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On the Contemporary Relevance of the History of Ideas of Dietetics
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The Sex Res Non Naturales and the Regimen of Health

On the Contemporary Relevance of the History of Ideas of Dietetics

(NB! Work in progress)

Frank Juul Agerholm

Introduction

Throughout the history of ideas of dietetics the sex res non naturales (the six things non-natural) play an important role in the regimen of health. The central idea is that the health of the body and the mind is to be governed through the right regulation of the way of living (in Greek diaita) according to (1) air, (2) food and drink, (3) exercise and rest, (4) sleep and wakefulness, (5) secretion and excretion, and (6) mental affections. The thought that such factors have a significant impact on health can be found already in the Hippocratic Corpus and from Galen and onwards the list of the six things non-natural appears as a more ordered idea of regimen. Despite radical changes in the philosophy of nature, concepts of science, dietetics, and pathology from the time of the Hippocratic Corpus and later Galen to the present, the six things non-natural seem to be inherent in contemporary ideas on healthy lifestyle within areas such as health promotion, disease prevention, health education, public health, etc. We are still recommended to breathe in the right ways (e.g. watch out for polluted or toxic air, refrain from smoking, etc.), eat and drink in the right ways, exercise and rest in the right ways, sleep in the right ways and schedule our hours of wakefulness in sound productive ways, pay attention to our secretions and excretions (e.g. to cough and sneeze the right ways, watch the colour of our urine and the constitution of our stools, refrain from sending children to day-care with inflamed eyes or diarrhoea, etc.), keep a healthy mind (e.g. avoid stress, be mindful, maintain a flow, control our passions, refrain from excess and so on).
Venturing into the history of ideas of dietetics, this paper will discuss the ethical and social soundness of this classical idea vis-à-vis the contemporary focus on healthy lifestyle.

**Anticipated Reality and the Future in the Past**
If you sense a sceptical, critical tone of warning in my introduction with regards to contemporary tendencies within the business of educating for and promoting health, you’re not mistaken. Moreover, I tend to become somewhat anxious when anticipating potential future consequences of many a current stylization of life with health as a utopian ideal. As such the field of my study is an anticipated reality, which according to the German philosopher Ernst Bloch is a »broad field, which perhaps does not only require a view from the contemporary into the future, but also a more challenging perspective from the future into the contemporary as well as into the past, which must be understood anew in the sense, that the past is not only past, but encompasses the very real paradox of the future in the past«. My objective with digging into the history of ideas of dietetics is not simply to present an historical outline, but to use such ideas of the past to point to and problematize some dystopian elements inherent in the contemporary focus on healthy lifestyle and thereby confront and question the social and ethical soundness of the direction in which we might be heading with regards to regulating, governing, and transforming »human bodies, behaviours, and practices in a wide range of fields« as stated in this conference’s call for papers.

**Healthy Lifestyle, Regimen, Dietetics and Ethics**
The interest in ‘healthy lifestyle’ is both new and ancient. It is ancient in the sense that from early Egyptian, Chinese, Persian, and Greek cultures and onwards we find testimonies of a long tradition and line of thought, which could be labelled ‘dietetic reason’; i.e. a form of thought revolving around the principle that a healthy way of living - i.e. regimen - prevents disease, maintains health, and brings hope of a longer and less painful life. If, for a second, we turn our backs on this long tradition, then the specific interest in so called ‘healthy lifestyle’ is quite new. Or to be precise, the object of the interest is not new; the “novelty” seems to lie more in the labelling of this interest. Triggered by sociologically inspired studies of the relationship between physical health status and

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health practices (most notably Belloc’s and Breslow’s\textsuperscript{3}) «including hours of sleep, regularity of meals, physical activity, smoking and drinking»\textsuperscript{4} the notion of ‘healthy lifestyle’ has spread like a wildfire within the health sciences. And as Abel, Cockerham, and Niemann note: »Lifestyle as an ‘in vogue’ term in the health sciences, is unfortunately often misused either as an empty phrase applied to sell the research community old ideas under a new heading or as a hotchpotch category for almost everything that somehow has to do with social behaviour and health«\textsuperscript{5}. On a more severe note, particularly in relation to the ethical and social soundness of the notion of ‘healthy lifestyle’, the term has also gained massive influence as a moral standard governing the attempts of individuals, public health interventionists, media, politicians, and other ‘health educators’ to regulate, govern, and transform human bodies, behaviours, and practices. Or to put it plainly, the notion of ‘healthy lifestyle’ is increasingly becoming a fixed idea, with the inherent potential of separating so-called right ways of living from wrong ways, pointing out scapegoats, and – ultimately – differentiating good from evil. This of course means that ‘healthy lifestyle’ just as the case is/was with the ancient concept of diaita – regimen – becomes a matter of great social and ethical interest, and hence a matter for social theory and philosophy. Or as Wolfgang Sünkel reminds us in his article on dietetics in Historisches Wörterbuch der Philosophie: »The ideal of life solely in terms of the right measure of health must, however, repeatedly come to terms with the social demands on humans. If health is absolutized, there is the danger of a tyrannical impoverishment of life, so that the problem of the right measure must be discussed ethically as well«\textsuperscript{6}.

