
Dissecting the Institutional Fabric: Social Constructionism and Dynamics of Perceptual Constructs in *The Snake Pit*

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Abstract: A paramount need for human existence is the affirmation of dignity. But, the first thing that individuals with mental illness often lose is their dignity and autonomy relegating them to mere shadows of existence, stripped of their identities. The primary catalyst driving individuals to such a condition is the societal framework and its construction of meaning, which derives satisfaction from delineating significance for specific ailments. Social constructionism, as a sociological theory, elaborates how beliefs and practices held by individuals are shaped through societal interactions and cultural norms, positioning society as the fundamental source of meaning and cognition. The same constructionist perspective can be applied to medical illnesses and diseases, rendering them as products of societal perceptions rather than strictly medical classifications. This paper seeks to investigate the social construction of mental illness, with particular emphasis on *The Snake Pit*, a semi-autobiographical novel that delves into the experiences within a mental institution. The principal inquiry addressed in this paper concerns the ethical implications of allowing society, in conjunction with medical institutions, to define the fundamental sources of meaning and understanding related to illness. Consequently, this paper seeks to examine and formulate a resolution to address the societal constructs of illness that exert an influence on the field of medical science.

Keywords: social constructionism, stigmatisation, illness, mental health, autonomy

Introduction: Medical narratives encompass reflective interactions of patients or healthcare practitioners, delineating their experiences with healthcare systems and medical institutions. These narratives can be systematically categorized into various typologies, based on the distinct epistemological purposes they serve and the multifaceted contexts in which they are situated. While Patient Narratives provide intimate, firsthand accounts of individual experiences with illness, Co-creation Illness Narratives emphasize the dynamic interplay

between the physician and the patient. Narrative medicine is an emerging paradigm within the field of medicine as it employs narratives about healthcare to enhance understanding and elevate the quality of patient care. These narratives highlight the benefits and obstacles associated with healthcare, including aspects such as clinical trials, successful drug development, patient safety, ethical treatment and so on. Lisa Sanders (2009) asserts, “A patient's symptoms may be puzzling, but their story is always revealing” (10), underscoring the critical importance of these personal accounts. Such similar works include *Being Mortal* by Atul Gawande, *When Breath Becomes Air* by Paul Kalanithi and *Intoxicated by My Illness* by Anatole Broyard.

As Rita Sharon, who coined the term “narrative medicine” (2008), believes, such stories have “the ability to acknowledge, absorb, interpret, and act on the stories and plights of others”(59). At the vanguard of literary discourse, a multitude of fictional narratives examining the intricacies of illness and the healthcare system has emerged, particularly intended to shed light on the profound struggles and conditions experienced by individuals impacted by these themes. Novels such as *Cutting for Stone* by Abraham Verghese, *The Bone Garden* by Tess Gerritsen, *Still Alice* by Lisa Genova and *The State of Me* by Nasim Marie Jafry deal with personal narratives of either the patient or that of the physician.

An intrinsic reading of such narratives reveal the hidden, and often overlooked side of healthcare that may warrant revision. Mandira Chakraborty’s research paper on illness narratives titled “A study of selected illness narratives” (2019) covers the picturisation of illness in popular films, fictions and memoirs and motives to “probe into the construction of a social rhetoric of illness in the socio-cultural milieu of the late twentieth to the early twenty-first century across nations” (2). Y V Lysanets in the research paper “Women’s images in the medical discourse of the US autobiographical novels” (2020) gives a topological account of the medical discourse in the US with a special focus on female patients. The book chapter titled “Illness Narratives and the Consolations of Autofiction” (2018) by Graham Matthews explores selected autofictional medical narratives thereby blurring the boundary between patient narratives and fictional texts. However, one domain that remains markedly underrepresented in research is the societal perception and reception of illness, a factor that significantly influences the formation and dissolution of illnesses.

