

●論文（査読を経たもの）

Health as the Integration of Life: Towards a Concept of Health That Encompasses Illness and Death SAMOA ISHII

生命の統一としての健康 ——病いと死を排除する健康概念を超えて 石井 砂母亜

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キーワード

Aaron Antonovsky（アロン・アントノフスキー，1923-1994）
Takeo Doi（土居健郎，1920-2009）
Shoto Hase（長谷正當，1937-）
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●ARTICLE (REFEREED)

Health as the Integration of Life:
Towards a Concept of Health That Encompasses Illness and Death
by SAMOA ISHII

1. Introduction

As the unprecedented COVID-19 pandemic wanes, seasonal influenza has become more prevalent, regardless of the season. The Ministry of Health, Labor, and Welfare (MHLW) has noted that the number of influenza cases has been increasing since February 2023. However, unlike COVID-19, influenza is a known virus. Therefore, it is fair to say that the existing modern medical system is once again being questioned as a result of the ongoing struggle against COVID-19.

To control the spread of infectious diseases, various measures have been implemented to safeguard human health, including vaccination and the wearing of masks. Despite these efforts to prevent infection, our bodies are becoming breeding grounds for infectious diseases. What course of action should we consider regarding this phenomenon? In this study, I go beyond the dichotomy of health and disease, and examine “health” as realized through the negativity of “disease or illness.”

2. Endless health concerns and body management

In March 2024, Kobayashi Pharmaceutical reported a health hazard from a functional food made from red yeast rice and subsequently recalled the product. The Consumer Affairs Agency also posted a notice on its website, titled “Regarding so-called health food products containing red yeast rice” on March 28,¹ suggesting the need to consider the future of functional labeling systems.

The functional labeling system was introduced in 2015 as the third system to permit functional labeling in health foods, alongside “Foods for Specified Health Uses (Tokuho)” and “Foods with Nutrient Function Claims.”² This system was intended to facilitate consumers’ selection of products by displaying the product’s functionality on its packaging. Functionality refers to any effects that help

¹ “Announcement on So-Called ‘Health Food Products’ Containing Red Yeast Rice” (in Japanese), Consumer Affairs Agency, Government of Japan, posted March 28, 2024. https://www.caa.go.jp/notice/other/caution_001.

maintain and promote health, such as “regulating the condition of the stomach.” Unlike the Tokuho system, which requires government approval, the functional labeling system requires businesses to report information on product safety and functionality, based on scientific evidence, to the Consumer Affairs Agency before selling the product under their own responsibility.³ Compared with “Food with Specified Functional Claims,” which requires significant costs and time from application to approval, the functional labeling system does not require examination by the government, meets the needs of businesses, and was introduced with the expectation of economic benefits. However, consumers’ excessive health consciousness should also be considered.

Increasing interest in supplements and health foods is driven by the universal desire to stay healthy. Health consciousness is partly a response to the increasingly harsh environmental conditions that are detrimental to human health. However, it should be noted that the desire to eliminate the causes of poor health often manifests as a focus on mitigating external factors associated with disease, such as the excessive consumption of supplements, physical examinations based on genetics, and vaccinations, including those intended to prevent cervical cancer. This reflects an inclination toward the desire to maintain control over one’s own body.⁴ However, as this inclination is boundless and continues to intensify, it perpetuates the trend toward health as a market.

² Foods with nutrient function are “foods that can be used to supplement daily nutrient requirements (vitamins, minerals, etc.) when they tend to be deficient.” “Do You know? Food with Nutrient Function Claims” (in Japanese), Consumer Affairs Agency, Government of Japan, posted July 2015, https://www.caa.go.jp/policies/policy/food_labeling/health_promotion/pdf/food_labeling_cms206_20200730_02.pdf. If a food product contains a certain standard amount of a nutritional ingredient for which scientific evidence exists, it can be labeled as functional according to the wording set by the government without having to submit a notification.

³ “Dear Consumer—What is a Functional Food?” (in Japanese), Consumer Affairs Agency, Government of Japan, revised July 2015. https://www.caa.go.jp/notice/assets/150810_1.pdf.

