

The hiding-places of health: The elderly in the age of technique

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Abstract: *The subject of present-day history is technique, not man. Technique and its progress are based on the repression of death and on the illusion of a disease-free life. As a consequence, the individual has become unable to accept pain and death as components of reality. This is a serious anthropological problem, especially as far as the elderly are concerned, who are often abandoned by the system. The universalism of technique is absorbing civilization: the elderly know that it is perfectly useless to want either to stop or to shift such a trend, and that complete submission is the price to be paid for the progress of technique. When the current malaise became the measure to medical advance, anthropological research discovered that only the individual as such is fully conscious of its needs and of what is necessary to its well-being.*

Keywords: technique, elderly, medical knowledge, anthropology

‘Over the course of the past decade, biomithology has permeated American culture as never before... These bioreductivisms... have come to occupy the place once held by anthropology in a progressively dumbed-down serious public sphere’ (Lancaster 2004:4). As Lancaster pointed out in this sentence, the anthropologists’ views are not always aligned with the ones known as “official” or “orthodox” science: and this is true especially as regards the technique’s question. Of course, we all know well enough that technique is nowadays an important part of our lives and that standing against progress would simply make little sense. But what has become unacceptable is that the subject of present – day history is technique rather than man. Let us take a closer look at the question, back at its origins.

In his work *Prometheus*, Aeschylus describes the two gifts the Titan gave to mankind: the oblivion of the hour of death – thanks to Hope, which cannot see, acting as a medicine – and fire, which represents technique, the ‘savoir faire’ enabling man to survive and to become the lord of the world. But technique and its progress are today based on the repression and the oblivion of death, related to

the dream of immortality. Technique has made man free and has become his own world and essence. However, if by the term “technique” we mean “rationality”, with man the actor and technique the instrument and means, then this concerns the past, whereas if we are thinking of technique as a domain or rather as a domination, this concerns the present. Francis Bacon – the founder, together with Galileo Galilei, of the experimental method – said that *scientia est potentia*. As far as modern biotechnology is concerned, such a repression of death is even more problematical: the impossibility for medical science to eliminate the problem of death, and at the same time the technical effort required for facing it, represents one of the paradoxes of modern biomedicine. The identity crisis of the doctor facing a terminal patient, abortion, or death penalty, the ethical problem of therapeutic fury, or the case of a patient rejecting therapy, are witness to this paradox: any ethical problem is becoming a technical problem. Aristotle (*Metaphysics* A 2 982b) said that a physician is a scientist, and that medicine is a typical example of how an empirical knowledge can be transformed in an authentic science. The scientific knowledge of the doctor becomes thus universal in that technique was born from science and knowledge, being therefore deeply in debt to them. This is true especially today, diagnosis often being no longer the result of the physician’s intervention, but rather a tangle of analyses and instrumental readings indicating nothing more than a curve of probability. There, in the computerised laboratory of body repair, both patient and doctor have lost their role (Drusini 2002).

Historically speaking, man was provided with two protection apparatuses: science and faith. According to Aristotle (*Metaphysics* I.2, 982 b12–28), science comes from the Greek “thauma”, meaning the astonishment of the individual when facing nature’s mysteries; years later, in *The Gay Science* Nietzsche (1974) added that science was born from fear. In a recent interview, Hans Magnus Enzensberger (2001) wrote that if in the past shamans and faith healers took care of fighting disease, in the present they have been replaced by molecular biologists. As a matter of fact, today the molecular biologists, and not the priests, talk about immortality. Since political economy considers pain a failure of the socio-economic system, the patient himself perceives it as a lack of technique (Good 1994; Delvecchio et al. 1994). In this view, what was before regarded as an error of medical knowledge, can nowadays be rationalized as an accidental mistake of technique, of the equipment, of the operator; similarly, indifference has been turned into ‘scientific detachment’ and incompetence into ‘lack of sophisticated technologies’. Biotechnology is also transforming pain into a technical problem, depriving suffering of its intrinsic personal meaning (Illich 1999). Such a war against suffering is likely to destroy the individual’s resistance to pain: the ‘normal’ individual becomes unable to accept suffering and death as components of reality. To the elderly, this is a major problem, for they are quite isolated and abandoned by the social system. Technique regards every aspect of life (universality of technique): old people, confusedly, do realize that they are living in a new unusual world, to which they are not used, and do understand that it is perfectly useless to want to either stop or shift such an evolution of technique. As a matter of fact, the elderly are living in a new milieu, a new system evolved as an intermediary between nature and man, which is, in their case, so

