

DISEASE AS AN "IT": CONCEPTS OF DISEASE REVEALED BY PATIENTS' PRESENTATION OF SYMPTOMS*

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Abstract—The language of doctor-patient interactions was examined to see how diseases and body parts are referred to in common speech usage. From the analysis, it is apparent that diseases, and even symptoms, are frequently signified by the impersonal "the" or "it" forms, rather than by the personal "my" or "I". The question raised is whether such usage results from the prevailing cultural and medical view of diseases as objects or entities, or is the reflection of a more basic mind-body relationship. The question can only be answered by cross-cultural research. However, the fact that some body parts and body states are similarly objectified gives evidence that the observed speech usage may not be entirely culture-dependent. Examination of one of the dialogues of Plato suggests that a similar usage was present in classical Greece. Further discussion is presented on the linguistic problems and on the use of speech in medicine.

It seems quite natural that a person's use of language in referring to disease reflects his beliefs about disease. Thus, as we listen to people speak about their own illness and body parts, what they say, as well as the way they say it, may give us insight into what they believe about disease and the body. Further, it seems reasonable that by analyzing language usages about disease that are widespread we may gain some understanding of what the group believes about disease.

The purpose of this paper is to report a common pattern of language use by patients in New York City that appears to indicate that they view disease as an intrusive object rather than as part of themselves. Since the prevailing philosophy of disease that underlies modern medicine also sees diseases as objects, an interesting question is raised. Do these patients or their group see diseases as objects because that is the viewpoint of the medicine of their time? Conversely, do their beliefs about disease, and even the beliefs of Western medicine tell us something about a prior relationship of mind and body?

The quotations used here are drawn from over two thousand tape recorded doctor-patient interchanges. They involve over eight hundred patients and fifteen doctors in private doctors' offices, hospital rooms and clinics. The average length of interview is about seventeen minutes, but they vary from two minutes to three hours. The majority of the patients are middle class New Yorkers and the majority of the interviews were recorded in 1974 and 1975. Prior written consent is obtained and the equipment is plainly visible. Statistical analysis of the frequency of the type of language reported is not possible at this time, but it can be said that these usages are very common. It is acknowledged that the language usage on which these observations are based is special in that it

occurs only in the unique setting of the doctor-patient interaction, and may not be representative of language usage about the body in other settings.

Modern concepts of disease represent the outcome of a dispute reaching back to Hippocrates between the so-called physiologists and the ontologists [1]. The physiologists believed that disease was the result of an imbalance between man and his inner and outer environments; a disparity of humors. The ontologists believed that disease was an object or thing that invaded the body. The controversy in its various forms raged for centuries, but the ontologists began to be dominant by the end of the 18th century. Modern concepts such as the germ theory of disease and the cellular and biochemical basis of disease represent the victory of the ontologists' view of disease as beings, as independent entities.

The striking finding to be illustrated here is that patients regularly speak of diseases and diseased body parts as "it"s, as objects apart from themselves.

For certain classes of disease, such as tumors, that usage seems quite natural. When present on the body surface, tumors can be seen as discrete objects, different than their surroundings and foreign to the normal body. They can often be surgically removed wherever they are, in a manner different than other diseases.

A 53-year-old Chinese-born man who lived most of his adult life in New York was found to have cancer of the esophagus. Eight months after radiation therapy, there was no evidence of recurrent cancer and his only symptom was hoarseness which resulted from the radiation. He was asked how he felt, and he replied:

"...I feel that, feel, I don't know how to say... just like, I feel as if the bomb, it's inside."

There, his disease is clearly being referred to as an independent entity. One might ask what other referent could be used? The patient could, from the standpoint of language alone, have said "I am like a bomb waiting to go off." Our intuition suggests that such a usage would be most unusual.

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A 43-year-old woman with a mass in her breast suggested that whatever was in the breast had started in the pelvis and travelled to the breast. Discussing her tumor and her breast, she spoke of her breast, or her nipple. Then she pointed to the place on her breast where the lump was and said, "Now tell it to go away."

Again, the patient's speech identified the disease as an object and her usage in regard to "it"—her breast tumor—is distinctly different from the way she referred to breast and nipple as "my breast" and "my nipple". She did not say, "Make my breast well", or "Make me better", she said, "Make it go away."

Examples abound of references to tumors as objects, and as I noted earlier, we find such usage congenial. (My niece had a rat named Harry that had a tumor on its leg—she named the tumor George).

