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# EDITORIAL

G. S. JAYASREE



# THE ENIGMAS OF HEALTH: PROBLEMATIZING CORPOREALITY, MALADIES, AND MORTALITY

BINI B. S AND KOSHY THARAKAN

Human beings are susceptible to various degrees and kinds of maladies (real and metaphoric) which they dread and try to overcome. By engaging in a process of reflecting, researching upon and observing the psycho-somatic tangle of illness and wellness, one may comfortably dwell in an illusion of being able to grapple with the complex phenomena of health, at least conceptually. Still, there are moments when health as a concept and as an experience teases and dodges us, so does illness. Why much has been said and written about ailments and wellness perhaps points to the enigmatic nature of 'health' in particular and psycho-somatic experiences and cultural mechanisms around our corporeal-psychological life-worlds in general. Despite the obsession with health in the contemporary cultures, wherein one feels complacent amidst diverse technological and 'spiritual' means that assure physical and mental 'fitness', sanity and longevity, health still 'evades' us.

Some of the papers in this volume were presented in a seminar on the theme, "The Enigma of Health" organized by Balvant Parekh Centre for General Semantics and Other Human Sciences in collaboration with the IIT Gandhinagar. The Seminar had used Gadamer's text, *The Enigma of Health: The Art of Healing in a Scientific*

Age as a launch pad for the exploration into the domain of corporeality, illness, health and mortality. The papers compiled herein plunge into a plethora of issues: Why health should be an enigma? How do we understand health and wellness in a state of being 'differently-abled' or during an excruciatingly painful period of treatment that promises a possible respite from serious illness? How does one even differentiate between 'cure' and 'healing'? Does a majority of the 'fatally ill' still prefer prolonging a life of suffering to acceptance of mortality, 'winding up the life in a peaceful sleep.' How dominant cultural and medical discourses shape our attitudes towards appearance, normalcy, health, illness and various psychological-corporeal conditions? How medical science and healthcare contribute to subtle biopolitical control on our bodies and selves? These questions do not have easy answers and they weave a complex web of interrelated problems. That is perhaps such a volume can do, to problematize and throw open issues concerning body, health, illness, normalcy and mortality.

One of the reasons why health and illness have an enigmatic aura around them could be that such experiences defy literalness. We often seek the help of metaphoric thinking and expressions to refer to illness and health. No wonder the vulnerabilities of human life often compel us to resort to battle metaphors. In place of once-invincible-now subdued-diseases like small pox and malaria, more stubborn, fatal and mysterious ailments and corporeal states attack us. The idea of illness has crept into our cultural imaginings so much so that we tend to view even social evils as ailments, metaphorically. Illness lures us away from literalness to the metaphoric and imagist thinking.

Though health and illness form a complex realm of experiential phenomena, most of the explorations into their enigmatic nature are done in a 'scientific' methodology verging on to 'scientism' and statistical empiricism. The ideology of scientism believes in the universal applicability of the scientific method to all realms of 'reality' – in fact scientism accords the status of reality to only those phenomena that are amenable to its method and approach. Accordingly, modern medicine that follows a presumably 'scientific' approach to illness, though has been largely successful in curing or giving temporary relief from certain diseases, understands 'health' as the absence of 'illness'. Even though,



modern physics has recognised that there are limits to what we can 'measure', we still conceive health in terms of measurable physiological parameters. Gadamer says, 'The limits of what can be measured and, above all, of what can be effected through human intervention reach deep into the realm of health care. Health is not something that can simply be made or produced.' (Gadamer, 1996: vii). Udwadia in his *Forgotten Art of Healing and Other Essays* points out how the physicians' intuition through touching, looking at the patient and listening to the pulse and heartbeat, etc. is replaced by machines. Treatments are not customized and function like a Procrustes bed.

Modern medicine may treat diseases and cure the body, but does it really enhance our 'health'? The limitation of medicine in contributing to our health may well be like the limitation of Goddess *Bhadrakali* in not being able to grant *Naranath Bhranthan's* (a mythological wisemadman) wish to get his lifespan increased by one second or reduce it by one second. At times, it can only relocate the elephantiasis from the left leg to the right! As Gadamer puts it, '... medicine is the only science which, ultimately, does not make or produce anything. Rather, it is one which must participate in the wonderful capacity of life to renew itself, to set itself aright' (Gadamer 89). Not that modern practitioners of medicine are not aware of the limitation of medical 'science'; for many, practice of medicine is an art more than a science. According to Gadamer, Doctors like Weizsäcker was not just treating illness but '... restoring to patients their own sense of self-identity by enabling them to return to and take up again their own particular way of life and to exercise their own particular abilities' (Gadamer 86). These views illustrate the great expectations that might overwhelm both doctors and patients.

