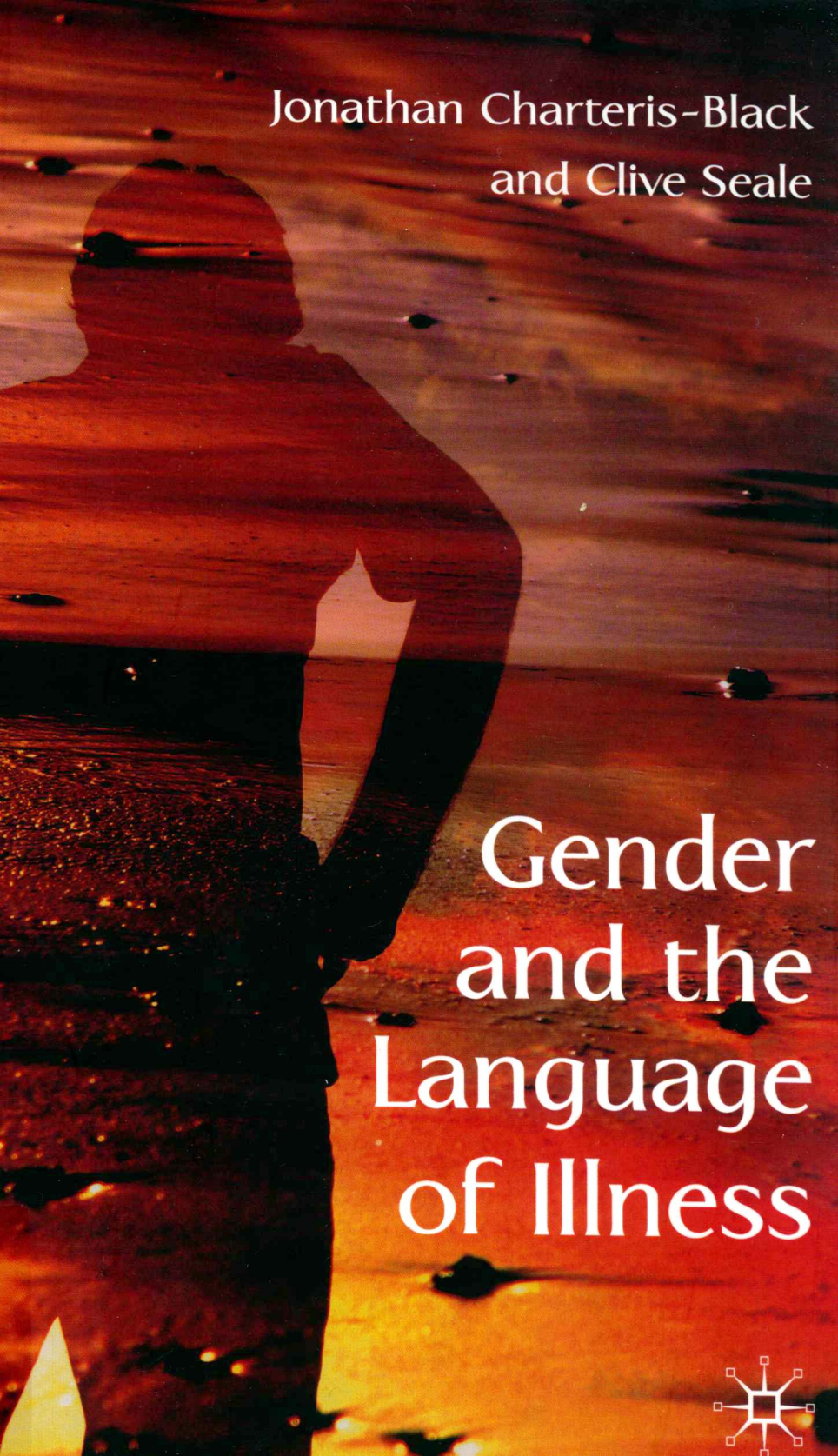
Jonathan Charteris-Black
and Clive Seale
Gender
and the
Language
of Illness

Gender and the Language of Illness

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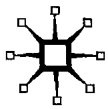

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In memory of Christopher Charteris-Black

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1
Gender and the Language of Illness

