

Personal and Social Disease Pathology

Giuseppe TRIBUZIO

“Why does a thought change the world, we have to change before the life of the man who expresses it. That changes in the example “

Albert Camus

Abstract: *With the Ottawa Charter definition of the concept health is integrated and expanded, aiming at enhancing not only the “state” of health, but the “process” that leads to it, taking into account health That is considered a resource through which, the individual becomes an active player in the community. Therefore it considers very important the community aspect and the social existence of the person, it must be that within an active protagonist.*

Each person, therefore, should feel responsible for their own condition and must be fire “exercise opinions more control over health and over their own their environments, and to make choices conducive to health.” To achieve this it is essential to enable people to learn throughout life, to prepare themselves for all of its stages and to be fire cope with injuries and chronic diseases. This should be made possible at school, at home, in the workplace and in all community settings.

The purpose of the “Ottawa Charter” are really ambitious if one takes into account that not all western industrialized countries, starting from the USA, put into practice social policies that can raise standards of health, requiring structural reforms of the welfare state. The disease is the tip of the iceberg of a social pathology, which causes discomfort and influence individual, not finding answers in the institutions, become chronic changing for the worse the quality of life.

Key word: *disease, society, pathology*

For a long time there has been a certain uniformity of views and thought about the concept of health, thanks to the definition promoted by WHO in 1948 stating that “Health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity”. After a few decades, however, with the “1st International Conference on

Promotion Health “held in Ottawa in November 1986 – based on the concepts of “Alma Ata” of 1978, which promoted primary health care – he felt the need to revive the subject by presenting a socio-political manifesto, which later will identified as the “Ottawa Charter”, with the goal of promoting health in the new millennium.

The definition of health is well integrated and extended, aiming to enhance not only the “state” of health, but also the “process” that leads to it, taking into account that health should be considered as a resource through which the individual becomes an important player within the community. In the document, indeed, is argued that:

«Health promotion is the process of enabling people to increase control over their health and to improve it. To reach a state of total physical, mental and social wellness, an individual or a group must be able to identify and to accomplish their aspirations, to satisfy the needs, and to either change or confront the environment. Therefore, health is seen as a resource for the daily life, not as the life main goal. Health is a solid concept that emphasizes both the social and personal resources, as well as the physical capacities. Hence, health promotion is not merely a health sector’s responsibility, goes beyond different lifestyles with the distinct goal of the well being».

The “Ottawa Charter” will, once again, peremptorily establish that the health does not only concerns the health sector, but a wider background, which has to do with specific political choices, aimed to state the principle of social equity, giving the members of each community the access to the health and social services with equal dignity and occasion. The prerequisites of health

that are highlighted inside the before mentioned document are:

«[...] The peace, dwelling, education, food, earnings, a stable ecosystem, sustainable resources, social justice and equity” which must be supported by “political, economic, social, cultural, environmental, behavioral and biological factors, “that need to be mediated by” a coordinated action by all of those involved: the governments, the health sector and other social and economic sectors, non-governmental and voluntary organizations, local authorities, the industry and the means of mass communication».

One of the most important aspect is the one that highlights how each person should feel responsible for their own condition and hence must be able to «exercise more control over their own health and over their environments, and make advantageous choices for the health condition».

Therefore, in order to achieve this goal it becomes essential “enable people to learn throughout life, prepare themselves to face all the different stages of and be able to confront injuries and chronic diseases. This should be made possible at school, at home, in the workplace and in all the community settings. The purposes of the Ottawa Charter are really ambitious if one takes into account that not all the developed countries, starting from the USA , put into practice social policies that can raise health’s standards, requiring structural reforms of the welfare state.

The health and its protection, as Umberto Galimberti states, «is something more than the mere absence of illness, and thus cannot be reduced to a medical care category of medical care», hence, «if a specific human feature is to be alive to decode life meanings through a sign system, any impairment of these reading skills globally invests his state of health, which is linked to not only organic, but also cultural connections»¹.

The concept of health cannot be separated from the culture of reference, so the definition may be susceptible to various formulations in time and space, but not to take that risk, the various international statements, set some key principles, from which it is not possible to separate yourself, going to the point where it is possible to make an ontology of the concept of health, that assumes a universal value.

