

BULLETIN OF
**SCIENCE,
TECHNOLOGY
&
SOCIETY**

SPECIAL ISSUE: FOCUS ON HEALTH

**VOLUME 6 • NUMBER 1
1986**

**STS Press
University Park, Pennsylvania**

WELL-BEING: THE NEW THRESHOLD TO THE OLD MEDICINE

John L. McKnight

Dr. Lewis Thomas, pre-eminent medical author and past president of the renowned Sloan-Kettering Cancer Center recently noted that "less than 1% of the U.S. population dies each year and the life expectancy is over 72 years." Thomas says that this is "not at all a discouraging record once you accept the fact of mortality itself."¹ Nonetheless, he notes an obsessive commitment toward medical technology and a growing demand for "health care." It is this demand that Thomas calls an "unhealthy obsession." "The new danger to our well being," he says, "is in becoming a nation of healthy hypochondriacs, living gingerly, worrying ourselves half to death."

Thomas concludes that we should be worrying, but "worrying that our preoccupation with health may be a symptom of copping out, an excuse to recline on a couch, sniffing the air for contaminants, spraying for germicides, while just outside the whole of society is coming undone."

Clearly, we have become obsessed with health and addicted to medicine.

Consider the middle and upper classes. For them, the utility of the tools of modern medicine has largely disappeared. The radical decline in infectious diseases has left much of medicine with such residual responsibilities as repairing the injuries of suburbanites who become battered as a result of their competitions on racquetball courts and highways.

For lower income people, medicine is not only inappropriate, it is iatrogenically priced. The primary causes of physical malady among the modernized poor is distinctively environmental and obviously unchangeable with medical tools. There is no medical prescription to cure poverty, slums, and polluted air, water and food. Nonetheless, this reality has not effected the allocation of tremendous public wealth for medical ministrations to the problems of the poor. In New York City, for example, over half of all public and private program dollars specifically designed to assist poor people are spent on providing their medical care. Indeed, only one-third of these "poverty" allocations reach the poor in income, thus assuring their continued poverty while providing the justification for financing a monumental medical system that has become a monkey on the back of people without adequate income.

Extending its reach to new jurisdictions, medicine has recently discovered our oldest citizens. As oldness is medicalized, age is fast becoming a disease and death the unfortunate consequence of those without the courage to have their flesh replaced with plastic parts.

Today, modern technological medicine is so peripheral to our health that it is best understood as a tool in search of a use. Mark Twain said, "If your only tool is a hammer,

¹"An Unhealthy Obsession," Dun's Review, June 1976.

problems look like nails." We live in great peril because those who command the hammer are now using it to make health into a nail. One can hear the hammer's growing louder as it medicalizes more and more of everyday life. Indeed, it is now winding away at anything remotely associated with health, including those activities that are called "health alternatives" -- initiatives to escape the medical model.

It was only a decade or two ago that the idea of health as a condition of life rather than a product of medicine was discovered anew. We began to hear words of well-being such as "wholistic," "fitness," "self-care," "home birth," and "hospice." Unfortunately, these new definitions and alternatives have increasingly been revealed as nails for the medical hammer.

"Wholistic health" is today most often wholistic medicine, creating a new five-in-one professional acting as a doctor, nurse, psychologist, pastor and herbalist for a single fee.

"Fitness" has often become an opening for the development of sports medicine and for-directed exercise centers.

"Self-care" has tended to become the ultimate medicalizer by teaching each of us to be allopathic auto-didacts.

The home birth movement has laid the groundwork for hospital "birthing centers." The hospice movement, initiated a decade ago in the United States to wrest death from medicalized exile, has become inverted so that hospital-based hospicees are growing while community hospicees atrophy.

How is it that as we open each door to health, at the end of the corridor we find we have reentered the medical chamber? How is it that our health alternatives and redefinitions are so consistently become nails for constructing new additions to the medical mansion?

The reason we have failed to find another way in the name of health is that we have adequately comprehended the basic structure that guides the modern allopathic medical system. Because our alternatives have not escaped the essential elements of this medical system, we have actually extended that system's hegemony in the name of health alternatives.

The three essential elements of the modern medical system are management, modification and curricularization.

The possibility of health in a modern society depends, at the very least, upon our ability to free the idea of health from its subordination to managed, commodified, and medicalized activities. Any health "alternative" that is significantly structured by these elements will necessarily lead to remedicalization.

An examination of each of these elements reveals their inherent opposition to another called healthfulness.



The sign of management is

the diagram symbolizes a system of hierarchical control that breaks human activity into pieces. Even today, there is no culture that believes health is the result of oligarchic control and fragmented life. How could a method predicated on these values conceivably be a healthful way?

The sign of commodification is the "health consumer." There is, of course, no health that health could be consumed. There has never been a "health consumer."

Nonetheless, this medically engineered mythical being has entered the fantasy life of modern society and emerged as a client. A client, of course, is the necessary commodity to meet the needs of the medical system. Thus health becomes the new medium for converting citizens into clients who consume the system's commodities in order to achieve well being.

The sign of curricularization is "health education." This is the process by which a culturally defined capacity to cope is disembodied and disordered so that it can be controlled outside the community. Once health is taken to school it can then be managed and commodified. The transmutation of cultural knowledge of healthful coping into a coded lexicon of expert knowledge is the function of curriculum. This curriculum disorders popular capacity to cope and celebrate, thus closing the essential doorway to healthful ways.

