

## TREATING PATIENTS FOR BOTH IS THE HEALER'S ART

Illness and  
disease

ERIC J. CASSELL

Generally speaking, when someone in our society is ill he assumes that he has a disease, but how he feels is ill. When a great many people in two different cultures (New York City and rural Jamaica, West Indies) were asked what the phrase "being ill" meant to them, virtually all of them—little children, adults, the aged, and even physicians—responded by saying simply that it meant not being healthy. Being healthy was being fit, they said, being able to go or do when you want to. Being ill was being unfit or unable to do. No diseases were mentioned (except by very little children who talked about cuts and tummy-aches and the like).

On the other hand, if you do feel ill and someone asks you what is the matter, you will commonly respond with the name of a disease. You will say, "I have sinusitis;" instead of, "My head is clogged and I have a postnasal discharge." Or, rather than telling of the griping pains in your abdomen, you may say that your colitis is acting up. In other words, you will supply disease terms to explain the feelings of illness and assume that all such symptoms are caused by some disease or another, or that they are "emotional" in the sense of not being real.

However, the assumption that illness and disease are the same is, I believe, culturally derived. The assumption may be based on what has been repeatedly and objectively demonstrated, but it has also become a part of the beliefs of the culture of the so-called Western societies. As such, the assumption no longer depends for its existence on continued proof. It is now an article of faith against which other assumptions can be tested. It can be used as a basis for talking to your neighbor about your complaints, for teaching in medical schools, for delivering medical care, and even for providing kinds of health insurance. Since these last three activities seem to be in some trouble now, this might be a good time to examine the article of faith. Certainly, if disease and illness are not the same, curing and healing may well be very different functions; and what is good policy for one may not be good policy for the other.

I suggest that there is a distinction between the disease of an organ of the body and the illness of the whole man. We certainly base many of our complaints about doctors on just such a difference. We

say, "All the doctor seems to care about are my kidneys; he doesn't care about me"—and we know what we mean, or think we do. From this point on, let us use the word "illness" to stand for what the patient feels when he goes to the doctor and "disease" for what he has on the way home from the doctor's office. Disease, then, is something an organ has; illness is something a man has.

Although the word "disease" literally means "removed from ease," we generally use it to mean a disturbance of the organs or body fluids characterized by structural alteration or biochemical change. We have come to speak and act as though without the evidence of such alteration or change there is no illness—nothing justifying medical attention: "If someone doesn't have a disease, he shouldn't be wasting a doctor's time." (When the American Medical Association gave alcoholism the status of a disease, it became all right to remove its victims from jail to the doctor's office.)

The important thing to recognize is the definition of disease on which we act, on which the functions of both physician and patient, and their manifest interactions, are based.

It is certainly not so in every culture. In primitive cultures when people are ill (unfit, unable to do) and seek help, neither they nor those who will help have a similar conception of disease to ours. Nonetheless, some framework exists to "explain" the illness and on which to base a remedy. More important, though the practitioner may be deprived of the benefit of Western science, his remedy is often effective (among the people of any culture, no practitioner lasts long who does not return patients to health).

In 1955 a Navaho medicine man who was also a tribal leader spoke at a monthly meeting of white physicians gathered at Fort Defiance. "There are some things which we medicine men know the white doctor is better able to cure than we, such as appendicitis and tuberculosis; we have given up on these. Then there are such things as snake bite, which

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both the medicine man and the doctor can cure, each using his own method. But there is still a third kind of illness which only the Navaho medicine man can cure—for example, a person might have lightning illness, caused by his being nearby when lightning struck. You white doctors wouldn't know that person is sick and so it wouldn't occur to you to treat that person. But, in the Navaho way of thinking, it is just as important to treat him as it is to treat the person in pain with appendicitis."

In every culture unfitness is presented to healers in ways that depend on the beliefs of the particular culture. In our culture the only form of unfitness that can be acceptably presented to physicians is that which can be called disease. Yet I believe that we, too, have disabilities that are not specifically connected to disease (to alteration of body fluids or structures) and that in the past, in conformity with cultural convention, were hidden in the symptoms of disease and were treated by doctors as such.

The drama of medical care is carried out in the arena of society; and while the primary roles are played by a patient and doctor, other members of the social group also play active roles. In our culture the rules for this interplay seem to have been stable for a long time, but today the rules are changing because of the technological revolution of our times. In the last generation profound changes in disease patterns and the hope of cure for the first time ever in the world's history have forcibly separated illness and disease. The success of medicine has created a strain: the doctor sees his role as the curer of disease and "forgets" his role as a healer of the sick, and patients wander disabled but without a culturally acceptable mantle of disease with which to clothe the nakedness of their pain.

In the days when frontiersmen fought the American Indians, both occasionally contracted pneumonia and sometimes succumbed. It is one of the things that can happen to animals with lungs. The frontiersman had "pneumonia," which his doctor could define in anatomical and pathological terms. Certain objective causal relationships were established, and the whole provided a structure of reason from which the doctor could act and could answer the pioneer's inevitable questions. On the other hand, the Indian who had the same symptoms was invaded by spirits. His doctor and his culture had also established causal relationships and had even, perhaps, provided more satisfying answers to the question of why the Indian had his illness. It is very necessary to remember that in those days the white doctor's treatment really may have been no more effective than the medicine man's treatment!

With good cause, we have great confidence in the biochemical and cellular basis for disease revealed by our scientific method. But to understand it in the present context, to make the vital distinction between illness and disease, between healing and curing, it is necessary to abstract ourselves from this concept of disease sufficiently to realize that it is also a cultural

development. In broad terms, there has been no time when we did not think that we knew where disease came from.

We have always had explanations, and we have always believed our explanations correct. Indeed, it is one of the miracles of optimistic mankind that again and again it has had such faith in the "facts" of today when, if there is one thing the history of science should have taught us, it is that our most dearly beloved scientific beliefs are fragile in the face of time.

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As we briefly trace the development of scientific medicine, we shall see how the two functions of physicians, healing and curing, have become separated and how, at least in part, it is the overwhelming success of curing that has caused the breach.

Our system of explanations, our rational basis of medicine, like so much of the basis of our rational Western culture, we owe in large part to the Greeks. Hippocrates is called the father of modern medicine primarily because he introduced the use of observation as a basis for the diagnosis and therapy of disease and rejected a system of medicine that depended entirely on magico-religious beliefs. He introduced objectivity into medicine as part of a culture that was similarly using observation to lay down a basis for rational and systematic development in many areas of man's activity.

It is little wonder that many of Hippocrates's observations are so valid today; a fractured ankle in 400 B.C. and a fractured ankle in 1976 A.D. look the same because the anatomy of the ankle is the same. While perception may indeed be influenced by the social context and the ankle may be differently clad in different cultures, the ankle remains the ankle. We may borrow, in this regard, Hippocrates's impatience with philosophers whose view of the body rested more on speculation than on observation.

Hippocrates's theory of medicine was based on the physical philosophy of his time, which believed in a spiritual essence diffused through the whole works of creation and striving to preserve things in their natural state and to restore them when they became deranged. "Nature," said Hippocrates, "is the physician of diseases." How congenial that sounds to us, though his theories of cause and of the elements and humors (fire, water, black bile, etc.) are totally foreign. During his long life Hippocrates described, classified, and suggested rational therapies for a large number of diseases with lasting accuracy. He also provided the

