

A Life-Coherent Framework for Health, Healing, and Human Flourishing

Moving from root causes to life-enabling action.

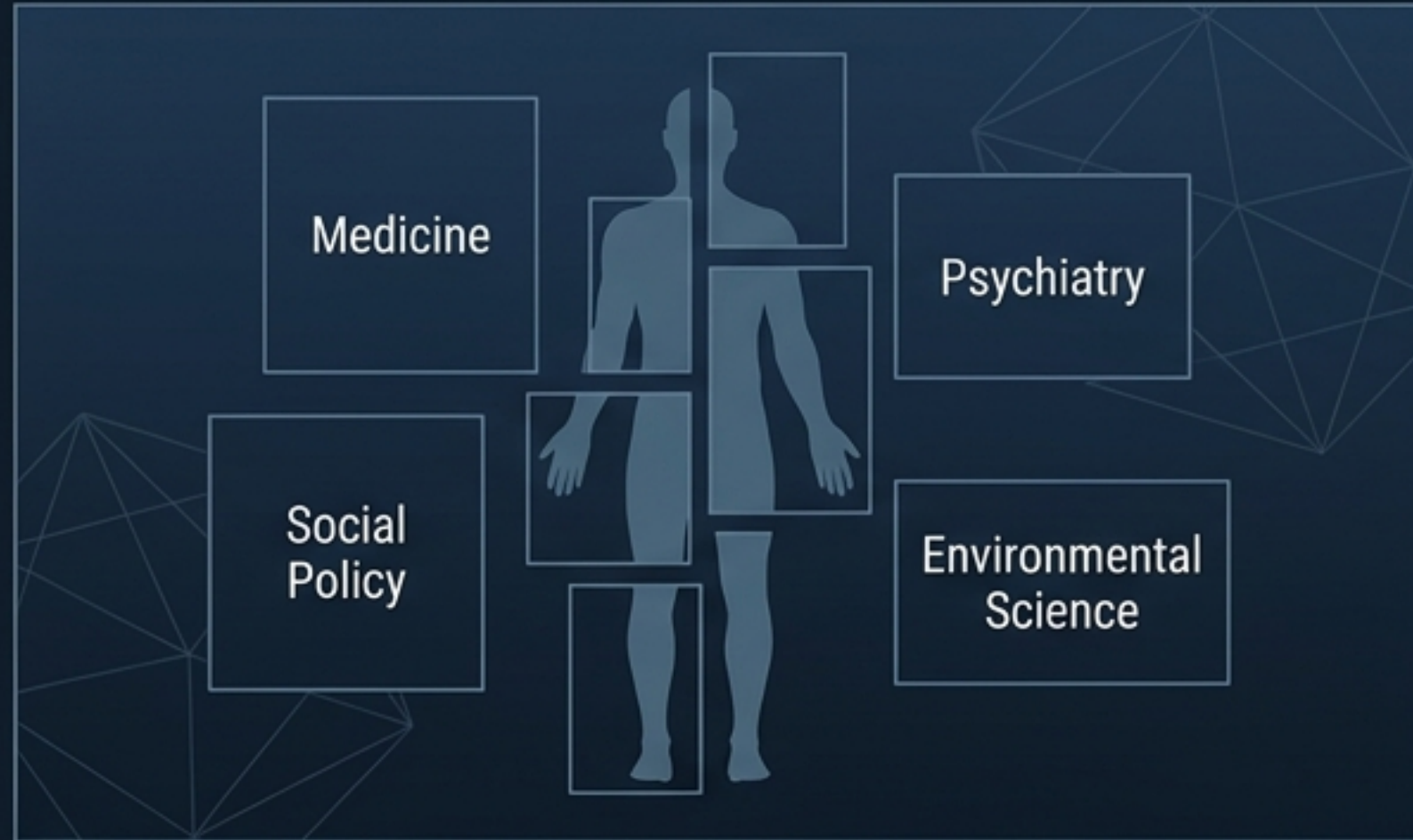


Health cannot be adequately understood merely as the **absence of disease** or the output of health services.

