Illness and Culture in the Postmodern Age

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UNIVERSITY OF CALIFORNIA PRESS
Berkeley Los Angeles London

University of California Press
Berkeley and Los Angeles, California

University of California Press, Ltd.
London, England

First Paperback Printing 2000

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Library of Congress Cataloging-in-Publication Data

Morris, David B.
Illness and culture in the postmodern age / David B. Morris.
p. cm.
Includes bibliographical references and index.
ISBN 0-520-22689-5 (pbk. : alk. paper)
1. Diseases—Social aspects. 2. Social medicine—Philosophy.
3. Postmodernism. I. Title.
RA418.M68 1998
306.4'61—dc21 98-7092
CIP

Printed in the United States of America

08 07 06 05 04 03 02 01 00
9 8 7 6 5 4 3 2 1

The paper used in this publication is both acid-free and totally chlorine-free (TCF). It meets the minimum requirements of ANSI/NISO Z39.48-1992 (R 1997) (*Permanence of Paper*).

For
Emily, Ruth, and Ellen

chapter two

What Is Postmodern Illness?

So long as we feel well, we do not exist. More exactly: we do not know that we exist.

E. M. CIORAN,
The Fall into Time (1964)

The search for postmodern illness begins with a curious fact: almost every era seems marked by a distinctive illness that defines or deeply influences it. Although nearly vanished today, bubonic plague dominated the Middle Ages, constituting not only a horribly painful death but also a social catastrophe comparable to the havoc of World War II. Some twenty-five million people, one-fourth the population of Europe, perished between 1346 and 1350 in the Black Plague. A disaster so widespread turns even the survivors into victims. Carts piled high with corpses rumbled through the streets. Macabre images of death—worm-eaten flesh, dancing skeletons, eyeless skulls—decorated taverns and churchyards, overflowing even into the margins of hand-copied books. In Provence, Catalonia, Aragon, Switzerland, southern Germany, and the Rhineland, Jews were murdered and

their houses burned by Christians fearful that Jews had brought on the plague by poisoning wells and springs.[1] People lived in dread of the fatal symptoms. Any passing headache or chill might foretell the swift transition to vomiting, giddiness, delirium, diarrhea, burning fever, and the telltale, deadly, swollen lymphatic knots in the groin and armpits that Boccaccio described being as large as eggs. In the case of bubonic plague, illness was far more than a passing threat: all the familiar landmarks of human life in fourteenth-century Europe, from piety to promiscuity, altered because of the presence and fear of the Black Plague. What illness, if any, helps give the postmodern era its particular character?

Comparison of illness in the postmodern era with illness in the preceding fifty years highlights some clear differences.[2] Illness in 1900, for example, was much more likely to kill. At the beginning of the century, about 28 people per 1,000 died each year in the United States, but the death rate began to decline markedly in the 1960s and is now around 10 people per 100,000.[3] The causes of death differ too. Adults in the modern era died of pneumonia, influenza, tuberculosis, typhoid fever, and dysentery; today adults die from cancer, heart disease, and stroke. The infectious diseases that (before the clinical introduction of penicillin in 1944) terrified patients in the modern era have been replaced in the postmodern era by chronic, gradually debilitating illnesses such as arthritis, diabetes, and multiple sclerosis. The explanations for such changes are not always clear.

Historian Thomas McKeown, in a painstaking study of the history of disease since the time of the prehuman Australopithecus, came to the conclusion that the most common causes of sickness and death in every era are determined by "the prevailing conditions of life."[4] The vast changes in living conditions that occurred as masses of displaced rural poor crowded into cities, for example, determined the common causes of illness during the Industrial Revolution. Certainly improvements in sanitation, in nutrition, and in the general standard of living did as much as antibiotics to influence the course of illness during the modern period, and McKeown's research suggests that the changing conditions of postmodern life will shape contemporary

illness. Indeed, the changes in postmodern illness are as distinctive as the changes in postmodern life and warfare that left hundreds of oil wells ablaze after the Persian Gulf War. (The fires were fueled not just by oil but by the hugely expanded Western appetite for fossil fuels.) Increased affluence and longevity in the developed world have confronted nations with a growing host of so-called lifestyle illnesses associated with high-fat diets, cigarette smoke, stressful jobs, disintegrating families, and a couch-potato mentality. The workplace has become for many people a building that hermetically seals in recycled air containing petrochemical residues from furnishings and supplies. We live amid electronic appliances, spend four hours a day watching television, and eat meat produced on industrial farms where animals never see the sun. The prevailing conditions of postmodern life have changed significantly in ways that might well affect human health. Still, while we can identify with confidence some broad changes in the conditions of life across the twentieth century, such differences constitute merely a starting point in the search for postmodern illness.

HISTORY AND THE SILENCE OF THE ORGANS

Illness always seems to tell us more about a person or an era than health does, although it is not clear why. French surgeon René Leriche wrote in 1936 that health is "life lived in the silence of the organs."[5] Perhaps a well-being so complete wholly escapes attention. In contrast to illness, health runs the risk of appearing inherently shallow: a mute version of the unexamined life. Once the organs break their silence, we experience both our bodies and our world anew, in the manner of Adam and Eve abruptly cast out from paradise. Now, because our muscles ache, we are conscious of the effort required to walk and sit up, just as a broken bone suddenly reminds us that arms and legs employ an inner architecture of calcified connective tissue. Illness contains the same power that medieval theologians attributed to evil in precipitating a fall from timelessness into

time. Illness forces us to leave the world where bodies are almost innocent of the need to seek assistance. As German philosopher Hans-Georg Gadamer puts it, illness is always "a social state of affairs."[6]

As a social state of affairs, illness involves not only the hospitals and doctors from whom we seek assistance but also cultural practices and shared meanings. Bubonic plague, for example, depends on a bacterium carried by a flea that is carried by a rat.[7] The spread of bubonic plague thus owes much to altered urban living conditions in the Middle Ages that brought rats and people into closer contact, as well as to the development of the medieval shipping industry that sent rat-infested vessels on a circuit from Constantinople to Italy and northern Europe. Moreover, the infected patient presented far more than a medical problem. All afflictions, according to medieval doctrine, came from God and were subject to various religious interpretations—as punishments for sin, trials of faith, or even, paradoxically, signs of divine favor. Thus the plague-crazed flagellants who whipped themselves through the streets in atonement offered a spectacle as rich in spiritual meaning as any medieval morality play performed on the cathedral steps. They gave a flesh-and-blood embodiment to the dominant values of their time and (like the medieval lepers wearing bells and confined to colonies outside the city) stood as monuments to the power of illness to define an entire era.

