WAYS OF SEEING ILLNESS (BY CAROLE YAWNEY)

This article is the second of a four-part series on Alternatives to Allopathy. The first article described the importance of Western medicine's tie to science and how it affects our thinking about alternatives. This piece discusses the influences of culture on how we define, and go about achieving health and healing. The following articles will examine the position of women as healers and patients in the allopathic framework, and the political economy of health in our present system.

What is health and well-being? What is illness and disease? How do we know when we are sick and what do we do about it? We learn the answers to these questions by growing up in a particular society. Our notions of health and illness are determined by the culture of which we are a part. Healing is embedded in culture.

While everyone experiences biological change as part of living, we learn the meaning of these changes from others in our culture. Most of this learning is informal. It includes exposure to sick people and how they are treated.

We learn what kinds of symptoms are regarded as minor, requiring perhaps no more than self-treatment with home remedies, or recourse to a lay consultant. We come to recognize conditions that are considered more serious, for which we are encouraged to seek professional medical help. We catch on to what kind of behaviour is appropriate for the sick role and we are rewarded for it.

The extent to which a society possesses a medical culture varies, depending upon people's beliefs about the causes of illness and their anxiety about it.

The traditional Navaho, for example, had a very elaborate medical culture. E. Ackerknecht, in 'Medicine and Ethnology' describes how they believed that illness was a punishment for wrong living and that health could best be achieved through social and religious harmony. The majority of their religious ceremonies, which occupied a central focus in their life, were devoted to the prevention and control of illness.

In contrast, the Cheyenne believed that illness could not be avoided since it was arbitrarily caused by invisible arrows shot by capricious spirits. Their medical culture was very simple and mostly informal.

In the first article in this series (R. Love, 'The Power and Science of Medicine', Winter 1981), we saw how allopathy built upon scientific discoveries of the last two centuries and developed an approach to illness which has come to dominate the healing arts.

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As we know it today, medical science is a specific response to the kinds of health problems which were literally plaguing society. The germ theory of disease, the discovery that gives much of allopathy its credibility, formed the basis of medical research in western cultures when widespread illnesses such as smallpox, cholera and tuberculosis constitued major health problems. However, once such illnesses could be successfully treated with vaccines or antibodies, little further attention was given to the social and environmental management of these conditions.

Societies change, disease profiles change, and so too should medical systems. The current orientation of allopathy is towards institutional or hospital-based medicine, relying as it does upon drugs, surgery and technology to intervene in acute-episode illnesses. But what happens when this kind of approach is adopted in cases which do not warrant such heroic measures?

Many people experience numerous chronic conditions which allopathy only succeeds in managing or masking --if indeed it does not complicate the picture with iatrogenic side effects. (Iatrogenesis refers to health problems a patient develops as a result of the method of treatment). And finally, what about the problems which fall entirely outside of allopathy's treatment capacity?

The change of the disease profile in western society from contagious to chronic requires us to consider and search for different causes of illness. Our belief about the causes of illness determine what we do about an illness. If we think spirit possession is the problem, we hire an exorcist. In our own society, recognition of stress and environmental factors as causes of illness, requires that we take more preventive measures. As we redefine what constitutes illness, we change our approach to therapy.

We take for granted that medcial science, or allopathy, has developed universal or absolute categories for illness. It can only do this within the limitations of its own medical model and by frequently violating local cultural understandings. Medical science can describe illness clinically without recourse to cultural factors, but it cannot explain or treat all illnesses successfully without taking into consideration non-biological aspects.

A case in point is the incidence of 'kuru', a culture-specific illness found among the Fore people in New Guinea. Kuru is characterized by progressive deterioration of the nervous system over a period of several months, accompanied by trembling, loss of control of movement and extensive brain damage. All kinds of explanations were offered -- malnutrition, poisoning, heredity -- but each lead proved unprofitable. The answer was contingent upon understanding cultural variables.

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Among the Fore it was the custom for close relatives of a dead person to show their respect by consuming the corpse. Women and children were the main participants, and the brain of the deceased was especially prized. This became important as statistics began to indicate that children and women were the greatest victims. Dr. Carleton Gajdusek experimentally tested and proved a theory that kuru was caused by a virus which lodges in the brain of its victim and was transmitted through cannibalism. Without developing a biocultural understanding of this health problem, its cause may have gone undetected.

All definitions of health and illness imply some notion of deviation from a culturally accepted norm. Sometimes we feel much better than we usually do, and identify this as a super-healthy state. At other times we feel less healthy than we normally do. In our society though, we tend to place more emphasis on avoiding the negatively defined state, as opposed to analyzing and pursuing the circumstances that help make us feel really good. Like the Cheyenne belief in the cause of illness, we seem to think that feeling super-healthy is a result of arbitrary energies. But in actual fact, if our society were more health-oriented than illness-oriented, we would be able to have more control over the factors that contribute to our sense of well-being, and actively seek to cultivate them.

