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New Visual Studies
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The Medical Web

It would be an understatement to say that the Internet is quickly becoming a more significant part of the way Western society interacts with the world. At first this expansion may sound alarming, however in the realms of medical science this growth is improving the ways that many individuals, especially those who face chronic illness, are able to both seek out as well as help provide the kinds of peer to peer emotional support that is lacking in the modern approach to medicine. By examining the changes that have occurred between the modern sensibility and the new postmodern approach to medical care, it is clear that the rise of the patient narrative prevails; utilizing the Internet as a stage for a brand new dialogue that includes both the well and the unwell, forming a collaboration between not just patients and their doctors but also with their peers.

Talcott Parson, a prominent American sociologist working in the 1960's and early '70's, effectively defined the modernist notion of what a patient was supposed to do when confronted with illness in his concept of the "sick role". In the modern era, sick individuals were expected to give themselves over entirely to the care of a physician (Frank, 5). This "giving over" meant that the sick were no longer described by their individual experience, but only through the language of medicine—their identity beyond their disease evaporated. According to Lisa Diedrich, author of *Treatments: Language, Politics, and the Culture of Illness*, in modern medicine "It is not the patient's voice that matters, but the doctor's voice offering an exhaustive description of the patient's abstracted body" (5). As the wholeness of the individual patient dissolves, they are broken down into parts—separating the parts that are sick from the parts that are healthy. In this way they become an abstraction of their

former selves; described by their physicians through their problems and solutions, not by their emotions or experience.

Michel Foucault discusses the reasoning behind such abstraction in his book *The Birth of the Clinic*—and for Foucault, abstraction becomes a means of translating the otherwise messy nature of the human body into categorical and empirical knowledge.

For clinical experience to become possible as a form of knowledge, a reorganization of the hospital field, a new definition of the status of the patient in society, and the establishment of a certain relationship between public assistance and medical experience, between help and knowledge, becomes necessary; the patient has to be enveloped in a collective, homogenizing space (196).

In *The Birth of the Clinic*, Foucault examines the typical modern clinic in terms of what constitutes space, language, and death in this setting (Foucault, 3). According to Deidrich, Foucault determines “space” to be denoted as both the external space of the clinic as well as the internal space of the body. Once an ill individual enters the clinic, they are assimilated into this “homogenizing” space, characterized by its simplicity and neutrality (4). Each patient is equalized, becoming no different than any other patient, and the illness takes precedence while the patient’s experience is secondary information. Similarly, “language” is an integral part of this clinical experience, but it is used primarily (if not solely) by the doctor as a tool to investigate and describe the patient, not to define the individual’s own experience with their illness (5). As Diedrich states, “Doctor and patient do not meet on equal terms... the clinical situation is “non-reciprocal”, as the terms “interrogation and “examination” imply” (4).

These ideas of space and language that Foucault highlights as elements of the modern clinic are symptomatic of the larger and ever-looming concept of “death”. As humans, we are uniquely capable of reflecting on our own deaths, however the ill must

contemplate this fact with a higher frequency (Goodwin, 3). According to Foucault, it is by contemplating our own mortality, by “passing through this stage of death” that humans become the subjects of medicinal science and therefore curable:

It will no doubt remain a decisive fact about our culture that its first scientific discourse concerning the individual had to pass through this stage of death. Western man could constitute himself in his own eyes as an object of science, he grasped himself within his language, and gave himself, in himself and by himself, a discursive existence, only in the opening created by his own elimination. (Foucault, 197).

The modern response to the ill precludes all individual responsibility on the part of the patient. It is not the patient herself who determines her own “discursive existence”, but the physician who is ultimately responsible and who maintains control.

However, in postmodern society, the role of the patient has shifted. Not in part due to the many advances in medicine in the past several decades, illness itself has changed from being primarily “acute”, or leading quite directly and rather presently to death, to a rise in what is considered to be “chronic” illness. Chronic illness include illnesses that once only lead to death, such as heart disease and cancer, as well as less severe problems like arthritis and asthma. As Diedrich explains:

Formerly, patients generally either got better or died; now, however, patients are often in and out of remission. The body remains haunted by illness and its threat; the person is neither fully healthy nor precisely ill; they are somewhat in between (3).

Arthur W. Frank discusses this idea of “remission” at length in his book *The Wounded Storyteller*. Instead of simply getting better or dying, the sick are faced with the potential for perpetual illness. While the disease may be invisible or not felt, it resides in individuals as a ceaseless menace to their physical well-being. The assumption of the “sick role” is that being ill is a state contrary to the natural state of the body, or health, and that the patient will not only get well again but that he or she will be more or less exactly the

same as they were before. With postmodern illness, health or wellness is no longer the natural or usual state of the human body—this change in perspective is exemplified in Frank’s concept of the postmodern “remission society”. This “remission society” is populated by those individuals who have suffered from but are currently experiencing reprieve from a disease; they are well but will never completely cured (8).

Here the delineations between the well and unwell dissolve: what constitutes a well person and a sick person becomes increasingly hard to define (Frank, 3). This does not mean that the list of diseases that can infect human beings is necessarily getting longer, but as medical knowledge grows about previously unknown conditions it brings to light problems which, in the bodies of individuals who may have gone their whole, though perhaps short, lives without knowledge of what infects them, are now made to join the ranks of the “remission society”. Susan Sontag, in her book *Illness as Metaphor*, describes illness as “the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick” (3). By entering into the community of life, as Sontag implies, we also enter in to the community of death.

In order to meet the needs of the postmodern patient, this idea of a community becomes increasingly important. As more people find themselves living with chronic illness, they suddenly have a much longer story to tell and yearn for someone to share it with. This does not necessarily mean a decreased reliance on medical professionals, but postmodern illness consists of increasing the value of a patient’s story. Instead of a one-sided transaction, postmodern wellness is produced through collaboration between patient and doctor and increasingly between the patient and their family, friends, as well as the advice and help of others. Frank discusses this shift as a necessary component of evolving

health care, as those who are chronically ill seek to define themselves as both apart from and a part of their illness.