Other definitions of health have been added to those of the international organizations in order to have a wider concept. Seppilli states that health is «a state of functional harmonious balance, physical and mental, of the individual, dynamically integrated into its natural and social environment»². Furthermore, Sgreccia tries to offer a contribution in this sense when he argues that «Health is more understandable as a dynamic balance: within the soma between the different bodies and different functions of the body, between soma and psyche level individual, and between the individual and the environment»³.

About sixty years ago, the psychoanalyst Erich Fromm arose a question as simple as imbued with strong meanings: “What is mental health?”. He proposed the analysis of two concepts quite different from each other. The first type of concept is realistic, socially characterized by the fact that corresponded to the mental condition of most of the members of that society. Then it had to do with the ability that man showed to possess in adapting the system to the life of society⁴. Supporting Fromm’s thesis is Herbert George Wells’ story titled “The Country of the Blind”, which tells of a young man who got lost in the forest and then meets a tribe suffering, by many generations of congenital blindness. Since he is the only one able to see, all others depends on him and the tribe doctors diagnose him a strange and quite unknown disease «[...] these strange things called eyes that exist to shape on the face a mild and pleasant hollow, are a brain disturbing disease. They are very dilated, have the eyelashes, moving eyelids, and consequentially, his brain is in a constant state of irritation and distraction»⁵. The second concept that Fromm takes into account is the adaptation, which comes from certain premises, namely:

- a) Each company as such is normal;
- b) Those who do not match the type of acceptable personality in a

society must be considered clinically and mentally ill;

c) Finally, the health care system in the psychiatric and psychotherapeutic field, has the aim to bring the individual at the level of the average man, independently of whether he is blind or visually healthy. The only thing that matters is that the individual adaptation and that does not disturb the social context⁶.

According to Fromm, certain relativism is hidden behind this concept, regarding to which none can establish value judgments. Max Weber affirmed, in this regard, that science as such must be value free and that must assess the phenomenon being studied, without making value judgments; but the human being, we know, can only be evaluative for the necessity that has to make sense to the surrounding world. The second principle is useful to establish the concept of health, therefore, «it assumes that actually there are value judgments objectively valid, and that such judgments are not merely a matter of taste or faith»⁷ Are indeed these judgments that direct our choices and give meaning to our actions. From believes, therefore, that not always the psychological health is the absence of mental illness, that is, in the absence of neurosis or psychosis or psychosomatic symptoms. In a broader view, the health from the psychological point of view, should be defined «not as a negative meaning, as the absence of disease, but as a positive one with the presence of well-being»⁸.

As for the idea of disease, there are several interpretations and opinions that do not deviate much from what was observed, almost a century ago, by Viktor von Weizsacher: «[...] the fact that medicine today does not possess its own doctrine on sick man is astonishing, but undeniable»⁹ What von Wizaacher says should not be a surprise, because the difficulty is inherent in the term disease itself, which having a polythetic nature can convey different meanings that keep a certain similarity between them.

In order to better understand the notion of disease we cannot help but start from the Cartesian thought. The credits usually attributed to this form of thought, that since 1600 has directed the search for rational explanations to the understanding of the phenomenal reality, materialize in front of his claim to explain all vital processes of the human body, separated from the mind, through the laws of mechanical physics, which had explained the constitution of the physical world. The human body in the eyes of Descartes looks like a car in which organs act as contrived by the divine will to equal clocks, skilled craftsmen who built and run with great skill and commitment.

Descartes explains his thinking, in this regard, in a fragmented way in its various works, but with a common denominator, namely that: the rational soul is something beyond the body and that the *res cogitans* is something different from *res extensa*. Of the two, the one that dominates is

the statement: “I think therefore I am” – *je pense, donc je suis*, which will become the first principle of Cartesian philosophy. In the *Discourse on Method*, Descartes writes in this regard: «[...] I could pretend not to have a body, and that the world does not exist, nor any place in which I could find myself; but not for this I could pretend that I was not; on the contrary, by the very fact of thinking to doubt the truth and the other things he followed with great evidence and certainty that I existed; while, if only I had stopped thinking even though all the other things that I imagined were true I would not have any reason to believe that I existed; I knew it to be a substance whose essence or nature was exclusively of thinking and that to exist not need any place and does not depend on any material cause. So that this I, the soul under which I am who I am, is entirely distinct from the body and even, it is easier to know the body and, although it was not the soul, no less would be all what it is»¹⁰.

