SHORT COMMUNICATION

Social construction of illness and disease

Construcción social de la enfermedad y el padecimiento

Laura Ines Amada[1], Victoria Soledad Burgos[1], Miriam Ferreyra[1], Diana Beatriz Leguizamón Ibañez[1] , Verónica Estefanía Lopez[1], Digna Zoraida Rivas Medina[1] , Georgina Micaela Siñani Condori[1]

[1]Facultad de Medicina. Universidad de Buenos Aires. Argentina.

ABSTRACT

The meaning of illness varies according to the paradigm and the perspective it approaches. From the positivist paradigm, typical of the field of biomedicine, the disease is conceived from a mechanistic or biologistic point of view so that priority is given to the organic alteration that occurs in the human body, ignoring the subjectivity inherent in this process. We will analyze the social construction of illness through an anthropological perspective, including considerations of the role of society, the conditioning factors and effects observed in this process and the social responses that medicine assumes in this dynamic. In nature, disease does not exist as such but as a biological phenomenon that can only be distinguished because it breaks a specific sequence of events that are part of a continuous process. With the witnessing eye of the human being, this phenomenon makes sense. It is the individual and society that give the label of disease to a particular event. This label is the result of a social construction and, as such, is described in this article from a sociological point of view. Illness is constructed through a doctor-patient bond in which roles and expectations of mutual fulfilment are generated. Medicine is a response of the culture to legitimize the condition of sickness in someone who cannot continue to fulfil his or her usual roles. Some schools consider illness a legitimate deviation as long as it is assumed that the patient is not responsible for his ailment; if responsibility is assumed, the illness is considered an illegitimate deviation with a solid moral pejorative condition.

Palabras clave: Construction; Illness; Disease.

RESUMEN

El significado de la enfermedad varía según el paradigma y la perspectiva desde la que se aborde. Desde el paradigma positivista, propio del campo de la biomedicina, la enfermedad se concibe desde un punto de vista mecanicista o biologicista de forma que se da prioridad a la alteración orgánica que se produce en el cuerpo humano, ignorando la subjetividad inherente a este proceso. Analizaremos la construcción social de la enfermedad a través de una perspectiva antropológica, incluyendo consideraciones sobre el papel de la sociedad, los condicionantes y efectos observados en este proceso y las respuestas sociales que la medicina asume en esta dinámica. En la naturaleza, la enfermedad no existe como tal, sino como un fenómeno biológico que sólo puede distinguirse porque rompe una secuencia específica de acontecimientos que forman parte de un proceso continuo. Con la mirada testigo del ser humano, este fenómeno cobra sentido. Son el individuo y la sociedad los que dan la etiqueta de enfermedad a un acontecimiento concreto. Esta etiqueta es el resultado de una construcción social y, como tal, se describe en este artículo desde un punto de vista sociológico. La enfermedad se construye a través de un vínculo médico-paciente en el que se generan roles y expectativas de cumplimiento mutuo. La medicina es una respuesta de la cultura para legitimar la condición

de enfermedad en alguien que no puede seguir cumpliendo sus roles habituales. Algunas escuelas consideran que la enfermedad es una desviación legítima siempre y cuando se asuma que el paciente no es responsable de su dolencia; si se asume la responsabilidad, la enfermedad es considerada una desviación ilegítima con una sólida condición moral peyorativa.

Palabras clave: Construcción; Enfermedad; Dolencia.

INTRODUCTION

We will analyze the social construction of illness through an anthropological perspective, including considerations of the role of society, the conditioning factors and effects observed in this process and the social responses that medicine assumes in this dynamic.[1] We also propose a perspective, analyzing the concept of illness and suffering. We will then analyze the phenomenon of illness from a social perspective.[2,3] Finally, we will indicate some practical questions related to the role of professionals in managing the illness of the sick.[4]

DEVELOPMENT

The meaning of illness varies according to the paradigm and the perspective it approaches. From the positivist paradigm, typical of the field of biomedicine, the disease is conceived from a mechanistic or biologistic point of view so that priority is given to the organic alteration that occurs in the human body, ignoring the subjectivity inherent in this process. On the other hand, in the scientific literature, one of the most accepted definitions of suffering is the one provided by Cassell.[5] For this author, suffering refers to severe pain associated with events that the subject perceives as a threat to himself and continues as long as this perception remains. His integrity is not restored, often by coping mechanisms, understanding coping as a defensive response that the person develops in a particular context or situation.[6]

On the other hand, suffering is inherent to the disease; it is a lived experience in its totality and is fundamentally based on its subjective dimension, i.e. it tries to explain how the person lives with his or her disease.[7]

Let us consider that medicine as a science emphasizes its activity in situations defined as "illness". In light of a sociological/anthropological view such as the one we intend here, it is essential to account for what exactly is known as illness.[8] In the natural order, disease does not exist; it is not a problem. What does exist is a biological phenomenon that can be distinguished by breaking with a certain continuity of facts, with an order of processes occurring. However, if there is not the witnessing eye of the human being that comes to give a sense to that happening, nature coexists harmoniously with these contingencies. Reality is a socially constructed, symbolic and imaginary plane; it is presented as an interpreted world, not a natural one. In this framework, it is the individual and "the social" that he/she brings internalized, that is, society, that gives disease labels to a specific condition. For example, in many rituals of Indian tribes, they perform ceremonies which later bring consequences such as days in bed, fever, tachycardia and many other things.[9] However, for them, it is not considered a disease, but the opposite; this ritual marks the initiation of an adolescent to "be a man" and what he is suffering is not a disease but a transition between being young and the man who comes in a new stage.[10]