Whether fictional or autobiographical, mental narratives primarily aim to elucidate the intricacies of healthcare and the sociocultural frameworks that shape perceptions of illness. One such revolutionary text is *The Snake Pit* (1946) by Mary Jane Ward, an American writer who has authored many works like *It’s Different for a Woman* (1952), *Counter Clockwise* (1969) and *The Other Caroline* (1970). But, she gained popularity through her semi- autobiographical work, *The Snake Pit* which was later made into an Oscar- winning film. The narrative centres on the protagonist, Virginia, who finds herself confined in the Juniperhill mental asylum, and the unfolding tale is depicted through her engagements with the doctor, hospital staff, and fellow patients, thereby revealing the ethically contentious practices of the institution. This ground-breaking novel lead to a revision in the State

Legislation towards the well-being of the mentally ill. *The Snake Pit*, being a renowned novel, has been scrutinized through diverse critical perspectives, including its treatment as asylum fiction, feminist literature, and comparative analyses with its cinematic adaptation. But, one often neglected aspect is the influence of societal dynamics in the formation and dissolution of perceptions regarding illness, particularly in the context of mental health. It is rather disappointing to forgo an analysis of a work that has ignited considerable debate regarding the perception of mental health and has played a pivotal role in transforming societal attitudes toward this issue, through the lens of social constructionism of illness.

Social constructionism is a fundamental concept in sociology that emphasizes the role of society and therefore, individuals in shaping meaning, thereby positioning people as the architects of their own world. Humans cannot be regarded as isolated entities devoid of external influences, as our existence is inherently intertwined with society, as Peter Berger (2011) puts it, “the reality of everyday life further presents as an intersubjective world, a world that I share with others” (32). The term was introduced by Peter L. Berger and Thomas Luckmann in their 2011 work, *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*. They believe that “reality is not given, but socially constructed” (Berger and Luckmann 10) and that only what Marx Scheler calls “sociology of knowledge” (1932) can understand the process in which this occurs. The intellectual antecedents of sociology of knowledge was Marxism, Nietzscheanism, historicism and mainly, Marx’s concept of “substructure and superstructure” (1859).

A more nuanced ideology within this paradigm is the social construction of illness, a concept introduced in the work *The Social Construction of Illness: Key Insights and Policy Implications* (2010) by Peter Conrad and Kristin K. Barker which falls under the broad topic of Medical Sociology (Parson 1951). The principal arguments put forth in this work posit that illness is a socially constructed phenomenon, shaped by the ways in which individuals comprehend it. This understanding, in turn, is influenced and developed by various claim makers who play a key role in framing the discourse surrounding health and illness. While disease is a biological state, illness is a social designation. Virginia, who struggles with a mental illness, is portrayed as an outcast by society because “social problem is not ‘given,’ but rather is conferred within a particular social context and in response to successful ‘claims-making’ and ‘moral entrepreneurialism’ by social groups” (Conrad and Barker 68). Sociologists also investigate the metaphorical connotations associated with specific illnesses, particularly those that are categorized as stigmatized, contested, or regarded as disabilities. The cultural meaning associated with such stigmatized illnesses can create profound obstacles for patients who are in genuine need of assistance, as Virginia herself observes, “people go to a psychiatrist as secretly as they go to an abortionist” (Ward 27). This stigmatization adversely affects patients, leading them to perceive themselves in conjugation with the societal constructs imposed upon them, as Virginia hysterically questions, “Does it mean I might get well? I know someone who did. Mary Someone. Silly Mary, they call her. Harmless graduate of an institution, but they call her Silly Mary. I would rather be Silly Virginia shut up than Silly Virginia at large” (Ward 53). “Wise people” Virginia says, “say

I am almost ready to go home. If I am going to be this way the rest of my life I would rather be dead. But that is not the choice” (Ward 229).