developed that they are losing any contact with their natural framework, since the elderly pay for the achievements of technique with the submission to a more severe necessity, the artificial necessity dominating their life.

The dismeasure of man

Martin Heidegger (1977) wrote that we are bound to technique and deprived of freedom, whether we passionately assert or apparently deny it. Such a sanitised vision of health, though, is but the reflection of a more vast mechanist and scientific vision, identifying the ideal condition with optimal functioning, that is with the efficiency and effectiveness of the functions. The hope of taking medicine to the degree of perfection which Copernicus gave to astronomy dates back to the time of Galileo. It is over a century now, though, that even physics has ceased to be objective and that exact science has ceased to be exact. In his book *La souris, la mouche et l'homme* François Jacob (1997) points out how research is based on uncertainty. After decades of positivist certainty in the objective data of experimentation, another paradox breaks into the restless scientific world: research is not fortuitous, but it is unforeseeable. Old age is completely subjective: both from a biological and a psychological point of view, there are no two people ageing in the same way (Fry 2000). But for technical medicine and pharmacological therapy, subjectivity does not exist, it being non convenient under an economic point of view: for this reason most drugs are not scientifically tested on older people. Moreover, most drugs are tested on young males, while the majority of the elderly population is female. From another point of view, despite the many scholars claiming that health is not only resistance to pain, there is still a strong tendency to simplify the conception of health, degrading it to a pain-free condition. Such a trend, though, hinders the understanding of the fact that health is not a condition at all, but rather a movable place that anybody can find in experiencing his own disease and pain; as Nietzsche (1967) wrote, being human is the real illness. We know that even pain has a meaning, a dismeasure, a pace, for pain is mother to life; such a dismeasure reminds us of Plato's distinction between "metron" and "metrion", where "métron" is the measure we get approaching the object from the outside, while "métrion" represents what is suitable, fitting, with regards to the inner status of any living being. This "inner dismeasure" – pain, illness, malaise – which can in fact be usefully compared with scientific parameters, but never identified with them, is undoubtedly the dismeasure of any personal pathology, but it is also the one and only place of its life, and therefore, it being unknown, it would be impossible to find a way to health. It is well known that ageing is a multidimensional, multifunctional and multifactorial process (Schroots 1992; Drusini et al. 1996; Drusini and Fortunato 2003; Drusini and Fortunato 2004); anyway, although the ageing process is universal, this universality does not mean uniformity (Fry 1996): ageing is above all a cultural process, and requires the far-sightedness of human sciences rather than technique's reductive one. The word "culture" comes from the Latin *colere*, which means "to cultivate":

we are born defenceless and must therefore be cultivated from birth. Those concepts of “culture” and “cultivation” are historically European; unless they are recovered, future generations will be bearing the consequences. This issue belongs to our need of understanding why in Europe medical anthropology and gerontology are today so neglected, despite the importance of ageing from a social and demographic point of view. We firmly believe human rights are not lost with age: Jean Claude Henrard (2000) has already pointed out the existence of a ‘racisme anti-vieux’, the so-called ‘âgisme’: again, this is just an anthropological issue. But we must bear in mind that the actual social repression of ageing is a bad by-product of the faith in the future characterizing modern science and technique.

The faith in the future

Can we explain now the lack of interest (and funding) for holistic research on aging in Europe? Let us put two questions on the table:

Did medical technology improve the quality of life of elderly people?

Is it true that faith in the future – that is the utopian research of biotechnologies – holds back the solution of some major problems such as aging, handicap and malaise?

