

What is Health, What is Healing?

Considering a Redesign of Concepts

Introduction: Rethinking Health

We all think we have a firm grasp of what health means. We know when we feel well and when we feel ill. We believe we understand—or can easily access—vast amounts of information about healthy lifestyles and healthcare. Yet much of how health is currently conceptualized is punishing and restrictive. It constantly prods us to strive but often leaves us feeling out of control and inadequate when we don't measure up.

Our internal definitions of health and wellness do little to inspire genuine well-being. At best, they drive us to stay on a hamster wheel of striving. At worst, they instill guilt and self-doubt: *We haven't done enough, we aren't deserving, or we aren't lucky enough to be "healthy."*

Why should it matter how we conceptualize health? Isn't this merely a semantic exercise? Far from it. How we understand concepts like fitness, sickness, lifestyle, and healing shapes our self-evaluations and influences what we believe is possible. These underlying perceptions become the boundaries of what we expect from our bodies, minds, and lives. Our fundamental perceptions of what health is—what it means to be fit or sick, how to live a healthy lifestyle, or how to create a supportive healthcare plan—create the boundaries for what we think is achievable regarding our states of health or abilities to heal.

The Power of Belief in Health Outcomes

For more than half a century, research has revealed that our beliefs have the single most significant impact on our health. It's become nearly common knowledge that the beginning of disease occurs with a chronically activated stress response (Cohen, Gianaros, & Maunck,

2016). And while stress definitely causes deleterious physical effects when it proceeds unchecked, researchers are finding that it's actually the perception of stress, or what we *think* the impacts might be, that influences the progression of disease (McGonigal, 2015).

Not only do our beliefs about stress change our physiological responses, what we expect will happen in response to treatments, the progression of specific diseases, or even the degree of health or disability we expect to experience at different points in our lives is predominantly affected by what we believe will happen (Miller, Colloca, & Kaptchuk, T. 2009).

Cultural and Social Constructs of Aging and Illness

Our beliefs in outcomes related to health, disease, and healing affect us both negatively and positively. The social clock is a part of a life cycle and aging theory (Rook, Catalano, & Dooley, 1989). This theory describes that we live according to an unconscious social construct to adhere to "appropriate times" to experience certain life milestones. Things like getting our first jobs and homes, marriage and children, promotions, empty nest, grandchildren, and retirement are all governed by an internal construct we have agreed upon as a culture.

Our concepts of health and aging are also subject to these cultural expectations. We generally agree that we will be in our physical primes from approximately 18 to around 35. We anticipate experiencing minor, niggling complaints in our late 30s, with declines in prowess, physical appearance, and sexuality starting in our 40s into our 50s. We expect our cognitive prime to be from around 25 – 55. "Senior moments" begin to be looked for in our 50s and 60s. We forecast a total decline in health and cognitive abilities, at least by our 70s.

Of course, there are deviations from these rules, but we revere these special cases as exceptional specimens. We describe with great awe those who go beyond these boundaries. Though we're happily surprised, the astonishment tells us that these experiences are not what we believe "should" be happening as an experience of aging.

The Self-Fulfilling Nature of Diagnoses

Cultural expectations don't just shape notions of aging—they influence how we experience illness. Certain diseases carry widely accepted trajectories: colds take days; fractures heal in weeks; chronic conditions such as diabetes or neurological disorders are “managed” rather than “cured”; some diseases are assumed fatal. These expectations, reinforced by medical language and social narratives, can become internalized.

Sometimes we even adopt our diagnosis as part of our identity (“Hello, I’m Jane, and I have ____”). When this happens, the diagnosis becomes part of *who we believe we are*, and our expectations begin to shape our lived experience in self-fulfilling ways. These effects are particularly strong when individuals are not aware of how social expectations influence their perceptions.

Redefining Health and Healing

It is up to us to choose our expectations of health and healing. That is not to say we control the progression of crises or disease – we don't. However, we do have control over how we interpret our experiences. Remaining open-minded, curious, and aware of our internal narratives can lead to outcomes radically different from those we unconsciously predict.

When we become conscious of our internal programming, we can choose what to accept and what to reject. This affords the ability to respond with responsibility, curiosity, and willingness to change, which reveals find new modes of functioning previously undefined and sometimes unimaginable. When we stop warring against change and instead *partner with it*, we find new avenues for well-being, resilience, and adaptation.

Partnering with Change Instead of Resisting It

Health is not a fixed state to be defended; it is a dynamic process co-created by how we respond to change. When we loosen the grip of rigid expectations and habitual inner dialogues about what *should* happen, we allow space for growth, learning, and transformation.

Change—whether physical, emotional, or cognitive—is inevitable. When we meet change with curiosity rather than fear, with awareness rather than resistance, we broaden the possibilities for health and healing.

Conclusion: Health as a Dynamic, Personalized Journey

Health is not something we either have or do not have. It is a dynamic experience shaped by beliefs, perceptions, expectations, and responses. While we cannot control every outcome, we can control how we interpret and engage with the challenges that arise. Health viewed through this lens becomes neither punitive nor elusive; it becomes a continual process of understanding, adaptation, and self-creation.

Our definitions matter because they inform what we believe is possible. When we shift those definitions from fixed to fluid, from restrictive to expansive, we give ourselves permission to thrive in ways that extend beyond cultural timelines, diagnostic labels, and fear-based narratives. This reframing opens new pathways for well-being—pathways defined not by fear, scarcity, or limitation, but by meaning, possibility, and agency.

It is my honor to support individuals as they recreate what health and healing mean to them. If you find yourself in a health or healing situation where you could use a hand navigating, contact Dr. Jenny.

References

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