Under the influence of the Cartesian paradigm the biomedical model was created as an explanation of the fundamental concepts of modern scientific medicine. Once the body has been linked to a “machine”, the disease, thus, appeared immediately «as the bad functioning of biological mechanisms that are studied in terms of cellular and molecular biology; the doctor’s role is to intervene, physically or chemically, to correct the malfunctioning of a

specific mechanism»¹¹. After almost four centuries, the conception about medicine is still the same. Biomedical reductionism will increasingly focus on the investigation and biological organic to identify the causes of the disease, not taking into account, as we learn from the history of medicine that many infectious diseases that, in the late nineteenth and early twentieth century, were reaping numerous victims, were not so much eradicated through the use of drugs, and for the improved nutritional status, personal care, water purification and efficient sewerage system¹².

To the question: What is the disease? Perhaps the only one able to respond in a comprehensive manner might just be the one who makes the experience that is the sick one. This would respond in a simple and direct way, saying that: the disease is suffering, being sick, feeling pain. The layman, who is not familiar with “disease”, but with “his illness” is not aware, as the doctor, of the fact that there are diseases that do not cause pain and yet those are very painful phenomena that have nothing to do with the disease. The two interpretations tend to diverge while analyzing the same phenomenon. The profane describes a language that relies on symptoms that feels and trying to “tell”; the expert, the doctor, is expressed according to the medical epistemology, which reads the signs and decipher the symptoms, outlining the contours of the disease in order to associate it with a scheme taxonomic

able to outline the further developments.

Michel Foucault in *The Birth of the clinic* analyzes this aspect, in a great detail, quoting the writings of Sauvages (1761) and Pinel (1798), which show how «the rule and sorting dominates medical theory and practice even [...]. Before being taken in the thickness of the body, the disease receives hierarchical organization in families, genera and species»¹³.

From an anthropological point of view the disease is not seen as an entity, but as an explanatory model, part of the medical culture. In this sense, culture is not only a means to represent the disease, but rather is the same disease as human reality¹⁴. This concept of disease could lead to legitimate a certain conceptual procedure, which defines all those phenomena complex human disease, which, as such, become the object of medical practices. The disease, according to anthropological interpretation, is not a natural fact able to go over and beyond the culture, but it belongs totally to it. It is not a coincidence that authors like the American psychiatrist A. Kleinman believes that the culture should be considered a real symbolic bridge that can connect intersubjective meanings and the human body.

The body has its own language which should be decrypted and represented symbolically through the cultural filter that, referring to a world of values, seeks to give voice to the discomfort, the pain and suffering, waiting for relief.

Health and disease, according to Nietzsche, are not substantially different things, because one depends on the other. This bipolarity, according Lenzen, is nothing but a cultural product, because in different cultures than the Western one this diversification does not exist. In the Eastern, in general, but in particular in the Shinto and Buddhist Japanese culture, what was today will not be tomorrow anymore, because everything is ephemeral, constantly changing. In the Platonic-Christian tradition, however, everything is «[...] hardly representable because men hold on to representations of identity. When they wake up in the morning they want to be the same of the night before»¹⁵. According to an ancient formula of the Renaissance, disease was seen as an unnatural mutation, inside the body, which was expressed with the dictum "*Morbus est effectus corpori contra natura insidens*". Because of this, states Lenzen, those who are sick are not normal, and so you have to do everything to bring him back to his normal condition, as was also stated Talcott Parsons, in the analysis of social systems, associating the disease to a form of deviance.

But why, Lenzen points out, this guy we call sick must be cured and brought back to the normal condition of healthy person? More than the fear of death, to move in this direction the human action, is the anguish of not being present to them, that they do not feel normal anymore¹⁶. Death with its *horror vacui*, the loss of the

identity are not the only arguments to question the disease; in fact, according to Lenzen, the Christian imprints should carefully be taken into consideration, which strongly characterizes all of Western cultures. It has now, indeed, a strong prejudice about what the disease is, «it is –Lenzen writes – the connection between health and virtue, or, on the contrary, the connection between disease and vice»¹⁷.

