Third Edition

HEALTH, ILLNESS, AND THE SOCIAL BODY

A Critical Sociology

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MEREDITH B. MCGUIRE

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PREFACE

Society has profound influence on human bodies, as well as on our ideas and perceptions about those bodies. For this text we have selected key themes in the sociology of health and illness that highlight the complex interrelationship of body, mind and society. Although we describe various interpretive approaches and review much conventional literature in several related disciplines, this is not a standard medical sociology text; instead, it presents a critical, holistic interpretation of health, illness and human bodies that emphasizes power as a key social-structural factor in health and in societal responses to illness.

Since the previous edition of this text, rapid and important changes in our society and its provisions for health and illness highlight the importance of power issues in health and healing. Some of the most interesting recent health-related research explores precisely those areas of social life where power differences are evident: gender, race and ethnicity, poverty and wealth, work and professions, abuse and violence, the physical and social environment, and health care financing and delivery, among others. The politics of the debate over U.S. health care "reform" also illustrates the importance of power and wealth–especially of corporate actors–in setting the very terms of discourse, not merely affecting the policy outcomes.

This text does not attempt to cover every relevant topic, but is organized as a set of core essays around which to build a course. Thus, for example, the topics of women's health issues, ethnic factors in health and illness, and AIDS are discussed in several different sections, rather than all under one heading. Students using the Index will find a wealth of information and references for further research on these and other important issues. Using this text as a core reading, instructors can assign related articles, monographs, or readings to complement their own emphases.

Chapter 1 is an introduction that outlines relevant problems and key concepts in the field, and especially shows how this text links materialist and social-constructionist theories of health and illness through the unifying theme of power. Chapter 2 introduces students to social epidemiology, and outlines broad patterns of morbidity and mortality. Chapters 3 through 5 describe the social production of unhealthy bodies and develop interpretations of the nature of connections among mind, body, and society. Chapters 6 through 9 discuss the social context of ideas

and experiences of health and illness. Chapters 10 through 12 examine social and cultural factors in the medical system's treatment of sick persons and the political economy of health care in the United States.

While presented in an orderly arrangement, the book's chapters may be used in a different sequence. Each chapter introduces relevant key concepts and a limited number of sociological theorists or researchers. For reasons of practical flexibility, we have reiterated explanations of a few key terms in more than one chapter. Authors mentioned by name in the text generally have been selected for the importance of their theoretical contributions. Others are cited in the recommended readings and references, which have been included both to acknowledge our intellectual debts and to provide students with extensive useful references for further research.

Each chapter ends with an annotated list of some recent recommended readings; two appendices suggest further useful materials. Appendix A outlines major resources for a search of the literature in the field. Students preparing term papers or theses will find these resources essential. The book's extensive bibliography should also be invaluable for researchers. Appendix B is an annotated list of film and video resources. We have found good visual presentations to be excellent aids for concretizing and illustrating points that are often far from students' personal experiences, as well as for stimulating discussion.

In writing this third edition, we have received additional help from several persons, whose assistance we gratefully acknowledge: Miriam Fisher, Debra Kantor, George Martin, Jean Parks, Linda Podhurst. Also very welcome were the advice and encouragement of our editors, Nancy Roberts and Sharon Chambliss, and reviewers Jim Aho (Idaho State University), Erma Jean Lawson (The University of Texas), Georgeanna Tryban (Indiana State University), and Michael D. Quam (University of Illinois at Springfield). We appreciate the assistance of Linda Baird, Kathy Barrientos, Susan Goscinski, Kieran McGuire, and Janaki Spickard-Keeler in manuscript preparation. Finally, we want to thank our families, Miriam Fisher, Kieran McGuire, and Jim, Janaki, and Dmitri Spickard, for putting up with us during the writing of this book and for illustrating by their very lives why sociologists should care about health.

HEALTH, ILLNESS, AND THE SOCIAL BODY

CONTENTS

CHAPTER 1

A SOCIOLOGICAL PERSPECTIVE ON HEALTH, ILLNESS, AND THE BODY

CHAPTER OUTLINE

When we think of health and illness, we usually think of eating properly and other healthy habits, of institutions such as hospitals, and of health professionals such as doctors and nurses. Although we may be dimly aware that health has its social dimensions, we may not think of health as a topic for social scientists.