The very naturalness of the patients' words—indeed, the difficulty of even hearing the word, "it", or the word, "the", in this context, unless it is pointed out, suggests how common such speech patterns are. Since the natural sound of language almost hides its deeper meaning from us, it should be pointed out that alternate constructions are possible. For example one can conceive of beliefs about disease in which tumors are not seen as intruding objects, but rather as enlargements of self. In that imaginary system, a fatal cancer would be death due to an over-aggressive ego! Such a belief, and the language that would accompany it seems counter-intuitive.

The point may be better made as we move from tumors, which, in their bounded definitiveness, do indeed seem like objects, to other kinds of disease which are not physically discrete. There we shall see that it is diseases themselves which are conceived of as objects.

A patient said, as she was giving the history of a previous illness during which she had thrombophlebitis (an inflammation of the veins of the leg): "My other leg is the bad leg from the vascular point of view. I had a thrombophlebitis in it." Notice that not only does she not say "I had thrombophlebitis" or even "I had a thrombophlebitis", but, rather, "I had a thrombophlebitis in it," (the leg). The disease, thrombophlebitis, which in no way is as discrete or organized as a tumor, becomes an object that invades the leg, and in her speech, even her leg is separated from her body.

Another patient, giving the history of a previous illness, said: "They had to catheterize me and the whole business and put me on drugs." The doctor asked: "And what was it?" and the patient said: "They said it was all infected, one of the kidneys." Again, the disease is objectified and even the diseased organ is distanced from the person.

Thus, diseases quite different from tumors are also spoken of as "it's, as objects.

One wonders whether this language usage has come about because the ontological view of diseases as objects has so pervaded our culture that the speech acts reported here are merely a reflection of learned conceptions of disease. On the other hand, these modes of expression may be a reflection of something biologically inherent in the way the mind views the body. Or, further, the mind's view of the body expressed in language may be the more basic cultural

determinant. At this far end of the continuum, the distinction between culture and biology may blur beyond resolution.

Other language usage bears on the point. Some diseases such as hypertension and diabetes do not seem to be objectified and may not be referred to impersonally. Although occasionally one hears a patient say that he has "a case of high blood pressure" or a "bad case of diabetes", the more frequent usage is "my diabetes" or "my hypertension". The data is insufficiently quantified at this stage to speak with certainty to the point, however, in speaking of the effect of diabetes on an organ, the "it" form may again be used.

"I found out around June", the patient said, "that I've been having trouble with my eyes, it's diabetic retinopathy." He does not say, "I have diabetic retinopathy", or "they, the eyes, have", but "it's diabetic retinopathy".

As we leave specific disease entities and listen to language usage about symptoms, we begin to hear evidence that suggests that it may not only be culture's acquired beliefs about disease that determine patients' language.

A patient, speaking of her eyes, said: "And they got kind of black and blue". The doctor asked: "What do you mean by black and blue?" She replied: "Well, it's like swelled up. It's a big blue circle. Once or twice, the skin split on top and it got very dry."

Here, oddly, it is as if the ecchymosis, the black-and-blueness, is an *it*, or an object that is applied or laid on top of the eyes, not a natural property of traumatized periorbital tissues.

Again, listen to this following description. In talking about her knees before she developed pain and swelling in them, a patient said, "Very slim, normal, nice knees." But, in speaking of their swelling, and still referring to *both* knees, she said, "I mean, it was very swollen, a great, big, fat knees." The symptom is not only depersonalized, but even the knees move from the plural "my knees" to the singular object, "it".

One may object that black-and-blueness or swelling and tenderness, while considered symptoms by a physician, could be considered disease states by the patient, and, as such, achieve the status of individual beings. In other words, diseases are not merely those things so sanctified by medicine, but are any deviation from the norm that intrudes on the person. Asked "Did you have a fever?", a patient replied, "Maybe feverish, but I didn't, I don't think I had a fever." *Feverishness*, then, is something I can be, a *fever* is something that enters me. Indeed, for many centuries, fever was considered a disease in itself that did invade the body.