If we take a step back in time and re-read the Plato's writings, we learn that the health is the virtue of the body and the power is, in return, an expression of the soul's health. In the *Phaedrus* Plato compares the rhetoric, which must include the nature of the soul to lead to virtue, to medicine, that needs to know the nature of the body to produce health. Therefore, following the arguments of Plato, it is only right for humans to remain healthy. The illness, thus, is not the negation of virtue and will be associated with the concept of sin, thus creating a strange syllogism, according to which the patient is not a virtuous, who is not virtuous flaw, for which the patient is a sinner. Following this scheme for the «Fathers of the Church, and not only for them, the disease was mainly a result of sin»¹⁸.

This idea of the sin perhaps should be sought in the Gospels, namely in the narratives of Jesus' miracles, which often contain, along with the healing, the remission of sins of the sick. «[...] And Jesus after seeing their faith said to the paralytic,

“Son, your sins are forgiven”»¹⁹. Other times, however, the disease is associated with psychological conflicts, which were often the epiphenomenon of deviant behavior with respect to social norms.

Thus, the disease, according to this anthropological interpretation, becomes a construction, because there is always the need for a disease to be able to corroborate the existence of sin and its consequences. For the Christian healing is not just returning to the body that balance compromise with the disease, but also acquire a state of grace. Also, according to Lenzen, just «here it is the first sign of a priestly function of medical activity»²⁰. It is therefore reasonable to think that in the Middle Ages the medical activity and the monastic life went hand in hand.

If the Modern era and especially with the Enlightenment and the positivist school these functions of the medical had been abandoned, today there is no denying that when you require «doctor-patient interviews able to treat the patient's situation and catch him in the entirety of the person [...]. This request does not mean anything but put the doctor in the role of the souls curator, that is, to give back again its functions theological or practical – religious»²¹. Paradoxically, it can be said, how Lenzen does, that in this way we can reach even to produce individual and social diseases, in order to meet the priestly function of the medical profession. The disease eventually becomes the catalyst element capable

of creating a situation of need that will be met by the experts, to which the social organization has entrusted the task to exercise that power.

From a phenomenological point of view it is possible to affirm, «the disease is more than just an unfortunate clash with nature. It represents more than something that “just happens” to the people. The disease is something that humans do in ways exquisitely original and creative. The disease is a form of practice of the body, bodily action»²². Here’s how the disease can not be understood only as a language through which the body rebels against nature but, as the anthropologist says Hughes, we must convince ourselves that «[...] the disease and its metaphors represent coded messages in a bottle thrown into the turbulent waters of the suffering and afflicted, in the hope that a sailor passing them retrieve and decipher the hidden meanings in it, the help message that is that they contain»²³.

The danger that should be avoided seems to be, at this point, taking into consideration a refusal or any sign of protest expressed through the language of signs, as something to answer individualized and medicalized. Phenomena such as anger, frustration, discontent, along with socio-political contradictions and conflicts, are often expressed through the body, and are somatized, instead of receiving answers to political and social, are absorbed and treated as simple diseases. No wonder if forms

of dissent in respect of labor organizations with obsessive rhythms and unnerving, are addressed and stigmatized as cases of psychiatric interest.

The disease, according to Hughes, from idiom of resistance to oppression compliance, when it becomes clinical, it loses its social value for the simple reason that «it is a safe bet that his suffering will be heavily sedated, so that the medicine even more than religion, is to actualize the Marxist truism about the drugging of the oppressed masses»²⁴. The occurrence of the disease, therefore, can occur in several ways: through the refusal of work, or in the fight in conditions losers or, finally, with the endurance of unbearable conditions. When it puts to rest the cry of pain of the body protesting, because the disease is both physical and moral, and is treated with injections, pills and so on, then, he concludes Scheper-Hughes, «the message in a bottle is medicalized, the desperate and socially significant request for help is lost forever»²⁵.

In the human beings, therefore, the disease is not just and only «a simple pathological reaction, but also a personal reality, a biographical response. It comes down to backing up the consideration of the patient as typical nature of traditional medicine of Hippocrates, but that the patient is seen as a person subject of the disease that owns itself and has the disease, because it appropriates it positively or negatively»²⁶. Thus the patient does not only is ill and suffer

from the disease, but it is possible to affirm that it creates the disease with an originality, by which, according to the anthropology, manifests the unique character of each man, that remains so because it is confronted with the 'other through the social dimension.