Most of the inventions or traditions that avoid the hammer-power of these three elements of the modern medical system are to be found in popular activities. A few examples suggest some directions toward other ways. While they are not pure examples, they represent activities of citizens seeking to capture the healthful power to define and to act outside the medical monopoly:

... Two years ago, a group of citizens in the United States formed an organization called The People's Medical Society. The group has two basic goals. The first is to exert popular control over the medical system. The second is to develop information among members that will diminish or prevent contact with the medical system's authoritarian demands. The response has been phenomenal. There are now 77,000 members with hundreds more joining monthly. The group is tough, clear-eyed and cheerfully disrespectful in its efforts to manage for medicine the minor place that it rightfully deserves in a healthful society.²

... In many low-income communities in the U.S., publicly financed medical insurance systematically misdirects public wealth from income to the poor to income to medical professionals. In one impoverished community the people have initiated an experiment that decommodifies their health by transferring funds budgeted for medical care into activities that involve community action to change the sickening elements in the local environment. The funds transfer reflects their movement from client to citizen, from commodity to community.³

... Throughout modern societies, growing number of people have been institutionalized in the name of their health and well being. In this manner they are disembedded from the culture of community and instituted as students of a curricularized system. In several states in the U.S., groups of citizens have joined together to bring institutionalized citizens back into community. With incredible deftness, they knit their new friends back into the fabric of popular life.⁴

Each of these initiatives is a citizen effort to release the healthful possibilities of citizenship and community when social space becomes unmanaged, uncommodified, and de-curricularized. The result of these efforts will not be an alternative. Rather, their direction is to open a door toward the thousands of other ways that grow when the monopoly of medicalized health is pushed aside.

² For further information, The People's Medical Society, Emmaus, Pennsylvania 18049.

³ Further information regarding this community initiative can be secured by contacting the Center for Urban Affairs and Policy Research, Northwestern University, Evanston, Illinois 60201.

⁴ Further information regarding one of these deinstitutionalizing efforts is available from the Georgia Advocacy Office, 1447 Peachtree Street, NE, Suite 811, Atlanta, GA 30309.

These groups struggle against a vision of health as the product of an exchange for specialized technique dominated by a complex control system. This vision is now manifest both the halls of Humana and the "Doctor's Fitness Center." It dominates the lives of my Americans in both sickness and in health.

The purpose of this intensely managed, commodified and curricularized system is difficult to comprehend by those with a sense of health's balance, joy and salubrity. Why state such a powerful, sledge hammer-like tool for health?

The reason is that this peculiar "health system" is a technological manifestation of an allopathic belief system. Believing that health results from an assault upon internal pathogens by external powers, the allopathic system is designed to create and propel forces to a corrupted body. It is a system designed to intervene, to invade, to penetrate and to rage. Its theory is based upon counterforce. It is about the power of the external agent. It is that the system assembles the elements of technology's most forceful tools in order to finally dominate the body and ultimately to replace its corruptible parts. So it is, also, at these tools necessarily force "well being" into invasion of the being.

It is powerful medicine, this "health system." A famous medicine maker, Eli Lilly, once had a motto on each of his bottles in the early days: "A drug without side effects is no good at all."

The negative side effects of the medical health system are now manifest. Designed as an invasive theory, the negative effects of the system are best understood as the loss of what it replaces.

First, as described earlier, the system establishes hegemony over "health alternatives," distorting their intentions and outcomes by substituting the methods of technological intervention for salubrity.

Second, each historic community is an implicit experiment in well being. Through stories and friendships, obligations and wisdom, healthful ways are part of everyday life and common knowledge. The "health system" assaults these healthful domains providing interventions that replace stories with studies, friends with professionals, obligations with rules and wisdom with technology. Health is a word for life in the commons. Health systems assault the commons as though it were a pathogen.

Third, our life is often possible because of healing. The basic truth is that we heal. My wound heals. This regenerating capacity is the central reality of our vitality. To lose the knowledge of our personal and communal regenerative power is often the cost of the dominance of the health system. And yet that system, with its interventionist power, is fundamentally impotent as a replacement for our healing power.

Fourth, we have not only the vitality of our healing but the capacity to suffer our mortality. This capacity to cope with suffering and finally celebrate our mortality is the foundation of culture. However, health without pain or death is the vision of a system whose tools are chemicals and plastic parts. In exchange for the power to cope and celebrate, we are offered chemically managed versions of therapeutic oblivion. Our person becomes a managed commodity under expert control. The health system finally replaces our very being with its intervention and, in a perfect inversion, there is left to us health without community, commons, vitality, or even mortality.

Health without community, commons, vitality and mortality is the negative side effect of a monopoly that believes it produces health through managed, commodified, curricularized activity. As these three practices are incorporated into everyday life in the name of health and well being, we will merely be opening new doors to the medical health system. As we act in common community to nurture and celebrate our vitality and mortality, the possibility of health will emerge.

It is an allegorical truth of our time that the essentially invasive ideology of the medical health system increasingly forces us to make a choice between the interventions of the system and our community, capacity, vitality and mortality. It is, admittedly, a difficult choice. However, it is an old choice, for in each generation, we are offered new escapes from freedom.

John L. McKnight is Professor of Communication Studies and Urban Affairs at the Center for Urban Affairs and Policy Research, Northwestern University, Evanston, IL 60202. This paper was presented before the Session on Medical Science: Alternative Insights and Approaches at the American Association for the Advancement of Science, Los Angeles, CA, May 28, 1985.