Subsequent eras highlight different illnesses, but the power of certain maladies to mark an entire era proves remarkably constant. In the Renaissance, with plague reduced to an intermittent threat, doctors witnessed the rise of a new epidemic illness that went by the somewhat misleading name of *melancholy*. This affliction was no pleasing Keatsian opiate but a stupefying total lethargy akin to derangement—suicidal madness, as Dürer depicted it—doubtless something similar to the disease we call depression. Melancholy had long been recognized within Galenic medicine as a basic human character type, caused by a dominance of the bodily humor called bile, and it was often attributed, in astrological thinking, to the ascendancy of the planet Saturn. The melancholic character was not ill but merely somber, although people born under the sign of Saturn sup-

posedly inherited artistic gifts and even genius that might at times turn dangerous. It was only in the Renaissance that melancholy suddenly intensified its threat. An entire era (not just individuals born under the wrong planet) seemed at risk from, even redefined by, their new relation to illness.

Any explanation for such shifting patterns demands an awareness that illness is a social state, open to historical change. Thus several hundred years after the rise of melancholy in the Renaissance, the Enlightenment highlighted two very different illnesses, syphilis and gout, which also had long histories. Syphilis had afflicted Europeans at least since the time of Columbus, and gout is an ancient variety of congenital arthritis.[8] Enlightenment culture in effect transformed these two venerable afflictions into powerful contemporary signs within the emerging system of middle-class values. Doctors and moralists (often indistinguishable) linked gout directly to the dissipated lifestyles of the aristocracy, while syphilis did double duty in its association with both aristocratic immorality and urban poverty. In Ben Franklin's frugal new world of virtue and godly toil, syphilis and gout were more than biological conditions; they were markers of a rejected social order.

Changing times, with their altered living conditions, thrust new maladies into prominence. Nineteenth-century Europe was haunted by tuberculosis. Although an ancient affliction, it took on the features of this new historical era, in which sufferers were associated with values and anxieties specific to nineteenth-century culture. The familiar symptoms of pale skin, hectic flush, emaciated limbs, and wracking cough coincided with the stereotypical characteristics of artists, waifs, bohemians, and assorted romantic spirits, many of whom, like Keats and Chopin, died of TB. Its wasting symptoms slowly pared away the flesh (hence the popular name "consumption"), seeming to leave behind pure spirit, in effect confirming Romantic convictions that suffering refined the soul. TB effectively relaunched the Christian myth of illness as a spiritual force. Nineteenth-century writers who died of the disease (including Charlotte Brontë, Robert Louis Stevenson, Elizabeth Barrett Browning, Balzac, Chekov, and De

Quincey) leave no doubt why the public associated TB with creativity and the artistic temperament. Frail, expiring heroines—Marguerite in *Camille* (1852), Violetta in *La Traviata* (1853), Mimi in *La Bohème* (1897)—heightened the romantic aura of the disease by linking TB with the Keatsian triad of beauty, death, and hopeless love.[9] The commonness of TB as it spread across Europe and America soon added an opposite imagery: it changed from being an affliction of artists and poets into a disease of middle-class burghers drained by commerce and bourgeois tedium. Tuberculosis was, in short, a lifestyle, a parable, a theater of illness complete with tacit rules, recurrent images, and complex social meanings that came to dominate the imagination of an entire century.

The astonishing rise of biomedical research beginning in the mid–nineteenth century served to explode numerous myths surrounding illness, as when Robert Koch in 1882 announced that he had isolated the tubercle bacillus, making the cause and course of TB a matter of scientific record. When Nobel Prize–winner Selman A. Waksman demonstrated in 1943 that the once fatal bacillus could be eradicated with streptomycin, any lingering cultural mythology surrounding TB quickly vanished. The power of TB to convey elaborate social meanings declined in tandem with the rapid decline in cases worldwide, exposing the once fearful killer as just another infectious illness treatable with antibiotics. With tuberculosis declining and deprived of mythic force, another ancient and poorly understood illness, a new focus for public fear, emerged as if to take its place, expressing the values and anxieties of yet another distinctive historical period. Almost simultaneously with the decline of TB, cancer arose as the most feared killer—the representative or distinctive illness—of the modern era.

Like TB, cancer also generated a potent cultural mythology. As Susan Sontag has shown in her brilliant study *Illness as Metaphor* (1978), the cultural images and ideas surrounding cancer developed, oddly, almost a reverse version of the cultural myths earlier associated with TB. The distinctive mythic and metaphoric force attributed to cancer seemed in part directed by anatomy. That TB attacked the lungs over

90 percent of the time enhanced its associations with breath, spirit, and soul. Cancer, by contrast, locates fleshy tumors almost anywhere—not only in the lungs but also in the most stolid strongholds of matter: bones, blood, stomach, ovaries, prostate, pancreas. Its metastatic spread to other organs and tissues gives it the ominous, sci-fi power to take over an entire body. In taking over the body and in filling it with tumors, cancer, as Sontag observed, seemed to force out spirit, transforming the patient into a being who—in direct opposition to the mythology of TB—is all flesh. Patients suffering from cancer in the modern era ran (and still run) a risk of feeling implicitly de-spiritualized, reduced by their disease to mere matter, at the mercy of renegade cells reproducing nonstop like a runaway production line. In a process that biomedicine only augments with its focus on cells and organs, the tumor in effect replaces the person, the person in effect becomes the tumor. It is just such a process of biomedical reduction that Anatole Broyard sought to limit and oppose with his impudent narrative of erotic intoxication, transforming his cancer into the occasion for an almost poetic and romantic rediscovery of the spirit.

Plague, melancholy, gout, syphilis, tuberculosis, and cancer are not the only illnesses that possess the power to define or represent an entire era, but there is no need to proceed further. Here they serve to frame the questions at the heart of this book. What is distinctive about illness today? How does illness in the postmodern era differ from illness as it was understood and experienced in the recent past? Which particular malady now constitutes the distinctive postmodern illness?