The disease has a specific characteristic, namely having a individual and social nature at the same time that, according to Marc Augè, constitutes a real paradox because «[...] the disease is at the same time the most individual and the most social of the events. Each of us experiences it in our body and we may die. Feeling it grow menacingly inside us, an individual can feel a sense of detachment from the others and from everything that constituted his previous social life. Yet everything in is at the same time social, not only because a number of institutions take charge of the various stages of its evolution, but also because the pattern thoughts that allow you to put a name to identify it and treat it, are eminently social: think of the disease means to already see the other»²⁷.

The disease, despite being a strictly subjective phenomenon, has a significant social value; because it is still lived in a household and with an appearance tends to alter balances that are already established over time and in everyday behavior. Except in cases of epidemics, the disease affects always a small part of the population, which for this reason feels the weight on the diversity of its situation, which forces her to

represent themselves with a new social role, the patient one. According to Talcott Parsons «the role of the patient is an institutionalized role that reveals some common features with the criminal one, but it also presents certain differences»²⁸. The patient seen as a deviant differs from the criminal if considering the relative illegality that forms the latter, meaning that the patient recognizes his momentary psycho-physical inability and is willing to accept the obligation to heal.

If the criminal is prevented from dealing with ordinary citizens through the incarceration, the patient, however, is given «a special relationship with those who are not sick, with family members and with the various people who perform health services, especially with the doctors»²⁹. In this way the patient in the interpretation of Parsons, agrees to pay the price for its partial legitimacy of the review carried out by a group of not sick people.

The doctor, as it is defined and described by Parsons, is the prototype of a clear structure of social control, which through an institutionalized role, comes to the recovery of the patient, using the therapeutic relationship. This should include the support of the therapist in exchange for the obligation, on the part of the sick, to recover health. In order to achieve better results, the doctor must be able to show respect to the patient and a positive attitude, understanding and never convicted of

the condition in which his client is in that precise moment. In addition, inside the therapeutic relationship, the patient, unlike what happens during the recovery of the deviant, are offered the opportunity to participate in a constructive way to solving its problems, following the signs and medical prescriptions. Because in the end is the doctor who creates the disease, he labels a phenomenon as pathological and simultaneously activates a process that has social and psychological consequences. With the social construction of the disease the patient relies totally on the expert, beginning a path of social isolation that focuses on the care that has to be made through the medicalization that strips the individual of his history, of his being subject to make it social in effect a patient.

Parsons taking into account the role of the medical profession, in a complex social system, highlights how it is "oriented with a view to combating disturbances of "health "of the individual, that is, against disease or infirmity". At the same time it shows how it has passed from the processing of only pathological cases, so as to bring them back to a state of health acceptable, for a preventive action, able to control the causes of the disease. Anyway, the concern of Parsons does not seem to be the health per se, but the social consequences that "a general level of health is too low, that is a high incidence of disease is dysfunctional." What does it mean? It means that the disease makes the individuals

unable to fulfill effectively their social roles. For this reason it is an interest of the company to make its control through special institutions and entities acting in them, so that the disease risk can be reduced to the lowest levels. In the structural-functional approach of Parsons's social system, like all complex systems, lives a precarious balance, so when a part, however small, the system undergoes a change, the entire system must home ostatically settle in a new situation. For this reason the author cannot help but point out how, even a premature death, should be considered a damage with regard to the society. This happen because every individual is in doubt towards the society, in which is socialized, educated, invest in considerable amount of resources, that in case of premature death if he cannot return compared to the received amount. Parsons argues that this kind of death could be accepted if we were convinced that the disease was a natural phenomenon. But this, Parsons insists, does not apply to all of the already known diseases, currently about 120,000.

Indeed, it is demonstrated that the etiology of many diseases depends on the motivations and behavior of people, identifying in this way, in the concept of disease, something that goes far beyond the physiological and biological because it is no longer just a threat external from which we must look , but is an integral part of the same social balance. The disease can be considered among other

things, as a way of responding to social pressures or as a way to escape social responsibilities.

Therefore, the disease is represented as for its biological component, as much for its social value, for the power that can generate within an organization, which requires that every actor play his role responsibly. To protect the system institutions attribute particular relevance to the medical profession that becomes, according to the Parsonian social construction, a defense system made to preserve, through the protection of the health of the individuals, the preservation of the social system. So the medical activity, supported by the most updated scientific knowledge, represents the organized defense against disease, the *limes* over which external agents, cannot and should not go.

