

A History of Well-being in Thailand from the 1970s to the 2000s: The Birth of Risk in the Domain of Health and Medicine



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INTRODUCTION



- how the concept of well-being is defined
- how the concept of well-being has expanded to cover every dimension of people's lives
- the relationship between the concept of well-being and the notion of risk



- **LITERATURE REVIEW**
- **OBJECTIVE OF THE STUDY**
- **HISTORY OF WELL-BEING & THE NOTION OF RISK**

LITERATURE REVIEW



- Risk = misfortune and unforeseen events
- LEXICON
- hazard, danger, uncertainty, contingency

(Lupton, 1999)

LITERATURE REVIEW



- to bring the future back to the present and make it calculable
- a style of reasoning + form of law → GOVERN CHANCE

(Hacking, 1990)

LITERATURE REVIEW



- From Danger to Risk
- contemporary preventive strategies of social administration in the US and France
- Certain danger → combination of factors
- “risky population”

(Castel, 1991)

LITERATURE REVIEW



- a three-dimensional framework (sign, symptom, and pathology)
- four-dimensional framework (sign, symptom, pathology, and temporal axis)
- extracorporeal space → normality and within the domain of everyday life
- possible signs of future illnesses

(Armstrong, 1995)

OBJECTIVE OF THE STUDY



- distinctive setting and context
- historical and cultural contexts
- risk as a style of reasoning
 - cannot operate in Thai society without the notion of risk having already established its historical roots
- to explore the history of the concept of well-being
 - to discover the birth of the notion of risk in Thailand

OBJECTIVE OF THE STUDY



- LINK → between the concept of well-being and risk in Thai society
- Thai Health Promotion Foundation
 - promoting risk awareness is based on the concept of well-being
 - four-dimensional inter-connected body of well-being: physical, social, psychological, and wisdom well-being.
(Prawase, 2004)

OBJECTIVE OF THE STUDY



- หมอชาวบ้าน
- นพ. ประเวศ วะสี

OBJECTIVE OF THE STUDY



- **Problematization**

- To see how things occur, by giving access to the spaces within which “objects” emerge as “real” and “true”. (Bacchi, 2012)
- to understand a process that makes well-being become “real” and “true.”
- the problematisation of well-being established the rules of the game

OBJECTIVE OF THE STUDY



- The technologies of the self (Foucault, 1988)
 - People have been advised to follow the rule of well-being, and if not to use the rule of well-being as a form of judgment on the basis of which to govern themselves
 - the notion of risk has occurred in this process

ARGUMENT



- RISK = a result of the tension between the strict rule of well-being and the inability to follow this rule.
 - the expansion of the concept of well-being makes people feel uncertain
 - The rules of well-being involve every dimension of people's lives—physical well-being, psychological well-being, social well-being and spiritual well-being
 - The rules of well-being difficult to follow
 - This is how the notion of risk has emerged—through the expansion of the concept of well-being

HISTORY OF WELL-BEING & THE NOTION OF RISK



- The Problematisation of Physical Well-Being in the 1980s
- The Problematisation of Social Well-Being in the 1990s
- The Problematisation of Wisdom Well-Being in the 2000s

The Problematisation of Physical Well-being



- Curative Medicine VS Preventive Medicine
- The prevailing attitude among the medical community in the 1960s was that curative medicine was the “real heart” of medicine and clinical training should be the focal point of medical education.
(Davisakd,2014)

The Problematisation of Physical Well-being



- One lecturer, possibly Phraya Borirak Wetchakan, wrote a paper on public health and public welfare, curative medicine, hospitals, and physicians. He stated that the 1932 revolution had indeed changed Thai politics in accordance with “modern forms” (phaen patchuban). (Davisakd,2007)

The Problematisation of Physical Well-being



- ประวัติศาสตร์การรักษาโรคของไทยอยู่ที่การรักษาเพียงอย่างเดียว เรามามองประวัติศาสตร์สาธารณสุขของไทยอย่างง่ายๆ ศิริราชตั้งมา 100 ปี สาธารณสุขไทยก็เริ่มมา 100 ปี และในรอบ 100 ปีที่ผ่านมา การแพทย์ไทยก็มุ่งเน้นที่การรักษาโรค (อุดมศิลป์ ศรีแสงนาม, 1988)

The Problematisation of Physical Well-being



- Prawase proclaimed in 1971 that preventive medicine should have the priority over curative medicine. (Davisakd,2014)
- “พระพุทธเจ้าบอกว่าโรคมะเร็ง 3 ประเภท รักษาดีหายไม่รักษาดีหาย รักษาดีตายไม่รักษาดีตาย และต้องรักษาเท่านั้นถึงจะหาย แต่หมอไม่เคยบอกความจริงเรื่องนี้ให้คนไข้รู้ หวังแต่จะส่งเสริมให้คนไข้ต้องพึ่งอยู่กับการรักษาพยาบาลอยู่อย่างเดียว”

The Problematisation of Physical Well-being



- Medical Nemesis: The Expropriation of Health
 - ส่งเสริมให้ประชาชนดูแลรักษาตัวเองได้ จึงไม่ใช่การแพทย์ที่เป็นอยู่ในปัจจุบัน ที่มุ่งแต่จะทำให้ประชาชนหันมาพึ่งแพทย์ มากขึ้นๆ โดยวิธีการต่างๆ รวมทั้งการผูกขาดการดูแลรักษา ตลอดจนการผูกขาดการสั่งยาและขายยาให้ตกอยู่ในมือบุคคลไม่กี่คน สภาพความเป็นจริงทางการแพทย์เหล่านี้ ได้ทำให้ค่าใช้จ่ายในดานสาธารณสุขทวีคูณขึ้นอย่างรวดเร็ว ในขณะที่สุขภาพของประชาชนเสื่อมลง และมีโรงหมอทำในระดับต่างๆ เพิ่มขึ้นเรื่อยๆ
- หมอไม่ใช่เทวดา สันต์ หัตถิรัตน์

