

The Social Construction of Health

From Early Modern Times to the Beginnings of the Industrialization

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Dimensions of the term 'health' – introduction

History and ethnology show how variable our understandings of health and illness are. Indeed, sometimes these terms seem to be rather hollow and almost devoid of meaning. The only features distinguishing them from similar terms – such as time and money – are that they may be related somehow or other to the biological foundations of human being. The historical development of the concepts during the transition from archaic societies to ancient Greece gives some insight into their meaning. For classical Greek antiquity differs from its historical predecessors by regarding nature and society as distinct orders in their own right. It was on the basis of this distinction that natural and social sciences arose. More significantly, this historical cultural threshold also affected our understanding of health, illness and medicine. Hippocrates and his followers separated health from religion. Even 'morbus sacer' was regarded as purely natural – to be explained from a purely medical scientific point of view. Furthermore the development of a particular type of hygienics can be seen in antiquity – which was especially addressed to the members of the aristocracy and upper classes. Here a healthy life was considered to be an integral part of an aristocratic existence – devoted to the ideals of moral quality. Health was not the aim, but the result of a harmonious conduct of life.

These preliminaries suggest the next problem: any interpretation of health refers to an anticipated order. Any interpretation of health constantly and inevitably contains certain rules of conduct. Therefore, any attempt to define the term 'health' immediately confronts us with the problem of – more or less – hidden values. Up to now, knowledge, meaning and values concerning the physical basis of action could be recognized as the reference points for defining health and illness. At the same time, these reference points determine the assignment of functions to medicine and physicians – or 'doctors' – within society. This enables us to differentiate the terms medicine and doctor: medicine and doctor *always* refer to a scientific form of knowledge about the body and related techniques, and they differ from healers who act on the basis of magic, religion or tradition as well as from relevant knowledge and actions in everyday life.

The present state of the discussion allows us to make assumptions required to continue the investigation. The 'theory of civilization' by *Norbert Elias* (as modified by *Gerhard Mutz*), the 'sociology of knowledge' by *Peter L. Berger/Thomas Luckmann*, the 'thesis of rationalization' by *Max Weber* constitute the theoretical and methodical base for the following analysis. These preconditions make physical and social aspects of man the basis of our investigation. Being organic and social creatures, human beings are placed between nature and society. They constitute their world as subjects and objects at the same time, facing constant tensions between their

who studied at university. All in all, it must be assumed that Christian-religious health standards were hardly reflected in the agrarian periphery. Hunger, illness and death were familiar to the people. Life was controlled by a 'nature' that confronted people with God's inscrutable ways.

During the Renaissance period the tradition of the ancient hygienics had not been revived comprehensively. An isolated ancient element, however, was particularly stressed: to lead a long life. Death was no longer considered the end of earthly existence, determined by God's inscrutable ways, and welcomed as the gate to eternal life. On the contrary, health *and* a long life were considered to be of equal value. 'De-religiousness', 'disenchantment' of death mark the beginning of the instrumentality of the body. The longer life lasted, the greater the chances of achieving individual goals became. The new urban environment created new ways of life and worlds of meaning, which also affected the perception and importance of the individual body and, later on, also of the body of the higher social unit, i.e. the town: the body was understood not only as a prerequisite but as a necessary physical requirement for purposeful action in the world.

As the field of reference of health expanded, the role medicine played and the target groups of recommendations relating to health changed accordingly. *Paracelsus* believed that way of life, environment *and* medicaments were applicable to an individual who showed inadequacy, and whose life invited intervention. The focus of hygienics was no longer the eucratic-harmoniously well-balanced individual of the ancient world but the frail 'man in the street'. Imperfect conduct of life, poor health or illness could be corrected by goal-directed medical intervention. A doctor claimed, at least, to have changed from a possible helper during illness to a constant adviser on bodily affairs.

Individual and social bodies that had so far been integrated into other-worldly life orientations were now open to new interpretations. As shown by *Luigi Cornaro*, an instrumental-rational and goal-directed use of the body developed during the Upper Italian Renaissance. This secularized way of thinking also recognized the ideological value of a 'healthy life' as 'natural' and, at the same time, as 'proper' life. This conception could serve as a model of 'natural life' to the upper and a model of social discipline to the lower classes.

The situation after the Reformation required a new analysis. It was true that the Protestant bourgeois made religious content his guiding principle in earthly life; thus his body was made the physical prerequisite for safe salvation – health became a new construct as an ethical virtuosity. The body had to be instrumentalized by 'that which is wholesome', in generally binding, systematic terms as defined in religion. Compared to the point of view dominating the Middle Ages, the differences are evident: at that time, the individual and collective body was not separated from nature but part of a uniform religious conception of the world. Now, there was a gap between religious meaning of life on the one hand, and the individual's qualification in his life on the other hand. At the same time, however, the pattern of behaviour became a constant factor that could be calculated by those who dealt with the Protestant bourgeois – that was the base of his economic success. A religious-instrumental ideal of health of that kind was given an obvious character in the expression 'health and

animality and their sociality. As a counterpart to the reduction of animal instinct, the 'open-mindedness' of man provides the biological basis of society and social change. The dynamic attitudes people show towards nature and society lead to the interdependent control areas 'man-nature' and 'man-man'. This socio-genetic aspect of the process of civilization is represented psycho-genetically in the control of 'me-I' within man. This is the 'civilizing process' in its narrow sense.