IN SEARCH OF POSTMODERN ILLNESS

A search for the distinctive or representative postmodern illness quickly turns up a number of fascinating candidates. Even long shots can, on reflection, stake quite reasonable claims. Multiple personality disorder (MPD), while known for several centuries, reemerged as a

celebrated disorder only after 1970. Although a statistically rare and disputed diagnosis, it seems a perfect metaphor to describe our stressed-out era in which the self—reduced by some theorists to a babble of competing discourses—is pulled in a dozen directions by the various pressures and options of postmodern life.[10] Any serious illness threatens to break down or alter identities, which must then be reclaimed and reframed, but the postmodern self (notoriously many-sided, contradictory, inconsistent) seems especially vulnerable to illness and its power of fragmentation. Only in the postmodern era have we begun to appreciate the threat to selfhood posed by Alzheimer's disease as it gradually erases the patient's personality and personal history—leaving behind what or whom? Alzheimer's disease erodes the self while MPD dramatically splinters it, but in both cases the focus of damage is less the body than the person.

Clinicians often explain multiple personality disorder by invoking the psychological process of dissociation, in which extreme trauma initiates a split in the personality, as if survival required the invention of an alternative self to whom the trauma occurred. In its more philosophical dimensions, MPD revives enduring questions about how our human identity depends upon our memories of our own past, without which we cannot know who we are.[11] An illness as traumatic as MPD—splitting, multiplying, and dissociating the self—lends nostalgic charm to the modernist cliché of an adolescent or midlife crisis, which implies selves homogeneous and solid enough to suffer breakdown, selves unlike the pliant, wispy postmodern men and women in the novels of Ann Tyler, who do not so much fall apart in the face of trauma as simply drift on. An everyday postmodern self, unlike the modernist self-made man or the Jazz Age flapper all brass and style, resembles nothing so much as a slowly rising column of cigarette smoke.

We can say securely that MPD is not the representative postmodern illness. It remains on the fringes of public awareness, less terrifying than sad and uncommon, thrust into the headlines at intervals by bizarre courtroom dramas.[12] Elaine Showalter, professor of English at Princeton University, goes so far as to argue that MPD is a media-

driven current version of nineteenth-century hysteria.[13] Her argument, while controversial, introduces an important point. Postmodern illness often involves a crucial element of ambiguity about whether the disorder really exists.

This ambiguity, extending from the causes to the very existence of certain postmodern illnesses, is central to the experience of chronic fatigue syndrome (CFS), another of Showalter's prime contemporary hysterias. Although the clinical evidence about CFS remains inconclusive, patients report symptoms so varying and so hard to link with an organic cause that some doctors—privately if not openly—see the disorder as belonging to the long history of psychosomatic illnesses, like another long-exploded nineteenth-century diagnosis called "spinal irritation." Lining up on the opposite side are advocates for patients suffering from CFS and doctors both with and without a special interest in its treatment.[14] The facts remain murky. So too with Gulf War syndrome. Five years after the 1991 Persian Gulf War against Iraq, some 5,000 to 80,000 veterans (from a total force numbering 700,000) remain ill with vague symptoms that so far "defy diagnosis." Did they contract delayed chronic illnesses from exposure to unknown microbes or to a variety of known and suspected toxins?[15] Or are their symptoms, while undoubtedly real and troubling, due (as Showalter believes) to hysteria and war neurosis? Again the advocates square off in an unsettled debate. Among similarly contested current diagnoses we should also count multiple chemical sensitivity, attention deficit disorder, and male menopause. A limbo of uncertainty, in short, awaits the numerous patients who suffer from conditions that puzzle mainstream biomedicine, and such uncertainty—amplified by the popular media in their zeal for debate—is central to the experience of postmodern illness.[16]

When such disputed conditions eventually emerge from limbo, either confirmed or debunked according to the standards of biomedical science, another one seems to pop up and take its place. For Showalter, this uncanny quality of popping up on cue illustrates the emotional, media-driven basis of what she calls contemporary "hysterias." With logic equal to Showalter's, however, we might see the

procession of strange and novel illnesses as related to the unprecedented "technological upheaval" of the contemporary world (including the steady fallout of additives, synthetics, and petrochemical fogs) to which historian Mirko D. Grmek attributes the emergence of AIDS.[17] In effect, specific postmodern illnesses come and go, but the ambiguity and uncertainty remain.

AIDS is in many ways a mirror of postmodern uncertainties.[18] There is, most important, no cure. The human immunodeficiency virus (HIV) that causes AIDS has a long latency period, symptoms vary, function is unpredictable, and experimental therapies abound. Its once irreversible power to kill (now slowed by drugs) and its association with changing sexual behavior and gender roles give it a prime claim as the master illness of our time.[19] Grmek argues that an epidemic such as AIDS could not have occurred before the mingling of races, before the liberalization of sexual mores, and, above all, before medicine had controlled serious infectious diseases and introduced both intravenous injections and blood transfusions: in short, before the postmodern era.[20] Even the AIDS Memorial Quilt expresses a distinctive sensibility. (Now immense and still growing, it defies the concept of a finished artwork and is impossible to experience in a single viewing: we do not so much view it as move within it.) Unknown before 1980, AIDS certainly has a chronological claim as postmodern. It has already killed over eight million people worldwide, and thirty million people are infected with HIV.[21] Moreover, AIDS is the main cause of death in the United States among adults between the ages of twenty-four and forty-four, making it the most potent epidemic since the modernist outbreak of poliomyelitis, which reached its peak in the United States between 1942 and 1953. Vaccines produced by Jonas E. Salk and Albert B. Sabin put an end to polio, but there is no vaccine against AIDS. The most effective current treatment consists of expensive multiple drug therapies that at best promise to transform HIV into a chronic fatal disease whose sufferers survive up to several decades.

