*In the name of health and illness: On some socio-political consequences of medical influence**

BY IRVING KENNETH ZOLA**

Samenvatting. Maatschappelijke problematiek wordt tenslotte individueel ervaren en ondergaan. De neiging bestaat te volharden in medische denkpatronen en maatschappelijke problematiek niet in het gezichtsveld te betrekken. Vergeten wordt dat hetgeen men voor de patiënt kan doen afhangt van hetgeen men voor de patiënt wil doen. Anderzijds vraagt de samenleving voor de oplossing van haar problemen advies aan wetenschappelijke experts, in dit geval aan de medicus, die bereid is zich met sociale problematiek in te laten, doch waarbij evenwel het gevaar bestaat dat beide partijen — maatschappij en geneeskunde — zich onvoldoende rekenschap geven van elkanders activiteiten. Hoe ook, het medisch terrein is de arena van het voorbeeld bij uitstek van de tegenwoordige identiteitscrisis: wat er van het mensdom zal worden.

The appealing promise of medicine. The socio-political role of medicine goes far beyond the actual activities and opinions of practicing physicians. For there is an ever increasing use of the metaphor of health and illness as an explanatory variable if not the explanation itself of a host of social problems. A look at the New York Times in a recent year yielded medical and psychiatric commentaries on such diverse phenomena as hippies, race riots, black power, juvenile delinquency, the use of heroin, LSD, and marihuana, college drop-outs, racial and religious intermarriage, disrespectful children, civil rights workers, divorces, student protesters, anti-war demonstrators, non-voters, draft resisters, and female liberationists. We do not wish to argue whether liberationists and protesters have clinical maladies. It is locating the source of trouble as well as the place of treatment primarily in individuals and making the etiology of the trouble impersona, (e.g. virulent bacteria or hormonal imbalance) that is of concern. At a conference on the care of the elderly a social worker described the following paranoid delusion: „This 81 year old man claimed that he was being systematically robbed of all his possessions — money, clothes, momentos, everything. And when everything was gone, he would die. His murderer, however, would never be caught because there would be no evidence that he (the elderly man) had ever lived".

The entire discussion following this case presentation focussed on the mental difficulties and impediments of ageing and the therapies available to deal with them. There is little doubt that this man was by current psychiatric standards clinically paranoid, but was the reality of his growing old (and perhaps ageing itself) and the feeling of loss, neglect, abandonment as depicted in his fantasy any less true? No one at the conference including myself who was also caught up in the psychiatric perspective seemed capable of seeing this issue or were they capable of discussing any other social, economic, political, etc. aspects of ageing.

Too often we „forget" that what we can do about a particular „trouble" depends on where and what we are willing to look at and change. What can thus become operative is a „go-no-further effect" and one largely due to that aspect of the medical model which locates the source of trouble as well as the treatment primarily in individuals. While this may have a pragmatic basis in the handling of a specific organic ailment, it has the additional function of blinding us to larger and discomfiting truths when a social problem is located primarily in the individual or his immediate circle. Slater talks about this in his book, The pursuit of loneliness, as the „Toilet assumption". „Our ideas institutionalizing the aged, psychotic, retarded and infirm are based on a pattern of thought that we might call The Toilet Assumption — The notion that unwanted matter, unwanted difficulties, unwanted complexities and obstacles will disappear if they are removed from our immediate field or vision ... Our approach to social

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problems is to decrease their visibility: out of sight, out of mind... The result to decrease their out of mind... The result of our social efforts has been to remove the underlying problems of our society farther and farther from daily consciousness, and hence to decrease in the mass of the population, the knowledge, skill, resources, and motivation necessary to deal with them".

The specifying of many problems as individual diseases is but a variation on this theme. As a disease it is by definition not social and at the same time the most ordinary level of intervention is also not social. If it has to be handled anywhere or if anyone is to blame it is individuals — usually the carriers of the problem — and certainly not the rest of us, or society at large. It is quite naturally far less overwhelming to blame the concentration camps and genocide or World War II upon the madness of a few men, than upon the banal complicity of millions (G. Gilbert, The psychology of dictatorship, New York: Ronald Press, 1950 versus H. Arendt, Eichmann in Israel, 1963). For individuals are theoretically, manageable units. What a Pandora's box would be opened if senility, drug addiction, alcoholism, poverty, the need for abortions, etc. were considered indicative of something wrong in the basic structure of the society at large rather than (or as well as) in the basic structure of a relatively small collection of individual psyches.