⁴ Based on Nishida’s philosophy, Yujin Itabashi (2021) argues that the difficulty of living in modern society is “caused by overconfidence and obsession that one can control one’s own body based on one’s own will” and discusses the conversion of the controlled body as “when the stiff body unravels” (24-43).

3. WHO's views on health and the problems of "preventive medicine"

The preamble to the World Health Organization (WHO) Charter, which came into effect in 1948, defines health as "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity."⁵ This definition is well-known among those educated in Japan, and serves as a foundation for the general understanding of health and the fundamental principles of public health. The WHO further asserts that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human without distinction as to race, religion, political beliefs, and economic or social conditions." According to Naomi Nemoto (2000, 154), this view of health as a "right" can be traced back to John Locke (1632-1704).⁶

In his *Two Treatises of Government* (1690), Locke argues that "no one ought to harm another in his life, health, liberty, or possession" (Locke 1988, 271). Locke envisioned the possession of health by the subject under the rule of feudal lords, with the bourgeoisie being the primary subject of these rights. Nemoto points out that a misunderstanding of this idea could lead to a "theory of self-responsibility for health" and emphasizes that, for proletarians (workers), this issue exists on a different plane entirely (Nemoto 2000, 154).

In the 19th century, a movement emerged to address workers' health (Chadwick's Public Health Act in 1848 and Bismarck's Health Law for Workers' Diseases in 1883). However, their health was generally "maintained from the standpoint of capitalists in terms of the labor force" and "maintained from the standpoint of maintaining public order by preventing revolution and resistance by workers" (Hino 1986, 56-71). These were primarily health-preservation policies that served the interests of the ruling class and the state. The distinction between healthy and unhealthy individuals is analogous to the dominant relationship (Nemoto 2000, 154).

This trend shifted after World War II when the preamble to the WHO Charter stated that health is "one of the fundamental rights of every human" and mandated

⁵ "Constitution," World Health Organization, accessed February 18, 2025, <https://www.who.int/about/governance/constitution>.

⁶ The current paper owes much of its description of the creation of the concept of health based on the WHO Charter and its view of health to Nemoto's article.

that the state guarantee it, moving away from Locke's self-responsibility theory and the health preservation policies of the ruling class and the state.

The preamble to the WHO Charter was adopted from this perspective and has since become the foundation of the general health perspective and public health. However, in the definition of health, the word "complete" has often been criticized as being "impossible to fully achieve" (Hino 1986, 106-8). Perhaps, in response, the Ottawa Charter for Health Promotion, adopted by the WHO in 1986, redefined health not as an attainable goal to be fully achieved but as "a resource for everyday life, not the objective of living."⁷

However, it should not be overlooked that health is often under the control of the healthcare system, as implied by the term "health promotion." According to Norio Shimauchi, "health promotion enables people to control and improve their health" (Shimauchi 2021, 44). It is also important to keep in mind that "science and technology" are assumed to enable people to "control and improve" their health.

Examining C. E. A. Winslow's definition of public health (1920), I found that "Public health is the science and the art of preventing disease, prolonging life, and promoting physical health and efficiency through organized community efforts for the sanitation of the environment,"⁸ and noticed a relationship between public health and "the science and the art of preventing disease." Chapter 2, Article 2 of the WHO Charter emphasizes a scientific approach to health promotion "to promote co-operation among scientific and professional groups which contribute to the advancement of health." The Charter also uses technology-related terminology, such as "technical assistance" in 11 instances throughout the Charter. As Nemoto points out, the WHO definition assumes integrity as an ideal and "presupposes optimistic expectations of science and technology as 'power'" (2000, 159).

He also highlights that, since the 19th century, the development of bacteriology has made the treatment and prevention of so-called "exogenous" diseases possible (159). The eradication of smallpox is a major achievement of the World Health Organization (WHO), and efforts are ongoing to eradicate polio and other diseases.

