INTRODUCTION

The survival of any human society is inextricably linked with the health of its population. Since ancient times, human beings and societies have tried to discover rules and protocols that would enhance chances of sustained good health. The term "Public Health" reflects this concern for ensuring health of a human collective. In sociological terms, the word "public" implies the outcomes of interactions between individual human beings. There are two broad sociological perspectives in which it is possible to locate an analysis of the concept of public. The first, which is the individualistically oriented social philosophy, views the total (the Gestalt), as the sum or outcome of actions and motives of distinct individuals. In the second, which is the collectivistically oriented social philosophy, the causality runs the other way round. According to this perspective, individual actions and motives are the derivatives of the total i.e., the Gestalt. Therefore, in the former perspective, the focus lies on the individual, while in the latter, the focus lies on the collective or the social constellation of which the individual is the part.

This is of course an oversimplification for heuristic purposes, for the interconnectedness between individuals and collectivities is bi-directional and complex. Nevertheless, this distinction is extremely important in understanding approaches and perspectives in both the social sciences and in public health. Indeed, they inform both a world-view and a method, with profound
consequences for how a problem is defined and what solutions are sought for it in policy.

The concept of health also needs to be understood in the light of two diverging philosophical perspectives. The first is the natural scientific perspective, which constitutes the foundation of modern medicine. Here, the individual is regarded as an essentially biophysiological and neurophysiological system, which can be broken down into an unlimited number of subsystems (anatomical, cells, molecules, genes) that are functional parts of the whole. Disease is considered as a malfunction of one or more subsystems resulting in somatic, psychological or social dysfunctions. Health represents the opposite pole to disease. Thus health, interpreted, in this philosophical tradition, as lack of disease, is nothing but a residual component of analysis. Such a conception of disease and non-disease i.e., health, originates from a mechanistic view of the functioning of a human being.

Descartes first propounded this idea of the human analogue of a machine. He said that the human body worked like a self-propelling machine and that health can therefore be regarded as the perfect working order of that machine. Thus, according to this conception, a sick person was like an ill made or non-functioning clock.

The second philosophical paradigm stems from the ancient Greek or indeed Ayurvedic tradition of holism. In this view, health is regarded as the ability of an individual to achieve an existential equilibrium. This idea of an existential equilibrium encompasses a wide range of factors, both internal and external. It involves the interaction of an individual with his physical, social and
psychological environment. A holistic approach emphasizes that health cannot be perceived only in narrow biochemical or biophysiological terms. Health is also socially and economically determined.

Public Health, understood in these paradigms, therefore, seems to throw up two distinct and conflicting streams of ideology. One is the mechanistic ideology, based on Cartesian praxis, which identifies the micro unit of the individual (in modern times, the units are the cells, molecules and genes that make up the body of an individual) as the main actor in both the creation and cure of disease. The second ideology adopts a holistic approach and moves out of the narrow define of the human body to locate the cause of disease in a host of socio-economic and environmental factors. Thus, it prescribes a solution or cure, which is not individual-centric, rather that involves structural changes in the socio-economic milieu of the collective of which the individual is part. So, in the former ideology, the responsibility of health or disease lies solely with the individual abstracted from his socio-economic context, while in the latter, health is regarded as a collective responsibility of the society.

The genesis of such divergent ideologies can be traced back to the major philosophical debates and progress of thought over the ages and across several civilizations. Through the ancient and medieval times, religion played a dominant role in the conception of life and nature. Since every social, cultural and natural phenomenon was associated with some supra-natural creator of the Universe, the description of the individual, his interaction with his surroundings and his internal nature, was imprisoned within the metaphor of religion.
The Enlightenment project initiated by radical discoveries in the realm of physics, chemistry and biology, liberated philosophy from the prison of religion and accorded supremacy to the function of human reason. Kepler and Galileo’s observations of the solar system and the development of Newtonian physics marked the victory of Mechanical and Natural Philosophy over Renaissance Naturalism or Vitalism. Newton’s discoveries and precise mathematical elaboration gave rise to an all embracing generalization that the Universe consisted of particles in motion, which yielded to mathematical treatment from the smallest particle to the largest corporeal aggregate. In terms of the human body, while Renaissance Naturalism had stressed the union of spirit and matter, Mechanical Philosophy treated it as a homologue of a machine. Descartes attacked the Aristotelian and magical view of nature and asserted that the human being was merely a machine driven by mechanical causality and amenable to mathematical analysis.

