Pharmacracy: MEDICINE AND POLITICS IN AMERICA

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For George,
my teacher, my friend, my brother,
with gratitude and love

The species of oppression by which democratic nations are menaced is unlike anything that ever before existed in the world; our contemporaries will find no prototype of it in their memories. I seek in vain for an expression that will accurately convey the whole of the idea I have formed of it; the old words *despotism* and *tyranny* are inappropriate: the thing itself is new. . . . The first thing that strikes the observer is an innumerable multitude of men, all equal and alike, incessantly endeavoring to procure their petty and paltry pleasures with which they glut their lives. . . . Above this race of men stands an immense and tutelary power, which takes upon itself alone to secure their gratifications and to watch over their fate. The power is absolute, minute, regular, provident, and mild. It would be like the authority of a parent if, like that authority, its object was to prepare men for manhood; but it seeks, on the contrary, to keep them in perpetual childhood. . . . For their happiness such a government willingly labors . . . provides for their security . . . facilitates their pleasures, manages their principal concerns . . . what remains, but to spare them all the care of thinking and all the trouble of living?

Alexis de Tocqueville (1805–1859)
A. de Tocqueville, *Democracy in America*, vol. 2, p. 336.

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PREFACE

> Neither must we suppose that any one of the citizens belongs to himself, for they all belong to the state, and are each of them a part of the state, and the care of each part is inseparable from the care of the whole.
>
> Aristotle[1]

Physicians, politicians, public policy experts, people in nearly every walk of life spend a great deal of time and energy debating what is and what is not a disease or a treatment. Although these questions appear to be about phenomena or facts, they are, more often than not, about policies or strategies. Formerly, we approved and disapproved, permitted and prohibited various behaviors because they were virtuous or wicked, legal or illegal. Now, we do so because they are deemed healthy or sick, therapeutic or pathogenic. Hence the seemingly unappeasable thirst to medicalize, pathologize, and therapeutize all manner of *behaviors* manifesting as personal or social *problems.*

The upshot is that we tend to substitute ostensibly medical criteria for explicitly moral criteria for judging character and personal conduct and use pseudomedical arguments to justify the expansion and exercise of state power. How has this transformation come about, and why do we embrace it as if it were medical, moral, and political progress?

In the ancient world, as the epigraph by Aristotle illustrates, the individual was not a person unless he was a part of the *polis*; the personal and the political were intimately interrelated. Today, under American constitutional principles,

the personal and the political are distinct spheres, the desires of individuals are often in conflict with the needs of the group or the nation or the state, and this conflict is often obscured by invalidating the individual's desires as the "symptoms of illness."

If the welfare of the individual and the welfare of the collective are considered to coincide, then the ill health or ill conduct of each endangers that of the other. In the absence of clear separation between the personal and the political, the private and the public, there can be no separation between private health and public health. The personal then becomes political and politics becomes, intrinsically, "therapeutic." (Henceforth, I shall avoid placing words like "medical" and "therapy" between scare quotes to indicate their metaphorical or ironic use and let the context clarify my meaning.)

The Reformation and the Enlightenment created a sharp division between the personal and the political, perhaps nowhere more so than in the newly founded American republic. Yet, the more public policy recognizes and respects this division, the more politically divisive become the conflicts between the wants of the person and the needs of the polity. "A man may not always eat and drink what is good for him," said George Santayana (1863–1952), the great American philosopher, "but it is better for him and less ignominious to die of the gout freely than to have a censor officially appointed over his diet, who after all could not render him immortal."[2] Gilbert K. Chesterton (1874–1936), a conservative Catholic journalist and social critic, took for granted that "the free man owns himself. He can damage himself with either eating or drinking; he can ruin himself with gambling. If he does he is certainly a damn fool, and he might possibly be a damned soul; but if he may not, he is not a free man any more than a dog."[3]

Today, hardly any right-thinking person holds these beliefs. Collectivists and totalitarians dream of the brotherhood of man—protecting one another and the fatherland from enemies within and without. Individualists and libertarians long to be left alone by the state—although, in their hearts, too, there often lurks the temptation to enlist its protection when certain dangers threaten. How are we to reconcile these seemingly irreconcilable aspirations? The modern mind has seized on the ideas of disease and treatment as offering common ground. Disease often threatens, and treatment often benefits, individuals and groups alike. Saving people from disease, like saving their souls, is a good that no one (in his right mind) could have reason to reject. In the words of former Surgeon General C. Everett Koop: "The government has a perfect right to influence *behavior* to the best of its ability if it is for the welfare of the individual and the community as a whole."[4] That is a dangerous opinion, the more so because ever fewer people realize that it is dangerous.