While it may be possible to measure in a scientifically objective way an abnormal or pathological condition, what really counts is whether the people involved experience the biological change in question as illness, and seek therapy accordingly. For this reason a distinction is often made between disease and illness. Disease refers to a pathological state of the human organism which can be described scientifically; illness refers to the recognition of the individual in question that s/he is sick. While there is no doubt in most societies when someone is seriously ill, there exists a wide range of conditions which are defined differently cross-culturally.

One factor which is important in this regard is the prevalence of the condition in the population. Within certain cultural contexts, many diseases are not regarded as illnesses because their incidence is so widespread that they are regarded as part of the collective fate. In some parts of the world, malaria and yaws, which are endemic to certain regions, are not considered illnesses. Symptoms associated with lung disease among miners are often tolerated in a matter of fact manner and ignored.

For many of us the common cold is regarded, at best as a nuisance. the very language we use to describe it -- 'common' -- implies that the appropriate cultural response is to accept it stoically. But why should we accept it? What is the relationship between the air we breathe and our almost continuous experience of upper respiratory irritation? Rene Dubos argues in 'Man Adapting' that if we thought the air were as polluted as

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untreated sewer water, we would no sooner breathe the one as drink the other. Dubos suggests by analogy that this is almost the situation in which we find ourselves. According to the above definitions, our plight is one of disease, but not illness.

Another approach to the so-called common cold is to regard it as a flushing out of toxins and accumulated wastes. But we need to ask what it is about our society that makes it such a frequent episode. Are we really exposed to that many sources of contamination that our normal systems of elimination are incapable of handling these problems?

If we re-define our approach to the common cold, and treat it less as the result of 'catching a bug' and more due to environmental and personal factors, then our health seeking behaviour would be different. Demanding more control over environmental problems and finding new ways (through diet and nutrition) to assist our body in handling toxins, are two possible routes.

In 'Man Adapting' Rene Dubos makes the point that the approach which treats disease as an external agent (i.e. germ) capable of getting into the body and damaging it, is not much different from the beliefs of prescientific medicine. Prior to the development of the germ theory, "such explanations took the form of demonological concepts, disease being regarded as resulting from the malevolent influence of taboo violation, sorcery, revengeful ghosts, etc."

In addition to the prevalence of a condition, the cultural values of a society affects its definition as either and illness or a disease. The cultural symbolism of the body itself often tells us whether to ignore or treat symptoms. what parts of the body are considered vital to the individual's functioning within her culture? The French for example are obsessively concerned about their livers, something quite appropriate for a wine-drinking culture. In the summer in France after the 14th of July, people take to the countryside to give their livers a rest.

In North America our concern is with heart and brain malfunctioning to the extent that we often ignore or tolerate for long periods of time other syptoms, such as liver or gall bladder disturbances. The prevalence of low fat, low cholesterol cookbooks, however, attest to out fear of heart disease.

Cultural beliefs about the nature of the body affect the kind of therapy sought after a health problem has been identified. Evidence exists that many non-western peoples gained extensive knowledge of human anatomy due to their involvement in hunting, canibalism, and sacrifices. Some even practised autopsy. However, frequently, beliefs about mutilation, about cutting the skin, stood in the way of applying this knowledge practically in the form of surgery.

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Pain is generally considered symptomatic of a health problem in all societies. However, several studies show that culture plays a role in controlling the expression of pain and influences the degree to which pain is subjectively experienced. In her comparative study, 'Birth in Four Cultures' Bridgette Jordan argues that while pain in childbirth is universally expected, the degree to which a society is socially supportive of the labour and birthing process itself and the extent to which mothers-to-be exercise control over their pregnancy and delivery affect both the objective and subjective experience of pain.

Jordan reports that birthing in the Yucatan takes place at home amidst familiar surroundings with the assistance of a midwife. It is a cultural tradition that both the women's mother and her husband be present for the event. While some pain is anticipated and experienced, it is far less than is reported in North American accounts, resulting in totally unmedicated births. The fact that birth is not induced artifically permits the mother-to-be to experience the process as natural and non-traumatic. In North America, medical practices surrounding birht often precipitate women into a crisis state involving unmanageable pain. The more we define childbirth as illness, the more likely we are to be sickened by it.

Other examples could have been used to illustrate the relationship between cultrue and definitions of health and illness. In Hong Kong there is a condition that we would recognize as measles treated within the cultural framework of traditional beliefs about the unity of opposites. The universe is considered to be composed of 'yin' and 'yang' elements. Yin is represented by the dark, female, cold or receptive energies. Yang refers to light, male, hot and active energies. This concept permeates the culture. Thus, it is no surprise that it is used to help explain health and illness.

In an article in 'Asian Medical Systems' Marjorie Topley explains that biological changes are perceived as attempts of the yin and yan energies within the individual to balance themselves. From this point of view measles is regarded as a necessary experience for children to undergo in order to equilibrate their yin and yan forces at that stage of life. Traditionally the Chinese have regarded measles as a kind of 'rite of passage', a socially significant occasion in the life of the individual. This situation is reminiscent of attitudes to eczema in children in 18th century Europe, where it was regarded as releasing 'bad humours'.