⁷ "The 1st International Conference on Health Promotion, Ottawa, 1986," World Health Organization, accessed February 18, 2025, <https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference>.

⁸ C.E.A. Winslow, "The Untilled Fields of Public Health," *Science* 51, no. 1306 (1920), 30.

This progress has prevented various problems caused by nutritional deficiency, thereby reducing maternal and infant mortality. This also ensures safe drinking water and improved sanitation. Modern medicine has advanced by identifying and eliminating the causes of disease.

Preventive medicine has developed based on these values, but as the meaning of “prevention” has evolved, its limitations have become apparent. Initially, preventive medicine focused on exogenous diseases, such as infectious diseases and nutritional deficiencies; however, with advancements in genetics, the focus has shifted toward using genetics to prevent diseases and abnormalities.

From the late 19th to the early 20th century, “sterilization” was practiced in the name of preventive medicine, and by the late 1960s, “prenatal diagnosis” technology emerged as an alternative. Nemoto notes, “The current major trend is the idea of the ‘prevention’ of ‘disease’ and ‘disability’ by eliminating life with etiological genes and producing only life without etiological genes through ‘prenatal diagnosis and selective abortion,’ which could become a breeding ground for eugenic ideas” (161). Additionally, he criticizes the WHO for its diminished awareness of this situation (166-69).

The promotion of preventive medicine has liberated the distinction between healthy and unhealthy from its dominant relationship. However, it also carries the risk of being replaced by the “logic of elimination,” which seeks to eliminate certain genes. In such cases, it is necessary to re-examine the value system that equates health with identifying and eliminating the causes of disease.

4. Analyzing the concept of health from its etymology: Beyond the view of health as prevention

This is not to say that there is no criticism the medical position, which seeks to eliminate the causes of disease and maintain health. For example, Takeo Doi, a clinical physician famous for his book *The Anatomy of Dependence* (『甘え』の構造) (1971), describes health as “something very difficult to grasp” (Doi 1977, 182). According to Doi, “Health is not a fixed state, but a state that can change from moment to moment” (182), whereas illness “refers to a state of physical or mental disorder that causes pain” (183). Therefore, he argues that

illness is “a fixed state” (182) and, in that sense, easier to comprehend.

Furthermore, he highlights that “abnormal and normal are equated with disease and health,” but in reality, “abnormal and normal only refer to a continuous range on the spectrum” and that “it becomes very difficult to draw a line to determine how much is normal and how much is abnormal” (185). In other words, patients seek medical attention because they feel “physical and mental discomfort that causes pain,” sensing that something is wrong even when a doctor may not be able to identify any abnormalities. Of course, the opposite is also true; there are cases where the doctor makes a diagnosis of an abnormality even though the patient does not feel any physical or mental discomfort.

Doi presents a compelling concept of health, quoted as follows:

Humans are extremely complex and sophisticated systems that maintain a constant balance. Therefore, when an action disrupts this balance, either a counteraction to restore the balance is immediately activated, or another action is linked to compensate, ensuring that overall balance is maintained and life-supporting functions are not impaired. This reflects the reality of health. However, if the defense reaction of the organism becomes too burdensome for the individual, or if, despite these defenses, life-supporting function are endangered, we become aware of the state of illness. (186)

Human organisms exist in a balance maintained by extremely complex mechanisms. The division and disharmony of this overall unity manifests as a disease, but also triggers new actions to maintain harmony. In other words, “health and disease are in a highly dynamic process” (186). For example, if we consider fever as an attempt to maintain balance, it can be argued that modern medicine, which prescribes antipyretics in response to fever, fails to recognize the dynamic balance of the human organism.

A similar perspective is presented by an American health sociologist, Aaron Antonovsky, who advocates the “salutogenesis” model and a “sense of coherence.” He argues that both health- and disease-oriented approaches are “based on the perception of a fundamental dichotomy between healthy and sick people” (Antonovsky 1988, 3). Health-oriented approaches seek to “allocate attention

and resources to keeping people healthy, preventing them from becoming sick,” whereas disease-oriented approaches seek to “focus on treating those who are sick, seeking to prevent death and chronicity, and to restore health if possible” (3). However, both approaches fall under the dichotomous perspective of health and disease.

