

# MORAL HYGIENE

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Recent years have witnessed the expansion of purportedly “public health” programs into areas of personal conduct not traditionally viewed as medical. Since sickness and health are metaphors readily applicable to any human activity, we should be alert to the possibility that the rhetoric of “public health” may be employed to legitimate the intrusion of governmental or private bureaucratic power into individuals’ private lives. This issue of conceptual demarcation arises most acutely when people are “treated” without their consent, on the grounds that their behavior may constitute a menace to public health.

There are normally three situations in which medical treatment is administered without a person’s consent: A person may be treated without consent when he is literally unconscious, because then he literally does not have the cognitive capacity to comprehend the consequences of refusing treatment. A person can be treated without consent when he is literally a child, or due to brain damage is mentally a child, because then he literally does not have the developmental capacity to comprehend the consequences of refusing treatment. And a person may be treated without consent when he is literally contagious with disease, because then he could, by infecting other people, cause harm to them without their consent.

According to the traditional view, these three cases of nonconsensual treatment are appropriate to a political order in which power is circumscribed to protect individual rights: they are situations where physicians, *qua* physicians, may treat people without their consent.

It has also been held that there are quite distinct non-medical grounds for doing things to people without their consent. If someone wants to cause harm to others we may act in self-defense, or to protect potential victims, and we may

also pursue a lawbreaker to apprehend him and punish him. These actions of defense or punishment are not considered medical treatment. People who have studied medicine have no special competence to pronounce in these areas, though just like anyone else, they are entitled to declare their opinions as citizens and voters.

### **The Disease Metaphor**

We may, of course, use a medical metaphor to describe such matters. Anything that is undesirable may be called an illness, and any response to it may be called a treatment. Thus, crime may be an “illness” and more police or longer sentences may be proposed “treatments.” But this is just a metaphor, a way of speaking, like saying we are sitting on top of the world or have butterflies in our tummy. Crime is not literally illness and law enforcement is not literally medical treatment.

Nevertheless, metaphor can be a formidable weapon when employed to persuade and to politicize. Today, metaphor is increasingly used to extend the boundaries of public health. Treatment without consent is necessary, we are now continually being told, when a person is *metaphorically* unconscious—he “lacks insight” into his diseased behavior; when a person is *metaphorically* a child—there is a “threat to self,” meaning that he does not act in what some psychiatrist supposes is his best interest; and when a person is *metaphorically* contagious—he is a “threat to others,” for example, if those others copy his drug-taking, or are outraged by it.

When policy-makers begin to swallow the notion that deliberate behavior can be a treatable disease, they are being led to take the metaphorical for the literal. Treatment becomes paternalistic and rationalized in the name of protecting a person from himself, and others from him. Protecting people from themselves does seem to be

the *raison d'être* of the emerging ideology of public health.

In a parallel with Dr. Himmler's "racial hygiene" (the term *Rassenhygiene* was coined by Alfred Ploetz), today's new public health ideology can be characterized as moral hygiene—*moralischehygiene*. Both are forms of medical and public health imperialism. The rhetoric of moral hygiene certainly recalls Robert N. Proctor's description of the philosophical dimension of the "leader principle" (*Führerprinzip*), in which health care (*Gesundheitsfürsorge*) was replaced by health leadership (*Gesundheitsführung*), and curative medicine (*Fürsorge*) by preventive medicine (*Vorsorge*). Moral hygiene seeks to bring all human activity within the domain of medicine and public health. Human beings are again being homogenized by the state, in a manner reminiscent of National Socialist *Gleichschaltung*. It goes without saying that the old racial hygiene and the new moral hygiene have many differences; what they have in common is that they provide a legitimizing formula, based on an extension of the medical metaphor, to sanctify physical coercion of individuals who behave in ways that powerful people dislike.

The ideology of moral hygiene extends the imperial boundaries of public health in two ways. The first is by viewing all health matters as "public health" concerns, even if they are purely derived from voluntary human behavior. The second is by applying a medical metaphor to every sphere of life, and then, quite absurdly, taking the metaphor literally.