An individual’s conceptualization of their social environment can be understood within this framework of illness through the lens of “symbolic interactionism,” a term introduced by Erving Goffman (1963), in connection with the principles of “phenomenology” as articulated by Edmund Husserl (1900). As Blumer (1969), an important symbolic interactionist, believes “individuals actively participate in the construction of their own social worlds, including the construction of selfhood, via ongoing social interaction”. Virginia’s self-perception reveals her belief that she deserves confinement, as she harbours a profound “terror of a world no longer familiar” (Ward 292) that has become increasingly alien to her when she is released. Conversely, these patients ought not to be construed merely as pitiable, passive figures subjected to societal perceptions. Rather, they actively “enact their illness and endow it with meaning” (Conrad and Barker 71). As in the case of Virginia, she describes her own state as:

You wanted to get well. You never had a conscious moment in which you were not aware of being sick. You could no more, while conscious, forget your sickness than you could forget to breathe. Asked your greatest wish in life you would have replied at once - sanity. How remote was the world in which sanity was taken for granted. (Ward 200).

There is an acute difference between patient experience and illness experience because “people with illnesses spend very little time in the patient role” (Strauss and Glaser). Virginia’s state of mind before arriving at Juniperhill reflects this idea, as she begins to experience mental instability following the death of her boyfriend, Gordan. This deterioration accelerates when she embarks on her writing career and feels increasingly isolated due to Robert’s disregard for her passion. Although she assumes the role of a ‘patient’ only upon entering Juniperhill, her “illness experience” begins well before that. In this process, the patients lose their “self” and as Charmaz’s experiment (1991) reveals, they “become increasingly cut off from the routines of conventional life”.

The institution, Juniperhill can be perceived as a microcosm of society at large, which shapes prevailing societal attitudes towards mental health, consequently perpetuating the stigma surrounding individuals with mental health conditions. This notion invokes significant bioethical considerations regarding the institution’s role in shaping perspectives surrounding patients’ illnesses. Contested diseases serve as a salient illustration in substantiating this notion, as they are illnesses which the “physicians do not recognise or acknowledge as distinctly medical” (Conrad and Barker 51). In Virginia’s case, a rather contrasting scenario unfolds, as she finds herself confined to the asylum, utterly unaware of the nature of her illness. Her physician remains uncertain about the specific mental illness from which she is suffering and ironically, she asks him weeks before her discharge, “What’s the matter with me? Is it a brain tumor?” (Ward 169). This vividly illustrates how the affliction she endures is not rooted in biological factors but is instead constructed within a

social framework. As Ward sums up the whole scenario, “The mentally ill woman reads the mind of the doctor. He does not like to be told he is mistaken” (Ward 248).

Conrad believes that the clinical policy has shifted from “compliance to context centered strategies” (50), emphasizing the pursuit of an idealized state through less efficacious yet more commercially driven methodologies. Juniperhill administers pharmacological interventions for mental health conditions rather than employing therapeutic modalities. Patients are treated akin to *criminals*, subjected to a uniform regimen that disregards the diverse nature of their ailments, rendering their treatment largely ineffective. This engenders what Spector and Kitsus (1977) refer to as the “micropolitics of trouble,” wherein the dynamic shifts to a confrontation between the institution and the patients, rather than fostering a collaborative relationship between the institution and the patients.

This entire process does not transpire instantaneously; rather, it is cultivated within individuals through collective interactions and shared experiences. Brown provides an extensive framework that elucidates the mechanisms of social construction, which can be employed to comprehend the distinct functions performed by various entities within this social process. These various steps transcend mere theoretical constructs; they are practical actions that can be elucidated within this study through the experiences of Virginia and her fellow patients at Juniperhill, thus serving as a microcosm for broader societal dynamics.

The first step in social construction is social discovery – “the ways in which people, organizations, and institutions determine that there is a disease or condition” (Brown 38). However, this social construction ought to be juxtaposed with the medical constructs, as these illnesses are not generated through social means; rather, it is the experience of these conditions that is socially delineated. Virginia is framed as mentally unstable when she experiences profound grief over the loss of her friend, coupled with a sense of isolation inherent to her identity as a writer and is eventually, institutionalized. Simultaneously, these constructed notions cannot be substantiated in isolation; they necessitate the endorsement of physicians or other healthcare professionals who authenticate these paradigms from their perspective as Berger and Luckmann puts it, “the origins of roles lie in the same fundamental process of habitualization and objectivation as the origins of institutions” (84). This reliance engenders significant bioethical dilemmas, as healthcare practitioners, whom we typically regard as impartial and autonomous, may inadvertently align their practices with prevailing societal constructs.