In the modern period the medical story has pride of place. Other stories become, as non-medical healers are called, “alternative,” meaning secondary. The postmodern divide is crossed when people’s own stories are no longer told as secondary but have their own primary importance. Illness elicits more than fitting the body into traditional community expectations or surrendering the body to professional medicine, though both community traditions and professional medicine remain. Postmodern illness is an experience, a reflection on body, self, and the destination that life’s map leads to (7).

Reflections on postmodern illness take many forms, but especially with the advent of the Internet, medically related awareness on the part of the patient has exploded—changing the ways people not only learn about illness but also how they talk about it. The collaborative vibe of the World Wide Web not only allows for but encourages a more participatory approach to the dissemination of information. The relative ease with which websites (like blogs and Facebook generated pages) are created, the availability of health related chat rooms, and the almost endless stream of medically related searchable images means that anyone with an internet connection can participate in the discussion.

In a recent interview on NPR’s “Talk of the Nation”, journalist Neil Conan interviewed Pat Furlong, founder of the “Parent Project Muscular Dystrophy”. Furlong formed the web-based organization after her two sons passed away from a rare form of Muscular Dystrophy, and the site plays both an informative and emotionally supportive role in the lives of caretakers of and those who have the disease. There are a growing number of websites like Furlong’s, accompanied by an increasing number of people who use them (NPR). According to a study presented by the Pew Research Center’s Internet and American Life Project, out of the over 2,000 individuals surveyed one in five internet users go online to find other others with similar health concerns to their own, mostly those

with chronic illness (Fox). Susannah Fox, associate director of digital strategy for the Pew Internet and American Life Project, states that people using these sites “talk to peers and friends when they need day-to-day tips and more practical advice ... the Internet is turning out to be the perfect mechanism to get access not only to information, but also to each other” (Fox). According to the study, however, this once again does not mean that people turning are away from the advice of health care professionals, simply that individuals are constructing what they need as a supplement to the advice of their doctors. Those who suffer from illness are interested in sharing their experiences on the Internet as a means to create a community and support, the kind of reciprocity lacking in the modern medical experience (Fox).

The Internet is the perfect place for this kind of sharing to occur, and there are well over 100, 000 health related websites currently up and running (Cullen, 3). These sites cover nearly everything—not just web pages related to specific diseases, but information about (and advertisements for) different medications, doctors, alternative remedies, as well as an abundance of information that is medically related but unaffiliated with a particular site or organization. And yet, how to filter all of this information? Certainly the average Internet user will not be able to process all of those sites, nor will they necessarily understand all of the information the web has to offer (Cullen, 3). James Davis’s book, *Health and Medicine on the Internet*, is an extensive collection of reputable medically related websites which presents several guidelines for browsing information pertaining to one’s health, including: examining the information source carefully, getting a second opinion, examining the citations present in the information, and checking the timelines of the information because of the ever evolving nature of the medical field (xi). Many of these suggestions are commonsense, though it can still be difficult to accurately interpret and

apply the massive quantity of medical information available on the Web even when one's best judgment is applied.

This seems to be especially true of images, which are readily available but often lack a significant frame of reference. For example, if one enters “heart surgery” into the search bar on the photo site Flickr.com, many of the images that pop up in the results are not entirely decipherable without knowing exactly what was searched for. The images vary from being documentary like photos of real surgeries and slides of medical drawings to photos of people who have survived the illness (Figure 1, Figure 2, Figure 3). But despite the fact that some of the images are difficult to decode without the aid of a medical text, the impact of the images remains the same. Some images are undoubtedly gruesome—but the frightening images of open bodies, with surgical equipment protruding from cavities that are normally covered seamlessly with skin, have come to serve an important purpose to those specifically searching for images related to their own condition. These images are part of the documentation, part of the narrative, that describes and values patient experience (Davis, xi). Even though no two bodies are identical, these images still serve as a source of comfort to the ill, proving they are not alone in what ails them, and that the breaking down of their own bodies can be compared to the fixing of another. When these images are coupled with images of hope, which occurs either through the intention of the creator of the posted images or by some chance of the search engine, documentation of survivors and proof of a new life, albeit a life in Frank's “remission society” can be seen.

Images like these, pictures of life after illness, are perhaps the most poignant. Images of the ill allow those who are also suffering to identify and empathize, but the images of those who have safely crossed over to the “kingdom of the well” provide hope for the future (Figure 4). Thanks to the Internet, these captured, secret moments, seemingly

right on the line between life and death, are available for all to see. These images are surrounded by varying levels of context—sometimes there is an entire web page of information concerning the image, sometimes not even a caption—and more often than not it is up to the searcher to decide what is legitimate information. Despite this hurdle, more and more people go online seeking information about what ails them, and these images are invaluable to those looking to inform and prepare themselves about their illness (Davis, ix). Sources for these types of images and information are often related to legitimate websites such as Pat Furlongs, but also include Google image search and Flickr as well as YouTube. While image searches performed by Flickr and Google yield mostly static imagery, YouTube can provide full video documentation of almost any procedure imaginable (Figure 5, Figure 6). YouTube is also filled with video diaries of hundreds of patients who have or are experience illness in all its many forms, providing not just the “show” but also the “tell”.

But shouldn't relying on the experience of complete strangers give us pause? Those who utilize the Internet to supplement their care both contribute to and rely on the experiences of individuals and even doctors they have not and may never meet, creating a world of illness related stories and images that requires a certain level of commonsense to sort through (Cullenn, 3). As Dr. Ted Liao, a physician at Mary Free Bed Hospital in Grand Rapids Michigan, states:

In general, I think the preparedness is useful... overall I think the more someone cares about their health, the better. I suppose the other sticky issue to this is that often what is on the Internet may not be entirely true, or is mostly based on opinions/personal experiences, as opposed to more rigorous data. So sometimes there can be a lot of misinformation out there.

