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HEALTH AND FREEDOM IN THE ERA OF
CHRONIC DISEASES

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I

One of Sen's contributions to modern thinking about health phenomena is to discuss them based on the concept of freedom, which establish an important counterpoint to the utilitarian concept of wellness, propagated by international institutions in the post-war and still very popular today. For Sen, health has to do with the amplitude of effective opportunities of choice that people have to achieve the goals they value. Diseases and disabilities represent states of deprivation of freedom. If a person earns high income, but suffers from a chronic illness or a severe physical disability, there is no reason to consider her privileged taking into account only this aspect, since she may face considerable difficulties to live the way she considers most appropriate.

Sen uses the classic concept of deprivation in very broad sense to include not only the adverse health conditions as well as the lack of social conditions related to gender, labor and human rights. For this reason, he believes that the social and economic development, when driven by democratic means, usually culminates in a significant expansion of freedom and concomitant improvement of health equity conditions (Sen, 2000).

Sen's theses apply well to control policies of communicable diseases and the improvement of living conditions of persons with disabilities, as they make more clear the purpose of justice that health policies should have: to increase substantially personal freedom. One may wonder, however, whether it contributes in a relevant way for the understanding of the

vulnerability conditions of people with chronic diseases, as this essay intends to discuss.

It is evident that freedom is hindered by smoking and alcoholism, in the same way is hampered in the compulsive behavior in relation to food, which may lead to both obesity and nutritional deficiency, as occurs respectively in binge eating and anorexia nervosa. The same can be said of the frequent use of chemical substances, illegal or not.

What does Sen has to say about these habits, which, because of a lack of a well-founded philosophical concept, can be called addictive behaviors? In a lecture about health equity, Sen (2002) argues that the achievements in the field of personal health are a good indicator of the subjacent human capacities, because we tend to give priority to health when we have appropriate opportunities to do so. Then he mentions smoking as an example of lack of freedom (unfreedom), which results from psychological influences. This is a very unique and worthy observation, because in his works, including the culminant *The Idea of Justice* (Sen, 2009), the psychological issues that are behind people's choices are not examined. The observation is made superficially and it is not clear how he conceives the lack of freedom peculiar to smoking and other addictive behaviors.

For purposes of this essay, we assume that the mentioned psychological influences cover the states of anxiety, depression and stress and we admit that addictive behaviors can be analyzed as deprivation of liberty, just as sickness and disability.

Sen's theory of justice exemplifies a historically perfectionist conception of freedom. In contrast, Kierkegaard, Tillich and Heidegger consider freedom an ontological property that characterizes the finitude or the imperfection of human beings, an interpretation we adopt in this paper according to the following general terms: freedom is intrinsically ambiguous or problematic because, on the one hand, if that is what distinguishes health as such, on the other, it is the source from which emanate the dangers of chronic illness and addictive behaviors.

II

All of us who went through the experience of alcohol consumption and smoking habits know well that they are intensified at times when we experience great difficulties to deal with feelings of anxiety or depression and stress. The reasons may be linked to love relationships, work and the phases characterized by emotional insecurity, such as youth. Numerous epidemiological studies provide evidence in this regard. However, no empirical research can respond the following fundamental question What does freedom has to do with anxiety, depression and stress?

Contemporary psychiatry, a discipline that aspires the status of science, tries to keep clear of such philosophic question. More than anything, psychiatrists propose to describe, diagnose and treat increasingly by pharmacological means, mental disorders. The best known is the classification of the American Psychiatric Association (2013), which is in its fifth edition (DSM-5). The introduction to the DSM-5 manual explains that anxiety and depression are common to multiple diagnostic categories and may reflect a vulnerability that underlies an even broader group of disorders. Anxiety disorders are identified as a general category covering on one side, fear, understood as the feeling of an immediate threat, and on the other, anxiety, considered as the anticipation of a future threat.

Psychoanalytic theories, instead, always had much to say about freedom, beginning with Freud. In a remarkably philosophical essay about the constant dissatisfaction or discomfort characteristic of modernity, Freud says to be convinced, from his clinical experience, that freedom and happiness are unattainable conditions due to deep restrictions imposed by society to free expression of polar principles of pleasure and death (Freud, 1980). The failure to repress these two basic impulses is something that has become impossible under civilized conditions. To be able to support life, which is difficult and imposes us enormous tasks and frequent disappointments, we resort to palliative measures that allow us to find light in our misfortune, getting surrogate satisfactions of happiness. Freud is quite condescending to the various attenuating applicable to our inherent lack of freedom and happiness, even regarding the use of toxic substances, which he says make us insensitive to many of these problems. In this con-

text, he emits the known and ironic comment that apparently happiness was not part of the designs of creation.

