

The Social Construction of Knowledge and Reality

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The Human Experience is Socially and Personally construed

Socio-cultural and personal constructs are the ways through which communities and individuals construe their experiences at the emotional and cognitive level.

Social and personal constructs are interacting and influencing the social and individual dimensions all the time .

What is perceived as **real** varies from society to society and is produced, transmitted and conserved through social processes.

Our perception of reality is largely modeled from beliefs and assumptions that are typical of the society and culture to which we belong. What we know, what we consider true and right, the behaviors we adopt, are all influenced by the social/cultural environment in which we live. This process happens through the internalization of a “reality” that occurs during the socialization process.

In other words cultures, societies and individuals construe the meaning of experience.

This is done through various processes that are reciprocally influencing each other.

Example: Both brother and sister will be raised by a mother who is incapable of offering deep and reassuring contact; both children may develop an insecure relational style, but the culture in which they grow may evaluate differently the same trait, the same relational style may be considered socially acceptable for one of the genders and not for the other.

This occurs largely without an awareness that the

*“The world of everyday life is not only taken for granted as **reality** by ordinary members of society in the subjectively meaningful conduct of their lives. It is a world originated in their thought and actions, and is maintained as real by these.”*

(Berger & Luckmann, 1966, page 19)

The concept of health,
for example, is a social
construct that is
closely correlated with
the dominant culture

The anthropology and ethnography literature is full of examples of how different cultures at different times and places regard the human body.

(Hufford 1992, Kleinman 1979).

Cultural beliefs regarding the body, health, and disease are often embedded in religious or spiritual traditions, which in turn may govern how diseases and disorders are regarded and treated.

Example:

In the allopathic medical model of Western society the body is divided into organs with specific functions.

The body is seen as functioning well unless disease disrupts it.

Diseases in themselves are understood to be invariable across cultures.

The western medical model has traditionally dichotomized body and mind/soul/spirit—science and magic. The body is seen as objective and value-free.

- Other societies with different cultures hold views of the body strikingly different from the allopathic Western medical model.
- In some cultures, individuals and their health providers conceive of the body as the union of soul and soma.
- Illness may occur as a result of a "failure in harmony" or "an imbalance of forces."
- Schools of medicine in China, India, and other non-Western societies incorporate such principles into their teaching and practice (Hufford, 1992).

The concepts of body or health as well as the concepts of what is honorable, desirable, correct and permitted etc. change from culture to culture and from period to period since the reality in which human beings live is socially and culturally construed.

(Berger and Luckmann, 1966).

If a shared cultural belief is that gays, lesbians, and bisexuals are deviant and sick people, and their loving relationships are seen as sinful, we might see this pathologizing view mirrored in the diagnostic frameworks used by health professionals in that culture.

Such a social construction of reality, reinforced by health professionals, would be easily considered the **truth** by the majority of people in that culture. Even large proportions of gay, lesbian, and bisexual citizens would adopt this belief.

This would create untold suffering and lead to wasted human potentials for individuals and the society.

This scenario is in fact played out in many cultures in countless ways.

The same process could be visualized for the impact of social constructs in the discrimination towards racial or ethnic groups, women, older people or the “mentally ill” among other groups of people.

**What is desirable
changes from culture
to culture and also
from time to time.**









example: **women's suffrage:**

1915 Denmark

1920 United Staes

1928 United Kingdom

1930 South Africa **only granted to white women**

1945 France, Italy, Yugoslavia, Japan

1971 Switzerland

WOMAN SUFFRAGE HEADQUARTERS. MEN OF OHIO!

GIVE THE WOMEN A SQUARE DEAL
Vote For Amendment No. 23 On September 3-1912.

COME IN AND LEARN
WHY WOMEN
OUGHT to Vote.



- You can go back in memory and have a lot of vivid examples from your own life.
- In my own life I remember why I started to smoke cigarettes when I was very young even if I disliked tobacco very much:
 - I wanted to look like a man to the girls I liked
 - Soul food is another thing: my mother used to cook me fried meat balls and French fries.....even today I know it is not healthy food but this is magic food for me, and with it came love, comfort and security!
 - Don't dare to take away my fried meatballs!!!!!!

Many factors are present and interacting at the same time.

Many factors are influencing us at the same time and their interactions are very complex.

Here some examples....

example: Factors Which Determine Health

- **Biological factors**
 - including genetic predispositions, age-related processes
- **Psychological factors**
 - including coping abilities, self-efficacy, hardiness, self-esteem, communication skills, problem-solving skills
- **Lifestyle Factors**
 - including nutrition, smoking, alcohol consumption, substance abuse, exercise patterns, sexual practices, stress, sleep habits, leisure activities, and marital status
- **Family Factors:**
 - Including strength of family structure, amount of emotional support
- **Socio-Economic Factors:**
 - Including socio-economic status, education, access to and adequacy of health care services, working conditions, leisure activities, adequacy of housing, nutrition, exercise, availability of jobs, quality of social relationships and social support
- **Cultural Factors:**
 - Including health beliefs, health practices, eating customs, social activities, sexual practices, gender and role expectations
- **Structure of Society:**
 - Including laws, regulations, taxation, public health structure, school systems, industrial production, rule of government (whether democracy or not), availability of jobs, social equality, access to information
- **Consumer Practices:**
 - Including advertising, pricing, availability of goods and services
- **Environmental Factors:**
 - Including atmospheric pollutants, noise pollution, quality of water, chemical and nuclear waste, deforestation, industrial procedures

- Our reality is largely determined by the roles played by people who interact with us.
- by the roles that they give us and from the ways in which we relate with ourselves, others and the society at large.
- by the formal and informal education we receive.
- the social environment influences individual behavior through the imposition or communication of societal norms.
- by the narratives carried out in kids' fables, movies, TV, social media, popular heroes.
- By the social relationships with significant others and all that we introject and becomes part of our personality.

We need to be aware of how we construe our experiences of what we call reality: the relationship with ourselves, others, and the world.



We need **more** people that relate to themselves, to others and to the planet with **more**

Respect

Empathy

Authenticity/congruence (deep contact)



How can we
protect and promote human
capital, individuality, resilience
and
Fully Functioning Persons?

By fostering the conditions that protect and promote individuality in all the processes of the construction of reality, identity, social roles and behaviors.

By relating to others in respectful, empathic, genuine and congruent ways and applying them as the relational foundations in:

- ***Parenting***
- ***Schooling***
- ***Workplaces***
- ***Community***
- ***Society***
- ***Culture***

*Each of us is part of the daily
social construction of reality.*

Are we part of the solution

or

are we part of the problem?

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