
Disease, Culture and History

WARWICK ANDERSON

It is an unremarkable truism that not so long ago most historians of medicine were white male doctors documenting the progress of medical ideas and practices. But now medical historians — in Australia, the United States and Britain, if not elsewhere — are more likely to have learned a wry scepticism in Ph.D. programs and to write a critical social or a cultural history of disease or health care. During the past twenty years or so the discipline expanded and became more diverse and, as it did so, the verbal qualifiers proliferated around our subject. What is it now that we do? Is it intellectual or social or cultural history of medicine, of biomedical science, of health, of illness, of suffering or of disease? And if this dispersal of interests had not already rendered our disciplinary identity sufficiently complex, it now seems that each element of this modern periodic table has an unstable valence. What is 'disease'? What counts as 'medicine'? What is 'culture'? Even the notion of 'history', once so stable, apparently has an ever-shorter half-life. So how, indeed, do we write the history of disease?

Historians of disease are unlikely to spend much time on epistemology, and given the richness of our sources, the nature of our concerns, and our unstable disciplinary diversity, this should not surprise anyone. Most of us are not inclined to question the biological presence of disease and death. The cultural and social responses to these undeniable conditions of existence have provided us with a wealth of material for historical analysis. The stories are too good to dilute with philosophy. And so we tend to avoid the polarizing arguments about social construction and biological causation that have paralyzed so many historians of science. After all, the biological reality of disease seems much closer, and less mediated, to most of us than notions of

evolution or sub-atomic particles — which is simply to say that the experience of illness is not an experiment, and medicine is not just science. As medical historians, we are more interested in what popular and elite beliefs about illness are doing socially than in determining precisely the influences of nature and society on our knowledge of pathological processes.

Of course, one can always point to the odd Bolshevik among this crowd of unassuming Mensheviks. Both James Patterson and Charles Rosenberg have singled out François Delaporte, suggesting that he represents a fifth column of social constructivists within the history of medicine.¹ Yet one or two odd programmatic statements are belied by Delaporte's own rather conservative historical narratives, leaving one to ask if this is all there is to 'social constructivism' in the history of medicine.² In any case, even Rosenberg has conceded in his influential essay on framing disease, that the social construction of disease is really 'no more than a tautology, a specialized restatement of the truism that men and women construct themselves culturally... [M]edical thought and practice are rarely free of cultural constraint, even in matters seemingly technical.'³ Fortunately, historians like Rosenberg have provided us with an ambiguous vocabulary to evade the futile arguments that attract philosophers: let us say that disease is not socially constructed, so much as culturally framed, shaped, or structured. These useful architectural verbs give us room to manoeuvre as we explore the complex network of relationships between biology, human experience, social life and disease practices. They have allowed Rosenberg, and others such as Allan Brandt and Judith Walzer Leavitt, to get on with the writing of richly contextualized social histories of disease.⁴ But it would be wrong to think that they offer any solutions to the basic philosophic, or even historiographic, issues that they are designed to evade.

1. James T. Patterson, 'How do we write the history of disease?', *Health and History* 1998, Vol. 1, No. 1. Charles E. Rosenberg, 'Disease and social order in America: perceptions and expectations,' in *Explaining Epidemics and Other Studies in the History of Medicine* (Cambridge: C.U.P., 1992), p. 259. The quotations come from François Delaporte, *Disease and Civilization: The Cholera in Paris, 1832*, tr. Arthur Goldhammer (Cambridge: MIT Press, 1986).

2. See Delaporte, *Disease and Civilization*, and his *The History of Yellow Fever: An Essay on the Birth of Tropical Medicine*, trans. Arthur Goldhammer (Cambridge: MIT Press, 1991).

3. Charles E. Rosenberg, 'Framing disease: illness, society and history,' in *Framing Disease: Studies in Cultural History*, eds Charles E. Rosenberg and Janet Golden (New Brunswick: Rutgers Univ. Press, 1992), p. xiv.

4. See Allan M. Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States since 1880* (New York: O.U.P., 1985); and Judith Walzer Leavitt, *Brought to Bed: Childbearing in America, 1750-1950* (New York: O.U.P., 1986).

