

THE EREHWON PRINCIPLE

OR

WHAT HAPPENS WHEN SIN BECOMES SICKNESS AND SICKNESS BECOMES SIN

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ONCE UPON A TIME PREACHERS TALKED about sin, and doctors talked about sickness. That was in the old days, before certain discoveries were made. In that distant past there was general agreement on a few concepts. Certain things were morally and ethically wrong and could, therefore, be called sins and dealt with as such. The way you got rid of sin was to repent, change your habits, and try to develop better moral character.

AMONG THE MORE SERIOUS SINS THAT were preached about from time-to-time were gambling, excessive alcohol use, any use of other dope, wife beating, stealing (in its various forms), and sexual misbehavior in all its forms, including marital infidelity and sexual perversion. There were some debatable issues, but all of the above were quite widely accepted as sins which all people should shun.

IN THOSE DAYS, THOSE IN THE medical profession paid little attention to what clergymen called sins, leaving it to ministers to be physicians of the soul while they concentrated on the diseases of the body. The doctor's role was to diagnose physical ailments and to apply medicinal, surgical, or other treatments to alleviate those ailments. They treated patients who had cancer, heart disease, or even obesity with the same objectivity, always looking for causes, proper classification, and effective treatment. They never judged the individual as though he or she had any responsibility for the illness treated.

BUT THE SITUATION HAS CHANGED. Somewhere about the middle of this century the concepts of sin and sickness began to blur and to shift from one condition to another, so that today we have many preachers talking about sickness and many doctors talking about sin. The result is that there is some confusion as to who is a sinner and who is a patient, and, to some extent, the roles

have been reversed. I call the reversal the "Erehwon Phenomenon."

BRITISH WRITER SAMUEL BUTLER CREATED a mythical kingdom in his 1872 novel Erehwon (which is nowhere spelled backward). In Erehwon attitudes toward sickness and sin were just the reverse of those that were held elsewhere. (Butler, 1872) The physically ill were held to be at fault for their problems and were punished, whereas those who committed crimes were treated with sympathy and understanding. For example, a citizen of Erehwon diagnosed as embezzling a large sum of money was not punished for his behavior but was sent for weekly treatments administered by someone called a "straightener" (something like a psychotherapist).

ON THE OTHER HAND, A PERSON in Erehwon who was sick with a pulmonary disorder, was charged as a criminal. A persistent offender, he had already been convicted of aggravated bronchitis and 14 other counts of illness. His defense was that he was faking his disease to defraud the insurance company, because he knew that if he would convince the court that he was malingering then he would be considered a criminal and would be eligible for treatment, rather than punished as a sick person. Unfortunately for the accused, a series of witnesses testified to his coughing, and during the trial he was so weak that he could hardly stand before the jury. He was found guilty of lung disease and sentenced to hard labor.

I DON'T KNOW WHAT CONDITION IN the late 19th century led Butler to this strange satire, but it does seem to apply to late 20th century thoughts on sickness and sin. Former Surgeon General C. Everett Koop (a doctor who looks, for all the world like a 19th century evangelist) noted that while Americans are

"still forgiving" they are "already traveling the road of retribution" in public health. Their target is "the individual who willfully misbehaves in the high risk manner," in other words, a sinner.

TODAY MEDICAL RESEARCHERS TELL US THAT most of our physical problems are our own fault. They are the result of our excesses and of our failures to meet our responsibilities. In short, they are sins. Most of our illnesses are said to be due to our having either eaten too much, exercised too little, selected our foods unwisely, used tobacco, used alcohol, practiced unsafe sex, or otherwise failed to live good moral lives.

BEING STRICKEN WITH DISEASE USED TO be considered bad luck. That was when most people died of infectious diseases like TB, diphtheria, or typhoid. Today, getting sick has an element of consumer choices like buying an automobile: it's your own fault if you get a bad one. The leading causes of death now are heart disease, cancer, and cerebrovascular disease, conditions that used to be called diseases of old age but now are more often referred to as lifestyle diseases, because they are caused or aggravated by certain consumer choices. The fourth leading cause of death is accidents, and that's even more obviously a consumer related cause of demise, because most of them wouldn't happen if people would wear seat belts, would not drive so fast, and would refrain from unnecessary risks. So if you get sick today, it's your own fault, because you ate too much, you drank too much, you smoked, you put too much butter on your toast, or you slept with the wrong person. And you may be blamed more severely, if you were born poor, you didn't finish school, and you didn't go to the doctor when symptoms first appeared. Every single day we are reminded repeatedly by newspapers and television that we should be doing aerobics, avoiding fats, staying miles away from saturated fats, buckling our seat belts, and checking our blood

pressure. So incessant are these messages that we are almost made to feel guilty if we feel short of breath after climbing three flights of stairs or if we can't get comfortably into the same tuxedo we got married in. The country has embarked on a mass medical guilt trip.