AIDS could be called, in good postmodern style, a metadisease: instead of attacking a specific organ it attacks the immune system re-

sponsible for protecting us from multiple illnesses. Not only is it a new disease but it reflects a way of thinking about disease unknown before the mid–twentieth century (as Grmek says, it is "not a disease in the old sense").[22] Eerily, the period famous for inventing systems thinking in electronics and communications now finds itself vulnerable to an infectious disease that attacks a crucial and complex human system, while the transmission of AIDS by semen and blood—fluids strongly associated with sexual activity and IV drug abuse—marks a chilling turn in the 1960s sex-and-drug revolution so important to postmodern self-exploration. Yet, despite its social significance and its devastating impact, especially in the gay community, AIDS causes far fewer deaths each year than either cancer, stroke, or heart disease. Its greatest threat presently lies in the developing nations—above all, in east Asia and in central and East Africa. The continuous recent attention to AIDS in the developed world (directly related to current political, social, and economic pressures) may greatly exaggerate dangers that the disease poses to people who live outside specific urban coastal centers and who avoid high-risk behaviors. There are other strong candidates, moreover, for the role of distinctive postmodern illness.

Statisticians remind us that today the number one killer of adults in Western industrial nations is heart disease. Despite all our biomedical progress, we now die most often because our hearts give out. There are complicated reasons for the prevalence of heart disease. We live longer, putting increased strain on the heart. Research has wiped out many infectious diseases that used to kill people before their hearts did. High-fat diets have clogged our arteries with heart-damaging cholesterol. It is doubtless sheer coincidence that the rise of coronary disease also coincides with the postmodern emphasis on corporate downsizing, welfare cutbacks, and Me-Generation pursuits of personal wealth that make a "good heart" seem old-fashioned. Yet, heart disease is certainly one price we pay for overbusy and affluent lives in which only 20 percent of the adult population gets sufficient daily exercise. As undeniably the most lethal illness facing adults in the West, heart disease stands as one prominent measure of what

postmodern civilization, for all its doctors and high-tech labs, cannot overcome.

Meanwhile, one result of the women's movement—another unmistakable sign of the times—is a new emphasis on illnesses, such as osteoporosis and breast cancer, that especially affect women. *The Harvard Guide to Women's Health* (1996) is representative of many publications that address a medical subject in effect reinvented in the postmodern era.[23] Formerly neglected within a patriarchal health care system in which most doctors were male, women's illnesses have begun to claim increased attention that parallels a new social and political emphasis on equal rights. (Entering classes of medical students now enroll about equal numbers of males and females.) We hear more daily about illnesses such as anorexia for which women are the main or exclusive population at risk. Doctors meanwhile have begun to recognize the high risk that women face for conditions such as heart disease that were previously regarded as afflicting mostly men. Certainly, the rapid entry of women into the workforce—nearly three-quarters of all women in the United States work outside the home—marks a huge difference between modern and postmodern life, and no doubt the added burden on many women (who hold full-time jobs as well as shouldering the bulk of housework and child-rearing duties) helps explain their special risk for conditions ranging from malnutrition to chronic pain. Women's afflictions remain so diverse and ill-defined, however, that they prove hard to consolidate into a tangible candidate for distinctive postmodern illness. The recent increase in medical attention, while promising, is not yet enough to overcome centuries of neglect.

Depression, by contrast, seems an obvious candidate for defining postmodern illness, and many people are unaware that women prove twice as likely as men to suffer from depression. One in four women will undergo a serious clinical depression in her lifetime, and 70 percent of all antidepressants are prescribed for women. Yet, depression strikes across a wide and perhaps underreported segment of postmodern society, including children and the elderly. Major depression in the United States occurs in some 2 percent to 4 percent of

the community, in 5 percent to 10 percent of primary care patients, and in 10 percent to 14 percent of medical inpatients.[24] Its stature in contemporary life is reflected in the best-seller by psychiatrist Peter D. Kramer, *Listening to Prozac* (1993), which takes its title from the new antidepressive drug (a selective serotonin-reuptake inhibitor) that has replaced tranquilizers in the mythology of popular medication. Whatever else it entails, depression involves a biochemical imbalance in the brain. That it also runs in families suggests a susceptibility scripted in the genes. Yet this complex disorder with a likely genetic component is peculiarly prevalent in the late twentieth century—eleven million cases annually in the United States alone—and seemingly responsive (if only in what triggers it) to the surrounding culture. People born since 1960 face three to ten times greater risk of depression than their grandparents did, and the average age of onset has steadily dropped from the early thirties to the early twenties.[25] Depression might be imagined as the reverse of everything our culture admires: it cancels our romance with speed, reducing the sufferer to a near comatose immobility, creating a pleasureless, profitless gloom that drags down anything lighthearted or joyous. It is as if in a single illness the frantic do-it-all, have-it-all lifestyle of postmodernism crashes to a halt.

Dr. Kramer's decision to name his best-seller after a popular drug used to treat depression introduces us to another postmodern trend. People have long been fascinated by their own illnesses, but illness has recently emerged from the obscurity of medical treatises and private diaries to acquire something like celebrity status. The commerce between illness and celebrity passes in two directions. Specific diseases (like AIDS) achieve almost independent fame, which they impart by proxy to various little-known sufferers, while famous celebrities deliberately associate themselves with specific diseases as spokespersons or fund-raisers. Disease and fame seem somehow mutually contagious. Each year a cluster of illnesses and disorders, from muscular dystrophy to multiple sclerosis, reclaims its annual allotment of TV time, promoted (the term is not too harsh) by well-meaning movie stars and athletes. Hardly any major disease these

days goes without its telethon, marathon, benefit, banquet, or street fair. One retired baseball player advertised ointment for hemorrhoids—confirming the unspoken rule of postmodern confession that nothing is unmentionable. (A nonfiction memoir of childhood incest with her father currently puts one recent author atop the *New York Times* book list.) Dyslexia, aphasia, and autism burst into prominence attached to the autobiographical tales of entertainers, actors, and assorted media bigwigs. Alcoholism and drug addiction, often glamorized by Hollywood in films and in private life, have recently become vehicles for ghostwritten books by fading stars, hyped by the same publicity firms that manage their careers.

Celebrities are not alone in the postmodern authorship of illness. Memoirs about living with illness are a hot property, and a new subgenre has emerged (so-called pathographies) in which ordinary people describe their illnesses with an ardor that previous generations reserved for love and war.[26] Writers such as William Styron and Reynolds Price transform these autobiographies of illness into powerful contemporary documents, while in lesser hands the enterprise may be therapeutic or even lifesaving, as the ill write their way to a new self-understanding. In any case the subgenre lends specific illnesses both wider understanding and new prominence. Public awareness changed decisively, for example, when former president Ronald Reagan announced that he suffered from Alzheimer's disease: his announcement generated an answering chorus of talk shows, dramas, and TV documentaries. The demographics of a rapidly graying U.S. population mean that we will hear far more than in the past about illnesses of advancing age, from prostate cancer to senile dementia. New candidates for representative postmodern illness are even now waiting in the wings.

