CJNR 2012, Vol. 44 Nº 3, 125–127

Book Review

Gender and the Language of Illness

By Jonathan Charteris-Black and Clive Seale
Houndmills, UK: Palgrave Macmillan, 2010, 247 pp.
ISBN 978-0-230-22235-9

Reviewed by Craig Dale

In the introduction to *Gender and the Language of Illness,* Charteris-Black and Seale share an illuminating anecdote that may sound familiar to many. One of the authors overheard a woman asking a male acquaintance if he had been absent from work due to a case of "man flu." In sharing this satirical exchange, the authors underscore the abiding presence of gender in how people talk about illness. Words and phrases hold distinct meaning and serve to reinforce identities, of which gender is one. Gender theorists suggest that men's abilities to "do health" are constrained by an overriding focus on work and sport. Inevitably, this results in a sense of discursive and performative incompetence when injury and illness push men to the sidelines. Despite changes in the balance of power between the sexes, there remain significant tensions between traditional role expectations and the freedoms espoused in contemporary views of gender. In this line of thought, Charteris-Black (a linguist) and Seale (a medical sociologist) argue that broad generalizations about men and women obscure our understanding of health as a highly varied practice. They assert that our capacities as clinicians, carers, and information providers would benefit from a deeper understanding of the language of illness.

In the first chapter, Charteris-Black and Seale introduce the reader to the recent history of gender and sociolinguistic study in health. In bringing us up to speed with a postmodern approach, they allude to a significant shift in the field of gender research. Outmoded in this regard is the theme of *Men Are From Mars, Women Are From Venus*. The authors argue that this timeworn approach to sex-role comparison stalls in its analytic categories. Following the nod to gender tensions in their introductory anecdote, they briefly consider the popular belief that men's stoicism and lack of expressiveness is equated with a low degree of help-seeking in illness. Men are thought to be reliant on the emotional and linguistic performance of women to negotiate the biographical disruptions of acute and chronic illness. While a large body of empirical

© Ingram School of Nursing, McGill University

research supports this belief, Charteris-Black and Seale assert that it is an incomplete or oversimplified set of relations. In their minds, the intersection of age and socio-economic status influences the identities revealed through discourse. They argue that age and social status, as powerful entities in health inequalities, need to be brought forward.

With a postmodern, performative, and intersectional view of gender established, in the second chapter the authors describe a contemporary approach called "corpus linguistics." Using a computer program, they describe a method of scanning a corpus of established interview transcripts to identify the frequency of keywords, concepts, and clusters of related expressions. Because keyword analysis has not previously been applied to gender and illness, they argue that this combination of qualitative and quantitative processes can offer insights that might not be revealed by other approaches. The sample is drawn from Healthtalkonline, a collection of 1,035 interviews with British patients and carers addressing a wide range of health conditions, including heart disease, cancer, chronic pain, and depression. From this data set, they identified 99 male and 99 female respondents who shared the same age band, socio-economic classification (SEC), illness, and gender with the interviewer. With approximately two million words extracted, they proceed to compare significant differences and similarities across this paired sample.

In subsequent chapters Charteris-Black and Seale present their results in sections dedicated to men, women, emotional talk, and the desire for support in illness. As would be expected, there are many similarities between male and female narratives. However, there are also some surprises. Of great interest is their finding of men's discursive strategies of avoidance and distancing through words like "difficult" and "problem" when describing illness. As a characteristic of traditional masculine discourse, men take a mechanistic and external view of their illness-related incapacities. The frustrations encountered with failing function are qualified as "serious" and "major" to denote a critical state. Within a problem-solving mental frame, the authors posit that men discursively distance themselves from illness as a way of maintaining control. For example, men will often speak in the third person whereas women will use "I" more frequently. Thus women are more adept at saying what they "need" and "want." As a result, a typically feminine narrative employs a very direct communication style that is self-reflective, proactive, and transformational.

While many of Charteris-Black and Seale's findings adhere to traditional norms of masculinity and femininity, their methods do reveal important variations. One discovery is that younger age and higher socio-economic status allow some men to incorporate a narrative style more characteristic of the feminine one described above. For example,

high-SEC men are similarly expressive to low-SEC women in using adjectives such as "happy" and "wonderful." Further, younger men talk much more freely about being "upset" and "alone." Those working in cardiovascular health will be particularly interested in men's preoccupation with "sport" and "exercise" as a means of self-transformation. Men speak four times more frequently than women about "playing" sport, which suggests that elements of traditional masculinity positively interact with medical prescription for physical activity. In contrast, women with heart disease use the phrase "help yourself" four times more frequently than men, and this appears to collocate with diet and lifestyle efforts. Further, women mention family members 30% more frequently than men, which suggests an intensification of pre-existing social networks. While "talk" with professionals appears to be of equal value for men and women, preferred methods to do so are not equivalent. Women of lower SEC preferentially use the "phone" to remain in contact with clinicians and reduce the isolation associated with illness.

In their brief conclusion, Charteris-Black and Seale discuss how illness both reinforces and challenges longstanding norms for performing gender. They confirm that age and SEC groupings are important variables in identifying traditional and non-traditional ways of doing health and therefore warrant careful consideration in clinical encounters. They suggest that the discursive and social constraints of masculinity weigh heavily on middle-aged men, somewhat less so on youth and the elderly. This implies that health inequity exists between men and that women may have a particular advantage. Moreover, illness will remain a women's domain unless men readily adopt a discursively feminine approach.

Although Charteris-Black and Seale's conclusions would have benefited from expanded discussion of practice and policy implications, this book is a fascinating addition to the field of gender and health. Given its focus on discourse, the views expressed limit additional understanding of how the overt manifestations and material contexts of illness interact and influence acceptable ways of speaking. However, it does open a space for considering how our roles, work processes, settings, and standardized discourses as clinicians, health-information providers, and researchers may elicit different responses across age, SEC, gender, and disease states. Given that health care is an intensively social practice, this book presents an opportunity for clinical reflection and further research into gender and the language of illness.

Craig Dale, RN, is a doctoral candidate in the Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, Ontario, Canada.