

***INTERDISCIPLINARY APPROACH TO HEALTH:
AN EXPLORATION INTO THE ROLE OF SOCIAL
PSYCHOLOGY***

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of the requirements for the award of the degree of

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Vijay Kumar Yadavendu

Centre for Social Medicine and Community Health

School of Social Sciences

Jawaharlal Nehru University

New Delhi-110 067

India

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CENTRE OF SOCIAL MEDICINE & COMMUNITY HEALTH
SCHOOL OF SOCIAL SCIENCES
JAWAHARLAL NEHRU UNIVERSITY

New Delhi-110067

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CERTIFICATE

Certified that the dissertation entitled *INTERDISCIPLINARY APPROACH TO HEALTH: AN EXPLORATION INTO THE ROLE OF SOCIAL PSYCHOLOGY*, submitted by VIJAY KUMAR YADAVENDU is in partial fulfilment of the requirements for the award of the degree of *MASTER OF PHILOSOPHY*. This dissertation has not been previously submitted for any other degree of this or any other University and is his own work.

We recommend that this dissertation may be placed before the examiners for evaluation.

(Dr. K.R. NAYAR)

SUPERVISOR

(Dr. MOHANRAO)

SUPERVISOR &
CHAIRPERSON

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INTRODUCTION

There has been increasing interest in social sciences in order to broaden the understanding of community health. This is attested to by the growth of such sub disciplines in sociology and anthropology as medical sociology and medical anthropology each with their own disciplinary discourse and institutions.

Compared to these, the growth of the discipline of psychology in community health has been hesitant, if not faltering. The growth of medical sociology and medical anthropology attest to the fact that over a long period of time, a substantial body of work has been done in these fields while no such body of work has emerged in psychology.

Beginning to explore why this is so, the possibility arose that there is some quality intrinsic in the discipline of psychology which hindered its growth and efflorescence in the field of health. This was indeed the beginning of this preliminary enquiry which is presented in two chapters, followed by a brief discussion.

The first chapter can be divided into three parts. The first starts with the origin and evolution of the psychology, a study of spiritual being or human soul. Joann Thomas Freigius, Rudolphus, Goeckel, Otto Casmann and many others tried to provide some footings to this new discipline. But the work of Wolff established it in philosophical terminology and perhaps for the first time in the history of this discipline, it was claimed that this discipline could be a science.

Kant rebuts this claim as for him, it is only an empirical science. Fichte, Schelling and Hegel propagated Kant's psychological doctrines and beyond Kant, they revived the spirit of rational psychology. But Wundt established psychology as an experimental science by opening a laboratory in Leipzig in 1879. Before Wundt psychology was a waif knocking now at the door of physiology, now at the door of ethics, now at the door of epistemology. He, in real sense, tried to revolutionise psychology.

James and many others American psychologists tried to make psychology a more individual-oriented science and behaviour became the subject matter of psychology, with observation as the methodology. Functionalism is considered more experiment oriented. Dewey, Angell, Carr and Woodworth are considered the pioneers of this system. Another system, associationism, with roots in British empiricism, impeded psychology's striving for the establishment as an objective science. Works of Pavlov and Thorndike are significant in the development of such a scientific psychology. These two, among others, provided ground for the most objective system of psychology called behaviourism. Behaviourism which was based on objective methodology or even a meta-methodological revolution, was anti-mentalist methodological objectivism, to base psychology on the method of natural science. For the founder of behaviourism, Watson, consciousness or mind did not exist. Weiss went one step further and claimed that both method and contents of psychology could be formulated in terms which would approximate to atomic physics. So, the process which started with Wundt to make psychology an experimental discipline, attained its epitome with behaviourism.

Behaviourism was the paradigm which dominated the scene for long with elementalism as its major features.

The second part of this chapter, examines social psychology with its three praxis which paid attention to 'group mind' and 'instincts'. Works of Durkheim, LeBon, Ross, Trade and Wundt and Mc. Dougall, Mead, F.H. Allport and many others are important. The three disciplines of social psychology: experimental social psychology, symbolic interactionism and psychological sociology come endowed with problems of naive empiricism and positivism, though symbolic interactionism is a conscious protest against positivism. The major problem of this subdiscipline, as our review reveals, is the subject-object dichotomy. The striking feature with this discourse is vividness to the doctrine of methodological individualism.

The third part which is considered the heart of this chapter, is critique of methodology: empiricism, is not only very eclectic, it is also individual centred. Indeed its new avatar located in positivism is more aggressive in its orientation. Positivism became preoccupied with systems of rules governing the tautological transformation of one set of statements to another. And the manifestation of this in the field of psychology can be seen with the obsession with measurement and statistical analysis. These attributes rendered the discipline incapable of adopting to the complex demands of holism and historicism in understanding the social determinants of health.

In the second chapter, similar tendencies are traced in field of health. This ahistoric linear progression of the 'science of health', divested of its social and economic moorings, reveal a commitment to a science characterised by positivism and empiricism. Above all, it reveals a manifest commitment to methodological individualism which continues to dominate understanding of epidemiology upto the present.

As in the discipline of psychology where psychology interacts with health, is a similar reification of the quantitative method, at the expense of the development of a theory of a society which contours the occurrence of disease. This is nowhere more evident than the current marriage of behaviourism to health. Self care, self help and modification in individual life styles, are the main concerns. Such an ideology obfuscates both the causes of disease and ill health in a society and therefore, the quest for solutions. Despite the broadening, the use of psychology is still confined in the prison of reductionism.

We end this dissertation with summary conclusions that call for further research and point to the directions this endeavour may take.

CHAPTER-1

ROOTS OF PSYCHOLOGY

"It is safe to say that psychology is as old as the inquiring, self-conscious mind of man."¹

Primitive men pursued other sciences, such as the practice of medicine and astronomy, as part of the practice of psychology. But if psychology is an ancient science, the term 'psychology' is of fairly recent origin, although much older than that of 'biology' which was introduced by Lamarck in 1802, and still older than the term 'sociology' which was introduced by Auguste Comte in his *Cours de Philosophie Positive* (1830-1842) much to the scandal of purists "*Car il est forme d'une racine latine et d'une racine grecque*"².

The word psychology is composed of a Greek element, but it is not Greek. Although etymologically psychology means the science of soul, it is remarkable that an independent psychology is absent both in thought as well as in fact from philosophical systems of antiquity.

The word psychology was created in the sixteenth century to refer to one aspect of spiritual being. The whole study was called 'pneumatology', and psychology was concerned with the human soul. "The term psychology and pneumatology or pneumatic are not equivalents. The latter term was used for the doctrine of spirit in general, which was subdivided into three branches, as it treated

of the three orders of spiritual substances-God, Angels and Devils and Man".³

Philipp Melanchton employed the term as a title of the academic lectures. Even though he wrote, as was the custom of the day, in Latin, he may be regarded, according to Roback as the first German psychologist, and it was Melanchton who first used the term *psychologia* in his lectures. Many previously had spoken about the soul,"but none had thought of dignifying the material of their discourse with some substantial designations savouring of science".⁴ Until then, psychology was simply a phase of physics.

The term psychology was next used by Joannes Thomas Freigius in the *Catlogus Locorum Communium*, prefixed to his *Ciceronianus*, which appeared in 1575.⁵ The first author who gave a treatise on the subject under the title of 'psychology' was Rudolf Goeckel or Rudolphus Goclenius of Marburg, who used the term in 1590 as a collective title for the works of various authors: *Psychologia, Hoc Est, de Hominis Perfectione* (Psychology or On the Improvement of Man). This collection of dissertation on the subject was followed in 1596 by another entitled *De Praecipuis Materiis Psychologicis* and in 1597 by a third, entitled *Authors Varii de Psychologia*. No doubt was left that man had come to the forefront of scientific attention and that a science of man's behaviour was being born and christened. The moralistic inference in the first title was unavoidable, as Zilboorg remarks "since man's behaviour was and it still is-of interest only from the practical standpoint of leading the individual into the path of righteousness, or as we would put it today, to social adjustment."⁶

Four years after Goeckel's *Psychologia*, his pupil and disciple Otto Casmann expressed interest in man with even greater emphasis by writing a book entitled *Psychologia Anthropologica, Sive Animaee Aumanae Doctrina*, published at Hannau 1594. This was followed, in two years, by his *Anthropologiae Pars. Hoc Est, de Fabrica Humani Corporis*. Casmann had the merit of first giving the name *Anthropologia* to the science of man in general which he divided into two parts: the first, *Psychologia*, the doctrine of the mind, and the second, *Somatologia*, the doctrine of the human body.⁷

This makes it clear that there is absolutely no foundation to the frequently encountered statement that Christian Von Wolff is the creator of the term psychology however, it must be recognised that the term became generally known through the works of Wolff who did much for the establishment (as well as the confusion) of philosophical terminology. Upto the time of Wolff, the term 'psychosophy', apparently introduced by J.J. Becker, seems to have been in vogue. The term Pneumatology is also found in many writers of the time, including Leibniz. The term psychology subsequently became the usual name of science, at least in Germany and this chiefly through the authority of Wolff, who is considered the intellectual 'preceptor of Germany'.

It was Wolff, disciple and populariser of Leibniz, who suggested that the subject called 'psychology should be conceived as a possibility'. Wolff introduced the concept of psychometry, and following the tradition of Otto Casmann and many others, divided anthropology into somatology and psychology

and psychology in turn, Wolff divided into empirical and rational psychology as separate fields of intellectual enquiry.

In his *Psychologia Empirica* (Empirical psychology) Wolff defined empirical psychology as the science of what experience teaches about the soul. In other words, he said, 'it is an inductive science that leads to empirical generalisation about the soul and its activities'. In contrast to it, he argued in his *Psychologia Rationalis* (Rational Psychology), rational psychology is the science of all that is possible to the human soul (as opposed to all that actually happened to it). It is a branch of metaphysics, a demonstrative science that provides necessary time statements regarding the nature and essence of the soul. In a nutshell, it gives rational explanations for the facts accumulated in empirical psychology. Thus, rational psychology complements empirical psychology; and conversely, empirical psychology (along with metaphysics and cosmology) is one of the foundations of rational psychology.⁸

Immanuel Kant , the "Sage of Konigsberg" who spent his entire life within the confines of Prussia , but whose thoughts travelled freely across Europe and, in time , to America, challenged Wolff's view that psychology could be a science. The nature of soul, or the ' I ' subject of everyday apperceptive judgement is a function of the organisation of our experience but it cannot be a science, since it is the transcendental condition of every science. All arguments about the soul's substantiality, simplicity, identity and relation to the physical world ultimately begin with the single proposition "I think".⁹ And this proposition is empirical

rather than rational. It is based upon *a posteriori* experience rather than *a priori* reason, and experience can never provide a basis for a purely rational and certain proof of the nature of the soul. Just because there is an empirical 'I' in every act of thought, for instance, does not prove that this 'I' is substantial, or that it is identical from one thought to another, or that it is simple. Therefore, Kant concluded, since rational psychology is a "science surpassing all powers of human reason", there is nothing left for us "but to study our soul under the guidance of experience, and to confine ourselves to those questions which do not go beyond the limits within which a content can be provided for them by possible inner experience".¹⁰ It can be said, Kant concluded, that psychology can only be an empirical science.

With this conclusion Kant entered the second phase in which he analysed the scientific status of empirical psychology. He published the result of this critical analysis in the preface of his *Metaphysische Anfangsgriinde der Naturwissenschaft*, (Metaphysical Foundations of Natural Science) a work in which he elaborated his own 'Newtonian' concept of natural science. It was against the same conception that Kant measured the possibility of a scientific psychology. Again his conclusion was negative: psychology or "the empirical doctrine of soul" can never become "a natural science proper", it can "never become anything more than ahistorical natural doctrine of the internal sense". As a consequence it can only provide, a natural description of the (phenomena of the) soul, but not a science (i.e. demonstrative knowledge) of the soul.¹¹

The reason, psychology could never become a 'natural science proper' according to Kant was that it could not be based upon a priori principles and thus could not yield apodictic knowledge. More specifically, psychology could not utilise mathematics which provides the necessary means for the *a priori* construction of concepts of science. According to Kant, "in every special doctrine of nature only so much science proper can be found as doctrine of nature only so much science proper can be found as there is mathematics in it". Mathematics is the pure (*a priori*) part of science which lies at the foundation of the empirical part of science." In other words, all true science must have a rational as well as an empirical part. Experience provides the empirical data; mathematics provides the inherently rational relationship between these data. But psychology could never utilise mathematics, according to Kant, because its empirical data do not have its empirical dimensions and therefore exist only in the single dimension of time. Therefore,

"unless one might want to take into consideration merely the law of continuity in flow of internal changes", mathematics could not be applied to purely mental phenomena. As a result, psychology could "become nothing more than a systematic art.... never a science proper; for(it is) merely empirical". By merely empirical Kant meant that psychology had to depend entirely upon an inductive, or *a posteriori* collection of data such a procedure can never yield apodictic knowledge because it contains no *a priori*, necessary elements. Instead it can lead only to tentative 'laws of experience'.¹²

Further, Kant said that psychology is not only 'merely empirical', it is not even a good empirical discipline. As he said, 'because in it the manifold internal observation is separated only by a mere thought, but cannot be kept separate and be connected again at will'. In brief, psychology can not control its phenomena; it can not be 'experimental' furthermore, psychology suffers from the poor quality and restricted range of the observations that are available to psychologists. On the one hand, "the (act of) observation itself alters and distorts the state of the object (i.e., the mental phenomenon) observed", on the other, "still less does another thinking subject submit to our investigation in such a way as to be conformable to our purposes. Thus, psychologists can only report as their own mental phenomena and even then they cannot be completely accurate in their reports".¹³

For Kant, psychology could never become a true rational science, based upon mathematics and yielding necessary truths, nor could it become an experimental science. But he did see a way in which psychology could at least become a better empirical science psychology should, he said, make use of a different methodology based upon observation of the external rather than internal sense. He set forth this thesis in his *Anthropologie in Pragmatischer Hinsicht*, claiming that psychology, although remaining 'merely empirical' could become useful to humanity if it would forsook its traditional introspective method and began to make systematic observations of men and women 'in the world' as they behave and interrelate with their fellow citizens. This was a sufficient justification,

in Kant's opinion, for developing an empirical psychology based upon external rather than internal observation.¹⁴

It is ironical indeed that his own psychology, as presented in the *Anthropologie* as well as in other works, relied so heavily on traditional introspectionist data. In fact, the entire first part of the *Anthropologie* was concerned with the classification and discussion of mental phenomena. Further Kant, did not believe that it is possible definitively to describe the transcendental or ultimate, nature of the mind, but he did contend that the existence of the 'I' (or ego) is guaranteed, since it is the necessary 'formal condition' that makes possible "the logical unity of every thought".¹⁵ Whereas the ego in and of itself cannot be an object of thought, some of its attributes can be known, Kant said, in so far as the ego is "the vehicle of all concepts".¹⁶ Indeed, the very existence of concepts presupposes the activity of the mind, and in particular the mind's capacity of instantaneous apperception. For Kant, apperception referred to the special type of synthesis that brought about the faculty of thought or understanding. Kant did not agree with the empiricists who felt that higher mental phenomena, such as concepts are merely the final products of random and essentially passive process of association of sensations. He could not conceive how disparate sensations could, by chance, come to coalesce in a unified structured manner. Indeed, he viewed concepts as the basic, original 'given' of consciousness. Their existence, he said, rather than the existence of unorganised and thus meaningless sensations, is primary. One is first aware of unified states of mind; one never knows these

elements except as abstraction from one's concepts. This was the reasoning behind Kant's doctrine of the primary "unity of consciousness".¹⁷ Kant did not, however, limit his psychological vision to the realm of consciousness. In opposition to the empiricists, he endorsed the existence of unconscious ideas. Indeed, his discussion of the "degrees of consciousness" had notable historical consequences. In addition, Kant discussed various cognitive 'deficiencies' and 'talents'. Among the deficiencies he discussed mental illness, particularly-though not entirely as it reflects the improper working of the rational mind; among the talents he discussed were wit and the nature of genius.¹⁸

The central irony of Kant's thought is that although he posed a brilliant argument for the *a priori* freedom of the human being, he was equally adamant in his insistence that this freedom is a function solely of practical reason, or will, and can never be comprehended by pure reason, or understanding. After all, as Kant has argued in the *Kritic der Reinen Vernunft*, one of the basic categories necessarily comprehend antecedents and consequences as cause and effect. Our minds simply work that way.¹⁹ As a result, since every act--even every free act--occurs in the context of a sequence of events over time, comprehension will always involve the specification of cause- effect relation. By arguing that these cause-effect relations are products of mental analysis and do not necessarily describe the true state of nature, Kant was able to leave room for freedom in the world of human affairs. But this same argument also led him to present two diametrically opposed images of the human being--as free and as determined.