Those who have gone through or witness the harrowing experiences of illness would know that these great expectations do not always translate into actual practices. The consequences of illness can be fatal and devastating; besides having to suffer physical pain and trauma one often becomes a victim of social attitudes and stigmas while being ill. On the other hand, health as a concept and experience needs to be looked into with more experiential insight. While it is essential to look at a human being as an organism comprising a plentitude of interdependent corporeal mechanisms, her/ his situatedness in a

historico-socio-cultural environment cannot be ignored. One should be awake to the politics involved in interpreting 'health' and 'illness,' 'sanity, and 'madness'; disabled and differently-abled. There are states that defy classification.

Diverse theories of health suggest a 'theory change' in the field of medical sciences with regard to what constitutes 'health' (Torres 2010). With the advancements in Genetic engineering, now a relatively new field of medical practice has been evolving – 'the gene therapy'. The fact that genetic tests can detect deleterious mutations which are sometimes sufficient to cause a pathological condition necessitates retaining a theory of health that spells out 'the basic biological requirement'. The basic biological requirement gives human beings '... the ability to pass through three fundamental stages of life: growth, adulthood and decay' (Torres, 2002: 46). As pointed out by Torres, people who are deficient in the basic biological requirement while not healthy are not yet ill either.

This paradox shed light on the concept and experience of 'disorder' or being differently-abled. Lance Strate's scholarly insights into the enigma of autism emerge from his experience as the parent of an autistic daughter. The study analyzes autism and its enigmatic manifestations to point out why it is viewed as a 'disorder' and how a life in and with family and society is possible for an autistic individual. Lance Strate's subtle critique of the social attitudes towards 'disorders' makes one worry about the diseases of apathy and prejudice that are spreading over the social body.

The traditional view in the field of medicine construes health as the absence of disease. Christopher Boorse holds a 'biostatistical' theory of health in which the notion of 'disease' is used as an analytical tool to understand health. For Boorse, the concept of 'health' is descriptive and value-free (Boorse 1977). Nordenfelt opposes Boorse's characterization of health in terms of disease, and puts forth a holistic perspective that defines health as a person's ability to realize the 'vital goals' of his or her life. The vital goals are those that are necessary for ensuring the minimal happiness of a person in the long run (Nordenfelt 1995). This normative approach to health as against the descriptive approach incorporates wider concepts that refer to 'quality of life'. With the

availability of a wider approach to health, Nordenfelt could provide conceptual distinctions between 'disease' and 'illness' (Nordenfelt 2007). Venkatapuram argues that Nordenfelt's theory has the drawback of defining health in subjective notions of wellbeing and has got relativistic implications. Thus he attempts to modify Nordenfelt's theory of health by redefining 'vital goals' in terms of 'central human capabilities and functionings' (Venkatapuram 2013).

Khushf (2007) argues that recent developments in healthcare such as 'managed care' and 'total quality review' challenge the insulation of medical practice from the intrusion of other socio-economic factors in understanding health. Gadamer in fact attempts a similar approach to health when he tries to overcome the divide between 'science' and the 'art' of healing in terms of the Greek concept '*techné*' (Gadamer 32-34). For Gadamer, health is not merely the 'absence of illness' but a positive state of being capable of performing one's own activities in one's life that gives one a self-identity. The enigma of health is such that one aims '... to regain one's health and thereby to forget that one is healthy' (Gadamer vii). The enigmatic nature of health forces us to accept that '... there are limits to what we can do, limits which are taught to us by illness and death' (Gadamer ix). As Gadamer points out, it is '... in the face of illness that... [we] discover the great enigma of health' (Gadamer 86).

In describing the process of restoration of one's normal life from a state of incapacitation by disease 'enigmatic', Gadamer conveys that the usual dichotomy the medical science adheres to, namely 'Health' and 'Illness', does not capture the reality. Most of us tend to take a mental turn towards smug dichotomous divisions when we ponder on illness and health, as if these states exclude one another and cannot coexist. Being healthy and feeling healthy seem disparate. Siby George's paper uses the experience of multiple myeloma as a subtext to illustrate how even when illness "severely obstructs anticipatory projections of the fragile possibilities of being, the possibility of wellness is never absent if the finite and fragile structure of existence and the shocks and surprises it continuously throws up are never lost sight of." Through a Heideggerian frame work, he reads into the interstices of wellness and illness and the interpenetrative, dialogic association between these states.