The Fragmentation Trap: Treating the Part, Missing the Niche

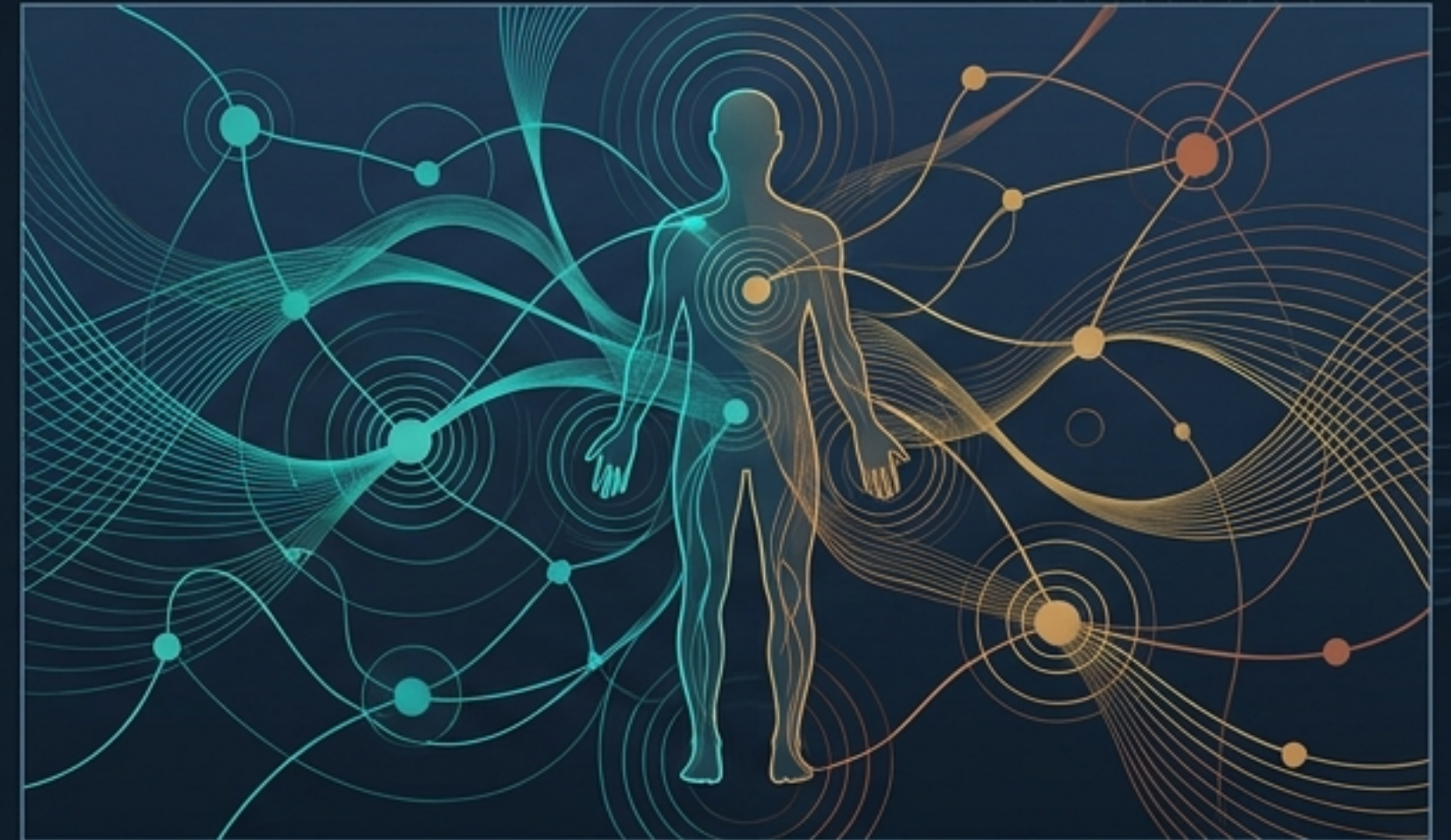
Modern health systems have achieved extraordinary gains in acute care, yet remain constrained by conceptual narrowing.

(The Trap)



The Disconnect: Biological disease is assigned to medicine; distress to psychiatry; poverty to policy; pollution to environmental management.