The first question is not new. In a work of 1788, the medical ideologist Cabanis wrote an inquiry about the role of medicine with regards to knowledge and to the individual’s well-being (Cabanis 1778). More recently, Illich (1976) and Attali (1979) observed how chemists do better business with the errors rather than with the successes of medicine. As a matter of fact, Max Weber (1978) did use to say that medical science does not mind not knowing whether and when life is worth living. Indeed, anthropology faces today the hard task of coping with an interdisciplinary research filling the gap left behind by the super-technological medical science, for a science deriving from traditional medicine must grant people a more fair quality of life and a respect for their integrity as persons. Modern medicine seems to have neglected its rich historical and humanistic tradition in order to follow the expensive and profitable progress of the technological world, where those not wishing to loose their power – and funds – make promises they cannot keep. Technology today is even more advanced than science, but at present manipulating biotechnology is far from improving the scientific level of knowledge. This is basically the reason why especially the elderly escape the logic of scientific research and thus the reason for the lack of interest in older age: old people represent the debacle of the utopian medical science.

We should draw attention to the point that – according to Rose and Mueller (1998) – at the end of the millennium ageing research was at the same point astrophysics was at in 1929. Very few of the laboratories today are working on such an important aspect of our life, while many more of the labs (and funds) are devoted to cancer and cardiovascular disease. Nevertheless, according to the data by Olshansky and Cames (2001), if we consider the two major causes of death – cancer and heart disease – we shall notice how:

- could cancer be defeated overnight, then the average age of the population would only increase by 2 years;
- by eliminating all heart disease, the same would increase only by 3–4 years (Olshansky 1998).

Indeed cancer and heart disease do kill over half of the population of industrialised countries, but if by eliminating these two major causes of death we can only add a total of six years to our life, this means that defeating such diseases would have an increasingly negligible impact on the future. Thus the utopia does not work, but the problem is that some diseases absorb the majority of the funds for research, while the financing for gerontology research is negligible in many European countries. The progress of medicine, hygiene and nutrition has doubled life expectancy in less than a century, but all the conquests of modern medicine have reduced only by half the mortality of the people over sixty years of age; moreover, this result depends to a great extent on the capacity to help debilitated people survive (Schroots, Fernandez Ballesteros and Rudinger 1999). Although several studies have demonstrated how, in caring for older people, drugs alone are not sufficient and how it is necessary to have a global therapeutic vision, most research on ageing is oriented towards a traditional, mono-disciplinary and pathogenic approach, while ageing rather deserves a global, multidisciplinary and hygienist one (Fernandez Ballesteros et al. 1998).

Has *Téchne* killed *Epistème*?

Therefore we shall give a negative answer to our first question – did science and modern technology increase the quality of life of older people? – since technique has gradually become detached from science and knowledge. Has *Téchne* killed *Epistème*? The problem is that in years to come, man should simply not age at all: thus, not having such a possibility any longer, the older people living today are helplessly condemned. Medicine will only invest in the young – potentially immortal – generations. Our second question was about the ‘faith in the future’, often recalled by the Italian philosopher Emanuele Severino (1988), representing what René Dubos (1987) referred to as the new ‘health mirage’; this is precisely how such ‘faith in the future’ – that is, the advanced and onerous research in medical biotechnologies – hinders the solution of other major issues, among which ageing is one of most pressing. As we have already mentioned, technique has turned from the means into the aim and has ceased to be the instrument of man, becoming man’s milieu. The ‘faith in future’, common to the Western world, is no longer simply faith but has become an untouchable and indisputable dogma: it is the truth. But using a paradox, Severino (1988) stated that if truth is in our future, then it will never be known, since we are living in the present, and the research trying to reveal truth remains at present in the non-truth (the unknown), and such non-truth cannot, in any case, be the basis of truth.