With victory in World War II and the Cold War, the United States bestrides the world like no power has since the Roman Empire. Because politics, by definition, entails the exercise of power, and because the most elementary exercise of power is waging war, American hegemony presents a problem: there is no literal enemy to subdue. Yet, just as the metabolism of the body anatomic requires nutrients, so the metabolism of the body politic requires enemies or, at least, scapegoats. In a tacit compact, rulers and ruled unite to create enemies by alienating parts of their own nation or aspects of human nature itself: "They" are "diseases," caused by microbes, genes, chemicals out of balance, economic exploitation, or abusive parents—and "they" are attacking "us." They are wicked. We are virtuous.

The experts tell us that we eat too much, drink too much, smoke too much, gamble too much, take too many drugs; that we behave irresponsibly with respect to sex, marriage, procreation, exercise, and health care; that we commit too many murders and suicides, too many assaults, thefts, and rapes; and that all these things are not really our own doings but the manifestations of maladies. In the past, politicians seized power by declaring national emergencies. Now they do so by declaring public health emergencies. Alcoholism, obesity, suicide, and violence, they say, are killing Americans. Individuals are not responsible for eating or drinking too much, for killing themselves or others. The rejection of personal responsibility for one behavior after another—each deliberate act transformed into a "no-fault disease"—drives the politics of therapy. The government declares war on drugs, cancer, heart disease, obesity, mental illness, poverty, racism, sexism, suicide, and violence. However, drug addicts refuse to abstain from drugs, the obese overeat, the mentally sick reject being treated as patients, and the poor refuse to adopt the habits of the rich. Coping with these and other "health emergencies" requires enlarging the scope and coercive powers of medicine as an arm of the state.

In the long run, neither exaggerating the claims or rights of the individual nor exaggerating the obligations and beneficence of the state serves the cause of expanding liberty under law. We live in societies more complex than ever and are dependent on one another more, and more anonymously, than ever. No person can be free without shouldering his responsibilities, and no society can endure without penalizing irresponsible behavior. Liberty is undermined by the irresponsible individual and is destroyed by tyrannical government.

Biologically, we are animals and, as such, we are predators or prey or both. To avoid becoming prey, we live in groups—families, tribes, states—whose rules regulate our conduct. The concept of the state as guardian—parent, sovereign, or night watchman, protecting members of the group from enemies without and within—is basic to Western political philosophy. However,

because of man's predatory nature—*homo homini lupus* ("man is a wolf to man"), as the Romans put it—this idea is intrinsically self-contradictory. What is there to prevent the guardians from yielding to the temptation to prey on the people they are supposed to protect? We may think of political philosophy as beginning when the Roman poet and satirist Juvenal (c. 60–140) posed the classic question: "*Quis custodiet ipsos custodes*?" "Who shall guard the guardians?"

Throughout history, most people have preferred to ignore this challenge. For a very long time, people sought comfort in guardians whose goodness was guaranteed by God, which let them place their trust in rulers whom they regarded as deputies of a deity, exemplified by the divine rule of popes and Christian sovereigns. The founders of the United States formed a different plan for protecting the American people from their own protectors. They and their compatriots regarded themselves as competent and responsible adults. Thus, the American Revolution was, in effect, a revolt of the grown child against his father intent on keeping him in tutelage: it was a demand for the self-government and self-responsibility that befits a dignified person, not for more largesse for a ward victimized by his dependence. This is what gave the Founders the strength to resist the temptation to replace one paternal government with another. Instead, they sought to create a nonpaternal government and they proceeded to construct one.