James Patterson has observed the occasionally close relations between medical anthropology and many histories of disease.⁵ Certainly, Arthur Kleinman's recent work on suffering, health beliefs and illness narratives has exerted a considerable influence on historians, in part, perhaps, because they appreciate his emphasis on the experience of illness and the framing of disease.⁶ But the vectors of influence have not always pointed in the same direction. Kleinman himself began training at Harvard as a social historian of medicine before developing his interests in clinically applied medical anthropology. Increasingly, too, edited collections of essays in medical anthropology include a few historical articles, written usually by accredited anthropologists.⁷

This cross-fertilization has been occurring for some time. For example, Erwin Ackerknecht, one of the founders of the social history of medicine, also wrote a quirky tract on anthropology.⁸ Rosenberg's work owes much to the sociological and anthropological inquiries of Evans-Prichard, Goffman, Geertz, and others. 'It is no accident,' he writes, 'that several generations of anthropologists have assiduously concerned themselves with disease concepts in non-Western cultures, for agreed-upon etiologies at once incorporate and sanction a society's fundamental ways of organizing its world. Medicine in the contemporary West is by no means divorced from such affinities.'⁹ In the archives and in the field, the cross-cultural affinities in disease concepts have prompted the more broadly educated of anthropologists and historians to recognize some points of contact in their own methods and goals.

But over time the location of such points of contact changes. Rosenberg, I think, provides us with a revealing example of historiographic development. In *The Cholera Years*, epidemic disease was a social sampling device; more recently the dimensions of its sampling have multiplied, so that disease may be, among other things, 'a generation-specific repertoire of verbal constructs reflecting medicine's intellectual and institutional history, an occasion of and potential le-

5. Patterson, 'How do we write the history of disease?'

6. For example, Arthur Kleinman, *Rethinking Psychiatry: From Cultural Category to Personal Experience* (New York: Free Press, 1988), and *The Illness Narratives: Suffering, Healing and the Human Condition* (New York: Basic Books, 1988).

7. See, for example, Margaret Lock and Shirley Lindenbaum, eds, *Knowledge, Power and Practice* (Berkeley: Univ. of California Press, 1993).

8. Erwin Ackerknecht, *Medicine and Ethnology: Selected Essays*, eds H.H. Walser and H.M. Koelbing (Baltimore: Johns Hopkins Univ. Press, 1971)

9. Rosenberg, 'Framing disease,' p. xiv.

gitimation for public policy, an aspect of social role and individual — intrapsychic — identity, a sanction for cultural values, and a structuring element in doctor and patient interactions.¹⁰ In the 1960s Rosenberg was framing his own work as a *social* history of disease; but recently he has subtitled an edited collection as 'studies in *cultural* history.' It seems to me that this reflects more than terminological inexactitude. What notions of the social were embedded in 'social history'? What is the provenance of culture in this new 'cultural history' of medicine? Does this historiographic shift imply a drift — in the United States at least — away from sociological models and an embrace of cultural anthropology?

Many of the notions of culture invoked in the cultural history of medicine seem to derive from notions of culture that circulated in anthropology ten or twenty years previously. After all, it takes time to make the translation across disciplines. (Is it possible that the historical framework that some anthropologists take up is similarly dated?) Most historians seem to assume that their subjects operated mentally within a more or less coherent and bounded culture, like those studied by an earlier generation of anthropologists. That is to say, historians have been more likely to get their ideas about culture from Kluckhohn and Kroeber than from Clifford, Marcus, Fischer and Rabinow.¹¹ But what would their histories of disease look like if, like some contemporary anthropologists, they emphasized cultural fragmentation and heterogeneity, if they were to write back into history a creolization and deterritorialization? How, in other words, would they write cultural history if the models of 'culture' came instead from literary and cultural studies, not from an old-fashioned anthropology?

Not surprisingly, historians of HIV/AIDS have begun to provide us with some examples. According to Charles Rosenberg, AIDS reminded us that 'biological mechanisms define and constrain social response'; it dragged that rare beast, the Foucauldian historian of medicine, into a

10. The quotation is from Rosenberg, 'Framing disease,' p. xiii. See also Charles E. Rosenberg, *The Cholera Years: The United States in 1832, 1849, and 1866* (Chicago: Chicago Univ. Press, 1962).