It is important for doctors to be aware of what the Internet is offering patients outside of their offices, and these kinds of warnings, coupled with encouragement and

guidance, are increasingly important as patients seek collaboration with their doctors. The type of community the Internet offers, created from a surplus of well-intentioned information, will help meet the needs of the postmodern ill. Frank states that individuals facing down their mortality and the final obliteration of their identity can find hope and a new self by reclaiming their narrative, either in words or images, and sharing it with others.

The resources for creating a new body-self seem uniquely at hand in postmodern times. To be bombarded with stories also means having a variety of stories at one's disposal. Reclaiming has a popular availability. The road of trials can become a journey because the journey motif is available as a self-definition. Postmodern ill people thus live simultaneously with both the threat of disintegration and the promise of reintegration (171).

The comfort achieved when two people can share stories about their illness is akin to the solace found in two roommates sharing the same haunted house. By presenting images and stories related to our many illnesses, people are making manifest the ghosts that haunt us, and reclaiming the emotional elements of the human condition as part of our medical care.

This kind of community does not include only the chronically ill. Websites like WebMD, despite their obtrusive and ever present advertisements, allow individuals with more minor health concerns to participate in the online discourse of wellness (Figure 7). While a team of licensed doctors provide much of the site's content, the wide availability of information and images are directed at people with no medical background. For example, WebMD's popular "symptom checker", presents an interactive image of the human body, allowing site goers to pick out the parts of the body that are troubling them in order to generate what their malady might be. Without the presence of a doctor, the "patient" must rely on his or her own intuition to make decisions, choosing from rather

lengthy lists of very descriptive terms and images in order to arrive at a potential answer. In addition to this type of interaction, WebMD and similar sites are also host to a multitude of chat rooms, allowing individuals to offer one another advice, share images and links to other websites, and provide their views on their own health struggles. However, even with more reputable sites like WebMD, it is clearly important that users always use common sense when attempting to apply the experience of another to themselves (WebMD). We are all confronted at one time or another, in varying degrees, with the imperfections of the human body, and as such people will continue to populate the Internet with sites to help us cope with these shortcomings. Termed “cyberchondriacs” by Harris Interactive, an American market research company, the number of people who go online to find out more about their more minor health concerns is growing. However, the term “cyberchondriac” sounds fairly derisive, and seems to denote a much smaller and slightly foolish group of people who use the Internet to check on imaginary symptoms. While such a group probably exists, the data suggests that in fact it is a much larger group of individuals searching out information specific to the conditions they are experiencing. Information collected from a Harris Poll 2010 survey shows that while there has not been a significant increase in the number of adults in America with an internet connection, considerably more people are looking for health information online: proportionally up by 88% in 2010 compared to 2009. In addition to this increase, the poll found that the people going online for particular information, often inspired by conversations with their doctors, are finding what they want—certainly due to the increasing amount of material available on the Web (Harris).

While the problems of the chronically ill and those of people who only get sick on occasion may seem disparate, both stem from the same desire to share our illness

narratives with others. In addition to sharing stories between two sick individuals, it can also express to those who are currently healthy what it is like to experience illness, provoking not mere sympathy for those who are ill but increased empathy. As Frank states,

The wounded storyteller is a moral witness, reenchanting a disenchanted world... Postmodern times may be pandemonium, but they are not void. Illness stories provide glimpses of perfection (185).

The wounded storyteller is responsible for creating a different way to experience illness, and using the Internet as a platform for this dialogue those who are ill, either chronically or temporarily, are able to find solace in the experience of others. Community, collaboration, and emotional support are now decidedly part of and integral to what constitutes comprehensive care of a sick patient, visible in the plethora of available information, images, and stories available on the web. The way a patient sifts through this material informs how they define both their illness and themselves, discovering that their own narrative has an important part to play both for themselves and for others.

Figure 1. Heart surgery photograph.

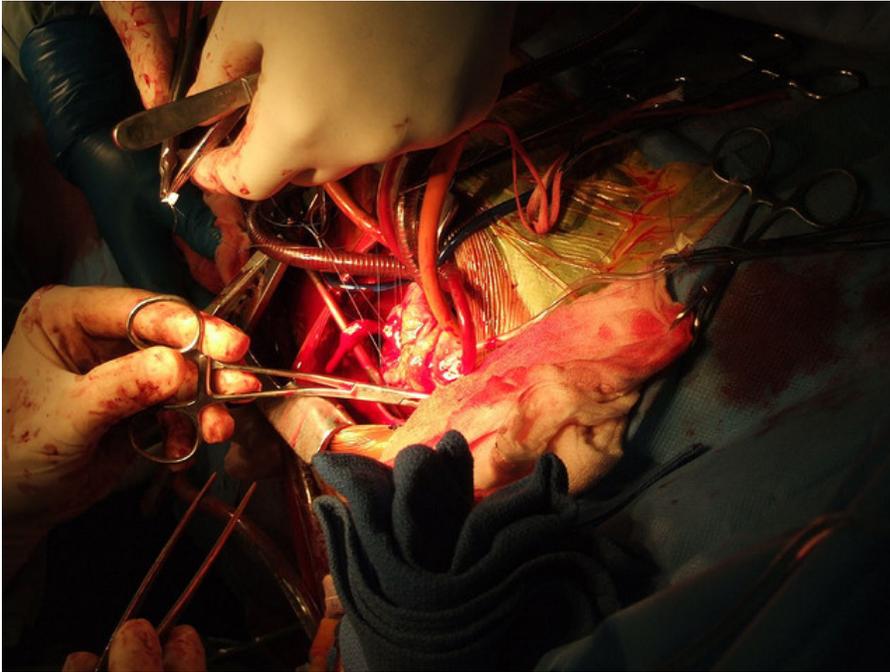


Figure 2. Heart surgery photograph.