Originally the concept of diaita referred to the way of living in general and the healthy way of living specifically. In Greek antiquity diaita appears in two different connotations: 1) a word meaning life, the course of life, the way of living, and the mode of living, as well as the actual place life is being lived e.g. a living-room, a dwelling, an abode. 2) In connection with arbitration award and legal settlement, as well as the actual process of passing judgement as done by a jury or a judging committee. This element of decision making and judgement also lies within the etymology of the word diaita. The subjective diaita is derived from the verb di-aitao, which among others appears in the specific sense of distinguishing, distributing, managing, maintaining, supporting, and

\textsuperscript{3} Belloc, N.B. & Breslow, L. (1972). Relationship of Physical Health Status and Health Practices. Preventive Medicine 1: 409-421
\textsuperscript{4} Ibid. p. 409
nourishing, and moreover also refers to the act of passing (moral) judgement and getting things in order. Generally di-aitàtao applies to the act of regulating, governing, and ruling. With its connotation to régime and regiment the translation of diaita into the English regimen seems to capture this element of regulation and governing of life quite well.

This doubleness of diaita – i.e. generally referring to a mode of living and specifically to a healthy way of living, as well as having the connotation of (moral) judgment – is not insignificant. Thus from the earliest testimonies of dietetic thought the healthy way of living and the morally right way of living seem to interweave in the concept of diaita. Or as Foucault writes: »It is clear that “diet” itself – regimen – was a fundamental category through which human behaviour could be conceptualized. It characterized the way in which one managed one’s existence, and it enabled a set of rules to be affixed to conduct; it was a mode of problematization of behaviour that was indexed to a nature which had to be preserved and to which it was right to conform. Regimen was a whole art of living«. However, dietetic reason doesn’t stop with ‘a nature which has to be preserved’. Diaita/regimen is, as Michel Onfray writes immediately after quoting the Foucault citation above, »a way in which one conducts one’s existence, granted, but also a way to dream one’s body, to fantasise the future, to associate the nourishment and the real in the futurization«. Dietetic reason is oriented towards an anticipated reality, but one where the notion of a healthy life is not only entangled with that of a good life, but possibly also outranks it if the two notions be confronted. Dietetic reason is not (neither in its original nor in its contemporary forms) a harmless, felicitous enterprise with regards to the stylization of life, but a yearning, striving, desiring, anticipative, intervening, disciplining, educating, moralising, and potentially totalitarian business. »There is no innocent dietetics« as Michel Onfray notes. And one might add: There is no innocent health promotion, disease prevention, health education, public health intervention or whatever other ‘healthy lifestyle business’ dietetic reason deals in these days.

Even though the rather close links of health and morality mentioned above might lead one to jump to the conclusion that dietetics etymologically is a conjunction of diet and ethics, this is not the case. Dietetics - diaitetikós (διαίτητικός) – is a joining of diaita and etikós. And etikós (ητικός) is not to be confused with ethikós (εθικός). Etikós means that which ‘is related to’ or ‘is


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concerned with’; whereas ethikós has to do with habit, tradition, custom, moral, ultimately the so-called ‘good life’ – i.e. the domain of ethics. Thus the ‘-etics’ in dietetics is like that in e.g. genetics (that which is concerned with genes). Dietetics intervenes in moral matters, but by itself dietetic reason is not an ethical way of reasoning, and does not necessarily reflect these moral matters in an ethically thorough and sound way. Dietetics is a téchne, i.e. an art in the original Greek sense of both know-how and craftsmanship with the intent to create, produce, and make something. Dietetics intends to produce health and is as such first and foremost an art concerned with curing and preventing disease, and maintaining and restoring health by governing the way of living.