In the ferment of thought that occurred in Kant's wake, idealism came to the fore and dominated philosophical speculations in Germany for half a century. The prominent idealists- Johann Gottlieb Fichte, Friedrich Wilhelm Von Schelling and Georg Wilhelm Friedrich Hegel emphasised different aspects of Kant's thought and developed forms of metaphysical idealism that far exceeded the narrow bounds of their predecessor critical idealism. Like Kant, they believed that psychology is 'merely empirical', but unlike Kant they believed also that this tentative preliminary science could be transformed and completed by philosophical thought disregarding Kant's strictures about the limits of rational psychology. To some extent then they revived the spirit of rational psychology. But, nonetheless they helped to propagate many of Kant's psychological doctrines, primarily through the publications of their psychologist disciples.²⁰

Fichte's elaboration of the concept of consciousness led him to an idealistic view of consciousness as an ever-active, striving ego, which is ultimately manifested in will.²¹ His basic principles of egoism, activism and voluntarism, deduced originally as principles of Absolute Reality, were used in psychological analyses by a number of his followers, including G.E.A. Mehmel and Karl Fortlage.²² They influenced Hermann von Helmholtz, particularly as regards his historically important theory of the active role of mind in perception.²³ And when Wilhelm Wundt characterised his psychology as voluntaristic in nature, he clearly indicated the extent to which his "view psychology" was premised on an acceptance of the Fichtean revision of traditional Leibnitzian intellectualism.²⁴

Schelling's consideration of consciousness led him to discussion of unconscious as a necessary antecedent and corollary of consciousness as well as to discussion of the concept of personality and genius. Fechner's study of the relationship between conscious experience and physical stimulation came from the *Naturphilosophie* of Lorenz Oken. Oken in turn was inspired by Schelling.²⁵

Hegel had a more developed and formalised psychology than either Fichte or Schelling. His psychology is part of his *Philosophie des Geistes* (Philosophy of mind) (1830).²⁶ His psychology in its reliance and reverence for Aristotelian studies in Germany, had a profound impact on Wilhelm Dilthey, Franz Brentano and other notable contributors to the development of psychological thought.²⁷

Hegel's conviction of psychology was that it describes, and can only describe, the empirical conditions and experiences of the mind. In this sense, he is in consonance with Kant, and beyond Kant, he argued that the study of 'subjective' mind can and must be transcended and developed beyond mere sense-dependence, by its immersion in a larger 'objective' or group mind. In other words, the study of 'I' must be followed by the study of 'We' which in turn, leads to the study of Absolute Mind. The important point is that Hegel formalised an insight that was implicit in the work of Johann Georg Hamann, Johann Gottfried Herder and others: the social level of analysis, he claimed, transcends that of the individual. Beyond that, he prescribed the study of the social or objective, mind including its products, such as language, law, custom and myth. This Hegelian doctrine was an important

influence upon the development of the social psychological perspective, especially as formulated in - *Volkerpsychologie* (cultural or 'folk' psychology). Even Wilhelm Wundt is agreed when he claimed that the higher mental processes involving the truly human, symbolic aspects of experience, can only be understood within a social context, using an experimental methodology. For Wundt, the task of the experimental psychology was the analysis of consciousness. However, his attitude towards consciousness left some room for ambiguity. He explicitly talked about mental process, not mental contents: "As a matter of fact, ideas, like all other mental experiences, are not objects, but processes, occurrences".²⁸

Wundt's overall contribution to psychology was that he made psychology independent of philosophy and established it as an experimental science. "Before Wundt... established his laboratory, psychology was little more than a waif knocking now at the door of physiology, now at the door of ethics, now at the door of epistemology".²⁹ Despite this there were psychologists who expressed different view points. For instance, mention may be made of Franz Brentano and Carl Stumpf who vigorously and vehemently opposed Wundt. For Wundt, it was consciousness, the subject matter of psychology, that can be understood in terms of analysing it into contents like sensations and feelings, but for Brentano mental acts or processes rather than mental contents are the subject matter. For Brentano, an act always refers to objects. Brentano divided mental acts into three types - ideating, judging and feeling.³⁰ Ideating refers to having an idea whether real or imagined, past or present. Judging is determining affirmation or denial of objects.

Feeling refers to having certain attitudes towards the object.

Carl Stumpf, a disciple of Brentano pointed that mental acts are the fundamental subject matter of psychology. He further said that psychology studies 'functions' or acts such as perceiving, desiring, willing etc.

Wundt spiritual successor, Titchener's structuralism, may be regarded as a rigorous simplification of Wundt's paradigm. Mental states are made up of sensations, images and feelings. But the only 'simple' feelings are pleasantness and unpleasantness, other feelings are in reality compounds or "sense feelings". "Apperception is discarded but 'attention' is the process by which sensations or images take on greater 'clearness'".³¹ Titchener rejected the tridimensional theory of feeling of Wundt, but later eliminated even the last remaining attribute of feelings.³² Wundt held that there were two primary attributes of conscious experience - quality and intensity but Titchener extended the number of attributes to four by adding duration and clearness or clarity. For both men quality had its usual meaning of a difference in kind. Attensity is synonymous with clarity for Titchener, except that it was a type of clarity that varies with attention rather than with objective characteristics of the stimulus. Intensity had its usual meaning of strength and propensity referred to duration in time of sensation or image.

Again, Wundt considered only two elements of conscious experience - sensations and affections, but Titchener added one more to it, namely images. Although images were not considered as an independent category of conscious elements by Wundt, he considered it to be occurring due to a blend in sensations.

Both Wundt and Titchener having similarities and dissimilarities, provided the experimental method for psychology and the structural school succeeded in winning academic recognition for psychology as an independent science. Psychology was regarded as an empirical science having some features of natural science and some of social science, in Wundtian scheme. Structuralism was criticised primarily for its methodology and narrowness of its conception of psychology: animal and applied psychology were ignored in practice if not in principle. The narrowness, artificiality and pointlessness of Wundtian tradition of psychology was disliked by William James.

James was not merely a clever critic of elementalism and Wundtian introspectionism. On the contrary, he had an extensive positive programme for psychology. James could respect the scientific methods of the brass instrument psychologists, but distanced himself with irony. His emphasis was on pragmatism which implies that the validation of any knowledge must be in terms of its consequences, values or utilities. Useful knowledge for psychology, James felt, would come from the study of behaviour as well as generalised principles, of emotion and non-rational impulses as well as intellectual abilities.³³

The general assumption was that psychology must study functions--that psychology is part of a biological science and that human beings must be considered in their adaptation and readaptation to the environment.³⁴ James felt that human behaviour, and especially the mind, must have had some function to have survived. Further, he said that thought and feelings exist and are vehicle of

knowledge. He contends that psychology, when she attained the empirical correlation of the various sorts of thoughts or feeling with definite conditions of brain, can go no farther-can no farther, that is, as a natural science.³⁵ James thus tackled at the outset the problem which the parallelistic views of Wundt and Titchener were designed to avoid: the relationship between mind and body. As to his own philosophy, James is quite explicit:

The psychologist's attitude towards cognition will be so important in the sequel that we must not have it until it is made perfectly clear. It is a thoroughgoing dualism. It supposes two elements, mind knowing and thing known, and treats them as irreducible.³⁶

The brain, he suggested may not be the basis for mental life, but merely the agency which transmits psychic realities into the terms which organisms use in their relations to their environment.

The crux of James' psychology is to be found in his "stream of consciousness". James argued that consciousness does not exist as an independent category of knowledge, as if it were, just another subject for science to study and philosophers to analyse. Consciousness does not exist, however, as a complex function of the object and the perceiver.³⁷

In this context Jamesian psychology is a person-centred science. Consciousness could be considered as only what was within the present field of waking awareness. It could be considered on the totality of possible states, whether visible or hidden beyond the view of immediate attention, or it could be seen in terms of the phenomenological reality of the individual, known across a range of

experiences from pathological to transcendent, intimately connected in both habitual and creative ways to the objects of its perception.

One of James's most famous theoretical contributions, is the James-Lange theory of emotion. Prior to it, the common and popular explanation was that after perceiving an object, emotion is experienced and then, appropriate emotional behaviour take place, but James-Langean paradigm reversed the sequence. James argued that after the perception of the emotion provoking stimulus, emotional behaviour occurs. James made crystal clear that emotional behaviour or response includes the external as well as internal reactions. James thus theory outlined his position on mind and body.

There were numerous detractors of the Jamesean position who had passed from the Leipzig laboratory of Wilhelm Wundt and either emigrated or returned to found laboratories at various American universities; chief among these were G. Stanley Hall, James Mckeen Cattell, and Lighter Witmer.

These figures sought to establish psychology as an experimental science patterned on German scientific ideal under the banner of quantification, laboratory apparatus and positivist rhetoric. They chastised James for introducing philosophical conceptions into the discussion of its method or its subject matter. They also derided James for his interest in psychical research, believing psychic phenomenon to be false and, at very the least, an inappropriate topic for a legitimate science.

Despite all this criticism, James contributions to psychology in general

and functional psychology in particular cannot be ignored.

A short paper by Dewey in 1896 in entitled "The Reflex Psychology"³⁸ was a significant landmark in the beginning of functionalist movement. According to the *reflex arc schema* the behaviour-chain can be broken down into an afferent, or sensory, component initiated by the stimulus and mediated by the sensory nerves; a central, or associative, component mediated by the spinal cord, and the brain; and an efferent, or motor, component mediated by motor nerves and culminating in a response.³⁹ Dewey viewed behaviour as a total coordination which adapted the organism to a situation. It appears he followed in the spirit of James' view of the continuity of consciousness. As Dewey said 'stimulus- response distinction is artificial; it is a result of the holding over the old mind-body dualism'⁴⁰.

The essential arguments of Dewey's paper are thus that behaviour should be considered in relationship to its function and that molar units of analysis should be used.⁴¹ The first point marked the beginning of the Chicago School of Functional Psychology and the second was the Gestalt point. For Chicago School's pioneer Angell, Functionalism might be considered a psychology of mental operations in contrast to a psychology of mental elements. This view point is the antithesis of the structuralist view point. For Functionalism, Psychology might be considered as the fundamental utilities of consciousness. Angell's view point is thus similar to James, with the mind serving to mediate between the organism and its environment and becoming active primarily in accommodating to situations. Further functionalism is the psychology of the total relationship of organism to the

environment, including all mind-body functions.⁴²

Another pioneering of functionalist, Carr's central theme is organismic adjustment. He argued that psychology is the study of mental activity, which is a generic term for adoptive behaviour.

Carr, viewed the adaptive act as the key concept in psychology.⁴³ It involves three essential phases: a motivating stimulus, a sensory situation, and a response that alters the situation to satisfy the motivating conditions.

Carr regarded consciousness as an artificial abstraction,"that has no mere independent existence than the grin of a Cheshire cat"⁴⁴. Thus, consciousness was an unfortunate reinification, something that was supposed to exist, whereas all that exists in reality is a set of processes. The concept of consciousness is similar to other abstract concepts like intelligence, will power and crowd mind. Since it was a mere abstraction, consciousness could not play an active role in adapting an organism to the environment. It could not account for behaviour. It seems then that Carr's position is in between that of the functionalists and behaviourists.

Another functionalist albeit slightly different in his perspective, was R.W. Woodworth who belonged to the Columbia School. His system is like that of the other functionalists, but his functional eclecticism is extreme, as he tried to take the best features from all systems. His dynamic psychology have had less protest against Titchenerian structuralism than did the Chicago school. He accepted introspective techniques and sometimes defended them. His psychology is not just S-R but is S-O-R. But the heart of Woodworth's system is his concept of

mechanism, which has more or less the meaning as Carr's adaptive act. Mechanisms for Woodworth were purposive responses or set of responses.

Functionalism especially as represented in the psychologies of Carr and Woodworth, relied heavily on experimentation; was more concerned with functional interrelationships of variables than with theoretical superstructures. It accepted both introspective and behavioural data, stressed adaptive behaviour and purposive, motivated, activity within either an S-R (Carr) or S-O-R (Woodworth) framework. It was always systematically eclectic while taking a tough minded approach to experimental problems.⁴⁵

Before discussing the most objective system of psychology, that is named behaviourism, to my mind associationism with its roots in philosophy, was synonymous with the orthodox interpretation of science. This therefore merits a brief digression.

The origin of associationism can be traced to British empiricism which used the same principles of association suggested by Aristotle. He suggested that the items which are similar or contiguous tend to be associated with one another. The only principle of association which was added to Aristotle's list by British empiricists was the principle of causality suggested by Berkeley but expanded by Hume. Thomas Hobbes, after Aristotle in the tradition, said reason was the dominant guiding factor in human behaviour; though he was very deterministic and mechanical. John Locke, usually regarded as the founder of British empiricism, in his famous work, *An Essay Concerning Human Understanding*, said all knowledge

comes from experience, either through reflection on sensory data.⁴⁶ This was extreme empiricism, which was an attack on De'scartes' belief in innate ideas. On Locke's initiation, Berkeley, Hume and Mill led subsequent formulations. Hume characterized it as a 'gentle force', and James Mill made it into an inexorable principle of connection.

Locke started a trend with his special theory of primary and secondary qualities, which he thought were the basis for sensory 'ideas'. Primary qualities were those which inhere in the body and are inseparable from the object. Secondary qualities were those which are not of the object but were instead considered a function of the mind itself.

Berkeley rejected this distinction outright and showed that there are no 'primary' qualities in experience except those qualities which Locke had already described as 'secondary' or subjective. Berkeley was a subjective idealist and for him, the mind was the ultimate reality. For Berkeley the main problem was not how the mind is related to matter (Descartes), or how matter generates the mind, but how mind generates matter. For him, the Latin phrase *esse este percipi* (to be is to be perceived) was cardinal. In other words material substance is real.

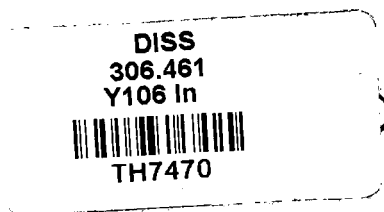
Another empiricist David Hume's central contribution to psychology was the analysis of the stream of thought into one endlessly changing kaleidoscopic series of experiences. For Berkeley, a soul is needed to bring all these experience together, but Hume argued that there is no need for soul for examining consciousness. Hume denied the validity of Berkeley's assumption of soul and of

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God as an active cause of experience, offered a psychology which was nothing but the study of a series of experiences combining and recombining through the natural force of association. For him, the principle of cause and effect is related to the principle of contiguity and cause and effect came into being as an idea only if the cause had been contiguous with effect. Hume believed that the principle of cause and effect retained its independence despite its close relationship to temporal and spatial contiguity.⁴⁷

As it had been said, associationism, in the hands of Hume, was a means of dissecting and describing experience dispensing with any unifying agency, whether physical or mental.⁴⁸

But Associationism out of empiricism was founded by David Hartley who postulated the existence of vibratory actions within the nervous system corresponding to ideas and images. The more intense vibrations were sensations, and less the intense vibrations were ideas Hartley furthered the development of analytic, mechanistic and reductionistic psychology. There are so many names which are very important in the development of associationism as a system, such as Brown, James Mill, John Stuart Mill, Alexander Bain, Ebbinghaus, Pavlov, Bekhterev and Thorndike. But the most impressive work of Pavlov and Thorndike contributed significantly to the development of scientific psychology. Pavlov's 'conditioned reflex' were the product of the environment. Sechenov first pointed to the reflex act as the cardinal element of behaviour. But the conditioned reflex of Pavlov provided a tool with great power in deductive inquiry.⁴⁹ Pavlov's research



was a shift in the concept of association from its historical application to ideas to the relations between stimuli and entirely objective and highly quantifiable glandular secretions and muscular movements. He was not just an associationist, he was also an extremely important progenitor of behaviourism.⁵⁰

Thorndike, another important pioneer of associationism, produced a complete associationistic learning theory and, in the application of quantitative measures to socio-psychological problems, contributed to the development of new techniques in the field of lexicography.