Like a fearful child dreaming of a fairy godmother, the puerile mind dreams of the trustworthy ruler. Liberated from that delusion, the mature mind recognizes not only that power corrupts but also that those who seek power tend to be corrupt, and hence distrusts all rulers. Rulers ought to be watched with suspicion, not worshiped. Thus, the Founders endeavored to avoid the danger of despotic government by limiting its scope—delegating powers to states composing a confederation of independent political units—and by creating a government of divided powers—one branch checking and balancing the powers of the others. Although never fully realized, that, at least in theory, was the vision that characterized American polity from 1787 until 1861.

Today, that vision is a thing of a past existentially more distant from us than ancient Rome was from the Founders. The Founders understood that the greatest danger to man is other men, especially when they are out to protect him from himself. Forgetting that maxim, modern man thirsted for powerful rulers to protect him and, in the twentieth century, he found just what he was looking for: These "strong men" managed to kill more people, including their own, than have all past rulers combined.

What do we now fear the most? The answer, issuing from the most respected sources, is loud and clear: responsibility for our own behavior. The dominant ethic rests on two premises: (1) We are responsible only for our good deeds; (2) our bad deeds are diseases or the products of diseases for which we are not re-

sponsible. This doctrine tells us that we can no more combat alcoholism and panic disorder with will power than we can amebiasis and parkinsonism. Only treatment can remedy such problems. Our duty is to pay more taxes, to enable government scientists to discover cures for these diseases, and to recognize that we are ill and place ourselves in the care of health care agents of the state, to begin the lifelong process of recovery. "I would hopefully be a good role model. I'm in recovery," declares Cindy McCain, wife of Senator and former presidential hopeful John McCain (R-Az).[5] Mrs. McCain had used controlled substances that she had stolen while she worked as a member of a "charity she had set up to send medical relief to the Third World."[6] The one thing we must not do is assume that how we live is our own business and responsibility. This package is now usually sold under the label of promoting "patient autonomy," a term that, as I showed elsewhere, is now an integral part of the semantics of social control through medicine.[7]

While awaiting medical research to solve the riddle of the biological roots of problematic behaviors conceptualized as diseases and provide a cure for them, people must, however, cope with the personal and social problems they face. Cope with them they do, as predators are predisposed to, by waging literal wars on people allegedly suffering from the metaphorical plagues of drugs, racism, violence, and human nature itself. The delusionary goal of an America free of drugs, free of disease, free of strife, suicide, and violence—of death itself—justifies these wars waged by a tacit agreement between a populace eager to reject responsibility for self-discipline and its political representatives eagerly pandering to that longing. How? By declaring that human problems are diseases that medicine will soon conquer, just as it has conquered polio and smallpox. Thus, the boundaries of medicine expand until they encompass all human aspirations and actions.

Comforted by the delusionary concept of "no-fault disease," the illness inflation set in motion by the medicalization of (mis)behavior accelerates and, in turn, intensifies the tendency to reject responsibility for (mis)behavior. We are loath to use the criminal laws to control genuine criminals, that is, people who deprive others of life, liberty, or property. We are unwilling to control our children, who, in turn, are unwilling or unable to control their own behavior. Judges sentence criminals to "treatment programs," and school authorities—aided and abetted by physicians, psychologists, and parents—manage unruly children with "prescription drugs" and lectures about our national struggle for a "drug-free America." Truly, we have become Santayana's "fanatics" who, after losing sight of their goal, redouble their effort.

Actually, we Americans are now healthier than we have ever been and live longer than we have ever lived. Why, then, do we perceive our existential problems in medical terms and seek their solution in a tyranny exercised by thera-

peutic tribunes? Why should a healthy people dread disease so much? Although the fear may seem paradoxical, there is logic in it.