(The Reality)



The Reality: The lived person does not experience these domains separately. The organism metabolizes the niche as one unified reality.

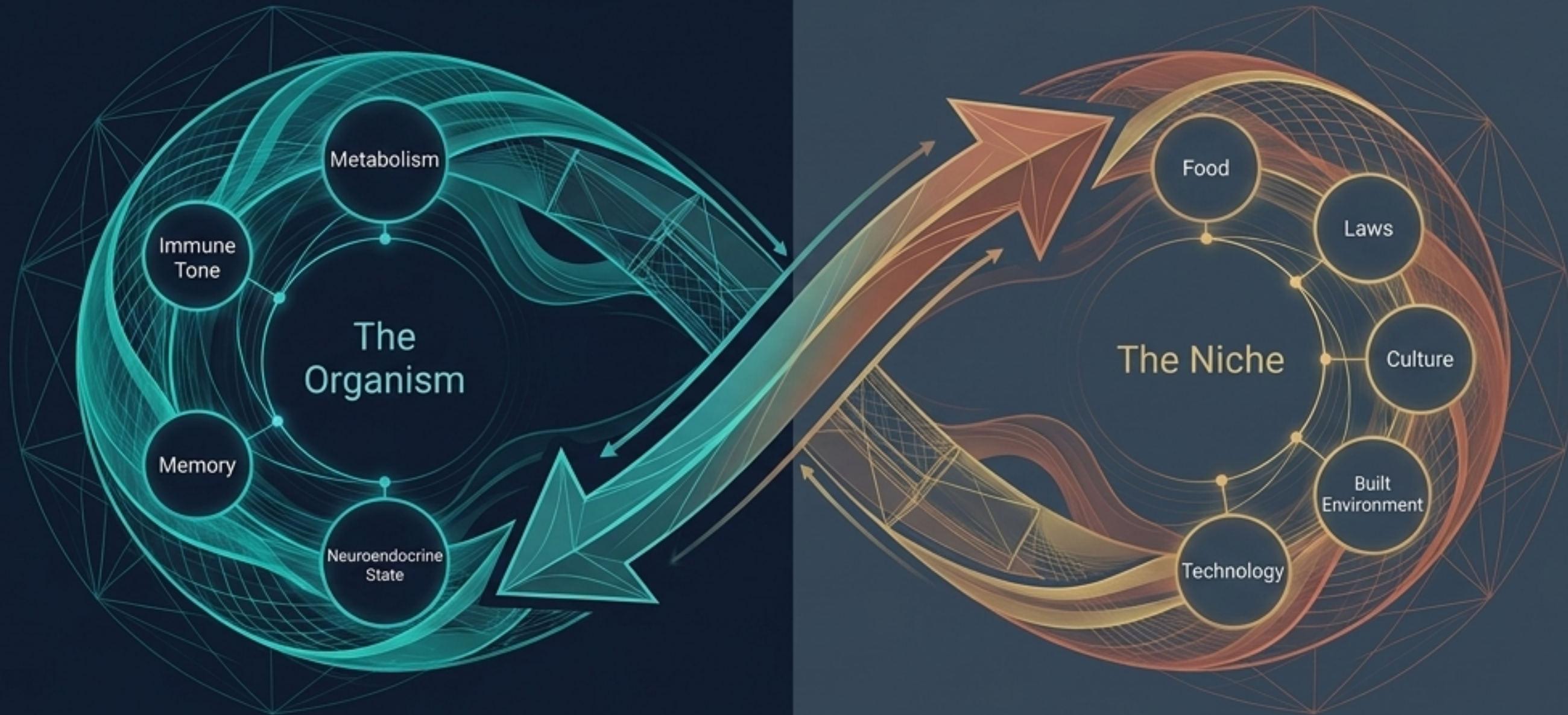
The Result: We excel at suppressing symptoms but frequently fail to resolve the conditions that block healing.

Redefining the Baseline: From Disease Management to Life-Capacity

	Disease-Centric Model	Life-Coherent Model
Primary Focus	Pathology, risk factors, and service utilization.	The Organism-Niche relationship and life-capacity.
Definition of Health	The absence of measurable disease or biological defect.	Enabled life-capacity (the real capacity to live, repair, participate, and flourish).
Intervention Point	Downstream symptom suppression and clinical output.	Upstream organism-niche coupling and restorative margins.
Ultimate Goal	Clinical stability.	Human flourishing and ecological belonging.

