Bodies in Protest

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Notes to the Introduction


Notes to Chapter 1

1. It is worth noting, however, that if EI is an anomaly for biomedicine, it is a tangible expression of the truth claims of a marginal and disputed body of medical knowledge commonly called *clinical ecology* or *environmental medicine*. Clinical ecology is not recognized by the American Medical Association, in part because it assumes people can be made sick by ordinary environments, particularly petrochemical exposures. It is our impression, however, that comparatively few people who self-identify as environmentally ill have ever heard about clinical ecology, though they may learn something about it as they read, conduct research, and conceptualize their somatic troubles. (On the comparative insignificance of clinical ecology for EI, see Kroll-Smith and Ladd 1993.)

2. Illustrations like Ann’s appear throughout this discussion. They are taken from newsletter accounts and interviews. Our research methods are explained at the end of this chapter.

3. To facilitate discussion, we will not always refer to both environments and products as sources of distress. When we use the word *environment*, we are implying both setting and products.

4. It is obvious to us, and we hope to the reader, that the demographic mix and areal distribution of people who claim to be environmentally ill suggest an organizational form considerably more complicated than a cult.

5. While no one disputes its commitment to rationality, it is doubtful the modern period will be remembered as a historical epoch guided by sensibility and wisdom.

6. To anticipate some semantic confusion over the words *epistemology* and *theory*, we are using the term *epistemology* to mean the nature of knowl-
edge. Environmental illness is a way of knowing that combines abstract biomedical concepts with concrete, local, somatic experiences. The term theory, on the other hand, refers to the specific accounts of the environmentally ill who use biomedical knowledge to explain their somatic distress. Taken together, the theories of the environmentally ill constitute a practical epistemology, a way of knowing their bodies and environments based on biomedical nomenclature. If epistemology means how one knows, theory means what one knows.

Notes to Chapter 2

1. The keystone assuring the hegemony of medicine was set in place at the turn of the twentieth century, when the power of the medical institute was firmly locked into the process of social control. It was in the “promise” of certainty offered by the medical community to render understanding of human suffering and an offer to employ medical expertise in the resolution of this suffering that a deal was made. Under the leadership of the American Medical Association, the medical community offered its expertise to the state in exchange for power and control (Starr 1982).

2. This is one dimension of Parsons’s “sick role” (1951, 428–47). Not surprisingly, the environmentally ill want very much to be recognized as sick, but on terms considerably different than Parsons envisaged. For the chemically reactive the issue is not simply a temporary exemption from normal role requirements but also a need to reconsider the requirements themselves. If working with fax and copying machines is making an employee sick, then modifying work routines might be necessary to accommodate him.

Notes to Chapter 3

1. Our thanks to Susan Kroll-Smith, who suggested a comparison between Kafka’s Metamorphosis and the problems of being environmentally ill.

Notes to Chapter 4

1. Note, we are not saying that the chemically reactive believe their bodies exist independently of their emotions, or, for that matter, their brains. But they would argue vehemently against the idea that their thought processes could create their illnesses.

2. Remember, however, our sample is not random. Perhaps people who self-selected to participate in our interviews did so in part to express anger at the medical profession.
3. It is true, of course, that physicians are aware that cigarette smoke, perfume, and strong soaps, for example, may increase the discomfort of asthma patients. But “few physicians . . . would view these irritants as a primary cause of their patients’ asthma” (Ashford and Miller 1991, 9). Biomedicine is also quite able to account for acute exposure to toxins. At issue here are nonacute, chronic, low-level exposures.

4. Our source for the following discussion of bodies and germs is Emily Martin’s remarkable book Flexible Bodies (1994). See in particular part 2, “Historical Overview.” See also Martin 1990.

Notes to Chapter 5

1. Those with MCS are not without their allies in the academy. A small group of philosophers, anthropologists, and others also grant the body a voice in the determination of social and political relationships (Sheets-Johnstone 1992; Locke 1993; Martin 1990; Frank 1991).

2. Kirmayer suggests that “aching bodies remind us there are at least two orders of experience: the order of the body and the order of the text” (quoted in Lock 1993, 142).

Notes to Chapter 6

1. Irwin (1995) argues expansively for this position in his book Citizen Science: “The concept of ‘social learning’ implies that this level of institutional change may be one of the most valuable of science-citizen encounters” (140).

2. And, we would add, this is a topic that deserves considerable attention as chronic, unexplained illnesses increase in number.

3. Representing the chemically reactive body in houses is recognized as a market opportunity by specialty builders like Darlene Cornelius Lowell, who is identified in Our Toxic Times as being “interested in building housing for MCS sufferers.” Relationships between MCS and the market are discussed in the following chapter.

Notes to Chapter 7

1. The concept of medicalization is, in our opinion, more politically interesting when it is separated from its origins in labeling theory and considered both as a rhetorical resource for nonphysicians and as a process of institutionalization that competes with other corporate interests to capture a problem.

2. We thank Professor Craig Harris, Department of Sociology, Michigan State University, for sending us this poem.
Notes to Chapter 8

1. Readers can test themselves to see if they have internalized the authority of the medical profession by recalling occasions when they felt they *should* see a doctor or advised others to do so. And for those readers who have ever felt a bit guilty because they avoided a visit to the doctor, the proof of this profession’s authority is in the feeling.

2. For a good discussion of the identity problems of pharmacists, who are increasingly defined as pill dispensers and businesspeople and less as professionals responsible for esoteric knowledge, see Turner 1995, 139.