Speech delivered by Adam Graycar:

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SOCIAL FACTORS IN ILLNESS

Man is a biological entity, but it is eroneous to think of him simply as a biological entity - man in these circumstances would be a non-entity. The collection of tissues - of muscles, blood, brain and water that together make up man exist within a social, cultural, and political setting. The well-being of the organism depends largely on the extent to which it adapts to its environment. Terms such as "well being", of course, are open to much argument and semantic dispute - "well being" varies from society to society. Malnutrition in Australia is regarded and judged in a certain way - the same standards don't apply in, say, Bangladesh. "Well being", for a long time, was thought to relate only to organic matters. If one could walk and work, then one was well - if not, one was ill. Later the term mental illness was used to describe non-organic disorders, and a careful analysis of many of the sorts of things that are called "illness" - whether it be physical or mental, reflect social, cultural and political factors. Treatment also relates to these phenomena.

About 23 centuries ago a Greek philosopher called Aristotle made the not altogether startling pronouncement that man is a social animal. As he wrote in Greek, this has been translated both as "man is a social animal" and "man is a political animal". We accept that man is a social animal, but only reluctantly do we accept that he is a political animal - and that things political affect most aspects of his behaviour - including his health and illnesses.

Lets look in a bit more detail at these terms, social, cultural, and political, and lets try to sort out their relationship to illness - or to "well being" generally.

Social Factors

The process of acting in awareness of others, and adjusting responses to the ways others respond, is social interaction. Group and community life always involves interaction, and members of a group or community interact to certain rules and regulations known as norms. Not all people in a group or community occupy equal positions, nor do they contribute equally. The member's behaviour is patterned according to the position he occupies within the group, and the behaviour which is considered appropriate to that role. This is the individuals status. Terms and concepts such as interaction, role, group, norms, status, etc. are used in a micro-sociological analysis of behaviour and can explain some of the behaviour patterns relevant to illness - the speakers before me have talked about micro-sociological or social psychological factors, and they can be used to explain things like family tensions, which might arise out of what sociologists might call "role conflict" - tensions relating to interpersonal relations - ask any G.P. about inter-personal relations, distress and illness, and also to explain suicide, for instance.

The French sociologist, Emile Durkheim was interested in the various types of social integration, and in social disorganization, specifically the weakening of social bonds. He studied the differing rates of suicide and used them as an index of social integration among various

groups. At the time Durkheim wrote - about 80 years ago - it was known that suicide varied for different groups and for different periods. It was higher for Protestants than for Catholics, higher for the unmarried than for the married, higher for soldiers than for civilians, higher for officers than for enlisted men, higher in times of peace than in times of war or revolution, higher in terms of economic prosperity and recession than in times of economic stability. Durkheim reasoned that since different groups have different suicide rates there must be something about the social organization of the group that prevents, or fails to deter people from committing suicide, or may even prompt them to do it. He acknowledged the enormous range of individual reasons for committing suicide and suggested that the degree to which the individual was integrated into group life determined whether he could be motivated to commit suicide. He discussed 3 types of suicide - what he called altruistic suicide, egotistic suicide and anomic suicide. Altruistic suicide reflected a high sense of integration into the group, and the typical example here is the Kamikaze pilot. Egotistic suicide takes place when the individual lacks emotional support, and is self-centered rather than group centered. Anomic suicide reflects weak group norms - no structure - a sense of rulelessness, aimlessness, normlessness. I haven't time to elaborate - but you can read it all up for yourself if you're interested.

A microsociological explanation places the individual into the group perspective, and examines his behaviour patterns which can

often explain illness. Turning from the microsociological to the macro-sociological the first concept we come across is culture.

Culture

In its broadest definition, culture refers to that part of the total repetoire of human action which is socially, as opposed to genetically transmitted. It is man's entire social heritage - it is all of his customs, skills and beliefs. We accept symbols around us in terms of what we expect of them. If I were to flash up a slide of a Boeing 747 aeroplane on the screen you would see it as a means of transport - as a quick means of getting from here to elsewhere. If this aeroplane were to come down in a remote part of the New Guinea highlands where this sort of thing had never been seen before, after the feast, this metal thing would probably be regarded as a comfortable shelter - it would be seen to keep the wind and rain out. To us, in our culture, this hunk of metal is an aeroplane - in another culture it is a shelter. Culture does funny things with health, too.

For instance, some people grow and harvest a particular plant, roll it up in paper, put in into their mouths and then set fire to it, would you believe. Once it is on fire they breathe in the smoke from it, then blow the smoke out. Its supposed to be great fun. Not only can one derive great pleasure from doing this, but we are told, doing it is a certain way as an indicator of social (or, strictly speaking, cultural) success. If you smoke the right brand you get the girl, too - and often the sports car as well. After gazing lovingly into the girl's eyes and taking a drag of the cigarette, momentarily taking your eyes

off the road, you could wrap the sports car around one of the trees in Marlboro country. (This scene is never in the commercials.) It has been hypothesised, and the hypothesis generally confirmed, though I can't give you the reference off hand, that smokers have a much higher incidence of traffic accidents than non-smokers. The whole phenomenon of a traffic accident, also, is a cultural phenomenon. Apart from those "accidents" related to poor car and read design, the great majority of accidents derive from cultural traits - aggression, hostility, tension, speed, and, of course, alcohol.

