Within a wider debate about the status and nature of medical concepts, there is a viewpoint often called ‘the social construction of disease.’ I will focus on what this position precisely holds concerning the concept of disease and whether it supports, as it sometimes claims, being and anti-realism about disease and thus an anti-naturalist about all of medicine.

Realism and anti-realism are notoriously unclear positions. For purposes of this article I stipulate that a realist about the study of medicine (and specifically disease) believes there are medical facts and that it is in light of those facts that medical judgments can be said to be true or false. The reason this position is called realism is that the standing of the facts of the matter, namely what the world is like, is what makes the medical judgments true or false. These medical facts are or are not the case, whether or not anyone possesses the relevant concepts of illness or disease.

The term naturalism will also play a role in my discussion and it is, if anything, more vague and ubiquitous than realism. Again, I must simply stipulate it to be a worldview wherein only certain sorts of causal explanations of events are considered appropriate and a worldview broadly compatible with both science and much of common sense.

Social construction, in contrast, rejects the notion that medical theory and practices presuppose such a domain of medical facts about which true or false claims can be made. Some of these critics also reject the notion that medicine is part of the sciences, and some in addition reject the entire worldview of naturalism. For most constructivists, however, medical judgments are basically evaluative judgments and in that way are understood as expressing the values or commitments of institutional authorities and their social ideologies. The point is that medical judgments are not, in the final analysis, claims about the world at all, but only mask themselves as such as part of the exercise of some insidious ideological power. What is unmasked, the constructivist critic maintains, is that ‘when we are deciding whether some condition is a disease, we are deciding what sort of people we ought to be’ (Reznek, 1987, p. 166).

Naturalism and realism, however, are separate and distinct positions and therefore it is possible in such a debate to agree with the constructivist’s claim that medicine involves normative claims and yet adhere to naturalism. But that would be to get ahead of matters at this point, and I want to wait until we have the social constructivist position on the table before raising questions about whether and how these two motivations of anti-realism and anti-naturalism coincide.
I have two aims in this discussion. First, I want to present the position as generously as I can. Thus I plan to simply take on a good deal of the position. But to capture social construction in a way that seems to me to give it purchase in this debate, I find I need to introduce the concept of supervenience. Supervenience is a term of art in recent philosophy and therefore requires some further discussion below. I want to stress, however, that in so stating the position of construction I only intend to find a conceptual space for it. I am not claiming to refute or defend it merely by characterizing it through the concept of supervenience.

Therefore I want to proceed differently than those who, for example, engage in debates about whether disease is a natural kind (D’Amico, 1995, pp. 551–69). In those debates it is often supposed to fall out from a discussion of the concept of natural kind that diseases are fixed features of the natural world. This sort of conceptual analysis is supposed to then directly secure the place of medicine as a science. But the concept of a natural kind is itself contentious (Witmer and Sarnecki, 1990, pp. 245–64). Moreover, the concept of a natural kind has the effect of obscuring the social constructionist’s approach from the start.

My second aim is to show, however, that the claim that diseases or illnesses are socially constructed either leaves this very debate about realism and naturalism in medicine wholly unresolved (contrary to what these critics intend) or the position turns out to be highly implausible.

This line of criticism, however, does not show that the doctrine of social construction suffers any fatal flaw. As a robust defense of the fundamentally evaluative nature of medicine, social construction can, at some cost I will argue, hold that medical knowledge is either illusory or more akin to claims in ethics and aesthetics than science. Though I believe there are less counter-intuitive ways to understand how the role of evaluative judgment in medicine co-exists with a broadly naturalistic account of medicine that would be too large a task for now. My aim is only to challenge the doctrine of social construction of disease, at least, as I understand it.

But the first problem is to choose a focus for the label of social construction. It is a phrase now used in a bewildering variety of ways and often mixing, for instance, anti-realist and skeptical conclusions (Hacking, 1999; D’Amico, 1998). Also some social constructivists in medicine see themselves as exclusively concerned with case studies and either ignore or just assume a more ambitious challenge to the entire discipline of medicine.

The term social construction seems to have been coined within sociology and psychology during the 1970s (Berger and Luckmann, 1966). It is now an umbrella for attacks on science and naturalism within the history of science in general and within the history and sociology of medicine specifically. Again, as noted above, the constructivist critics see science as an ideology and scientific research as a species of institutional power struggle.¹

Instead of attempting to clarify the strategy first, I will begin with a typical example. My point is not to challenge the example per se. In fact, the case study