

## Médecine et politique

#### The author

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### **Bibliography**

Against Health: How Health Became the New Morality (Biopolitics, Medicine, Technoscience, and Health in the **21st Century)** (NYU Press, 2010) (226 p)

The Protest Psychosis: How Schizophrenia Became a Black **Disease** (Beacon Press, 2010) (272 p.)

Difference and Identity: A Special Issue of Literature and *Medicine* (Johns Hopkins Press, 2005) (224 p.)

Prozac on the Couch: Prescribing Gender in the Era of Wonder **Drugs** (Duke University Press, 2003) (296 p.)

### **Keywords**

Biopolitics Gender Humanity Interaction between patient and doctor Medicine Mental health

Observation **Psychiatry** Schizophrenia Sociology Weapon's carrying

## Zoom

Against Health: How Health Became the New Morality (Biopolitics, Medicine, Technoscience, and Health in the 21st Century) (NYU Press, 2010)



You see someone smoking a cigarette and say, "Smoking is bad for your health," when what you mean is, "You are a bad person because you smoke." You encounter someone whose body size you deem excessive, and say, "Obesity is bad for your health," when what you mean is, "You are lazy, unsightly, or weak of will." You see a woman bottle-feeding an infant and say, "Breastfeeding is better for that child's health," when what you mean is that the woman must be a bad parent. You see the

smokers, the overeaters, the bottle-feeders, and affirm your own health in the process. In these and countless other instances, the perception of your own health depends in part on your value judgments about others, and appealing to health allows for a set of moral assumptions to fly stealthily under the radar. Against Health argues that health is a concept, a norm, and a set of bodily practices whose ideological work is often rendered invisible by the assumption that it is a monolithic, universal good. And, that disparities in the incidence and prevalence of disease are closely linked to disparities in income and social support. To be clear, the book's stand against health is not a stand against the authenticity of people's attempts to ward off suffering. Against Health instead claims that individual strivings for health are, in some instances, rendered more difficult by the ways in which health is culturally configured and socially sustained. The book intervenes into current political debates about health in two ways. First, Against Health compellingly unpacks the divergent cultural meanings of health and explores the ideologies involved in its construction. Second, the authors present strategies for moving forward. They ask, what new possibilities and alliances arise? What new forms of activism or coalition can we create? What are our prospects for well-being? In short, what have we got if we ain't got health? Against Health ultimately argues that the conversations doctors, patients, politicians, activists, consumers, and policymakers have about health are enriched by recognizing that, when talking about health, they are not all talking about the same thing.

# **Jonathan Metzl**

VillaGillet

USA



The Protest Psychosis: How Schizophrenia Became a Black Disease (Beacon Press, 2010)

THE PROTEST PSYCHOSIS

A powerful account of how cultural anxieties about race shaped American notions of mental illness

The civil rights era is largely remembered as a time of sitins, boycotts, and riots. But a very different civil rights

history evolved at the Ionia State Hospital for the Criminally Insane in Ionia, Michigan. In *The* Protest Psychosis, psychiatrist and cultural critic Jonathan Metzl tells the shocking story of how schizophrenia became the diagnostic term overwhelmingly applied to African American protesters at Ionia—for political reasons as well as clinical ones. Expertly sifting through a vast array of cultural documents. Metzl shows how associations between schizophrenia and blackness emerged during the tumultuous decades of the 1960s and 1970s—and he provides a cautionary tale of how anxieties about race continue to impact doctor-patient interactions in our seemingly postracial America.

Difference and Identity: A Special Issue of Literature and Medicine (Johns Hopkins Press, 2005)



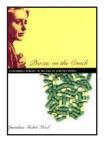
In an increasingly diverse society, it is essential that medicine be aware of matters of difference. Medical humanities programs promote awareness of the social aspects of medicine, and the Association of American Medical Colleges has recently instituted cultural competencies for clinical

interaction for the training of medical students. Yet these efforts to impart understanding of the cross-cultural aspects of medicine are still hindered by a significant limitation: within a medical system whose currency is diagnosis, difference is primarily defined through disease.

This special issue of *Literature and Medicine* focuses on difference and identity in the context of disease and disability. The articles collected here explore the complex ways in which notions of disease, disability, and difference are related and in which bodies marked by gender, race, disability, sexuality, and ethnic identities experience disease in specific ways. The essays take a humanities-based approach to the subject and emphasize an awareness and sensitivity to difference through forms of symbolic representation such as metaphor and narrative.

This volume provides a heuristic lens through which relationships between individual expressions of identity and communal experiences of difference can be considered. Each article speaks to the process whereby individual stories and strategies shape, and are in turn shaped by, the institutions they seek to transform.

**Prozac on the Couch: Prescribing Gender in the Era of Wonder Drugs** (Duke University Press, 2003)



Pills replaced the couch; neuroscience took the place of talk therapy; and as psychoanalysis faded from the scene, so did the castrating mothers and hysteric spinsters of Freudian theory. Or so the story goes. In *Prozac on the Couch*, psychiatrist Jonathan Michel Metzl boldly challenges

recent psychiatric history, showing that there's a lot of Dr. Freud encapsulated in late-twentieth-century psychotropic medications. Providing a cultural history of treatments for depression, anxiety, and other mental illnesses through a look at the professional and popular reception of three "wonder drugs"—Miltown, Valium, and Prozac—Metzl explains the surprising ways Freudian gender categories and popular gender roles have shaped understandings of these drugs.

Prozac on the Couch traces the notion of "pills for everyday worries" from the 1950s to the early twenty-first century, through psychiatric and medical journals, popular magazine articles, pharmaceutical advertisements, and popular autobiographical « Prozac narratives ». Metzl shows how clinical and popular talk about these medications often reproduces all the cultural and social baggage associated with psychoanalytic paradigms—whether in a 1956 Cosmopolitan article about research into tranquilizers to "cure" frigid women; a 1970s American Journal of Psychiatry ad introducing Jan, a lesbian who "needs" Valium to find a man; or Peter Kramer's description of how his patient "Mrs. Prozac" meets her husband after beginning treatment.

Prozac on the Couch locates the origins of psychiatry's "biological revolution" not in the Valiumania of the 1970s but in American popular culture of the 1950s. It was in the 1950s, Metzl points out, that traditional psychoanalysis had the most sway over the American imagination.