Freud's comment ignores an important philosophical fact. Since Augustine (1995), Christian theology understands that God made human beings destined to happiness and freedom, as inferred from the biblical narrative of the original sin, and that, to grant him the powers of free will and desire, let him freely lean to good or evil. The concepts of freedom (*libero arbitrio*) and will (*voluntas*) represent an Augustine innovation not only in relation to the thought of Plato, his main philosophical inspiration, but also in relation to the Aristotelian doctrine, as highlighted by MacIntyre (1988).

The pioneer of existentialism, Kierkegaard, radicalized Augustine's position when he introduced the notion that freedom is inseparable from anxiety (1979). In other words, freedom does not provide security or certainty about the fate of each person; on the contrary, all crucial decisions that the exercise of freedom refers to are accompanied by anxiety or even despair, but this is the real privilege of human beings towards animals. The anguish of choices is the inescapable path for those looking for the authenticity of religious choice. For Kierkegaard, anxiety is precisely what allows us to go beyond the merely ethical-philosophical apprehension of the harm problematic, as found in Hegel, towards the religious self-consciousness, by which we assume existential responsibility in the face of the reality of evil, which we face daily.

III

Inspired by existentialist revolt of Kierkegaard, the psychoanalyst and Protestant theologian Tillich (1980, 1984) understood that freedom imposes itself always as a distressing weight from which people try to escape. The distress or anxiety has undefined significance because, unlike fear, it is not referred to a given object. It is the human being, pursued by anxiety, which feels compelled to create behavior patterns that deep inside express his resignation to freedom. Recovering certain elements of the doctrine of stoicism, Tillich indicated that over the psychoanalytic process

or pastoral counseling, it is necessary to convert the states of anxiety in fear so that the individual rests on courage and can master them constructively.

Tillich defined anxiety as the existential awareness of the possibility of not being; therefore, not as an abstract knowledge, but as an apprehension of not being as a member of our own being. Anxiety is the certainty of human finitude, experienced as such by the awareness of our inevitable death.

The concept of the courage to be corresponds in Augustinian terms to the exercise of will in its intimate relationship with freedom. It should be noted, however, that anxiety states still preserve the possibility of affection, which does not happen with depression, a subject that Tillich does not address, perhaps because, in the 1950s, had not yet been consecrated as the great psychological problem then, as happens now.

In a historical-philosophical rather detailed study, the Brazilian psychoanalyst Coser (2003) says that patients themselves often consider depression as a kind of zero degree of desire. That is, depression expresses the absence of desire, as if the capacity to desire anything had left the person. Depression signals a lowering of the drive, in the psychoanalytic sense, and it is not possible to identify why. That is, the patient cannot identify a reason to be depressed. Here there is a notable lack of object, situation similar to anxiety, but opposite to the state of mourning, in which the affective loss is identifiable. The individual is in a condition defined by "lack of interest", as Freud said, who still uses the classic denomination of melancholy and correlates it with mourning. If in mourning is the world that disappears as an object of desire, i.e., of interest, in depression, it is the ego itself that empties and experiences an extraordinary decrease of self-esteem and the ability to love or to feel empathy.

Therefore, a person with depression cannot find in herself the affections necessary to enforce her will. What Tillich said about anxiety does not apply to depression, because in this case certainly it is much more difficult to achieve the courage to be, as activation or recovery of the will, and hence the own personal sense of freedom. The depressed person tends to live daily in an automated way, since she does not feel able to make important choices based on self-esteem and an affection whatsoever.

IV

The concept of freedom in Heidegger is essentially different from the existentialist theories, because it is taken as the foundation of the space-time relationship with the world. For Heidegger, freedom is the ontological precondition of apprehension of each entity – permit to understand the table as a table, a chair as chair. The human being is always demanded by the being (simply, everything it is) and responds according to the foundation of its liberty. For example, when he understands that what is in front of him is a chair, he sits on it.

The human existence as Dasein, its key concept, has a former tactical character, because it protrudes beyond itself, in the double dimension of time and space. For example, if we know that tomorrow is a holiday, we behave today according to this expectation. In *Being and Time*, the most widely read work of all his bibliography, which has about 100 volumes, Heidegger (2005, p. 247) says that anxiety is a feeling or imminent emotional disposition of Dasein. However, a disposition is not something that we have, such as a wristwatch; rather, it is disposition that has us in its own way to predispose or indispose. Anxiety does not anguish regarding a possibility of being present or future, is not about being anxious about this or that. It appears as an always-indeterminate threat and in a way it refers to the more general possibility of Dasein, which is being in the world. What eagerly oppresses is not this or that thing: it is from such negativity that anxiety rises and firm itself in the middle of nothing. This nothing is the fact of being in the world, which, in itself, is overwhelming and oppressive, but anxiety can open up the possibility of overcoming the everyday mediocrity and therefore be the way to experience the authenticity of Dasein.