The most common contemporary medical problem—and hence a serious issue in any discussion of postmodern illness—is pain. One prominent researcher went so far as to describe it as "the greatest health problem of our age."[27] Most people regard pain as a symptom, not an illness, and thus it constitutes a crucial redirection of postmodern thought that doctors now treat chronic pain less as a

symptom than as a diagnosis. Over one thousand pain clinics have opened in U.S. cities since the 1960s. Depending on definitions and on the population studied, each year anywhere between 7 and 56 percent of Americans suffer from back pain alone.[28] Migraines, toothaches, tendonitis, and irritable bowel syndrome are just a few of the pains for which patients seek medical help. Indeed, pain is the most common symptom that brings patients to doctors, and pain relief is big business for drug companies and advertisers. You cannot get through the nightly news without seeing a commercial for analgesics. (In the advertising business these commercials even have their own insider name: piggy-spots.) It could be argued that what really distinguishes the postmodern era is our obsession with pain. Or, perhaps obsession is the malady that best characterizes the postmodern era of fan clubs, collectors, sex addicts, workaholics, and stalkers.

The search for a defining or representative postmodern illness, in short, quickly encounters an overabundance of candidates. The source of such abundance may lie finally in our cultural fixation on health. People in every era, of course, have sought remedies for what ails them, from Roman baths to Chinese herbs. Yet never before have average citizens been at the mercy of electronic media desperate to fill airtime with the latest medical information; never have people faced the daily deluge of health-related advertising subsidized by hospitals, insurance carriers, and huge international pharmaceutical companies. Every major newspaper hires a health reporter. Each new issue of *Nature*, *Science*, and the *New England Journal of Medicine* gets prereleased to TV networks that scan it for breaking stories on health, no matter how small the study or how preliminary the data. It is tempting, if ultimately erroneous, to identify the distinctive postmodern illness as a culturewide hypochondria that takes the form of health worship. In upper-income brackets, the pursuit of fitness—often a quest to keep age and illness at bay—has all but replaced concern for religious salvation. In an ironic turn, the quest seems to generate ever new ailments, from tennis elbow to runner's knee.

Unfortunately, the threats to health are real and hard to avoid: allergies among health care workers from latex gloves, incurable asbestosis among custodial workers from school and office heating systems, hepatitis B among teenagers frequenting amateur tattoo studios.[29] Who can forget mad cow disease? Indeed, illness has become a quasi-public performance played out before an audience of support groups, e-mail lists, and paramedical legions. Michel Foucault described sexuality (long associated with health and increasingly medicalized in the postmodern world) not through analyzing behavior but by analyzing what, in different eras, we say and cannot say about sex.[30] Like sexuality, health and illness today are wrapped up in new ways of talking and writing—a discourse that extends far beyond doctors and patients to include alternative healers, personal trainers, eastern mystics, organic farmers, wellness counselors, acupuncturists, nutritionists, and music thanatologists, among others. Whatever else it includes, postmodern illness is the immersion in a unique, extensive, and almost inescapable domain of language. If you do not speak the lingo, it resembles an incomprehensible jabber.

The abundance of candidates might suggest that what proves truly distinctive about the postmodern age is the *absence* of a defining or representative illness. *Lack*, a favorite postmodern term, is what we find wherever we turn: a plenitude of emptiness. The paradox of lack, while inviting as an intellectual exploration, simply cannot withstand such granite presences as depression, heart disease, drug addiction, breast cancer, and AIDS. Doubtless, the abundant varieties of contemporary illness can leave us feeling overwhelmed: some call it the disease-of-the-month syndrome. The media-driven proliferation of illnesses, however, assumes significance only in the context of wider cultural changes. Health care now accounts for one-eighth of the gross national product of the United States, so that illness seems to proliferate in a direct ratio to the percentage of national wealth spent on resisting it. Perhaps the more we are willing to spend as a culture on well-being, the more illness we will uncover. Medical insurance systems that focus on treating symptoms—rather than on promoting health—may finally create a kind of inadvertent sorcerer's apprentice effect: the faster they try to sweep away the evidence of illness, the longer and faster they must keep on sweeping.

BODIES, SPIRITS, AND MACHINES

It is an axiom of postmodern life that, just as each new subgroup spawns its own magazine, every fresh idea generates a conference, and every conference generates a follow-up conference. Sometimes, for variety, they are called symposiums. In the era of duplicate knowledge, almost no academic discipline outside medicine has managed to avoid holding a conference on the body. (Medicine, which has turned conferences into a mixture of education, tax break, and publicity machine, deals not with the body as a cultural and theoretical category but only with actual bodies.) There is good reason to be skeptical. Thus, a crescendo of disbelief should have greeted recent flyers announcing that the University of New Mexico School of Medicine would host a two-day conference in Albuquerque on the topic "spirituality in health care." Even the organizers expected only a small audience. Astonished, they had to turn away applicants when registrations hit eight hundred and were still rising. An understanding of postmodern illness has to include whatever it was that was going on in Albuquerque.

An interest in the spiritual dimensions of healing represents an important trend within postmodern culture. Healing, in this case, is a process distinct from cure, in the sense that people can gain a sense of peace and wholeness even in the grip of incurable disease. Wholeness is a key concept. The words *health* and *healing* both come from the Old English term *hal* (whole): the *wassail* preserved in Christmas carols derives from the Middle English toast *waes hoeil* (be well) drunk at Christmastide from the wine-filled wassail bowl. Health, healing, wholeness, and wellness thus are knit together in an ancient unity that holds great appeal for postmodern proponents of alternative or complementary medicine. Individuals and even corporations now promote the pursuit of this new goal called wellness—not just good health, which may be a stroke of luck, but a lifestyle attentive to diet and exercise, programmed for maximum, interconnected mental, physical, and spiritual satisfaction.[31] Journalist Bill Moyers investigates contemporary trends—almost any topic he touches, once Moyerized, enters instantly into the mainstream—and it constitutes a cultural landmark that in 1993 he aired a popular television series about health (accompanied by the inevitable coffee table book) with the title *Healing and the Mind.* The last two interviews in the book, which accurately reflect the focus of the entire broadcast, are titled "Healing" and "Wholeness."[32] Illness in the postmodern age is understood as fragmentation, and what we seek from the process of healing is to be made whole.