11. A.L. Kroeber and Clyde Kluckhohn, *Culture: A Critical Review of the Concepts and the Definitions* (Cambridge: Peabody Museum, 1952); and A.L. Kroeber, and T. Parsons, 'The concepts of culture and of social system,' *Am. Sociol. Rev.* 23 (1958): 582-83. George Marcus and Michael Fischer, *Anthropology as Cultural Critique* (Chicago: Univ. of Chicago Press, 1986); James Clifford and George Marcus, eds, *Writing Culture: The Poetics and Politics of Ethnography* (Berkeley: Univ. of California Press, 1986); Paul Rabinow, *Essays on the Anthropology of Reason* (Princeton: Princeton Univ. Press, 1996).

'postrelativist age.'¹² But AIDS had a different impact on those historians and social analysts who had not thought much about disease before. It made them realize that the way we apprehend and deal with diseases such as AIDS reflects our deepest cultural assumptions. For Paula Treichler, Cindy Patton, Simon Watney and other scholars in cultural studies, AIDS was as much 'an epidemic of signification' as it was a biological reality.¹³ The circulation of scientific knowledge about AIDS suggested to Patton that we are becoming 'cyborgs for whom science is our culture, our mode of constructing identity.'¹⁴ Treichler argues that debates about AIDS represent 'over-determined' cultural narratives about scientific proof, professional identity, the doctor-patient contract, and nature itself.¹⁵ The construction of 'African AIDS,' according to Watney, 'tells us little or nothing about AIDS in Africa, but a very great deal about the changing organization of sexual and racial boundaries in the West, where AIDS has been widely harnessed to the interests of a new hygienic politics of intense moral purity.'¹⁶ More generally, Jan Zita Grover has addressed 'the impossibility of conceiving AIDS *except* through the category of metaphor.'¹⁷ The emphasis on identity, metaphor, representation, and cultural traffic across boundaries in these studies of AIDS supplies the loose structure for a cultural history quite unlike what happens in Rosenberg's more situated, bounded cultures.

Is this the beginning of another sort of cultural history of disease, yet another addition to our historiographic *mélange*? Perhaps. Postmodern? Perhaps — but who are we to say?

University of Melbourne

12. Rosenberg, 'Disease and social order,' pp. 275, 260. See also 'What is an epidemic? AIDS in historical perspective,' in Rosenberg, *Explaining Epidemics*.

13. The term is from Paula Treichler, 'AIDS, homophobia, and biomedical discourse: an epidemic of signification,' in *AIDS: Cultural Analysis, Cultural Activism*, ed. Douglas Crimp (Cambridge: MIT Press, 1988).

14. Cindy Patton, *Inventing AIDS* (London and New York: Routledge, 1990), p. 53.

15. Paula A Treichler, 'How to have theory in an epidemic: the evolution of AIDS treatment activism,' in *Technoculture*, eds Constance Penley and Andrew Ross (Minneapolis: Univ. of Minnesota Press, 1991), p. 58.

16. Simon Watney, 'Missionary positions: AIDS, 'Africa,' and race,' in *Out There: Marginalization and Contemporary Cultures*, eds Russell Ferguson et al (Cambridge: MIT Press, 1990), p. 100. See also Cindy Patton, 'Inventing 'African AIDS,' in her *Inventing AIDS*; and Paula Treichler, 'AIDS and HIV infection in the Third World: A First World Chronicle,' in *Remaking History*, ed. Barbara Kruger (Seattle: Bay Press, 1989).

17. Jan Zita Grover, 'Constitutional symptoms,' in *Taking Liberties: AIDS and Cultural Politics*, eds Erica Carter and Simon Watney (London: Serpent's Tail, 1989), p. 148. See also Emily Martin, *Flexible Bodies: Tracking Immunity in American Culture — From the Days of Polio to the Age of AIDS* (Boston: Beacon Press, 1994).