Other authors are firmly convinced that both the disease and the health are social realities constructed by the medical profession that has managed to occupy a leading position within the company. For Freidson, indeed, medicine differs from other occupations for being able to obtain the authority of the social context to face the disease the same way as any other deviant behavior, hence different to the norm. Following this principle, doctors will slowly create other diseases with new items that are added to the previous ones, taking as new parameters disability and suffering. In this way, Thomas Szasz argues, «Were aggregated to the category of disease states such as

hysteria, hypochondria, obsessive compulsive neurosis and depression. Then with increasing zeal, doctors, and especially psychiatrists, they began to call any disease condition in which they were able to find some sign of dysfunction, no matter what their nature was. Starting from here, agoraphobia is considered as a disease, because you should not be afraid of open spaces, it is homosexuality as well because the social norm is heterosexuality and disease divorce because it is the expression of the failure of the marriage»³⁰. The research of Freidson are really interesting, because he believes that giving more space to the disease has as a consequence to steal deviant behavior from the scope of the crime and sin, emptying of meaning the control action carried out by legal institutions and religious. «For these reasons –Freidson– the medical response to deviance is applied to a growing number of behavior in many of which were given different answers in the past»³¹. More effectively Freidson also argues that «What was once defined crime, insanity, degeneration, sin and even poverty, is now called disease and the social policy tends to adopt strategies linked to that effect. [...] Once labels such as crime and sin are removed, what is done to the deviant is for his own good, to help rather than punish him, even if the treatment can, in some circumstances, constitute a restrictive practice»³². The origins of this reinterpretation that sees deviance as a disease can be found in

the opinion of Wootton, in the form of humanitarianism that, together with psychiatry cloaked by the veil of scientific, has meant that the treatment of deviant constitute «a powerful reinforcement of the humanitarian pulses, perhaps the most powerful of them all; because nowadays the prestige of humanitarian proposals is greatly strengthened if they are formulated in the language of medical science»³³. This

new role given to medicine, which also creates the disease, trying to identify and propose social meanings of the disease, that having a negative connotation, makes the doctor a “moral entrepreneur” who, in the definition of Becker, can determine what is good and what is evil and thus feels he must indicate the most suitable route to eradicate evil, in general, and the disease in particular.

Notes

- ¹ Umberto Galimberti, *Dizionario di Psicologia*, Utet, Torino 1996, pp. 836-837.
- ² Alessandro Seppilli, *L'educazione sanitaria*, Le Monnier, Firenze, 1978, p. 3.
- ³ Elio Sgreccia, *Manuale di Bioetica*, Vol. I, Vita e Pensiero, Milano 2000, p. 126.
- ⁴ Erich Fromm, *I cosiddetti sani*, Mondadori, Milano, 1997, p. 7.
- ⁵ Herbert George Wells, *Il paese dei ciechi*, in Fernando Ferrara (a cura di), *Tutte le opere narrative di H.G. Wells*, Mursia, Milano 1966, Vol.I, p. 671.
- ⁶ Erich Fromm, *op. cit.*, p. 8.
- ⁷ *Ibidem*, p. 9.
- ⁸ *Ibidem*, p. 87.
- ⁹ Viktor von Weizsacher, *Il medico e il malato*, in “Filosofia della medicina”, Guerini, Milano 1990, pp. 83-84.
- ¹⁰ Renè Descartes, *Discorso sul metodo*, Laterza, Roma-Bari, 2011, p. 45.
- ¹¹ Fritjof Capra, *Il punto di svolta*, Feltrinelli, Milano 2008, p. 104.
- ¹² Thomas Mc Keown, *Medicina: sogno, miraggio o genesi*, Sellerio, Palermo 1979.