Philosophy does not thrive in a social vacuum. It is difficult to say whether the political and social developments of the particular place and time influence thought or whether it is the other way round. However, the close interdependence of the two is irrefutable. Thus, there were intimate links between Aristotelian physics and the organisation of feudal society. Similarly, the replacement of Aristotelian view with the Newtonian one was closely associated with the fall of feudal society and the emergence of the new capitalist one. The bourgeoisie in this brave new world had two objectives: on the one hand, it had to overthrow feudal hierarchies that obstructed the growth of private initiative; on the other
hand, it had to ensure the flow of cheap labour, who would accept minimal conditions of social and economic subsistence without raising the demand for a more egalitarian organisation of society.

The positivist school of thought, rooted in the Cartesian conception of man and nature provided the theoretical groundwork for the fulfilment of both these objectives. It uprooted the individual from his socio-economic context and placed the responsibility of his achievement or failure, economic or otherwise, squarely on him. Thus, the individual was perceived to be ahistorical, and untouched by the social and economic forces that determined his location in society. In fact, conversely, the idea propagated was that, it was the individual, who determined his social location, and, not vice versa. Thus, any discontent among groups or in Marxian terms, classes of people, could be countered by beautifully turning the tide of discontent, back towards the individual himself. The individual being the creator of his own socio-economic or health status, must direct his efforts towards initiating changes in his self and behaviour, rather than in society or the functioning of the state. This is the inherent logic in the emergence of the positivist school.

Methodological individualism is an offspring of this positivist school of thought. At the heart of the predominant philosophical tradition of contemporary society is the atomistic individual of the idealized market. In contrast, the other paradigm of thought namely, methodological holism, perceives the individual as a historical entity, a part of a collective, whose social location is determined by forces outside him, and on which he cannot exercise any absolute individual
control. This of course is not to deny him, will and agency, but to contextualise them, noting their limits and how they are related to social and economic contexts. According to methodological individualism, social phenomena can be explained as outcomes of individual behaviour. In contrast, methodological holism explains social phenomena by invoking the behaviour or properties of entities, which are irreducibly supra-individual, such as culture or institutions.

In public health studies, methodological individualism and methodological holism have strong counterinfluences, which manifest themselves in the form of the two dominant ideologies mentioned at the beginning of this section. A history of Epidemiology, which, in a wide sense, studies the distribution of health and the conditions of health in populations, reveals the influences of these divergent ideologies. The sanitary movements in England in the late nineteenth century, initiated by Chadwick, and consolidated by Farr, Snow and others, the discussions on economic causation of disease (relating disease with poverty) by Villerme and Virchow, are instances of the impact of methodological holism on public health discourse. In contrast, the post germ theory developments in epidemiology, its gradual retreat into individual-centric approaches in the form of risk factor, clinical and molecular epidemiology, are examples of the predominance of methodological individualism in public health. The entire shift of focus in epidemiological studies from the population to the individual, from social, economic and natural environmental factors of disease etiology to behavioural and bio-chemo-physiological factors of disease etiology, is part and parcel of the
shift in the philosophical paradigm from methodological holism to methodological individualism.

This thesis tries to map the contours of the shift in public health approaches in terms of the shift in philosophical paradigms. It attempts to locate the culture of “victim blaming”, laboratory centric health policy, dissociation of health from its socio-economic moorings, in the philosophical tradition of methodological individualism. It further suggests that the newly emerging concept of “social capital” (Wilkinson’s Social Cohesion model), which is being hailed in academic circles as the resurgence of holism, is in reality, a sophisticated and extended version of individualism.

In the first chapter, the historical progression of public health approach has been analysed. With the development of mechanistic sciences, medicine too became imbued with the spirit of mechanicalism and reductionism. The industrial revolution in the beginning of the nineteenth century marked a paradigm shift in medical practice with the emergence of “hospital medicine”. Mass urbanisation and the unhealthy squalor of workers’ habitats gave rise to the need for an organised health service system in the form of hospitals where objective treatment was meted out to the patients, irrespective of who, they were or where they came from. The emphasis was on the development of more and more sophisticated tools of anatomy and pathology. Simultaneously, this was also the time, when people like Chadwick, Snow, Farr and Virchow began to question the bio-centricism of medical thought and highlighted the environmental and economic factors as responsible for the occurrence of certain kinds of diseases in certain kinds of
populations. Nevertheless, epidemiology, too, became gradually reductionist especially after the establishment of the germ theory of disease. In fact, this chapter shows that be it social epidemiology or medical sociology or health psychology, the impact of methodological individualism has been overwhelming.