Technology in Europe has nowadays gained an hegemonic position, profiting both from determinant resources and general attention (technology will be the basis of the next economic cycle), while other disciplines such as gerontology, history of medicine or anthropology are left with a marginal role: they are taken into account and tolerated, but only given the inoffensive character allotted to them by state and economy. Friederich Nietzsche could well assert that the inventors of new values are born far from markets and from glory. The problem is that it is impossible to dispute the big science, its strategy being cleverly to point to the accomplished fact, to which society cannot but resign. With great ingeniousness, any objection is disposed of as an attack on the freedom of research, as preconceived hostility towards science and technique and as superstitious fear of the future. We would have nothing against technique, were it wise in its aims besides being the science of means and profit: indeed, science has made hearts beat longer, but disheartens.

In answering the third question – what can then be done in order to correct the actual orientation of research so as to direct it towards a science for man? – one should refer to a science of man; therefore medicine should refer to anthropological views. The neurologist François Lhermitte, for example, did not only observe his patients in the hospital, but visited them in their homes, went together with them to restaurants and to the theatre, in trying to share as much as possible of their lives. As Sacks (1998:21) wrote: ‘The exploration of self and of deeply altered worlds cannot be attained in the cabinet of a doctor. With this idea in mind, I quit my smock, left the hospital and started exploring the life of my patients in reality, as a naturalist examining rare forms of life, like an anthropologist doing field research; but, more important, like a doctor paying home visits: home visits to the frontier of human experience’.

The wounded healer

Technique – Jacques Ellul (1977) wrote – is not satisfied with being the main or the determining factor, it has become the System: today, those using technique are in fact serving it. When worshipped, science and technology become ideologies: they are above any research and project, and thus they neutralize the subject and devalue the individual. But any anthropologist knows that the individual, and not the whole, is the most important thing. When the current malaise became the measure to medical advance, anthropological research discovered that only the individual as such is fully conscious of its needs and of what is necessary to its well-being. From its side, medical doctor is a compromise between “*filia*” – the Greek word for friendship – and technique: to a medical doctor, the sense of the human solidarity is of fundamental importance, even if a surgeon when operates on a patient must be concentrated only on the surgery technique. But let us look at the model suggested by Gadamer (1993): following the Greek mythology, Gadamer reminds how Prometheus was condemned for giving technique to mankind, and how Chiron the Centaur, the inventor of medicine, wounded to death by Hercules with a poisoned arrow point, took his place in chains. Wise Chiron, as a demigod, could neither recover, nor

die: he therefore retired suffering in the cave with his incurable wound, until he could offer himself to Zeus to replace tormented Prometheus. Chiron, the inventor of medicine, embodies the image of the “wounded healer”, hinting to the pain intrinsic in human nature, linking doctor and patient well beyond their roles. This is to say that not only is the patient himself a doctor, but that any doctor is himself a patient.

There is, maybe, the core of medical anthropology: and there, maybe, is one of the hiding-places of health.

Bibliography

Aristotle

1993: *Metafisica* (translated by Reale G.). Milano: Ed. Vita e Pensiero.

Attali J.

1979: *L'ordre cannibale. Vie et mort de la médecine*. Paris: Editions Grasset & Fasquelle.

Cabanis P.-J.-G.

1788-89: *Du degré de certitude de la médecine*, In: *Oeuvres philosophiques*, vol. I, pp. 33–103, Lehec-Cazeneuve (ed.), Paris 1956.

Delvecchio Good M.-J., Brodwin P.E., Good B.J., Kleinman A.

1994: *Pain As Human Experience*. Berkeley: University of California Press.

Drusini A.G.

2002: *The Elderly in the Age of Technique*. Paper presented to the EAA Congress 2001: Zagreb (unpublished manuscript).

Drusini A.G., Balduin R., Businaro F., Dall'Ara S., De Franchis G., Ranzato C., Swindler D.R., Antonio V.

1996: *The Anchyses Project: Multidisciplinary Research On Aging in Valdagno and Recoaro (Veneto Region, North-East Italy)*. AAGE Newsletter (Columbus, Ohio, U.S.A.), 17(3): 3–6.

Drusini A.G., Fortunato L.

2003: *Nutritional Status and its Biocultural Determinants in Semi-urban and Rural Ageing Peruvians*. AAGE Newsletter 24(3): 2–3.

