There’s Research On That!


Social Construction of Illness

#MedicatedAndMighty: The Social Construction of Stigmatized Illness
Sarah Catherine Billups on November 26, 2015

In September, blogger Erin Jones posted a photo on Facebook that would spark a fight against the stigma of mental health and medication for it. Her hashtag #medicatedandmighty has inspired others who take prescription medication for depression, anxiety, and a host of other mental health needs to share their own photos and “come out.”

What makes it possible for the #MedicatedAndMighty to fight back against stigma in mental illness? Since doctors and researchers do not have complete monopoly over medical knowledge, the lay person (non-medical person) plays a role in constructing the meaning of mental illness. Patients’ lived experiences with an illness confirm or challenge expert knowledge, contributing to the continual shaping of the biomedical and cultural understandings of the condition.


Cultural meanings of illness shapes responses to them, making all mental illnesses socially constructed experiences. Claims-makers and interested parties, not just doctors and scientists, create medical knowledge—what makes an illness “real,” and what constitutes its symptoms, diagnosis, and treatment. Often, negative understandings of specific illnesses come from elite moral entrepreneurs whose elite socioeconomic status and moral legitimacy give them framing power.


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Prescription Drug Use on the Rise
Caty Taborda on November 11, 2015
A study published earlier this month in the *Journal of the American Medical Association (JAMA)* reports that over half of adults in the United States use prescription drugs, and as many as 15% of adults report using more than five prescription drugs each month. Recent coverage of these findings at NPR explores how increases in obesity and obesity-related illnesses may contribute to the increase in prescription drug use. Several sociological studies provide other potential explanations, including the increasing influence that pharmaceutical companies have over the doctor-patient relationship.

Though physicians are the ultimate gatekeepers for prescription drugs, the pharmaceutical industry drastically shapes prescription drug use. Through internal research studies and trials, pharmaceutical companies produce new knowledge about illnesses and treatment options. Pharmaceutical companies can even play an increasing role in medicalization—the process of constructing issues as specifically medical problems. By promoting the idea that something is a medical problem, pharmaceutical companies then offer a solution. Pharmaceutical salespeople aggressively promote their wares to clinicians, even promoting the off-label use of drugs to increase distribution.


Direct-to-consumer advertising may also lead to increased prescription drug use. Patients who see such ads may be more likely to self-diagnose and directly request drugs, and patients who request medication (whether a specific drug or just drug treatment in general) are more likely to be prescribed medication. Despite the potential for over-prescribing, direct-to-consumer advertising also encourages positive interactions between patients and physicians by providing patients with more information about current and undiagnosed conditions.


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**The Social Life of Autism and ASD**

Sarah Catherine Billups on September 21, 2015

*Autism and Autism Spectrum Disorder (ASD)* are the umbrella terms for a broad range of complex disorders of brain development. They have been the center of national concern and even political debate as diagnoses become more frequent. Since the symptoms of autism and ASD are based on a range of behavioral indicators, diagnosis is not straightforward. Instead, ASD is a clear example of how social factors shape the way we understand disease and medicine. The cause of autism remains unknown, but diagnosis has risen with changes in diagnostic criteria, increased awareness, and more reliance on families for treatment.

Gil Eyal argues that autism was a rare disorder in the era of mental institutions, where children were simply deemed “mentally retarded” and separated from families. Changes since the ‘70s have meant mental healthcare is no longer mostly addressed in large, hospital-like institutions, but through a network of local therapeutic services that have created new opportunities for parents to interact with therapists and take part
in diagnosis and treatment. This new social arrangement has increased practitioners’ trust in parents’ experiences and helped create a new category of mental illness.


Increased visibility and information about autism comes with more and more diagnosed cases. Parents have become “experts” at identifying symptoms of autism in their own children when they see other kids with a diagnosis. Thus children living in wealthy communities or very close to a child diagnosed with autism are more likely to be diagnosed with autism or ASD. Children can’t “catch” autism, but the diffusion of information about symptoms through social networks increases the chances of diagnosis.


The ambiguity of identifying, diagnosing, and treating autism often takes a toll on parents. As if on a perpetual rollercoaster, they feel stressed not knowing what to expect from a child’s day-to-day behavior. Mothers sometimes blame themselves for their child’s disorder.

...mothers were experiencing feelings associated with ambiguous loss [which] revealed frequent expressions of conflicting or contradictory emotions and ideas about the child and about ASDs, confusion about the child’s and their own future, and alterations between hope and hopelessness, feeling in control and feeling helpless. (O’Brien 140)


Although genetic studies of autism are inconclusive, genetic testing for autism in embryos is often framed as essential for responsible parenting. As a result, mothers carry great responsibility for birthing children with autism and risk considering their children “disabled” before they even enter the world. Much of the autism and ASD advocacy revolves around curing autism, rather than promoting the well-being of affected families and children, and this marginalizes autistic individuals by presuming that genetic material measures a person’s potential value to society by indicating whether they are “normal” or “disabled.” Not all people with autism appreciate the framing of autism as a disease that needs a cure, and instead these people advocate for respect of neurodiversity.


For more, see “Learning to See the Spectrum,” about Eyal’s AJS article and Girl w/ Pen’s “Autism and Neurodiversity.”