This is why we say that illness is a social construction; it is in the culture. However, even within the sphere of the symbolism of social meanings, what is relevant to the disease is that it can be transformed, in some cases, into social deviation.[11]

Finally, the imprint of the sociocultural dimension is evident in various care areas. Thus, excellence in care, which currently underpins many nursing management models, requires the professional to have a broad and exhaustive knowledge of the social and cultural environment in which health and disease situations arise.[12] In turn, the so-called Health Outcomes Research determines that the approach exclusively focused on biomedical parameters does not have enough explanatory power if we do not take into account that they will be influenced by human responses, which are conditioned by the social and cultural context in which the person lives immersed (Montoro, theorizations).[13]

CONCLUSIONS

In nature, disease does not exist as such but as a biological phenomenon that can only be distinguished because it breaks a specific sequence of events that are part of a continuous process. With the witnessing eye of the human being, this phenomenon makes sense. It is the individual and society that give the label of disease to a particular event. This label is the result of a social construction and, as such, is described in this article from a sociological point of view. Illness is constructed through a doctor-patient bond in which roles and expectations of mutual fulfilment are generated.[14]

Medicine is a response of the culture to legitimize the condition of sickness in someone who cannot continue

to fulfil his or her usual roles. Some schools consider illness a legitimate deviation as long as it is assumed that the patient is not responsible for his ailment; if responsibility is assumed, the illness is considered an illegitimate deviation with a solid moral pejorative condition. [1,15]

Animism, the disease, in turn, may have a different significance according to the social class of the individual who suffers from it. The physician must be aware of the social meaning of illnesses since this knowledge can contribute to meeting the greatest challenge of medicine, which is to help others, considering them not as an object of knowledge but essentially as fellow human beings. [16]

Despite being liable to internal contradictions and, consequently, generators of predicaments, we sustain the premise that the values, knowledge and cultural behaviours linked to health form an integrated, total and logical sociocultural system.

Therefore, issues related to health and disease cannot be analyzed in isolation from the other dimensions of social life mediated and interpenetrated by the culture that gives meaning to these experiences.

Healthcare systems are cultural systems consonant with the social, political and economic groups and realities that produce and replicate them.

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Conceptualization: Laura Ines Amada, Victoria Soledad Burgos, Miriam Ferreyra, Diana Beatriz Leguizamón Ibañez, Verónica Estefanía Lopez, Digna Zoraida Rivas Medina, Georgina Micaela Siñani Condori.
Data curation: Laura Ines Amada, Victoria Soledad Burgos, Miriam Ferreyra, Diana Beatriz Leguizamón Ibañez, Verónica Estefanía Lopez, Digna Zoraida Rivas Medina, Georgina Micaela Siñani Condori.
Formal analysis: Laura Ines Amada, Victoria Soledad Burgos, Miriam Ferreyra, Diana Beatriz Leguizamón Ibañez, Verónica Estefanía Lopez, Digna Zoraida Rivas Medina, Georgina Micaela Siñani Condori.
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Research: Laura Ines Amada, Victoria Soledad Burgos, Miriam Ferreyra, Diana Beatriz Leguizamón Ibañez, Verónica Estefanía Lopez, Digna Zoraida Rivas Medina, Georgina Micaela Siñani Condori.
Methodology: Laura Ines Amada, Victoria Soledad Burgos, Miriam Ferreyra, Diana Beatriz Leguizamón Ibañez, Verónica Estefanía Lopez, Digna Zoraida Rivas Medina, Georgina Micaela Siñani Condori.
Project management: Laura Ines Amada, Victoria Soledad Burgos, Miriam Ferreyra, Diana Beatriz Leguizamón Ibañez, Verónica Estefanía Lopez, Digna Zoraida Rivas Medina, Georgina Micaela Siñani Condori.
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Supervision: Laura Ines Amada, Victoria Soledad Burgos, Miriam Ferreyra, Diana Beatriz Leguizamón Ibañez, Verónica Estefanía Lopez, Digna Zoraida Rivas Medina, Georgina Micaela Siñani Condori.
Validation: Laura Ines Amada, Victoria Soledad Burgos, Miriam Ferreyra, Diana Beatriz Leguizamón Ibañez, Verónica Estefanía Lopez, Digna Zoraida Rivas Medina, Georgina Micaela Siñani Condori.
Display: Laura Ines Amada, Victoria Soledad Burgos, Miriam Ferreyra, Diana Beatriz Leguizamón Ibañez, Verónica Estefanía Lopez, Digna Zoraida Rivas Medina, Georgina Micaela Siñani Condori.
Drafting - original draft: Laura Ines Amada, Victoria Soledad Burgos, Miriam Ferreyra, Diana Beatriz Leguizamón Ibañez, Verónica Estefanía Lopez, Digna Zoraida Rivas Medina, Georgina Micaela Siñani Condori.
Writing - proofreading and editing: Laura Ines Amada, Victoria Soledad Burgos, Miriam Ferreyra, Diana Beatriz Leguizamón Ibañez, Verónica Estefanía Lopez, Digna Zoraida Rivas Medina, Georgina Micaela Siñani Condori.