Reconceptualising the Philosophical Foundations of Health Education with Respect to the Impact of Food Technology on Human Health

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STATEMENT OF ORIGINALITY

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to this copy of my thesis, when deposited in the University Library**, being made available for loan and photocopying subject to the provisions of the Copyright Act 1968.

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ABSTRACT

In recent years a considerable literature has accumulated to establish that western society is confronting a monumental crisis in health care. In the thesis that follows we shall see that the nature of the growing crisis is multifaceted and includes scientific, socio-cultural and philosophical dimensions, all of which figure prominently in the way in which we educate people of all ages for health. My aim in the first part of the thesis will be to explore and reflect upon a number of these facets, with an aim to showing that the epistemological framework they presuppose represents a valuable but incomplete understanding of newly emerging health problems which are themselves, partly the outcome of the highly technologised societies in which we live.

Once this preliminary objective of the thesis has been completed, I shall contend in Part II of the thesis that one area of crisis which remains insufficiently understood is the relationship between food and nutrition. I deliberately use the word relationship between food and nutrition, because the traditional emphasis of such concerns within the context of health has focused primarily on nutrition, largely in the quantitative sense of encouraging people to obtain enough vitamins, minerals, proteins, carbohydrates and fats required to keep them healthy. My contention is that without broadening the discussion to encompass the relationship between food and nutrition, the answers we give to the quantitative questions are inevitably myopic and limited.

My goal in the third and final part of this thesis will be to make clear that in light of the importance of the connection we have with our food and recent developments made in the philosophy of quantum mechanics, an exciting new discipline is emerging which Professor Ronald S. Laura has called the ‘Metaphysics of Food’. As part of my elaboration of this area, I shall weave together strands of insight from the research of Professor Laura and Dr. Masaru Emoto, two major pioneers in advancing this field of knowledge.

Professor Laura’s theory of ‘participatory consciousness’, drawn from his elaboration of quantum entanglement and his theory of ‘empathetic epistemology’ provides a fruitful conceptual framework, I shall argue, for the philosophical elucidation of Emoto’s research on the metaphysics of
water. Using the confluent theoretical interpretative heuristics of Laura and Emoto, my objective will be to argue that in principle, the foods we eat can themselves be impacted favourably or adversely in health terms by entanglements of consciousness which in turn affect our own health in subtle but important ways.

Although the articulation of the pedagogic implications of this insight would be beyond the remit of this Master Thesis, a conceptual foundation will have been laid here upon which a new edifice for further research at the doctoral level can be built.
Introduction

Towards A New Understanding of the Relationship between Food and Nutrition in Health Education

In recent years a considerable literature has accumulated to establish that western society is confronting a monumental crisis in health care (Day, 2001; Fillerup, 2007; Kling, 2006; Laura & Ashton, 2003). In the thesis that follows we shall see that the nature of the growing crisis is multifaceted and includes scientific, socio-cultural and philosophical dimensions, all of which figure prominently in the way in which we educate people of all ages for health. My aim in the first part of the thesis will be to explore and reflect upon a number of these facets, with an aim to showing that the epistemological framework they presuppose represents a valuable but incomplete understanding of newly emerging health problems which are themselves, partly the outcome of the highly technologised societies in which we live. The prohibitive cost of high tech medicine, for example, gives rise to problems of staggering complexity, including radical disparities in the access which people of different economic status have to it. Similarly, differences in the economic status of different countries are also an important indicator of the likelihood of certain health problems. For example, figures show that in 2004, 32 percent of children under the age of five, living in developing countries, were undernourished, as a result of inadequate diet (WHO, 2007a). The problem has arisen, despite, the technologically directed innovations that have allegedly increased world food production (Day, 2001). Similarly, the growing prevalence and pathological character of many chronic diseases such as diabetes, obesity, and respiratory dysfunction suggest strongly that their aetiology cannot be explained adequately without understanding the extent to which our technologically textured lifestyles impact on health