The history of syphilis dramatically sheds light on the connection between culture and healing. This is described by Owser Temkin in 'The Double Face of Janus.' Following the major syphilis epidemic between 1490 and 1520 the relationship between its symptoms and sexual intercourse became clearer. But a double standard emerged with respect to both its moral implications and its treatment.

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The aristocratic ideal during this period was represented by the cavalier, the legacy of the Mediaeval knight. With amorous adventures or sexual exploitation comprising a good part of this lifestyle, venereal disease was interpreted in a positive light. In fact, it seems that noblemen who had not contracted the condition were considered "ignoble and rustic".

"The common folk, on the other hand," Temkin writes, "fared quite differently. In sixteenth century Paris, syphilitics were scourged and treated by barbarous methods. An aristocrat, however, was scarcely ever hospitalized and did not have to submit to the scourging of syphilitics, which did not scandalize the world of the period: indeed, the very idea of such submission would have been absurd."

It was not until the rise of bourgeois morality in the 18th century that venereal disease among members of the upper classes began to acquire a moral stigma. The association of VD with extramarital sex then had to be condemned in light of the new morality which extolled the virtue of family life. This attitude has developed to the point where in today's society VD is regarded as a collective concern and its widespread nature considered a threat to the "moral health" of the state. Temkin concludes that having passed beyond the bounds of illness, VD "now appears in the final analysis as a crime."

These are some examples of how particular cultures might treat conditions which we call diseases. When a health problem is peculiar to only one society it is referred to by anthropologists as a culture-bound reactive syndrome. this simply means that the complex of behaviours and symptoms involved are culture-specific, that the same pattern has not been manifested identically in any other culture.

Because it is often difficult for observers to get at the physical manifestation of illnesses in other cultures (due to the intimacy and privacy of health problems), many of our examples of culture-specific disorders are behavioural in nature. 'Windigo' or 'witiko' in traditional Ojibway culture refers to a morbid depressive state in which the individual is obsessed with cannibalistic fantasies which can culminate in homicide. The windigo is a monster-giant which possesses people. It is represented by a skeleton with a heart of ice. This may reflect anxiety in the culture about cold winters and fear of famine.

In his book, 'Patients and Healers in the Context of Culture', Arthur Kleinman describes a Chinese case of frigophobia, characterized by an intense fear of cold. the patient wore several layers of clothing, wrapped in several blankets, and would not open the window, even in summer. This was interpreted as due to his intense anxiety about his yin or cold energies, overwhelming his yang or hot energies.

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There are other culture-specific conditions which were first observed in a particular society, but became generalized to include similar behavioural disorders in other cultures. Here we could include voodoo death (extreme stress and fear causing death), artic hysteria (erratic behaviour resulting in spasms, convulsions, and amnesia of the event upon waking), and running amok.

Our own society also has ways of conceiving of illnesses which are experienced as real even though allopathy may have no explanation for them. Most of us are familiar with the phenomenon of what we call crib death in infants. Only in a society where a baby sleeps in isolation in a crib or carriage is this phenomenon recognized by being labelled as such. Many of us have experienced dysmenorrhea for which allopathy has neither cause nor cure. In fact, allopathy sometimes suggests that it is all in our minds.

This raises another point. Even the contents of one's mind are culturally framed. What we would consider symptomatic of mental illness might be regarded as evidence of divine providence in another society. There is a very thin line between what constitutes a vision and an hallucination. Illnesses accompanied by visions may be prerequisites for the attainment of healing or religious status in some societies. Handsome Lake, a famous Seneca prophet and social reformer, began his career in New York State with a vision in the early 1800's. In some societies, it is not the hallucination per se that is regarded as problematic, but its content. If it makes cultural sense, it is acceptable. In some cultures, vision quests were socially institutionalized forms of behaviour. In our own society, the Roman Catholic Church canonizes individuals who have culturally acceptable visions.

Throughout this article the terms illness and health have been used as if they are static conditions, with very clear distinctions betweem them. But they really are very ambiguous terms. In our own society one form of non-allopathic healing -- naturopathic medicine -- regards health and illness, not as relative states, but rather, as dynamic processes and expressions of the life force of the individual organism. Because of this, such physicians often say that they do not treat disease, but that they treat people with diseases.

This excursion into how other cultures or subcultures within our own society approach illness help us broaden our perspective and handle our own illnesses in a more comprehensive and less narrow-minded way. It is clear that what we believe to be making us sick -- or whether we even know when we are sick at all -- profoundly affects what we do about it. We might also remember Rene Dubos's words in 'Mirage of Health' that perfect health is an elusive utopian goal:

> ".....all the Arcadias past and future could be sites of lasting health and happiness only if mankind were to remain static in a

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stable environment. but in the world of reality, places change, and man also changes. Furthermore, his self-imposed striving for ever-distant goals makes his fate even more unpredictable than that of other living things. For this reason health and happiness cannot be absolute and permanent values, however careful the social and medical planning. Biological success in all its manifestations is a measure of fitness, and fitness requires never-ending efforts of adaptation to the total environment, which is ever-changing."

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