The associationism of Pavlov and Thorndike, and many others, played a pivotal role in the development of psychology as an independent science in general and behaviourism as an objective system in particular.

Behaviourism was based on an aggressive objective methodological or even a meta-methodological revolution. The foundation of behaviourism, then, was an anti-mentalist methodological objectivism to attempt to base psychology on the methods of physical sciences; or it was an entirely legitimate dissatisfaction with the introspective psychology. Watson's programme was mechanistic, elementalistic, associationistic, peripheralistic, environmentalistic and correspondingly anti-teleological, anti-purposive, anti-nativist and anti-emergent.⁵¹

Behaviourism, nicknamed as the 'second force' in psychology, was completely objective psychology. Diserens described psychological objectivism, as "any system in which the effort is made to substitute data for the special method of introspection."⁵² The introspective method was judged to be unreliable because

the result obtained were not be replicable at different laboratories. Watson said that the introspective method is unreliable because of the crippling flaws inherent in it. Objective psychologists rejected introspection because they were anti-mentalistic; the rejection of mentalism and the affirmative side of behaviourism's quest for objectivity, was the acceptance of a loose 'physicalism'. Wundt's distinction (with modification by Titchener) between 'meditate experience', as the basic demarcation with physics and psychology was abolished. Thus, behaviour alone became the subject-matter of psychology. Weiss⁵³ went further even than Watson to show that both the methods and the content of psychology could be formulated in terms which would apprxmate to atomic physics.

Avoiding Weiss' reductionism, Skinner was the first psychologist to recast psychology along Bridgman's operationist principles.⁵⁴ Hill chose detailed cases from the history of physics and astronomy to provide examples of how science should be carried out.⁵⁵

Although Tolman's reintroduction of purpose into behaviourism took place only six years after Watson began promoting conditioning principles,⁵⁶ Tolman⁵⁷ continued to abjure mentalism as such, but made free use of cognitive concepts such as expectancy.

In this way he repudiated elementalism by insisting on the primacy and irreducibility of molar behaviour and minimised the implication of associationistic and mechanistic linkages between stimuli and responses by stressing the organism's selective control over its environment.

Watson on the mind-body problem, proposed that the mind did not exist. This position on the mind is called metaphysical or radical behaviourism. In this debate with Mc-Dougall, Watson said that consciousness "has never been seen, touched, smelled tasted or moved. It is a plain assumption just as unprovable as the old concept of the soul".⁵⁸ Mc-Dougall rejected both the denial of consciousness or mind and the rejection of introspective methodology.⁵⁹ Watson eliminated a great deal of valuable and legitimate data in psychology.

Woodworth complained that the early behaviouristic emphasis upon strict objectivity hindered the development of sensory and perceptual research, because it turned attention away from this problem. Gestalt psychologists have been vociferous in their complaints against the allegedly molecular brand of S-R psychology. Bergmann, dismissing Watson as metaphysical argued "Watson's particular mistake was that in order to establish that there are no interacting minds, which is true, he thought that it is necessary to assert that there is no mind, which is not only false but silly"⁶⁰ Bergmann wanted to keep out of philosophical trouble because he saw himself as a champion of the revolt not only against structuralism but also against functionalism.

Nevertheless, most of the behaviourists associated with behaviourism- viz. Guthrie, Hull, Krechevsky, Lasley, Miller, Skinner, Spence etc. continued to regard themselves as behaviourists and felt that there is a definite continuity and cohesiveness confirming behaviourism as constituting what Kuhn called a normal scientific tradition. But this tradition is in question. Kuhn's normal science is

entirely cumulative and consists in building up the body of science by accretion, by adding more and more bits to what is regarded as the common store of knowledge. There may be disagreement but at least they agree on fundamental and background matter. By contrast behaviourism was never agreed upon body of background knowledge. Theories propounded by different psychologists were not merely different but also for their proponents, fundamentally different. For instance, the Laskley jumping stand, the demonstration of new experimental phenomena (e.g. sensory pre-conditioning, the reward value of saccharin), and modifications to existing theory (e.g. Hull's rG, Tolman's 'motor pattern' learning),⁶¹ reveal the various dimensions of these differences.

Behaviourism as a whole never possessed the unanimity of outlook necessary for the practice of normal science, and the individual schools within behaviourism were never sufficiently free of serious external challenges to devote themselves without distractions to articulation of their various theoretical positions.

Despite all these, behaviourism is considered as the epitome of physicalism, methodological individualism or reductionism, elementalism, mechanicalism and anti nativism.

SOCIAL PSYCHOLOGY

There is therefore an urgent need to look for another stream of thought where the social milieu is also considered important. The other branch within the purview of psychology is social psychology, which under the influence of sociology and anthropology, started taking into account the social fabric of life.

As far as the history of social psychology is concerned, it is well documented. The subject matter of social psychology itself emerged around the beginning of the twentieth century and fluctuated between notions of 'group mind', on the one hand, and 'instinct', on the other. Durkheim, Lebon, Ross, Trade and Wundt argued in different voices of collective representations, group mind, collective mind and collective consciousness which is a composite of ... "those mental products created by community of human life and are therefore inexplicable in terms of merely individual consciousness".⁶² The social instinct view had its adherents with Mc-Dougall as its most familiar proponent. Various other influences, Mead's seminal work notwithstanding, it was Floyd H. Allport's vision of social psychology which was to prevail and produce an individual centred sub-discipline of psychology.⁶³ For Allport, social psychology does not have a distinct identity but is a branch of general psychology. "Its centre of emphasis is the person".⁶⁴ Though the theoretical foundation of social psychology is based on the supposed explanatory repertoire of hedonism, egoism, irrationality-rationality,

sympathy and imitation, there are separate vigorous and autonomous traditions both of an experimental and of a non-experimental nature within the discipline. Early experimental social psychology was indistinguishable from general experimental research. Bartlett's work on remembering⁶⁵ thereby, influenced both the methodology and theoretical orientation adopted by Allport and Postman in their studies of his students - Prasad⁶⁶ and Sinha⁶⁷ - on the circulation of rumour at the time of the Indian earthquake in 1934, after other natural disasters in this subcontinent. In those early days both in Britain and in America, a separate and autonomous experimental social psychology could scarcely be said to exist. It was part and parcel of a more general experimental psychology, but in the last 25 years social psychology has seen an increased concern with 'socialising' social psychology.

James House⁶⁸ distinguishes three domains of social psychology identified primarily by the level of analysis within the new practice. The first, 'psychological social psychology' (hereafter PSP) is dominated by an experimental tradition which anchors itself in the experiences and behaviours of individuals and attempts to understand these in terms of the immediate milieu. Such an approach, by definition of the scientific paradigm within which it operates, is a-historical and encourages concentration on nomic behaviours. PSP is concerned with the search, elicitation and application process. In PSP, the 'social' is regarded as one of a number of ways in which cognitive processes can be studied in rigorous and precise procedure in control laboratory conditions. Like all other methods it also has its

strengths and weaknesses, the latter seemingly outweighing the former. This is not only due to the experimenter's bias or demand characteristics, but above all to the fact that the external validity is often ignored and when examined, often found wanting because the social side of the interaction has not been analysed for its psychologically relevant features.

Experimental social psychology seems unnecessarily imprisoned within the confines of laboratories. Even here, however, only, the immediate influences of individuals on the behaviour of one another in dyad or groups are taken into consideration. Lawful connections between the recorded influences and resulting behaviour are treated as a-historical invariances, and the societal, historical dimensions of the observed 'social' behaviour are excluded.⁶⁹ Alternatively, if they are brought into consideration, they are translated into the language of variables and thus stripped of their societal, historical, concreteness. Treated as variables, the societal, historical dimensions of individual activity become inilluminable from and irrelevant to psychological law, which are presumed to have existence independent of them. The interpersonal relational structures investigated by social psychology are thus understood as constructed from independent, immediate and reciprocal influences of individuals upon one another (and their lawful transformation into behaviour patterns) and as isolated (or in principle isolable) from the condition of actual societal life.⁷⁰ Social psychology does not challenge the limits imposed upon it by an ahistoric, nomothetic variable model.⁷¹

The second face, symbolic interactionism, is a recent position in

sociology which adopts a more phenomenological approach. It focuses on the dynamics of human interaction in the development of the mind. The foremost proponent of symbolic interactionism is G.H. Mead. As C.Wright Mills remarks, in Mead we find, "a theory of mind which conceives social factors as intrinsic to mentality "but realises fully the selective character of mentality."⁷² Mead's thinking revolves around a vigorous effort to shatter a deterministic conception of man, a conception that sees man marvelously but mechanically fashioned before the conditions and forces of an overwhelming universe. He desired to reformulate the mind and self in the light of behaviouristic and pragmatic methods to integrate the individual and the social order by developing an explicitly social model of the individual. For Mead, both the self and the mind are clearly social in nature - the self enabling the human being to carry on a process of communication with himself and the mind as being the behaviour that takes place in this intercommunication.⁷³ Mead's view is that the self and the mind are products of participation in group life. Individuals are dependent upon one another for the satisfaction of their needs, thus necessitating a commonality of expectations. This occurs through symbolic interaction which is aimed at achieving common interpretations. In this way, individual needs are brought into the social sphere and cause modifications of interpretations which, through compromise, achieve a reciprocity of understanding that makes possible an optimal satisfaction of the individual's needs.

Symbolic interactionism has attracted much criticism; for instance, that it tends to be ahistorical and noneconomic, especially in its approach to social

problems.⁷⁴ Symbolic interactionism either ignores or has a faulty conception of social organisations and social stricture.⁷⁵

Another criticism, is that society is reduced to individual processes of interaction and communication. In so far as it is not subjectified as a supra-individual system of interpretations, society functions solely as the negative side of the personal interpretative system, and thus appears as a kind of foreign, blind and meaningless resistance to the meaning-giving activity of human subjectivity. The total separation of subjective and societal determinants is consequently reproduced but, as it were, from the other side, the restriction and obstruction of subjective and inter-subjective systems of interpretation and expectation by society consequently appears as an inexplicable accident.⁷⁶

Holzkamp concludes that although some interesting and important moves of a phenomenological sort are made by symbolic interactionism and similar positions, they do not bring us significantly closer to a scientific understanding of the relationship between society and subjectivity.

The third face of social psychology which is called psychological sociology anchored in classical sociology,⁷⁷ begins with social structure and explores its relationship to individual experience and behaviour. The analysis, even in this avatar, does not begin at the level of societies but at the level of organisations, institutions or communities. Psychological Sociology is anchored in the writings of Karl Marx, Emile Durkheim and Max Weber, with contemporary contributions from such researchers as David Mecll Robert Blauner and Melvin

Kohn.⁷⁸ Marx saw man as basically a rational purposive producer. Marx's understanding of man and society was a thoroughly sociological one, which viewed man's primary social relationship in the process of production as conditioning the structure of society. Attempts have been made by such thinkers as Fromm,⁷⁹ Reich,⁸⁰ Osborn,⁸¹ Marcuse⁸² and Sartre,⁸³ to combine Freudianism with Historical Materialism, but how much they succeeded is in doubt. In contrast to Marx, Freud saw man as dominated by unconscious and irrational instincts, with the non-productive death instinct being predominant. In Freud's view, society was mostly a product of his own psychologising. For him the structure of society is derived from the working of various psychological mechanisms: Oedipus complexes, instincts etc. Here, the contrast is very evident: on the one hand Marx emphasises social factors, on the other hand, Freud on psychological ones. It is alleged that while psychological sociology is sensitive to macro structures, it is weak on the psychological side. Henri Tajfel had pointed out repeatedly that all these various interpretations of the social, have one thing in common: the result of such studies are invariably expressed in terms of individual responses or the average of such responses (which comes to the same with the only difference that averages disguise as much as they reveal, even if a sigma is added). As a rule the social is introduced in such studies as an independent variable whose meaning is taken for granted and remains unanalysed.⁸⁴ While institutions, processes or events are, of course, the result of human actions, once established, they exist independent of their originators, empowering or constraining others.

The two themes especially emerge when one looks back over the various approaches to social psychology. One is the waxing and waning of naive empiricism\positivism and its association with the rise of experimental social psychology and psychological sociology and critical attacks on these paradigms. These paradigms such as symbolic interactionism, ethnomethodology, ethogeneity, social constructivism, have in common, a protest against positivism. Taken together, they offer a powerful critique of social psychology practiced in the past, but still many social psychologists continue to forge along old pathway using positivism\ empiricism as the guiding methodology.

The other theme is the vigorous and sheer diversity of the various independent approaches to social psychology. The major problem inherent in the subdiscipline of social psychology is glaring subject-object dichotomy which precludes meaningful analysis of social problems such as health or development.⁸⁵

It is apparent that main stream social psychology concentrates on individual responses which do not enable it to go beyond the individual and thus that generalisability is limited. Modern psychology is practiced as 'a science dealing with an alienated man, studied by alienated methods.'⁸⁶

The notion of science and scientific method are endlessly confounded, and used with little concern for either the practice of science or for the history of scientific advance. The central propositions of empiricist thinking, that theories can be constructed from observation and experience is fundamentally a thesis about

experience. It has two parts: first, there is the idea that experience is necessary, and the second, there is the thesis that experience suffices.

These two parts of empiricism have fared quite differently in the past two hundred years or so. The idea that experience is necessary has largely lapsed into a truism. No one seriously believes that *a priori* reflection all by itself could lead to reasonable science. The other thesis that experience somehow suffices- has been slammed pretty hard, at least since Kant that percepts without concepts are blind. There is no such thing as an observation language that is entirely theory neutral, although positivists like Carnap of the Aufban tried to show that this empiricists thesis could be regarded as mistaken or confused.

The word 'empiricism' is derived from the Greek *empiria*, the Latin translation of which is *experientia*, from which in turn, the word 'experience' derived. Aristotle conceived of experience as the as yet unorganised product of sense perception and memory; this is a common philosophical conception of the notion. The weakest form of empiricism is the doctrine that the senses do provide 'knowledge' in some sense of the word, but there is also the contrasting view that senses cannot attain knowledge. This weak form of empiricism can be generalised into the thesis that all knowledge comes from experience. The extreme form of this thesis would be the claim that no source other than experience provides knowledge at all.

The empiricism inherited from John Locke through nineteenth-century figures such as John Stuart Mill has such a conception.⁸⁷ Knowledge is based on

observation and experiment. From the data obtained by these methods, generalisations are made by induction. Research work is guided by unbiased experience. The common metaphor of 'peering into the workshop of the native and ferreting out nature's secrets are a reflection of naive empiricism.⁸⁸ The classical empiricism went through an epochal bifurcation in the mid nineteenth century, with two distinct schools being identified with Mill and Marx. The point contrapuntal presentation of their rival perspectives as a specific issue - that of social science - would perhaps help in identifying the key areas of divergence and correctively, the basic premises from which an effort to study the social science of science should commence.

Mill struggled with the question whether a social science was at all possible. Determinism was an in-built feature of the physical sciences. But when transferred to the realm of human society, it seemed to undermine the notion of individual freedom. Mill's resolution of the conundrum was equivocal: if an individual character is formed 'for him' by "his circumstances", this in no way negates the possibility of his character also being formed 'by him as one of the immediate agents'.⁸⁹ In fact, the feeling the individual had, of being able to modify his character if he wished, "is itself the feeling of moral freedom which we are conscious of".⁹⁰ As Mill further argued "when the possibility with social science in consonance of individual freedom was established, men however, in a state of society, are still men; their actions and passions are obedient to the laws of individual human nature ... Human beings in society have no properties but those

which are derived from, and may be resolved into, the laws of the nature of individual man".⁹¹

In contrast to this position Marx articulated very clearly that the individual isolated from society is a rank absurdity, "one of the unimaginative fantasies of the eighteenth century: the isolated hunter or fisherman producing for himself", is just as preposterous as the development of language without individuals who live together and speak to one another "Man is a *zoon politikon* in the most literal sense: he is not only a social animal, but an animal that can isolate itself only within society".⁹² In other words, the 'individual' who occupied centre stage in liberal doctrine is himself the creation of a specific mode of social organisation -in short, the market model.