Figure 3. Image of infant recovering from heart surgery.



Figure 4. Image of infant recovering from heart surgery.



Figure 5. Screenshot of open-heart surgery video on YouTube.

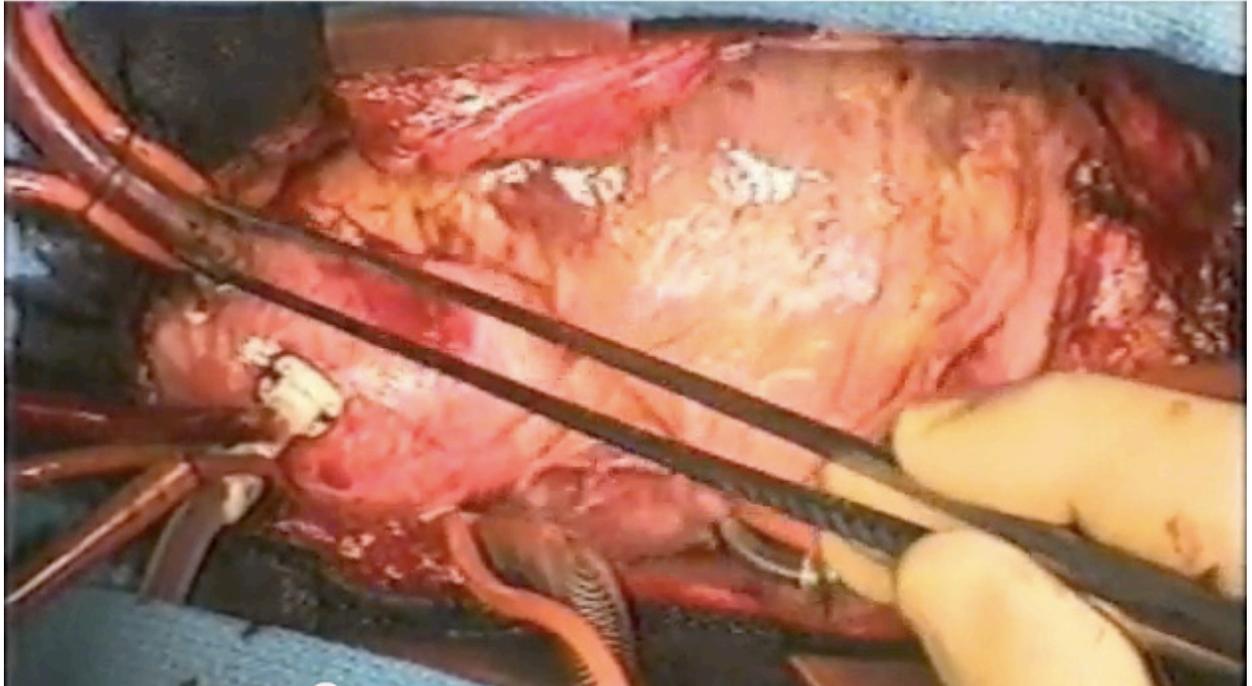


Figure 6. Screenshot of brain surgery (removal of a tumor) video on YouTube.

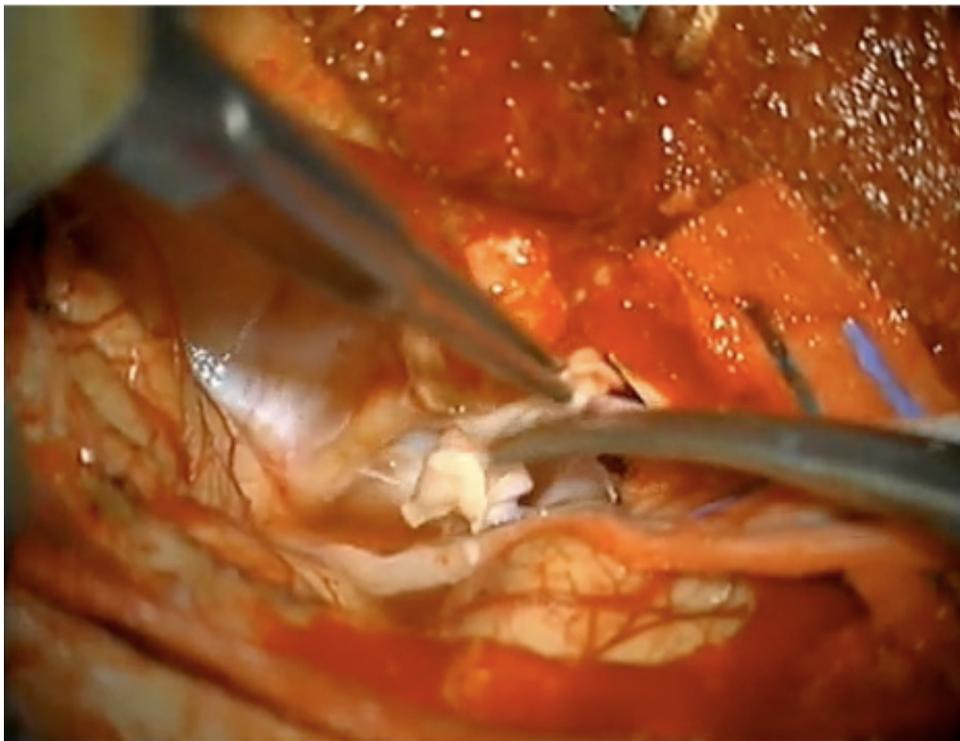


Figure 7. WebMD Symptom Checker

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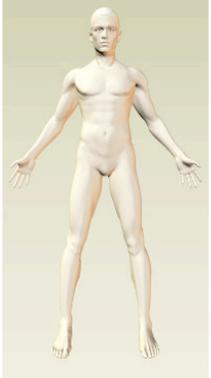
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- ◆ Asthma
- ◆ Back Pain
- ◆ Cancer
- ◆ Cholesterol
- ◆ Cold and Flu
- ◆ Depression
- ◆ Diabetes
- ◆ Erectile Dysfunction
- ◆ Gout
- ◆ Heart Disease
- ◆ Heartburn/GERD
- ◆ Hemorrhoids
- ◆ Hernia
- ◆ High Blood Pressure
- ◆ Hypertension
- ◆ Incontinence & OAB
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- ◆ Flu
- ◆ Genital Herpes

