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INTRODUCTION TO BASIC ISSUES

Sept. 8, 2008

Reading for today: Fadiman 3-105

I. The concepts of disease and illness

A. Let's make distinctions that will help us understand how our society (and others) understands unwanted states of body and mind—what I'll call “**disorders**”

1. Understanding the illness/disease distinction will help us with our analysis

2. We will define “**illness**” as *subjective lived experience* of a disorder¹

a. **Discuss:** examples of illness using this definition?

b. Illness involves the *appraisal*, the *assessment* of bodily and mental processes as 1) normal and expectable, 2) abnormal, or 3) seriously wrong and requiring treatment

c. If we're looking at illness experience we must include the sick person's judgments about how best to cope

1) These judgments, appraisals, are based on history...of previous episodes, of what has been learned (in the family as a child, in reading materials, on T.V.)...culture—you name it

3. **Disease**

a. Is what the practitioner creates in the recasting of illness in terms of theories of disorder

1) What they have been trained to see through the theoretical lenses of their particular form of practice

b. They have been *socialized* to be men or women, Americans, southerners, etc.

1) But then they are further socialized as practitioners

¹ Discussion of these terms found in Arthur Kleinman, “What is specific to biomedicine?” Chapter 2 in *Writing at the Margin: Discourse between Anthropology and Medicine*. Berkeley: U Cal Press, 1995: 21-40.

- a) **Discuss:** examples of practitioner socialization...in our own society or others
 - c. The *biomedical model* refigures disease *only* as an alteration in biological structure or functioning
 - d. Discuss: examples of **diseases**?
4. Kleinman pushes the distinction further:
- a. Biomedicine **presses** the practitioner to construct *disease*—biological processes—as the object of study and treatment
 - 1) There often is hardly any place for the patient’s experience of suffering
 - 2) Their complaints are regarded as *subjective* self-reports, inherently biased accounts
 - 3) The physician’s task is to replace these biased observations with *objective* data
 - a) Verified and verifiable measurements
 - b) Which are not considered to depend on a given context to be valid, they are just “true”
 - b. The doctor is supposed to decode the untrustworthy story of *illness as experience* for the evidence of that which is considered authentic, *disease as biological pathology*
 - c. We are seeing this happening in the Fadiman book
 - d. But this sort of reconfiguration does not happen in other healing systems
 - 1) Even though in these other systems the health specialist knows things other people don’t know, and can engage in practices regular people neither can know nor do, just like ours
 - 2) Even though the practitioner may disagree with the patient
 - 3) **Discuss:** examples of other healing systems?

5. Kleinman says when illness is recast as disease, something essential to the experience of illness, especially **chronic** illness, is lost
 - a. Because chronic illness is by definition not cured
 - 1) Chronic illness presents a good foil for us to use to examine biomedicine
 - 2) **Discuss:** examples?
 - 3) **Discuss:** In what ways does Lia have a chronic disease? An acute disease?

- B. Arthur Kleinman and Robert Hahn (you'll read their discussions later) distinguish "sickness" from both "illness" and "disease"
 1. The understanding of a disorder in its generic sense **across a population**
 - a. In relation to macrosocial (e.g., economic, political) forces²
 - b. **Discuss:** examples?
 2. What is epidemiology? How does this notion of "sickness" similar to the notion of epidemiology?
 3. Hahn introduces the concept of *social production* of sickness

- C. Biomedicine
 1. The "radically materialist pursuit of the biological mechanism of disease"³
 - a. **Discuss:** what does "materialist" mean here?
 2. What are the positive elements of taking this perspective?
 3. What might be some negative consequences?
 - a. On the part of the sufferer, one negative consequence can be a too intensely morbid preoccupation with painful bodily processes

² Arthur Kleinman, 1988, *The Illness Narratives: Suffering, Healing & the Human Condition*. New York: Basic Books: 6.

³ Kleinman 1988: 9.

- b. On the part of the technician: a too technically narrow and therefore dehumanizing vision of treatment

III. Analytic approaches I: Cause and effect

A. **Discuss:** what causes AIDS?

- 1. First we have to define the unit of study
 - a. Is it a single individual?
 - b. A population?
 - c. Or are we studying the history of a specific disorder?

B. What does it mean to speak of a single, specific cause?

- 1. **Discuss:** examples?

C. Exercise: what “caused” the Black Plague?

- 1. A chain of causes: microbe, vector (flea), rats, deforestation
 - a. When are we talking about individual cases and when are we talking about populations (epidemiology)?
- 2. A student wrote a paper outlining how public health measures in plague-stricken England actually exacerbated the problem
 - a. Should this kind of public health measures be considered a cause? Or would we think of the cause as something else?