- ¹³ Michel Foucault, *Nascita della clinica*, Einaudi, Torino, 1998, p.16.
- ¹⁴ Byron Jo Good, Mary Jo Del Vecchio Good, *The Semantics of Medical Discourse*, in Eric Mendelsohn, Yeuda Elkana, *Sciences and Cultures. Sociology of the Sciences*, Riedel, Dordrecht 1981, pp.177-212.
- ¹⁵ Dieter Lenzen, *Malattia e salute*, in Christoph Wulf, *Le idee dell' antropologia*, Bruno Mondadori, Milano 2002, p. 903.
- ¹⁶ *Ibidem*, p. 903.
- ¹⁷ *Ibidem*.
- ¹⁸ *Ibidem*.
- ¹⁹ Marco, 2,1-12.
- ²⁰ Dieter Lenzen, *op. cit.* p. 904.
- ²¹ *Ibidem*.
- ²² Nancy Scheper-Hughes, *Il sapere incorporato: pensare con il corpo attraverso un' antropologia medica critica*, in Robert Borofsky (a cura di), *L' antropologia culturale oggi*, Maltini, Roma 2004, p. 284.
- ²³ *Ibidem*, p. 290.
- ²⁴ *Ibidem*, p. 291.
- ²⁵ *Ibidem*, p. 292.
- ²⁶ Maria Teresa Russo, *La ferita di Chirone*, Vita e Pensiero, Milano 2006, p. 24.
- ²⁷ Marc Augé, Claudine Herzlich (a cura di), *Il senso del male. Antropologia*,

- storia e sociologia della malattia*, il Saggiatore, Milano 1986, p. 34.
- ²⁸ Talcott Parsons, *Il sistema Sociale*, Edizioni di Comunità, Torino 1996, p. 321.
- ²⁹ *Ibidem*, p. 322.
- ³⁰ Thomas Stephen Szasz, *The Mith of Mental Illness*, Harper and Row, New York, 1964, p. 45.
- ³¹ Eliot Freidson, *La dominanza medica*, Franco Angeli, Milano 2002, p. 45.
- ³² *Ibidem*, p. 45.
- ³³ Barbara Wootton, *Social Science and Social Pathology*, George Allenand Unwin, London, 1959, p. 206.

Bibliography

- Augé, Marc; Herzlich, Claudine (a cura di), *Il senso del male. Antropologia, storia e sociologia della malattia*, il Saggiatore, Milano 1986.
- Capra, Fritjof, *Il punto di svolta*, Feltrinelli, Milano 2008.
- Descartes, Renè, *Discorso sul metodo*, Laterza, Roma –Bari, 2011.
- Fromm, Erich, *I cosiddetti sani*, Mondadori, Milano 1997.
- Foucault, Michel, *Nascita della clinica*, Einaudi, Torino 1998.
- Freidson, Eliot, *La dominanza medica*, Franco Angeli, Milano, 2002.
- Galimberti, Umberto, *Dizionario di Psicologia*, Utet, Torino, 1996.
- Good, Byron Jo, Del Vecchio Good, Mary Jo, *The Semantics of Medical Discourse*, in
- Lenzen, Dieter, *Malattia e salute*, in Wulf, Christoph, *Le idee dell'antropologia*, Bruno Mondadori, Milano, 2002.
- Mc Keown Thomas, *Medicina: sogno, miraggio o genesi*, Sellerio, Palermo 1979.
- Mendelsohn Eric, Elkana Yeuda, *Sciences and Cultures. Sociology of the Sciences*, Riedel, Dordrecht, 1981.
- Parsons, Talcott, *Il sistema Sociale*, Edizioni di Comunità, Torino 1996.
- Russo, Maria, Teresa, *La ferita di Chirone*, Vita e Pensiero, Milano 2006.
- Seppilli, Alessandro, *L'educazione sanitaria*, Le Monnier, Firenze, 1978.
- Sgreccia, Elio, *Manuale di Bioetica*, Vol.I, Vita e Pensiero, Milano, 2000.
- Scheper-Hughes, Nancy, *Il sapere incorporato: pensare con il corpo attraverso un'antropologia medica critica*, in Borofsky Robert (a cura di), *L'antropologia culturale oggi*, Maltemi, Roma, 2004.
- Szasz Thomas Stephen, *The Mith of Mental Illness*, Harper and Row, New York, 1964.
- Von Weizsacher, Viktor, *Il medico e il malato*, in "Filosofia della medicina", Guerini, Milano 1990.
- Wells, Herbert George, *Il paese dei ciechi*, in *Tutte le opere narrative di H.G. Wells*, in Ferrara, Fernando (a cura di) Mursia, Milano 1966, Vol.I .
- Wootton, Barbara, *Social Science and Social Pathology*, George Allenand Unwin, London, 1959.