1.1 Introduction – sex, gender and identity

One day after taking a new job in the city of Bristol in the West of England, one of the authors, Jonathan Charteris-Black, was purchasing a bicycle when he overheard a conversation between a young male assistant and a female customer in which the customer commented on the assistant being absent the day before when she had come to collect her bicycle; he replied that he had not been well and the customer asked him: 'Was it a case of man flu?' He replied laughingly 'Yes' and that he was feeling better today. The term 'man flu' is ironic and refers to the belief that men exaggerate pain or illness, typically by describing a cold as 'flu'; it originates from a belief (held mainly by some women) that men complain more about their state of health (especially to women), a practice that conflicts with notions of the 'stoical' or tough man. Since the early socialisation of very young males usually involves experiencing their mothers as the first source of comfort, this can create a pattern of expectancy for women to be sources of comfort when experiencing illness. One perspective might be that women do not wish or need to provide sympathy for needy adult men. Another perspective is that the expression 'man flu' is evidence of the trivialisation of men's accounts of health because it implies that men are indulging themselves when they talk about their health. This second perspective suggests that there is evidence in recurrent, everyday language use, or discourse, of how health is a topic which only women really know about. A negative stereotyping of young men's talk about health as trivial may leave them unprepared later in life to discuss serious illness and to delay seeking diagnosis and contribute to the

greater life expectancy of women[1]. The role of gender in how people talk about illness and its implications is therefore an important one and it forms the topic of this book.

We will examine how men and women experiencing a wide range of different types of illness talk about their experiences. We will consider how far individual agency interacts with sex-based classifications as a 'male' or 'female' to produce discourses of illness experience that correspond with, or challenge, sex-based stereotypes for masculinity and femininity. Gender arises from a subtle interaction of how we think of ourselves and how we are viewed by others; it is an issue of identity and self-awareness rather than one of biological sex difference. However, a great deal of confusion about 'sex' and 'gender' pervades our use of these words; we very often use 'gender' as a way of avoiding having to use 'sex' to avoid embarrassment. Consider the following:

> I've never ever ruled out the you know the possibility that if I ever found a female who was attractive that I liked, I mean I see a person I don't see a person of either gender, it just so happens that men I find men attractive and women generally not. Saying that I find women far better friends.

Here the speaker, a young man whose interview about illness is one of the many examined in this book, uses the word 'gender' when he is really talking about biological differences between men and women and his sexual preference for biological men, but because he is talking about sexual attraction he avoids saying 'a person of either sex' and instead refers to 'a person of either gender'. 'Gender' is often used as a euphemism in situations where 'sex' might risk bringing to mind sexual activity – after all common expressions that use the word 'sex' include 'having sex', 'safe sex', 'sex drive' and 'sex exploitation' all of which refer to the physical act of sex rather than the more complex issue of identity. So 'gender' is often substituted for 'sex' – especially in areas such as social policy or intellectual discussion – to avoid bringing to mind a network of meanings that are associated with sexual activity. We see this in expressions such as 'gender testing' which are not really about gender at all but are about sex differences on the basis of classification as 'male' or 'female'; the two words are sometimes used interchangeably as in 'sex or gender' because we do not want to risk

[1] For the period 2005–2010 the world average life expectancy was 65 for men and 69.5 for women; in the UK it was 77.2 for men and 81.6 for men (CIA World Factbook).

bringing to mind inappropriate associations by using 'sex'. 'Gender' is therefore unthreatening while 'sex' is potentially embarrassing.

Contemporary Western views on gender emphasise the freedom of individuals to create, or 'perform', their own identity rather than to accept pre-existing norms for what it means to be a 'woman' or a 'man'. Establishing one's gender may require us to resolve tensions between our sense of self-identity and the identities that others attribute to us. Modern views emphasise individual agency and the influence of local context in the way that individual men or women 'do' gender and distance themselves from traditional accounts that assume that men and women will do gender in the same way for all their lives. Traditional views assumed that an individual is one of two genders, 'male' or 'female', that is decided at birth on the basis of their anatomy and will continue to have a closely related identity as a 'man' or as a 'woman' throughout their lives. Such traditional views promoted discourses about gender founded on stereotypes because they equated the simpler issue of sex difference with the more complex phenomenon of gender.

However, sex-based comparison is not necessarily conservative: huge advances have been made in modern democracies for a more equitable balance of power between the sexes precisely because of the identification of sex differences. Government organisations employ evidence on status and income disparities between 'men' and 'women' (meaning males and females) to produce statistics for the higher status employment and earnings of males, and the lower status and loss of lifetime income of females who may be housewives or mothers in support of arguments for legal changes that discriminate in favour of 'women' – meaning biological females (rather than men who may feel like women); positive discrimination would not be possible if there were no sex-based comparisons of profession, income, candidacy for office in a political party and so on. The legal system differentiates by biological sex (though it may refer to 'gender') and employs such differentiations in issues such as fertility treatment or sperm donation. When it comes to social planning in areas of education, the law, or public housing, predetermined sex-based categories – though binary and presumptive of essential gender – are employed to reduce inequalities where they exist in relation to the public resources relating to these areas. If social categorisation only recognised the self-created individual then this would eliminate all potential for social change on the basis of sex or biological gender. Social change relies on the identification of pre-existent categories and on practices such as collecting social statistics on acts of violence, child abuse, depression, imprisonment or suicide.

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