In view of these preliminary remarks the intended purpose of this paper is not to examine different opinions about health in terms of its specific, historical interpretation or their respective historical consequences for everyday life. This paper rather presents *ideal-typical constructions of health* and the way they result, in each case, from the leading interpretations of the interaction between nature and society as well as the consequences that follow for the general notion people have about their own nature. Only in a second step do these ideal-typical structures allow us to formulate questions that are to be examined from an empirical point of view.

In the following, three subject areas are selected for special investigation: individual and public health in early modern times (=1), individual and public health in the era of enlightened absolutism (=2), and the theoretical-scientific construction of health up to the industrialization (=3). Two aspects of health will at least be touched on: health as a social good of the constitutional and social state (=4) and health as an excluding category of the national-socialist "people's community" – i.e. the "nationalsozialistische Volksgemeinschaft" (=5). Summarizing (=6) attempts will be made to discuss the problems involved in the term health, relating it to socio-somatics.

1. 'Health' as a prerequisite and guiding principle of a successful professional life

During the Middle Ages, the world was considered from a religious point of view. Medieval hygienics was integrated into a way of life aimed at achieving salvation after death. Looking after one's well-being was related to a meaning that obtained its special importance from the faith in the resurrection of soul *and* body. This religious view of the world led to an ambivalent attitude towards body, health and illness. Health represented certainty of the grace of God, illness was considered a punishment and a special ordeal at the same time – such as shown by Job, a character of the Old Testament. Through exercising destructive asceticism, the body could be put out of one's mind; being a tabernacle of the soul, however, it might also be submitted to a systematic 'cura corporis' – such as expressed in the monastic rule 'ora et labora'. In any case, however, health was subordinated to religious thought and action focussing on life after death. According to the Christian way of thinking, health was not an aim in itself, but a possible result of a way of life intended to reach other goals.

In such a culture, medicine and doctors remained lower in rank than theology and the priesthood. This, however, did not rule out the possibility of consulting medicine and doctors, although this fact was neither considered to be of particular importance, nor was it usually taken for granted. Beyond that, the vast majority of people depended on the pragmatic help by persons skilled in the art of healing within the family and in the neighbourhood – outside the range of activity of medical science and of doctors

wealth' in cultures that had been influenced by Puritanism, i.e. at first in England, later on in America.

Apart from the individual purpose of leading a long life, *Joachim Struppius*, physician of the city of Frankfurt, formulated the obligation of the municipal authorities to provide for conditions conducive to health: the city and its authorities were under the obligation to enable their citizens to lead a healthy life. This was the only way to reach the generally-accepted goal of a successful working life; health was thus made a value-rationally founded public matter.

This way of thinking was in fact very different from the ways of thinking which were predominant in the advanced public health services in the Upper Italian towns and republics: there the municipal authorities early had recognized health as a part and precondition of an 'universalis civitatis salus'. Without reference to the value-rational reasons put forward during the Post-Reformation era, 'public health' existed independently of – though also part of – other goals of town administration, such as production and trade, civil liberty and power, stability of the law or defence. The result was a public sector that could be explained and related to the collective, biological body of the town. If it failed, any other goal of town administration would be jeopardized; a precondition for reaching the actual goals was its functioning. At the same time, however, this sector was an obstacle to any other goal, if it controlled everything else. The biological body of the town became a part of municipal policy, which had neither existed in the ancient world nor could be found in the feudal neighbourhood.

Triggerred by the first surge of the plague, a reactive warding off of the danger was organized only from case to case in the beginning. Very soon, however, necessary arrangements were made on a permanent basis – e.g. putting sick persons into quarantine. This finally resulted in approaches to set up a lasting health protection, taking into account possible future developments. This task allowed municipal health policy to combine individual fields and policies that could be related to the collective body of the town or to legitimize new policies. These new policies made the urban society more transparent or had already started to influence it specifically. In addition to monitoring hospitals, doctors also kept a check on food, etc. In this context control of transport and trade or social fringe groups such as beggars, prostitutes should be mentioned – all laid down in the regulations issued by the 'Magistrato della Sanità' of Venice. What is more, the initial stages of an independent municipal social policy – such as the provision of food and work – were the consequence of the imminent danger of epidemics. Due to this power and control-oriented perspective which dominated the early stages of a health policy, doctors did not succeed in obtaining key positions in municipal health policy.