PERHAPS THIS NEW AND PUNITIVE ATTITUDE toward ill health began to come about when, after the advent of health insurance, medicare, and medicaid, we began to be responsible for the health care costs of each other. No longer is it just my health problems that determine my medical costs. When other policy holders go to the hospital, it causes my health insurance premiums to go up. Perhaps this is why we began to sit in judgment on other people's health habits. From there, it was a short step to the position that each person has a responsibility to society to keep himself or herself healthy, and that means adopting the lifestyle currently endorsed by doctors, nutritionists, exercise gurus, and sex counselors.

AS IF TO PROVE THAT EVERY ACTION has a reaction society seems to have developed the other half of the Erehwon Principle, namely, that no one is responsible for their own sins, because all sins have been conceptualized as illnesses. Thus, we have a situation described by one writer as "the diseasing of America" and by a recent U.S. News and World Report story as the "It's Not My Fault Syndrome."

IT ALL STARTED WITH ALCOHOLICS ANONYMOUS, an organization that has had remarkable success in rehabilitating millions of problem drinkers--far more success than psychiatry or any other profession can claim. Before A.A., many approaches to alcoholism were tried, including locking people up, beating them up, pouring their whiskey down the toilet, and sentencing them to hard labor.

None of these plans worked. Eventually it dawned on someone that many drinkers were addicted to alcohol, and that addiction to a chemical is a physical illness. Having established that alcohol addiction was a disease, many of those with the problem began to assert that the disease concept should be generalized to include the habit of using alcohol to excess even when not addicted.

THERE IS ROOM FOR DIFFERENT OPINIONS as to whether the habit of drinking too much should be called a disease, but calling it a disease seems to be a necessary part of the A.A. approach, and the approach has had success with too many people for us to want to lose it. The program is based on the famous 12-steps, the acceptance of which is a prerequisite for success. Those 12-steps include recognizing that one is powerless over alcohol; one must acknowledge the need for help from a higher power; and one must dedicate one's self to total abstinence. Though A.A. was established in 1935 and grew steadily both in numbers and reputation, it was some 25 years before the 12-step approach began to catch on with groups other than alcoholics. It was easily transferred to organizations dedicated to rehabilitating people with other drug habits, since the theory and treatment plan are easily carried over to other forms of chemical dependence.

DURING THE PAST 25 YEARS, 12-step programs have proliferated, so that A.A. is now said to have some 200 imitators, and it is estimated that during this year alone some one and one quarter million people will join a 12-step group. (Secunda, 1990), and these organizations are devoted to many non-chemical problem behaviors, such as gambling, overeating, child abuse, and something called sexual addiction.

LET ME SAY, AT THIS POINT, that I believe in self-help groups, and I support them wholeheartedly. They help people solve problems that are not amenable to medication or to psychotherapy, and they are in the best tradition of a person being expected to take responsibility for his or her own problems.

A QUESTION ARISES, HOWEVER, WITH REGARD to the "disease model," when applied to every bad habit imaginable. The current diagnostic and statistical manual includes such diagnoses as compulsive gambling, telephone scatologia (that's talking dirty on the telephone); and trichotillomania (that's the compulsion to pull one's own hair out), not to mention the long-standing and familiar ones, such as pyromania (fire setting) and kleptomania (stealing).

WHILE SUCH DIAGNOSES MAY BE LITTLE more than a way of classifying, in an orderly manner, some obviously aberrant behavior, they become more problematic when the term "compulsive" is added to them, and the assumption is made that the individual is not able to control the behavior, therefore not to be held responsible for it. There is a huge, logical leap from the term "rapist" to the term "compulsive rapist." With the first you have one aggressor and one victim. With the second you have two victims, and society must assume responsibility for both of them. What does society do when the rapist must be seen as a victim? Should such a victim be punished, given treatment, or both? The courts have wrestled for years with a morass of legal and psychological jargon, frequently coming up with a combination of reduced penal sentences and enforced "treatment," even when there may be little research evidence to indicate that such treatment will do any good. When behavior is described as an irresistible compulsion how do we evaluate the other factors that must be

involved in any behavioral transaction? If a behavior is compulsive, then how hard would the individual be expected to try to resist that compulsion? Or are we to assume that just because a certain behavior is performed (whether it be raping someone, robbing someone, or eating too much sugar) that the behavior was irresistible?

