
UNDOING MEDICAL CONDITIONING

by Melanie Conn and Rebecca Fox

This is an edited version of an article that originally appeared in Healthsharing magazine, Fall 1980. Permission to reprint it was granted by the authors and by Healthsharing.

In this society, we undergo a good deal of conditioning in many areas of our lives. Through this process of conditioning we are taught, sometimes subtly, sometimes not-so-subtly, to view certain things as fixed, unchanging, not open to question. One example of this is sex-role conditioning, in which we are encouraged to measure maleness and femaleness according to certain norms: women are passive, men aggressive; women work in the home, men work outside it. Sex-role conditioning is now being challenged on many fronts, but there are other forms of conditioning, equally insidious, that mould our thinking in other areas of our lives, and that have only begun to be questioned. Perhaps the most powerful conditioning is that which we receive in the area of health care.

At the Vancouver Women's Health Collective we have in the past few years begun to explore this fact of our medical conditioning. Our discussions on this topic were stimulated by a growing awareness of "alternative" treatments for abnormal pap smears—tests to detect cervical cancer or early cell changes on the cervix thought to be pre-cancerous. The alternative treatments we kept hearing about included the use of herbs, nutrition therapy and visualization (a type of meditation in which the healing power of the body is positively imagined). At first, we didn't pay too much attention to this new information, because cervical cancer is one of the few cancers with a good cure rate, and because the conventional treatments we already knew about—freezing the cervix, removing a section of it, and hysterectomy—usually worked. Gradually it became important for us to look at our reasons for not paying much attention or giving equal credence to the new treatments that women were using to revert abnormal cervical cells back to normal. We had a number of discussions which led eventually to a series of public forums in which we explored our "conditioning concerning Western medicine"—how it happens, how it shapes our views on health, disease, and the kinds of medical treatment we receive.

One of the most insidious and powerful influences in our medical conditioning comes from advertising. Throughout our daily lives we are bombarded with messages both direct and subtle about how to behave, how to look, what to buy. So it is no accident that we mechanically take aspirin for a headache instead of stopping to consider the source of the pain and perhaps deciding to try a relaxation technique instead. Often we cannot take the time for such

consideration or medication, because the pace of our lives supports our reaching for the pill bottle.

Drug companies have spent millions of dollars on advertising so that when we notice that throb along our temples we think of acetylsalicylic acid. We are not the only ones who are prey to this conditioning: doctors' main source of information on drugs is also pharmaceutical companies. After all the direct-mail promotion, medical journal ads and free samples from drug company salesmen, it's not at all surprising to see that new drug on our prescription.

Most important is our vulnerability to the lack of accurate information on the safety and real effectiveness of these products. It is a step forward in our health consciousness when we start to ask questions, when we stop to look at what we're buying and why.

But when we do go after evidence to support a conventional treatment, we come up against "The Scientific Study". We grow up with the idea that medicine is an exact science, that proof positive exists for every treatment and procedure. When we take a closer look at the dynamics of medical research, however, we find it's not as simple as all that. Scientific studies, lo and behold, often contradict each other. Not all studies are of equal merit, either; there are good, carefully controlled studies, there are sloppy, poorly conducted studies, and a whole range of studies in between. Studies can be biased by a number of factors, from the initial hypothesis to the methods of collecting the data to the way in which the data are presented. Studies which are funded by self-interested groups like drug companies are often biased at the outset.

An example of the vicissitudes of studies: for many years there was conflicting information about the diaphragm and its effectiveness as a birth control method. While women were being primed for the new "wonder" methods—the pill and the IUD—the diaphragm was being dismissed as outdated, "what our mothers used to use". In 1973 a good study was done at the Margaret Sanger Institute in New York showing the diaphragm to be 98 percent effective. The difference between this study and previous ones was that the women using diaphragms in the Sanger study were all well-fitted and carefully instructed, a time-consuming process. The only pregnancies included in the Sanger statistics were those where the women had actually used the diaphragm at the time of conception, in contrast to earlier studies.

We hear a lot about preventive health care as a potential alternative to conventional medical treatments. But the "health" industry's profits are much higher for treating illness than for preventing it. Conventional treatment almost invariably involves drugs, and often means filling hospital beds and the use of expensive equipment.

Screening has been conventional medicine's response to the demand for preventive health care. We have been conditioned to believe, for example, that an annual physical exam is our surest bet to continuing good health. But there is no clear evidence that annual check-ups positively affect the health status of any given population. The procedure reveals relatively little, since most diseases can be detected only after symptoms occur. In the case of some diseases, like

lung cancer, early detection makes little difference in the life expectancy rate.

Furthermore, some forms of screening may be downright dangerous to our health. Mammography, or breast X-rays, was to be medicine's chief weapon against breast cancer, in preference to breast self-exam, an effective, cheap, woman-controlled procedure. Some studies now suggest that routine mammography of women who have no symptoms may actually increase their risk of contracting breast cancer.

The real hook in the conditioning we receive about screening is that we (and our doctors) genuinely believe that we're responsibly taking care of our health. In actual fact, we may be exposing ourselves to unnecessary procedures and ignoring other significant indicators of health and illness.

The politics that prevent the preventive health model from becoming more than an experiment extend deeply into our very perception of the meaning of health, and limit doctors' understanding of health as well. Doctors are not trained to assess our state of health or to assist its maintenance. Rather, they see us as our complaints and isolate the illness, focussing on the absence of health. We've learned to think of our everyday concerns—persistent vaginal infections, intermittent headaches and depression, low back pain—as trivial problems. We're embarrassed to take them to the doctor, who rarely sees them as part of the fabric of our total state of well-being.