Bibliography

- Cullen, Rowena. *Health Information on the Internet: A Study of Providers, Quality, and Users*. Westport: Praeger Publishers, 2006.
- Davis, James B., ed. *Health & Medicine on the Internet*. 4th ed. Los Angeles: Practice Management Information Corporation, 2003.
- Diedrich, Lisa. *Treatments: Language, Politics, and the Culture of Illness*. Minneapolis: University of Minnesota Press, 2007.
- Frank, Arthur W. *The Wounded Storyteller: Body, Illness, and Ethics*. Chicago: The University of Chicago Press, 1995.
- Foucault, Michel. *The Birth of the Clinic: An Archaeology of Medical Perception*. New York: Vintage Books Press, 1994.
- Fox, Susannah. "Chronic Disease in the Internet Age ." Pew Internet and American Life Project. Pew Research Center, 28 Sept. 2010. Web. 10 Mar. 2011. <http://www.pewinternet.org/Presentations/2010/Sep/ePatient-Connections.aspx>.
- Furlong, Pat. Parent Project Muscular Dystrophy. N.p., 1994. Web. 10 Mar. 2011. http://www.parentprojectmd.org/site/PageServer?pagename=nws_index.
- Goodwin, Sarah W., and Elisabeth Bronfen, eds. *Death and Representation*. Baltimore: Johns Hopkins University Press, 1993.
- Gwyn, Richard. *Communicating Health and Illness*. London: Sage Publications, 2002.
- Liao, Dr. Ted. Email interview. 3 Mar. 2011.
- "Patients Seek Moral And Medical Support ." Talk of the Nation. Host Neil Conan. NPR. 3 Mar. 2011. Web. 10 Mar. 2011. <http://www.npr.org/2011/03/03/134235469/More-Patients-Seeking-Medical-Support-Online>.
- Sontag, Susan. *Illness as Metaphor*. Toronto: McGraw-Hill Ryerson Ltd., 1977.
- WebMD-Better Information. Better Health.. N.p., 2009. Web. 10 Mar. 2011. <http://www.webmd.com/default.htm>.

Image Sources

Figure 1. 2005. Flickr.com. Web. 10 Mar. 2011.

<http://www.flickr.com/photos/yelverton/113473799/>.

Figure 2. 2005. Flickr.com. Web. 10 Mar. 2011.

<http://www.flickr.com/photos/yelverton/113473748/>.

Figure 3. 2011. Flickr.com. Web. 10 Mar. 2011.

<http://www.flickr.com/photos/thehighroller/5499701477/>.

Figure 4. 2011. Flickr.com. Web. 10 Mar. 2011.

<http://www.flickr.com/photos/thehighroller/5499674035/>.

Figure 5, Video Still. 2009. YouTube.com. Web. 10 Mar. 2011.

<http://www.youtube.com/watch?v=PMw6Wzmk0Ak>.

Figure 6, Video Still. 2009. YouTube.com. Web. 10 Mar. 2011.

<http://www.youtube.com/watch?v=yUuvsHDr8M&feature=related>.

Figure 7. 2011. Web. 10 Mar. 2011. <http://symptoms.webmd.com/symptomchecker>.

the medical web

taylor greenfield

new visual studies!