The New Mexico conference on spirituality offered a forum for discussing how healing and wholeness involve far more than medications. Speakers included national figures such as physicians Dean Ornish and Larry Dossey. Ornish has done pioneering work in combining meditation, stress-reduction exercises, group therapy, walking, and a vegetarian diet to reverse serious heart disease, while Dossey is best known for books on the health benefits of prayer. Such nontraditional topics, although unusual in medical education, now command a growing academic audience. Two years before the conference an interdisciplinary group at Harvard University—studying relations among mind, brain, and behavior—held an invitational workshop on the topic of placebos.[33] The placebo effect, an unpopular topic within medicine, refers to the benefit of medically inert substances such as sugar pills in relieving pain and other symptoms. Even a white coat or other medical insignia can trigger the placebo effect. Although the percentage of people who respond to placebos varies from zero to one hundred percent depending on circumstances, there is no doubt placebos work: they can even grow hair.[34] Ultimately, the placebo effect—while it can be reproduced in laboratory animals through classical behaviorist conditioning—depends in humans on the power of belief to initiate biological processes. When patients believe that it is medically effective, a sugar pill can relieve pain as effectively as morphine. Prayer might be described as belief multiplied by infinity, and thus (in some circumstances and for some people) it ought to contain a power at least as useful as the placebo for alleviating symptoms and improving health. Traditional biomedicine has little to say on prayer and placebos, and the New Mexico

conference on spirituality stood so far outside the mainstream that—despite official ties to the School of Medicine—it took place only through vigorous efforts from the relatively unthreatening and marginal Office of Continuing Medical Education.

The conference was not about postmodernism: it *was* postmodern. As such, it had little interest in origins, but participants might have liked to know that the English words *health*, *healing*, and *wholeness* all ultimately derive from a Sanskrit root (*kevalin*) that refers to "a soul freed from matter."[35] In medieval Christian theology, the Latin word for *salvation* is *salus*, which means "health." Health in Native American culture always involves a right relationship with the spirit world. Chinese healers invoke the invisible flow of energy (*chi*) through bodily meridians in a process that the mind adjusts by means of disciplines such as t'ai chi. Only under the influence of positivist science during the nineteenth century were mind, soul, and spirit dissociated from matters of human health and illness. So secular or literal is biomedicine today that the single entry for *healing* in the huge database known as Index Medicus refers to "wound closure." It is easy to argue, nostalgically, that we have lost something once considered valuable. But are minds and spirits still of value to medicine? Few people in the New Mexico audience were prepared to hear Robert G. Jahn, dean emeritus of the School of Engineering and Applied Science at Princeton University, explain what he had found.

Robert Jahn was the star of the conference, according to one physician who described the impact of his talk. What Jahn described was the work he oversees as director of the Princeton Engineering Anomalies Research (PEAR) program. PEAR was established in 1979 with the sole purpose of bringing rigorous scientific study to the interaction of human consciousness with "random physical processes"—or, simply put, the influence of the mind on machines. Operators sit in front of machines that have been equipped with numerous fail-safe features to guarantee the impossibility of human tampering. During a seventeen-year period, in fifty million experimental trials, over one hundred different operators sat in front of the machines using their own personal strategies in an effort to influence the randomized

strings of information that the machines are programmed to create. The unavoidable conclusion of Jahn's research? Human consciousness can alter the mechanical output of information. The influence of mind extends not just to bodies—much as stress can alter the immune response—but even to the operation of machines.

How this happens is a matter for conjecture. Jahn proposes that the human operator and the machine come to constitute a single interactive system. In a single interactive system, what he calls a "resonant bond" develops that will introduce order into otherwise random physical processes and thus create results markedly different from results produced by an isolated machine. What especially fascinates Jahn in all this weird science is its implication for human health, as the bond that he conjectures between mind and machine seems a likely model for the demonstrable bond between mind and body. As he puts it: "Through an amazing array of hard-wired, soft-wired, and—in all likelihood—wireless connectors and activators, the mind and body have elaborate options for guiding, protecting, and providing for each other to the higher welfare of the whole."[36] Jahn's research does not mean that you can stop a speeding locomotive with your mind, but it helps to make sense out of apparent anomalies like the placebo effect and acupuncture. What most impressed the physician who called him the star of the conference was that these startling claims for the power of mind came not from a mystic New Age oracle but from a respected Princeton professor of aerospace sciences. He seemed to have the facts.

Postmodernism is relentlessly interdisciplinary, and the knowledge gained from collaborations among disparate fields of study is changing how we think about mind, body, emotion, health, and illness. Evidence such as Jahn's disconcerting research has led to various private and public avenues of support for the new subfield known as complementary or alternative medicine. The once arcane subfield has grown prominent enough recently in the United States to merit a formal address at the National Institutes of Health—the Office of Alternative Medicine, established in 1992.[37] Here researchers receive help as they pursue a variety of nontraditional ap-

proaches to illness and health, from acupuncture and macrobiotic diet to visual imaging, therapeutic touch, and the manipulation of electromagnetic fields, including many techniques based on a principle of mind-body interactions. As a near grab bag of promising and bizarre therapies, the concept of alternative medicine aptly illustrates what postmodern theory calls the logic of the supplement. From a postmodern perspective, alternative medicine constitutes an indigestible leftover generated through the binary thinking endemic to Western rationalism: a residue in excess of what the biomedical model can accommodate or explain. It simply will not fit within a Cartesian system that resolutely opposes science to superstition, knowledge to error, fact to conjecture, and body to mind. Inexplicably, techniques of alternative medicine at times work quite well. As in the case of Chinese acupuncture, they may suggest the relevance of an entirely non-Western way of understanding. Despite its office at NIH, however, alternative medicine holds a marginal place in U.S. medicine, tolerated mainly because patients like it, and its lack of strong scientific credentials dooms it, so far, to the role of an optional add-on to standard biomedical therapies. ("If drugs don't work, let's try meditation.") Patients and physicians who pursue an eclectic course of adding on a few alternative therapies probably do not recognize—although some surely suspect—that the supplement in effect undermines the oppositions on which biomedicine has established its superiority. Alternative medicine is neither a rival capable of fully supplanting biomedicine nor a collection of optional therapies perfectly consistent with business as usual in the health care industry: it is an approach to illness that implicitly and uneasily calls into question the adequacy of the biomedical model.