Although he did not identified with the existentialist theories, Heidegger (2001) adopts equally the assumption that freedom is a permanent source of insecurity, as exposed in Zollikon seminars. In these seminars, organized by the Swiss psychiatrist Boss, between 1959 and 1969, and presented to a select group of psychologists and psychiatrists, Heidegger says that freedom is involved in the hermeneutic circle that is founded on demands that are directed to the Dasein and answers given by its free

behavior. This circle involves the human entirely, “down to the last muscle fiber” (Heidegger, 2001, p. 232), and is presented as an unavoidable burden to be carried, something that medical science studies under the name of stress. Therefore, what makes the human being essentially vulnerable is the stress arising from the incessant exposure to the demands of the world. However, stress is essential for the human being, for that is what makes life more intense, enjoyable and worth living.

Since freedom is not based on anything and, so to speak, stands on the abyss of this absence, the human being is always likely to get lost, not to take care of himself, to try to handle the demands that the world imposes to the possibilities for his freedom. The temporal-spatial projection makes it a little adaptable to its social environment, the contrary to what happens to animals, which are unable, for example, to create expectations about the future. Because they limit themselves to respond to immediate stimulus, animals can be considered better adapted to their environment.

Carrying the burden of freedom, the human being is essentially in need of help, because he is always about to get lost. According to Heidegger, the man lacks firmness, which is a result from its abyssal freedom, and that is the reason why there is the risk of failing to cope with the demands of the world, what may cause physical or mental illness, a peculiar distinction to modern medicine he sought to overcome through the key concept of *Dasein*. The disease is the limitation and disturbance of the possibilities of living freely in everyday life, since it is a lasting and perturbed existential closure. Besides, there is another danger that constantly surrounds the human existence: to get lost in addictive behaviors.

A phenomenological extension of this interpretation is to consider that, paradoxically, sickness, with its lasting existential closure, gives the possibility of better dealing with freedom, now less demanding, although it should be considered that there is a price to be paid, suffering. Similarly, dependency habits can be understood as more or less manageable forms of closure related to freedom, but distinguished by pleasure, which, however, is far from guaranteeing the absence of mental suffering. Thus, for a conception inspired by Heidegger, existential closure can occur either as chronic illness, as in the form of what may be called summoning, corresponding to addictive behaviors.

V

Heidegger says that all diseases should be interpreted as a private closing of freedom, which is, at the same time, an open-world adjustment disorder. The human being is essentially in need of help. By whom? Primarily, of whom is around him, since he is a being-with-others, but otherwise, by the medicine and any other kind of help, lay or religious, without restriction and exclusivity.

Heidegger adds that the decisive is not seek to provide aid through the search for a "functioning", as usually clinical medicine and psychiatry do. Aid should be conceived as a support to let the other be, leading to the possible adjustment to each one: those who want to help must learn to step back and let the other human being be. However, this means giving support so each person can largely face again its freedom and its inherent dangers, including any occasional feelings of anxiety, depression and stress, arising from our freedom itself. Security guarantees cannot be given when freedom needs to be affirmed and recovered in the healing process.

Going deeper on Heidegger's interpretation, it can be said that freedom brings a kind of suffering that is particular of our finitude. This is something that can be called background existential suffering, because it relates to the lack of firmness originated of our essence, projected in time-space. We are healthy when we are continually dealing with this suffering mode, based on the help of others, and yet we go through critical moments, when feelings of anxiety or depression take over. The background existential suffering is infinitely variable in its expression, also because it tends to be rejected and covered by the continuous unfolding of occupations and personal relationships.

The philosophical assumption adopted by Heidegger is that there is not, in sickness, any feature that is not present in the health condition. In the book he wrote over the period of the Zollikon seminars, Boss (1983) stresses that a person with schizophrenia has no behavioral trait that is not identifiable among healthy people. What lacks is the ability to coordinate his responses and attitudes, being self-confident, free, open and persistent in any situation.

The disease is always a closing characterized by long-lasting and profound disturbance of the relationship with the world. Therefore, it does not have the transitional closing aspect that is required for someone to focus body and soul in performing a difficult task (how to write an academic thesis), during which he feels anxious at various times. In this case, as soon as the task is done, the healthy person reopens to the world and resumes his daily routine, something that is impossible in conditions of anxiety as illness. However, even so, after leaving behind the demanding task to which was obligated for a long time, that person may experience a certain existential emptiness, i.e., a feeling of depression due to discharge, according to Heidegger. From the lessons of Heidegger, one could consider that anxiety is a basic feeling of the human being, while stress and depression are not actual feelings, but different ways of proprioceptive sensation related to putting up with the burden of everyday freedom.