Within the category of diseases of civilisation, significant increases have also occurred in the number of people infected with HIV/AIDS (6.5 million new cases reported) (WHO, 2007a), along with increases in deaths attributed to longer standing major chronic diseases such as cancer (7.4 million) (WHO, 2008a) and heart disease (approximately 11.8 million) (WHO, 2008a). Moreover, the recent increase in tobacco consumption which has occurred among low to middle income citizens represents yet another lifestyle health risk of importance (WHO, 2007a). Given that tobacco consumption is a significant contributing factor in the development of heart disease and particular forms of cancer, it is clear that this rise in smoking is of serious concern and does not auger well as far as the reduction and control of these diseases are concerned (WHO, 2007a). Despite the major shifts that have occurred primarily in the area of health promotion and preventative health education, reflection on the state of global health in recent decades reveals that the overall success in achieving the ostensible health goals set by the proponents of high-tech medicine has been alarmingly limited (Laura & Chapman, 2009; Tang, Beaglehole & de Leeuw, 2007).

Another aspect of the crisis worth noting is that some diseases which medical science traditionally claims to have eradicated have paradoxically been superseded by new and more resilient strains or genre of the same disease (Day, 2001). Syphilis is an interesting case in point. Conventionally treated with penicillin, syphilis seemed to be readily controllable (Hopkins, 2002; Scheibner, 1993). However, the more penicillin was used to treat the disease, the more resistant it became to penicillin by transforming itself into another strain of the disease (Hopkins, 2002; Scheibner, 1993). A similar pattern of increased resistance to antibiotics of several kinds has made the treatment of certain infections previously effectively
controlled by them, now highly problematic at best (Day, 2001). We shall also see that adverse health problems have arisen in the context of ‘iatrogenic illness’, a term referring to sicknesses and disease caused by or associated with medical treatment, misdiagnosis, professional incompetence, negligence and exposure to highly infectious diseases such as staph infection, which, not infrequently, run rampant within the very hospitals and clinics where patients would otherwise be expecting to get well (Day, 2001). Moreover, reactions, for example, to some prescription drugs are sometimes more debilitating than the illnesses such drugs were intended to treat. Along with the increasing incidence of serious allergies to such drugs, misprescriptions have led to debilitating illness and in some cases have been life threatening (Day, 2001; Starfield, 2000).

In addition to the problem arising from the increased resistance of bacterial infections of various kinds to antibiotic treatment, (thereby augmenting their virulence), is the return of the same genre of infectious diseases which were previously thought to have been eliminated (Day, 2001; Horne, 1992). One example of this is the re-emergence of tuberculosis within the overcrowded contexts of prisons (WHO, 2009a). With regard to diseases once thought to have been controlled and essentially eliminated, it is now clear that ‘lifestyle’ and ‘nutrition’ are an essential if not more important factor in the control of diseases of all kinds than is vaccination, drug therapy and even surgical intervention (Underwood, 2004 p. 15). This is perhaps one major reason why it is somewhat misleading to suggest that modern medical science is primarily responsible for the eradication of major diseases. Indeed it will be argued in this thesis that the history of medicine shows that the primary casual aetiology for a number of major diseases can be traced to particular lifestyle environments. When the lifestyle environment changes sufficiently, the related diseases and illnesses diminish with it. Nonetheless, our socio-cultural commitment to covert increasingly high-tech lifestyle
environments has resulted historically in one set of diseases of ‘civilisation’ (and I use the term advisedly) being supplanted by other genres of diseases and illnesses peculiar to the new and different technologically textured lifestyle. In light of such subtleties involved in trying to understand the aetiology of disease, it will be the aim of the first part of the thesis to examine some of these and other facets of the crisis in health which connect and interface with each other in these subtle but important ways.