During the Renaissance and Reformation, 'health' became an individual and – at least as far as the towns were concerned – public biological foundation of goal-directed action. Health-oriented behaviour developed into the value-rational principle of everyday individual behaviour. These principles fitted in smoothly with the supreme religious orientation. Health-oriented public conditions became the prerequisite for this way of life. By his faith, the Protestant citizen, living in an economic or commercial town, liberated himself from the legal organization of the age of personal law that was religiously substantiated and structured in feudal terms. He

regarded faith, justification and atonement as being assigned to himself, for which he himself was solely responsible. For this purpose medicine, closely connected to religion, provided instructions for care of the self.

Medicine now provided an inventory of additional arguments for rationalizing necessary modes of behaviour and conditions. It gradually started to break the chains of religion: within the world of meaning of individual and public bodily availability, it started to create its own field of activity. The urban Protestant bourgeois emerged into a human being who took sole responsibility for himself, who adjusted his individual and social life rationally to complex systems of action. Thus, health as a generally binding principle of everyday treatment of the body was a specific invention by the urban citizens. The majority of the people, in particular those living in the rural areas, did not abandon their personal orientation characterized by feudalism, and remained unaffected by efforts to support public health education.

2. Health and Morals for the Citizen, Health and Piety for the Peasant

The attitude people showed to health and illness changed fundamentally between the Renaissance and the bourgeois revolution: the functionalizations of health resulting from personal and political everyday action, were systematized. The body became a preferred subject of scientific approaches and investigations. For the individual and the state, health became an object that could be handled in moral terms.

In the course of this development the natural body of the individual took the shape of an externalized object: An object that was given a meaning of its own. Indeed, it was made the object of the intellect which reconstructed it. These objectifications transferred a strategic role to the body; at the same time this knowledge reacted upon the body:

- The body was investigated from a scientific point of view;
- Science was given methodical access to the body;
- The body was made the subject of scientific findings.

In this early stage of a 'nature' that was arbitrarily made a subject which could be perceived and investigated, levels of knowledge, meaning and value remained indissoluble. However, it is true that the medieval conviction of the individual and the world being in God's safe hands, was lost: In *Descartes'* 'cogito ergo sum' the autonomy of the ego, the nature of the ego, and the nature of human being were defined in relation to thought. Therefore it became possible to put the body into the center of attention, and the theoretical basis was provided for seeing, investigating and forming the body as an object. Being a rationalist, *Descartes* considered physics to be an example of unconditional, pure thinking. It dealt with simple bodies and their movements. According to *Descartes*, medicine was concerned with composite bodies: study of the organism was identical with study of life. The purpose of medicine was therefore to educate people in how to preserve health and, thus, preserve life. Hence medicine was in a position to determine the meaning of an organic interplay, i.e. the meaning of social life. Due to this, *Descartes* considered medicine

to be the appropriate science to improve mankind.

Nevertheless, a given 'divine' order remains behind all inferential scientific findings and rules: the alleged perception of nature is metaphysics, God continues to be the origin and last reassurance, the body continues to be – though supposedly objective – firmly established in a religious value-rational general picture and in the inferential inner-worldly standards of value and meanings.

This also applies to the other school of scientific findings, to *Bacon* and his socio-political effects on Protestantism in England as well. The empiricists, too, recognized the divine order present in nature. Initially, a human being was created without disabilities and, consequently, destined for eternal life. As a consequence of the Fall of Man, he was punished with physical degeneration and physical illness. Mercy and help existed, however: health and a long life were considered the anticipated sign of the grace of God. Jesus Christ was the doctor of soul *and* body. For the Puritan, medical strengthening became the counterpart of spiritual restoration.

We find these ideas, thoroughly expressed by *Leibniz*, in his 'theory of state'. The orders of body, soul and society are put on a standard of equal values, which constitute the order of society. The individual body of man and the social body of the community – i.e. the state – are to be formed by means of faith, justice and health with the help of church, law and medicine. God continues to be the Creator, a guarantor of eternal harmony and order. *Leibniz* related the other-worldly orientation systematically to the inner-worldly probation within a society that was appropriately organized.

Through his critique of knowledge, *Kant* deprived knowledge of nature of its reassurance that was defining meaning and values. Methodically, it is not possible to furnish proof of the existence of God – faith and cognition are separated categorically. Life-orientations in terms of values can thus not be found and substantiated by an assumed identity of religious value-rationality and theoretical-rational conception of the world. At the same time *Rousseau* classified nature to be a value in itself: nature, and the natural are good. Thus, rationally-derived ethics and the virtues inherent in the nature of man should develop throughout one's whole life by way of the available political means and a specific education. *Rousseau* claimed that hygienics was the only useful branch of medicine though it was less a science than a virtue.

Modern science made the body an instrument. It separated the body from other-worldly powers, and also from other-worldly mercy (grace). Thus isolated, the enlightened citizen – such as *Kant* – gave careful consideration to his innermost feelings. Typical of that period was the hypochondriac. Health was no longer the balance between body and world. Health was considered in negative terms. Here *Paracelsus*' complete about-turn took effect within the social order: 'Only through illness (...) knowledge about a healthy body can be obtained' (*Kutschmann* 1986, 402 f.). The danger of making health an entirely negative definition of pathology, a condition which not (yet) required medical intervention, was just prevented by giving an identity of knowledge of the world and knowledge of morals to it. Thus, the body was made an object of scientific investigation; at the same time, however, it was integrated into the secularized value-rational 'practical reason'. The body could therefore finally be given shape – even required to be shaped – through individual and public rational measures.