In 1776, Americans enjoyed more political freedom than they ever did as Englishmen or colonists. That is precisely why they valued liberty and were zealous in guarding it against tyrannical rulers. It is the free and the rich, not the enslaved and the poor, who worry about losing their liberty and their money and seek to protect themselves from those dangers. It is the healthy, not the sick, who worry about losing their health and seek to protect themselves from that danger. We are medically richer than people have ever been. We have gained more control over real diseases than we would have dreamed possible a hundred years ago. It is precisely these advances that have encouraged extending the idiom, imagery, and technology of medicine to other areas of human concern, transforming all sorts of human problems into "diseases," and the rule of law into the rule of medicine, in a word, "pharmacracy."[8]

A brief remark about this term is in order here. The Greek term *pharmakon*—a so-called primal word, possessing antithetical meanings—meant both drug and poison. The term *pharmakos* referred to a ceremonially sacrificed scapegoat, whose death purified and thus cured/saved the community. In 1976, in *Ceremonial Chemistry*, I wrote: "Inasmuch as we have words to describe medicine as a healing art, but have none to describe it as a method of social control or political rule, we must first give it a name. I propose that we call it *pharmacracy*, from the Greek roots *pharmakon*, for 'medicine' or 'drug,' and *kratein,* for 'to rule' or 'to control.' . . . As theocracy is rule by God or priests, and democracy is rule by the people or the majority, so pharmacracy is rule by medicine or physicians."[9] In a theocracy, people perceive all manner of human problems as religious in nature, susceptible to religious remedies; similarly, in a pharmacracy people perceive all manner of human problems as medical in nature, susceptible to medical remedies. Specifically, I shall use the term "pharmacratic controls" to refer to social sanctions exercised by bureaucratic health-care regulations, enforced by health-care personnel, such as alcohol treatment and other addiction programs, school psychology, suicide prevention, and the mandatory reporting of personal (mis)behavior as part of the duties of physicians and other health-care personnel.

My aim in this book is to show that the effort to medicalize life is not only cognitively ill-conceived, it is also politically perilous. Conflict is intrinsic to human existence. Regulating disagreements as if they were diseases is a recipe for forfeiting liberty in pursuit of an illusory therapeutic paradise on earth.

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ABBREVIATIONS

ADHD	attention deficit hyperactivity disorder
AIDS	acquired immune deficiency syndrome
AMA	American Medical Association
APA	American Psychiatric Association
AWDA	Americans with Disabilities Act
DEA	drug enforcement agency
DOT	directly observed therapy
DRG	diagnosis-related group
DSM	*Diagnostic and Statistical Manual of Mental Disorders* (of the APA)
HMO	health maintenance organization
ICD	International Classification of Diseases
NHS	National Health Service (UK)
NIDA	National Institute of Drug Abuse
NIH	National Institutes of Health
NIMH	National Institute of Mental Health
PTSD	posttraumatic stress disorder
S.S.R.I.	selective serotonin reuptake inhibitor
SUNY	State University of New York

VIP	very important person
VUP	very unimportant person
WHO	World Health Organization

INTRODUCTION
What Counts as a Disease?

> Vicissitudes of fashion will enforce the use of new, or extend the signification of known terms. The tropes of poetry will make hourly encroachments, and the metaphorical will become the current sense . . . illiterate writers will at one time or other, by publick infatuation, rise in renown, who, not knowing the original import of words, will use them with colloquial licentiousness, confound distinction, and forget propriety.
>
> Samuel Johnson (1775)[1]

What is a disease? What is *not* a disease? Although most people think they know the answer, few have a clear idea of what is and what is not a disease. This is hardly surprising. The word "disease"—and its synonyms, "ailment," "illness," "malady," "sickness"—is used in diverse ways and has a multiplicity of meanings. In the end, people decide what is and what is not a disease by what best suits their needs or on the basis of the hoary rule, "I know one when I see one."

To bring order to our disorderly use of language, we distinguish between the literal and the metaphorical uses of terms. The root meaning of the term "honey," for example, names the substance secreted by bees. When a man calls his wife "honey," he is speaking metaphorically. The distinction between literal and metaphorical meaning is, of course, a matter of convention: it requires agreement about the root meaning of the particular term. The point is that unless we assign a *discrete, limited, identifiable* meaning to a term, we cannot dis-

tinguish between its literal and metaphorical uses and cannot use the term with precision.

Our enquiry must therefore begin with a clarification of the root meaning of the term "disease." To what object or phenomenon does the term refer? Framed about particulars, there is likely to be general agreement about the answer: typhoid fever is a disease, spring fever is not. However, framed abstractly, there is likely to be disagreement. Why? Because we lack unanimity about *why we regard typhoid fever, but not spring fever, as a disease*. That is why we fruitlessly debate whether drug addiction, clinical depression, pathological gambling, social anxiety, and so forth are or are not diseases. Unless we agree on the root meaning of the term "disease," we *cannot know* what counts as a literal disease and what counts as a metaphorical disease, that is, not a true disease. Similar considerations account for the futility of debating whether abortion, euthanasia, surgical remedies for transsexualism, and many other procedures performed by physicians are or are not treatments.