In response to this dichotomous thinking, Antonovsky argues that “the salutogenic orientation proposes that we study the location of each person at any time on this continuum [the health ease/disease continuum]” (3-4). In other words, it leads “us to reject the dichotomous classification of people as healthy or diseased” based on their position on a “multidimensional health ease/disease continuum” (12). This approach prevents us from focusing solely on the etiology of a given disease” and instead emphasizes the importance of understanding the complete narrative of human beings, including their illness (12). This perspective aligns with Doi’s views of the human organism as a complex and balanced (harmonious) system and of health and disease as dynamic processes.

The attempt to understand the human organism as a complex and balanced (harmonious) system also resonates with the theory of life “dynamic equilibrium” proposed by molecular biologist Shinichi Fukuoka. Fukuoka developed on the concept discovered by biochemist Rudolf Schoenheimer (1898-1941) and proposed a way of viewing life as “reality” rather than as substance or existence (Ikeda and Fukuoka 2017, 9). Defining life as “not a composition composed of elements but an effect of the flow of elements” (Fukuoka 2017, 154). Fukuoka sees the essence of life in the “dynamic equilibrium.”

These claims should be made clearer by going back to the etymology of the Indo-European language family. The Japanese words “健康 (kenko)” (health) and “衛生 (eisei)” (hygiene) are translations of the English word health, which is derived from the Old English word “hal,” meaning “whole” (Skeart 1989, 265). According to Hiroyuki Eto, from “hal” come the words “whole,” “heal,” meaning “to make whole,” and “health,” which signifies a total unity brought by healing. From this state of wholeness, words such as “holy” and “hallow” were also derived (Eto 2002, 95-96).⁹ Therefore, health refers to a state of total unity (whole); and in ancient Indo-European languages, this concept was associated with the notion of being “holy.”

Taking a folkloric approach based on an analysis of the Old English word “hal,”

Eto introduces the world of myths related to health as encompassed by the ancient Indo-European language family. In Indo-European ancestral religion, what existed first was not God but the dualistic primordial poles of heat (fire) and cold (ice). The first life, or “Uewesen,” arose when ice (cold) was melted by its opposite, fire (heat). In Norse mythology, this is symbolized by the concept of a “giant egg.” Eto notes that this primordial god split into two, giving rise to “Father Heaven” and “Mother Earth,” and that the ancient Germans called this primordial god or the giant egg “Hagal” (97).

“Hagal” is a cognate with the English word “hail” (in Japanese, “雹 hyou” or “霰 arare”). The oval shape of hail, formed from ice, was used in ancient Germanic religious rituals as a sign of fertility, and these traditions later influenced the Christian Easter Egg. In any case, “Hagal” means “eternal life force” and was believed to have “divine healing powers” (97). Therefore, the Old English “hal” refers to the state of total unity before the egg cracks and separates into heaven and earth, which simultaneously cannot be separated from the sacredness that encompasses the “eternal life force” or “divine healing power.”

As discussed above, the concept of health, rooted in etymology and mythology, transcends the dichotomy between health and disease instead of embodying a sense of holiness that preserves a unified whole. Like Eto, Kenji Shino, explores the etymology of the word “health” and notes that “in this old etymological linkage, the essential insight of the cure or healing of the divided forms of life is already grasped with unparalleled precision” (Shino 2008, 199).

If the breakdown of the cleverly balanced unity of the whole is “disease,” then the disease itself may conversely provide an opportunity for us to glimpse and become aware of this primordial “Hagal.”

5. A new health concept that encompasses the negativity of illness

Modern medicine, which seeks to eliminate and eradicate disease as something abnormal, can be said to be separating life, which is in a state of dynamic liquidity, from its overall unity. Kitaro Nishida (1870-1945), a representative of modern

⁹ The current paper owes much of its description of the concept of health, which goes back to the etymology of the word, to Eto’s paper.