Antonovsky characterises 'health' in terms of 'salutogenesis' by using the notion of a 'sense of coherence' that involves the three concepts of 'comprehensibility', 'manageability' and 'meaningfulness' (Antonovsky 1987). However, Gadamer envisions health as a '... mystery [that] lies in the hidden character of health' (Gadamer 107). Health, for Gadmer, is a '... broader horizon of permanent jeopardy and potential disturbance' (Gadamer 111). According to Gadamer, illness make us aware of our bodily nature which otherwise is hidden. Only when there arise some disturbances, when deficiencies manifest to cripple us that we are aware of the lack of a healthy body. Thus, though health has ontological primacy over illness, methodologically illness gains primacy over health (Gadamer 73). While illness is symptomatic, health eludes our awareness; a pathogenic process describes the symptoms but 'salutogenesis' is not easily describable in terms of anything akin to symptoms. All that we are able to conceive is a state of 'homeostasis' within each of us that links salutogenesis and pathogenesis (Davies 2007).

Pathological anatomy poses yet another irony. Madhu T.V's analysis of a paradox of modern medicine in the process of learning about the living healthy or ill through dissecting cadavers leads to graver philosophical questions about the nature of being and existence. Pathological anatomy posits death as a door leading to the secrets of life as it opens out the body for clinical gaze. Nineteenth century medicine, in Foucault's opinion, was haunted by this gaze that '*cadaverizes* life and rediscovers in the corpse the frail, broken nervure of life'. The said paradox compels us for a rethinking that may draw ideas and an alternative perception from Merleau Ponty's concept of incarnate body.

Gandhi's idea of wellbeing achievable through a biomoral approach to health and corporeal being suggests another alterative possibility. Prem Mishra's study looks at what he calls a 'radical departure from the modern medical science's perspective on health' in Gandhi's Nature Cure. Gandhi's views on health do not perceive body and mind in separation. Health is achievable through a complementary coexistence of human being, society and nature. The biomedical view of the modern medicine that assumes (in tune with the Cartesian

dichotomy) there is a rupture between body and mind, human and society/nature, in Mishra's opinion, is an idea imposed on us by the colonists.

Further complexities arise when we move to the realm of 'mental health'. If any deviation from the 'normal' is taken as a sign of 'mental illness', then even 'genius is a form of madness'. Rinzi Lama's study looks at the complexities of the practice of healing by persons believed to be possessed by divine entities. The 'possessed' may look like a schizophrenic while viewed through the lens of modern psychiatry. Her paper argues that cultural interpretation of spirit possession among the people of the Hills of Darjeeling does not exclude or distance itself from modern medicine; the concepts of 'health' and 'illness' emerging out of the cultural imaginings of spirit possession are in tune with the paradigms of modern medicine, accomplished through a process of cultural negotiation.

Mental health has a complex history of cultural conflicts and negotiations. The shocking practices involved in psychiatric treatments are now well recorded in medical history. Neuropsychiatry which presupposes that mental illness is an illness of the brain' now propagates integrating neurology, psychiatry and neuroscience in the 21<sup>st</sup> century (Kotowicz, 2012:110). In addition to such questionable assumptions, the domain of mental and emotional health services is beset by other problems related to the humane approach towards patients. As Gadamer points out, 'The science and praxis of psychiatry are always to be found on the narrow borderline between the knowledge domain of the natural sciences . . . and recognition of the enigmatic character of mental and psychological problems' (Gadamer 164).

The 'fear' of sickness is partly related to issues of social acceptance and perception of pain and suffering with reference to body and mind. The 'fetish' for health and physical and mental wellbeing has become a modern malady. The outlook towards illness and health are formed by religious, political and market forces within a socio-cultural context. Reshma Valliappan's critique of the medico-social prejudices on schizophrenia sheds light on the highly problematic stigmatization of certain ailments on ethical and moral grounds. The strategies of pushing those who do not fit into the norm to the fringes of existence manifest

differently in various cultures in several historical contexts. Reshma's study of her own life with schizophrenia also maps a twilight zone where 'art' happens: art as self-expression and discovery; art as a coping mechanism; art as protest and subversion.