Classical empiricism was unable to resolve the contradiction between the public ends of science, and the private means of bourgeois property--not until Marx transformed its genteel liberal conception into a revolutionary doctrine of social transformation. The principle error of classical empiricism was in taking the categories of scientific thinking and practice as universal and meta-historical. Empiricism was completely unable to comprehend the social and historical movement that gave birth to science. And the modern variant of empiricist philosophy has reproduced these errors of its classical predecessor with great fidelity. In short, empiricism, despite its everyday, common sense appeal, is a position that is coherent, and has thus obstructed the development of an adequate psychology.⁹³

There is another ferocious version of empiricism, known as 'positivism'. Logical empiricism or 'logical positivism' usually refers to the verifiability criterion and other techniques, a decision procedures, which have been developed and used for rigorous evaluation and testing of scientific statements, hypothesis, and theories. At the broad end, it embraces approach which applies the scientific method to human affairs conceived as belonging to a natural order open to objective enquiry. In practice, this means advocating the hypothetico-deductive method or some version of it for sociology. There is some ambiguity as to just what positivism is and where it comes from. In one sense, positivism originated with Auguste Comte, who coined the term and made it the basis of his mildly scientific social philosophy. In another sense, opposed to Comte's positivism, is a very common, at least since the time of the astronomer Ptolemy, cautions about claims of scientific validity or, in general, about the truth of supposedly factual statements.

Kolakowski, in his book *Positivist Philosophy*⁹⁴ from Hume to the Vienna Circle, identified four maxims of positivism, which most writers working under the umbrella of positivism would accept. These are: phenomenalism, nominalism, the fact value distinction, and the unity of scientific method. The rule of phenomenalism states that "there is no real difference between 'essence' and phenomenon".⁹⁵ So according to positivists, the distinction between essences and phenomena should be eliminated from science on the ground that it is misleading.⁹⁶ The rule of nominalism maintains that we may not assume that any insight formulated in general terms can have any real referents other than individual

concrete objects.⁹⁷ From this it follows that "the world we know is a collection of individual observable facts"⁹⁸ The fact value-distinction is tradition alone, according to which facts and values (is's and ought's) never imply each other.⁹⁹ The last rule, asserting the unity of scientific method "express the belief that the method for acquiring valid knowledge, and the main stage for elaborating experience through theoretical reflection, are essentially the same in all spheres of experience".¹⁰⁰

To understand positivism, it is needed to understand what Wittgenstein¹⁰¹ calls its forms of life. This form of life entails both a view of language, in which all knowledge is one bodied and a view of World. Merleau Ponty¹⁰² shows that what are called above the rules of phenomenalism and nominalism result in an atomistic picture of the world of perception and behaviour unable to account for the evidence of general principles of coordination, or the systematic interrelatedness of perception and behaviour with the world. The phenomenalist premise, that there is no real difference between 'essence' and 'phenomenon', which sounds as though it might be similar to Merleau Ponty's critique of Husserl's essentialism, is in very fact different. This is because what positivists accept as that which is manifested in experience, which is what defines phenomenon, is extremely narrow and hence what are to be considered as 'occult entities' extremely wide. Positivists define experience in a narrow empiricist sense of that which is recorded by the organism as stimulation in response to environment. Experience becomes synonymous with sensations or sense data.

Logical empiricism turns to the principles of induction but characterised differently from empiricism which considers experience as only generating natural law statements. This means basing validity claims for particular hypothetical predictions on previously acquired observational data: the more a hypothesis has been confirmed in the past, the greater the predictive value. It becomes clear from this that inductive procedure cannot yield absolutely conclusive predictions but only probable ones. As a consequence, an attempt was made to formalise the induction procedure with the aid of probability theory.

Positivism has become preoccupied with systems of needs governing the tautological transformations of one set of statements to another. The most visible manifestation of this in psychology has been the continuing obsession with measurement and statistical analysis.¹⁰³

The problems created by a theory of science that restricts itself to methodological considerations and refuses to deal with matters of substance and theory are even clearer in logical empiricism than in empiricism. The empiricist notion of empirical constraints that ultimately yield conclusive knowledge is abandoned. Its place is taken by a system in which innumerable internally consistent statement systems are possible and which can be tested empirically. Rules for choosing one internally consistent statement system over another cannot be deduced from the conceptual framework of logical empiricism. The scientist is, thus, left with a broad latitude for arbitration, and, except in procedural matters, scientific activity is removed to a significant degree of rational control.¹⁰⁴

conception of the verification of hypothesis. In so far as a scientific statement system is supported by verified hypotheses, it can be understood in some sense as true, that is anchored in reality. It is thus still possible, even if only in a limited way, to claim acquisition of knowledge and truth as the real interest of scientific activity, and allegations of irrationality and arbitrariness in the selection of the contents of research are to some extent countered by appeal to scientific truth. At best, however, this method centred approach to science creates the appearance of self justification; it does not help psychology to become more reflective of human subjectivity or more relevant to human needs¹⁰⁵.

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CHAPTER-2

SOME SOCIAL SCIENCES IN HEALTH: CHANGING PARADIGM

Thomas Kuhn in his book, *The Structure of Scientific Revolution*,¹ argues that the principal characteristic of any field of scientific enquiry, during any particular epoch in its development, is the fundamental paradigm that organises the practice of 'normal science' during that epoch. Hence, astronomy, some 500 years ago passed from the paradigm of geocentrism to that of heliocentrism and beyond.

Yet, if one were to inquire about the fundamental paradigm currently in practice, in the study of health, silence would likely follow. At the very most, social scientists, whose primary orientation is disciplinary (e.g. economics, sociology, psychology) rather than substantive (e.g. health) would respond with paradigms from their respective disciplines; moral hazard, (sick) role, pluralism and so forth. To move closer still, pathology and medicine do have their own paradigms, but like those imposed from social science, beg the substantive issue of 'health' itself.

To first gain some intellectual distance on the subject, however, a brief look at the development of paradigm structures in psychology of intelligence could be useful.

The classical paradigm in the study of intelligence (Binet) was that of a

universal, generally fixed endowment of cognitive capacity-specifically, the innate ability to solve extrinsically defined problems. That is, 'intelligence' (according to this paradigm) was (and is) assumed to be qualitatively invariant across culture and secularly invariant through societies over time. Moreover, in a particular individual cognitive capacity was assumed to be largely fixed genetically, and the degree of its achievement was determined by the individual's social and cultural context. Intelligence testing, at its best, was aimed at measuring the endowment of such 'intelligence' whereas learning theory and, in its more applied form, schooling are assumed to be directed at the attempt to achieve the maximum use of the differentially distributed, but qualitatively universal, cognitive capacity.

Beginning with Piaget, however, the validity of the notion of 'intelligence' as an analytic entity having a real empirical correspondent, is no longer universally accepted. Instead, according to Piaget and his followers, "intelligence is merely a continuous interaction between perception and cognition, each in its turn altering the other."²

Whereas Piaget's contribution lies in his apparently correct recognition that 'intelligence' is not an endowed entity, the weakness of his view point and that of his followers, lies in their view of 'intelligence' as a universal process. That is, his life-time research has been devoted to verifying that in all societies the same stage of cognitive development are experienced. In sum, whereas the scholars of the Binet School perceive 'intelligence' as a universal entity, Piaget and his followers see it as a universal process, similar in all societies, culminating, as one psychologist has put it, in the form of Swiss Scientist.³

Over much the same period as the development of Piaget's work, a third group of psychologists has, in effect, attempted to supplant this paradigm and pursue empirical research on the premise that "the fundamental categories of psychological processes in man are of an historical character and that psychology must be understood as an historical science....."⁴

Over the past seventy years there have been sporadic but recurrent assertions of the notion that people raised in different cultures are different intellectually and have different cognitive competencies. These assertions appears to go beyond the usually accepted notions that there are qualitatively differing cognitive competencies appropriate to the requirements of a particular culture. Whether all peoples have access to all dimensions (but produce a different patterns of scores on them). The same people have access to same unique dimensions, is immaterial; what matters is the assertion of more than a single universal dimensions called (in the west) "intelligence".⁵ Continuing on this track, then, the scientific effort is directed to the identification of the "quantitatively differing cognitive competence" and most important, to the understanding of the mechanism by which different societal forms generate and promote different "cognitive competencies". The present endeavor is not for the elaboration of the development of intelligence psychology, but rather for the demonstration of what is to be argued in the case of 'health'.

Although the discussion of the nature of 'health' goes back at least to the work of Galen, this discussion begins with the transition from religious to scientific orientation in the conceptions of 'health' and disease.

The first apparent scientific paradigm for health originated with the development of the machine model of the human body.⁶ This new science of the Renaissance began for the first time to map out in details. The internal workings of the human body. The mechanistic view analysed living things as sets of mechanical parts as machine rather than organically integrated whole. Empiricists like Hobbes and Descartes helped to lay the philosophical and meet the ideological groundwork for this model of the human being. Descartes argued that the human body not only worked like a machine but also that the mind and the body of a given individual could be separated into two substances - one 'corporeal' or material and the other 'incorporeal' or 'immaterial'.⁷ With this conception, "health" came to be seen as the perfect working order of human organism, likening the human organism to be an automation (self propelling machine).⁸ Moreover, the methodologies of pathology and diagnostics that developed from this view (and continue to dominate in the practice of medicine today) consider illness to be both natural (biological) and occurring on an individual basis. Treatment, therefore, is pursued on an individual bio-chemo surgical basis, relegating the recognition and implications of social causes of illness to secondary importance, though even this secondary recognition must be viewed as "ad hoc modification".⁹ The Aristotelian paradigm with its belief in the organic unity of living things, was gradually replaced by 'mechanistic medicine' which ultimately made possible those aspects of medicine which have been genuinely successful either in prevention or cure of disease or in providing symptomatic relief. But the adoption of a mechanistic paradigm limits the nature and boundaries of what is conceived as the medical task. Thus, scientific medicine

ultimately became curative, individualistic and interventionist, objectifying patients and denying their status as social beings.¹⁰ For Jewson, scientific medicine has to pass through three basic stages (which he sees as corresponding to three successive modes of production of medical knowledge) viz. 'bedside medicine', 'hospital medicine' and 'laboratory medicine'.¹¹ As Doyal notes; these stages provide a useful means by which to understand both the development of medical thought and practice and also its relationship to broader social and economic changes.¹

'Bedside medicine' which dominated Western Europe from Middle Ages until the late eighteenth century, was available to 'minority groups' such as the wealthy and worked on a patronage system with patients choosing those particular doctors whom they believed could help them the most.¹² Until then, the 'new science'² had little impact on medical practice and patron/doctor relationship was the very important determinant of the content of medical treatment. The patient's choice or in Jewsons' terminology, 'sickman' was the centre of medical concern with the patient being treated as a whole.

By the beginning of the nineteenth century, with the advent of the Industrial Revolution the concomitant process of mass urbanisation or in Jewson's term 'hospital medicine'¹³, dramatic changes occurred even in medical practices. The mass urbanisation led to unhealthy cities and the consequence was the establishment of big hospitals for catering to the health needs of the working

1. This is the dominant, if schematic, representation of the history of medicine. What this discourse elides is the other history of health and epidemiology which was developing around the same time in the work of Villerme and others.

2. By 'new science' i.e. science after renaissance

population. The client centred therapy was not dominant now and even the doctors were becoming more organised in their profession.

Patients were no longer individuals with their own particular set of symptoms and problems, but came increasingly to be seen as cases' - the disease became more important than the sick person.¹⁴ It was the loss of the self in the complex social system where leave professionalism or individualism was on the rise. 'Hospital medicine' shifted during this period to diagnosis and classification and the Aristotelian flavour which had dominated the theoretical base of individual centred therapy was sidelined Illich has beautifully described the significance of this process:

If 'sickness' and 'health' were to lay claim to public resources, then these concepts had to be made operational, ailments had to be turned into objective diseases. Species had to be clinically defined and verified so that officials could fit them into wards, records, budgets and museums. The object of medical treatment as defined by a new, though submerged, political ideology, acquired the status of an entity that existed quite separately from both doctor and patients.¹⁵

The shift in 'hospital medicine' by then was from a belief in disease as a disturbance of the total system to what is called 'localised pathology'. This was the period of development of new instruments, sophistication in descriptive anatomy and pathology where statistical analysis were used, ignoring the all prevailing beliefs - and even the social, economic and environmental factors. With the development of the germ theory of disease, in late nineteenth century, the emphasis in medical practice swung even more sharply towards the individual 'case'.¹⁶ The Germ Theory's placement of blame for most sickness and disease on microorganisms served to exculpate society from responsibility. Scientific

medicine or 'hospital medicine', focussed on the biological problems of the individual in order to understand and treat most diseases. The diagnosis of illness was made on an individual basis and treatment or therapy was also individually prescribed.¹⁷

'Laboratory medicine' was the final victory of the mechanistic world view in the latter half of the nineteenth century. As Doyal puts it:

At that time, a struggle for supremacy between vitalism, (a belief in the inviolability and unity of living organism) and mechanicalism (which perceive organism merely as sets of inner-related parts) was on and finally mechanicalism got the upper hand. By the middle of the nineteenth century, mechanism had become dominant, and experiments and vivisection had replaced comparative anatomy as the basic method for advancing medical knowledge.¹⁸

At the same time doctors became more active interventionist in physiological process rather than passive observing. Medicine was on the way for full recognition as science. As Doyal notes that the latter half of the nineteenth century, both histology and physiology were developed extremely rapidly, and individual cell came increasingly to be seen as the central focus for understanding ill health. Cell theory and controlled clinical trials did not immediately provide any new therapy, but they did form the basis for twentieth century developments in clinical medicine.¹⁹ This 'biological reductionism' instrumentalism, elementalism or positivism widened the gap between the doctor and the patient. It was the victory of the industrial bourgeoisie which established the positivist conception of science and of medicine.²⁰ Medicine has been characterised by what Jewson calls a shift from person- oriented to an object-oriented Cosmology. As Doyal puts it, "it is always individuals who become sick, rather than serial economic or

environmental factors which cause them to be so". Even Stark has also commented.

Disease is understood as a failure in and of the individual, an isolatable 'thing' that attacks the physical machine more or less arbitrarily from 'outside' preventing it from fulfilling its essential 'responsibilities'. Both bourgeois epidemiology and medical ecology consider 'society' only as a relatively passive medium through which 'germs' pass en route to the individual.²¹

The problems with this approach, which still dominates contemporary medicine are very serious. The physicians deals with an individual patient (already a socially determined being).²² The patient is not an abstract being, but of a certain age, sex, race and class and has internalised a specific historical experience from childhood to adulthood.^{23, 24} The taking of a purely medical history individuates the patient, however, the disease or injury from which the patient is suffering, is received as part of a collective experience in a particular historical, cultural and social setting. These latter circumstances are as much a part of the cause, and should be part of the treatment, as purely medical facts. (The medical facts themselves are social historical facts). Thus, the essence of scientific medicine's treatment of disease discourages a proper understanding of disease by excluding from consideration the most relevant internalisation of the external world by the patient. As Wartofsky puts it:

Human ontology cannot be reduced to a social or ahistorical biology without doing violence to the very specificity of human biological structure and function it self.²⁵

By abstracting disease from its social framework and reducing it to the biological sphere, social conditions could be and were ignored. Scientific medicine became consistent with and indeed legitimated, capitalist development by

integrating a model of healing with the social structure; in so doing, scientific medicines has obscured the relationship between disease and the nature and form of social development. Today, heart disease, cancer, and auto accident are posited as "diseases of civilization".²⁶ They are conceived of as necessary consequences of economic growth and industrialism, when it is uncertain that this is so.²⁷

The major concern of scientific medicine, consequently, is to render the body more functional in its struggle to adapt to the potentially antagonistic forces of nature. In contrast to the WHO's definition of health as "physical, mental, and social well being, not merely the absence of disease or infirmity, health tends to be defined in functional rather than in experimental terms, as the absence of disease. The defining of health and illness in a functional way is an important example of how a capitalist value system defines people primarily as producers--as forces of production. It is concerned with their 'fitness' in an instrumental sense, rather than with their hopes, fears, anxieties, pain or suffering.²⁸ In the therapeutic relationship, the task of the patient is to understand the signs and symbols of the problems as the physician reads them and thus to accept the medical definition of both the problem and the solution. Taussing²⁹ calls this process the creation from a 'phantom-objectivity' with regard to disease, a process of "denying the human relations embodied in symptoms, signs and therapy", a process by which "we not only mystify social relations, but we also reproduce a political ideology in the guise of a science of apparently 'real things' - biological and physical thinghood".

