

**Demedicalization
and the Possibilities of Health**

by

John L. McKnight
Director of Community Studies
Center for Urban Affairs and Policy Research, and
Professor of Communication Studies and Urban Affairs
Northwestern University

Center for Urban Affairs and Policy Research
Northwestern University
2040 Sheridan Road
Evanston, IL 60208-4100
Phone: 708-491-3395
Fax: 708-491-9916

Biography

John L. Mcknight is a Professor of Communication Studies and Director of Community Studies for the Center for Urban Affairs and Policy Research at Northwestern University in Evanston, Illinois. He has devoted much of his life to working with urban neighborhood associations and studying their popular approaches to problem solving. These studies have focused on health, crime, housing, learning, and finance.

The central health question in modernized societies is, "How did we ever get so distracted by medicine?" Perhaps this point is made best by Dr. Lewis Thomas, preeminent medical author and past president of the renowned Sloan-Kettering Cancer Center. He 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, there appears to be 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 coping 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 are 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 medicine with the residual responsibilities for repairing the injuries of suburbanites who become battered as a result of their competitions on racquetball courts.²

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, polluted air, water, and food. However, this reality has not effected the tremendous allocation of public wealth for medical solutions 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, instead, on expanding ineffectual medical care. Indeed, only one-third of these "poverty" alloca-

tions 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.

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

It was only a decade or two ago that the idea of alternatives to medicine or the medical model became popular. The idea of health as a condition of life rather than a product of medicine was discovered anew. We began to hear words like "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 doctor-directed diet centers.

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

The home birth movement has laid the groundwork for hospital "birthing centers."

And the hospice movement, initiated a decade ago in the United States to wrest death from hospitalized exile, has become inverted so that hospital-based hospices are growing while community hospices atrophy.

How is it that as we open each door to health we find we have reentered the medical chamber at the end of the corridor? How is it that our alternatives and redefinitions have so consistently become nails rebuilding the medical model?

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

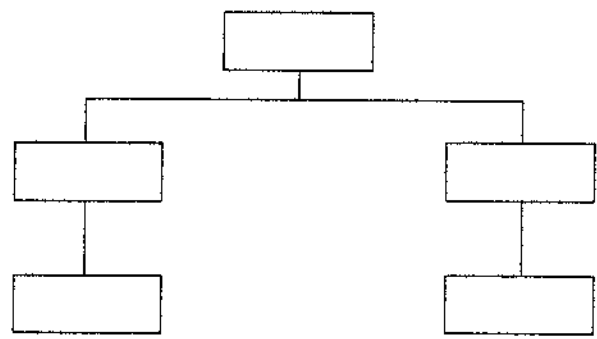
The three essential elements of a modern medicalized system are:

- management
- commodification
- curricularization

The possibility of health in a modern society depends upon our ability to free the idea of health from its subordination to managed, commodified, and curricularized 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 way called healthfulness.

The sign of *Management* is:



This diagram symbolizes a system of hierarchical control that breaks human activity into tiny pieces. I know of no culture that believes health is the result of oligarchic control and fragmented life. How could a method predicated on these values conceivably allow a healthful way?

The sign of *Commodification* is the "health consumer." There is, of course, no possibility that health could be consumed. There has never been, of course, 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 a 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. It is the "new order" of this curriculum that disorders popular capacity to cope and celebrate, 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 from the United States suggest some directions toward other ways. While they are not pure examples, they represent activities of citizens seeking to capture the 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 system's authoritarian demands. The response

has been phenomenal. There are now 85,000 members with thousands 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.³

- In many low-income communities in the United States, 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.⁴
- Throughout modern societies, growing numbers 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 United States, 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.⁵

Each of these initiatives is a citizen effort to release the healthful possibilities of citizenship and community when social space becomes unmanaged, uncommodified, and decurricularized. 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.

There remains the question as to whether there are public policies that might support citizen efforts to allow health in these other ways. It is a perilous question and one to be approached with great hesitation. However, there are four tentative policy guidelines that might enhance the possibility that healthful space could be enlarged in the face of the medical way.

First, all increases in expenditures for therapeutic medical services should be faced with a "burden of proof." Medical advocates should be required to demonstrate that their therapies will be more healthful than applying the same budget to the income

of people, their community organizations or an alternative preventive approach.

Second, all medical or health proposals should be tested in terms of their capacity to strengthen local community authority and legitimize the competence of popular activities. This is a test that can only be applied by the community. Its legitimacy is demonstrated when community decisions are *decisive* rather than advisory or “participative.”

Third, the non-medical tools and techniques that public health advocates claim will improve health should also be evaluated in terms of their empowering capacity. Are they usable by their “beneficiaries”? Understandable? Controllable? Or are they mystifying, mega-scale, manipulative devices and methods — large school systems, mass media, etc. — that necessarily require outside dominance to achieve their “healthful” effect? Again, the burden of proof should be with the advocates of megatools. How will the impotence their tools create cure sickening powerlessness?

The fourth guideline is at once the most important and the most difficult to understand: Health is basically a condition and not an intervention. The basic “healthist” misunderstanding is best understood by the modernized poor. Injected, treated, cured, cared, educated, and manipulated toward “compliance,” these people know better than anyone else that these interventions are not the source of their health. Instead, each day their lives are physiologically sickened by their impotence confirmed by their intervenors. They are reduced to being “health consumers,” the raw material of “health providers.”

Health is a condition, an indicator, a sign. In post-industrial societies, health status measures the power, competence, and justice of a people and their communities. It tells whether tools control people or people use tools. It indicates whether systems rule or people control.

Our research indicates that it is impossible to produce health. It is possible to allow health by avoiding the maladies of a managed, commodified, curricularized life and the ersatz society they create in lieu of communities of care.

Summary

1. Technological medicine is increasingly irrelevant as a tool to improve health status in modernized societies.
2. Nonetheless, the medical system and its method has spread across the social environment.
3. One expression of this medicalization is the cooptation of "alternative" approaches to health.
4. The alternatives become medicalized because they do not avoid the essential elements of the system of technological medicine, e.g., management, commodification, and curricularization.
5. There are numerous citizen initiatives that operate outside these systems and point toward new directions allowing health to prevail.
6. There are some public policies that could support these citizen health initiatives and limit the extension of medicalization.

Notes

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

² A recent study (by the Center for Urban Affairs and Policy Research, Northwestern University, Evanston, Illinois) shows "sports injuries" to be the major cause of emergency care in a suburban hospital.

³ For further information, write The People's Medical Society, Emmaus, Pennsylvania, 18049.

⁴ Further information regarding this community initiative can be secured by contacting the Center for Urban Affairs and Policy Research, Northwestern University, Evanston, Illinois, 60201.

⁵ Further information regarding one of these deinstitutionalizing efforts is available from the Georgia Advocacy Office, 1447 Peachtree Street, NE, Suite 811, Atlanta, GA 30309.