Japanese philosophy, saw the true nature of life in the dynamic liquidity (the formative operations of historical nature) that includes death (negation) within. From his early masterpiece “An Inquiry into the Good” (1911) to his posthumous work “The Logic of Topos and the Religious Worldview” (1945/1946), Kitaro Nishida has consistently viewed life as a dynamic process of historical nature.¹⁰ Shoto Hase, a religious philosopher who follows the philosophical ideas of Nishida, criticized modern medicine’s dichotomy between health and disease. Instead, he presented a concept of health that encompasses the negativity of illness. Modern medicine does not view disease in relation to health but sees “disease as a single entity (実在)” (Hase 2007, 119). As a result, “disease is seen as a magical force or evil spirit that possesses life from outside of life, and its sole purpose is to expel this from life” (119). Hase’s critique can be understood as a condemnation of modern medicine and the broader belief that health can be controlled through science and technology by identifying and eliminating the causes of disease. Hase describes this as a “dämonisch (demon)” (119), suggesting that it pervades modern medicine and every destructive act of mankind.

According to Hase, “health is the sensation of the wholeness or unity of life; that is, the feeling that an individual life is supported and nourished by a primordial life that transcends it” (121). This concept aligns with the worldview revealed through the etymology of the word “health,” which is to partake in the total unity of the primordial god “Hagal.” Through this participation, an individual’s life, which exists in division, is healed and saved (heal).

Therefore, an individual’s desire for health is a return to their origin, symbolized by the giant egg called “Hagal,” acknowledging that true health cannot be attained without a relationship with “Hagal.” Hase notes that “the sense of the unity or infinity of life exists in the recognition that the individual cannot grasp life in its totality” (121), and that “the paradoxical situation that the infinite is known only in the awareness that it cannot be known is at the root of religious awareness” (122).

He emphasized that “the consistent efforts of medicine over the years to

¹⁰ Nishida’s main treatises on the theme of life are “Logic and Life” (1937) and “Life” (1944/1946).

eliminate and exterminate disease” from within life, treating it as an anomaly, have deprived us of the ability to perceive disease as an “outpouring of a greater life that transcends disease,” thereby annihilating the true idea of health (123). In modern times, our eagerness to maintain our health through preventive measures has annihilated the “idea of health” that encompasses both “heal” and “whole.” However, health, which includes both concepts, is recognized when we become aware of its breakdown.

In the negativity of disease or illness, Hase suggests that we are encouraged to recognize that “something beyond suffering and troubles, something that dissolves suffering and troubles, is at work” (127). This perspective aligns with the Buddha’s acceptance of “suffering (苦)” as a holy truth (法 Dharma). According to Hase, the meaning of suffering is that it “awakens human beings to their deepest desire, their truest desire, their true life” and “true health lies in touching the sacred at the root of human existence through suffering, in encountering the true life that flows through the depths of the human heart” (140).

He further argues that illness, understood as “suffering,” which we strive hard to eliminate, may in fact be the very thing that makes us healthy. Hase’s insight may help us understand the problems of modern society, where excessive prevention, as suggested previously, ironically leads to a breeding ground for infectious diseases.

Conclusion

Health is inseparable from life. Modern medicine, which seeks to eliminate and eradicate disease as an abnormality, appears to treat life as a dynamic flux separate from its total unity. As Doi has pointed out, “both health and disease are extremely dynamic processes.” Misjudging this fact, the tendency to see “only one part of life and not the whole” leads to the eugenic “logic of exclusion,” which absolutizes a particular part and sacrifices everything else for it.

