

**ENVIR ST, HIST SCI, MED HIST 513 -
Environment and Health in Global Perspective**

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1/25 Framing Disease

“Disease does not exist until we have agreed that it does by perceiving, naming, and responding to it.”

Break up into small groups and come up with an example of a disease that came into being in the 19th or 20th century through perception, naming, and responding to it. Where did the impetus arise: from patient, medical community, or society at large? How did naming impact those who suffered from the affliction, e.g. empowerment, stigmatization, ...?

Social construction of illness. Two senses:

- 1) Larger cultural sphere. Jared’s point about layering of past frameworks, where certain diseases retain certain moral framings. Caroline points to HIV. Mark: “We decide how the disease will really impact certain individuals, by selective funding for disease research or court cases for worker's compensation.” Social norms about what is the normal and pathological.
- 2) Social system of medicine itself. Jasmin: “I never thought about medicine being social until I thought about the patient-practitioner relationship and the different cultures around the world.”

Why “frame” rather than “construct.”

Natalie, Lamia, and Ani all raise questions about this.

Lamia: What are the disadvantages to talking about “framing” a disease rather than “constructing” it? What do we lose when we abandon the language of social construction in the context of disease?

Natalie: “how should we approach the intersectionality of the patient, physician, and pathogen to evaluate disease as comprehensively as possible?”

Ani: Can you ever separate the social aspects of disease from the biological?

Bring up issues of materiality. Ecological vision of history in which disease plays a key role. Other actors in history beside people. Microbes, toxics, etc.

Draw interactive relationships between the biological and social. Spectrum. Sydney’s point.

Once brought into being and named, disease becomes a social actor and mediator.
How? What does it mean for a disease to become an actor?

Alisa: I thought a lot about the back and forth relationship disease has with a time and space when reading this article. How the existence of a particular diagnosis is a reflection of values in society and the definition of 'normal' or a healthy state in a particular era, and how that diagnosis can validate these perceptions. The power of having a word to describe an ailment is pretty profound. It becomes a validation that this quality, whatever it is, is bad and a validation for how people will behave towards someone who has it.

Joshua: Disease as defining individual

Allison: This leads me to question if naming a disease means that one can never be themselves again? If they heal and beat a disease are they still living an altered life (the life of another)? Would people after going through it all not want a name put to their problems?

Elizabeth Ciborowski: Giving a name to the illness can, in fact, cause more hysteria Ebola, e.g.

How might having a name be empowering?

Thora: If we cannot put a name to the symptoms, there is no disease, no sympathy, and more importantly - insurance reimbursement.

Do all diseases necessarily shape identity experience? Braeane's point.

Illness vs. disease. Importance of getting at illness experience.

Biological event, perception of it by patient and practitioner, collective effort to make cognitive and policy sense out of these perceptions.

Perceptions grounded in medical knowledge. Provide a set of intellectual tools for framing, which change historically.

- 1) Humoral models of balance
- 2) Pathological anatomy
- 3) Germ theory

Medical ideas play mediating role in doctor-patient interactions. Have material effects, structure power relations.

Perception also arises from illness experience. As we'll see throughout the course, struggles occur over making diseases visible, where there is a great deal of uncertainty about cause or where ailments themselves not recognized. Can we think of examples? Catherine, Liz, and Caitlyn all point to some.

Contestations surrounding disease definitions.

Melissa, Anna, Claire, Diane, and Emily all raise questions about ignorance and uncertainty. Melissa, you questioned Rosenberg's claim that a wrong diagnosis is better than none at all. Can we make sense of Rosenberg's argument here? Medicine as a social system, how do questions of expertise, patient expectations factor in?

Ontological vs. physiological. Eileen, Cheng, Regina. Universal vs. specific. Modern medicine operates on claim to universality. What works in Madison, works in London and Hong Kong. Ignore social, specificity of place. Clearly see this in our example for the next week, Ebola.

As we turn to Ebola, also good to remind ourselves of Rosenberg's claim that "Disease the occasion and agenda for ongoing discussion concerning the interrelationship of state policy, medical responsibility, and individual culpability."

For Wednesday, read Kristoff and Cole piece. Find an article in Western press from June to December of 2014. How was the Ebola outbreak framed?