The Naturals, the Unnaturals, and the Non-naturals

Historically dietetic reason has had a particular interest in governing the way of living with regards to the so-called six things non-natural to the extent that over the course of history the category of the non-naturals (1) air, (2) food and drink, (3) exercise and rest, (4) sleep and wakefulness, (5) secretion and excretion, and (6) mental affections becomes largely synonymous with the concept of diaita/regimen, and basically constitutes the domain of dietetic reason. The category of the non-naturals can be traced back to Galen and they must be understood in relation to the categories of the naturals and the unnaturals (contra-naturals)11; moreover, all three categories must also be

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11 In my tracing the terms natural, unnatural, and especially the term non-natural back to Galen (the second century A.D.) several sources have been inspirational and helpful. In the late 1960s and early 1970s scholars such as L. J. Rather (1968), S. Jarch (1970), and P. H. Niebyl (1971) paid renewed attention to the origins of the non-naturals – an attention that was conspicuously absent in the history of medicine in the 20th century. Moreover, K. Jungersen (2011a & 2011b) has recently written two articles on the subject. Neither L.J. Rather nor S. Jarcho are able to connect the doctrine of the six non-naturals with the actual term non-natural; both P. H. Niebyl and K. Jungersen, however, identify the use of the term by comparing the Galenic treatises The Art of Medicine and The Pulse for Beginners. The distinction and systematization of the three categories of the naturals, the unnaturals, and the non-naturals can be traced back to Galen, but the dietetic focus on the actual elements within the category of the non-naturals is pronounced already in the Hippocratic Corpus, especially in such works as Airs Waters Places [Peri aeron ydaton topon] and Regimen in Health [Peri diaites ygienes], just as other works on medicine, hygiene, dietetics and the like between the Hippocratic Corpus and Galen pay attention to these elements. However, Galen seems to be the first to name and systematically incorporate the distinction of the three categories in a grand medical and hygienic theory. In his treatise The Art of Medicine [Gr. Technê iatrikê, Lat. Ars Medica] Galen defines medicine as »the knowledge of what is healthy [ygienon], what is morbid [nosodon], and what is neither [oudeteron]«, and adds that it »makes no difference if one uses the term ‘diseased’ [noseron] instead of ‘morbid’ [nosodon]« (Galen 1997: 345f & Galen 1821: 307). Galen furthermore explains that: »What is healthy, what is morbid, and what is neither – each of these comes in three categories: those of body [soma], cause [aition], and sign [semeion]« (Galen 1997: 346 & Galen 1821: 307). Medicine, he notes »is in a primary sense the knowledge of ‘healthy’ causes (…). In a secondary sense the knowledge of ‘morbid’ causes, and thirdly of causes which are ‘neither’ « (Galen 1997: 346 & Galen 1821: 307). And he continues by making a distinction between what is ‘recipient’, ‘effective’, and ‘indicative’ of ‘health’, ‘disease’, and ‘neither’. In Galen’s theoretical conception health is – as mentioned – a naturally state i.e. a state in accordance with nature [kata physin], whereas disease is unnatural i.e. contrary to nature [para physin]. However, here Galen introduces a notion of bodies, signs, and causes that are neither natural nor unnatural. Within the frames of this conceptualization, the non-naturals are to be understood as causes, which are in themselves neither in accordance with nature nor contrary to nature. The non-
understood within a more general notion of ‘nature’. In ancient medicine and by the later inheritors of the Hippocratic-Galenic theory of humours – which last as long as well into the 19th century – nature is conceived as a harmonious, artistic, and health generating power. It helps maintain and preserve health and keep up the natural order of the body, its growth, functions, and so on; just as nature also aids the recovery of health and order, when the body for one reason or another is disturbed, disordered, and/or diseased. Health is seen as a state in accordance with nature (kata physin), disease as a state contrary to nature (para physin) and is as such unnatural. The naturals are seven in number: (1) the four elements air, fire, earth, and water; (2) the four qualities hot, cold, dry, and moist; (3) the four humours blood, yellow bile, black bile, and phlegm; (4) the different parts of the body divided into a. the fundamental (brain, heart, liver – and by many theorists also the testicles), b. the subservient (nerves, arteries, veins), c. the specific (bones, membranes, muscles), and d. the dependent (stomach, kidneys, and intestines); (5) the natural, spiritual, and animal faculties; (6) the natural, vital, and animal spirits; (7) the functions given by the fundamental constitution of the body such as hunger, digestion, retention, and expulsion. The contra-naturals/unnaturals are three in number: (1) diseases; (2) the causes of disease; (3) the sequels of diseases.