modern illness

Michel Foucault,
The Birth of the Clinic

space

language

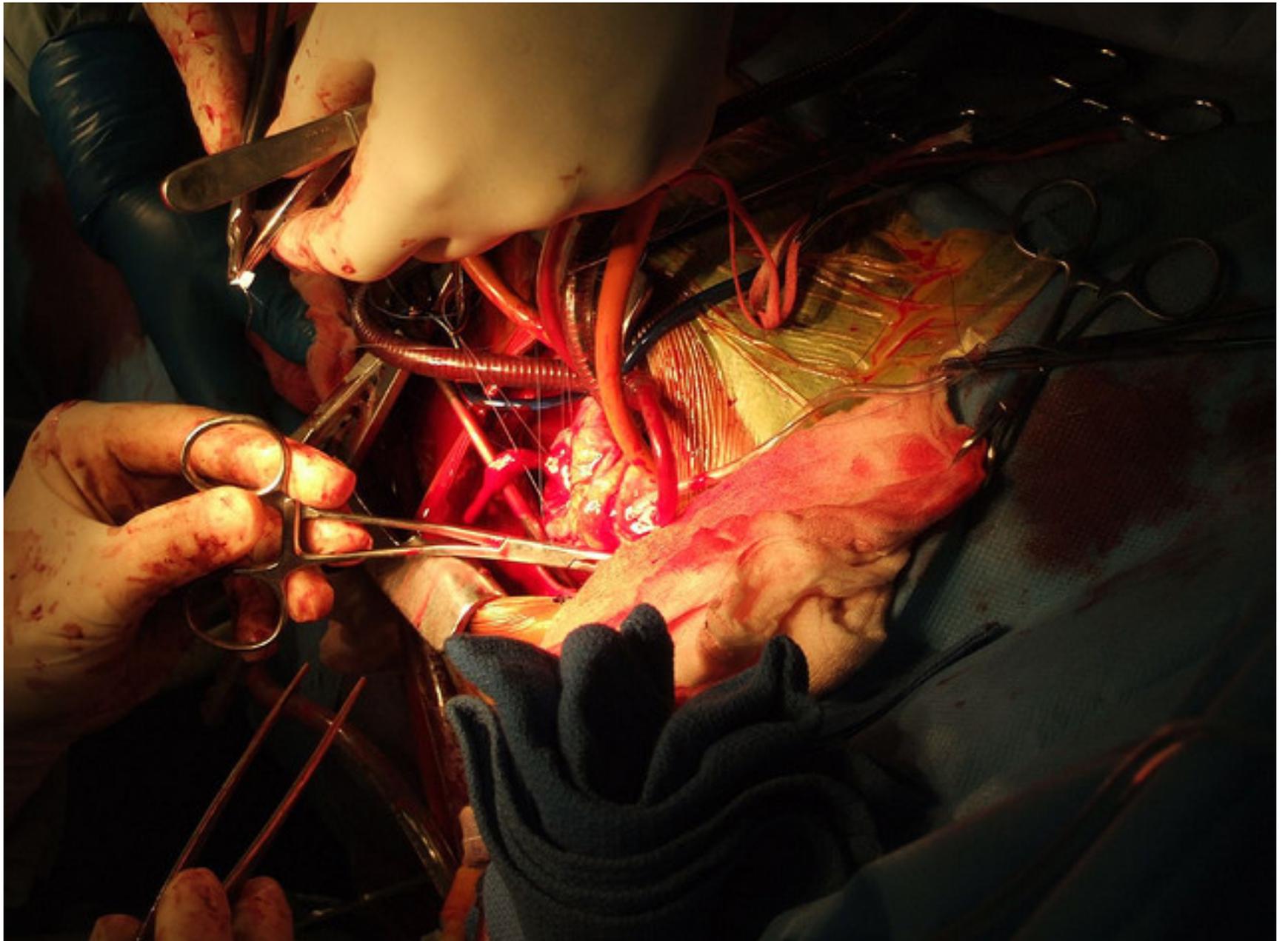
death

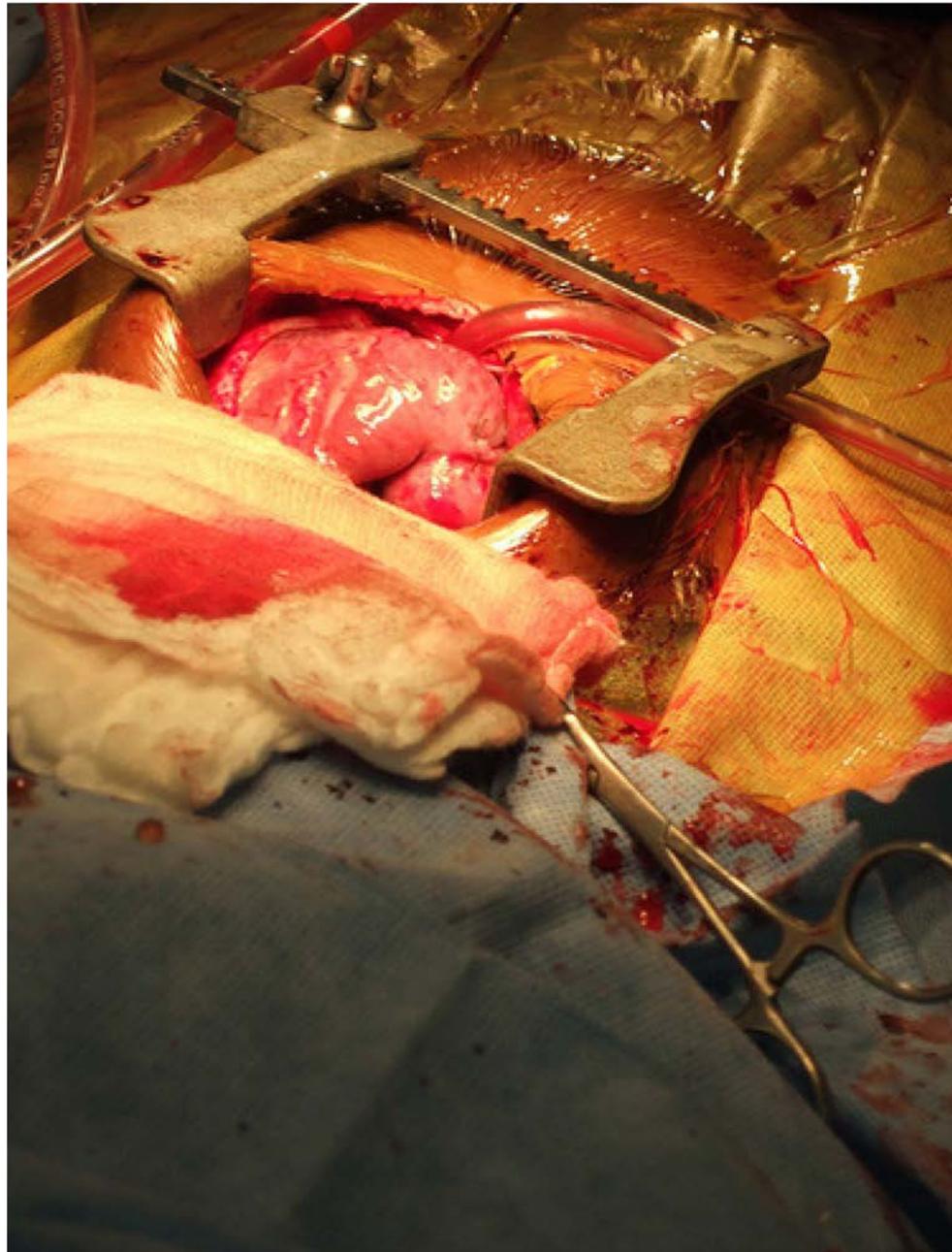


postmodern illness
“acute” vs “chronic”

the internet!