The second chapter commences with a discussion on the origins of modern epidemiology, which is considered as the basic science of public health. The inherent vision of public health discourse was to keep the population or the collective at the centre while investigating the etiology of disease as well as formulating health policies. To illustrate, John Snow of England, while investigating the cause of the outbreak of cholera in London in 1853-54, found the supply of contaminated water to the households, responsible for the disease. Thus, stopping the flow of contaminated water served as an effective measure of preventing the disease. In another instance, the French epidemiologist Villenne, while studying the differential mortality rates in different Paris arrondissements, found it to be negatively correlated with the financial status of the inhabitants, measured using rent levels. The chapter discusses the work of these social epidemiologists, who, despite their differences regarding disease etiology, conclusively proved the vital role of systematic epidemiology in public health action. The next section of the chapter traces the development of epidemiology, subsequent to the discovery of germ theory. Epidemiology, hereafter, took a completely new turn towards the location of disease etiology within bacteria and other such organisms. It marked a shift from multifactorial to a single factor explanation of disease causation. It was therefore forgotten that epidemiology is
the study of complex interacting variables impinging on and altering others while
themselves undergoing modifications, a shimmering web of causation. The
approach that emerged was essentially reductionist and shifted the focus away
from population to the individual, from multiple causes to single ones, from the
environment to the clinic, the Lacterium and finally to the gene. This is manifest
in the three principle phases of modern post germ theory epidemiological practice
viz. risk factor, clinical and molecular epidemiology. The chapter describes each
of these phases and shows how each successive phase takes the public health
discourse closer to the tradition of methodological individualism.

The third chapter begins with an analysis of methodological individualism
in the sociology of knowledge. The contributions of many stalwarts of
methodological individualism like Schumpeter, Hayek and Popper have been
elucidated. The Durkheimian and Weberian versions of individualism, each of
which has had a strong influence in the development of individualism in public
health discourse, have been contrasted. Interestingly, a few theoreticians like
Elster, Roemer and Cohen have challenged the traditional notion of Marxism as
scientific, materialist, holistic, anti empiricist, anti positivist, dialectical and
historical, and instead claimed that Marxist philosophy can also be located in the
paradigm of individualism. This contemporary debate has also been highlighted in
this chapter. The next section delineates the influence of methodological
individualism in two distinct social science streams, which are a moving force
behind public health viz. psychology and economics. In psychology, the forces of
individualism culminated in the prescriptions of the behavioural school while in
economics, individualism reached its pinnacle in the theories propounded by the Austrian and Chicago schools.

The fourth chapter chalks out the resurgence of interest in the socio-economic dimensions of health inequalities. The Black Report of 1980 in Britain, dispelled the prevalent notion that contemporary British society is more egalitarian than in the past and showed that health inequalities have in fact increased over time and are strongly correlated to the economic or occupational status of individuals. However, the implication of The Black Report was not unidirectional. The “hard” and soft versions of the explanation offered by the Report tried to strike a middle path between holism and individualism. In the host of literature on income and health inequalities that came in the wake of The Black Report, Wilkinson’s model of Social Cohesion is the most significant. The second section of the chapter provides a description and evaluation of Wilkinson’s model. Wilkinson gives a sociological explanation for the creation of health inequality. He maintains that income inequality leads to lower social cohesion that causes health inequality. However, this sociological explanation cannot escape the prison of individualism and in fact simply replaces “victim blaming” (identification of the cause of the disease within the individual himself) with a kind of “community blaming” (by identifying lack of cohesion within the community, as the cause of ill health). In the final section, the prevalent concept of “victim blaming” in public health has been contextualised in the philosophical tradition of methodological individualism. Individualism in public health prescribes individual responsibility for self-care that leads to victim blaming. Furthermore, AIDS policy has been
discussed as an illustration of the individualistic bias in public health. The various macro dimensions of AIDS policy bear overriding proof of the bio-medical individualism in the approach to public health. An examination of the AIDS policy reveals that it is not considered as a developmental problem, which emerges out of the existent socio-economic and political inequalities. Instead, the policy confines itself to interventionist strategies that are essentially reductionist, individualistic and ahistorical.

The final chapter does a quick survey of the preceding and offers concluding observations and remarks. It is not the contention of this work that individuals are not important, nor indeed that social structures encompass and imprison them. It is instead attempting to understand how the dynamic relationship, simplified for heuristic purposes in philosophy, has at the policy-making level had such a profound influence in favour of methodological individualism, reifying this concept and, in a sense, robbed epidemiology of history and of social and economic structures that shape both disease occurrence in a population and the interventions chosen.