D. The case of Abner Lowaima, an immigrant from W. Africa

- 1. Police took him to the emergency room in New York City
 - a. It was clear to the staff that he had been brutally, intentionally harmed
 - b. Someone (it turned out the police) had rammed a boom pole up his anus
 - c. But no report of a crime was written up

- d. What “caused” Lowaima’s lesions according to the emergency room write-up?
 - 1) In the ER, causal agents are written up in technical language, and limited to proximate causes
 - E. Example: the introduction of the concept of “battered child syndrome”
 - 1. Developed by a physician, Kendall, in the early 1960s
 - a. The introduction of the concept led to health care professionals being required by law to report suspicions of cases of chronically battered children
 - 1) If, for instance, they found indications in X-rays of previous injuries
 - 2) These lesions may have healed, but they indicated that the disorder was something bigger than the presenting problem emergency staff was to treat
 - b. We have here a more expansive definition of cause
 - 2. The development of the concept of battered child syndrome is an example of “medicalization”
 - a. Defining a behavior or set of behaviors as a medical problem
 - F. The first time a claim was made that the state needed to pay attention to child abuse occurred in the beginning of the 20th century
 - 1. The line of argument held that, as children are animals, they deserve protection just as much as other animals
 - a. The SPCA (Society for the Protection of Animals) had scored some successes
 - 2. The notion of child abuse had not been medicalized yet
- IV. Analytic approaches II: Meaning
- A. What is bubonic plague? AIDS? Battered Child Syndrome? What do these disorders *mean*?

1. What was Abner Lowaima's problem when he presented at the emergency room?
- B. I would guess that right now all, or most, of you, are distinguishing between the "natural" and the social/cultural
1. **Discuss** Kleinman's contention that:
 - a. "...biological processes are known only through socially constructed categories that constrain experience as much as does disordered physiology"⁴
 - b. Such processes have *meaning*; meanings are culturally derived
- C. What is the *meaning* of our body? A big issue
1. **Discuss:** metaphors of the body? Structure? Materials? Function?
 2. Later we will read an article suggesting that our (westerners') main metaphor of the body is a machine, composed of physical matter, and bounded by the skin
 3. In contrast:

For...non-Westerners the body is an open system linking social relations to the self, a vital balance between interrelated elements in a holistic cosmos. Emotion and cognition are integrated into bodily processes. The body-self is not a secularized private domain of the individual person but an organic part of a sacred, sociocentric world; a communication system involving exchanges with others (including the divine)"⁵
 4. **Discuss:** what in American culture resonates with this non-Western view?
 5. Example: for some, the individual pregnant woman is an organic part of a larger world, because the fetus and she are in a communication system
 - a. Some people see two humans inside of the pregnant woman's skin
 - b. Pregnant women have been jailed for taking drugs or drinking alcoholic beverages

⁴ Kleinman 1988: 17.

⁵ Kleinman 1988: 11.

6. Some Australian Aborigines receive “skin names” following a person’s totem being “embroidered” into the skin through ritual scarification
 - a. **Discuss:** ways we inscribe “social meaning” onto our bodies
 - 1) How did the corset express values and inscribe them on the body?

D. Illness always has *moral* meaning; does disease?

1. **Discuss:** for example, do we see everyone as entitled to medical service?
 - a. This was true—on the books, and sometimes in practice—even in South Africa during apartheid
 - b. What if people can’t pay for it?
2. In this country we have very ambivalent attitudes toward this issue
 - a. Some people seem to be more entitled than others, a *moral* issue
 - b. Examples in the media indicating people who are less entitled:
 - 1) People who have gone to genetic counseling but decide to have a defective baby anyway, one who will cost the state millions
 - 2) People who smoke or abuse alcohol and get sick
 - a) There was a debate over whether to provide the famous baseball player, Mickey Mantle, with a liver transplant because his diseased liver was produced by alcoholism
 - 3) Entitlement to dialysis machines for failing kidneys takes all kinds of factors into account

E. Medicalization as a kind of *meaning*

1. **Discuss:** examples?
 - a. Alcoholism; what was it before it was medicalized?

- b. Post Traumatic Stress Disorder
 - c. To what degree do we medicalize aging? Menopause?
2. We see it as progress that we no longer burn witches—we now have a separation of Church and state, we no longer believe in witches, and we see misfortune as due to other causes
- a. We have moved from a moral and religious explanation to a medical one
- F. The body/self dichotomy, and the mind/body dichotomy play a role in constructing the meaning of illness
- 1. Sometimes we *are* an illness (AIDS; syphilis); usually we *have* an illness, just as we have bodies