Thus far, we have seen that not only can diseases be dealt with in speech as though they were objects, but also certain symptoms share this property. However, because symptoms might be considered in the same class as disease by patients, this evidence may not bear on whether such language reflects the culture's beliefs about disease or whether the culture's concepts of disease reflect something that inheres in the nature of thought about the body, whatever the determinants of that thought. We do begin, however, to get some sense that these diseases and symptoms are not felt to be a part of the patient's conception

of his intact body—as part of his body image, if you will. And that, as in the example of black-and-blue-ness, such normal responses of the body to injury are not seen by the patient as part of his body but rather as intrusive on it.

We get a hint that language about the sick body does not only indicate the individual's acquisition of the Western culture's ontological view of diseases as objects in the examples of the leg with thrombophlebitis and the kidneys with pyelonephritis (an infection), where not only the disease but also the involved organ itself seems to have been distanced from the person by the speech pattern. Indeed, certain organs seem to share this depersonalized language. The patient with the breast tumor spoke of *her* breast, *her* nipple, *her* periods, but "*the* ovary". Referring to body parts as though they are depersonalized objects seems to be independent of whether they are diseased. For example the lungs, kidneys, liver and ovaries share this characteristic and, in this regard, are quite distinct from, for example, eyes, ears, skin, arms or legs which are personified—my arms, my eyes, and so forth. The heart treated as an organ of emotion is personified as in "he broke *my* heart", while as a seat of disease, it may be referred to by the same person as "*the*", as in "when I had *the* mumps, they told me that it affected *the* heart."

We may summarize thus far by saying that New York City patients as part of ordinary speech regularly refer to diseases as objects, as invading or foreign "it"s. The usage seems to extend past tumors to include a wide spectrum of diseases. Further, even symptoms may share this characteristic. Frequently, the organ involved is distanced by the same mechanism of impersonal usage that is applied to the disease. Finally, certain organs, themselves generally hidden from their owner's view, are also usually referred to as objects in contradistinction to the more external anatomy to which personal pronouns are applied.

The question that was initially raised by the findings is whether these common speech patterns are a result of the culture's predominantly ontological view of diseases as independent beings or objects, or whether this ontological view follows from something deeper in thought, that is, the way the mind views the body. And, if the way the mind views the body underlies the language pattern, either the mind's view of the body is culturally determined, or somehow biologically inherent. While I suspect the latter to be true, I am aware of the implications that follow and aware of how difficult, if not impossible, the problem is to solve. The matter is not clarified by the debate over whether cognitive categories shape language or language shapes cognitive categories [2].

No matter how the problem is viewed, it is clear at the outset that no simple either-or answer can be expected in a phenomenon as complex as beliefs about disease or disease causation—even if we restrict ourselves only to beliefs about disease.

But it would equally be over-simplified to resort to the so-called "truth" of modern scientific concepts of disease to support the contention that the ontological viewpoint of diseases as beings or objects is correct and is antecedent to language, and thus dismiss any alternative possibility as a kind of "mentalism".

Rather, it would appear that this question requires what would be very interesting cross-cultural research for its further definition or resolution. It is necessary to study the language used by different peoples to refer to their body, diseases, and symptoms, and to correlate that usage with their beliefs about disease and the body. It might be argued that the entire problem raised in this paper is peculiar to English with its usage of the word "it" which does not exist in many other languages. In French, for example, "it" does not exist, but the following common usages make the same point. *J'ai mal a l'estomac* (literally, I have pain at the stomach) or *ma jambe me fait mal* (literally, my leg pains me). It is ordinary spoken language usage that must be examined rather than just the rules of the language. In German, the grammar may require the article in front of the noun, *das Herz*, the heart, but in ordinary speech, the article may or may not be present. Conversely, the language may not require that reference to body parts identify whose body parts are being spoken of if the context makes it clear, but such reference may be present in ordinary speech. Modern Russian does not use articles, but does use pronouns, and common usage allows the speaker to distance himself from disease. It is clear, however, that problems in the study of language itself intrude on our understanding here, as in other areas.

The linguistic findings should be examined in the light of knowledge of the group's beliefs about disease and disease causation. The literature suggests three common views of disease causation in non-Western groups [3, 4, 5]. The first, object intrusion, is clearly ontological in character. Second, spirit invasion and witchcraft—which also seem to be primarily ontological. Finally, a class can be constituted in which soul loss would be included, and which would also contain illness thought to arise from taboos that have been neglected or transgressed. These, and perhaps others seemingly arise from an imbalance between the individual and his world—the world including others in the group, the group's symbols and the natural environment.