A BIOCULTURAL MODEL

The most disorienting challenge to traditional thinking posed by developments in the postmodern era is the perception that illness is no longer a purely biological state—no longer a brute fact of nature—

but rather something in part created or interpenetrated by culture. This idea, while almost a commonplace among sociologists and anthropologists, meets rocklike resistance among doctors and patients committed to the biomedical model that has dominated Western medicine for the past 150 years. Like Andy Warhol, postmodern illness calls long-standing assumptions into doubt. It upsets established patterns of thinking not only about disease but also about the relationship between bodies and minds. No wonder many people resist. Resistance, however, while it confirms that ideas about illness are today deeply in dispute, cannot ultimately stop the coming changes. The basic argument I want to develop—my response to the question of what is distinctive about postmodern illness—can be put quite simply. *Postmodern illness is fundamentally biocultural—always biological and always cultural—situated at the crossroads of biology and culture.*

The claim that postmodern illness is fundamentally biocultural meets resistance particularly because many patients prefer that their illnesses have a strictly biological cause. The only alternative, they erroneously believe, is to consider their illnesses as purely psychological and mental. After a lifetime of tormenting, unexplained symptoms, Alice James (the talented, invalid sister of William James and Henry James) felt actual relief when she was diagnosed with cancer. Cancer was a firm, organic diagnosis: physical illness. Many patients today feel similarly desperate for a diagnosis of organic disease when their illness disappoints expectations generated by the biomedical model. Chronic pain patients often insist that doctors must have "missed" some hidden physical cause—as sometimes happens, through error or through the limits of current diagnostic instruments—but ongoing tissue damage is not required for chronic pain. What both patients and doctors cannot help overlooking, inevitably, is whatever the biomedical model tells or encourages them to ignore, including the role of culture in illness.

A biocultural view of illness does not require abandoning all the marvelous drugs and procedures based on the biomedical model. Research sparked by the biomedical model constitutes a supreme achievement of the recent past and remains a powerful force. More-

over, the practice of medicine, even within the biomedical tradition, is not monolithic. Hospitals and clinics are often divided by conflicts that have little to do with science.[38] Various subspecialties have quite distinctive outlooks: surgeons do not see eye to eye with psychiatrists, internists sometimes quarrel with orthopedists. Family practice, while well within traditional biomedicine, pays considerable attention to psychosocial dimensions of illness.[39] Still, Western medicine for over a century has worked to perfect a dominant scientific discourse based on viewing disease as the product of biological and chemical mechanisms within the body—a view for which the biomedical model provides a convenient shorthand—and this traditional biomedical model remains, despite resistance, slippage, and some outright defections, entrenched as the ruling paradigm of contemporary Western medicine.

The continuing power of the biomedical model throughout the postmodern era is demonstrated, indirectly, by a bold critique that appeared in 1977. In "The Need for a New Medical Model: A Challenge for Biomedicine," author George L. Engel, then professor of psychiatry and medicine at the University of Rochester, began from the observation that the science-based biomedical model is "now the dominant model of disease in the Western world."[40] He proceeded to criticize it both as reductive (shrinking biological phenomena to a language of chemistry and physics) and as dualistic (disconnecting body from mind). He also pointed out that the success of the biomedical model in treating breakdowns in the "mechanisms" of disease has not come without a price: bodies were modeled on machines, and healing was defined as the application of corrective drugs or surgeries.[41] It was a price people willingly paid in exchange for benefits unattainable by earlier medicine. Indeed, the biomedical model proved so successful in supplanting its rivals that Engel described it as not only the dominant scientific model of disease but also the dominant folk model. In effect, almost everybody took (or mistook) it for truth.

Postmodern illness occurs within the distinctive context in which we are coming to recognize the limits of the biomedical model, without knowing exactly what will replace it. A growing number of patients can sense what the biomedical vision of the body as a machine requires us to ignore, exclude, and falsify. For Engel, its focus on abstract patterns of organic disease means that the biomedical model cannot deal effectively with concrete social and psychological influences on illness, with illness as, in his words, "a human experience." He proposed, in opposition to the biomedical model, an approach that recognizes the interplay between a biology of disease and the pervasive influences on illness that come from minds and from social experience. To this new alternative model he gave the awkward but influential name of "biopsychosocial."[42]

Engel's biopsychosocial approach has much in common with the postmodern vision I am calling biocultural. Yet, while sympathetic to its underlying principles, I resist adopting Engel's term here for three reasons. First, its influence today is indirect at best, marginal at worst. Although a few medical schools make a biopsychosocial approach central to their teaching, elsewhere it is not so much opposed as treated with indifference or institutional cynicism. Lip service is the rule. Second, business as usual in crowded hospitals and clinics usually means drugs and surgery. There is little time for extensive psychosocial therapies, and the financial disincentives are strong. "Capitation fees"—fixed annual fees paid to doctors per patient—actively discourage focus on complex, nonbiological dimensions of illness. Third, and most important, the 1977 model that Engel called biopsychosocial needs significant revision in order to extend and enrich its understanding of cultural processes with the benefits of two decades of postmodern thinking.