The enlightened 'bourgeois' classes abandoned the relation between religion and medicine, health and success in the world. The new identity of reason made a healthy life an approach, a philosophy that was known as reasonable and thus appropriate in moral terms. A new stage of individualization was achieved: a healthy life no longer focussed on a higher life in the world to come, of which success in the world was merely a worldly indication. On the contrary, the goal, and the way to achieve it, became identical within the life in the world that was daily being ascertained in rational terms. Mankind was thus entirely left to itself. As a consequence, man himself found his own maxim – including a moral regime of the body within health.

Even in this causal connection, however, health and medicine remained secondary values. *Hufeland* said that 'macrobiotics' as a method to lengthen one's life should not be mistaken for 'ordinary (normal) medicine or medical dietetics'; neither could man and his higher, moral aim be separated physically (*Hufeland 1797*).

In addition to this, the new level of integration in the territorial state created a stage of social development which enabled the individual to become aware of 'a body of the state'. By the military constitution of the territorial state and early forms of government economy, feudal structures and those in line with the statutes of a guild were being gradually eroded. In the beginning, the continuing and far-reaching structural changes within the state led to a transfer of the control elements of the traditional municipal health service to the state. Sectors emphasizing the personal aspect, such as medical care for the poor as well as hospitals, remained within the competence of the municipality.

Beyond these developments in the field of public policy, and against the background of general mental and social changes, health, in the true sense of the word, was realized as an object of public action. The state of enlightened absolutism turned from a policy solely based on the principle of order to a policy intended to form society, which should strengthen its internal and external power. Mercantilism or cameralism realized that the population of a state was a factor of production and power. The health program, outlined by specialists in public law and cameralists, was based on the following ideas: growth in population, safety of life and welfare. In the public presentation, health was given three functions: in external terms an increase in power, in internal terms an increase in population and production as well as a social discipline imposed on the population on the domestic level.

Medicine, taken by surprise by this new field of activity that had been equipped with public authority, was urged by political scientists to contribute to the – now scientifically-founded – administration of the state: 'it is highly important and characteristic of the entire development of this new branch of medical science (...) that it received its decisive impulses from the police sciences, i.e. a subsection of the political sciences' (*Lesky 1959, 104*). Those who founded and supported the development of a modern public medicine were, apart from the philosophers *Leibniz* and *Wolff*, experts in public law such as *Justi* and *von Sonnenfels*. *Johann Peter Frank*, in his famous 'Medicinische Polizey' now seems to have been a latecomer. Nevertheless, this 'opus permagnum' shows that all sectors of private and public life should at least be entitled to medical attention, to medical control.

The medical police in Enlightened Absolutism turned sanitation, which had once

been based on observation and reactivation in the early territorial states, into a future-oriented policy. The state developed independent public health authorities and defined the favorite objects of intervention in terms of the policy to enlarge the population: women and children. The behaviour of citizens, too, was recorded by public health policy for the first time: on a large scale, health was recognized as a means to impose social discipline – here, the ideas of the Age of Enlightenment form a uniform picture: in *Rousseau's* 'contrat social' policy was made society's tool to maintain order; in *Rousseau's* 'Emile', pedagogics was made a person's tool to maintain order. A rational health education became an important instrument in these interrelated tools to maintain order – the pure nature of man should be integrated again in the social order: 'The old hygienics concerning the individual shall expand to social and public sectors' (*Mann* 1966, 68f.).

In line with governmental instructions, public circumstances were now being investigated: The state developed virtually its own executive and perceptual authorities, intended to pass on information and carry out all projects – population statistics, medical statistics, medical topography as a method of public diagnosis, church and school as improved social agencies of health education and, finally, to an increasing extent, medicine as a technical instruction and practical knowledge. The idea that the protection of public health should be provided by medicine now took shape, and first attempts were made to realize these plans. For doctors, who were mainly coming from middle-class families, for the first time a new social world opened up that promised access to exclusive fields of activity under the protection and authority of the state. That interchange of power/control on the one hand and knowledge/science on the other hand was emerging where medical interpretation patterns explained individual and social behaviour, private and public relations. Doctors and medical institutions began to expand and to influence popular traditions. As is well known, *Foucault* believed that this was the moment when medicine, as the science of pathology, became the dominating science of modern society in the discourses and dispositives of power. At the same time, the middle classes gained a device to exert discrimination – against aristocracy as well as against lower classes: thus health not only provided medicine with a field of activity, but gave the middle classes – and the doctors of middle-class origin – a prominent social rank.