An example of the first is the allegation that a slight increase in the rate of genetic damage arises from smoking marijuana. This becomes a supposed justification for viewing the voluntary pastime of smoking marijuana as somehow a medical matter. Examples of the second would be compulsive shopping, compulsive gambling, compulsive sex, or addiction to the Internet, all treated by some mental health professionals as examples of "mental illness" and therefore public health problems.

One of the signs of this conceptual expansionism is that over time the preposterous comes to be taken quite seriously. What once seemed hilarious is now earnestly debated. Thirty years ago, advocates of drug legalization would often remark that we might as well persecute producers or consumers of cigarettes or beer. Everyone understood that this was pure irony, and that it was absolutely fatuous to suggest that the government

should go after the purveyors of tobacco or alcohol. Not so today.

Opponents of the persecution of the tobacco and alcoholic beverage industries often remark that we might as well prohibit the sale of high-fat or high-carbohydrate foods. This seems ridiculous today, but how will it seem 30 years in the future? If we take a look at what the government has done to tobacco, we may hesitate to buy stock in companies which make potato chips or soda.

The point at issue is not whether smoking, drinking, eating potato chips, or drinking soda are good or bad, but who decides what the individual can put in his mouth: the individual or the government? Is it obvious nonsense to say that people who eat potato chips can't stop? Of course it is, but it is just as obvious nonsense to say that people who smoke cigarettes can't stop. It is just as obvious nonsense to say that people who drink beer or snort cocaine can't stop. Some of them *won't* stop, just as some folks won't stop watching baseball or going to church. That's their choice. At bottom, I think everyone understands this. We all know that such behaviors are matters of voluntary choice, and that some people, given liberty, will make foolish choices. But the metaphor of moral hygiene is bewitching.

Speaking strictly and literally, disease is a physical malfunction of the body. Ethical or prudential mistakes in judgment are not literally diseases. Ethics is a branch of philosophy, not of medicine. Medicine is, of course, thoroughly intertwined with ethical problems in practice. But ethical problems are not medical problems. Behavioral choices can affect one's chances of getting a disease, but no ethical choice is in itself a disease.

Cirrhosis of the liver is a disease caused by habitual heavy drinking. Habitual heavy drinking is not a disease. Habitual heavy drinking does not become a disease by being called "alcoholism." Similarly, a broken neck is (in the broadest but still literal sense) an illness, but hang-gliding is not an illness, and hang-gliding would not become a disease by being called *suspendere labi*.

### **Human Behavior**

By "behavior" I mean action subject to conscious control. It may be thoughtless or habitual, but it still qualifies as behavior if the person can change it by conscious decision. A person may walk along without giving a thought to the way his legs are moving, but if for any reason he pays attention to the movement of his legs, he can

modify his walking behavior, to avoid stepping in puddles, for instance. Some bodily phenomena are not under conscious control. Reflexes or seizures are not behavior, in this sense of the word, because the individual cannot control them or bring them on at will.

This clear distinction was made long ago by Max Weber, who employed the term “action” for what is here called “behavior.” Weber pointed out that the existence of borderline examples does not nullify the difference in principle. Behavior is always meaningful to the person behaving and is always a matter of choice.

To be sure, behaviors have consequences: the consequences of certain behaviors may enhance health, aggravate existing diseases, or increase the likelihood of contracting some diseases. Much of what we do, however, may not affect our state of health and illness as much as we might like to think. There is such anxiety these days about health matters that people tend to over-rate the extent to which they can influence their health and longevity. It is existentially comforting to think that we are more in control of our physical health and the onset of disease than we actually are. Many people do everything “right” and still get a disease. Many people do everything “wrong” and live long and full lives. With the majority of diseases, the best thing we can do by way of prevention is to choose parents with the right genetic endowments.