Further Taussing concludes:

Medical practice is a singularly important way of maintaining the denial as to the social facticity of facts. Things thereby take on a life of their own, sundered from the social nexus that really gives them life, and remain locked in

their own self constitution.³⁰

From the many factors that contribute to disease - social, environmental, physical, psychological - western medicine tends to isolate a single physical factor and label it the 'cause'. Dubos³¹ explains that Pasteur and Koch's conceptualisation of germ theory created experimental conditions that were sufficient to bring the host and parasite together to produce disease and minimised the influence of other factors. The focus on the doctrine of specific etiology and germ theory facilitated the transformation of health into a commodity, amenable to sale in the market, fulfilling the basic need of the capitalist system for commodification. With this commodity fetishism, health problems become problems of the body which require consumption of some form of technological treatment, rather than a reflection of social relations. Navarro explains how this "need for consumption, consumption that reflects a dependency of the individual as something that can be bought, either a pill, a drug, a prescriptions, a car, or the pre-packaged moon".³²

This does not mean that nothing was done in the field of 'public health'. The devastating widespread industrial and urbanisation process were impossible to ignore even in the first half of the nineteenth century and outside hospitals, the relationship between disease and urbanising and working condition was becoming widely accepted. The socio-political and socio-economic events set the stage for the development of modern epidemiology, sociology, geography, psychology and anthropology.

The development of epidemiology is rather different from other social

sciences. Its 'greening' period³³ is placed in mid 1800s a few decades before the classics of Durkheim and Weber were published. Lilienfeld and Lilienfeld³⁴ describe Louis as an important founding father of modern epidemiology. As early as 1833 he pioneered the importance of statistical methods in medicine. The construct of mortality is even older. *The Bills of Mortality* were already published in 1662 by Graunt, a London haberdashery³⁵. In these early days the discovery of the aetiology of infectious diseases were an important purpose of epidemiology and its history is closely connected to that of public hygiene and vaccination policy, expanding its purposes from treatment only to the prevention of diseases as well. After the World War II, the emphasis of population based epidemiologic research is on the rise.

Traditionally epidemiology has been associated with disease prevention and the Oxford dictionary defines epidemiology as "that branch of medical science which treat epidemics".³⁶ The term epidemic can be replaced with the phrase "major public health problems." The roots of today's epidemiology has been detected in the work of William Farr who established a tradition of careful application of vital data to problems of public health and other broad public concerns. At the time, among sanitarians like Farr, Edwin Chadwick and John Snow, and particularly Chadwick's immense investigation published in 1842 as *'The Sanitary Conditions of the Labouring Population of Great Britain,'*³⁷ illustrated the close relationship between poverty and disease; a connection which was stressed in contemporary debates as the public health questions. Many of these most important accomplishments of public health resulted from epidemiological

studies in the classic tradition of John Snow's investigation of Cholera, and it is at this level that the science and model of epidemiology have perhaps most clearly demonstrated their worth. Thus serious physical hazards have been identified, legislation has restricted these hazards and demonstrable improvements in the health of the population as a whole have been observed. Even here however, the over ridding requirement that epidemiological study examines only those factors which are conventionally regarded as 'objective', has effectively eclipsed many other aspects of the conditions under study. It has appeared to be enough to investigate the connections between a given illness (or range of illnesses) and the factors which are suspected of being associated with the conditions under consideration. Epidemiology as applied to public health at the macro level in future may thus proceed in one or two ways: either the major 'medical' issues of the day will be faced (through a recognition that events in the real world have a socio-economic setting which must be articulated and addressed via more stringent attention to underlying theoretical, contextual, as well as methodological development in epidemiology) with the corollary that political involvement is unavoidable or epidemiology will become an apparently methodologically sophisticated, but effectively irrelevant, aside in the tide of history.³⁸

In its ways of reasoning epidemiology is 'essentially an inductive science'³⁹, and in epidemiology the causal concept is essentially a reductionistic, mechanical one (the concept of disease agent/risk factor). Epidemiology is disease-centred (disease being a bio-medical concept) and concerned with biological inferences. Epidemiology as presently constituted fails to face up to the question of how to

promote health at most the basic and essential levels. There is perhaps no more obvious illustration of medical care of a basic level than that of the sort discussed by Rifkin⁴⁰ in her text on community health initiatives in the developing world. There seems little doubt in these contexts about which conditions--both of the environment at large, and of the individual in particular --constitute the present major threats to healths and well-being⁴¹, but there remains considerable dissention concerning priorities between those embedded, for instance, in the technologically complex and status laden medical tradition of scientific medicine, and those involved in 'low technology' health care. In this context Rifkin⁴² cites Ross as distinguishing three types of community health development, i.e. the 'external' approach, the 'multiple' approach and the 'inner resources' approach. These approaches, as generally perceived, involve progressively more grass-roots commitment and correspondingly less professional or 'expert' diagnosis and mobilisation with regard to health 'needs' and 'problems' (so progressing from 'top down' to 'bottom up' approaches and planning). Of these approaches, it might at present be argued that epidemiology as usually understood, services and informs the 'top down' approach: epidemiology enables 'experts' to act (with whatever level of 'community' consultation or involvement) on 'problems identified in professional terms. Social epidemiology, as this type of research is called, received emphasis during the War on Poverty programmes of the early 1960s and, at the same time, gave some scientific justification for their inauguration and continuance.^{43 44} Studies indicated differences in occurrence, severity, and length of specific illness based upon a person's income, race, age, and especially class. While these findings

became widely accepted within the discipline of epidemiology, unfortunately they had a very little impact on medical education.

Yet, just associating a relationship between social characteristics, disease incidence, and health status does not fully explain the totality of that relationships. To the extent that social epidemiology was content to remain on a descriptive level, it became merely a form of demography.⁴⁵ Although the recognition of the social basis of many diseases and ill health goes far back in medical history, the greatest boost probably came with the publication of the Chadwick Report in England and the Shattuck Report in the United States in the mid-nineteenth century. Since that time social epidemiology and environmentalist approach to health (which is considered the second paradigm in the discussion of health, for it is clearly in conflict with the biological and individual orientation of the classical school) is the predominant methodology. While social epidemiology allows for the use of 'multifactorial' explanation for disease occurrence, it still tends to rely upon a notion of specific etiology and sees social and economic factors as contributive rather than causative.

The parallel between the social epidemiologist and the Piaget school is quite striking. Both go beyond bio-individualism in recognising that 'health' and 'intelligence' arise out of developmental process in which the individual interacts with the social environment. Both, however, generally assume 'health' and 'intelligence' themselves to be universal--independent of the form of society in which they are investigated. Whereas Piaget normatively conceives of intelligence as the highest stage of universal cognitive competence, the social epidemiologists,

accordingly conceive health as a lack of break down in a universal notion of human organismic integrity. Both these assumptions are being seriously challenged in their respective disciplines.

Epidemiology is a discipline which is concerned with health and its maintenance. By definition it is interdisciplinary in nature and calls for skills beyond disciplinary grids which many social science approaches fall short of, whether in sociology, anthropology or psychology. Although the social basis of epidemiology was recognized, the actual operationalisation of this was in the form of discrete disciplinary inputs such as Medical sociology, Medical Anthropology, Health psychology etc.

In disease centred epidemiology, social factors are hardly used in a conceptual framework. Generally simple of constructed variables (epidemiological 'definition' of the 'term' social) are used. In exposure oriented epidemiology, current practice is that the factors under study are conceptualised by a specialist, e.g. nutritionists, or immunologists who are trained not to understand phenomena in the health field but to offer intervention, not to provide explanation but offer solution when medicine is put into practice. The role of social sciences in health was however to provide explanations and offer solutions when medicine was put into practice.

There were works in the area of medicinal sociology in which the sociological study of illness and medicine are covered. Strauss differentiated between sociology 'of' medicine and sociology 'in' medicine. Sociology of medicine focusses on the study of medicine to illuminate some sociological concern

(e.g. patient practitioner relationship, the role of professions in society). Sociology in medicine, on the other hand, focusses primarily on medical problems e.g. the sociological causes of disease and illness, reasons for delay in seeking medicinal aid, patient compliance or non-compliance with medical regimens etc.⁴⁶ The conceptual dichotomy between these two approaches is more apparent than real. For legitimising the interest in the role of economic, social, political, psychological and cultural factors in health and illness, referral is made to nineteenth century struggles by public health exponents like Virchow in Germany, and Chadwick in England. Virchow, a social medicine physician, called for measures such as free public education, separation of church and state, higher wages, progressive taxation, cultural autonomy for natural minorities, agricultural collectives and full employment.⁴⁷ Rosen⁴⁸ traces the term 'medical sociology' back to early 1900 Germany, related to Grotjahn's *Social Pathology* published in 1911. But it is clear that the emergence of medical sociology as an organised discipline is in the years after Second World War i.e. in the late fifties.

The 'boom' in medical sociology, the sharp increase in systematic development of the field in terms of both quality and quantity is in the 1970s. One thing should be made very clear and that is that medical sociology is in a sense synonymous with dominant American sociological paradigms. The prominent figures included Talcott Parsons, Evert Hughes, Robert Merton and August Hollingshead.

Their interest in medicinal sociology derived from broader sociological issues. Parsons's work on medicine as a social institution and illness as deviance,

was an illustration of a larger theory of society; Merton used medicine as an example of a profession in the study of professions; Hughes' work was done within the framework of occupational sociology; and Hollingshead's main focus was on social class.⁴⁹ Parsons took a structural functionalistic perspective while the Chicago School stressed symbolic interactionism.⁵⁰ Parsons's functionalist orientation suffers from a particular form of ahistoricism. In capitalist society, functional health, subordinated as it is to the process of accumulation, refers only to the capacity to contribute to that process, not the capacity to perform any role or task, productive or not.

In the attempt to sketch the hopes and expectation of medical sociology, both in the past and in the present, one is immediately confronted by an essential problem i.e. the difficulty of finding a valid definition. Medical sociology can be described as the study of social factors in health and illness (referring to illness as the experience of becoming and being ill and its behavioural counterparts) and of the constructions of medical reality and of social factors in health care. Older definitions of medical sociology as sociology of medicine and sociology in medicine⁵¹ and more recent emphasis as health and illness itself⁵² are combined in this description.

In general terms, it can be argued that the main goal of medical sociology is to improve the conditions of living for human beings. This includes analysing inequalities in the distribution and frequency of diseases as well as in the provision and utilisation of health care services. It had been hoped that demonstrating inequalities would prove to be a challenge to get rid of them, and that medical

sociology could provide not only the findings but also the scientific prerequisites for working and practicable solutions in health and social policy that were indicated by such findings. The analysis of medical institutions, of the providers of health care, and of their socialization, as well as of health behaviour of people, was to bring about predictive statements that would facilitate planning. Thus, many medical sociologists aimed at improving the efficaciousness and efficacy of medicine and its institutions by analysing them, a task which is in accordance with the humanitarian commitment of medical sociology.

This implies that medical sociology cannot be pursued without an orientation to values. This branch of knowledge, therefore, could be expected to base itself on the ethic of humanitarianism, and to be committed first of all to the social welfare of persons in time of health as well as of illness. This would inevitably lead to conflicts both with medicine and with its most important and most powerful representatives, the physicians. Nor was it surprising that medical sociology, in its striving to emphasise the social dimensions of illness, turned out to be receptive to, if not even in occasions enthusiastic about psycho-somatic medicine as well as the mental health movement in general. In spite of a considerable body of empirical findings, one still has a limited understanding of unequal distribution of diseases. After Parsons it was perhaps justified to expect a 'grand theory' to be attainable also in medical sociology. But it has restricted itself to 'theories of middle range' and to even narrower hypotheses, which in the last years have tended to hide behind the pretentious concept of 'models'.

The health services system has not achieved greater efficacy and efficiency

as a result of medical sociological research. The scientific parochialism that is common in this field is indeed deplorable. What is needed then, are cross-cultural surveys that would lead to such questions. There are a number of authors who recognise this to be a real dilemma, but even among the most critical, medical value scales are often accepted without question. A similar situation exists in the field of social policy. Gouldener notes.

The state... does not only require a social science that can facilitate planned intervention to resolve certain social problems; it also requires social science to serve as a rhetoric, to persuade resistant to undecided segments of the society that such problems do, indeed, exist and are of dangerous propositions.⁵³

Evaluation in this case, according to Gouldener, serves to prove the inefficiency of former elites and of traditional procedures, the welfare states is using it to unmask the competitor. Medical sociology then becomes a mere instrument of propaganda for the welfare state or a producer of ideologies, as formulated by the German sociologist Lepsius.⁵⁴

Gouldener's insights, which he may owe to his experiences in health services research, are highly relevant for medical sociology. They reveal vast potential but also hidden dangers in medical sociology. Since many medical sociologists have so readily adopted medical conceptions of values, it should not be difficult to induce them to adjust to other ideologies provided only that they can be convinced--or can convince themselves--that all is done only 'for the patients' best. So far medicine has succeeded no less than the welfare state in respect of the social policy in this task of 'convincing'.