In any culture, these categories of disease may not be mutually exclusive and it is necessary in analyzing the language not to generalize from one class of diseases to all. In our own culture, we tend to discuss diseases from the attitude of classical disease classification, i.e. tumors, infections, trauma, etc. But our conception of depression, for example is not at all ontological, and it would be odd to hear someone speak of "*the* depression" when speaking about his own depression (although people do speak about having "*the* Blues").

What the present study is about ultimately is a kind of mapping of the body and its diseases as they are portrayed in the language of a person, in an attempt to better understand the relationship of mind and body. Not only does the subject hold intrinsic interest, but questions of the relationship of person to body are crucial to many of the ethical and personal dilemmas of modern technological medicine. Anything that sheds light on these issues is of the utmost relevance.

Consequently, it is useful to explore this question of the relationship between language, mind, and body,

as widely as possible over time and space. The Platonic dialogue called *Charmides*, given as it is to a discussion of health and disease, provides an interesting opportunity. In this dialogue, Socrates explores the relationship between the health of the body and the health of the soul and argues beautifully that the good physician cannot make the body well without regard to the soul. In the dialogue, Socrates is introduced as a physician to the young athlete, Charmides, who suffers from headaches and to whom Socrates is attracted. Strikingly, Charmides' headache, in the language of the dialogue, is objectified in the same manner as by our modern patients.

Socrates' companion, in describing Charmides to Socrates, says "he has been complaining lately of having a headache when he rises in the morning. Now why should you not make him believe that you know a cure for the headache" [6]. Notice, *the* headache, rather than just headache or "his headache", much as one would say "he has the whooping cough".

Somewhat later, Socrates tell Charmides that he knows a charm that works for headache and says: "... for the charm will do more, Charmides, than only cure the headache. I dare say that you have heard eminent physicians say to a patient who comes to them with bad eyes that they cannot undertake to cure his eyes by themselves, but that if his eyes are to be cured, his head must be treated, too" [7].

That paragraph makes the point more graphically, since *the* headache can be seen in juxtaposition to *his* eyes and *his* head [8].

Another topic needs to be discussed. It must be apparent that whatever the origin of the objectified, depersonalized language about disease and body parts that has been shown here, it is extremely functional. For one thing, we are hearing the patient depersonalize his diseased parts in a way that is usually associated with doctors' behavior, suggesting that depersonalization of care is a phenomenon that does not arise only in physicians. Further, the mechanism of denial, so common in the sick, is enhanced by the way language offers the sick the chance to distance themselves from the disease or diseased parts. While denial can be expressed in many ways, from the failure to recognize symptoms through the failure to act, the linguistic expression of denial—the distancing described here, is particularly interesting. The phenomenon is so pervasive that it suggests that *not* denying may be the more active thing than denying, at least in speech. Perhaps the patient who does not deny must actively reduce the distance between himself and disease that is imposed by ordinary language. Space permits only a brief speculation, but we can begin to see some of the functions language might play in the work of healers in whatever the culture. It is another question that can be explored cross-culturally.

Lain Entralgo [9] has shown the importance of the word in the medicine of classical antiquity and points out that the strain of medicine which developed into our present system was called the silent art by Virgil because, in contrast to the superstitious and popular medicine which it superseded, it worked on the body with its treatments but without words.

In that history, we find greater understanding of, if no more sympathy for, the silent doctors of today.

In discussing a Cuna Indian chant used by the shaman to facilitate a difficult childbirth, Levi-Strauss offers us another example of the use of language in healing. In exceptional detail, the song portrays in words not only the difficulties of the situation but the body parts, blood, tissue, exudations and so forth involved in the process of birth. He suggests that the success of the shaman's endeavor arises because "the song constitutes a *psychological manipulation* of the sick organ" [10]. And it appears that this manipulation involves language. It is possible that as language in its ordinary use provides a distance between the person and the disease, then language can be used therapeutically to reduce that distance. It is intriguing to speculate how words in their concrete reality may be a bridge through which the person can bring into his ken and perhaps even influence, parts of the body which until then reside in a mysterious inner world seemingly inaccessible to consciousness, much less to conscious action.

Our information does not provide an answer, but speculation suggests that as we examine the process of healing, whether it be among the Cuna or the New Yorker, we do not forget that all treatments from poultices to renal dialysis are accompanied by words. We know much about the function of dialysis, but remarkably little about the function of words.

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