In the older conception, public health was tacitly contrasted with private health. An epidemic of influenza was considered a public health problem; an epidemic of recreational cycling was not considered a matter of public health. The strained muscles, scratches, bruises, and occasional broken bones or concussion, results of the cycling craze in the late nineteenth century, were understood to be among the health consequences of private behavior. The fact that private behavior can be aggregated statistically did not automatically make it a matter of public health. True, public health did concern itself with such areas as the diet of the poor, but it sought to improve these areas by educating poor people and enhancing their living standards, rather than, for example, by coercively regulating the diet of all people below a certain level of income.

### **Responsibility and Freedom**

Liberty and responsibility are positively correlated. If liberty increases, responsibility increases,

and vice versa. The more liberty people possess, the more responsible they must be for the consequences of their behaviors. The more responsibility people are given—at work, for example—the more they are at liberty to make policy decisions. When responsibility decreases, liberty decreases.

Children are held to a lower standard of responsibility than adults. Their liberty is restricted accordingly. A prisoner in a penitentiary is deprived of liberty. His room and board are provided by the state: he is not responsible for providing these himself. This is why some people prefer to live in prison: They do not want to be responsible for their room, board, and general welfare. In effect, they do not want to be responsible for themselves. The price they pay for irresponsibility is loss of liberty.

Those intent on medicalizing behavior often claim that liberty and responsibility are negatively correlated: They contend that a person can experience greater freedom by abdicating responsibility. For example, smokers who refuse to take responsibility for the consequences of their behaviors and blame tobacco corporations and nicotine for their smoking addiction, are led to believe by anti-tobacco crusaders that they can experience greater freedom by surrendering personal responsibility. In this case freedom theoretically comes through monetary awards.

We cannot increase liberty by diminishing personal responsibility. When people are taught that they're not responsible for their behaviors, someone, or something, is scapegoated or blamed for the unpleasantness and suffering they experience. Responsibility is assigned somewhere else. For example, drugs and drug dealers are scapegoated for the drug users' own behavior. Tobacco companies and cigarettes are scapegoated for smokers' own behavior. Scapegoating makes people feel better about themselves. It's a way of boosting self-esteem, expelling evil, and affirming the dominant ethic.

### **Persons and Things**

Public health policies and practices were originally based on a triad of specified components: host, agent, and environment. The host referred to a person, a member of the community. The agent usually referred to a living organism—a parasite, bacterium, or virus. Public health policies based on this model were and are generally successful in controlling, if not eradicating, public health threats in the form of literal disease.

Today, however, the person-host component in this model is misconstrued as if it were a non-living agent, a thing, and the agent component is misconstrued as if it were a person, a moral agent. People are misinterpreted as things and things are misinterpreted as persons. This perversion of the original public health model is an integral part of the increasingly prevalent practice of medicalizing behavior. Violence, crime, suicide, illiteracy, guns, drugs, depression, over-eating, under-eating, under-exercising, buying too much in shopping malls, or having too many sexual partners, are all viewed as “public health problems.”

Medicalizing behavior is also used in an attempt to evade personal responsibility for the consequences of one’s behavior. When responsibility is theoretically removed, it is frequently assigned or attributed to something or someone else—a thing, another person, or the environment. When people attribute responsibility for their behavior to addiction, drugs, mental illness, or a bad environment, paternalism is rationalized, legitimized, and justified by powerful others.

One group of adults asserts that it knows what is best for another group of adults. For example, adults who choose not to ingest hallucinogenic drugs assert that they know what is best for adults who choose to ingest these substances. The former group deprives the latter of liberty, if they are powerful enough to do so. Similarly, people who don’t want to ingest select serotonin re-uptake inhibitors such as Prozac, Paxil, or Zoloft, or anti-psychotic drugs such as Thorazine, Zyprexa, or Haldol, are coerced into ingesting them by another group of adults (usually psychiatrists, mental health professionals, and family members). The former group is deprived of liberty by the latter.