THE NOTION OF CRIMINAL BEHAVIOR AS sickness has become pervasive, due to the tendency of so called "rights advocates," some mental health professionals, and many defense attorneys to latch on to the "disease explanation" for all kinds of behaviors. Recently I was asked to evaluate a man (not in this town of course) who was charged with burglary, and no one denied that he performed the act. After many convictions for theft and other crimes, a dishonorable discharge from the army, time served in two state penitentiaries, one escape, two divorces from women who charged him with abuse, and one rape conviction, it was discovered by a psychiatrist who specializes in treating a certain type of disorder that this man had a multiple personality and wasn't responsible for any of these crimes. It was when the alternate personality took over, according to the psychiatrist, that the crimes were committed, so the defense attorney argued that the defendant should be in treatment (with the same psychiatrist) and not punished.

IN MY OWN TESTIMONY I POINTED out that I could not say for sure whether the man had a multiple personality, since there is no objective test to make such a determination. But I had talked with both personalities and could attest to the fact that both were sane. Therefore, the man was responsible for his act, regardless of which personality committed the crime. I must admit that I was a little surprised when the man was found guilty and sentenced to 30-years. I suspect that in some jurisdictions

in this country, the decision would have gone the other way, and, of course, one wonders what an appeal might bring.

PROPONENTS OF WHAT HAS BEEN CALLED THE "It's Not My Fault Syndrome," believe that virtually anything can be an addiction ergo, a sickness. Thus we have the now famous "twinkie defense" (i.e., claiming that a person might eat so many desserts that he would go into uncontrollable, murderous rages) which has been used more than once. There is the case of the body builder in Maryland, who broke into six homes, set fire to three of them and stole money and jewelry and who was found guilty but not criminally responsible because he was on anabolic steroids for weightlifting. The famous Ohio State and NFL quarterback Art Schlichter, who loved to gamble for high stakes, felt compelled to commit himself to a treatment program only after he was several hundred thousand dollars in debt and feared that the mob would be after him soon.

DURING PETE ROSE'S RECENT TRIBULATIONS, the point was made by many of his most ardent supporters that if Pete had gambled on baseball or other sports events, in violation of the baseball commission's rules, that Pete needed to be in treatment, not hounded by the IRS or the baseball commissioner. A Los Angeles hacker, who broke into a corporate computer system, stealing an expensive security program, was sentenced to one year of treatment for something called "computer addiction." The so called addictions are so pervasive that they are applied to behaviors that previously were not even considered to be disorders. For example, if you work as many hours as my grandfather thought every normal man was supposed to work you may be called a "workaholic;" activities such as daily running or even regular church attendance are described by some as compulsions; much is being written about sexual addiction; and

television actress Valerie Bertinelli said recently that she is addicted to her husband! Post traumatic stress syndrome, once narrowly applied to severe psychological after shock associated with severely traumatic experiences such as combat, has splintered into many legally promising ailments, such as post abortion syndrome and one called oppression-artifact disorder (which is delayed shock of oppressed peoples, such as homosexuals and blacks).

THE PROBLEM WITH ALL THIS IS that you can't run a society or cope with its problems, if people are not held accountable for what they do. A college president is arrested for making obscene phone calls, but appears on "Nightline" to explain brazenly (with the help of his psychiatrist) how he became addicted to this behavior and needs treatment.

LATELY, IT APPEARS THAT WE CANNOT exonerate the wrong doers quickly enough. People like Marion Berry, Pete Rose, and Jimmy Swaggart not only expected to be forgiven, but they and their supporters expressed considerable consternation that some people didn't forgive them fast enough. And Jim Bakker's followers are still complaining that he fell into the hands of an out of date judge and jury who seemed not to consider his sins to be a sickness (in spite of his valiant effort to display catatonic symptoms). Not since the devil theory has anyone come up with a more potent cop-out for crime and misbehavior than the "sin is sickness" argument.

LIKE THE CONVOLUTED SOCIETY OF EREHWON, we are on the verge of establishing something worse than a license to steal--we may be setting a series of legal precedents that will make it virtually impossible to hold anyone responsible for anything, except, of course, eating too much red meat or not fastening their seat belts.

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