The Problematisation of Physical Well-being



- focused on scientific practice
- clinical laboratories
- fragmented entity
- Focusing on a malfunction of a single organ
- All illnesses were reduced to the subject of corporeality
- should be cured only by a specialist
- Curative medicine had already penetrated Thai society and was firmly established → to scrutinise curative medicine ‘shook’ the established idea of curative care

Multi-Dimensional Space of Well-being



- Not fragmented entity → Holistic → multi-dimensional space of well-being covers every dimension of people's lives

The Problematisation of social Well-being



- Prawase's idea about society was based on his understanding of human physiology and pathology. It particular, it was based on the concept of the social organism (Yot, 1996)
 - society became sick due to some underlying problems within it

The Problematisation of social Well-being



- the relationship between social problems and well-being
 - *“People in urban societies live in an unhealthy environment; for example, they experience traffic jams, they are overworked and they are stressed. Although they have many good medical professionals and good medical facilities, they get sick more often than people who live in the countryside. Therefore, having good health involves the ability to adjust oneself to nature”. (Sant, 1979, p.37)*

The Problematisation of social Well-being



- **concept of community culture**
 - *“Community is like an immune system for society. If community is broken down, society will have no immunity. Then society will definitely get sick”. (Yot, 1996, p.27)*
 - building networks of community in rural society. By empowering rural society, it would become the ‘strong immunity (ibid)
 - rural society was the origin of genuine traditional Thai culture. Empowering rural society would lead to immunity which could prevent rapid changes in Thai society (Prawase, 1995)
 - From their perspective, modern diseases, such as diabetes, stroke and cancer, were largely results of Westernization and the modern mode of production and consumerism. (Davisakd, 2014)

Community Culture



- What is notable is that the concept of community culture originally started with an aim of solving the problem of poverty amongst rural people and helping people in finding a solution within their village. This was also the concept that attempted to preserve the village, in perceiving it as the origin of genuine traditional Thai culture (Attachak, 2010)

The Problematisation of social Well-being



- The concept of community culture as a way to understand the interplay between the idea of a sick society, the social environment, and the concept of well-being.

The Problematisation of social Well-being



- Prawase's concept of community culture was criticised for being idealistic (Yot, 1996)
- Thai village community, existing within the concept of community culture, never really existed. (Kemp, 1989)
- no empirical facts to support the validity of the concept of community culture. (Kitahara, 1996)

The Problematisation of social Well-being



- Thai economy was very fast during that decade (double-digit GDP growth). (Bello, 1997)
 - the expansion of the urban lifestyle
 - the rural economy shifted from the agricultural sector to trading business. (Attachak, 2010)

The Problematisation of wisdom Well-being



- *“Spiritual well-being refers to what can be obtained by doing a good thing, namely self-sacrifice, compassion, love, kindness and fully understanding Dharma or God. Spiritual well-being is the well-being that involves no selfishness. Also, it involves self transcending and freedom. A tender happiness in the spiritual domain will reinforce total well-being. In addition, spiritual well-being is the most important element in the whole structure of health. Without the existence of spiritual well-being, true well-being cannot be obtained. Humans will feel incomplete. The lack of spiritual well-being leads to a stage of bad health and other health problems”. (Prawase, 2000, p.4)*

The Problematisation of wisdom Well-being



- **National Health Bill**

- Spiritual vs Wisdom

- *“Wisdom is the way that leads to well-being. If someone does not have wisdom, it means they live in total ignorance. So it will be hard for them to have well-being. In particular, this means that people who have no wisdom are selfish, corrupted and take advantage of other people, even though they might have almost everything, for example, good health, good mental health and fame. They still cannot have well-being”. (Prawase, 2002, p.34)*

The Problematisation of wisdom Well-being



- wisdom or spiritual well-being were linked with moral conduct.
 - *“People who are very selfish and self-centred tend to get sick easily while people who are unselfish and compassionate tend to have good health. Having well-being is not just about having health check-ups or precise diagnoses. It is all about behaviour or conduct. In a sense, the behaviour that can boost the immune system and that can thus prevent illness is unselfish behaviour”. (Prawase, 1988, p.49)*

The Problematisation of wisdom Well-being



- worldly desire for material culture was framed as a real threat to the individual's, as well as social, body. In order to emancipate society from the threat of disease, worldly desire for material things must be controlled and constrained (Davisakd, 2014)

The Problematisation of wisdom Well-being



- rules of wisdom well-being were set. These were the rules that tried to problematise all conduct associated with worldly desire as greedy and selfish

The Problematisation of wisdom Well-being



- ambiguity of wisdom well-being
 - morality (repressing worldly desires, such as greed and selfishness)
 - ✦ Thai society was becoming more fragmented, the concept of morality was employed by the old élites and was never changed Attachak (2010)
 - ✦ an expansion of many new cults amongst the new middle classes. (Pattariya, 2015)
 - ✦ the tension between what moral values should exist in order to have well-being and the different moral values amongst the new middle classes led to uncertainty, and to the emergence of the notion of risk.

Conclusion



- the rules of well-being, as advised by the authorities, have not been able to fit in with the changes in people's lives, and the changes within Thai society
- a tension between the way that the authorities advise people to govern themselves and the people's capacity to do so
- rules of well-being cover all aspects of people's lives, physical, psychological, social, and the area of wisdom



- tension between what people should do and what people can do in the domain of health and medicine is very strong.
- This tension leads to the emergence of risk in the domain of health and medicine in Thailand

Limitation of the study