Confusing and coercive messages are communicated to children in the name of medicine and public health: On the one hand children are told by adults that they shouldn’t ingest the drugs they want to ingest to change the way they feel and experience the world, for example, marijuana, alcohol, and hallucinogens. On the other hand, children are told by adults that they should ingest the drugs they don’t want to ingest, to change the way they feel and experience the world, such as Ritalin, Prozac, and Paxil. All of this is done in the name of public health, though in point of fact it has little to do with public health.

Consider how moral agency is attributed to non-living substances such as marijuana, cocaine, heroin, or LSD, and the nicotine in tobacco prod-

ucts. The drugs are said to be dangerous and addicting. The person is misconstrued in people’s minds as a thing: Behavior is discussed as if it were a seizure, a neurological reflex. Drugs allegedly addict the person. The person is done to by drugs. A person is not regarded as an actor, a moral agent. A chemical substance is viewed as an active, intentional force in the world, while the consumer of that substance is viewed as an insensate object incapable of resistance.

No substance, such as heroin, cigarettes, alcohol, cocaine, or marijuana, can addict a person. People choose to addict themselves to substances. Yet the inversion of reality is part and parcel of the moral hygiene ideology. Where ordinary mortals like you and I see a drunk resolutely assaulting a helpless bottle of Skyy vodka, the ayatollahs of today’s moral hygiene see a bottle of Skyy vodka resolutely assaulting a helpless alcoholic.

### **The Demons of Moral Hygiene**

Just because moral hygiene views persons as helpless things and inanimate substances as malign or beneficent persons, it should not be supposed that this ideology absolves all persons of any blame. Far from it! The people who manufacture and sell these personified substances are vilified and demonized relentlessly.

It is surely significant that the people who talk as if drug consumers cannot control their own behavior always assume that drug dealers or tobacco executives *can* control their own behavior. In this way of thinking, moral responsibility is displaced. If a person smokes, it is not his responsibility but the tobacco companies’ responsibility. It may be worth exploring the hypothesis that this has something to do with the fact that tobacco companies may be looted for millions of dollars by ethically unfastidious lawyers, whereas ordinary smokers may not.

The smoker is a helpless victim, but tobacco executives are never considered helpless victims. The smoker cannot control his actions, but tobacco executives can control both their own actions and—magically—the actions of smokers. The smoker cannot be held morally or legally accountable for his decision to smoke, but the tobacco companies must be held morally and legally accountable, not merely for their decision to produce and sell cigarettes, but for consumers’ decisions to smoke. Evidently, ordinary consumers are subhuman zombies, since they lack the capacity for autonomous choice, whereas company execu-

tives and Colombian cartel leaders are authentically human, though desperately wicked, and must therefore be punished if they cause the hapless subhumans to injure themselves.

The view stated here, that behavior is a matter of choice, should not be confused with any particular theory of what causes behaviors like drug addictions. This view does not pretend to offer an illuminating new explanation for why people choose to addict themselves to drugs, religions, sports, hobbies, life partners, or political ideologies. Doubtless they do so for many different reasons, arising out of their multifarious struggles to find meaning in their lives.

### **The Religion of Health**

It is often assumed that we have an obligation to be healthy, that bodily health is an important value, if not the supreme value. In place of the old idea that cleanliness is next to godliness, the contemporary view is that radical cleanliness—the exclusion of all noxious substances—is godliness. This modish view contradicts the recorded pronouncement of Jesus Christ that what goes into the body does not defile a person: only what comes out of the body—words and deeds—can defile a person. While it would go beyond the scope of this article to discuss the correctness of the currently fashionable view, the crucial point is that this view is not in the least a *medical* viewpoint, but entirely *religious*, in the broad sense of having to do with our ultimate value choices.