The caretakers and physicians at Juniperhill exemplify a concerning phenomenon, as they are not solely guided by the principles of medical science in assessing a patient’s mental health. Instead, they engage in a somewhat arbitrary process, influenced by the patients’ societal standings, which determines their duration of stay. Dr. Kik, the physician overseeing Virginia, juggles her between various wards, leaving her in a state of bewilderment regarding her own mental health, as he himself grapples with uncertainty about the nature of her condition. Brown believes that medical institutions either “merely expand the pool of people who already have the condition” or stay oblivious of a medical condition

and

there is no in-between. Juniperhill, “one of the best in the country if not the best” (Ward 107), only exacerbates Virginia’s already complicated mental state. Conversely, it would be unjust to overlook the advantageous aspects of this positioning, as certain social movements endeavour to “seek government and medical recognition of unrecognized or underrecognized diseases” and some movements aim to “overturn medicalized definitions” (Brown 44).

The subsequent stage pertains to the “experience of illness,” a concept inherently subjective, as each patient possesses a unique narrative and this notion, as previously discussed, encompasses both the “illness experience” and the “patient experience”. The divergence in experience can be observed among the various women in Juniperhill, manifesting through their distinct interpretations of their mental states and the ways they relate to their past experiences. The diverse array of characters within the asylum illustrates that individuals experience illness in markedly different ways, underscoring the notion that “a sociology of illness experience must consider people’s everyday lives living with and in spite of illness” (Conrad 4). The most significant deprivation experienced by patients is the loss of autonomy, as they are compelled to adopt a passive role in their treatment. This relegation to a status akin to mere objects effectively strips them of fundamental human rights and undermines their dignity. As the delusional Virginia remarks about the nurse, “She treats the women as if they were criminals” (Ward 32), the patients of Juniperhill exist under perpetual scrutiny, conducting their daily activities in an environment devoid of any semblance of privacy.

As Brown observes, for people suffering from stigmatised illnesses, “the illness experience is wrapped up in avoiding public awareness” (46) as they often endeavour to conceal their symptoms and illnesses from the public, primarily due to feelings of shame or various other factors. Psychiatry, specifically, has undergone a transformation, increasingly regarded by society as a biological condition, thereby liberating itself from the stigma of being perceived as a social exacerbation. This shift has resulted in patients becoming predominantly reliant on pharmaceutical interventions for management and treatment which is not always the best treatment. The patients at Juniperhill are particularly traumatized by the pervasive odour of Paraldehyde, as each individual is administered a consistent dosage of this substance, regardless of the specific ailment they are afflicted with.

The next phase entails making a determination regarding treatment in accordance with established protocols, fundamentally hinging on the critical step of diagnosis, which ultimately dictates the trajectory of the treatment. In Virginia’s situation, this represents a particularly intricate challenge, given that psychiatry is a field rife with exploration and ongoing debate. Numerous theories within it harbor profoundly divergent perspectives regarding the very existence of specific mental health conditions and also as Brown highlights, “there is considerable room for mental health professional to engage in patient selection within one facility”(39). Virginia’s husband, Robert, surreptitiously commits her to an asylum without her awareness, leaving her with a profound sense of abandonment. Over time, she acclimates to the peculiar routines of the institution, all the while anticipating his monthly visits with a blend of hope and resignation. The overarching approach to

treatment at Juniperhill is fundamentally flawed, as it employs a contradictory methodology that subjects patients to a stringent and demanding daily regimen while simultaneously imposing frivolous activities upon them. These activities—ranging from dancing and popcorn parties to movie nights and fashion shows—serve as an unwelcome imposition on their already fragile mental state, exacerbating rather than alleviating their distress as they see it as “another therapy they had got to endure” (Ward 327). Thus, although treatment may appear to be devoid of social intervention, it is, in fact, unconsciously shaped by societal norms, which are subsequently adhered to by various institutions.