The basic thought of the naturals is that the four elements and the qualities ascribed to them constitute the fundamental building blocks of macro and micro cosmos. The elements cannot be found in their pure form and quality in nature, but appear in a variety of mixtures/temperaments. The human body is in itself made of such a mixture of elements and qualities. The best bodily constitution is the one with a perfectly balanced mixture of these elements. In addition the optimal constitution should also continuously balance the bodily humours, the various body parts, the

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faculties, the spirits and functions in a perfect way. The basic constitution of the individual rarely lives up to this ideal of perfect balance and harmony, and one doesn’t have to be perfectly healthy to be in good health according to a Hippocratic-Galenic concept of health. Diseases basically come about in two ways: either as epidemic/endemic or due to an improper way of living. In both cases a proper regimen can be called for as remedy, although a dietetic governing of everything entering, going on in, and coming out of the body is of the utmost importance to the care for one’s health. Thus, in relation to the naturals and the unnaturals, the non-naturals are to be understood as causes respectively factors which can assist or obstruct the artistic power of nature. The non-naturals are neither in accordance with nature (kata physin) nor contrary to nature (para physin), but ou physin i.e. non-natural\textsuperscript{13}. Depending on their use the non-naturals can cause health or disease (or neither). A healthy way of living assists nature in maintaining, regaining, and producing health, whereas the opposite represents an unhealthy way of living. Nature is artistic; regimen is ‘a whole art of living’, and, one might add, an art which has to take everything from micro to macro cosmos into consideration. Such an art must be adjusted to the individual, since humans differ in constitution, in ways of living, in age, in profession, and so on. Moreover, this art must be adjusted according to the ambient circumstances such as air, location, season, temperature, etc.

\textbf{The Domain of Dietetic Reason and its Modern Allotments}

Key texts in the history of ideas of dietetics from antiquity and onwards display a dietetic reason, which in positive anticipation of good health and negative anticipation of ill health strives at regulating and governing the way of living in an extensive and detailed fashion. The governing of the proper way of living confronts dietetic reason with a wide range of questions with regards to the what, how, who, when, where, and why of a given regimen. The what is mainly a question concerning the non-naturals, and how these are to be regulated depends on who, when, and where. It is for instance significant whether it is a regimen for the healthy or the diseased, the ordinary person or the athlete, the philosopher or the soldier, man or woman, menstruating or not menstruating, the child, the adolescent, the adult, the old, and so on. It is significant whether one’s character is dominated by a sanguine, choleric, melancholic, or phlegmatic temperament; whether it is spring, summer, autumn, or winter; whether you live in a city, in the countryside, by the sea, in the mountains, in the plains, and how the residence is located with regards to the surrounding

\textsuperscript{13} See note 10!
landscape, the winds, the four corners of the earth, and so on and so forth. In a period of more than two millennia, dietetic reason explains the *whys* of regimen on the basis of Hippocratic-Galenic humoral theory. And various Aristotelian-inspired ethics of virtue and teleology are applied, legitimizing the strong emphasis dietetic reason puts on the importance of particularly temperance and moderation in the pursuit of health. In the middle of the 19th century dietetics becomes closely linked to a biochemically based nutritional science. After this link the domain of dietetics more or less becomes reduced to just one of the ‘six things non-natural’, namely the one dealing with food and drinks. Or to put this turning point in the history of ideas of dietetics into the words of the German philosopher and historian of medicine, Dietrich von Engelhardt, dietetics moves ‘from stylization of the whole life to gruel’.

However, the birth of the modern biochemical and by and large exclusively nutritionally oriented dietetics is not the death of a much broader oriented dietetic reason. An extensive dietetic reason lives on and realizes its dreams of stylizing life in the image of health in a number of prophylactic, hygienic, health educational, health promotional, and health policy allotments. This new version of dietetic reason, however, seems to have even less will, ability, and theoretical insight to grasp and reflect the potential entanglements, collisions, and conflicts between healthiness and ethics in the governing of the so-called healthy lifestyle than was the case with dietetic reason in its previous form(s).