Medicine can sometimes tell us what to do if we want to be as healthy as possible, but medicine cannot tell us that we ought to want to be as healthy as possible. If a doctor advises a patient to behave in a certain way, the doctor tacitly assumes that the patient values his health highly enough to modify his behavior. The patient may, however, be fully prepared to sacrifice his health rather than change the way he lives his life. This decision of the patient's is, quite literally, none of the doctor's business.

The doctrine that we are obligated to become as healthy as we can is a religious one: it relates to our highest values. If there is religious liberty, however, then individuals are perfectly entitled to sacrifice their health to other values. It follows that if the government promotes an ideology which preaches that physical health is the supreme value, we have here an "establishment of religion," as prohibited in the First Amendment to the United States Constitution.

The ideology of moral hygiene not only views health as the supreme value, but also views moral behavior as "healthy" or "sick." The result is to establish the medical profession as a priestly caste, empowered by the state with the capacity to intervene coercively in our lives. The literalized metaphor of healthy behavior means that no area of our lives is protected against forcible intrusion by the government. Thus the Bill of Rights, almost in its entirety, is thrown in the trash. That this is no exaggeration can be seen immediately by looking at the day-to-day implementation of the "war on drugs."

### **"Harm Reduction" Movement**

Whenever there is an established church there are sectarian struggles within the church to get the benefits of state endorsement for the views of each particular sect. The apostles of "harm reduction" do not challenge the establishment of the church itself: they differ over which kinds of drug-related behavior are most harmful, and over whether doctors or policemen should be the enforcers. They therefore want to legalize various drugs under a doctor's prescription, and to replace compulsory treatment by jail with compulsory treatment by psychotherapy.

Proponents of harm reduction defend drug use on pseudo-medical grounds, and only under the control of physicians or public health professionals. They argue that people who "abuse" drugs should be "treated" instead of "punished." They uphold the fallacies of moral hygiene, notably that any voluntary behavior with health effects is a medical matter and that voluntary behavior is itself healthy or sick, and can be treated.

Treatment means psychotherapy, and psychotherapy means talking to people, in an attempt to persuade them to live their lives according to the views of the psychotherapist. Jailing people for taking drugs is an outrageous invasion of their rights, but at least it is honest brutality and honest repression. At least we know roughly what is going on: someone is being picked on because some powerful people don't like the way he chooses to live his own life. By contrast, having licensed agents of the state paid by the taxpayer to talk that person into a different ethical and religious outlook, all under the rubric of public health, is a sickening perversion of both medicine and politics, and there is no telling what hell it might take us to.

Increasingly, people horrified by the violence and brutality of the war on drugs are calling for

more emphasis on “treatment,” but there are serious problems with any such approach. First, addiction cannot literally be treated since it is not literally a disease. Second, what passes as treatment for addiction is indoctrination with a particular worldview. The state has no business being entangled in this. Third, there is no need for any money to be appropriated by the state for addiction “treatment,” as the best form of help for people who want help with addiction problems is self-help groups, which are free and organized by people who want to help themselves. Finally, there is plenty of research to show that professional addiction “treatment” is completely ineffective. The great majority of drug addicts cease, after a while, to be addicted—they “mature out” of their addiction—regardless of whether or not they have been “treated” (I document this and other relevant claims in *Addiction Is a Choice*).

### **Rational Approach to Drug Addiction**

Although it would be best if the government called off the “war on drugs,” this conclusion does not follow simply from the view argued here, that addiction is a choice. There are honest arguments for state paternalism, and even for totalitarianism, which are beyond the scope of the present discussion. What is important here is to point out that, under the banner of moral hygiene, coercion for moral and religious motives is dressed up as coercion for public health reasons.

Some people believe that it is right to use the police, the army, the FBI, the prisons—all the tax-funded agencies of coercion—to compel people to live morally. Because this is at odds with American classical liberal traditions of individual responsibility as reflected in the Bill of Rights, it is a kind of euphemism or rhetorical equivocation to pretend that people who take drugs have no choice in the matter—a fiction which most people instinctively understand to be a fiction, but which muddies the waters sufficiently to distract attention from the irrationality, cruelty, and negation of liberty inherent in any “war on drugs.”