Feminist critics have viewed the medical profession as a largely patriarchal

institution that used definitions of illness and disease to maintain the relative inequality of women by drawing attention to their weakness and susceptibility to illness and by taking control over areas of women's lives such as pregnancy and child birth that were previously the domain female of lay practitioners and midwives. The dominant current in medical sociology failed to provide spaces for such criticisms. Most critiques advocate the 'empowerment' of patients, encouraging people to 'take back control' over their own health by engaging in preventive health activities. These were trends of the medicalisation critique in 1970s and into the 1980s. It remains the dominant approach in 1990s for feminist writers, for those who adhere to a Marxist perspective on health and illness and proponents of the consumerist approach to medicine. The problem with the orthodox critiques such, as those of Ivan Illich is rather black and white portrayal of scientific medicine, as largely detracting from rather than improving people's health status, of doctors as intent as increasing their power over their patron rather than seeking to help them, and of a patients as largely helpless, passive and disempowered, their agency crushed beneath the might of the medical profession.⁵⁵

"The asymmetry of relationship is exaggerated to the point that the lay client becomes not the beneficiary but the victim of consultation".⁵⁶ In their efforts to denounce medicine as an oppressive force, orthodox critics undermine the positive contributions of medicine. They also fail to acknowledge the ambivalent nature of the feelings and opinions that many people have in relation to medicine, or the ways that patients willingly participate in medical dominance. This complicity inevitably incorporates latent conflict and resistances, "a shifting balance between manifest

collaboration and tacit opposition in relations between those who come for help and those who profess to provide it".⁵⁷ So, there is no struggle for power between the dominant party (doctors) and the less powerful party (patients), but rather, there is a collusion between the two to reproduce medical dominance. Foucault's writings emphasise the positive and productive rather than the repressive nature of power.⁵⁸ Further, Foucault argued that the very seductiveness of power in modern societies is that it is productive rather than simply confining:

What makes power hold good, what makes it accepted, is simply the fact that it doesn't weigh on as a force that says no, but that it traverses and produces things, it produces pleasure, forms knowledge, produces discourse. It needs to be considered as a productive network which runs through the whole social body, much more than as a negative instance whose function is repression.⁵⁹

From this perspective, medical power may be viewed as the underlying resource by which diseases and illness are identified and dealt with. The power that doctors have in relation to the patient, therefore, might be thought of as a facilitating capacity or resource, a means of bringing into being the subjects 'doctor' and 'patient's and the phenomenon of patient's illness. From this perspective, doctors are not considered to be 'figures of dominations', but rather 'links in a set of power relations', "people through whom power passes who are important in the field of power relation".⁶⁰ Unlike orthodox critiques, Foucauldian perspective argues, therefore, that it is impossible to remove power from members of the medical profession and hand it over to patients. Power is not a possession of particular social groups, but is relational, a strategy which is invested in and transmitted through all social groups.⁶¹ The orthodox critiques tend to view members of the medical profession as consciously seeking to gain power and status

and limit other groups' power, largely by eliciting the state's support. In contrast, Foucauldian scholars tend to argue that the classical gaze is not international in terms of originating from a particular type of group seeking domination over others. There is not a single medicine but a series of loosely linked assemblages, each with different rationalities.⁶² People are constantly urged to conduct their every day lives in order to avoid potential disease or early death. As a result, "Sociologically speaking everyone lives under the medical regime, a light regime for those who are not yet patients, stricter according to how dependent on doctors one becomes".⁶³

Neither the orthodox critique nor the Foucauldian perspective has adequately taken account of the mutual dependencies and the emotional and psychodynamic dimensions of the medical encounter, preferring to rely upon a notion of the rational actor. Yet, as I argued, a recognition of the 'irrational' and contradictory aspects of the relationship that lay people have with members of the medical profession goes some way to explaining why it is that 'power, after investing itself in the body finds itself exposed to a counter attack in the same body'.⁶⁴

The day to day practice of psychological researchers in mainstream, bourgeois psychology is governed by 'variable model'. Under this model, the subject matter of psychology is conceived of a universe of actually or potentially measurable variables, the relation among which forms the basis for all the discipline's scientific propositions and laws. The rise of capitalism was at the same time the rise of the middle class known as the 'bourgeoisie'. The prevailing social scientific theories and their underlying philosophies will reflect these bourgeois

values. Psychology in general, and health psychology in particular, is no exception.

Health psychology is the offshoot of this bourgeois, positivist psychology. It is claimed that psychology and medicine have a long history of collaboration and at least psychology's involvement in health and illness go back well over a century.

The emergence of health psychology in America was the need of the time. It was apparent that the leading causes of death were no longer acute infectious diseases which had been replaced by chronic illness, said to be closely related to individual behaviour and lifestyles. This was the first set of events that deepened the involvement of psychologists in health care.

The second set of events which helped to shape the new subdiscipline of health psychology and behavioural medicine came from within psychology and involved the development of behaviour modification; that is changing behaviour by manipulating reinforcement in order to obtain a desired behaviour.

The third event was the interest in bio-feedback, which is a process whereby information about such physiological conditions as heart rate or brain wave activity is made available to the person so that she/he can learn to gain control over those responses. Some researchers have indicated that increased physical control could be learned for involuntary as well as voluntary responses.

These three are considered important causes in the development of new sub discipline of health psychology. In simple terminology, health psychology is an attempt to understand relationships between what people think, feel and do about their health problems. As far as definitions are concerned, there have been several definitions proposed, perhaps the most frequently quoted one is by Joseph

Matarazzo "Health Psychology, the aggregate of the specific educational, scientific and professional contributions of the discipline of psychology to the promotion and maintenance of health, the prevention and treatment of illness, and the identification of etiologic and diagnostic correlates of health, illness and related dysfunction".⁶⁵ This definition was modified to include psychology's contribution to the health care system and health policy formulation.⁶⁶ Psychology claims to be an interdisciplinary field of scientific enquiry. But it remains as one which investigates person-oriented health problems such as smoking, obesity, dental hygiene etc. with a reductionist paradigm of individual psychology.⁶⁷

With the development of health psychology, a new popular health consciousness pervades the Western countries and even among the elites of the developing countries. The new health consciousness is more inclusive and the more general heightened awareness and interest in health often includes environmental and occupational health concerns as well as a concern for personal health enhancement. A focus on personal health and individual life style modifications may co-exist with and even act to stimulate attempts to change social conditions detrimental to everyone's health. As Katz and Levin⁶⁸ and Gartner and Riessman⁶⁹ point out with respect to self-care and self help, there are numerous examples of politically activated groups which identify with these increments. As an ideology which promotes heightened health awareness, along with personal control and change, it may prove beneficial for those who adopt a more health-promoting life style.⁷⁰ But it may, in the process, also serve the illusion that individuals control their own existence, and that taking personal action to improve

health will somehow satisfy the longing for a much more varied complex of needs. This is important: life styles only explain a small proportion of the morbidity and mortality between social classes. Yet the focus on 'life styles' serves to obviate the larger differentials which are mediated by class. Such an ideology, contributes to the protection of the social order from the examination, critique and restructuring which would threaten those who benefit from the malaise, misery and deaths of others.

How health is popularly understood is in large part reflected in a society's therapeutic armamentarium. In turn, those therapeutics further structure cultural understanding.⁷¹ Popular notions about health, in other words, help produce and are partially reproduced by the therapeutic mode. The new health consciousness entails further medicalisation of culture, and in particular, a medicalisation of how the problem of health is understood. Medicalisation refers to the extension of the range of social phenomena mediated by the concept of health and illness, often focussing on the importance of that process for understanding the social control of deviance. As Illich notes:

By naming the spirit that underlies deviance, authority places the deviant under the control of language and custom and turns him from a threat into a support of the social system. Etiology is socially self fulfilling.⁷²

Social existence is increasingly circumscribed by the medical naming of that spirit. More deviant behaviour is defined in terms of sickness and normality in terms of health. Alcoholism, child abuse, opiate addiction, obesity, problems with sexual functioning, and violence have all become matters for medical diagnosis,

and the label of illness has been attached to them.⁷³ This is ironic since the problems of ill health and disease in the third world countries are entirely of a different order, located in hunger, poverty and infection all of which have social bases. Medicine as a therapeutic or clinical science locates the problem of disease in the individual body. The individual is both the locus of perception and intervention, more firmly so since the end of the nineteenth century when as, Foucault⁷⁴ traces the transformation (the beginning of which he dates to the close of the eighteenth century) the very foundation of medical knowledge becomes lodged in the 'sovereignty of the gaze' fixed on individual signs and symptoms and then in deep anatomical structures. It is through the observation of individual signs and symptoms that it became "possible to designate a pathological state... a morbid essence... and a immediate cause".⁷⁵ And with the development of pathology, the medical understanding of disease turned even more fully toward "the deep, visible, solid, enclosed, but accessible space of the human body".⁷⁶ Thus, what is known about disease is now a matter of positive knowledge of the individual. What is seen is what is known, and what is known becomes the space for intervention. Locked into a particular way of seeing, an imprisonment reinforced by institutional structures, medicine knows and acts upon disease bounded by an immediacy of perception which is physical (mechanical, biochemical, visual). In escaping from a nosology of morbid essences, it built its science and chemical practice on the closed grounds of what becomes, in principle, an observed occurrence within the individual body. Notions of causation are compressed as well, limited to the boundaries of the individual in which disease takes its only meaningful existence. Anything which

cannot be shown to interact with the organism to produce a morbid state is increasingly excluded. "The local space of the disease is also, immediately, a causal space".⁷⁷ The solution to the problem of disease is directed towards breaking the most immediate cause link. Thus, medical perception pushes causal understanding toward the immediate and local, and solution toward the elimination of symptoms and the restoration of normal signs. As Foucault states, "the space of the disease is, without reminder or shift, the very space of the organism".⁷⁸ Medicine has become 'a science of the individual'. Foucault contrasts medical thought with an epidemiological tradition and perceptions⁷⁹ which sees the problem of disease 'a nucleus of circumstances', a 'complex set of intersections', in which the only individuality is a 'historical individuality'.^{80 81}

In sum, medical practice is an individualised treatment mode, a mode which defines the client as deficient and which reconstructs the individual's understanding of the problem for which help is being sought. That reconstruction individualises and compartmentalises the problem, transforming it into its most immediate property: the answer to the problem is then logically held to be found in the same professionalised and individualised treatment, not in the reordering of the social, political and environmental world. The response to individual disease experience, not denied here, thus becomes the field upon which selective explanation is authoritatively communicated and dominant social relations thereby reproduced. The specter of a medicalised and medicated society, where already psycho-active drugs, sleeping aids and common pain relievers have become the standard response to almost every conceivable malaise, must at least raise questions about the wisdom

of such heavy reliance upon medical problem solving. Despite the broadening, the use of psychology in the field of health awareness remained locked in a prison of reductionism and the modification of medical notions of causality is unidimensional only: toward psychologism, towards host resistance and adaptation. Jacoby has written of much of contemporary psychology, the context is most often reduced to the immediate one of interpersonal relations and 'psychological atmospheres'. He notes:

A social constellation is banalized to an immediate human network. It is forgotten that the relation between "you and me" or "you and the family" is not exhausted in the immediate: all of society seeps in.⁸²

But, the study of the individual is abstracted from the context of other human being contrasts with Jacoby's notion. Ardell observes:

The manner in which you organize your bedroom or work space, the kinds of friendship networks you create and sustain, and the nature of the feedback about your self which you invite by your actions are all examples of the personal environment, or spaces you consciously or unknowingly set up for yourself.⁸³

In the reduction of "social relations to immediate human ones", the society in which experience is lodged remain hidden; the part is isolated from the whole. Central to the self care and awareness model is the concept of individual responsibility. This notion appears in virtually everything that has been written on these subjects. Ardell summarises its importance.

All dimensions of high level wellness are equally important, but self responsibility seems more equal than all the rest. It is the philosopher's stone, the Mariner's compass, and the ring of power to a high level wellness life style. Without an active sense of accountability for your own well being, you won't have the necessary motivation to lead a health enhancing lifestyle.⁸⁴

Asserting a claim to individual responsibility partially delegitimises existing authorities and throws open a new political terrain. To the extent that individual responsibility and related terms like self-help are experienced as symbols of empowerment, they may become one of the few ways that people conceive of themselves as actively political at all.⁸⁵

However, as political language, individual responsibility is highly problematic. It risks all the myopia of classical individualism. It promotes a conception which overlooks the social constraints against 'choosing'. Finally, as currently employed, the notion of individual responsibility promotes an assumption of individual blame as well. Self care and changes in life styles are supposed to be the most important strategies to improve improve the life span of our individual citizens.⁸⁶ And behaviourists, psychologists, and 'mood' analysers are put to work to change the individual's behaviour.⁸⁷ The basic cause of sickness or illhealth is located within the individual and not in the system. And the solution therefore is intervention, primarily behaviour modification, and not the structural change of the economic and social system and its health sector. Behaviourism, carried to an extreme, has led to unscientific and reactionary theories such as behaviour modification, which uses unethical and even brutal mean to change behaviour. Major research done in the health field, quoted to George C. Stone the predominant orientation is related to behavioural aspect of health. Topics on mental health still dominate the studies. Other areas categorised in one survey fall into abortion, fertility, population control, accident, smoking, cancer, heart disease,

psychosomatic illness, pain, death etc.⁸⁸

As far as theoretical developments in this field are concerned, there is no complete and comprehensive theory of the health system. However Parsons' sick role behaviour and rationality principle have found favour with the this group. Sick role behaviour refers to what a person does to keep from getting sick, how she/he investigates the need for treatment and now he/she acts after being designed as sick.⁸⁹

The problem with this approach, which has already been discussed, is its personal and process orientation as opposed to situation and context orientation. The Health Belief Model (HBM) which developed in the 1950s provided theoretical support to the sick role approach. It focuses only on the rationality - irrationality of a person when she or he is sick. In essence, the theory says that the likelihood of taking a particular action is a function of perceived threat and perceived benefits while adding modifying factors which influence these actions.⁹⁰

Numerous studies follow the Health Belief Model. The basic thing this model talks about is why people seek health care. According to a review provided by Rosenstock and Krischt, it becomes apparent that the effort is to explain preventive health behaviour in purely psychological terms.⁹¹ Most of these studies show racial differences and class differences in the utilisation of health services. The explanation of the variance in the utilisation is more astounding: among coloured or among the poor, there is a low perceived susceptibility and low health motive. Other components in this model includes readiness to use services, orientation to care, perceived severity etc.

This abstract conceptual beliefs considered responsible for preventive health behaviour is open to question. Health Belief Model remains within the classical paradigm of medicine in which compliance, patient adherence etc. are important concepts for understanding preventive health behaviour.⁹² Its weak explanatory power is reflected in the studies.⁹³ As a consequence, methodology is also its weakest component. Many of the studies which we have examined show responses of school/college students and, in some others, factory workers using mailed questionnaires to which response rates are terrible low.⁹⁴

This is the prevailing situation in western countries in general and in the epitome of bourgeois culture, in the aggressive materialist America. Psychology, even in the field of health, is used as exploitative tool for intervention or in victim blaming.

Basically, western psychology is a subtle form of colonialism, as people of other cultures often claim. Organised groups of ex-mental patients claim that they have been abused by scientific appraisals and treatments. People of colour find that scientific testing procedures are systematically biased against them. Black feminist activist, Bell Hooks claims that the white culture (including that of social science) has no right to speak for the Black woman. And even studies from India, such as KAP studies⁹⁵, studies on medical students⁹⁶ and development of health modernity scales⁹⁷ show the biased nature of this empiricist and positivist social science. The KAP studies were conducted for intervention or imposition of various methods such as the IUD. The interventionist concept of motivation was used to change the attitude of the people towards such contraception. The concept of health modernity

which is located in 'rational' and 'irrational' principle which tends to neglect structural issues in the utilisation of health services, is very much value loaded. These instances therefore, indicate that psychology is indeed reductionist, mechanical, interventionist and empiricist and thus it is a tool in the hands of capitalist material world. The question then arises, is whether there is a psychology which is not bourgeois in nature, or can be used for the good purposes.

The question to be posited is, should there have been a sub-discipline called health psychology? Isolated perfunctory studies do not provide sufficient case for formulating such a sub-discipline. Behaviourism in psychology, such as the theories of J.B. Watson and B.F. Skinner, must be criticised as mechanical, as the reduction of the psychological process of human functioning to the physiological process of behaviour alone. On the other hand, there is the metaphysical theory of Freudianism which focusses on an unconscious mind, divorced from social and individual reality and consciousness, which is seen as the basic source determining human affect, attitude and behaviour. Thus, there is a need for a strong theoretical base, a critical social theory broadly similar to the attempt made by the Frankfurt School.

Erich Fromm, the only psychoanalytically trained member of this school extensively argued for using psychoanalytic typology, for an analytic social psychology. He said that analytic social psychology has its place within the framework of historical materialism. He investigates one of the natural factors that are operative in the relationship between the economic base and the formation of ideologies. Thus, analytic social psychology enables us to understand the

ideological super structure in terms of the process that goes on between society and nature.⁹⁸ In other words, critical social psychology studies the social character, which is the practice of life as it is constituted by, the mode of production and the resulting social stratification. The social character is the structure of psychic energy which is moulded by any given society so as to be useful for its functioning. Empirically the important task for such an approach would be in revealing the nature of human need, the satisfaction of which makes human beings more alive and sensitive, and synthetic needs created by capitalism which tend to weaken them to make them more passive and slave to their greed for things.⁹⁹

Fromm had been critical of others who had used psychoanalytic concepts for a social theory on the ground that they had no clinical experience.¹⁰⁰ This criticism is against Herbert Marcuse who is alleged to have distorted psychoanalysis. Marcuse considers psychoanalysis as a set of 'meta psychological' speculation rather than a clinically oriented 'technical discipline', the main contention of Fromm for its distortion, is to limit the incompatibility of conjoining Marx and Freud.¹⁰¹

The importance of Marcuse is for his dexterity in linking individual psyche with the social structure through needs and not for his psychoanalytic concepts. The concepts in psychoanalysis were taken to add a missing link in the Marxist approach.¹⁰² The need for such an integration is necessitated by a critical theory of society which would demonstrate that individuals would collectively regulate their lives in accordance with their needs and lay the foundation for a transformation of the economic order.¹⁰³

Following the Marxian concept of praxis, for Marcuse, knowledge of essence of an object or situation through reason would enable man to change the object in the light of his interest and needs and ensure his freedom.¹⁰⁴ Domination and freedom are contrary to each other. When the individual is provided with a goal and a purpose and means to strive for and attain, domination takes place. For Marcuse, domination can take many forms; to require an individual to do something by physical force, to coerce him by threats of disagreeable consequences, to condition the psyche by subjecting her or him. The systematic propaganda, to socialise or indoctrinate the individual so that she makes her choices within the framework of a 'performed mentality', to plant certain desires in her by subliminal advertising and such other measures all constitute coercion.