The Organism-Niche Coupling: The Engine of Life-Capacity

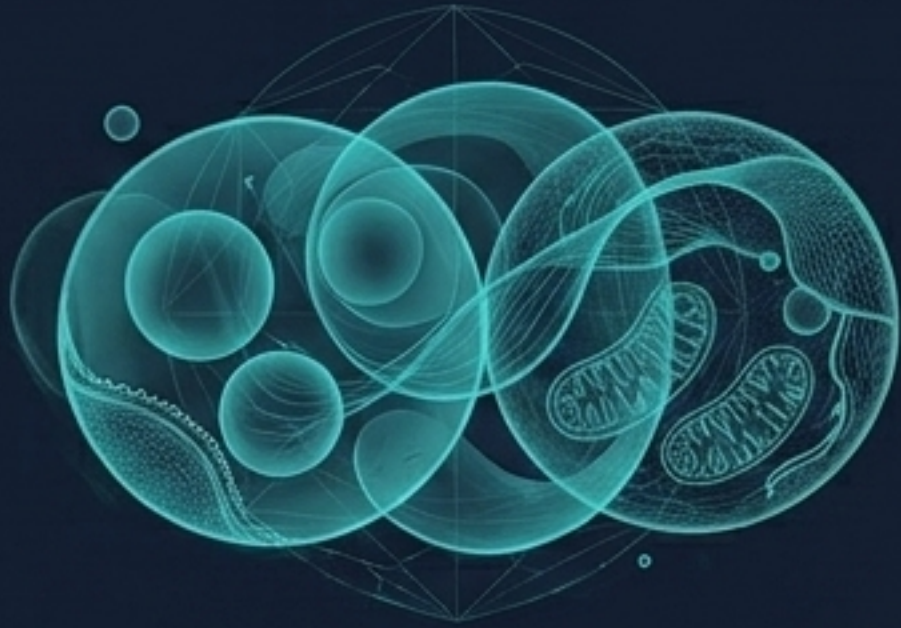
Living beings do not exist as isolated bodies placed in external environments.
They live through recurrent relations.



Maturana's Guardrail: The organism and the niche are structurally coupled. The body breathes the atmosphere, absorbs the housing condition, metabolizes the work rhythm, and carries the social hierarchy.

The Life-Value Axiom: Health arises when these couplings enable life-capacity. Disease and suffering arise when they disable it.

The Two Bookends of Healing: Inner Biology and Outer Affordance



Salugogenesis (The Inner Bookend)

- **Origin:** Naviaux's evolutionary biology of healing completion.
- **Location:** Inside the organism (cellular, mitochondrial).
- **Mechanism:** The ordered movement from danger response to inflammation resolution, rebuilding, differentiation, and reintegration.
- **Requirement:** Adequate energy, metabolic flexibility, and physiological substrates.