Another facet of the problem that becomes more obvious in the context of such reflection relates to the question of what the goal of ‘good health’ really means. The specific consideration I shall pursue in this regard concerns the implicit presumption that inasmuch as medical science can make us ‘live longer’, medical science has thereby made us healthier. The emphasis on the quantitative dimension of longevity in terms of life-span I shall argue, distracts us from deeper questions of the resultant quality of life associated with medical technologies capable of extending the years of those who would likely die without their life support. Given that one of the predominant goals of health education is to advance community health, I shall argue that we need to be philosophically mindful that the success medical science may have in extending life expectancy cannot in and of itself be equated with an advance in good health. We shall see that a number of subtle philosophical issues also arise from this discussion and that such subtleties make a significant difference to the judiciousness of the decisions made on how available medical funds should in fact be spent. Such subtleties make a difference also to our philosophical capacity to assess whether the current value presumptions of medical and health education underpinning such decisions are consistent with the outcomes of quantitative gains in years of extended life. The more discrepant the outcome, the more the need to reconceptualise and redefine the value presumptions which motivate our decisions.
Once this preliminary objective of the thesis has been completed, I shall contend in Part II of the thesis that one area of crisis which remains insufficiently understood is the relationship between food and nutrition. I deliberately use the word relationship between food and nutrition, because the traditional emphasis of such concerns within the context of health has focused primarily on nutrition, largely in the quantitative sense of encouraging people to obtain enough vitamins, minerals, proteins, carbohydrates and fats required to keep them healthy. My contention is that without broadening the discussion to encompass the relationship between food and nutrition, the answers we give to the quantitative questions are inevitably myopic and limited.

As a consequence, the potential role which nutrition can play in the maintenance of health is significantly diminished. With an aim to advancing our understanding of the importance of this interface, I shall in the second part of the thesis focus both accordingly and more determinately on the relationship between food and nutrition. My objective will be to show that what is required if we are to realise the deeper importance of the ‘nutritional aspect of health’ involves far more than the traditional task of educating people on the ‘right’ foods to eat. As important as this pedagogic goal is, we shall see that the technologisation of food, (e.g. how we grow food, store it, ship it, process it and even think or do not think about it), makes an enormous difference in comprehending the deeper implications for health of the actual connections we have with our food and in turn with nature. We shall see that by improving the depth and quality of our relationship to the foods we eat, we concomitantly improve our connection to the world around us in ways which inevitably serve to advance our health and wholeness in subtle ways which have been neglected. Similarly, once we can appreciate the ramifications which flow from a deeper understanding of the relationship between nutrition and food, we shall see that the way in which we educate people about their
relationship to the foods they eat requires us to develop an approach to ‘food education’ that is more ‘philosophically enlightened’ in its orientation than has traditionally been the case.

My goal in the third and final part of this thesis will be to make clear that in light of the importance of the connection we have with our food and recent developments made in the philosophy of quantum mechanics, an exciting new discipline is emerging which Professor Ronald S. Laura has called the ‘Metaphysics of Food’ (Laura & Mundey, In Press). As part of my elaboration of this area, I shall weave together strands of insight from the research of Professor Ronald Laura and Dr. Masaru Emoto, two major pioneers in advancing this field of knowledge.

Professor Laura’s theory of ‘participatory consciousness’ (Laura, Marchant & Smith, 2008), drawn from his elaboration of quantum entanglement and his theory of ‘empathetic epistemology’ (Laura & Cotton, 1999) provides a fruitful conceptual framework, I shall argue, for the philosophical elucidation of Emoto’s research on the metaphysics of water. Using the confluent theoretical interpretative heuristics of Laura and Emoto, my objective will be to argue that in principle, the foods we eat can themselves be impacted favourably or adversely in health terms by entanglements of consciousness which in turn affect our own health in subtle but important ways. Being composed significantly of water, the metaphysics of food is as ‘real’ a phenomenon as is the metaphysics of water. Although the articulation of the pedagogic implications of this insight would be beyond the remit of this Master Thesis, a conceptual foundation will have been laid here upon which a new edifice for further research at the doctoral level can be built.

Given that the objectives of the thesis have been made clear in this introductory epigram, we can now turn to the task at hand to provide the substantive detail required to relieve any residual obscurity.