MEANING, MEDICINE AND ILLNESS

Read: Daniel Moerman and Wayne Jonas: "Deconstructing the placebo effect and finding the meaning response"

Obeyesekere, "Depression, Buddhism and the work of culture in Sri Lanka"

Jean Jackson: "Pain and Bodies"

I. **Meaning**

A. "Meaning" both in modern society and cross-culturally

1. "The work of culture": in the Obeyesekere piece, refers to the transformation of feelings, affects (e.g., suffering), into symbols and meanings

    a. When you analyze your dreams you're doing this kind of work, using cultural symbols like language, visual images

2. We can see "the work of culture" being analyzed in the Jackson piece as well: a process of "making sense" of pain

    a. Translating aversive sensations and accompanying emotions, into ideas we can think about and communicate with

B. Looking at the Obeyesekere piece, we must ask

1. To what degree do the members of a culture need to collectively understand "depression" in order for them as individuals to "really" be depressed?

    a. Is this condition equivalent to hypertension? That is, that it's *there*, no matter what the individual who has it thinks?

2. The book cited at beginning of Obeyesekere's article[1] is about poor British women who are depressed, according to clinicians, but many of them don't know it

    a. The clinicians have the authority to say they are, no matter what these women think about it (remember the distinction between *disease* and *illness*?)

    b. Obeyesekere asks, what is the truth status of this conclusion?

        1) He gives other examples of Ashanti and Yoruba individuals who are seen to "perversely refuse" to conform to Western psychiatric norms of depression

1 Brown, G. S., and T. Harris, 1978, The Social Origins of Depression: A Study of Psychiatric Disorder in Women. NY: The Free Press.

a) These individuals interpret their situation as an existential condition due to "natural" results of the vicissitudes of life

c. What happens when no one in the culture accepts such a diagnosis? When the diagnosis is *meaningless* to *everyone*—to people with symptoms, people without them, native healers, everyone?

1) Where does the meaning lie in such cases?

2) Does it disappear, or can some other authority establish the "true" meaning?

3. This puzzle derives mainly from the fact that *depression* is not nearly as culturally constructed in the West as, say, diabetes

a. Where does a malady like depression fit into biomedicine's understanding of the body (including the brain)?

b. Look at the letters to the editor of *Newsweek*[2] posted on the class website responding to a cover article about teen-age depression

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2 Oct. 21, 2002, pp. 17-18.

1) One letter says teen-age depression is on the rise because such an increase is beneficial to those who treat it—pharmaceutical companies and clinicians

2) Whereas another letter says that it's tragic that there aren't enough clinicians specializing in adolescent psychiatry

3) Another letter warns against depression becoming the "illness du jour," when what's really happening is an adolescent failing to fit in at school

a) This letter's author draws a parallel with what she says is over-diagnosis of Attention Deficit Hyperactivity Disorder and over-prescribing of Ritalin

4) Another letter-writer blames society: given what sorts of adult behavior teenagers are seeing around them, who *wouldn't* be depressed? (i.e., they aren't sick, they're normal and simply observant)

a) Interesting parallels with the Ashanti case, no?

b) As well as some of the women‟s self-analysis in the Brown and Harris study

5) Another letter suggests than many teenagers may have more than one malady, and lists other possible conditions found to co-occur with depression

6) And still another suggests that teenagers need to find out how to cope and not rely on pills

7) Another writer says perhaps teenagers are depressed because they‟re finding out that life just can‟t deliver what the "greedy media" have convinced them it should

8) Another says she had serious symptoms, including being suicidal and "to this day, my mother doesn‟t understand what I was so upset about"

4. As some of you are discovering, if for your papers you choose a disease that‟s still in the process of being culturally constructed:

a. Your task is not as easy as, say, writing a paper on the cultural construction of malaria in the early 20th century

b. Like those *Newsweek* letter-writers, we all have our own individual opinions about what‟s "really" going on, and so we tend to see the task to be one of arguing in favor of a particular explanation being true, rather than analyzing the phenomenon

c. We‟re may not be distant enough from the phenomenon we‟re studying to easily describe how it is culturally constructed

1) If the concepts we‟re working with are still contested, we know they‟re not *shared* enough to allow us to describe them as fully constructed

5. Notice that Obeyesekere says that even well-understood diseases like malaria aren‟t simply "out there" either:

a. "…symptoms are not disarticulated entities that have a phenomenological reality independent of culture, even though it is the culture of contemporary science. Here, too, symptoms are „fused into a conception,‟ which is the disease known as „malaria.‟" (p. 150)

b. Hahn makes a point about the difference between exposure to *Mycobacterium tuberculosis* and the disease T.B. in the chapter you read last week (p. 79)

1) Some of the difference is due to meaning construction

II. Meaning Construction

A. The placebo response: Moerman and Jonas‟s “meaning response”

1. **DISCUSS**: examples of the “nocebo” effect?