The body/mind dynamics implicit in the understanding of health and sickness necessitates a critique of institutional practices of medical and psychiatric establishments and also market forces. This kind of a critique is required especially because 'fitness' is defined and interpreted to a great extent by not only the medical and psychiatric establishments but also media through programs meant for generating awareness, dialogues with doctors and psychiatrists, yoga training sessions, programs on health and healing, advertisements for health and beauty products, etc. The standards of fitness are often ratified and endorsed by celebrities who assume an authoritative tone while doing so. Some sort of conformity is demanded and obtained from an uncritical segment of the public. In short, 'fitness' implies 'fitting into' certain standards of health and well being. This is an alarming situation. But such dominations operate on our body in a subtle and clandestine manner. In the contemporary scenarios percolated by messages of the media and consumerism, fitness and wellbeing have become marketable commodities. Biopower that operates on our corporeality is a subtle political strategy; even subtler in generating consent than disciplining techniques. Foucault observes: "...a number of phenomena that seem to me to be quite significant, namely, the set of mechanisms through which the basic biological features of the human species became the object of a political strategy, of a general strategy of power, or, in other words, how, starting from the eighteenth century, modern western societies took on board the fundamental biological fact that human beings are a species. This is roughly what I have called biopower."<sup>1</sup>

Even tourism packages itself in the language of physical-emotional wellbeing accomplished through pampering of the senses. Elwin John's analysis of the Incredible India campaign looks at the strategic interpretation of health and wellness as a tangible indulgence of the senses, an ecstatic hyperreal possibility offered to potential consumers by media and tourism industry. Our world, where everything becomes 'industry', healthcare is not an exception. Poonam and

Sabyasachi in their joint paper analyze the process of being talked into cosmetic surgery and the strategic verbal jugglery used by the media for accomplishing it. The media- industry nexuses operate in domains like cosmetic surgery which often poses as something that enhances the quality of life through helping one achieve a more appealing, confidence-boosting body-self image.

There cannot be a comprehensive view on health, enigma as it is. This collection presents a collage that embeds fragments of clamouring views on health on a very broad canvas. The silences, gaps and fissures in this picture also demand our attention.

## FOOTNOTE

- <sup>1</sup> "Security, Territory and Population, " Lecture one, 11 JANUARY 1978 in [http://www.generation-online.org/p/fp\\_foucault14.htm](http://www.generation-online.org/p/fp_foucault14.htm).

## REFERENCES

- Antonovsky, Aaron. *Unraveling the Mystery of Health: How People Manage Stress and Stay Well*. San Francisco: Jossey-Bass, 1987. Print.
- Boorse, Christopher. "Health as a Theoretical Concept". *Philosophy of Science*, 44. 4, (1977): 542-573. Print.
- Davies, Peter G. "Between Health and Illness". *Perspectives in Biology and Medicine*, 50. 3, (2007): 444-452. Print.
- Foucault, Michel. "Security, Territory and Population, " Lecture one, 11 JANUARY 1978 in [http://www.generation-online.org/p/fp\\_foucault14.htm](http://www.generation-online.org/p/fp_foucault14.htm).
- Gadamer, H. G. *The Enigma of Health: The Art of Healing in a Scientific Age*. (trans.) Jason Geiger and Nicholas Walker. California: Stanford UP, 1996. Print.
- Khushf, George. "An Agenda for Future Debate on Concepts of Health and Disease". *Medicine, Health Care and Philosophy*, 10. 1, (2007): 19-27. Print.
- Kotowicz, Zbigniew. *Psychosurgery: The Birth of a New Scientific Paradigm*. Lisbon: CFCUL, 2012. Print.
- Nordonfelt, Lennart. *On the Nature of Health: An Action Theoretic Approach* (2<sup>nd</sup> edition). Dordrecht: Kluwer, 1995. Print.

- . "The Concepts of Health and Illness Revisited". *Medicine, Health Care and Philosophy*, 10. 1, (2007): 5-10. Print.
- Torres, Juan Manuel. "The Importance of Genetic Services for the Theory of Health: A Basis for an *Integrating View* of Health". *Medicine, Health Care and Philosophy*, 5. 1, (2002): 43-51. Print.
- . "The Kuhnian Shift for Qualitative Theories and the Case of the Theory of Health". *On Kuhn's Philosophy and its Legacy*. Juan Manuel Torres (ed.). Lisbon: CFCUL, 2010. 209-220. Print.
- Udwadia, Farokh Enach. *The Forgotten Art of Healing and Other Essays*. New York: OUP, 2009.
- Venkatapuram, Sridhar. "Health, Vital Goals and Central Human Capabilities", *Bioethics*, 27. 5, (2013): 271-279. Print.