

BOOK REVIEW/COMPTE RENDU

Chloe E. Bird and **Patricia P. Rieker**, *Gender and Health: The Effects of Constrained Choices and Social Policies*. New York: Cambridge University Press, 2008, 272 pp. \$US 25.99 paper (978-0-521-68280-0), \$US 85.00 hardcover (978-0-521-86415-2)

Underlying the adage that “women get sicker, but men die quicker” is an intriguing paradox. If the social distribution of morbidity and mortality is such that those with more resources and power are generally in better health than those with fewer resources and less power, why is it that men, despite their more privileged status in society, live shorter lives on average than women? Conversely, if women live longer lives on average, what accounts for their higher rates of morbidity compared to men? Answering these questions requires researchers to move beyond disciplinary boundaries and consider the ways in which social and biological factors interweave to differentially influence the health of men and women. In their book, Bird and Rieker rightly point out that most researchers tend to remain cloistered within the walls of their own discipline. By proposing a social framework that theorizes the ways in which factors at multiple levels influence health, the authors hope to stimulate research that will integrate social and biological explanations and advance understanding on gender differences in health.

The authors begin by reviewing the evidence on gender differences in physical and mental health, highlighting cardiovascular disease, immunological diseases, depression and substance abuse disorders. In doing so, the authors not only introduce readers to the complexity of the problem, but also reveal the ways in which scientific understandings of the human body are filtered through the social. For example, nineteenth century medicine held that the biological inferiority of women lay in the inherent pathology of her reproductive organs i.e., her uterus. The biology as destiny argument, that putatively accounted for women’s higher rates of mental and physical disorder and justified confining them to hearth and home, remained so entrenched that it is only recently that researchers have suggested that rates of mental disorder are similar for men and women, but expressed differently. Similarly, ideas of biological similarity between men and women outside of their sex-specific reproductive systems deterred researchers from discovering that women are

more likely to have undetected myocardial infarction, to have a poorer post-infarction prognosis and to respond less well to medication. The lesson to be drawn from this chapter is that we need to know more about the social milieu that makes sex and gender meaningful in order to understand how women and men differ in their health outcomes.

Building on this insight, the authors propose a social framework of constrained choice that theorizes why rational men and women, when confronted with competing priorities and demands, make choices that have consequences for their health. Individual choices are not made in a vacuum, but are shaped by factors that operate at higher organizational levels including family and work, communities and government. Because men and women differ in their biology and their life experiences, their choices will be constrained in different ways across these organizational contexts, with correspondingly different effects on health. The authors use the remainder of the book to evaluate the ways in which the different organizational contexts of government and social policy (ch. 3), community actions (ch. 4), family and work (ch. 5), and individual choice (ch. 6) serve to create and maintain gender differences in health.

A strength of this book is its comprehensive overview of the state of research on gender differences in health. By providing interesting evidence for variations in gender differences in health across different organizational contexts, the reader is invited to grapple with these issues too. The book is therefore ideal for graduate students and makes for a useful reference for those who teach on gender differences in health.

Where the book falls short is in its ability to question some of its own assumptions. First, although the authors call for an integration of biological and social explanations for understanding gender differences in health, what they present is a layered relationship that privileges the biological and problematizes the social. In their model (Figure 2.2, p. 64), the body is taken to be a pre-social natural entity, where the expression of disease is the consequence of men's and women's exposure to differential stressors in the social environment. Established work on the sociology of the body explicitly rejects such a simplistic relationship between the biological and the social. The problem, according to sociology of the body theorists, is that when viewed only as a biological entity, the body is ceded to medicine and escapes analytical attention. The result is that solutions are only proposed at the level of the social, ignoring the importance of embodiment. For example, in their book, *For her Own Good: Two Centuries of the Experts' Advice to Women*, Ehrenreich and English (2005) suggested that women's own experiences of their bodies were brought into alignment with the social expectations of their weakly status such that they acquired illness as a way of meeting

the cultural standards of what it meant to be a woman. What remains invisible in this book then is an exploration of how gender differences in health observed today might reflect our current cultural requirements for performing gender.

A second unquestioned assumption lies at the heart of the authors' argument that health is a priority in people's lives, but that the choice to live a healthy life is often constrained by the different ways in which men's and women's lives are socially organized. Interestingly, the authors never indicate what they mean by health; it is simply assumed we are all working with the same definition. Although it may be relatively straightforward to define what is meant by mortality and morbidity, health is more than the absence of disease. Indeed, subjective interpretations of what it means to pursue health may lead down contradictory, even perverse paths. For example, what are we to make of those who elect cosmetic surgery as a means of pursuing their own vision of what it means to be healthy, while others, concerned about the health consequences of needless surgery, eschew it. To the extent that health is a nebulous concept easily and increasingly conflated with beauty, life style, and consumption, the argument that men and women will make the right decisions about their health if they have accurate information and are released from constraints at higher levels of social organization appears somewhat naive. How we define health matters, not only because without knowing where the goalposts are, progress cannot be measured, but also because competing definitions of health hint at the below-the-surface conflicts that critically define our society. By overlooking analytical attention to the issue of what is meant by health, the authors weaken their own arguments and forego another opportunity to explore how the biological and social operate as interweaving influences on population health.

Notwithstanding these critiques, the authors are to be commended for a book that is accessible, interesting and timely. As such, *Gender and Health* is likely to become an important reference for researchers seeking to unravel the paradox in gender differences in health.

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