Part III

Dominant Discourse and the Experience of Disease
It is one of the basic premises of this book that the experience of illness and the sick body is always and inextricably framed and shaped by culture and society, by prevailing images and notions about the body and its diseases, as well as by the linguistic conventions and practices through which these notions come to be expressed. These notions not only point the way to appropriate diagnosis, prophylaxis, and treatment, offer an orientation, and instill confidence in the face of the threatening changes that are taking place in the body; they also have a decisive impact on how physical phenomena and pathological symptoms are experienced – indeed, on whether they are perceived at all.

The predominant medical terms, images, explanatory models, and practices of a society or social group are to a large degree the product of the cultural, social, economic, and political circumstances at a given time and place. They reflect a specific understanding of man and the world around him, a given set of hopes and fears, values and norms, economic, political, and military interests, and preferred forms of linguistic, visual, and ritual symbolization.

In the relatively homogeneous cultures which cultural anthropologists have traditionally studied, dominant medical concepts and practices can often be closely linked to an ethnic group’s particular, relatively homogeneous, world view and can be regarded as an integral part of this view.¹ Post-medieval Europe, however, was remarkably pluralistic. Different fundamental religious and philosophical tenets, and different notions about man and his relationship to his natural and social environment existed side by side and sometimes in opposition to each other. In respect to the body and its diseases, academically trained physicians achieved for themselves, from the Middle Ages, a growing degree of interpretive influence, first among the upper classes² and then, in the long run, among the less educated classes as well. In Western societies, ‘orthodox’ medicine, though in itself quite pluralistic, has thus for centuries reflected, above all, the norms, values and interests of learned physicians and of those classes or social groups to which the physicians belonged and felt their loyalty, or whose support they sought. These groups varied considerably, however, from case to case and depending on the historical period.

Because medicine not only shapes perceptions, creates meanings, and provides practical guidance but also implicitly or explicitly imparts a specific world view rooted in the power structure of the day, medical conceptions and practices have attained a cultural and political significance that far surpasses the realm of medical theory.