But our conditioning about doctors is perhaps the most powerful, and the hardest to unlearn. We have grown up to trust them to make decisions for us, in the belief that they are skilled and dedicated humanitarians whose professional standing reflects their superior intelligence and years of technical training. The step from the doctor's office to some form of self-help can seem a rather large and intimidating one. One of the major breakthroughs of the women's health movement has been precisely in the development of self-help techniques, and in its emphasis on seeing ourselves as whole persons both in sickness and in health. We've learned to look at birth control, vaginal health and the menstrual cycle not as medical "problems" but as an integral part of our sexuality and whole being.

Another problem is our lack of practice in perceiving our bodies as basically healthy systems. We feel utter panic when something goes wrong. We can't imagine that we, our bodies, can co-exist with an infection or pain long enough to combat it without immediately calling in the troops: heavy doses of potent prescription drugs or surgery.

"Nature is a slow healer", the herbal books tell us. But we have become so accustomed to "fast, fast, fast relief", erroneously equating the disappearance of symptoms with the elimination of disease, that slower, gentler methods are hard for us to trust. In our own discussions at the Health Collective, we found that while we occasionally used or were prepared to try alternate remedies, such as herbs or visualization, we weren't willing to "fool around" when it was a question of our children's health or if we had a serious condition, such as cancer. We weren't willing to wait out the time necessary for the treatments, and our bodies, to deal with illness.

The familiarity of the conventional methods encourages their use. We may be amused by the cartoon anatomy in the TV ads, but the route they depict—mouth—

stomach-bloodstream (where the medication radiates "relief")—dominates our perception of the healing process. Sipping tea or applying a poultice to the outside of the affected area seem strange, old-fashioned and ineffective approaches to curing our ills.

Furthermore, our dependence on conventional methods reinforces itself. In the case of antibiotics, we have become so used to routine treatment with them that in some cases we find ourselves less resistant to minor infections than we used to be. It then becomes necessary to use even stronger antibiotics that have more toxic effects. Strains of harmful bacteria, once easily controlled through antibiotics, are no longer affected by them.

Another issue related to the "fast powerful relief" message has to do with the source of the medicines we're used to taking. Although we have some degree of choice with over-the-counter drugs, we have been trained to believe that if we're "really" sick, we need "powerful" drugs. Our training further tells us that powerful drugs are those that are regulated by law, and dispensed by qualified professionals from licensed pharmacies, after being prescribed by a doctor. An herb that grows in the garden or a mixture that can be made for a few pennies simply doesn't have the weight of a conventional drug for most of us.

We've also learned to believe in the specific action of drugs: aspirins relieve pain, antihistamines dry up mucous membranes, birth control pills suppress ovulation. In comparison, the widely disparate claims for most herbs seem outrageous. How can the same herb, like comfrey, be good for vaginal infections, arthritic pain, respiratory infections and as a skin conditioner? As it happens, the whole notion of "side effects" is a semantic one; all drugs, like herbs, have a wide range of effects on the body. In fact, the so-called "major" effect of many conventional drugs was discovered by accident while researchers were investigating other effects. For example, the antihistaminic effect was discovered as a by-product of a sedative. But now we're told that drowsiness is a "side-effect" of antihistamines as though it were a lesser effect, when in fact it's simply one that the drug company is choosing not to promote when it's selling us a "cold remedy". And as many women have bitterly learned, the suppression of ovulation is only one effect of the birth control pill. Oral contraceptives affect every system of our bodies in some way, and some of those effects are dangerous to our health.

So our conditioning dissuades us from trying remedies that seem to have too many applications to be plausible, encouraging us to dismiss them as "quack remedies" and the result of "old wives' tales". But that same conditioning obscures for us the action of conventional drugs on our bodies, and often misleads us about their toxic effects.

Health care has become a very private matter in our culture, and our isolation from each other reinforces our conditioning to accept conventional medicine. We're not around other people when they're sick, and they're not around us when we are. A vast communal body of knowledge of health and home remedies that once existed within families and communities is now largely lost. Parents don't teach their children about sickness and health because they simply don't know very much themselves. When you haven't been around a teething baby, you don't talk about it or

hear different theories and remedies until your own child is crying in the night. What we have now is a vast array of "experts" like Dr. Spock, a poor substitute for a community of supportive and experienced neighbours.

Our intuitive sense about our bodies has also taken a beating from our medical conditioning. We've learned not to trust our own inner sense of what's right and wrong, even in small matters. At one of the Health Collective's public discussions a woman said that "in her heart" she knew her child's fever was the result of teething, but she called the doctor anyway to calm her worries. He prescribed antibiotics.

At the Vancouver Women's Health Collective we are beginning to integrate an effort at breaking this hold of our medical conditioning into our everyday work. In the process of examining our own attitudes and talking to other women, we've found a different, more positive view of "alternative" healing methods has emerged.

This doesn't mean that we recommend herbs or vitamins to every woman who comes in the door. In fact, we reject the "practitioner" role of saying do this or that particular treatment. Instead we use the self-help model and apply it as widely as possible in our work. We try to help women make their own choices, and encourage them to look through our files, which include information on conventional treatments as well as herbs and nutrition. Our library now has standard medical texts and a good selection of books on herbs, vitamins, alternative healing practices such as homeopathy and naturopathy, as well as self-help healing. We also do a lot of skill-sharing, such as teaching women to examine their own vaginal smears under the microscope.

A positive result of our discussions about "conditioning" is our eagerness to talk with women about their reluctance to consider less conventional treatments. Having explored our own scepticism and fears, we can understand exactly where they're at. But our goal is not to exchange one set of "sure cures" for another. What we strive for is to free our minds and hearts from the training that has prevented us from making genuine choices about our health.

Melanie Conn and Rebecca Fox are former workers of the Vancouver Women's Health Collective, which has organized self-help groups and other women's health activities in the Vancouver area since 1971.