

## **PAIN AND CHRONIC DISEASE IN THE AFTERMATH OF AN ENVIRONMENTAL DISASTER**

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Abstract: The article is centred on the notion of pain and its transformation from natural to social experience as embodied in the process of disease. Yet its meaning cannot be restricted to mere physiological malfunctioning of the organism. The concept of illness pertains to the manner in which the patient, his family members and the physician interpret and respond with the process of disease. Chronic pain and disease, sometimes lacking of physiological basis appear to be a multifaceted phenomenon modulated by the socio-psychological influences in the life of the patient. This is illustrated by the case of the Bhopal gas tragedy victims who demonstrate that pain and disease are culturally determined phenomena

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**Key words: Pain, chronic, disease, illness, Bhopal gas tragedy.**

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The Tughlaqabad gas leak on 6<sup>th</sup> May 2017 led to the Delhi government issuing showcase notice to the Tughlaqabad Depot. Around 450 female students of Rani Jhansi School Government's Girls Senior Secondary school had fallen ill after inhaling the poisonous gas. Environmental disasters like the Tughlaqabad gas leak not only cause physiological damage but also result in social disturbance within the society. Another similar case has been that of the Bhopal gas tragedy which has been referred as environmental disaster of an unprecedented magnitude. The released MIC (methyl isocyanate) on the night of 23 December 1984 has deeply invaded the human body and has caused organic malfunctioning and impairment which in turn has induced the emergence of a number of chronic diseases which may or may not be accompanied by chronic pain. In the medical domain the phenomenon of pain is viewed in terms of tissue injury. Hence the relief from pain which is perceived as a physical sensation is related to the treatment of its painful pathology.

Disease is organic in nature and is limited to the body functions. On the other hand illness refers to broad views of relationship existing between the individual and the society, the latter being chiefly represented by the family and the medical practitioner. The transition from the disease to illness is preceded by the symptom experience stage of the individual for latter may experience physical pain, discomfort, change of appearance or debility. After the symptom experience stage the individual may resort to self treatment or may communicate his physical condition to the significant others, namely the family and later on to the medical practitioner. In the case of Bhopal gas victims, signs of the physiological malfunctioning within the body were immediately visible. The residents woke up from their sleep, gasping and coughing for breath.

These symptoms and the unprecedented events which caused them resulted in state of higher anxiety, fear and a number of them fled for their safety. These people were aware that something was wrong with them and consequently the various hospitals and dispensaries began to be flooded by those who managed to reach there. Majority of them were unaware of the source which has disrupted their lives and invaded their bodies suddenly. The medical personnel and other residents of the city responded to their distress and pathological state of being. The doctors were also unaware of the exact nature of the gas leaked and its effects on the human organism and reacted by providing symptomatic treatment to the affected people. For example the latter

were advised to continuously wash their eyes with water. In fact some of the patients had covered their eyes and face with a wet cloth to relieve some of the burning sensation they had experienced.

### **The Perception of the Symptoms and therapeutic intervention**

In the traditional set up, the physiological symptoms are socially acceptable after the medical practitioner has been consulted. The latter does not merely accords a diagnostic label of disease to the physiological symptoms but also certifies the individual as suffering from a certain disease. Hence in the immediate phase following the gas leakage, amidst the confusion and uncertainty that prevailed among the people of Bhopal along with the medical and administrative personnel, the gas victims were medically labeled as being 'sick' or as suffering from symptoms indicative of presence of disease within the body. This was the period when acute pain was experienced by the people, say in the eyes and in the chest. Apart from the physiological pain, the collectivity and the individual grieved and shared the pain of loss of the people who had perished on the night of the gas exposure.

What has happened in the case of Bhopal gas victims, is the gradual disappearance of some symptoms like sticking of eyelids, vomiting, loose motions but there has been no speedy recovery from the damage caused by the gas. In fact, with the passage of time, some symptoms continue to persist like redness, watering and irritation of the eyes, breathlessness. On the other hand new symptoms have emerged like numbness in hands of feet, patches on the skin, eruption of boils on the body, sensitivity to heat, extreme fatigue and excessive sweating. The initial symptoms of chronic illness are often, mild, non disabling and vague in nature. These symptoms are not easily identified or diagnosed by the individual or most physicians. The case of Bhopal illustrates this point, as till date, the medical domain lacks the specific or adequate knowledge regarding the etiology of the various diseases accompanied in most cases by the presence of pain in some part of the body and its consequent progression over a period of time.

Majority of the gas victims have experienced dissatisfaction with the quality of health care available to them with specific reference to the government health services. In fact people prefer to visit private clinics where they are assured of a proper treatment, adequate clinical attention

and the required medicines. Moreover the patients perception of 'what is wrong with him' may not be in harmony with the medical opinion held by the practitioner himself. For example, for symptoms like fatigue, headache, dizziness, the cause underlying the existence of these symptoms may not be an indicator of a particular disease. The physician may consider poor constitution and weakness to be responsible for the existence of these symptoms. The patient may reject this proposition and believe himself to be suffering from some undiagnosed ailment. Thus the symptoms like fatigue or loss of energy may be related to non medical conditions like work situation or personal limitations such as constitution. In most cases the associated pain may induce behavioural changes like the increase or decrease of physical activity, and increased medications. Thus many gas victims have switched occupations as the previous occupation may have become too demanding on their physical resources.