Knowing the difference between the literal and metaphorical uses and meanings of words is not a special skill. It is a matter of knowing how to use language properly. In certain areas of life—religion, in particular—individuals willingly suspend their knowledge of this distinction, a sacred text becoming "literally" the word of God. I regard this as evidence of the near-universality of the understanding of the distinction between the literal and the metaphorical. Clearly, even people unfamiliar with the terms "literal" and "metaphorical" recognize the difference. Everyday speech, humor, poetry, and technical jargon all depend on enriching literal meanings with figures of speech. Some viruses attack the immune system, others attack computer programs. No one mistakes computer viruses for biological agents.

This book is, in part, an argument about what should count as a disease. How that argument is resolved affects so many aspects of everyday life that it may be no exaggeration to say it is the single most important issue in contemporary American life. "What is the good of words if they aren't important enough to quarrel over?" asked G. K. Chesterton. "Why do we choose one word more than another if there isn't any difference between them? If you called a woman a chimpanzee instead of an angel, wouldn't there be a quarrel about words? If you are not going to argue about words, what are you going to argue about?"[2] If we fail to settle the argument about what should count as a disease, or settle it on the basis of capricious, politically grounded criteria, we incapacitate ourselves from thinking clearly about what should count as health care or treatment, who should pay for it, and the many other health policy issues we now argue about.

Failure to distinguish between the literal and figurative uses of words may be due to ignorance or, when powerful human interests are at stake, may be a part

of a deliberate strategy and an institutionally mandated policy. Our use of the verb "to medicalize" is instructive in this connection: the locution depends on and betrays a *tacit understanding of the limited scope of medicine, and hence of the core meaning of disease.* We speak about medicalizing suicide or violence, tacitly acknowledging that we are enlarging the scope of medicine, and we recognize the absurdity of speaking about medicalizing malaria or melanoma, tacitly acknowledging the proper sphere of medicine. Similar considerations hold for the terms "politicize" and "theologize." (*Webster's Third New International Dictionary* and the *Oxford English Dictionary* both have entries for "politicize" and "theologize," but neither has an entry for "medicalize.")

When religion reigned and church and government were united in a theological state, people perceived countless human problems as the products of divine or satanic intervention, and sought to remedy them with appropriate religious interventions, such as prayer and exorcism. When science reigns and medicine and the government are united in a therapeutic state, people perceive countless human problems as the products of diseases, and seek to remedy them with medical interventions, such as drugs and "therapy." I should note here, perhaps, that I coined the term "therapeutic state" in 1963 with deliberate irony, as a critical and dishonorific sobriquet, to denote the political union of medicine and the state, physicians playing the same sorts of ambiguous, double roles that priests played when church and state were united. The ambiguity, coercion, and paternalism intrinsic to such a role of the physician—sometimes helping the patient, sometimes harming him—is incompatible with individual dignity, liberty, responsibility, and the rule of law. I regard the therapeutic state as a type of totalitarian state, persecutions in the name of health by doctors replacing persecutions in the name of God by priests.[3] (Some writers now use the term approvingly, denoting a medicalized variant of the welfare state or an ideal, scientifically enlightened polity.)

As a science, medicine rests on and makes use of the same methods and principles as the physical sciences. One of these principles is that the observer is a person, and the object he observes is not. Chemists and physicists observe, for example, the characteristics of various elements and classify them as helium, lithium, uranium, and so forth. The classification serves the interests of the classifiers. The objects classified have no interests.

To understand the many conceptual, economic, and political problems that beset contemporary medical practice, that is, *medicine as health care,* we must distinguish between scientific medicine, whose objects of study are diseases that affect human beings, and clinical medicine, whose objects of study are persons, usually called "patients." Making this distinction does not imply that one is intellectually, morally, or practically better or more important than the other. Each enterprise has its own agenda and vocabulary.