3. The construction of health in terms of theory and science: the 'homo hygienicus'

Towards the end of the 18th century, the concept of health – together with the concept of medicine – was comprehensively defined or formulated. For by now the decisive mental and institutional associations had been established. A particular social power, however, can neither be attributed to the moral-philosophical (ethical) construct of health nor to theory and practice of medicine. The underlying reasons are to be found both in the social development and in the development of medicine. The society of enlightened absolutism was based on a corporative system. Being of middle-class, 'bourgeois' origin, the ideal of health did not reach the aristocracy nor the agrarian

periphery. In addition, no adequate distinction could be made between medicine as a science and other disciplines; this prevented medicine from developing power in individual and public life without raising contradictions.

The influence of 'medicine within society' therefore shows two aspects to be considered: on the one hand, the development of the life-world in general, and, on the other hand, the scientific development of medicine. In his works, *Cabanis* drew his conclusions from critical rationalism. The synthesis of science and moral-philosophy should provide the rational principles for organizing society. There is an interaction between man and environment: environment and an appropriate conduct of life may contribute to controlling the 'primitive temperament' of man, developing the good inherent in man, and make of him an ideal citizen. Man could improve in moral terms if his environment was clean – in this way, an identity of the physical outward appearance and the moral, innermost feelings was being established.

Releasing man from his religious values does not mean giving up his physical existence to be governed by values: individually, health was now equated with moral and natural goodness, illness with guilt. The traditional categorical relations of health and illness had again been exchanged. Illness was no longer considered to be an atonement for sins that had been committed or an ordeal imposed by God. A difference was made between natural illness and that occurring through one's own responsibility. Epidemics were regarded as natural illness – nobody could escape them. Illness arising from one's own responsibility, however, occurred a great deal more frequently. These were considered to be the physical consequences of moral carelessness – this idea, formulated by *Rickmann*, was based on the assumption that identical causes lead to identical effects within the moral and physical world.

The idea of a 'Santé Publique', a 'public health', indicates an idea that has been influencing the discussion up to these days: it is true that public investments in health establish a right to health; this social right to health, however, always entails an individual obligation to preserve health. Thus, the dimensions of public medical care that are given (basically) always belong together: public conditions conducive to health and the individual's appropriate healthy behaviour. The reason for this relatedness is constituted by the normative aspect that is – immediately and inevitably – involved in 'health'. This constitutive aspect of health must be incorporated in a public form of health and conveyed by way of the relevant values and norms. This, in turn, enables health to develop (gradually) in terms of power and control within the public sector.

The change from the Ancien Régime to industrial society thus proves to be a cultural threshold for the social construction of health: there were scientific terms and concepts defining meaning and values; at the same time, developments became evident in the society that gave a new impetus to civilization. The corporative society was starting to disintegrate due to new forms of production and trade that were based on mobility and communication. The unpropertied part of the rural population which had so far been integrated in relatively stable conditions changed – through vagabonding paupers – to a proletariat. The proletariat populated the industrial towns, where people had to adapt their life orientation and the way of living to entirely new productive and reproductive conditions. The world explanation and world view of a

feudal-corporative society, the 'natural' prerequisites of rural life and the related religious overemphasis were no longer effective in the developing industrial centers. In line with the scientific-technological production, scientific world explanations of reproduction came into force. Natural sciences considered themselves experts at delivering world explanations. This is particularly shown by the examples of Darwinism and biologism towards the end of the 19th century. Medicine, too, adopted this role: the previously marginal group of physicians began to develop professionalism by adopting the function of explaining the world in terms of individual and public health. Therapeutic competence was not required for this task.

Social power and social values must be effective in a differentiated society out of range of organized control. Here, 'health' could – and still can – show its productive effect both as an offer guaranteed by society and as a socially-sanctioned behavioural expectation, since a conception of 'health' of individual and collective bodies, serving as a social standard, permits a change from repressive measures imposing control and discipline to stimulating alternatives which offer the opportunity of acting. As far as the body can be considered the reference point, these opportunities may constitute a meaningful orientation even to a society that is becoming increasingly differentiated.

The developing industrial society created just these sectors that could be related to the body and the conception of standards involved: The bodies of the urban lower classes came to be looked upon as working power that could be exploited, the bodies of women definitely became an instrument of the long-term reproduction of manpower. The idea, that all persons should be equal helped to recognize the various states of need; at the same time, however, there was the problem of explaining obvious inequalities. As a consequence, the poor changed from a necessary object of private 'caritas' or public 'charité' to being seen as genetically inferior. The refuse of help could now be justified, the impact of help could be planned. A broad field of possible definitions and interventions that could be related to individual and collective bodies opened up, which gave way to a new expertise on somatism.