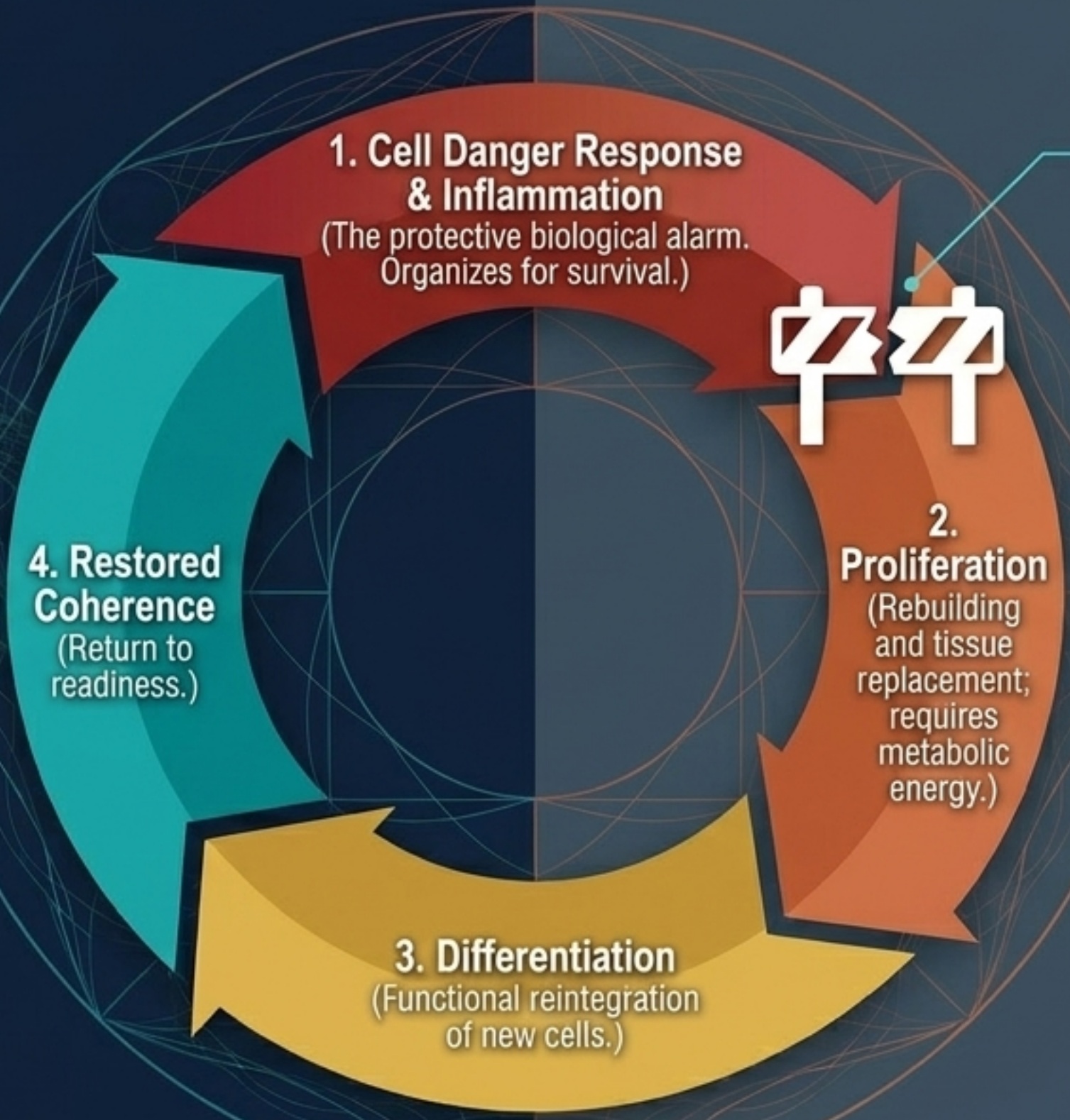
Salutogenesis (The Outer Bookend)

- **Origin:** Antonovsky's health-generating field.
- **Location:** Outside the organism (psychosocial, environmental).
- **Mechanism:** The creation of a Sense of Coherence (making life comprehensible, manageable, and meaningful).
- **Requirement:** Generalized resistance resources, civil commons, and a health-enabling affordance field.

The 6-Level Life-Coherent Architecture



Levels 1 & 2: Why Chronic Disease is Blocked Healing



The Insight: Chronic illness is often not a permanent defect, but a biological system trapped in the defense phase. Healing requires conditions that signal safety, allowing the transition from inflammation to completion.