Heidegger's analysis leads to the conclusion that the feeling of anxiety and depression are peculiar to the healthy individual and differ from their pathological forms only by temporal extent and radical nature of the disorder. Pathological forms have been well analyzed by Boss in his book on the existential fundamentals of psychotherapy. Boss took as an exemplar case a patient who had faced various stages of anxiety and depression, after breaking up with a sexually frustrating marriage. The difficulties for that person came to an apex when she suffered a sudden paralysis of the lower limbs, which occurred just when she saw the man of her dreams. However, through the process of existential therapy, the patient regained her capacity of joy and could establish a healthy emotional relationship with this man.

The most important interpretive elements that are inferred from Heidegger comments about this case are as follows.

- 1) There is no causal relationship between people. Nobody affects anyone to cause an anxiety attack with hysterical conversion (according to Freudian terms), as in the case of this patient. When she was anxious, the man's presence served as a reason for illness closure and she suddenly became paralyzed. In another time, this same man served as the reason for his cheerful reopening to the world;

- 2) The chances of an anxiety crisis for that person were already being cultivated by the patient and manifested dramatically with the paralysis of the lower limbs. Similarly, the “let it be” of existential psychotherapy led to the resumption of her joy and the possibilities of a new love relationship. To win her closure condition dominated by anxiety and depression, at different times, the patient had to decide whether to reopen her relationship with the world. This reopening could be sustained by the feeling of joy that came when she herself emotionally matured and became free to this loving relationship.

The analysis of this exemplar case shows that the reopening of the patient to the world placed her in a better condition to take advantage of the possibilities for her freedom compared to the period before her illness. Therefore, it can be considered that she gained freedom. This is another of the ambiguities of freedom and one more reason not to demonize the disease condition, as well as any other form of existential closure, including addictive behaviors.

VI

In sickness and in health, the human being needs help, but always as a response to reasons that are apprehended based on cultivable feelings. Therefore, the aid can never lead to the search for a “make it work” according to pre-defined patterns, but should let the other be in accordance with the possibilities of his emotional maturity. The success of healing depends on being free to certain possibilities of freedom by those that are being helped, because no one can “produce” the health of others.

It is now clear the great contrast that can be established between the age of communicable diseases and the current era of chronic diseases. While for that one illness could still be presented as something that affects us from the outside, now we ourselves who are on focus. From this existential contingency, we cannot escape, because, actually, we were always in it, but did not we noticed it.

However, it is a mistake to believe that, to bypass the risks of chronic diseases, it all depends on following a correct behavior as prescribed and demanded by certain public policies or social vogue of the search for a perfect health. In this sense, the motto of health as a responsibility of each one is of incredible cruelty. For no other reason, Illich (1990) said that, when facing this kind of slogan, the concept of health loses its philosophical meaning and turns into an inhuman standard. What accountability policies regarding risk factors seem to ignore is that the fact here questioned that man is condemned to its freedom and that freedom is an inexhaustible source of insecurity and need for help, so that each one can take care of oneself and not get lost in chronic illness.

REFERENCES

- Agostinho, S. **O Livre-Arbítrio**. São Paulo: Paulus, 1995.
- American Psychiatric Association. **Diagnostic and Statistical Manual of Mental Disorders**. 5. ed. DSM-V. Washington, DC: American Psychiatric Publishing, 2013.
- Boss, M. **Existential foundations of Medicine & Psychology**. New York: Jason Aronson, 1983.
- Coser, O. **Depressão: clínica, crítica e ética**. Rio de Janeiro: Editora Fiocruz, 2003.
- Freud, S. **Civilization and its discontents (1929)**. Great Books of the Western World. Encyclopaedia Britannica, Chicago, v. 54, 1980.
- Heidegger, M. **Zollikon Seminars: Protocols – Conversations – Letters**. Edited by Meddard Boss. Evanston: Northwestern University Press, 2001.
- Illich, I. **Health as One's Own Responsibility - No, Thank You!** Tradução de Jutta Mason. 1990. Available at: http://www.davidtinapple.com/illich/1990_health_responsibility.PDF. Access on: 22 jun. 2015.
- Kierkegaard, S. A. **Diário de um sedutor; Tremor e temor; O desespero humano**. São Paulo: Victor Civita, 1979. Série: Os Pensadores.
- MacIntyre, A. **Whose Justice, Which Rationality**. Notre Dame: University of Notre Dame, 1988.
- Sen, A. **Development as Freedom**. New York: Anchor Books, 2000.

Sen, A. **The Idea of Justice**. Cambridge: The Belknap Press of Harvard University Press, 2009.

Sen, A. Why health equity? In: Anand, A, Peter, F, Sen, A. **Public Health, Ethics, and Equity**. New York: Oxford University Press, 2004.

Tillich, P. **The Courage to Be**. New York: Yale University Press, 1980.

Tillich, P. The Theological Significance of Existentialism and Psychoanalysis. In: Tillich, P. **The Meaning of Health**. Chicago: Exploration Press, 1984.