let's google "heart surgery"

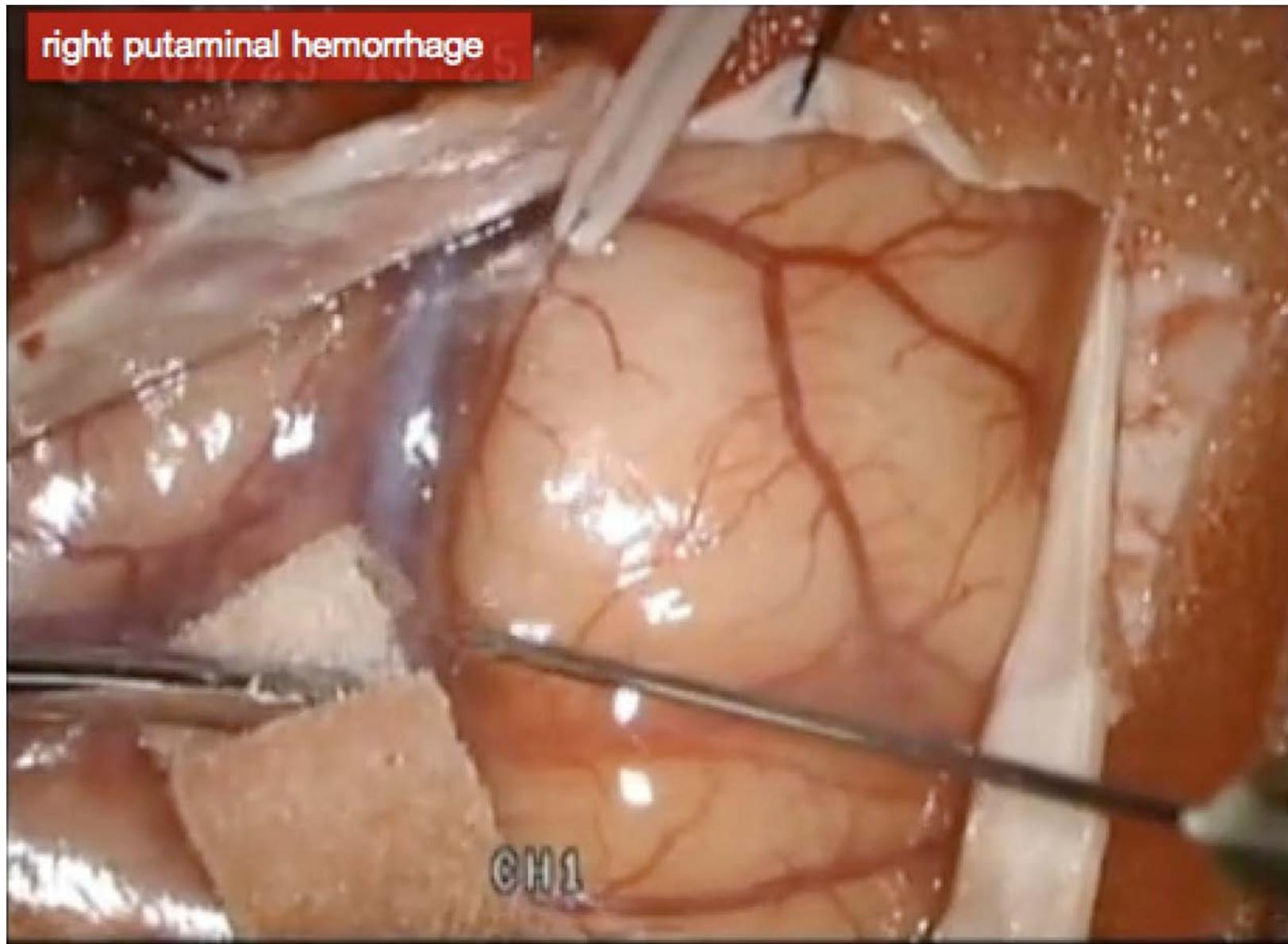


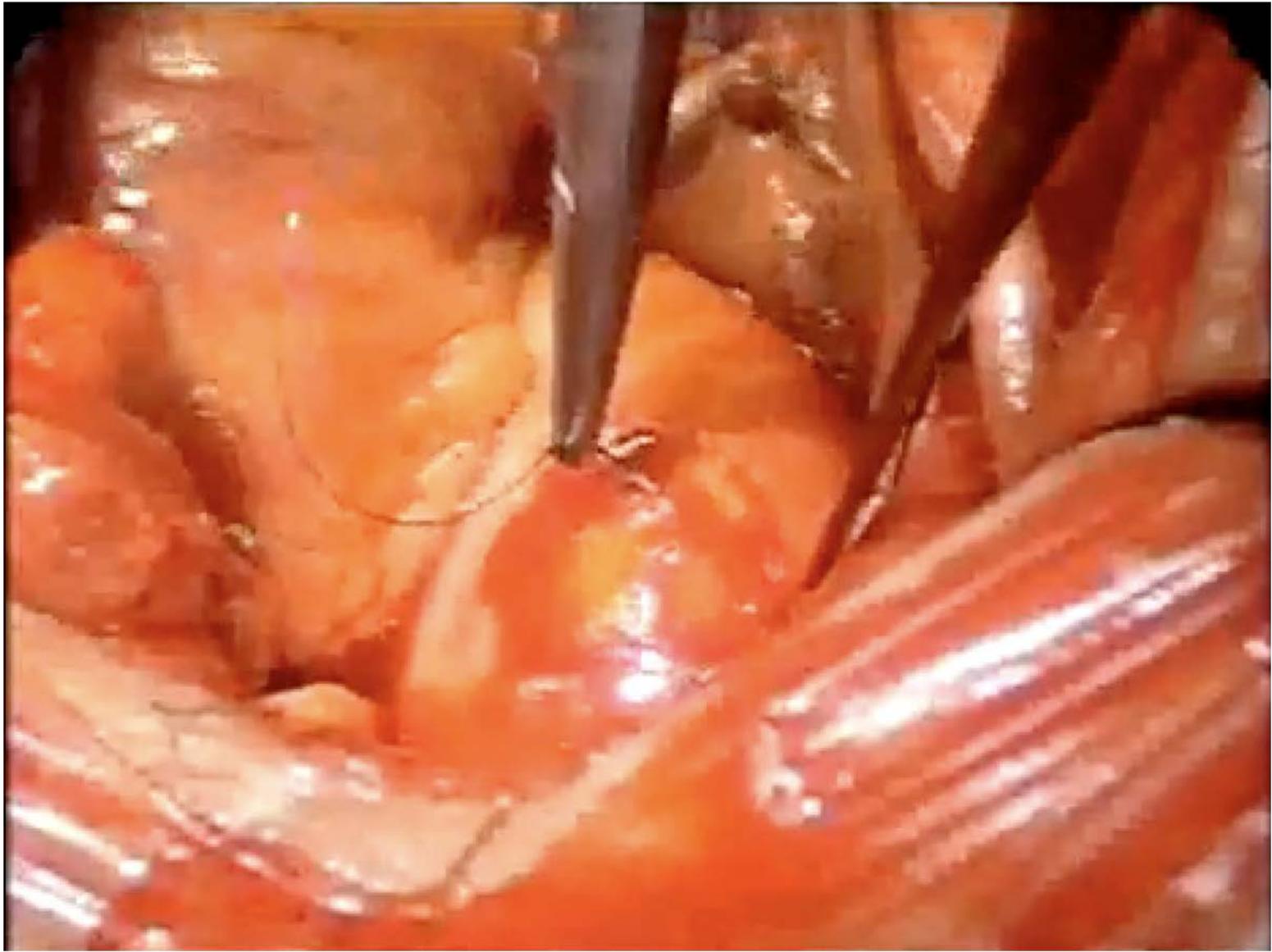






right putaminal hemorrhage





images images images
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|---|---|
| <ul style="list-style-type: none"> ◆ ADHD ◆ Allergies | <ul style="list-style-type: none"> ◆ Flu ◆ Genital Herpes |
|---|---|

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symptom search

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ZOOM OUT

SELECT A SPECIFIC AREA:



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SEX: FEMALE