**Healthy Lifestyle and Dietetic Reason: Future in the Past?**

A number of ethical and social problems accompany the contemporary notion of healthy lifestyle and the modern allotments of dietetic reason into a wide range of fields of regulating, governing, and transforming human bodies, behaviours, and practices in the image of (an often poorly reflected concept of) health. In this closing passage I want to briefly address two such problems: one focused on the potential expansion of personal responsibility; another focused on the potential contraction of sociability.

The idea of diaita and the contemporary notion of healthy lifestyle cannot be separated from the principle of personal responsibility. If your way of living is seen as a causal factor for both good and ill health, then you can be deemed praise- respectively blameworthy. And the stronger this

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causality between lifestyle and state of health is postulated and expanded upon, the more you can be held personally responsible for your state of health. This is evident for both the concept of diaita and the contemporary notion of healthy lifestyle. Within the frames of humoral theory, the categories of the naturals, the unnaturals, and the non-naturals, a person can be held responsible only for his own personal life and health – and granted, to some extent also that of his family and household. Today you’re not only being held responsible for your own life and health through the notion of healthy lifestyle. The “household” has expanded, and dietetic reason (in conjunction with economic reason) tells us for instance, that you can be held responsible for increasing public costs on healthcare if you do not live in the right way. Through your way of living you potentially become an economic burden for lots of people outside your household, people foreign and faceless to you. Following dietetic reason you have to take the health (balance and harmony) of the public economy into considerations in the regimen of your own personal health. However, the responsibility doesn’t stop at the national level, it has gone global. Through your use of food, drink, and other ‘non-naturals’ necessary to keep up a modern lifestyle such as electricity, fuel, and other resources, you become personally responsible not just for your own health, but for the health (the balance and harmony) of Mother Earth. Cattle fart and an excessive steak (and even a small one) on the barbeque contributes to the seemingly ever increasing level of carbon dioxide in the atmosphere. A basic ethical problem associated with the idea of apparently never ending expansion of personal responsibility is that it becomes impossible to live in blameless ways. Not only has health become a utopian ideal, but there seems also to be no place for a (morally) right way of living. Moreover, if you are to take all potential consequences for not just your own personal health, but also the health of the nation and the planet into consideration with respect to every detail of your way of living, then your mental health will be in serious risk of a meltdown.

Too much emphasis on healthy lifestyle and an excessive dietetic focus on all the ‘whats’, ‘hows’, ‘whos’, ‘whens’, ‘wheres’, and ‘whys’ of regimen might also cause a collapse or at least a contraction of your ability to interact well with others, and thus be a threat to your sociability. This problem is also latently incorporated in both the idea of diaita and the notion of healthy lifestyle. Following the doctrine of ancient dietetics, a person striving to live perfectly according to the proper regimen would have to be on guard 24/7. Such a person would become an idiot in the original Greek sense of the word, i.e. a person who has withdrawn from social and political life. For a citizen in an ancient Greek polis, where political and social involvement was highly valued and the community was small and manageable compared to modern societies, this was of course...
problematic. However, the idiot seems to be thriving quite well in modern societies; and one could argue that such characteristics of modernity as individualism and its degeneration into egocentrism even support the development of an idiotic personality. The point is that there seems to be less conflict between an excessive focus on healthy lifestyle and the social demands put on humans today, than was the case in the Greek polis, and that modern life might even nurture an egocentric worship of the healthy body and lifestyle. However, one should not overlook the fact that in both the Greek polis and in modern societies there is danger of a tyrannical impoverishment of life, if health is absolutized, as Wolfgang Sünkel notes with reference to Ludwig Edelstein’s elaboration of ancient dietetics.

The point of my paper is not that health and healthy lifestyle are bad things. On the contrary: My critique aims at protecting a sound life by (and here I’m following Foucault’s notion of critique) not being governed so much by the contemporary ideology of health, by a purely dietetic reason to which the fixed idea of healthy lifestyle potentially outranks a socially and ethically sound way of living. The healthy way of living has always been closely linked to temperance and moderation; a sound way of living nowadays calls for a temperate and moderate attitude to the many healthy lifestyle demands put on humans in modern societies.

### Literature


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http://www.museion.ku.dk/da/2011/01/the-6-non-naturals/ (8th of March, 2013)

http://www.museion.ku.dk/da/2011/03/%e2%80%9dthe-6-non-naturals%e2%80%9d-og-deres-videre-veje/ (8th of March, 2013)


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