The fundamental case for repealing drug prohibition in its entirety is that people have a right to take whatever drugs they please. People should be free to purchase, sell, and use any drug they want. If they harm themselves in the process, that’s the risk they take. If they harm someone else in the process, without that person’s consent, they should be held fully accountable for doing

so from a criminal justice point of view. In just the same way, if a man looks at pornography and then commits rape, he should be prosecuted for the rape and not for looking at pornography, or if he reads the Book of Revelation and becomes a serial killer, he should be prosecuted for murder, not for reading the Bible.

The hubris of moral hygiene can be seen as it moves into the arena of tobacco regulation. Individuals who voluntarily choose a legal pastime find themselves both persecuted as deviants and rewarded as victims. A smoker in California was awarded \$3 billion for the consequences of his own behavior. The jurors’ decision was based on the untruth perpetuated by anti-tobacco crusaders that this man couldn’t stop smoking.

Tobacco companies are also accused of tricking smokers into being addicted to nicotine. (If it really were nicotine to which they were addicted, they could simply take nicotine pills and not increase their risk of getting lung cancer.) This scapegoating on the part of anti-tobacco crusaders absolves smokers of responsibility for the consequences of their actions, deprives people of the right to smoke, and soaks the tobacco companies (therefore ultimately future consumers of cigarettes) of money—all in the name of public health and compassion. It has the effect of encouraging pervasive irresponsibility, because individuals come to suppose that if anything bad happens to them as a consequence of their own actions, someone or something else is to blame.

Anti-tobacco crusaders defend themselves by claiming that the tobacco companies have tried to hush up the health dangers of smoking, though this would be pretty pointless if people were actually incapable of quitting the habit. Ever since tobacco became familiar to the Europeans who explored America, folklore has warned of its health dangers. As soon as scientific evidence appeared that there possibly were real health risks, these were publicly debated. Since the early 1950s, the media have been filled with references to the possible health hazards of smoking.

We accept as a fact that life is difficult: Growing up is difficult, going to school is difficult, going to work is difficult, being married and raising a family is difficult—all of this not to mention the numerous and diverse tragedies, illnesses, accidents, and loss, we all face and in most cases survive. But here, when it comes to a smoker, he theoretically cannot give up his precious cigarettes because he is addicted. He cannot resist his temp-

tation and deprive himself of his temporary pleasure because it is too difficult to do so.

There is nothing scientific or medical about the claim that people cannot stop smoking. All the relevant research fails to corroborate, and much of it controverts, the theory that addicts suffer “loss of control” disabling them from rationally monitoring their drug intake. The continuing claim that addicts cannot stop is, in Popperian terms, untestable and therefore metaphysical.

Drug prohibition and anti-tobacco legislation are attempts to control peoples’ behavior, instructing them how to live their lives because the government knows best. The same is true for the form of indoctrination known as addiction treatment. Drug consumers can halt or moderate their drug intake when it becomes important enough for them to do so. Addiction is not an involuntary illness; it is an attachment governed by choice, reflecting the ways in which individuals find meaning and value. Government interference with individuals’ addictions is not strictly a matter of

public health, but a matter of morality or, in the broad sense, religion.

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#### SUGGESTED FURTHER READINGS

Chafetz, M. *The Tyranny of Experts: Blowing the Whistle on the Cult of Expertise*. Lanham, MD: Madison Books, 1996.

Hayek, F.A. *The Road to Serfdom*. Chicago: The University of Chicago Press, 1994.

Proctor, R.N. *Racial Hygiene: Medicine Under the Nazis*. Cambridge, MA: Harvard University Press, 1988.

Schaler, J.A. *Addiction Is a Choice*. Chicago: Open Court Pub, 2000.

Szasz, T.S. *Pharmacracy: Medicine and politics in America*. Westport, CT: Praeger, 2001.

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