The notion of the social construction of illness and the accompanying experience culminates in a definitive outcome, which ultimately dictates the efficacy of the entire process. Although it may appear abstract, social factors influence outcomes in two distinct manners. Firstly, they establish the criteria for an acceptable outcome according to their standards and assess whether the patient has met these benchmarks in order to be assimilated into the social group as a rehabilitated individual. Furthermore, they exert a significant influence on the outcome, having consistently served as an intrinsic component throughout the entire process, beginning with the conceptualization of the illness. A study conducted by the World Health Organization (WHO) reveals that recovery outcomes for individuals with schizophrenia are notably improved during periods of labour shortages. Furthermore, the findings indicate that these recovery rates are more favourable in less developed nations. Additionally, the implementation of psychosocial preparation prior to reintegration into the community significantly enhances recovery prospects. These examples elucidate the influence of societal factors on both the results and the nature of those outcomes. The primary determinant of the outcome is inherently the individual experiences of the patient, along with their unique approach to the process of recovery. In Virginia's situation, she remains perplexed regarding her progress, as she is repeatedly assigned to and reassigned from various wards, ultimately culminating in her abrupt discharge without having encountered any tangible improvement in her health. In the meantime, the other patients feign sanity and exhibit signs of improvement, oblivious to their own mental condition; they firmly believe that only those around them are unwell, failing to recognize their own afflictions. As Brown sums it up, “this is a situation where a larger social construction alters the personal experience of illness for some people” (47) making them objects of control as they are supposed to experience an already determined way of experiencing illness.

The various stages of the process are not distinctly delineated; rather, they coalesce to constitute the entirety of the experience of illness. It would be a grave injustice to exclusively portray the more sinister aspects of social construction, wherein individuals are categorized under various labels and grapple with the constraints imposed upon them. The alternative perspective on social construction reveals that a thorough analysis of this concept can yield significant insights and play a pivotal role in fostering the creation of a more improved society. Medical sociology utilises societal insights to enhance patient care and treatment by comprehending the interpersonal implications of medical institutions. The most effective means of gaining insight into such realities lies in engaging directly with patients and individuals who have undergone these experiences; this can be accomplished either

through firsthand interactions or by exploring medical narratives that compellingly articulate the truth of their situations. *The Snake Pit* too stands as a semi-autobiographical narrative wherein the author, Mary Jane Ward, elucidates her experiences within a comparable mental institution. Through her poignant depiction, she seeks to catalyse reform by shedding light on the inhumane practices prevalent in such facilities, a goal she ultimately accomplishes as, the work influenced the State legislation to enhance the care and rehabilitation of individuals grappling with mental health challenges. This transformation in societal perspectives and the legislative modifications prompted by such experiences and exposure is what Brown calls “sociopolitical form of illness experience”(47).

Although these institutions strive to rehabilitate patients and prepare them for reintegration into society, they inadvertently foster a sense of dependency and mental monotony, leading individuals to develop an apprehension towards the outside world. As Virginia grapples with the “terror of a world no longer familiar” (Ward 359) following her discharge, her anxiety intensifies in response to the daunting prospect of re-entering a society that will forever perceive her as a mentally unstable individual. Society tends to impose rigid identities upon individuals, and these labels tend to persist despite the individual's earnest efforts to transcend them and as Berger affirms, “to say that a segment of human activity has been institutionalized is already to say that this segment of human activity has been subsumed under social control” (65). This phenomenon is particularly evident among patients, who, even after achieving recovery, continue to be viewed through the lens of illness and instability, hindering their reintegration into the community.