It becomes apparent that psychoanalysis and its concepts have been given undue prominence for linking psyche with society. If we look into Fromm's own analysis of Marx's contribution to the knowledge of man, it would be possible to point the incompatibility of Marxist and psychoanalytic thinking.¹⁰⁵ Fromm's 'social character' is very relevant for social psychology and it can be used even in the health field. But Marcuse's attempt at understanding the concept of essence and the process of domination, again through need is more relevant and paves the way for critical social theory which integrates psychological correlates of social structure.¹⁰⁶ In any case, the issue that has been brought to limelight by these two viewpoints, not withstanding the weaknesses of relying on psychoanalysis for achieving it, is the integration of the missing individual in the critical social theory despite the fact that both view points suffer from being too much pessimistic and as

Wellmer puts it, 'as a protest impotent in practice'.¹⁰⁷ But Wexler notes differently:

Despite the facile homologies, the mirroring of social processes at the microscopic level, despite the absence of description of social psychology of social interaction- of the mediating process between the social matrix and the intro-individual dynamics, the Marxist Freudians, on the other hand, do provide a critical model of the relation between the social structure and the functioning of individual.¹⁰⁸

However, the Marxist Freudians remain at the periphery of American and English criticism of social psychology. This peripheral place, despite the accomplishment of Marxist-Freudians, is, in part, justified (though they have probably been ignored by liberal social psychologists for different reasons).

A critical social psychology should include a description and analysis of precisely that intermediate level of social processes which the Marxist-Freudians omit: how are the reproduction and transformation of social relations and the individual life processes which constitute them accomplished in social interaction?

A critical psychology is an attempt to include that mediating process.

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CHAPTER-3

SUMMARY AND CONCLUSION

The dazzling effect of modern medicine still continues, as new avenues for its research and high technical prowess keep opening up. There seems to be only receding limits to its interventionist strategies, and yet at the same time the medical system in modern society is so out of sync with authentic health needs that there is evidence of serious crisis already in full bloom. A 'medical nemesis' to use Illich's well known phrase.

The drama of medical progress cannot, however, hide the crisis it has itself precipitated with high costs, regional disparities, unbalanced investment, individualistic and positivistic use of some social sciences and epidemiology. It is the scientific basis of the biological medical model and its relevance in a cross cultural context, where it has been implanted, that is being challenged. The reliance on the biomedical model has led to, decontextualisation of, and thus a narrow technical approach to, the problems of health, illness, disease and patient care. It appears that the result of this reliance has serious limitation of both theory and practice. All this has added up to a powerful indictment of the 'expropriation of health' by modern machine made by Illich and a host of others.¹

Illich may well be somewhat exaggerated in speaking of "the epidemics of modern medicine" in terms of a 'clinical', 'social' and 'cultural' 'iatrogenesis'. But the medicalisation of life and the 'debilitating dependence', it has led to has been echoed by so many other critics of the system. Indeed the limits of the biomedical

model and the medical system based on it seems to have been reached. The preceding chapters have explored the theoretical implication of social and behavioral sciences applied to health problems.

Time and again, the dominance of the modern medicine or biomedical model has been noted. It is so pervasive that it appears to be the 'normal', natural, and perhaps only way to think about health and illness. While there have been attempts to broaden this understanding with social science disciplines, the efforts have fallen short because both the streams, viz., health and the social science disciplines have come with the shackle of methodological individualism.

We began this enquiry attempting to understand how psychology as a social science discipline had lent itself to understanding issues in public health. In the following pages, I provide the major points that have emerged from this review, including a summary of the discussion in the preceding chapters.

Psychology is considered an ancient science, but the origin of the term is very new. It is composed of Greek elements but is not Greek. Etymologically, it means the science of soul which did not have an independent existence both in thought as well as in fact from philosophical system of antiquity. The word psychology was created in the sixteenth century to refer to an aspect of spiritual being whereas the whole study was called 'pneumatology'.

Philipp Melanchton, considered to be the first psychologist of Germany, used the word '*psychologia*' and provided some substantial designations, savouring of science. Until then, psychology was simply a phase of physics. The two works: *Psychologia, hoc, est, de Hominis Perfectione and De Praecipuis Materiis*

Psychologicis provided major footings for the new discipline. Man had come to the forefront of scientific attention and a science of man's behaviour was being born and christened.

The frequently encountered statement that Christian Von Wolff is the creator of the term 'psychology' does not appear to have any foundation. But the work of Wolff, established it in philosophical terminology. Upto Wolff's time, the term 'psychosophy' was in vogue. But the authority of Wolff provided the usual name, psychology, to the science of soul. Leibniz suggested that the subject called psychology should be conceived of as a possibility. Wolff who introduced the concept of psychometry and following the tradition of Otto Casmann and many others, divided psychology into empirical and rational psychology as separate field of intellectual enquiry.

For Wolff empirical psychology is a science of what experience teaches about the soul. In other words, he meant it is an inductive science that leads to empirical generalisations about the soul and its activities. As opposed to this, the rational psychology is the science of all that is possible to the human soul, a branch of metaphysics, a demonstrative science which provides the necessary true statements regarding the nature and the essence of the soul.

It can be culled that both empirical and rational psychology are complementary to each other.

Wolff's view that psychology can be a science, has been challenged by Kant. Leary places Kant's psychological thinking in the context of his philosophy of mind since Locke and Leibniz. For Kant, psychology is an empirical discipline and

denied that it could attain rational knowledge through the use of mathematics and experiment. In other words, all true science must have a rational as well as empirical part. Experience provides the empirical data; mathematics provides the inherently rational relationship between these data. But as Kant said, psychology could never utilise mathematics because its empirical data did not have spatial dimensions and therefore existed only in the single dimension of time. Mathematics could not be applied to purely mental phenomena. The outcome was, psychology could “become nothing more than a systematic art never a science proper; for... .. (it is) merely empirical”. So psychology for Kant, have to depend entirely upon induction or *a posteriori* data.

Such a procedure can never yield apodictic knowledge because it contains no *a priori*, necessary elements. Instead, it can have only tentative 'laws of experience'. Further, he postulates that psychology is not only an empirical science but not even a good empirical science. Psychology cannot control its own phenomena, it cannot be 'experimental'. It even suffers from poor quality and restricted range of the observations that are available to the psychologists. The act of observation alters or distorts the state of the object observed. For Kant, psychologists can only report on their own mental phenomena and even then they cannot be completely accurate in their report. Kant further argued that psychology could never become a true rational science, based upon mathematics and yielding necessary truths nor could it become an experimental science. But he suggested a way in which psychology could at least become a better empirical science -- by making use of a different methodology based upon observation of the external

rather than the internal sense. He advocated systematic observation in place of introspective methodology and he thought that this was a sufficient justification for developing an empirical psychology based upon external rather than internal observation. But it was indeed ironical that his own psychology as presented in *Anthropologie* as well as in other works, relied so heavily on traditional introspectionist data. He rejected the possibility of description of the transcendental or ultimate nature of mind, he did contend that existence of 'I' or ego is guaranteed since it is the necessary formal condition that makes possible "the logical unity of the every thought".

In broader terms, this is the traditional problem of man's place in nature; in psychological terms, it is the problem of the accommodation of 'consciousness' to scientific method. Kant himself saw an irreconcilable difference between these pairs of concepts -- between will and the world, man and nature, mind and science.

Misunderstanding has repeatedly arisen from his statements being construed as of 'nativism', that distorts Kant's central epistemological conception, the experience is a synthesis of rational concepts with empirical sensory material. Nor did Kant propose a theory of behaviour, though he did expose the irreconcilable situation that experience choice as free but conceived it as determined. As capitulatory as it may seem, the conclusion of Hugo Munsterberg, a neo-Kantian as well as a student of Wundt, is consonant with Kant's own opinion: there may be simply two ways of looking at the world of human experience, as free and as determined. Freedom can be seen as a practical fact; determinism as a fact of knowledge.² Kant was able to leave room for freedom in the world of human

affairs. But the same argument also led him to present two diametrically opposed images of human being -- as free and as determined.

In the ferment of thought that occurred in Kant's wake, idealism came to the fore and dominated philosophical speculation in Germany for half a century. The renowned idealists were- Johann G. Fichte, Friedrich Wilhelm Von Schelling and Georg Wilhelm Friedrich Hegel. They emphasised different aspects of Kant's thought and developed forms of metaphysical idealism that far exceeded the narrow bounds of their predecessor's critical idealism. They agreed with Kant on the empiricism of psychology but they believed that this preliminary science could be transformed and completed by philosophical thought. They revived the spirit of rational psychology. Their influence is on Helmholtz is obvious particularly as regard to his historically important theory of the active role of the mind in perception. And when Wundt characterised his psychology as voluntaristic in nature, he clearly indicated the extent to which his 'view psychology' was premised on an acceptance of Fichtean revision of traditional Leibnizian intellectualism. Fechner study of the relationship between conscious experience and physical stimulation came from the *Natur Philosophie* of Lorenz Oken. Oken in turn was inspired by Schelling.

Hegel had a more soundly developed, formalised psychology than the other twos. Beyond Kant, he argued that the 'subjective' mind can and must be transcended, just as the individual mind itself is transcended and developed beyond mere sense-dependence, by its immersion in a larger 'objective' or group mind, that leads to study of the Absolute mind. The social level of analysis, he claimed,

transcends that of the individual. Beyond that he prescribed the study of social or objective mind, namely language, law, custom and myths. This Hegelian doctrine had a profound influence on the development of social psychology. Even Wundt agreed when he claimed that the higher mental process involving the truly human, symbolic aspects of experience, can only be understood within a social context, using a non-experimental methodology. For Wundt the task of experimental psychology was the analysis of consciousness. However, his attitude towards consciousness left some room for ambiguity. He explicitly talked about mental processes and about mental contents.

Wundt's overall contribution was that he established psychology as an independent experimental science, away from the shadow of philosophy. But Franz Brentano and Carl Stumpf vigorously and vehemently opposed Wundt's psychology. For Wundt it was consciousness and for Brentano it was mental acts or processes as their respective subject matters. Carl Stumpf concurring with Brentano argued that psychology should study 'functions' or acts such as perceiving, desiring, willing etc.

But Wundt's disciple and successor Titchener's structuralism may be considered as a rigorous simplification of Wundt's psychology. Titchener rejected the tridimensional theory of feeling of Wundt. But for both Wundt and Titchner, experimental introspection was an indispensable methodology for psychology. Psychology was an empirical science having the some feature as natural science and some of social science, in the Wundtian scheme. Structuralism was criticised for its methodology and narrowness of its conception of psychology: animal and

applied psychology were ignored in practice if not in principle. The narrowness, artificiality and pointlessness of Wundtian tradition of psychology was criticised by William James.

Wundt preferred theory construction based on hypothetical entities which he thought were necessary for casual explanation. James allowed only such psychological processes as were immediately confirmable by introspection. This led to different styles of research: Wundt emphasising parametric studies in which "we change the sensory stimuli in various ways and thereby continuously study the mental phenomena, and James doing phenomenological surveys of the feeling of effort' and 'the sense of dizziness".³ But the main point expressed by both was that consciousness is a datum in its own right, with lawful relations inherent in it. This is what Wundt meant by 'psychical causality' and James by his critique of the "psychologists' fallacy" of importing non psychological causes.⁴ Because mental connections cannot be reduced to physical causes and effects, psychology as a separate domain of explanation was justified in principle. But Wundt and James stopped short of the demand that psychology be made into an autonomous natural science.

Evidently the psychological laws of James and Wundt were tied to different ontological and explanatory commitments. For James the possibility of the freedom of will was presented by a conviction of the place of Mind outside Nature; for Wundt this possibility was foreclosed by his 'speculative' heritage in *Naturphilosophie*, in which the oneness of Mind and Nature excluded freedom.⁵

The detractors of the Jamesian position, chastised James for introducing

philosophical conceptions into the discussion of its method or its subject matter. Despite all this, his contribution in the development of functional psychology cannot be ignored.

A short paper by Dewey 'The reflex arc concept' was a major landmark. According to the reflex arc schema, the behavioural chain can be broken down. Dewey views behaviour as a total coordination which adopted the organism to a situation. For another pioneer Angell, functionalism might be considered in contrast to a psychology of mental elements. This viewpoint is the antithesis of structuralist viewpoint. For functionalists, psychology might be considered as the fundamental utilities of consciousness. Further, functionalism is the psychology of total relationship of organism to environment including all mind-body functions.⁶ Two important functionalists, Carr and Woodworth are a little different from the conventional functionalists. The functionalism for both of them relied heavily on experimentation, was more concerned with the functional interrelationships of variables than with the theoretical superstructures.

Functionalism was the first major American school which provided space for a more objective system like behaviourism . But before behaviourism another school called associationism contributed a lot in the development of behaviourism.

Associationism roots can be traced in British empiricism, where important the tradition of association of ideas was elaborated, through its modification to deal with the formation of association, to its emergence in Pavlov's and Thorndike's work on association of stimulus and response. The associationism of Pavlov and Thorndike, and many others, played a pivotal role in the development of

psychology as an independent science in general and behaviourism as an objective system in particular.

The epitome of aggressive methodological or even a meta-methodological revolution called behaviourism had as a foundation an antimentalist methodological objectivism. It attempted to base psychology on the methods of physical sciences based on an entirely legitimate dissatisfaction with introspective psychology. Watson objectifies psychology and there was no room for consciousness in his system. Behaviour alone was the subject matter of psychology. Weiss⁷ went further even than Watson to show that both the methods and the contents of psychology could be formulated in terms which could appropriate to atomic physics.

The overenthusiasm of Watson to objectify psychology on the basis of natural sciences, ruined the beauty of the subject and in this process.. As Bergmann had said, "Watson's particular mistake was that in order to establish that there is no interacting mind, which is true, he thought it necessary to assert that there is no mind, which is not only false but silly".⁸

Most of the behaviourists -- Guthrie, Hull, Krechevsky, Lashley, Tolman, Miller, Skinner, Spence and so on. felt that there is a definite continuity and cohesiveness of behaviourists research. The continuity and cohesiveness of this tradition is however in however question. Behaviourism as a whole never possessed the unanimity of outlook necessary for the practice of normal science and the individual schools within behaviourism were never sufficiently free from external challenges to devote themselves without distractions to articulation of their various theoretical positions. Despite all these, behaviourism was considered as the real

representative of the American thought frame. It was undoubtedly the epitome of physicalism, methodological individualism or reductionism, elementalism, mechanicalism and anti-nativism .

Thus, there is, therefore, an urgent need to look for another stream of thought where the social milieu is also considered important. The other branch in the purview of psychology is social psychology which under the influence of sociology and some other social sciences started taking into account the social fabric of life.

Social psychology growing in the milieu of the twentieth century, fluctuated between notions of 'group mind' on the one hand and 'instinct' on the other. Durkheim, Le Bon, Ross, Trade and Wundt represented 'group mind' with different terminologies; whereas social instinct is represented by Mc-Dougall, Mead and F.H. Allport. For Allport social psychology does not have a distinct identity but was a branch of general psychology. "Its center of emphasis is the same: human nature as localized in the person".⁹ Allport, Postman, Bartlett and others had the same belief about social psychology. It was part and parcel of a more general experimental psychology, but in the last twenty five years social psychology has seen an increased concern with socialising social psychology.

