# Social Construction of Illness

**Abstract:** The illness as such does not exist in the raw natural form as biologists and physicians conceive it. It is more than just a deviation from normal bio-physiological or psychological state of body. Illness (Social phenomenon) is created out of disease (Biological phenomenon) by giving meaning to certain bio-physical states of body. This process of association of meaning i.e. social construction is highly dependent on of the ethnography and social stratification elements. The disease is constructed in laboratories and pathologies in a paradigm that is different from the one in which patient lives with the illness. Advancement in Technology changes the way medicine understands disease. The Social Construction of illness is a socially constructed man-made artificial phenomenon, yet it is involved with cognitive society. As the disease (medical paradigm) and beliefs changes, the construction also changes. New layers of artificially created abstractions are added and old ones phase out. This is a dynamic process of mystification and de-mystification. Society's view of how they see illness influences the policy making to large extent. In this article, first we discuss the examples of how social construction of illness comes to play. Then we investigate factors that are responsible for Social Construction of Illness. We discuss the role of policy making and lastly we conclude with a bit of a warning.

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Though there are various opinions about what Social Construction means, Social Construction can be defined in broad terms as "A social mechanism, phenomenon, or category created and developed by society; a perception of an individual, group, or idea that is constructed through cultural or social practice" [1]. It is the result and by-product of countless human choices and decisions rather than the laws resulting from divine will or nature which we conceive as reality [2] put another way meanings of phenomena do not necessarily inhere in the phenomena themselves but develop through interaction in a social context (Conrad and Barker,2010) [3].

Reality does not just exist out there in the world waiting to be discovered, but rather is created by individuals who act in and toward their world (Sismondo, The Social Construction of Scientific and Technical Realities). Applied to illness, people enact their illness and endow it with meaning. They are not merely passive entities to whom things are done (be it by a disease or by doctors and treatments). Patient experience is not the same as the illness experience; after all, people with illnesses spend very little time in the patient role [14].

According to Gusfield Notes (1967) "Illness is a social designation, by no means given in the nature of medical fact" (notes p. 180) [4]. When a physician diagnoses a human's condition as illness, he changes the man's behavior by diagnosis; a social state is added to a bio-physiological state by assigning the meaning of illness to disease. It is in this sense that the physicians create illness and that illness is analytically and empirically distinct from mere disease [5]. Therefore "We can no longer regard diseases as a result of natural events in the world which occur outside the language in which they are described" (Bryan Turner, 1995). If a social constructionist approach to illness is considered, conceptual distinctions between disease (the biological condition) and illness (the social meaning of the condition) are phenomenal [6]. For example some bio-physiological conditions are considered as disability while others qualify as disease. This notion of perfect bodies to which other bodies are compared is a result of social construction [7].

It will be interesting to note that the medicine plays a dominant part in construction of illness through direct interaction, though "social construction of medicine is distinct from social construction of illness" (Phil Brown, 1995) [8]. The social construction of the illness is dynamically correlated to social constructors and society. The social constructors first understand the illness and disease in the present scenario and then modify it considering the social forces like class, race, gender, language, technology, culture, political economy and  Institutional and professional structures of the patient and the society, which in turn change the social construction related to a particular disease.

Social construction also plays a pivotal role in how an illness is experienced. Consider leprosy for instance, the first disease to be identified as stigmatized disease (Goffman, Gussow and Tracy, 1968) [9]. In west in the past, the biblical teachings perpetuated by missionaries associated leprosy with sin and uncleanliness; and people with leprosy came to be considered outcasts as a consequence. For a country like India too often, leprosy infected people are thought of as cursed or victims of witchcraft, or considered as blameworthy and  immoral; as if their disease is well deserved [10]. The contrast in the way different social constructs for a same medicinal phenomenon has been constructed, is due to the existing cultural beliefs in respective societies. In west missionaries were respected and their teachings were unquestioned. While in India the mythological (religious) beliefs

were socially predominant. The basic idea was segregation but it was implemented in different ways based on contemporary cultural beliefs of the society. Hopwood (1997 pp154) clearly states that "people of different cultures actually suffer from different illnesses" even though they may be going through same biophysical phenomena. The cultural beliefs effect how an illness is to be experienced by patient. HIV-AIDS is a stigmatized disease because one of the ways in which it is transmitted is through sex. And paid sex is stigmatized in almost all cultures. Therefore even though the HIV infection has no visible symptoms, the relation to "paid sexual intercourse" has stigmatized this disease to the extent they don't go for medication for the fear of being identified as HIV positive.

As another case, While parents of deaf children hope the implant will make their children as normal as possible by giving them at least some ability to hear, the deaf community contends that deafness is not a medical defect but a cultural identity with its own language and that implants undermine that identity [11][12].

One of the classic examples is that of "Madness". We asked 4 medical practitioners about its origin. Biologically, Madness occurs due to partial or full breakdown of the nervous system resulting in an inability of the unconscious inner process to express through words, actions, and deeds its own natural trends.  It origination is Schizophrenic but people now-a-days extensively use it to refer to anyone in his present abnormal condition (as inferred from preliminary interview of 9 students from IIT Delhi hostels and generalization).  Extremes occur when people refer to a "slow-learner" as a "mad" person which given his own world, is not diseased.

Considering extremes, we have a cultural predisposition for "a pill for every ill," amplified by the pharmaceutical industry's promotion of an "ill for every pill"? [13] As Borch-Jocobsen put forward: *"Depression was always there, waiting to be 'revealed' by antidepressants…. the patients must have recognized themselves in this new symptomatology and told themselves that they were indeed depressed. Biopsychiatry produces today are not so much cures as, once again, new diseases, new ways of making minds and madness."* As technologies change, the society's view of a disease also changes.

*Moving on,* by acknowledging that medical knowledge about disease and illness is constructed by socially situated claims-makers and other interested parties; we can bring greater critical awareness to the policy-making process. It seems that we have a social predilection toward treating human problems as individual or clinical—whether it be obesity, substance abuse, learning difficulties, aging, or alcoholism—rather than addressing the underlying causes for complex social problems and human suffering. For example, when medical perspectives increasingly define obesity as an illness (rather than a risk factor for diseases such as diabetes, cardiovascular disease, etc.), policies focus on solutions such as gastric bypass surgeries, liposuction, rather than examining the role of product promotion by the food industry. [3]

To conclude, it must be admitted that social institutions and structures have a widespread and persistent power and people are influenced a lot by the socially constructed ideas of 'norms' with regard to health factors. Social constructionist perspective has wide adaptability right from the basic individual level to national health politics. One must be careful before pressing for any significant changes to the policies.