B. Metaphors and their characteristics

1. Metaphors help us understand something we don‟t completely understand

2. But we have to remember that a metaphor helps comprehension of only *some* aspects of the new topic

a. Because the metaphor is never identical to the new topic, some of its elements help us understand the phenomenon the metaphor is being likened to

b. While other aspects are obscured, even distorted

C. **DISCUSS**: all the ways pain can serve as a metaphor

D. **DISCUSS**: Descartes‟ „body as machine‟ metaphor

I want you to consider that *all these functions in this machine* follow naturally from the disposition of its organs alone, just as the movement of a clock or another automat follow from the disposition of its counterweights and wheels; so that to explain its functions it is not necessary to imagine a vegetative or sensitive soul in the machine, or any other principle of movement and life other than its blood and spirits agitated by the fire which burns continually in its heart and which differs in nothing from all the fire in inanimate bodies. (Descartes, as cited p. 223 in Osherson and AmaraSingham[3])

1. **DISCUSS**: What features of this definition still work?

2. What would you change?

   a. We carry around many foreigners—bacteria, etc.—some of which are necessary and some of which are pathogens

      1) Hahn‟s example of the T.B. bacillus

   b. Autoimmune diseases are, finally, about the self attacking self...a more complicated process within the complex life unit than

3 Samuel Osherson and Lorna AmaraSingham: "The machine metaphor in medicine." In Mishler et al., *Social Contexts of Health, Illness, & Patient Care*, Cambridge, Cambridge University Press, 1981: 218-244.

happens with machines

c. Invasion by parasites requires a degree of adaptation between the body and the pathogen: a completely foreign organism would find no receptors

3. What gets lost in the machine metaphor?

a. Emotions

b. The larger social context

c. These absences help explain the nature of the confusion and disagreements between all those *Newsweek* letter-writers regarding teenage depression

4. **DISCUSS**: metaphor of the body as machine and chronic pain

5. How does the machine metaphor not work when bodies are donor cadavers?

a. Margaret Lock: "Maintaining organs for transplantation actually necessitates treating dead patients in many respects as if

they were alive"[4]

b. Compare the „living cadaver" to a machine; does the metaphor work?

1) A machine runs, a machine breaks down

c. An intensivist (person working on the intensive care ward) says that sometimes "my rational mind is sure [a patient is *really* dead], but some nagging, irrational doubt seeps in"

1) The interviewee reports these nagging doubts coming to him when he is lying in bed at night after sending a brain dead body for organ procurement

2) How is a "rational mind" like and not like a machine when compared to his irrational doubt?

3) "The body *wants* to die" How is this machine-like? How not?

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4 Younger, p. 243, as cited in Margaret Lock: "On dying twice: Culture, technology and the determination of death." In M. Lock, A. Young and A. Cambrosio, eds.,*: Living and Working with the New Medical Technologies: Intersections of Inquiry*. Cambridge: Cambridge University Press, 2000: 233-262.

6. The intensivists‟ metaphors

a. What is left of the brain dead donor is an empty container

b. A nurse: …“There‟s only an envelope of a person left…”

III. Let‟s look at the meaning-construction in the following:

A. Examination of 27 general gynecology texts published in U.S. since 1943[5]

B. Very negative (and incorrect) views of women

1. Persistent bias toward greater concern with the patient‟s husband than patient herself

2. Women: anatomically destined to reproduce, nurture, and keep their husbands happy

3. “The fundamental biologic factor in women is the urge of motherhood

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5 Diana Scully and Pauline Bart, 1973. “A funny thing happened on the way to the orifice: Women in Gynecology textbooks. In Joan Huber, ed., *Changing Women in a Changing Society*. Chicago, University of Chicago Press: 283-288.

balanced by the fact that sexual pleasure is entirely secondary or even absent." (1943)

4. Women are assumed "to be generally frigid…[the male] is created to fertilize as many females as possible and has an infinite appetite and capacity for intercourse" (1943)

5. Gynecologists advised to recommend to patients to fake orgasm

    a. "It is good advice to recommend to the women the advantage of innocent simulation of sex responsiveness, and as a matter of fact many women in their desire to please their husbands learned the advantage of such innocent deception" (1953)

6. But even if she is "truly frigid…the marital relations may proceed without disturbing either partner" (1962)

7. "An important feature of sex desire in the man is the urge to dominate the woman and subjugate her to his will; in the women acquiescence to the masterful takes a high place" (1967)

8. "The traits that compose the core of the female personality are feminine narcissism, masochism and passivity (1971)

9. "The frequency of intercourse depends entirely upon the male sex

drive…The bride should be advised to allow her husband‟s sex drive to set their pace and she should attempt to gear hers satisfactorily to his. If she finds after several months or years that this is not possible, she is advised to consult her physician as soon as she realizes there is a real problem" (1970)

10. "If like all human beings, he [the gynecologist] is made in the image of the Almighty, and if he is kind, then his kindness and concern for his patient may provide her with a glimpse of God‟s image" (1968)

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