Sociological analysis emphasizes that the occurrence of illness is not random. Eckholm (1977: 18–19) notes:

> Individuals who enjoy good health rightly think of themselves as fortunate: But luck has little to do with the broad patterns of disease and mortality that prevail in each society. The striking variations in health conditions among countries and cultural groups reflect differences in social and physical environments. And increasingly, the forces that shape health patterns are set in motion by human activities and decisions. Indeed, *in creating its way of life, each society creates its way of death.* [emphasis added]

The sociology of health and illness studies such issues as how social and cultural factors influence health and people's perceptions of health and healing, and how healing is done in different societies. Social structures and cultural practices have concrete consequences for people's lives.

We like to think that a newborn infant is as yet untouched by these abstract forces and has possibilities for health limited only by the child's genetic makeup. Even at birth, however, these abstract forces have begun to inscribe themselves on the baby's body. The very life chances of this infant, including the probabilities that she will live, be well, acquire the skills for success in her culture, and achieve and maintain that success, are powerfully influenced by all of the social circumstances and forces she will encounter throughout her life. In short, the baby's life chances, including possibilities for health and long life or sickness and death, are shaped or constructed by society itself.

The baby's birth weight, for example, is influenced by her mother's diet, which in turn is partly a product of her society, her culture, and her social class. Other features of the mother's social context have direct consequences for the newborn's health, including the mother's smoking or drug habits, the housing and sanitary conditions in which the infant is born, and the like. Later, whether the baby is a victim of cholera, bubonic plague, schistosomiasis, or lead poisoning depends on public health measures taken in her environment. What other factors in the baby's home life and environment will shape her sense of self and self-esteem, and her ability to cope with stress and manage her environment? As she matures, how will her gender, race, ethnicity, and social class influence her life chances?

Later in life, her experiences as a worker will place her in various physical environments and social relationships that will affect her health. Her culture will shape what she likes to eat, how she experiences stress, whether she drinks alcohol, and how she feels about her body. How she experiences the process of giving birth will be shaped by her culture's meanings of childbirth as well as by the social context of birth, such as whether it takes place in a hospital under the super-

vision of an obstetrician trained in Western notions of pregnancy as a medical problem.

The infant is born into a social structure and culture that also powerfully influence what will be considered illness and how that illness will be treated. When this person gets sick, social forces play an important role in determining her chances of becoming well. How does she decide when she is sick and needs help? If she is sick, for example with a bad cold, how will others respond? If she develops multiple sclerosis, how will the attitudes and responses of others, and the quality of her social and physical environment affect her very life chances? What will happen if she develops a stigmatizing illness, such as leprosy or AIDS?

What resources are available to her in dealing with her needs when ill? If she approaches the medical system for help, how does she pay for it? How do her social class, age, race, and ability to pay influence the quality of her medical care? How does the institutional context of her medical care (for example, a public versus a for-profit private hospital, or a nursing home compared to a hospice or home care) help determine its quality? In addition to the quality of life, even the quality of death is linked with such social contexts.

Medical systems involve concrete organizations that reflect the economic interests of such groups as doctors and other professionals, insurance companies, pharmaceutical industries, manufacturers of medical equipment, hospitals, research organizations, government agencies, and medical schools. They all compete for resources, influence policy, and try to set health care and research agendas. Health care systems differ greatly from society to society in how they define and meet the needs of individual citizens. The baby's life chances are intimately intertwined, therefore, with these seemingly remote social organizations.

The fates of individual bodies are thus linked to the workings of the social body. A person's life chances are neither some deterministic fate nor a purely accidental, random result. Rather, a person's chances for illness and successful recovery are very much the result of specifiable social arrangements, which are in turn products of human volition and indeed deliberate policy choices made by identifiable groups and individuals. In large part, illness, death, health, and well-being are socially produced.

THE SOCIAL CONSTRUCTION OF THE BODY

To construct is to make or build something. Clearly, societies do not literally make or produce bodies, but they can influence, shape, and misshape them. Just as an artist can mold clay to construct an object (which is constrained by the physical properties of the clay), social groups and the cultures they share can shape members' bodies. Obvious examples of cultural shaping of the human body include the foot binding practiced in traditional Chinese society, the cradle boards used to shape infants' heads among the Kwakiutl Indians, the stays and corsets worn by nineteenth-century middle-class European and American women, and the high heels and pierced earrings favored today. Similarly, having to live in a

polluted environment or to sit at a desk, to work on an assembly line, or to bend over all day in a mine shaft are examples of social conditions that can indirectly shape the body and in turn the body's health.