The greatest cause of death in Australia combines all the forms of cardio-vascular disease. When we look at coronary heart disease, the evidence, disputed though it may be, points to cultural things - to the beaut old meal of steak and eggs, and other dietary manifestations of high blood cholesterol. Those who espouse the dairy people's arguments reject diet, but still argue coronary heart disease in terms of a cultural factor - what have been called Type A and Type B personalities. In addition to arguments about cholesterol, physicians point to high blood pressure, overweight, and cigarette smoking - as causes of heart illness - these are all cultural things.

Although I haven't had time to develop the points properly we can see that four of the most common causes of death in Australia arise from cultural or social factors: (1) cardio-vascular disease, especially premature coronary heart disease; (2) cancer of the lung; (3) traffic and other "accidents"; (4) suicide.

So far I've only mentioned cultural factors relating to mortality. When one thinks of morbidity, the relationship is stronger.

The Senate Select Committee on Drug trafficking and druk abuse in Australia (1971) concluded "the abuse of drugs is more a people problem than a drug problem". The Committee showed that alcohol and tobacco are the two drugs most widely abused by our society. Prescribed drugs such as the barbiturates and tranquilisers, and also the over-the-counter preparations such as minor analgesics and things like Relaxatabs follow close behind. It is this group of socially acceptable drugs which is causing the most harm to most people. When one hears of the drug culture (or subculture) one doesn't hear of the legal drugs, but the illegal preparations - cannabis, the hallucingenics, amphetamines and opiate narcotics. One could spend a great deal of time discussing the social and cultural factors, as well as the social costs and political questions relating to alcoholism and the drug culture.

An interesting cultural sideline relates to cultural components in responses to pain. A study was done by Mark Zborowski in the U.S. about 20 years ago. He analysed the reactions to pain of 3 cultural groups - Italians, Jews, and "old Americans". Basically he found that Italian and Jewish patients (he used relatively recent immigrants for both these groups) showed that they experienced pain - they didn't try to hide it - while the "old Americans" were as stoic as possible. They tried not to show it hurt - they tried to be "brave" - whatever that means. Italian and Jewish patients showed pain for different reasons and reacted differently to their children suffering from pain. In

treating patients one must be aware of cultural differences and manifestations. It is very instructive, I am told, for medical students, when they're in the labour or obstetric wards to observe the behaviour patterns of different cultural groups.

One could go on and refer to other cultural manifestations - aboriginal mortality and morbidity in Australia - to the health problems of migrants - to the culture of poverty and the associated health problems relating specifically to malnutrition, obesity, low resistance to disease, etc.

Politics

When we talk about culture, it is impossible to divorce it from politics. Cultural values determine political values and political priorities, and most of the things I've mentioned so far can be taken a step further and thrown into the hurly-burly of the political arena.

Health is a political matter. The quality of health and health care that exists in a community is a political phenomenon. It is patently absurd to suggest otherwise. Only an extremely politically naive or devious person could ever say that health and politics don't mix.

Before we go any further, lets pause briefly and examine the term politics - what is politics? Politics exists when a number of conditions are present - the first condition is diversity - and this exists in any form of group life. Diversity is a necessary, but not a sufficient condition. If it leads to conflict, we are heading for a political situation. Further, if there is an attempt to resolve the

conflict, we are getting closer, and when the conflict resolution takes place within a binding authoritative setting, then we have a political situation. Without any one of these, diversity, conflict, attempts at resolution and an authority, there is no political situation. As there is a scarcity of resources within a community, demands are made, pressure is brought to bear and decisions are made that could work to the advantage or disadvantage of certain groups.

If the motorist organizations like the RAA push for more and better roads, while the motor manufacturers create and supply a market for high powered cars, and the booze makers and suppliers regard restrictions on their activities as going against the spirit of free enterprise - these add up to a political situation which is also a health hazard. The health consequences of supporting these policies rather than an increase in public transport systems, are difficult to measure.

I'm sure it wouldn't surprise you to know that the nine word warning heard on radio and television that "medical authorities warn that smoking is a health hazard" came into being after 15 years of intense political conflict.

The whole range of issues in public health depend on political decisions. Public policy on environment control is one example - a conscious choice has to be made - is economic growth more important than polluted air or rivers? This question can only be answered within a specific cultural and political context.

What about sanitation? An enormous percentage of houses in Australia are not sewered - does it matter? Where is the sewage dumped anyway? Are treatment plants worth the cost? One could go on looking at vitally important aspects of the community's health which are also important political issues - population growth, questions of family planning, contraception, and abortion. This week's issue of the MJA estimates that about one half of the pregnancies in Australia are unwanted. If there is any truth in this, think of the social problems - whose problems are they? Why has the A.M.A. taken them up?

Important areas of public policy such as those already mentioned, as well as urban policy, housing policy, immigration policy, aboriginal policy, repatriation policy all have enormous health ramifications. I haven't, and don't intend to discuss the issue of the financing of a health scheme, the public capital costs involved in medical care, the profitability of drug companies, etc. It should be obvious that there is a solid political component in many questions of health and illness.

In summary, one simply cannot ignore the social, cultural and political factors in morbidity and mortality. In fact the 3 major causes of death listed earlier under the heading of cultural factors - premature coronary heart disease, lung cancer, and road accidents can all be drastically reduced by strong political action. A thoroughly totalitarian state could reduce these drastically but the political question is how much power should the State have in these and other health matters?

The health of a community will often depend on the political choices made relating to community medicine; the acceptable standards

will be enshrined in the culture, while the individual's interactions, roles and status all have an important bearing on the social factors in health and illness.

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