Tracing the word “health” back to its etymology reveals its inseparability from the words “whole,” “heal,” and “holy.” As seen in ancient Germanic mythology, we cannot directly see Hagal, the primordial god that contains all these things, because we are born out of them. Rather, paradoxically, we can see the primordial god “Hagal” through the cracks when we become aware that we are in the midst of a

division in which unity has been broken. As Hase argues, if “health exists when the wholeness and unity of life is directly lived and sensed in our individual lives” (153), then the negativity of “disease” should not be eliminated immediately. Rather, the affected person is made aware that they are in contact with a deeper life, and the caregiver is also made aware of the journey of the living body, which has achieved total unity in a deeper plane.¹¹

¹¹ I lost my beloved cats, one after the other, last year and the year before last. A few hours before his death, I saw my cat’s miraculous balance of unity, which had sustained his life, weaken as he was unable to control his body by himself. It is a miracle that his vitals maintained. It seemed to me that a doctor is like a person who, using this miraculous balance of unity as a light, barely manages to keep his balance on a mountain road with no foothold and moves forward using his knowledge and skill as a pickaxe.

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生命の統一としての健康

——病いと死を排除する健康概念を超えて

石井 砂母亜

1

未曾有のパンデミックとなった COVID-19 の流行が収束しつつある現在、季節性インフルエンザが季節を問わずに流行している。厚生労働省は 2023 年 2 月以降、インフルエンザの感染者数が増加傾向で推移していると指摘したが、インフルエンザは COVID-19 とは異なり、既知のウイルスである。感染症拡大を抑えるために、人類はワクチン接種やマスク着用などを通して身体を管理してきた。しかし、感染を回避しようとすればするほど身体は感染症の温床となっている。こうした現象をどのように捉えるべきであろうか。

小林製薬の紅麹を原料とした機能性表示食品に関わる健康被害の問題 (2024 年 3 月 22 日報告) もまた、病気を回避し、健康を維持したいとする現代の動向と無関係ではない。健康を損なう原因を排除したいという欲求が、サプリメントの過剰摂取、子宮頸がんにまで及ぶワクチン接種、遺伝情報にまで関わる人間ドッグ検診など、身体を自らのコントロール下に置きたいとする予防医学の発展を促してきたのである。

2

健康とはそもそもなにか。1948 年に発効された WHO 憲章前文の健康 (health) の定義を見ると、「健康とは、完全な肉体的、精神的及び社会的福祉の状態であり、単に疾病又は病弱の存在しないことではない」とあり、「万人の有する基本的権利の一である」とされている。「権利」としての健康観はジョン・ロック (1632-1704) に遡るものであるが、「万人の有する基本的権利の一」として健康の保障を国家に義務づけたのは第二次世界大戦以降である。WHO 憲章やその前文、ウィンスロウによる公衆衛生の定義 (1920 年, WHO の定義 1949 年), 1986 年に WHO が採択した「ヘルスプロモーションに関するオタワ憲章」を読む限り、健康はヘルスケアシステムのコントロール下に置かれており、健康を管理してその改善をはかるアプローチとして、「科学技術」が想定されていることに気づかされる。

現代医学は、疾患の原因を突き止め、科学技術によってそれを取り除くことを重視してきた。天然痘の撲滅に見るように、予防医学の成果は確かに大きいものがあるが、

遺伝学の発展とともに予防医学は遺伝的な疾患にも適用されるようになった。19世紀後半から20世紀前半にかけて予防医学の名のもとに「断種」が実施され、1960年代末には「出生前診断」という技術も登場した。病因となる遺伝子を持つ生命を絶やして予防を促すその発想は、優生学的な「排除の論理」にすり替わる危険性がある。疾病の原因を排除して健康を維持できるとする価値観は、それゆえやはり一度疑ってみなければならない。

3

疾病の原因を排除し健康を維持しようとする立場に対して、批判が向けられてこなかったわけではない。たとえば『「甘え」の構造』（1971年）で有名な臨床医である土居健郎は、人間の生体が複雑巧妙な仕組みにおいてかろうじて保たれるバランスのなかにあると指摘する。全体的統一が分裂して不調和が生じることが病気であるが、分裂によって新たな作用が生み出され逆に調和が保たれる。健康と病気は切り離すことのできないダイナミズムのなかにある。「健康生成」モデルを提唱するアメリカの健康社会学者アーロン・アントノフスキーもまた、同様の指摘をしている。彼は、健康と病気を二分する認識（二分法）を批判して、「ある疾病の原因にのみ着目するという罫に陥らないで、常に、病気を含めた一人の人間の全体的なストーリーを探る」ことが大切だとしている。