Having already been urged by enlightened rulers – or simply due to competition against laymen skilled in the art of healing – medicine, on its own initiative, systematically began to give connotations to the term 'health' within the tension field of social processes of politics and production. The 'Medical Reform' of 1848/49 was part of the rise of the middle classes. *Virchow's* famous remark that 'medicine is a social science and policy is nothing else but medicine on a large scale' (*Virchow* 1948, 125) is a formulation of an almost grotesque claim to power, which unites endeavours of the medical profession. It is true that this new line called for the right of health for all people and tried to base this right on a sociologically-oriented epidemiology. At the same time, however, special professional interests decidedly advanced. By the middle of the 19th century, neither the social process of differentiation nor medicine's ability to make definitions, however, had developed in a way that gave health a value-free significance. It was not until *Max von Pettenkofer* had outlined his experimental hygiene around the middle of the century that scientific evidence could be furnished about unhealthy conditions. The borderline between supposedly 'natural' illness and epidemics ordained by God, began to shift in favor of concepts of illness that could

be identified and, thus, be influenced. Due to this fact, health suddenly seemed a purely scientific, provable way of life – as a negative definition of pathology. Health, in this form, apparently had no longer to be explained with recourse to other systems of thinking, or other value systems. The literature at that time, dealing with the education of health, as an immediate consequence no longer gave reasons for the value of health: the sanitation of the towns, seen from a scientific and engineering point of view, was transferred to individual health. In 1877, *Carl Reclam* demanded that each family should have a health department of its own, personified in the head of the family.

Two generations later, *Alfons Fischer* complained of the ‘autocracy of natural hygienics’; this was a ‘bad’ mistake in spite of progress that had been made (*Fischer* 1933, II 439), since natural hygienics, which was effective by way of a health technique, separated the cultural intentions of medicine and health from public health protection. But it was just this separation of knowledge and values, this scientific objectification, that made hygienics capable of policy within the public sector. The fact that health, being a value, transferred other values was ignored. Implicitly, however, this value again invaded the public sector through intentions and effects of health. The public substantiation of the value of health was now based on strictly scientific aspects, too. The welfarist mission of the absolutism concealed the claim to power made by the state. In terms of national economy, the value of health was considered from a scientific point of view. Public health care was thus regarded as an imperative socio-political investment. Through English and French precursors, this way led directly to the ‘national economy of health’, ‘*Gesundheitswirtschaftslehre*’, by *Pettenkofer*. Despite its great number of new scientific characteristics, however, experimental hygienics, too, proved to be a combination of philosophical, philanthropic, political, religious *and* scientific perceptions. Cleanliness stands for morality, morality stands for morals, morals stand for a sense of responsibility. General cleaning rules became the cure-all of sanitary sciences, water was made the secular donor of salvation: due to the sewage system, the social and moral problems of an early industrial town were being swept away. At the same time, though, a construct, already traditional in the upper classes, i.e. ‘health and moral’ as formulated in the expression ‘health, cleanliness, morality’, was made an instrument for colonizing the lower classes.

The spectacular advances of bacteriology, brought about by methods that were clearly reproducible, broke up the scientific and ideological world of experimental hygienics. According to early bacteriology, the prevailing illnesses and epidemics were solely caused by germs. These could be detected at the microscopical object and specific hygienic measures to combat epidemics could be initiated. The identification of the specific germ of a disease allowed an individualization of those forms of illness that were publicly regarded as scandalous and indicated purely medical ways of dealing with them. Once and for all, health had now been deprived of any religious, moral, philosophical or philanthropic connotation: being a purely technical struggle against illness, it solely concerns physician and patient, or is subject to aim-directed, specific measures by towns or the state. As a personal principle, health also follows purely scientific categories (*Sand* 1952, 107):

“Personal hygiene was for a long time a philosophy, associated not only with medicine but with religion, morals, education and the art of government. Later, it became a science, with physiology as a basis and the discoveries of parasitology, bacteriology and immunology for its enrichment.”

The course of the development as indicated above shows that since the beginning of modern times any progress made in the field of social differentiation and integration introduced a new conception of health. At the same time, medicine, offering theoretical-rational specialized knowledge of the body, provided a gradually increasing inventory of arguments to establish socially-developed demands made of a specific form and behavior of the body – medicine increasingly approached the official role of a ‘conceptual machinery of universe maintenance’ (*Berger/Luckmann*) of individual and collective corporeality. On account of bacteriology, the causal connection reaches its limits beyond which it can obviously not be extended. Health appeared not only as an aim in life ‘in itself’, but also as a scientific value ‘in itself’, devoid of any other substantiation. An individual who considers health to be the ultimate aim in life ranking before any other value, and who orientates his life towards the principles of medical science – the ‘homo hygienicus’ – was finally created.