However, from an introspective perspective, the societal standards and reclosures are inherently unstable, as they are “humanly produced and thus ‘artificial’ in character” (Berger and Luckmann 62) which prompts an inquiry into the foundational principles upon which these constructs are established and perpetuated. In alignment with the concept of the social construction of illness, individuals often perceive health issues as afflictions that befall others, failing to recognize their own potential positioning within the same framework. This tendency leads people to categorize patients in specific roles without acknowledging that they, too, are subject to similar societal constructions that dictate their own identities and experiences in relation to illness. This perpetual cycle gives rise to what we refer to as social construction. This paper seeks to investigate the social construction of mental illness and the societal determinants of the experience of illness, utilizing *The Snake Pit* as a case study.

The principal inquiry addressed in this paper concerns the ethical implications of allowing society, in conjunction with medical institutions, to define the fundamental sources of meaning and understanding related to illness. The medical institutions are subtly influenced by societal perceptions, in conjunction with the principles of medical science, in assessing the severity and scope of a medical condition—or even in determining whether a particular condition qualifies as an illness at all. This construct is destined to endure until the cessation of humanity; however, advancements in medical science may render certain improvements feasible. Physicians and the medical field are governed by the principles of bioethics, which impose upon them a profound responsibility in the treatment and healing of

patients afflicted with diverse ailments. Consequently, it is imperative that they remain insulated from societal influences, approaching their patients as individuals deserving of dignity, rather than merely as entities shaped by social determinants. As the title suggests, the inhabitants of Juniperhill find themselves ensnared in a labyrinth of social constructs, trapped in a liminal state that oscillates between societal acceptance and the nuances of patient experience. This state of perplexity arises due to an institution that neglects to deliver appropriate medical treatment, instead allowing societal labels to dictate the understanding of illness, rather than relying on the principles of medical science. While it is improbable to transform societal perspectives instantaneously, significant progress can be realized by instigating a shift in the mindset of medical institutions, enabling them to operate autonomously. Through this sociological examination of medical institutions, it becomes apparent that these entities play an unconscious yet dynamic role in the social construction of illness. Beyond a sociological analysis, a more nuanced exploration of the medical institution as an autonomous entity could yield distinct insights pertinent to the ethical practices within a clinical setting, as well as the intricate micro-political dynamics that exist between physicians and their patients.

Works Cited:

- Berger, Peter L, and Thomas Luckmann. 2011. *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*. Open Road Media.
- Blumer, Herbert. *Symbolic Interactionism: Perspective and Method*. 1969. Prentice Hall.
- Brown, Phil. 1995. Naming and Framing: The Social Construction of Diagnosis and Illness. *Journal of Health and Social Behavior*, pp. 34–52. JSTOR, <https://doi.org/10.2307/2626956>.
- Chakraborty, Madira. 2019. A Study of Selected Illness Narratives. *Jadavpur University, Shodhganga*.
- Charmaz, Kathy. 1991. *Good Days, Bad Days: The Self in Chronic Illness and Time*. Rutgers University Press.
- Conrad, Peter, and Kristin K. Barker. 2010. The Social Construction of Illness: Key Insights and Policy Implications. *Journal of Health and Social Behavior*, vol. 51, pp. S67–79. JSTOR, <http://www.jstor.org/stable/20798317>.
- Glaser, Barney G, and Anselm C Strauss. 1965. *Awareness of Dying*. Aldine Transaction.
- Goffman, Erving. 1961. *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. Doubleday.
- Husserl, Edmund. 1970. *Logical Investigations*. Routledge & Kegan Paul Ltd.
- Marx, Karl. 1904. *A Contribution to the Critique of Political Economy*. Charles H. Kerr & Company.
- Matthews, Graham. 2018. Illness Narratives and the Consolations of Autofiction. *Autofiction in English*, Springer. pp. 125–143.
- Sanders, Lisa. 2009. *Every Patient Tells a Story: Medical Mysteries and the Art of Diagnosis*. Random House Audio.
- Sharon, Rita. 2008. *Narrative Medicine*. Oxford University Press.
- Spector, Malcolm, and John Kitsuse. 1977. *Constructing Social Problem*. Cummings.

Ward, Mary Jane. 1945. *The Snake Pit*. Library of America