The Social Construction of Health*

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Abstract

- Define the term medical sociology
- Understand the difference between the cultural meaning of illness, the social construction of illness, and the social construction of medical knowledge

If sociology is the systematic study of human behavior in society, **medical sociology** is the systematic study of how humans manage issues of health and illness, disease and disorders, and health care for both the sick and the healthy. Medical sociologists study the physical, mental, and social components of health and illness. Major topics for medical sociologists include the doctor/patient relationship, the structure and socioeconomics of health care, and how culture impacts attitudes toward disease and wellness.

The social construction of health is a major research topic within medical sociology. At first glance, the concept of a social construction of health does not seem to make sense. After all, if disease is a measurable, physiological problem, then there can be no question of socially constructing disease, right? Well, it's not that simple. The idea of the social construction of health emphasizes the socio-cultural aspects of the discipline's approach to physical, objectively definable phenomena. Sociologists Conrad and Barker (2010) offer a comprehensive framework for understanding the major findings of the last 50 years of development in this concept. Their summary categorizes the findings in the field under three subheadings: the cultural meaning of illness, the social construction of the illness experience, and the social construction of medical knowledge.

1 The Cultural Meaning of Illness

Many medical sociologists contend that illnesses have both a biological and an experiential component, and that these components exist independently of each other. Our culture, not our biology, dictates which illnesses are stigmatized and which are not, which are considered disabilities and which are not, and which are deemed contestable (meaning some medical professionals may find the existence of this ailment questionable) as opposed to definitive (illnesses that are unquestionably recognized in the medical profession) (Conrad and Barker 2010).

For instance, sociologist Erving Goffman (1963) described how social stigmas hinder individuals from fully integrating into society. The **stigmatization of illness** often has the greatest effect on the patient and the kind of care he or she receives. Many contend that our society and even our health care institutions discriminate against certain diseases—like mental disorders, AIDS, venereal diseases, and skin disorders (Sartorius 2007). Facilities for these diseases may be sub-par; they may be segregated from other health care areas or relegated to a poorer environment. The stigma may keep people from seeking help for their illness, making it worse than it needs to be.

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Contested illnesses are those that are questioned or questionable by some medical professionals. Disorders like fibromyalgia or chronic fatigue syndrome may be either true illnesses or only in the patients' heads, depending on the opinion of the medical professional. This dynamic can affect how a patient seeks treatment and what kind of treatment he or she receives.

2 The Social Construction of the Illness Experience

The idea of the social construction of the illness experience is based on the concept of reality as a social construction. In other words, there is no objective reality; there are only our own perceptions of it. The social construction of the illness experience deals with such issues as the way some patients control the manner in which they reveal their disease and the lifestyle adaptations patients develop to cope with their illnesses.

In terms of constructing the illness experience, culture and individual personality both play a significant role. For some people, a long-term illness can have the effect of making their world smaller, more defined by the illness than anything else. For others, illness can be a chance for discovery, for re-imaging a new self (Conrad and Barker 2007). Culture plays a huge role in how an individual experiences illness. Widespread diseases like AIDS or breast cancer have specific cultural markers that have changed over the years and that govern how individuals—and society—view them.

Today, many institutions of wellness acknowledge the degree to which individual perceptions shape the nature of health and illness. Regarding physical activity, for instance, the Centers for Disease Control (CDC) recommends that individuals use a standard level of exertion to assess their physical activity. This Rating of Perceived Exertion (RPE) gives a more complete view of an individual's actual exertion level, since heart-rate or pulse measurements may be affected by medication or other issues (Centers for Disease Control 2011a). Similarly, many medical professionals use a comparable scale for perceived pain to help determine pain management strategies.

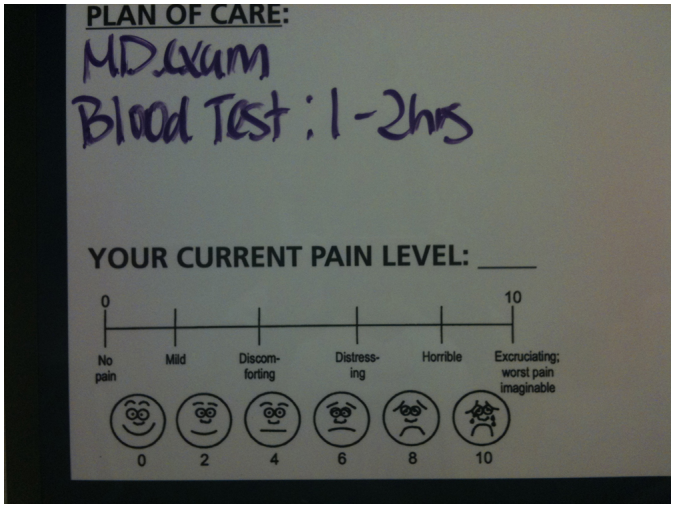

Figure 1: The Mosby pain rating scale helps health care providers assess an individual's level of pain. What might a symbolic interactionist observe about this method? (Photo courtesy of wrestlingentropy/flickr)

3 The Social Construction of Medical Knowledge

Conrad and Barker show how medical knowledge is socially constructed; that is, it can both reflect and reproduce inequalities in gender, class, race, and ethnicity. Conrad and Barker (2011) use the example of the social construction of women's health and how medical knowledge has changed significantly in the course of a few generations. For instance, in the early 19th century, pregnant women were discouraged from driving or dancing for fear of harming the unborn child, much as they are discouraged from smoking or drinking alcohol today.