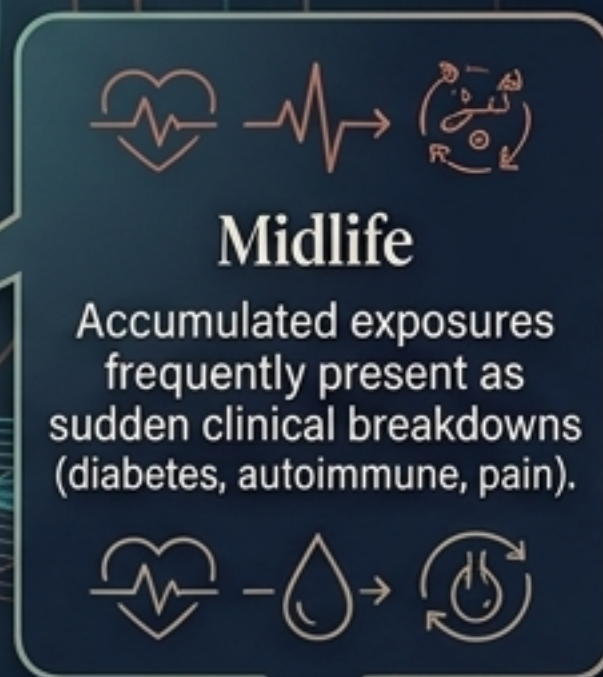
Levels 3 & 4: When the Niche Becomes Biography

Psychosocial Transduction: Lived experiences—humiliation, chronic threat, poverty, or belonging—do not remain purely psychological. They are transduced into neuroendocrine, immune, and autonomic patterns (Allostatic Load).



Early Childhood
Highly plastic systems adapt to adversity or care.

Icons: A neuron, a brain, a lightbulb, a bar chart, and a hand holding a brain.



Midlife
Accumulated exposures frequently present as sudden clinical breakdowns (diabetes, autoimmune, pain).

Icons: A heart, an ECG line, a water drop, and a power button.



Intergenerational
Families and communities transmit both biological epigenetic markers and social ecological inheritances.

Icons: A DNA double helix, a tree, and a group of people.

Time is Embodied: Health unfolds across the life course.

Levels 5 & 6: The Outer Niche and the Principle of Ease

Level 5: The Affordance Field

Daily conditions. Does the built environment permit sleep?
Does the food system provide nourishment rather than metabolic injury?
Does the system offer temporal sovereignty (time to heal)?

Level 6: The Civil Commons

Shared life-support systems (clean water, public knowledge, ecological protection)
Health is not produced by clinical care - it depends on the protection of these shared, non-commodified conditions.

The Principle of Ease: A life-coherent society makes health-supporting ways of living easier to enact than health-damaging ones. Agency requires affordance.

The Threshold of Life-Capacity: The Exposure-Repair Balance

Breakdown / Disease

Restorative Margins
(Sleep, Time, Trust, Income, Care)

Cumulative Exposures
Allostatic Load
(Toxins, Poverty, Chronic Stress,
Pathogens)



The Equation: $\text{Margins} = \text{Restorative Capacity} - \text{Cumulative Exposures}$

The Unifying Theory: Disease and distress emerge when cumulative exposures exceed repair margins.

The Reality: Why do two people exposed to the same stressor have different outcomes? Because their restorative margins differ. Healing requires simultaneously reducing exposure and actively restoring repair capacity.

The Trap: Blindspots and The Capture Iceberg

Above the Surface (Visible)

Normalized Violence: Avoidable harm treated as ordinary (chronic stress, toxic food environments, exhaustion).

Metric Capture:

What is easiest to measure becomes what matters, displacing actual healing.

Commons Enclosure:

The privatization of shared life-support systems (water, care, attention).

Commercial Capture:

Profit derived from dependency, extraction, and the commercial determinants of health.

Resilience-as-Adaptation:

Praising people for surviving conditions that should have been transformed.

The System Diagnostic Tool: Auditing for Life-Coherence

Before implementing any health intervention, policy, or technology, ask:

1. What is seen vs. what is ignored?

(Are we counting service outputs but missing caregiving burden or toxic exposure?)

2. What is misnamed?

(Are we calling structural poverty a 'lifestyle choice'?)

3. Who decides the problem?

(Is the community affected defining the solution?)

4. Who benefits?

(Are incentives aligned with life-capacity or institutional expansion?)