### **The extent of Patient participation and compliance in health seeking behaviour**

The extent of participation in the healing process depends on the nature and diagnostic category of the symptoms experienced by the individual. The participation becomes problematic when the doctor does not yield much information regarding the cause of or the nature of disease under consideration. The patient then as mentioned above, endeavours to collect information from other sources. Hence the chronic patient differs from the traditional patient as the prime responsibility towards the restoration of one's damaged health is not restricted to the physician and in some cases the family.

In the case of Bhopal gas victims, the physicians have accepted the psycho-physiological disturbances experienced by people caused by the MIC exposure. Some of the prevalent symptoms have been validated as categorized under the matrix of disease. For example some of the ophthalmic symptoms have been related to chronic conjunctivitis, corneal opacity or respiratory diseases like alevolitis and chronic obstructive lung diseases. In other words some of the reported symptoms can be differentiated as indicative of the presence of organic pathology in the human body. Apart from respiratory and ophthalmic systems, symptoms like burning, sensation of stomach, abdominal pain, loss of appetite, swelling of stomach have also been reported. Atrophic gastritis, Oesophagitis and enlargement of liver or spleen have been medically diagnosed in some of the cases. The neuro/musculo skeletal system seems to have been affected

as there are symptoms related to muscle pain, fatigue, joint pain, body ache, numbness in the whole or parts of the body, particularly hands and feet have also been voiced by people. Dermatological symptoms like patches on the skin, urticarial, formation of lumps have also been reported. Majority of the women have made complaints regarding increase in dysmenorrhoea, irregularity in menstrual cycle, infertility, and abortions. Chronic cervicitis, non specific leucorrhoea pelvic infection has been medically observed. Impotency has been observed but it cannot be attributed primarily to exposure to MIC. Depression and anxiety have been clinically diagnosed among the gas victims.

### **Doctor - Patient family interaction - some of dimensions**

Related to the notion of trust is the power and the knowledge that the medical practitioner has, to diagnose the symptoms experienced by the patients. Sometimes there are cases of uncertainty in medical prognosis where by the medical domain lacks adequate knowledge to handle the problem presented by the ailment plaguing the patient. Thus the doctor is unable to diagnose or successful treat or even comprehend the symptoms and may at times accuse the patient as being a malingerer or a hypochondriac. There has been growing suspicion in the epidemiological field of the reported symptoms. This suspicion is directed towards the presentation of physical symptoms accompanying organic diseases, beyond what can be accounted for in clinical terms.

Thus this distrust and insensitivity may play a vital role in the therapeutic choice as well as the treatment decision undertaken by the patient and at times by his family. Factors like available information, role of education, financial background also play an important role in undertaking a treatment decision. The familial aspect is an important dimension of the doctor patient interaction. In fact, family plays an important role in the perception or recognition of the symptoms experience of the patient and may pressurize him in seeking medical help. The family also plays a vital role in providing physical care and emotional support towards the patient. In fact familial relationships may reflect the state of dependency of the patient on his family members. This holds particularly true of old age patients and children.

Another small but important category of individuals who are dependent on their respective family for support and treatment is the category of mental patients. The bearing of chronic illness

may adversely affect the marital relationship of the patient. For example in certain cases, the marital relationship was not smooth as the wives complained that their husbands had given up work and were supported by the former whose burden of responsibility had increased. By and large it is the social construction of illness which determines to a large extent the individuals senses of reliance and his perception of the degree of differentness from 'normal' others. The problem of chronic pain and disease is unique as the patient is unable to identify his dominant life experience as recognized typical in their social milieu. Infact the occurrence of symptoms like fatigue, body ache, restlessness, irritability loss of memory and breathlessness may not be dissociated from the day to day living experiences. Hence the patient may continue to suffer from these symptoms, accepts them within the fold of normalcy and it is the severity of these symptoms or the appearance of another set of symptoms which may compel him to seek professional help.

Moreover the role of cultural beliefs in therapeutic choice made by the patient and his family form an important component of pain behaviour. In a situation of medical pluralism, the cultural and medical definition of health care may vary and thus represent two alternative paths for the therapeutic treatment. The traditional health practices may symbolize privacy, familiarity and personalized care whereas the hospital may operate within a public, unfamiliar and impersonal environment. In Bhopal, the role of indigenous healers cannot be denied as they are consulted by a large section of the exposed population at some point or the other. Yet in the case of severe ailment/disease there is a marked preference for the allopathic system of medicine. Even within this domain, there is preference for private treatment as it represents proper treatment, adequate medical attention and at times immediate symptomatic relief from pain or other ailment that the patient may be suffering from. The medical personnel blame an oversized population, insufficient medical facilities and resources and lack of technical knowledge to handle complicated cases of gas victims. In fact considering the drawbacks, they believe that much has been achieved in providing relief, treatment and other medical facilities to the exposed population. What makes the case of Bhopal gas victims unique is the fact that it not merely represents a limited number of individuals but a sizeable population which has been exposed to death, pain, disfigurement, impairment functioning at various levels. Pain and illness can be regarded as an ontological assault on the life plan and the self identity of the group and it is this

shared experience, which serves as a marker of identification for the exposed group, as well as differentiating it from the unexposed population.

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