

DIE ONTWORTELDE MENS : 'N PROBLEEM VAN ONS TYD

Die twintigste eeu met sy verbete stryd om lewensruimte, sy onversoerbare politieke ideologieë en sy ontredende wêreldoorloë het vir die geneesheer van die moderne tyd probleme geskep wat vir sy voorgangers in dié beroep nie bestaan het nie. Eén van dié probleme is die verskynsel van die ontwortelde mens waarmee elke dokter vandag in die beoefening van sy praktyk te doen kry.

Die verskynsel van die ontwortelde mens omsluit veel méér as die miljoene ontwrigte vlugteling uit 'n verbrokkelde Europa, of die hawelose weeskinders wat nooit geen ouers of tuiste geken het nie. Dit omsluit ook die veel-eisende aanpassingstryd van die mens onder 'n veranderende socio-ekonomiese patroon. Maar dikwels word die verskynsel van ontworteling in hierdie gedaante nie herken vir wat hy in die werklikheid is nie.

In 'n land soos Suid-Afrika bring die vertraagde proses van industrialisasie onvermydelik die verskynsel van ontworteling mee. Die verstedelike plattelander kom gedurende die oorgangsfase voor 'n soortgelyke aanpassingstryd te staan as die ontwortelde emigrant uit Europa. Sy verwysingsbasis vervaag. Hy verval in anonimiteit. Dikwels knel die wurggreep van geld sy gees. Hy ontwikkel sulke psigosomatiese toestande soos hoofpyn, maagsweer, spasiese kolon, asma, angsneurose of hipochondriese klagtes omdat sy persoonlikheid nie opgewasse is teen die veranderende eise van sy bestaan nie. Die prys wat sy ontworteling van hom verg, is die ondefinieerbare ondermyning van sy gesondheid.

Van veel groter omvang en dieper implikasie is die proses van ontworteling wat die Bantoe-bevolking vandag in Suid-Afrika ondergaan. Die ontstamde Bantoe, los van 'n betekenisvolle sosiale struktuur, kom weerloos te staan voor die titaniese trekkrag van die grootstadsewe met sy, vir hom, lewensvreemde gebruike. Voor die onwrikbare eise van die stad se arbeidspatroon versplinter sy gesinslewe. Die taal van die blanke word 'n simbool van aanpassing. Sekuriteit bly 'n wisselvallige begrip; straf 'n immer-dreigende werklikheid en verwesenliking van die persoonlikheid dikwels 'n onbereikbare strewe. Die uitwerking van hierdie ontwortelingsproses op die psige van die Bantoe kan nie gepeil word nie, maar voor die waarneembare gevolge daarvan kan die mediese beroep nie onverskillig staan nie.

Vry algemene gevolge van sulke socio-ekonomiese en kulturele verskuiwings is dikwels psigopatiese neigings van velerlei aard. Jeugmisdaad, sedelike verval, geslagsiekte, aborsie, prostitusie, drankmisbruik en verslawing aan verdovingsmiddels kan deels na die proses van ontworteling teruggevoer word. Die onregstreekse uitwerking van sulke massa-verskuiwings is nog 'n onbetrede gebied wat op toekomstige navorsing wag.

'n Ander ontwortelde in dié wêreld van vandag is die

geëmansipeerde vrou van die twintigste eeu wat te staan kom voor sulke onversoerbare teenstellings soos: huwelik—beroep; biologiese vervulling — intellektuele uitlewing; praktiese bedrywigheid — ontwikkeling van die gees, ens. Min ontwikkelde vroue slaag vandag daarin om die innerlike tweespalt wat hul vrywording meebring het, heeltemal vry te spring. Die struktuur van die samelewing bly tot op groot hoogte onbuigsaam. Die eise van die praktiese lewe waaraan die vrou verwag word om te voldoen, verander nie maklik nie. Die onvermydelike gevolg is dat die vrou blootgestel is aan verydeling. Sy het, soos Moses van ouds, die beloofde land gesien, maar sy beleef nie die geluk van die intog nie. Haar huis het vir haar te klein geword, maar die wyer wêreld bied haar ook geen blywende herberg nie. Sy kom na die dokter se spreekkamer met migraine en asma, met 'n angsneurose of 'n bedruktheidstoestand. Maar aan die grond van haar siekte lê die onbewuste wete van haar ontworteling.

Ook onder die jeug van die atoom-eeu is daar tallose ontworteldes. In hul rigtinglose onmag vorm hierdie ontworteldes aggressiewe eendertebendes. Hulle rook dagga. Hulle raak verslaaf aan ruk-en-rol-musiek. Hulle pleeg seksoortredings. Hulle gaan hulleself te buite om 'n gevoel van mag te smaak, want in die werklikheid voel hulle volkome waardeloos en weerloos. Hulle naasbestaendes het hulle in die steek gelaat. Innerlike inhoud het hul lewe nooit gehad nie. Morele waardes was nooit 'n aanvaarde deel van hul lewenspatroon nie. Geweld moet die kleurloosheid van hul lewe verdring. Aggressie moet die avontuur van die gees vervang en seks moet die vervulling van die emosionele lewe wees. En die geneesheer kry met hulle te doen, hierdie ontworteldes van 'n chaotiese samelewing wat deur hul ouers in die steek gelaat is, en vir wie niemand anders verantwoordelikheid wil aanvaar nie. Die geneesheer sien hulle na 'n straatgeveg of 'n aanranding of 'n skietvoerval; by 'n hofsak word sy getuie ingeroep. Die mediese beroep kom te staan voor die kwellende verskynsel van die jeug in opstand teen die wette van die samelewing; die jeug in 'n anargistiese sameswering teen gesag. Weereens soek ons na oorsaak en gevolg. Weereens stuit ons teen die verskynsel van ontworteling en die verreikende implikasies daarvan.