人間の生体を複雑巧妙なバランス（調和）として抑え、健康と病気をダイナミックなプロセスにおいて捉えようという試みは、分子生物学者である福岡伸一が提唱する生命論「動的平衡」とも重なり合うところがある。福岡は生化学者ルドルフ・シェーンハイマーが発見した概念「動的状態（dynamic state）」を拡張して、生命を実体や存在ではなく、「実在 reality」として見る見方を提示している。「生命とは要素が集合してできた構成物ではなく、要素の流れがもたらすところの効果」だと定義する福岡は、要素の流れが作り出す効果としてそこで保たれている「動的平衡（dynamic equilibrium）」に生命の本質を見る。

こうした主張は、印欧語族の語源に立ち返ることでより明瞭になるであろう。英語の health の語源は「完全」を意味する古英語 hal である。この hal から「whole」, 「heal」, 「health」, 「holy」, 「hallow」という言葉が派生した。health の本来の意味は、神聖な全体的統一に与ることによる癒しと救済である。古代ゲルマン神話では、「熱（火）」と「寒（氷）」という原初両極から溶けて生じた最初の生命（Uewesen）を、巨大な卵・原初神「Hagal」としている。古英語 hal は、この Hagal を含み込む言葉であり、天地に分化する前の全体的統一、永遠の生命力・治癒力、神聖さを意味する。

病気とは、それゆえ巧妙にバランスの取れたこの全体的統一が破られる現象であり、この破れは全体的統一の保たれた神聖さをわれわれに垣間見させ、それを自覚させる契機ともなる。

4

病気を異常なものとして排除し根絶しようとする現代医学は、ダイナミックな流動性のうちにある生命を、その全体的統一から切り離しているとも言える。日本を代表する哲学者である西田幾多郎（1870-1945）は、死（否定）をうちに含むダイナミックな歴史的自然的形成作用を生命の本来の姿として捉えた。西田の思想的な流れをくむ宗教哲学者の長谷正當は、健康と病気を二分する現代医学を批判し、病気を生命の根底に働く治癒力との出会いの場として、否定性をくぐり抜けた高次の「健やかさ」（health）を主題としている。現代医学は「病気を一つの実在」と見立て、病気を生命から追放することを目的としたが、「生命のある部分だけを見て全体を見ない」態度は「特定の部分を絶対化して、残りの一切をそのために犠牲にする」姿勢に他ならず、長谷はこれを「デモニッシュ」で批判する。予防医学の盲点はまさにここにある。

長谷によれば、「健康とはそこに生命の全体性ないし統一性が感取されること、つまり、個体的生命がそれを超えるような根源的生命によって支えられ養われているという感覚」だという。長谷の主張は、healthの語源を通して見えてきた世界観と通底するところがある。healthとは原初神Hagalの全体的統一に与ることであり、Hagalに与ることを通して分裂を生きる個体的生命は癒され、救われる（heal）のである。それゆえ、健康を維持しようと躍起になって予防に腐心する現代医学は、healとwholeを内包するhealthとしての健康観念を消滅させたと言える。

長谷は、「病い」という否定性（苦）をも真理としたブッダの教えを紐解きながら、「真の健康は、苦悩をとおして人間の存在の根源において聖なるものに触れること、人間の心の底を貫いて流れている真実の生命に出会うことにある」としている。われわれが躍起になって排除し、根絶しようとしている「苦」としての病いが、逆に「我々を健康に至らしめるための促し」であるという長谷の指摘は、冒頭で提示した過剰な予防が逆に感染症の温床となっている現代社会の現象を解明する補助線となるであろう。

われわれの生体は「病い」という否定性をも含み込んだバランスのなかにあり、病者は病いにおいてより深い生命と接触している生体の事実気づかされる。看取る者もまた、病者を通してより深い生命において全体的統一がはかられている生体の奇跡に気づかされるのである。