James House distinguishes three domains of social psychology. Identified primarily by the level of analysis. The first branch is psychological social psychology (PSP) dominated by an experimental tradition which anchors itself in the experiences and behaviours of individuals and attempts to understand these in terms of the immediate milieu. Such an approach is ahistorical and encourages

concentration on economic behaviour.

In PSP social is regarded as one of a number of ways in which cognitive processes can be studied in rigorous and precise procedure in controlled laboratory conditions. PSP seems unnecessarily imprisoned within the confines of laboratories. Even here, only immediate influences of individuals on the behaviour of one another in dyad or groups are taken into consideration. Lawful connections between the recorded influences and resulting behaviour are treated as ahistorical, invariances, and the societal, historical dimension of the observed 'social' behaviour are excluded.¹⁰ This social psychology does not challenge the limits imposed upon it by ahistoric, nomothetic variable model.¹¹

The second face, symbolic interactionism, a recent position in sociology, is more phenomenological. Its focus is on the dynamics of human interaction in the development of the mind. The formal proponent of this system is Mead who vigorously tried to shatter the deterministic conception of man, a conception that sees man marvelously but mechanically fashioned before the conditions and forces of an overwhelming universe. He tried to develop a social model of the individual. For him, both self and mind are social in nature -- the self enabling the human being to carry on a process of communication with himself and the mind as being the behaviour that takes place in this intercommunication.¹² For Mead, self and mind are products of participation in group life.

Even this system has been severely criticised, as it tends to be ahistorical, and non-economic, especially in its approach to social problems.¹³ Another criticism is that the society is reduced to individual processes of interaction and

communication. In so far as it is not subjectified as a supra-individual system of interpretations, society functions solely as the negative side of the personal interpretative system, and thus appears as a kind of foreign, blind and meaningless resistance to the meaning giving activity of human subjectivity. Holzkamp concludes that, although some important moves of a phenomenological sort are made by symbolic interactionism and similar positions, they do not bring significantly them closer to a scientific understanding of the relationship between society and subjectivity.

The third face which is called psychological sociology is anchored in classical sociology,¹⁴ and starts with social structure and explores its relationships to individual experience and behaviour. Here too the analysis does not begin at the level of societies but at the level of social structures at some level- organisations, institutions, communities, etc.. Psychological sociology is anchored in the writings of classical writers like Marx, Weber, Durkheim and contemporary writers like David Mc-Clelland, Robert Blauner and Melvin Kuhn. For Marx, man is basically a rational purposive producer. He viewed man's primary social relationship in the process of production conditioning the structure of society. But in contrast to Marx, for Freud, man is dominated by unconscious and irrational instincts, with the non productive death instinct being predominant. In the Freudian scheme, society was mostly a product of his own psychologising. For him, the structure of society is derived from the working of various psychological mechanisms. It is alleged that psychological sociology is more sensitive to macro structure, but it is weak on the psychological side. Two themes emerged after the scrutiny of various approaches

to social psychology. One is the waxing and waning of naive empiricism/positivism and its association with the rise of experimental social psychology and psychological sociology and critical attacks on these paradigms. The other theme is the vigorous and sheer diversity of the various independent approaches to social psychology. The major problem inherent in the sub discipline of social psychology is the glaring subject-object dichotomy which precludes meaningful analysis of social problem such as health and development.

As far as methodology is concerned, the scientific method has been endlessly confounded and used with little concern for either the practice of science or for the history of scientific advancement. The central presuppositions of empiricist thinking, that theories can be constructed from observation and experience, is fundamentally a thesis about experience. It has two parts: first, the idea that experience is necessary and the second, that experience suffices. The former has largely lapsed into a truism. The latter has been slammed pretty hard, at least since Kant argued that percepts without concepts are blind.

Empiricism is the doctrine that the senses provide us with knowledge in some sense of the word. There are many forms of empiricism, the extreme form of this thesis would be the claim that no sense other than experience provides knowledge at all. Empiricism of John Locke to John Stuart Mill is inductive and the classical empiricism bifurcated in the mid nineteenth century with two distinct schools: Mill and Marx.

Mill doubted whether social science was at all possible. Determinism was an inherent tendency of physical sciences, but when transferred to the realm of

human society, it seemed to undermine the notion of individual freedom.

In contrast to Mill's position, Marx articulated very clearly that the individual isolated from society is a rank absurdity, "one of the unimaginative fantasies of eighteenth century: the isolated hunter or fisherman producing for himself", is just as preposterous as the development of language without individual who lived together and speak to one another... ... Man is a *zoon politikon* in the most liberal sense: he is not only a social animal, but an animal that can isolate itself only within society.¹⁵

Classical empiricism failed to resolve the contradiction between the public ends of science and the private means of bourgeois property -- not until Marx transformed its general liberal conception into the revolutionary doctrine of social transformation. Empiricism was completely unable to comprehend the social and historical movement that gave birth to the science. In short, empiricism, though its everyday common sense appeal, is a position that is incoherent, and has thus obstructed the development of an adequate psychology.¹⁶

Another version of empiricism that is more ferocious, known usually as positivism, refers to the verifiability criterion and other techniques, or design procedures, which have been developed and used for rigorous evaluation and testing of scientific statements, hypotheses and theories.

Positivism originated with Comte who coined the term and made it the basis of his mildly scientific social philosophy. Kolakowski classified positivism, from Hume to the Vienna Circle, in to four maxims: phenomenalism, nominalism, the fact value distinction and the utility of scientific method.

As Wittgenstein said, to understand positivism, the 'forms of life' should be understood. This forms of life entails both a view of language -- in which all knowledge is embodied -- and a view of the world. The works of Ponty and Husserl are also important in this regard. Positivism became a process tied with systems of roles governing the tautological transformation of one set of statement to another. The most visible manifestation of this in psychology has been the continuing obsession with measurement and statistical analysis.¹⁷ But positivism or logical empiricism is more vivid than naive empiricism.

The unreasonableness of a purely formal, method oriented theory of science is, however, to a certain extent observed in logical positivism, by the conception of the verification of hypothesis. So, there is still a possibility, for the acquisition of knowledge and truth as the real interest of scientific activity, and allegations of irrationality and arbitrariness in the selection of the contents of research are to some extent countered by the appeal to scientific truth. At best however, this method centred approach to science creates a self - justifying appearance of science it does not help psychology to become more reflective of human subjectivity or more relevant to human needs.¹⁸

The epistemological problems thus identified include, methodological individualism which in turn gives rise to extreme empiricism and an equally daring positivism. These characteristic attributes have rendered the discipline incapable of adopting to the complex demands of holism and historicism in understanding the social determinants of health.

The discussion of the nature of health goes back to Galen, transition from

religious to scientific orientation in the conception of disease and health. The first apparently scientific paradigm for health originated with the development of the machine model of the human body. Hume and Descartes are two important proponents of this model who provided the philosophical and methodological groundwork. The prevailing Aristotelian paradigm, with its belief in the organic unity of living things, was gradually replaced by 'mechanistic medicine'. The adoption of a mechanistic paradigm limits the nature and boundaries of what is conceived as the medical task. In this way, scientific medicine became curative, individualistic and interventionist, objectifying the patient and denying their status as social being. As Jewson said, scientific medicine has to pass through three stages: 'bedside medicine', 'hospital medicine' and 'laboratory medicine'.

With the advent of the Industrial Revolution and concomitant process of mass organisation, the establishment of big hospital was the need of the time. In this process patients became 'cases' rather than individuals with their own particular set of symptoms and problems. It was considered the loss of self in a complex social system. This was the period of shift to 'hospital medicine' with the development of new instruments, sophistication in descriptive anatomy and pathology where statistical analysis were used. And with the development of germ theory in the late nineteenth century, the emphasis sharply shifts towards the individual 'case'. The Germ Theory, blaming microorganisms for sickness and disease, served to exculpate society from responsibility. Curative medicine thus became more individualised.

Laboratory medicine was the final victory of the mechanistic world view in

the latter half of the nineteenth century. Medicine was on the way for full recognition as a science. With this transformation, cell theory and controlled clinical trials provided the basis for the twentieth century development in clinical medicine. This biological reductionism, instrumentalism, elementalism or positivism widened the gap between the doctor and patient. It was a shift from a person-oriented to an object-oriented cosmology. As Doyal puts it, it is always individuals who become sick, rather than social, economic or environmental factors which cause them to be so.

The individual is blamed for disease, an isolated 'thing' that attacks the physical machine more or less arbitrarily from 'outside' preventing it from fulfilling its essential 'responsibilities'. Scientific medicine thus, discourages the patient from a proper understanding of disease by excluding the most relevant internalisation of the external world by the patients. Thus, disease is reduced to the biological sphere. Scientific medicine is the legitimate capitalistic development by integrating a model of healing with the social structure. Here, health tends to be defined in functional rather than experiential terms, as the absence of disease. It shows how a capitalist value system defines people primarily as producers -- as forces of production. This facilitates the commodification of health, saleable in the market. With this commodity fetishism, a health problem becomes the problem of the body which requires consumption of some form of technological treatment, rather than a reflection of social relations. Navarro explains how this need for consumption, reflects a dependence of individual on something that can be bought, either a pill, a drug, a prescription, a car, or the pre packaged moon.

This does not imply that nothing was done on the front of public health. Even in the wake of industrial and urbanisation process, the socio-political and socio-economic events set the stage for the development of modern epidemiology and other social sciences.

The history of epidemiology is closely connected to public hygiene and vaccination and after World War II, population based epidemiological research was on the rise. Modern epidemiology can be traced in the work of William Farr who applied statistics to problems of public concern. Farr, Chadwick and John Snow tried to establish the social causes of ill health. John Snow classic tradition of investigation of cholera is a pioneering example.

Social epidemiology, in conflict with the biological and individual orientation of the classical school, is the second paradigm of health. Social epidemiology uses a multifactorial explanation of disease, but still tends to rely upon a notion of specific etiology and sees social and economic factors as contributive rather than causative. Thus, social epidemiology and Piaget's school have some similarities. Both go beyond bio-individualism in recognising that 'health' and 'intelligence' arise out of development processes in which an individual interacts with social environment. Both these assumptions are being challenged in their own respective domains.

Although the social basis of epidemiology has been considered, but actual operationalisation of this was in form of discrete, disciplinary inputs such as medical sociology, medical anthropology and health psychology. Medical sociology became an organised discipline in the years after the World War II i.e. in

the late fifties. But the boom or the systematic development took place in the 1970s. Talcott Parsons, Hughes, Merton and Hollingshead were the big figures. Parsons perceiving medicine as a social institution and illness as deviance, was an illustration of a larger theory of society; Merton used the study of professions; Hughes' work was done within the framework of occupational sociology; and Hollingshead's main focus was on social class. Parsons' position was structural functional while the Chicago School stressed symbolic interactionism.

The main aim of medical sociology is to improve the conditions of the living human beings. Even as it analyses the social conditions, unfortunately, medical sociology has become an instrument of propaganda for the welfare states or producers of ideologies. For feminist critiques, the medical profession is a patriarchal institution that used the definitions of illness and disease to maintain the relative inequality of women by drawing attention to their weakness and susceptibility to illness and by taking control over areas of women's lives such as pregnancy and childbirth that were previously the domain of midwives. There is no space for such criticism in medical sociology. For most critiques who advocate 'empowerment' of patients, encourage people to 'take back control' over their own health by engaging in preventive health activities. These were the dominant critiques in 1970s and in 1980s and are still dominant for feminist critiques who adhere to Marxian praxis. For Illich, it is black and white portrayal of scientific medicine. In denouncing medicine, the orthodox critiques do not take into account even the positive aspects of medicine. As they see that there is struggle for power between the dominant (doctor) and the less powerful party (patient). Foucault

emphasises the positive and productive rather than the repressive nature of power. For this perspective, doctors are not considered to be 'figures of domination' but rather 'links in a set of power relation'. For Foucault, the 'clinical gaze' is not intentional.

But neither the orthodox nor the Foucauldian perspective have seriously taken into account of the mutual dependency and the emotional and psychodynamic dimensions of the medical encounter, preferring to rely upon a notion of the rational actor.

There is need to see how psychology treats the phenomenon of health, where the individual is at the centre.

Health psychology is the offshoot of the bourgeois positivist psychology. It is claimed that psychology and medicine have a long history of collaboration but till recently it was very vague.

The emergence of this sub discipline of psychology was the need of the elite across the boundaries. There are three events which precipitated the development of health psychology, have been discussed earlier.

Health psychology is an attempt to understand the relationship between what people think, feel and do about their health problems. With the advent of health psychology, a new health consciousness pervades the elite. The new health consciousness is more inclusive and often includes environmental and occupational health concerns as well as concern for health enhancement . Self care, self help and modification in individual life styles are the main concern. But it is an illusion that an individual can control and change his or her own existence taking person-centred

action to improve health. Such an ideology, contributes to the protection of the social order from examination. The new consciousness entails, further, medicalisation of culture, and in particular, a medicalisation of how the problem of health is understood. Medicine as a therapeutic or a clinical science locates the problem of disease in the individual body. The individual is both the locus of perception and intervention, more firmly so since the end of nineteenth century. What is known about the disease is now a matter of positive knowledge about the individual. Thus, medicine has become 'a science of the individual'.

Despite the broadening, the use of psychology is still confined or locked in a prison of reductionism and the modification of medical notion of causality is unidimensional. That individual responsibility partially delegitimises the existing authorities and throws open a new political terrain, is highly problematic. It risks all the myopia of classical individualism. Hence, it promotes the conception which overlooks the social constraints and promotes the notion of individual blaming. The basic cause of ill health is located within the individual and not in the system and therefore, the solution is intervention, primarily, behaviour modification and not structural change of the economic and social system and its health sector.

Major research done in the field of health psychology is more or less related to behaviour modification with mental health still dominating the field.

As far as theory development in this field is concerned, Parsons work is considered a phenomenon. The other is the Health Belief Model (HBM) which focuses on rationality and irrationality of a person when she/he is sick. Following the HBM, numerous studies have been conducted and most of these studies show

racial differences and class differences in the utilisation of health services. HBM is confined within the classical paradigm of medicine in which compliance, patient adherence, etc. are important concepts for understanding preventive health behaviour. It has weak explanatory power and weak methodology.

As it is quite clear, psychology even in the field of health, is used as an exploitative tool for intervention and places blame on the people. Studies from India such as “Attitude towards Health and Family Planning”, are the burning examples of the misuse of the concepts and tools of psychology. The conclusion of these studies lack epidemiological and critical social perspectives. The lower strata of the lower socio-economic groups, rural population were implicated. The very veracity of this sub discipline of health psychology is in question. Isolated perfunctory studies don't provide a sufficient case for formulating such a discipline.

The reductionism of behaviourism must be criticised as as mechanical as the reduction of psychological process of human functioning to the physiological process of behaviour alone. On the other hand, the metaphysical theory of Freudianism, which focuses on an unconscious mind, divorced from social and individual reality, is seen as the basic source of human affect, attitude and behaviour. A strong theoretical base combined with, a critical social theory is the need of the hour.

The Frankfurt School attempted to provide this model. In psychology Erich Fromm, Marcuse and many others have tried to provide a middle path between Marxism and Freudianism. But prominent proponents of this model are Fromm and Marcuse. For Fromm, analytic social psychology has its place within the

framework of historical materialism. Critical social psychology studies the social character which is practice of life as it is constituted by the mode of production and the resulting social stratification. Marcuse considers psychoanalysis as a set of 'meta-psychological speculation' rather than a clinically oriented 'technical discipline'. Marcuse has tried to link individual psychology with the social structure through needs and not for his psychoanalytic concepts.

Fromm's concept 'social character' and Marcuse's concept of 'essence' and 'the process of domination' can be useful in the field of health. But both the viewpoints suffer from pessimism and as Wellmer put it as a 'protest impotent in practice'.

The Marxist-Freudians remain at the periphery of American and English criticism of social psychology which is partly justified. So, there is a need for a critical social psychology which would include the description and analysis of precisely that intermediate level of social processes which Marxist-Freudians omit.

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