—can coincide with the "bad will" of his personal

11. *Medizin in Bewegung* (Stuttgart, 1949), p. 486.

12. It is a question, as I say, of a hyperbolic expression and not of a formal thesis. In other parts of his work Ortega qualifies this statement.

intimacy; although in some cases—for example, in that of the integrants of the morbid entity that Anglo-Saxon psychiatry calls *moral insanity*—the “bad will” has a strong causal determination and even a quasi-necessity of a pathological character. The most healthy man can be unjust, and the most just man can have a sickly life. With or without dramatization the figure of Job is constantly before us. In this case what will be the third mission of the doctor? Besides curing disease and preventing it, what might he do in the service of the perfection of the human being?

Man is *at the same time* nature and person. From one point of view he is personal nature, and from another, as X. Zubiri and G. Marcel used to say, he is incarnated spirit. The task of knowing and treating a man as man requires that one consider *at the same time* what in human reality is nature and person in a unitary, solitary, and indissoluble way. But, this being so, it is also true that the moral disorder of human reality (the “sin,” understood as a discordance between the life of a man and the moral beliefs that he professes) and the physical disorder of that reality (the “infirmity,” conceived as an afflictive and dangerous alteration of nature) should not be confused with each other; and the mission of the doctor does not consist in erasing and preventing the sin but in curing and preventing sickness. The doctor should know and treat the “whole man,” but always *from* the physical and psychosomatic side of a reality at once natural and personal—perhaps better: “*physioperpersonal*”—of that “whole man.” How? What should be the conduct of the doctor face-to-face with the intimacy of the sick man? This is my formula: The moral ends and ultimate beliefs of human existence cannot and should not be foreign to the *consideration, esteem, and the operation* of the doctor, not only because medical practice ought to find itself deontologically ordered by a set of moral rules, but also because the sickness itself is on occasions the expression or cause of a secret moral and belief disorder in the psychological intimacy of the patient. Nevertheless, at the same time, and because of the essential imperative of what in itself is the activity of the doctor, the moral ends and ultimate beliefs of human existence ought to remain free from the *determining decision* of the therapist and hygienist. The doctor can and ought to collaborate with the politician and with the religiomoral equator; but, insofar as he is a medical man, he should not—even more, he cannot—assume the functions of

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both one and the other. The personal intimacy of the sick man—his freedom and ultimate beliefs—should be, for the doctor, the object of immense respect, even if he is far from sharing those beliefs and although in his conscience he might think that they should be substituted by others objectively “better.” The mission of the doctor consists in seeing that the sick man becomes well without ceasing to be “himself,” and this in the two areas, the social and the private, in which his operation is realized.

Let us consider the social aspect of medical activity. In regard to social activity, should medicine be confused with politics? Perhaps, according to Virchow’s phrase, politics is “medicine on a large scale”; but, in such a case, the technician of that “medicine” should not be the doctor but the politician, the inventor and orderer of the collective ends of man. As a doctor, the medical man cannot be a politician. I do not say that he *should* not, but that he *cannot*. Being a politician, converting himself to inventor and orderer of collective ends, he loses, *ipso facto*, his own being.

On the occasion of his retirement festivity Kretschmer just told his Western audience that: “Public health is not before all things a problem of bacteria, but rather a problem of ethics.” When the specter of the great epidemics has been almost totally eradicated from the planet, such a judgment is a great and opportune truth, and the psychiatrist Kretschmer, in proclaiming it, has executed a strict duty of the medical man. But, as a doctor, Kretschmer cannot and should not go beyond this. To order that people live in fact ethically—to point out to the people the collective ends which are ethically good and to order that such ends be fulfilled—is not incumbent on the doctor but is the mission of the politician and the pastor of souls. To be the counselor of the politician—to point out to him and to the people what is true and what is convenient—is not the same as assuming the mission of the politician.

Are things different in the private sphere of medical activity? In giving premarital counsel, prescribing a pharmacological treatment or a plan of life for a sick person, the doctor can be seen in the role of inventing and proposing vital ends new to the person who consults him. Today, the data of physical exploration, the auscultation, the chemical analyses, the radiographic or endoscopic pictures, and the electrographic curves do not suffice; if he is to fulfil his mission rightly,

his mind must penetrate into the psychic and moral intimacy of the patient. The intelligence and will of the doctor must necessarily operate in the secret zone of life where the ultimate beliefs lie and where the most personal ends are decided upon and ordered. But for what? To change these beliefs for others, in favor of the authority that he as a doctor has over the person who has sought his help? If those beliefs were morbid, of course! However, if they are not so, he ought to respect them with infinite delicacy and attain the cure while taking them into account. By proceeding in any other way, he ceases to be a doctor and becomes a moral vampire, a proselytist, or a seductor. Perhaps this is the maximum temptation and danger of doctors who are personally and technically more efficient.¹³ If the unavoidable task of treating the “whole man” is huge and immeasurable (*ungeheuerlich*), in the precise expression of von Weizsäcker, it could also be—as L. van Krehl lucidly warned more than thirty years ago—impious, profane, and a transgression against the sacred domain of the personal intimacy (*Freventlich*). The moral greatness of the doctor consists in operating with technical efficacy and without moral blemish in the midst of these risks.

I asked before: Insofar as he is servant and agent of the perfection of man, what will be the mission of the doctor of personalist mentality? The answer is clear: this doctor will not take upon himself, on his own account, the task of making men better; but with the resources of his science and his art—traditional therapy, public health, dietetics, psychosurgery, psychopharmacology, depth psychotherapy, social psychoprophylaxis—he will try to give to men the conditions, resources, and possibilities of a psychic and somatic kind so that, freely and creatively, making the best possible use of their health, they may live better. Great is the mission of the doctor, that of aiding men in the right and efficient exercise of their own liberty. But he who truly exercises his liberty, he who sees himself in the critical position of giving a precise answer to the “for what” of his health, can he cast out of his soul the “poignant feeling” of which Garcilaso sang and “Azorin” has made real? More than once have I copied the great writer’s clear and profound words: “Eternity, abysmal eternity of pain! The human species

13. Concerning the relation between the activity of the doctor and seduction, see J. Rof Carballo, “El Problema del seductor in Kierkegaard, Proust, and Rilke,” *Cuadernos hispanoamericanos*, Nos. 102, 103, 1958.

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will progress marvelously; there will be accomplished the most fruitful transformations. Close to a balcony, in a city, in a house, there will always be a man whose sad and meditative head rests upon his hands. They cannot take from him his poignant feeling.”

Adapting this brief meditation to our theme, we will try to divine the life of man of the future. Through the conjoined efforts of the doctor and of the society to which he belongs, this man is healthy of body and of soul. His somatic and psychic functions are as perfect as one would wish. This man, to boot, uses the capacities of his organism for the realization of an ambitious personal work: his good health depends not on jovial vegetation but on creating, with humanity and magnanimity. But, because he is free and creative, he cannot be a happy creature. He will surely know gaiety but will still, on a balcony, in a city, in a house, sometimes rest his head upon his arm, meditative and sad. They cannot take from him his poignant feeling. That this “poignant feeling” remain only intimate and personal, that it not be contaminated and aggravated by ailments of body and soul, that when it occurs it be as guest of a vigorous nature and not as a defect of a sick nature, would not this be now and always the best contribution of the doctor to human perfection?