

Disease as a social construct

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Dr. A: *I saw you talking to people visiting Mr. C. What's up?*

Dr. B: Problems! It seems that his relatives are blaming Mr. C. for his cholera. They say he acquired cholera because he didn't go to church. But he says that he got it because he was "bewitched".

Dr. A: *I know the patient. We explained to Mr. C. that the probable cause of his cholera was drinking water contaminated by V. Cholerae. But no matter how much time passes it seems that the old tendency to blame something or someone or some supernatural force for any disease is still a strong desire. Medical explanations of disease causation, when identifiable, almost seem like secondary and redundant explanations.*

Dr. B: You're right. Disease connotes a disorder that has been widely fantasised or we could say that disease or illness as categories bears a close similarity to the category of deviance. We could say that disease is a deviance from the normative yardstick of health.

Dr. A: *Diseases have throughout history served as symbols and representations for something else. In Greek antiquity, disease was the expression of the god's wrath; for the church, it was often a punishment for the sins of the patient. Such projections always disqualified the sick person, implying that, in one way or the other, he or she was responsible for it.*

Dr. B: On a collective scale, the imagery concerning the great epidemics such as leprosy, cholera, syphilis and, above all, plague, shows how we have stigmatised people with diseases.

Dr. A: *Often diseases and particularly epidemics were used by those in power for their own political gain. Aside from the medical approach, although combining some of its factors, identification of any disease results in a classification of it and policies concerning it inevitably follow. From early times until now, those who hold power determine the official response to disease threats, although admittedly, epidemiological contexts often differ.*

Dr. B: So, we could say generally that it is the powerful in one society who often claim that the disease in question targets only one particular set of people, while others are spared.

Dr. A: *Yes, that is how it seems to work. The classifications of people as 'Vermine' or 'Vermin' are repeated themes in the history of epidemics particularly in ideological manipulation. Remember the history of the Great Plague?*

Dr. B: Europe's Plague of 1348 brought horror and fear to medieval people as they were confronted with bizarre and almost totally unknown symptoms. To those who believed in spirits and devils (that was most of the people of the time), this infestation realised their nightmares, ones in which they and the medical establishment of the time were completely unable to effect relief, no less cure.

Dr. B: With limited worldviews, options in the face of catastrophe are even more limited. It thus becomes easy for any explanation to become credible. For example, while the Pope declared that the Plague was not divine punishment for the sins of the world, the local clergy gave it as the only reason for such horrors, a construction suited to benefit their positions.

Dr. A: *Yes, I remember how that went. It seems that they confiscated the property of plague victims in the name of the church.*

Dr. B: Many of them did, but they were not alone! The politicians and aristocracy of the time reaped a lot of benefits as well! As with most mysterious, unknowable, and seemingly uncontrollable tragedies, the thin veneer of human rationality peels back to expose a dark under surface capable of inexplicable horrors. During the Plague epidemics, people sought to blame others; scapegoating was in season, and xenophobia was the norm. Jews were mainly the targets of choice (although they died of Plague at the same rate as others).

Dr. A: *But a very interesting 'blaming others' scenario comes from the history of syphilis. As if to repeat both history and human frailty, syphilis in its early spread took on different names, shifting the blame for its occurrence on others. One of the best examples I ever came across was this:*

... the English called the disease the French Pox, the French called it the Neapolitan or Italian disease, the Italians and the Dutch called it the Spanish disease, Portuguese called it the Castilian disease, Russians called it the Polish disease, Polish called it the Russian

disease, Turks called it the Christian disease, Persians called it the Turkish disease, and Japanese called it either the Portuguese or Chinese disease (Coswell 1967: 254).

Dr. B: Cholera also provides an example of the link of infectious disease to the politics of power. Many thousands of deaths accompanied the major cholera pandemics. In England, the second and third pandemics were enhanced by the concomitant Industrial Revolution, subsequent migration of people to the cities in search of jobs, and the unregulated growth of tenements and slums. Thoughts of supplying fresh water and removing wastes from new construction was furthest from developers' minds as they cut corners in order to maximize profits. In London, officials were loath to quarantine ports or even incoming ships lest the emerging textile industry be harmed. Watts (1997) explains that the local administration made the claim that there was that there was no cholera in England. This remained in effect for almost twenty years and did little to ameliorate the extent of the epidemic.

Dr. A: *The effects or fears of an infectious disease epidemic have an impact on cultural practices. Very often, ordinary people found that the policies put in force during an epidemic—the quick burial of the corpse in lime in mass graves, confiscation of the property of the dead, closure of markets, establishment of quarantines—posed far greater threats to their world of lived experience and expectation than the disease itself. Yet the privileged few could never understand why their own ideas (taken to be exemplary of the wisdom and learned Great Tradition) should not be taken as the universal norm. With the coming of the Enlightenment in France, England, and Scotland, the divergence of elite and popular attitudes became wider still.*

Dr. B: In a broader picture, the 'medicalisation' of the West coincided with the great ages of American and European imperialism; the two phenomena are inexorably intertwined. In the mid seventeenth century emerging from what had become a global economy, came the beginnings of mass consumerism. One of the consequences of development, albeit unintended, was the formation of disease networks, which like the old trading network of the Portuguese spanned the world.

Dr. B: The point is this: If we were to examine on a historical basis 'old' infectious disease epidemics in light of Western imperialism, elitism, religions, and medicine then we might well see how they are inexorably linked. While there are the pathologic culprits to consider, i.e., those of smallpox, syphilis, and cholera, human 'villains', by contrast, while less in number, are far more treacherous.

Dr. A: *A glimpse at the old history of infectious diseases can easily be extrapolated to conform to any actual, potential, or politically perceived disease in*

contemporary times from HIV AIDS to Ebola to Anthrax.

Dr. B: That's right. There has been an invariant link established between biological and moral defects even if the diseases themselves have changed. More recently, the case of AIDS has shown the way in which those who are ill are viewed as dangerous untouchables, a view enhanced by association with deviant, excessive and abnormal sexuality. The reification of the concept of disease appears particularly inappropriate for AIDS.

Dr. B: As a social concept, 'disease' has always meant what any given society has chosen it to mean. Scientists, based on the Henle-Koch model of germ theory, during the last two decades of the nineteenth century, discovered numerous agents responsible for many infectious diseases, i.e. tuberculosis, plague, syphilis, and cholera. But before the advent of the germ theory, disease was generally blamed on either a 'sin' on the part of a patient, a 'miasma'-atmospheric components made up of malodorous and poisonous particles generated by the decomposition of organic matter or an illness of deliberate intent caused by those outside a patient's particular cultural circle. However, it must be said that although perceptions have generally changed, this is hardly universalisable—just look at Mr. C!

Dr. B: Diseases display various personas just as living creatures and social institutions do. The various ambiances, which they exhibit under different circumstances and times, reflect the dominant aspect of the relation between the disease, the disease process, and any society's perceptions of it at any given time—and disease can be manipulated by any given society's ideology.

Dr. A: *Right! Importantly, diseases and the diagnostic expressions accompanying them ultimately find their meaning in what we do with them more than what may be said about them. As Temkin (1997: 77) puts it, Disease...is thought of as the situation requires. The circumstances are represented by the patient, the physician, the public health, the medical scientist, the pharmaceutical industry, and last but not least, the disease itself...our thinking about disease is not only influenced by internal and external factors, it is also determined by the disease situation in which we find ourselves.*

Dr. B: Food for thought.

Dr. A: *That's the idea!* □

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