The moral neutrality of the medical model. There are many reasons when the medical model has been widely used to understand, diagnose, and treat „society's ills". Not the least of these reasons is the assumed moral neutrality of such a model. Herein, however, lies the greates potentiality for abrogating and obfuscating moral issues. Illness, from the medical model assumes something painful and undesirable, and thereby something that can and should be eliminated. It is because of the latter element that great caution must be exercised in the equating of social problems or unpleasant social phenomena with illness. Drug addiction and homosexuality provide two recent examples of this process. Both are behaviors considered by many to be morally reprehensible. In many parts of the world to engage in either is a criminal offense. Now with our modern enlightenment, the situation is changing. They are less often regarded as crimes and more as signs of illness, if not ipso facto illness themselves. While this may be more humanitarian and therapeutic it provides no answer to the underlying ethical and moral issues. Thus the fact there are significant medical, psychological, and even physiological differences between homosexuals and non-homosexuals, and between drug users and non-drug users is no demonstration that homosexuality and drug addiction are primarily medico-psychological problems. Nor is the fact that homosexuals or drug users can be treated or changed any argument that they should be forced to change. Yet this is done continually in the context of the medical model. Popular articles have even begun to use such reasoning as an argument against homosexuality and at least one citing evidence on „improvement" of homosexuals through psychotherapy, concluded that therefore the homosexuals have no excuse for not undergoing treatment. Within this framework, such questions as the homosexual's or addict's wish for change, his satisfaction with the situation, and his right to dispose of his body in his way if he does not harm others, will not even be asked. A social illness, like an individual one, is by definition to be eliminated, regardless of the wish of the individual.

The word „regardless" is a key element. In the process of labelling a social problem an illness, there is a power imbalance of tremendous import. For illness is only to be diagnosed and treated by certain specified licensed and mandated officials — primarily M.D.'s. In such a situation, the potential patient has little right of appeal to the label-diagnosis. In fact when a patient-client does object to what is being done for him, the social rhetoric once again may obscure the issue, i.e. since he is sick, he does not really know what is good for him. The treater-diagnosticians, of course, think they do, since there is nothing „in it" for them, the experts who made the diagnosis. The very expertise, being socially legitimated, makes this seem morally neutral. It is in such reasoning that there is the greatest deception. Even granting that the illness diagnostician and their tools may be morally neutral for society to decide that any particular social problem is relevant to their province is not without moral consequences. This decision is not morally neutral precisely because in establishing its relevance as the key dimension for action, the moral issue is prevented from being squarely faced and occasionally even from being raised. By the very acceptance of a specific behavior as an illness and the definition of illness as an undesirable state the issue becomes not whether to deal with a particular problem but how and when. Thus the deate over homosexuality, drugs, abortion become focussed on the degree of sickness attached to the phenomenon or the extent of a health risk involved. And the more principled, more perplexing, or even moral issue of what freedom should an individual have over his/her body is shunted aside.

The dilemma of medicine's answer. This sounds

our warning note on the perils of the wholesale transfer of the medical model to our workaday world. Basically our contention is that the increasing use of illness as a lever in the increasing use of illness as a lever in the understanding of social problems represents no dramatic shift from a moral or legal view to a neutral one but merely to an alternative conceptual scheme or strategy for securing desired social change. This is seen rather vividly in a commentary on the revival of witchery on college campuses by the Dean of a Catholic University. „We've really become progressive around here. A couple of hundred years ago we would have burned them. Twenty-five years ago I would have expelled them. Now we simply send them all to psychiatrists."

Thus the shift in the handling of such social problems is primarily in those who will undertake the change (psychiatry and other medical specialities) and where the change will take place (in the individual's psyche and body). The problem being scrutinized and the person being charged is no less immoral for all the medical rhetoric. It or he is still a „problem" though the rhetoric may convince us that he and not the society is responsible, and he not the society shoud be changed. Even the moral imperatives remain, in the idea that if such a problem-person can be medically treated-changed, it-he should be.

Here, however, is no imperialistic takeover by medicine and psychiatry of the minds and judgements of our society, but rather an insidious and diffuse phenomenon almost mundane in its exercise and nature. My concern is that society in its search for cure-alls to its problems keeps seeking advice from scientific experts — in this case the medicine-man, and hat medicine seems all too willing (perhaps unwittingly) to involve itself in social problems. The primary danger is that both sides too often appear unaware of what they are really doing — namely hiding the continuing and inevitable moral (as well as socio-political) nature of social problems. This paper is thus no attack on medicine as much as a situation in which we find ourselves in the latter part of the 20th century. What I am convinced of is that the medical area is the arena or the example par excellence of today's identity crisis — what is or will become of man. It is the battleground not because there are visible threats and oppressors but because they are almost invisible, not because the perspective, tools, and practitioners of medicine and the other helping professions are evil but because they are not. It is no frightening because there are elements here of the banality of evil so uncomfortably written about by Hannah Arendt. But here the danger is greater for not only is the process masked as a technical, scientific objective one but ons done for our own good.