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Figure 2: Pink ribbons are a ubiquitous reminder of breast cancer. But do pink ribbon chocolates do anything to eradicate the disease? (Photo courtesy of wishuponacupcake/Wikimedia Commons)

Every October, the world turns pink. Football and baseball players wear pink accessories. Skyscrapers and large public buildings are lit with pink lights at night. And for retailers, shoppers can choose from a huge array of pink products. In 2011, people wanting to support the fight against breast cancer could purchase any of the following pink products: KitchenAid mixers, Master Lock padlocks and bike chains, Wilson tennis rackets, Fiat cars, and Smith & Wesson handguns. You read that correctly. The goal of all these pink products is to raise awareness and money for breast cancer. However, the relentless creep of pink has many people wondering if the pink marketing juggernaut has gone too far.

Pink has been associated with breast cancer since 1991, when the Susan G. Komen Foundation handed out pink ribbons at its 1991 Race for the Cure event. Since then, the pink ribbon has appeared on countless products, and then by extension, the color pink has come to represent support for a cure of the disease. No one can argue about the Susan G. Komen Foundation's mission—find a cure for breast cancer—or the fact that the group has raised millions of dollars for research and care. However, some people question if, or how much, all these products really help in the fight against breast cancer (Begos 2011).

The advocacy group Breast Cancer Action (BCA) position themselves as watchdogs of other agencies fighting breast cancer. They accept no funding from entities, like those in the pharmaceutical industry, with potential profit connections to this health industry. They've developed a trademarked

"Think Before You Pink" campaign to provoke consumer questioning of the end contributions made to breast cancer by companies hawking pink wares. They do not advise against "pink" purchases; they just want consumers to be informed about how much money is involved, where it comes from, and where it will go. For instance, what percentage of each purchase goes to breast cancer causes? BCA does not judge how much is enough, but it informs customers and then encourages them to consider whether they feel the amount is enough (Think Before You Pink 2012).

BCA also suggests that consumers make sure that the product they are buying does not actually *contribute* to breast cancer, a phenomenon they call "pinkwashing." This issue made national headlines in 2010, when the Susan G. Komen Foundation partnered with Kentucky Fried Chicken (KFC) on a promotion called "Buckets for the Cure." For every bucket of grilled or regular fried chicken, KFC would donate 50 cents to the Komen Foundation, with the goal of reaching $8 million: the largest single donation received by the foundation. However, some critics saw the partnership as an unholy alliance. Higher body fat and eating fatty foods has been linked to increased cancer risks, and detractors, including BCA, called the Komen Foundation out on this apparent contradiction of goals. Komen's response was that the program did a great deal to raise awareness in low-income communities, where Komen previously had little outreach (Hutchison 2010).

What do you think? Are fundraising and awareness important enough to trump issues of health? What other examples of "pinkwashing" can you think of?

4 Summary

Medical sociology is the systematic study of how humans manage issues of health and illness, disease and disorders, and health care for both the sick and the healthy. The social construction of health explains how society shapes and is shaped by medical ideas.

5 Section Quiz

Exercise 1 ***(Solution on p. 6.)***

Who determines which illnesses are stigmatized?

a. Therapists
b. The patients themselves
c. Society
d. All of the above

Exercise 2 ***(Solution on p. 6.)***

Chronic fatigue syndrome is an example of _____.

a. a stigmatized disease
b. a contested illness
c. a disability
d. demedicalization

Exercise 3 ***(Solution on p. 6.)***

The Rating of Perceived Exertion (RPE) is an example of _____

a. the social construction of health
b. medicalization
c. disability accommodations
d. a contested illness

6 Short Answer

Exercise 4
Pick a common illness and describe which parts of it are medically constructed, and which parts are socially constructed.

Exercise 5
What diseases are the most stigmatized? Which are the least? Is this different in different cultures or social classes?

7 Further Research

Spend some time on the two websites below. How do they present differing views of the vaccination controversy? Freedom of Choice is Not Free: Vaccination News: http://www.vaccinationnews.com[1] and Shot by Shot: Stories of Vaccine-Preventable Illnesses:http://shotbyshot.org[2]

8 References

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[1] http://www.vaccinationnews.com
[2] http://shotbyshot.org
[3] http://www.huffingtonpost.com/2011/10/11/breast-cancer-pink-pinkwashing_n_1005906.html
[4] http://www.cdc.gov/physicalactivity/everyone/measuring/exertion.html
[5] http://abcnews.go.com/Health/Wellness/kfc-fights-breast-cancer-fried-chicken/story?id=10458830#.Tutz63ryT4s
[6] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2080544/
[7] http://thinkbeforeyoupink.org/?page_id=13
[8] http://www.cdc.gov/vaccines/default.htm
[9] https://apps.who.int/aboutwho/en/definition.html
[10] http://www.who.int/healthpromotion/about/HPR%20Glossary_New%20Terms.pdf

Solutions to Exercises in this Module

to Exercise (p. 4): Answer
C
to Exercise (p. 4): Answer
B
to Exercise (p. 4): Answer
A

Glossary

Definition 1: contested illnesses
illnesses that are questioned or considered questionable by some medical professionals

Definition 2: medical sociology
the systematic study of how humans manage issues of health and illness, disease and disorders, and health care for both the sick and the healthy

Definition 3: stigmatization of illness
are those that are discriminated against and whose sufferers are looked down upon or even shunned by society