4. First prospect: Health as a social good

During the height of Germany’s industrialization, health became a term which had a great number of connotations regarding the structuring of society – as a generally-binding principle of life and behaviour; important as the only basis of existence of those classes dependent on wages; as an apparently depoliticized – since scientifically-founded – conception of public, municipal and industrial social policy. The scientific construct of health, as embodied in the figure of the ‘homo hygienicus’, remained neutral in terms of value and classes, it allowed a political control of the risk of illness and of the social conditions and consequences involved, as well as a long-term guidance of the behaviour of the working classes that were participating in the active assimilation process. Analogous to the scientific and technological construction of the productive sector of industrial life, the working classes were provided with a comparable scientific and medical construction of the reproductive sector: science and technology within the working world corresponded to the orientation in everyday life as regards medicine and health. The scientific construct ‘health’ which, as a maxim of action, had so far only been effective in the middle classes, now became a social construct, binding for the total population since it neutralized entirely divergent interest and reference systems within a new world of meaning. The ‘medical power of interpretation’ was able to develop due to the social change from an agrarian society to an industrial society (*Labisch/Spree* 1989). It was not the aim that was controversial, there was only a controversy about the ways and forms of organization.

The social reality of the world of meaning of the ‘homo hygienicus’ spread through different ways. Social hygienics gave a scientific foundation to the social connection of arguments that had been destroyed by bacteriology. Group-related

public health services – as a practice of social hygienics – were directed to working-class women and working-class families, being the media for reproducing manpower. Working-class women and working-class families were made the genuine targets of medicalization.

Statutory health insurance offered security against the individualized risk of illness. The social benefit of health insurance was the political pacification and social integration of the politicized working classes. The panel doctors were in charge of that part of the population that, in economic terms, was productive. To guarantee a short-term reproduction of manpower by means of control and restoration of the ability to work was the most important goal.

These partial processes could proceed that quickly, comprehensively and successfully, because, in the wake of a stage of passive colonization, the lower classes were now being involved in an active process of assimilation – thus, there was not only a demand for help, but also for a new world of meaning in order to substantiate new, adjusted behavioural patterns. Health-plan employees, originally workers, and philanthropic physicians for workers must be regarded as the mediators among these differently-oriented partial processes. Therefore, social imitating, social learning and compulsory socialisation produced similar effects. The industrial workers could accept the construct of health as being an adequate part of their social movement.

Behind these partial processes, the general process of rationalization and differentiation of the modern age was working: it was inevitable to colonize new peripheral lower classes in order to guarantee a sufficient and permanently exploitable potential of manpower. In this case, the interests of those groups were satisfied who – for reasons of social policy or political economy – were interested in having a share in the implementation of the social construct of ‘health’. Thus, health proves to be a social construction of industrial societies, as far as it can be related, some way or other, to individual and social bodies: here, health provides the legitimation for a socio-technological organization of conditions and behaviour. As a consequence, health became a social good, almost meaningless, pervading all social sectors: it represented, more or less, the biological foundation of social participation.

5. Second prospect: Health as an excluding category of the national-socialist “people’s community” (“nationalsozialistische Volksgemeinschaft”)

A conception of health that was, in this sense, totalitarian, became a standard of order for society as a whole only during National-Socialism: at that time, however, it was no longer based on the including principles of the welfare state, but on the excluding principles of racial values. Although these ideas had been outlined in racial knowledge (i.e.: “Rassenkunde”) and racial hygiene (i.e.: “Rassenhygiene”), *Adolf Hitler* took them as a foundation underlying his horrible, yet consistent, model of society.

The ‘racial’ state derived its legitimation from a biologicistic model of society that was based on the sciences of health and that could be implemented by health policy and medicine. *Hitler’s* ideas of health and the protection of health of the German people are indicated in the long-term goal of an Aryan population, pure-blooded and

free from hereditary diseases and, thus able to preserve the Aryan race.

The 'Aryan' race became the basis of the National-Socialist 'People's Community'. Its excellent 'Nordic' genotype should be saved from extinction and supported to become stronger – internally and externally – for the secular racial conflict. Now, National-Socialist eugenics and racial hygiene were made a program:

- racial segregation of 'foreign' blood, mainly concerning the 'racial parasite', the Jew;
- elimination of persons inflicted with hereditary diseases, persons with 'weak' genes and those not willing to live as a member of a community from the 'Aryan population of German blood' by preventing them from reproduction, and
- a goal-directed genetical improvement of the remaining 'Aryan population of German blood' by way of permanent selection.

This type of health policy no longer counted on constitutional and welfare state principles of sociopolitical and sociohygienical inclusion. It rather counted on a biologically-founded exclusion and an absolute selection that was, as a consequence, necessarily concentrated in the field of public health.

National Socialism was an experiment to organize a whole society exclusively along biologicistic lines. Hidden behind the ideology of a national community of efficient Aryans, characteristic of their race, bourgeois elites, together with national revolutionaries, legitimized oppression and exploitation on the national level as well as external expansion. Biology in general, and in particular the study of races serving as anthropology, as well as medicine in general with racial hygiene serving as the science of health, provided the supporting theories of this new reality – a long time before it required a relevant legitimation and a long time before the National Socialists obtained the potential for political action. Due to the subsequent perversion of the conception of health from a social good of the inclusive constitutional and social welfare state to a biologically-defined category of exclusion from and selection within the Aryan people's-community, the function of medicine and physicians had inevitably been completely reversed. Thus, it was anything but coincidence when physicians personified the legal – and later illegal – exclusion and selection during National Socialism: it was rather the logical, inevitable consequence of the social categories 'race' and 'free from hereditary disease'.