Dit is inderdaad 'n probleem wat aanspraak maak op die ernstige aandag van die geneesheer. So baie van die simptome wat vandag onder sy aandag kom, is nie die simptome van organiese siekte nie. Die geneesheer kan dus nie anders nie as om dieper te delf en ook ander oorsake vir hierdie soort siekteverskynsels te soek nie. In sy strewe om sy pasiënte te help, is dit dus goed as hy meer dikwels as in die verlede aan homself die vraag stel: In hoeverre het ek hier te doen met die verskynsel van ontworteling? Die antwoord op hierdie vraag is belangrik, want dit sal bepaal in hoeverre die geneesheer sy benadering van die betrokke probleem sal baseer op 'n meer konserwatiewe mediese vlak of op die breë vlak van die voorkomende en sosiale geneeskunde.

EDITORIAL

THE DISPLACED PERSON : A PROBLEM OF OUR TIME

The twentieth century with its bitter battle for 'lebensraum', its irreconcilable political ideologies and its devastating world wars, has confronted the doctor of today with problems unknown to his predecessors in the profession. One of these problems—a problem which every doctor meets in the course of his daily practice—is the problem of the displaced person.

The phenomenon of the displaced person comprises much more than the millions of unsettled refugees from a disrupted Europe, or the hordes of lost children who have never known parents or the security of a home. It also comprises the exacting struggle for adjustment under the pressures of a changing socio-economic pattern. The true significance and implications of this phenomenon, however, are often not fully recognized.

The somewhat belated process of industrialization in a country like South Africa has inevitably lead to serious displacement. During the period of transition the country dweller, transplanted to the city, has to face the problem of adjustment of a misplaced person. His frame of reference fades away. He lapses into anonymity. The economic struggle for existence oppresses his mind and he develops such psychosomatic conditions as headache, peptic ulcer, spastic colon, asthma, anxiety states or hypochondriacal complaints because his personality is not equal to the changing demands of his existence. Loss of physical and mental equilibrium is the price he has to pay for this displacement.

A problem of much wider range and deeper significance is the process of displacement to which the Bantu in South Africa is being subjected. The uprooted Bantu, in his state of separation from a meaningful social structure, is faced by the titanic challenge of the modern city with its way of life, which is completely foreign to him. His family life disintegrates owing to the merciless demands of the urban labour system. The language of the European becomes a symbol of adjustment. Security is a precarious concept, punishment an imminent reality, and fulfilment of his personality often an unattainable dream. The effect of this process of displacement on the mind of the Bantu can hardly be appraised; nevertheless the medical profession cannot feign indifference when faced by the recognizable features of this problem.

Such socio-economic and cultural shifts often lead to varying forms of psychopathic behaviour. Juvenile delinquency, moral decline, venereal disease, abortion, prostitution, alcoholism and drug addiction can, to a great extent, be attributed to the process of displacement. The indirect consequences of the prevalent mass movements of peoples remain an unexplored field awaiting future research.

Another displaced person in the world of today is the emancipated woman of the twentieth century who cannot

escape these inevitable dilemmas: marriage—career; biological fulfilment—intellectual achievement; practical tasks—spiritual development, etc. Few educated women are able to resolve successfully the inner conflicts brought about by their emancipation. The structure of society remains largely inflexible. The average woman is still expected to devote her time almost exclusively to the mechanics of practical living. The inevitable consequence of this conflict is that the modern woman is exposed to frustration. Like Moses of old, she has seen the promised land, but is denied the full happiness of crossing its borders. Her home can no longer fulfil all her needs, and yet she cannot find asylum in the outside world—so she comes to the doctor's consulting rooms complaining of migraine or suffering from psychoneurosis or depression. At the root of her trouble, however, is the unformulated awareness of her displaced state.

The youth of this atomic age, too, has its share of displaced persons who, as a result of their chaotic frustrations, drift into aggressive ducktail gangs. They smoke dagga. They revel in wild music. They commit sexual offences. They indulge in extreme behaviour in order to experience a sense of power; in reality they have a strong sense of unworthiness and failure. Their elders have left them in the lurch. Their lives become barren and devoid of spiritual content. Moral values have never been determining influences in their lives. Violence must compensate for the colourlessness of their existence. Aggression must be a substitute for the adventure of the spirit and superficial sex must replace deeper emotional fulfilment. The doctor comes into contact with these moral outlaws for whom nobody appears willing to accept responsibility. He has to treat them after a street fight, or an assault, or a shooting incident. He is called to court to give evidence. The medical profession is challenged by the distressing phenomenon of youth in rebellion against the laws of society; of youth in an anarchistic conspiracy against authority. Once again we look for cause and effect and once again we encounter the problem of displacement and its far-reaching consequences.

This problem calls for serious consideration by the contemporary doctor. Many of the symptoms brought to his notice today are not the symptoms of organic disease, and he therefore has no alternative but to probe deeper in his search for other causes of these conditions of ill-health. In his attempt to help his patient he is thus compelled, today more often than in the past, to ask the question: Am I not perhaps dealing with the phenomenon of displacement? The answer to this question is important, for it will determine to what extent the doctor will approach the problem along conventional medical lines and to what extent according to the principles of social and preventive medicine.