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0 SELECTED SYMPTOMS

CONDITIONS ASSOCIATED WITH THE SELECTED SYMPTOMS

0 CONDITIONS

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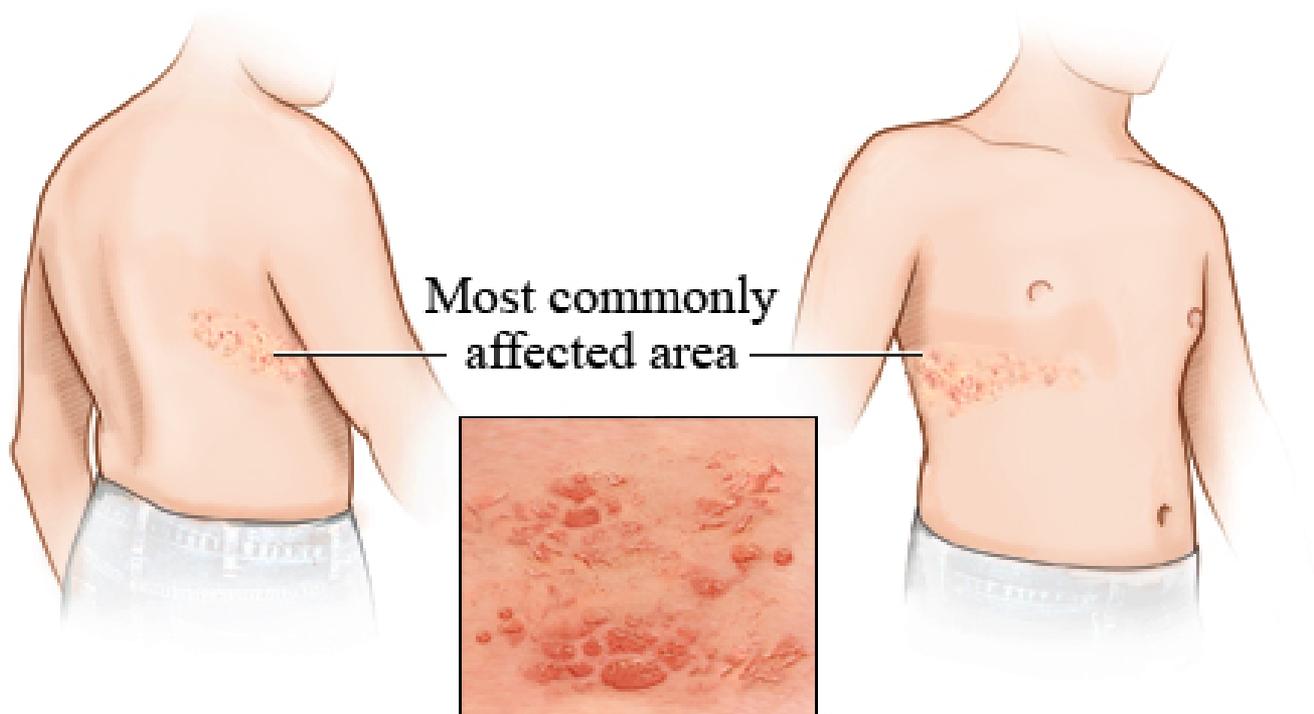
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Most commonly
affected area

Shingles

“The wounded storyteller is a moral witness, reenchanting a disenchanting world... Postmodern times may be pandemonium, but they are not void. Illness stories provide glimpses of perfection.”

-Arthur W. Frank, *The Wounded Storyteller*