This new thinking, which sometimes goes by the name of poststructuralism, has revitalized disciplines in the human sciences by emphasizing what has been called the social construction of reality—a concept that refers to the ways in which the world we inhabit is framed and in large part created by the forces of human culture, including language, myth, and ideology.[43] Social forces, in effect, always reconfigure the contexts of human life. Truth, within this poststructuralist vision, is plural and contingent: it is truth (with a

lowercase *t*) situated within history, limited by the outlook of specific disciplines, shaped by the interests of dominant groups, perplexed by the inherent indeterminacy of language, caught up in a flow of social power: uncertain, temporary, ironic.[44] One crucial outcome of this new thinking is a vastly extended interest in culture. Anthropologists now study not only indigenous tribes but also surgeons in Houston, historians write about the social impact of fire and ice, philosophers think about film, linguists discuss gender, and literary critics trace the politics of colonial discourse. No matter how hard to define, culture in such boundary-crossing enterprises is not separate from family dynamics or science or medicine but rather constitutes the all-encompassing medium to which they contribute and within which they unfold. Everything from wigs and wilderness to professional wrestling and cosmetic surgery can now be understood as a social text: the world, in short, is textual; and, as a famous poststructuralist dictum puts it, there is nothing outside the text.[45]

Postmodern analysis, stripped of its most debatable claims, demonstrates how human life is socially constructed and how people as well as institutions exist only within the context of cultural systems that govern the flow of knowledge and power. It shows that historical systems tend to distribute knowledge and power through social discourses: the discourses of science, say, or of sexuality. It shows that such power operates often diffused not through traditional hierarchies but through an invisible network of familiar institutions and everyday practices that shape how we think, feel, and view the world. A few of the institutions and practices crucial in shaping how we understand ourselves and our bodies would include money, films, police, fast food, beauty pageants, prisons, and encyclopedias—to which we must add, of course, medical techniques, theories, and textbooks. Medicine makes a powerful contribution to contemporary culture and to the postmodern fashioning of the self.

This new understanding of culture has weighty implications for illness. We must recognize that maladies, while always biological, are also in part cultural artifacts, in the same way that medicine is a cultural artifact as it operates through discourses that distribute social

power across institutions and individual lives.[46] The psyche of the patient is inseparable from the social forces and symbol systems that constitute human culture, so that selfhood, like illness, is a biocultural construction.[47] This very postmodern idea makes no sense to some psychiatrists and to many nonpsychiatrists who see it as denying the everyday flow of consciousness in which our thoughts, feelings, and selves appear distinctly our own. There is no denial, however. Instead, postmodernism reconceives the inner life of consciousness as in large part generated through the social operations of power.[48] Of course, an adequate account of selfhood cannot rest on cultural analysis alone but must integrate both cultural and biological analyses. The crucial point is that individual psyches express possibilities not only available within a specific culture but also generated by cultural forces, and culture thus becomes a mirror in which we can recognize the forces that shape individual psyches. From a postmodern perspective, the psychological is always cultural, just as the personal is always political.[49] Even such intrinsically biological stages of human development as puberty, menarche, menopause, and old age are saturated with the meanings that specific cultures assign. The significance thus attributed to culture does not deny that each person builds up a unique identity. Rather, it dissuades us from making a fetish of individual differences and prevents us from mistaking the uniqueness of each person for something impenetrably internal and private. It lets us see, ultimately, in what ways the personal experience of illness is always mediated by cultural forces.

Postmodern illness is biocultural in the specific sense that we now recognize how human biology engages in a continuous commerce with the forces of human culture. Although some maladies originate in the mind, minds operate only in the context of cultures and produce symptoms only through biological processes. Even psychogenic pain produced in a laboratory experiment is always biological and always cultural. More often, our illnesses arise from innumerable interactions with an environment where the social and the biological constantly intermingle: home, for example, to the female *Anopheles* mosquito, whose malarial range and impact we regularly alter by hu-

man activities. Postmodern illness, in brief, is an outlook that understands a specific malady, whatever its particular causes, as created in the convergences between biology and culture.

There will be critics who claim (in the ultimate move toward debunking it) that a biocultural model is nothing new. Certainly, in its intellectual lineage, a biocultural model has links to medical traditions stretching back to the ancient Greeks. (From a postmodern perspective skeptical of claims to an absolute, unprecedented moment of origin, it could not be otherwise.) In championing a rational, empirical, biological medicine distinct from magic and religion, Hippocrates saw one cause of disease in environmental forces such as diet and work. Aristotle explored various "nonnatural" (nonbiological) causes of illness, including climate. Renaissance theorists argued that personal habits like excessive study could cause illness by unbalancing bodily fluids, and eighteenth-century doctors traced specific illnesses to the influence of what we call lifestyle. Crucial differences, however, separate such premodern foreshadowings from a postmodern biocultural outlook.

The postmodern world is in many ways—including its vastly increased human population—unique. Earlier medical traditions, even when receptive to nonbiological influences, existed within cultures where alchemy and phrenology were respected explanatory systems, where doctors routinely bled patients to death, where toothache and grief were listed among the regular causes of death. We have inherited, by contrast, a culture in which scientific biomedicine has almost burned away the memory of its prescientific ancestors. Nothing in the history of medicine mirrors our transitional moment when a new understanding of the links between biology and culture is calling the all-powerful biomedical model into question. *We* can see that TB in the nineteenth century and bubonic plague in the Middle Ages illustrate convergences between biology and culture, but this insight is a gift of contemporary historians. Keats, Chaucer, and Hippocrates could not understand their illnesses as, in our sense, biocultural. Moreover, civilization had not yet accelerated its impact and clutter to the unthinkable degree that it could raise the temperature of the

planet, directly influencing health. Now researchers clone large animals in the laboratory, and even Mars bears on its surface the marks of human culture. Postmodern illness belongs to this new, if far from innocent, time.

The incompleteness of our transition to a biocultural outlook, of course, creates uncertainty and confusion. Postmodernism implies uncertainty—it comes after modernism, but is unsure where it is headed. While popular imagery based on modernist biomedicine viewed the body as a machinelike carapace or well-fortified castle, fending off external threats from hostile bacteria and viruses, postmodern culture shows us something quite different with its vision of selves and bodies newly vulnerable to the workings of our own immune systems.[50] It is questioning the nature of the self that falls ill, the self that is now increasingly fragile and incohesive, the site of contradictory social discourses, like a radio program overlaid with sound from other stations. It is altering the character of illness as chronic ailments and ambiguous syndromes confront patients with radical doubt about their health. It is changing the relation between doctor and patient as litigation, group practice, and insurance companies fracture an earlier trust. Along with astonishing gains in drug therapies, laser surgery, genetic testing, and emergency medicine, it is giving us epidemics of alcoholism, obesity, chronic pain, and heart disease, as well as terrible new illnesses inseparable from our own sexuality and aging. Most important, it is exposing flaws in the reigning positivist biomedical model of disease. It is telling us that only by recognizing the convergences between biology and various cultural forces—forces as remote from the purview of modernist biomedicine as the ozone layer—can we come to understand the distinctive features of illness in the postmodern world.