A biologist illustrates the physical consequences of social practices:

> If a society puts half its children in dresses and skirts but warns them not to move in ways that reveal their underpants, while putting the other half in jeans and overalls and encouraging them to climb trees and play ball and other active outdoor games; if later, during adolescence, the half that has worn trousers is exhorted to "eat like a growing boy" while the half in skirts is warned to watch its weight and not get fat; if the half in jeans trots around in sneakers or boots, while the half in skirts totters about on spike heels, then these two groups of people will be biologically as well as socially different. Their muscles will be different, as will their reflexes, posture, arms, legs and feet, hand-eye coordination, spatial perception, and so on. They will also be biologically different if, as adults, they spend eight hours a day sitting in front of a visual display terminal or work on a construction job or in a mine. (Hubbard, cited in Vines, 1993: 93–94).

Those things that happen to human bodies are closely related to the working and anatomy of the social body. Illness is not merely a physical experience but also a social experience. The sick body is not simply a closed container, encased in skin, that has been invaded by germs or traumatic blows; rather, it is open and connected to the world that surrounds it. Thus, the human body is open to the social body. Similarly, our material (or physical) environment, such as the urban landscape, the workplace, or our foods, are influenced by our culture, social structure, and relationships. And these, in turn, influence our bodies.

THE SOCIAL CONSTRUCTION OF IDEAS ABOUT THE BODY

Ideas, too, are constructions. Every society has many levels of shared ideas and practices regarding bodies: What is defined as healthy and beautiful in one society might be considered unhealthily fat and ugly in another; what is seen as thin and lean in one group might be defined as sickly in another. Aging may also be defined as a process to be either conquered, feared, accepted, or revered. Likewise, some societies picture the body as working like a machine, whereas others see it as a spiritual vessel.

Health Beliefs and Practices

Because they are social constructions, our ideas of the body and its health and illness are influenced by both our culture and our social position, such as class or gender. Both cultural and social structural factors are important in understanding people's behavior and health. People act as they do not only because of their beliefs about health (the cultural aspects) but also because of structural aspects, such as how power is distributed and relationships are organized. Thus, although we conceptually distinguish cultural and social structural aspects, in actuality they overlap.

Culture is the beliefs, values, practices, and material objects shared by a people. Culture includes such elements as language, beliefs about the universe and the nature of good and evil, ideals such as justice or freedom, and more mundane considerations such as what constitutes appropriate food, dress, and manners. It also encompasses objects that a people produce and share. Cooking utensils, automobiles, plays, cemeteries, blueprints, crucifixes, tools, musical scores, and flags are among the items that represent cultural values and notions.

How do our cultural conceptions of a person's physical abilities affect those abilities? In our society, we used to believe that women were unable to carry heavy objects. Although biology contributes somewhat to women's physical abilities, so do cultural ideas. In a patriarchal society, women's expectations that they will be weak, together with the experience of being treated as weak because of their social status, have a self-fulfilling result: Women do not become strong. Culture can affect health by shaping behaviors, such as diet, or by influencing how people change their environments, which in turn affects their health (Brown and Inhorn, 1990).

Social structure (or social organization) is the relatively stable, ongoing pattern of social interaction. In a particular society, recognizable patterns of interaction are appropriate to different social positions and relationships, such as parent-child, supervisor-employee, teacher-student, and friend-friend. Behavior in these relationships is regulated through a number of mechanisms, including social control and shared cultural values. Various persons in social relationships occupy different social statuses. These relationships are often part of larger social organizational contexts; for example, the supervisor and employee positions may be part of a business corporation.

Social status is an individual's position in any system of social ranking. People can be stratified or ranked according to such dimensions as class, ethnicity, age, and gender. Social class (often measured by income, occupation, or both) is one important indicator of social location; it influences how much power individuals have to manage their bodies and their external environment.

Class is not the only determinant of power. The particular position of power we occupy in our family (for example, child or parent) and our gender, race, and ethnicity are also all important factors. Even health status (being chronically ill, for instance) determines the stressors to which we are exposed and the coping resources available to us. Our position in institutional arrangements, such as being a hospital patient, can also affect our health (Volicer, 1977, 1978).

In understanding health and illness, cultural aspects to consider might include people's eating and hygienic practices and their ideas about health, illness, and healing. By contrast, structural elements might include a person's position and relationships in the workplace, family, and medical settings, as well as such social status indicators as gender, race, age, and class.

Both scientific and nonscientific ideas about health, illness, and the body are the result of social construction, as are the facts we assemble as evidence for our ideas about the world. All descriptions, including medical descriptions, are constructions in that they include some information and exclude other information. Similarly, definitions of health are social constructions. For example, the *International*