6. Summary and discussion: approaches towards socio-somatics

People have to explain their biological being in appropriate forms of meaning. Thus, the physical/bodily existence of man is subjected to a 'compulsion to give it a meaning' (Sinnzwang); that leads to sanctioned, typified and internalized forms of perception and shaping of the body. In this respect, the ways of perceiving a physical existence always refer to a classification in terms of values and vice versa. This accounts for:

- the range of interpretations concerning physical facts (to be found in historical and ethnological investigation);

- the necessity – found at all times and everywhere – to give physical facts, above all birth, puberty, reproduction and death, a particular meaning;
- that bodily failure (illness, physical handicaps), being a remarkable lack of biological reserve of action, and
- health as an unobtrusive biological reserve of action, given now and in future are intertwined in a given world of meaning and conceptions of values of a society.

The relations of a sociological ideal type of individual and public health are provided by the historical developments of the control spheres 'man-nature', 'man-man' and 'me-I'. During the Middle Ages, the body was orientated to a transcendent value-rationality. As a consequence, the body was no longer subjected to a theoretical and rational process of knowledge; the biological aspect of human existence, however, was value-rationally integrated in a religious point of view, concentrated on God. As individual and collective bodies were being perceived and subjected to a process of cognition in terms of theory and rationality, the value-rational aspect of human existence had to be reconsidered accordingly. Here, the following aspects are noticeable: the inner-worldly and religious classification of Protestantism and Puritanism, the inner-worldly, value-related ethos of rationalism and empiricism during early modern times that was oriented towards ontological principles. And finally, the inner-worldly and value-rational classification during Enlightenment in conformity with a secular conception of moral values and adequate to the knowledge of the world. At the end of this process, the theoretical rational knowledge is equated with the value-rational classification of the body. Inner meaning and value-related aspects of the physical existence are obtained from theoretically-rational knowledge. The extreme point of this development has been reached when the theoretical-rational knowledge of the social body is accepted as the only explanation of the meaning of the world and as dominating forward-looking actions. The biologicistic monism of National-Socialism – that was to be realized over a period of 600 years within the pure-blooded Aryan population, free from hereditary diseases – constitutes the counterpart of the religious value-rational explanation of the body.

The different social constructs of health are giving a structure to ideas of the function of the individual and social physical potential for actions: they integrate the physical existence of man into the conception of meaning and values a society holds. Therefore, health always conveys general conceptions of meaning and values that refer to a given potential for actions now and in future. As a consequence, health is always defined in teleological terms, too, i.e. it is goal-directed. This, however, rules out the possibility of explaining health value-free. As a result, forms of meaning and conceptions of values always contain biological and physical aspects that are decisive factors in determining social reality.

Thus, health is the sector where individual conceptions of the body and individual physical potentials for actions and performance overlap. Health is also the sector where conceptions conveyed in the public coincide with the resulting bodily expectations concerning behaviour and performance. Accordingly, here the cleavages can be found between inner meanings, presentations and performances of the body, which are produced by the individual and demanded by the public.

The necessary connection between physical and social existence determines another characteristic of health.

It is true that in industrial societies health is considered to be a collective good: the collective goods of modern constitutional and social welfare states, however, depend on certain stages of civilization. The body, on the other hand, exists – at all times and at all places – in any form of society and community that is conceivable. Therefore, *Parsons'* well-known formula of health as a 'generalized, symbolic means of exchange', comparable to money, language or intelligence (*Parsons*² 1978, 593), holds true only to a limited extent: here, a form of society is being assumed that already requires general means of exchange. This definition thus extends to specific social systems only.

To sum up, it can be said that the body is a basic fact and condition of human existence that has to be fully understood – at all times and all places – in relation to appropriate worlds of meaning and derived conceptions of values. These conceptions of meaning and value cover the respective bodily aspects of individual and social action. Consequently, they control the perceptions of individual and social bodies. Thus, they constitute a general means of socialization as well as a specific tool of colonization and assimilation in all given and all conceivable societies.

The ethnologist *Mary Douglas* gives the following summary (*Douglas* 1970, 65):

"The social body constrains then the way the physical body is perceived. The physical experience of the body, always modified by the social categories through which it is known, sustains a particular view of society. There is a continual exchange of meanings between the two kinds of bodily experience so that each reinforces the categories of the other. As a result of this interaction the body itself is a highly restricted medium of expression."

Mary Douglas thus emphasizes the 'daring assertion' by *Marcel Mauss* (*Douglas* 1970, 65):

"... boldly asserted that there can be no such thing as natural behaviour. Every kind of action carries the imprint of learning, ..."

Mary Douglas concludes, again referring to *Marcel Mauss*: (*Douglas* 1970, 70):

"... maintaining that the human body is always treated as an image of society and that there can be no natural way of considering the body that does not involve at the same time a social dimension."

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More detailed see:

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