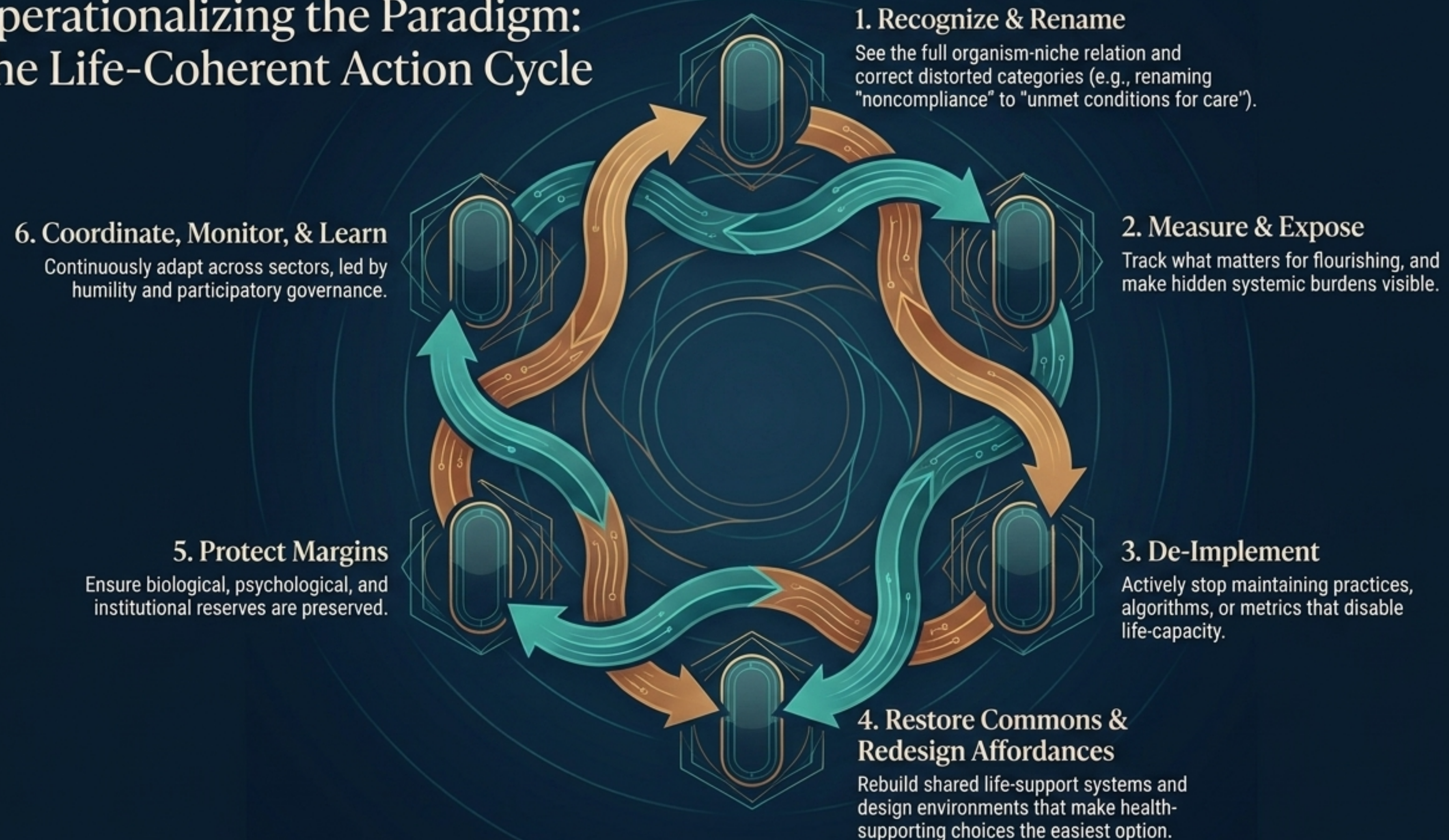
5. Who bears the burden?

(Is efficiency achieved by displacing labor onto patients and families?)

6. What life-capacities are enabled or disabled?

(Does this system expand dignity, agency, and repair?)

Operationalizing the Paradigm: The Life-Coherent Action Cycle



The Life-Master Synthesis



The Defining Question for Healthcare Leaders:

What must we recognize, name, measure, and transform in the organism-niche relation so that life-capacity flourishes for all, within the web of life, now and for future generations?

The Final Imperative:

The goal is not perfect health, nor a world without vulnerability. The goal is a civilization in which avoidable harm is not normalized, healing is not blocked by preventable burden, and systems are reordered as instruments of life.