

MEANING, MEDICINE AND ILLNESS

Read: Obeyesekere, “Depression, Buddhism and the Work of culture in Sri Lanka”
Samuel Osherson and Lorna AmaraSingham, “The Machine Metaphor in
Medicine”
Margaret Lock, “Deadly Disputes: The Calculation of Meaningful Life.”

I. Continuing with **meaning**

A. In particular the “meaning” issue cross-culturally

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 article¹ is about poor British women who are depressed, according to clinicians, but many of them don’t know it

1) But the clinicians do

2) Obeyesekere asks what is the truth status of this conclusion

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

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

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

1) Where does the meaning lie in such cases?

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

- 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 far along in being culturally constructed in the West as hypertension
 - a. Where does a malady like depression fit into the “body as machine” metaphor?
 - b. Look at the hand-out of photocopies of letters to the editor of *Newsweek*² responding to a cover article about teen-age depression
 - 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 happening is an adolescent failing to fit in at school
 - a) And draws a parallel with what she says is over diagnosis of Attention Deficit Hyperactivity Disorder and over-prescribing of Ritalin
 - 4) Another 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 that many teenagers may have more than one malady and lists other possible conditions found to co-occur with depression

- 6) Another suggests that teenagers need to find out how to cope and not rely on pills
 - 7) Another 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 discovered when writing your papers if you chose a disease that's still in the process of being culturally constructed,
- a. It's not easy
 - b. First, because we all have our own opinions about what's "really" going on (we are members of the culture doing the constructing) and so we argue in favor of a particular explanation rather than analyze the phenomenon
 - c. And second, we're not distant enough from the phenomenon we're studying
 - 1) The concepts we're working with are still contested, they're not *shared* enough, not orthodox enough (i.e., when everyone agrees)
 - 2) With the result that we lack adequate language, concepts, epistemology to describe and explain how these conditions are culturally 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 this same point about the difference between exposure to *Mycobacterium tuberculosis* and the disease T.B. (p. 79)

II. These cross-cultural examples help us with our analysis of meaning in Western medicine

A. Metaphors and their characteristics

1. It's important to remember that authors like Martin and Osh & AmaraS aren't necessarily saying the metaphors are wrong
 - a. As Osherson and AmaraSingham point out, the body as a machine was very accurate for many features of the birth process
2. But we have to remember that a metaphor helps comprehension of only *some* aspects of the new lesson
 - a. Because the metaphor is not identical to the new topic, other aspects are obscured, even distorted
3. Keep this in mind, so that we can recognize when a metaphor fails
 - a. And then search for another metaphor that fits better
 - b. For example, Emily Martin's article I discussed last time on the body as nation-state metaphor to explain the immune system
 - c. How does this metaphor fail to match some of what seems to happen?
 - d. First, we carry around many foreigners...bacteria, etc., and we carry around pathogens
 - 1) Hahn's example of T.B. bacillus
 - e. Second, autoimmune diseases are, finally, about the self attacking self...more of a complicated revolution within the complex life unit rather than an invasion of it
 - f. So, invasion in the old sense is probably not possible...a completely foreign organism could find no receptors
 - g. But it is true that modern nation-states are constantly defining who is a citizen and who is an alien
 - 1) Nazi Germany took this to extremes: redefining certain German citizens as the enemy who had to be destroyed

2) Recall Scheper-Hughes and Lock's "social body"

a) And the way totalitarian states speak of the state as a body that is constantly under attack

4. We may find that a metaphor is employed mainly because of its usefulness for illuminating the larger context of diseases

a. We use the war metaphor a lot

1) War on poverty, war on terrorism, war on drugs, war on cancer

B. The 'body as machine' metaphor

1. How is it a good 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 Osh and AmaraS)

2. What features of this definition still work? What would you change?

C. What gets lost?

1. Emotions

2. The larger social context

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

D. Death

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

a. "Maintaining organs for transplantation actually necessitates treating dead patients in many respects as if they were alive" (Younger, as cited in Lock, p. 243)

- b. Compare the ‘living cadaver’ to a machine; does the metaphor work?
 - 1) A machine runs, a machine breaks down
 - c. Some of the intensivists Lock interviewed indicated that “the person” and/or “spirit” is no longer present in the body; a transformation into a dead-person-in-a-living-body had occurred
 - 1) “... ‘spirit’ ... that part of a person which is different, sort of not in the physical realm. Outside the physical realm. It’s not just the brain, or the mind, but something more than that. I don’t really know.”
2. Another intensivist says that sometimes “My rational mind is sure, but some nagging, irrational doubt seeps in” with respect to a patient being *really* dead
- a. He’ll lie in bed at night after sending a brain dead body for organ procurement
 - b. How is a “rational mind” like and not like a machine when compared to his irrational doubt?
 - b. “The body *wants* to die” How is this machine-like? How not?
3. What metaphors do the intensivists use?
- 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...”
- E. Osherson and AmaraSingham’s discussion of birth and death is also instructive
- F. Now let’s discuss the reverse: how do we speak of machines as persons?
- 1. How are they rational? How not?
 - 2. Do we give them emotions and personal histories?
 - a. Do we position them in a social/cultural context?
 - b. Your car, your computer?

- G. Remember Obeyesekere's mention of Weber's discussion of ongoing *rationalization* of the world, the *demystification* of it?
1. Clearly this hasn't happened as much in China, Sri Lanka, Japan, Bali
 2. And hasn't completely happened in the U.S.