2004: *Ageing in a Semi-rural Community with Low Levels of Literacy and Formal Education on the South Coast of Peru*. *Journal of Cross-Cultural Gerontology* (in press).

Dubos R.

1987: *Mirage of Health. Utopias, Progress, and Biological Change*. New Brunswick and London: Rutgers University Press.

Ellul J.

1977: *Le système technicien*. Paris: Calman-Lévy, p. 7.

Enzensberger H.M.

2001: *Scienziati, aspiranti redentori*. (<http://www.ecplanet.com/canale/ecologia-6/biotecnologie-6/0/0/5915/it/ecplanet.rxd>).

Eurostat

2000: *Key Data on Health* (http://www.europa.eu.int/comm/health/ph_information_documents/health_status_en.pdf; <http://www.hyperion.ie/Ageing.htm>).

Fernández-Ballesteros R., Schroots J.J.F., Rudinger G.

1998: *EXCELSA/Pilot (Cross-European Longitudinal Study of Aging, Pilot Study)*. *European Psychologist* 3(4): 298–301.

Fry Ch.L.

- 1996: *Age, Aging, and Culture*. In: Binstock R.H., George L.K. (eds), *Handbook of Aging and the Social Sciences*. Press San Diego: Academic, pp. 117–136.
- 2000: *Culture, Age, and Subjective Well-Being: Health, Functionality, and the Infrastructure of Eldercare in Comparative Perspective*. *Journal of Family Issues*, 21 (6): 751–776.

Gadamer H.-G.

- 1993: *Über die Verborgenheit der Gesundheit*. Frankfurt am Main: Suhrkamp Verlag.

Good B.J.

- 1994: *Medicine, Rationality and Experience. An Anthropological Perspective*. Cambridge University Press.

Heidegger M.

- 1977: *The Question Concerning Technology*. New York: Harper and Row.

Henrad J.-C.

- 2000: *Grand âge et santé publique*. Éditions de l'École nationale de la santé publique, avenue du Professeur Léon-Bernard 35043 Rennes cedex.

Illich I.

- 1976: *Limits to Medicine-Medical Nemesis: the Expropriation of Health*. London: Marion Boyars Publ. Ltd.
- 1999: *Un facteur pathogène dominant: l'obsession de la santé parfaite*. *Le Monde Diplomatique* 3: 28. (<http://www.monde-diplomatique.fr/1999/03/ILLICH/11802>).

Jacob F.

- 1997: *La souris, la mouche et l'homme*. Paris: Editions Odile Jacob.

Lancaster R.N.

- 2004: *The Place of Anthropology in a Public Culture Reshaped by Bioreductivism*. *Anthropology News* 45(3): 4–5. (<http://www.aaanet.org/press/an/0403%20dia-comm.htm>).

Nietzsche F.

- 1920-29: *Gesammelte Werke*. 23 vols. Muenchen: Musarion Verlag.
- 1967: *Ecce Homo*. New York: Random House.
- 1974: (orig. 1882) *The Gay Science*. New York: Vintage.

Olshansky S.J.

- 1998: *On the Biodemography of Aging: A Review Essay*. *Population and Development Review* 24(2): 381–393.

Olshansky S.J., Carnes B.A.

- 2001: *Prospects for Human Longevity*. *Science* 291: 1491–1492.

Rose M.R., Laurence D.M.

- 1998: *Evolution of Human Life-span: Past, Future, and Present*. *American Journal of Human Biology* 10(4): 409–420.

Sacks O.

- 1998: *Un antropologo su Marte*. Milano: Adelphi.

Schroots J.J.F.

- 1992: *Aging as Hypothetical Construct*. *European Journal of Gerontology* 1: 475–479.

Schroots J.J.F., Rocio F.B., Rudinger G. (eds)

- 1999: *Aging in Europe*. Amsterdam, IOS Press.

Severino E.

- 1988: *Le tendenze fondamentali del nostro tempo*. Milano: Adelphi.

Weber M.

- 1978: *Economy and Society*. Edited by Guenther Roth and Claus Wittich. Berkeley: University of California Press.