S/A 4071: Social/Cultural Aspects of Health and Illness:
Class 10: Social Inequality, Disease & Death 3

Link & Phelan: Social Conditions as Fundamental Causes of Disease

* "Modern" epidemiology has largely tended to focus on relatively "proximate" causes of disease (diet, hypertension, lack of exercise) which are potentially controllable at the individual level, while social factors have received less attention. Is this a bias or a reflection of cultural values?

* "Classical" epidemiology has kept interest in social causation. Dangers:

- focusing on intervening mechanisms takes attention away from social conditions
- focusing on particular illnesses loses the broad picture

* There is much evidence linking social conditions & illness:

- lower SES linked to higher morbidity & mortality
- gender linked to different morbidity/mortality patterns
- ethnicity linked to different morbidity/mortality patterns
- marital status, population density & religion also show effects
- differentially organized social stress a factor
- level of social support important to coping

* Determining causal direction:

(1) Predictive Quasi-experimental strategies (SES + mental disorder)
(2) Identify social risk factors inconceivably caused by person's illness condition (auto workers + plant closings)

(3) Longitudinal studies

* While not discounting possibility that illness effects social conditions, research has shown substantial role for social conditions as causes of illness

* Mechanisms linking social conditions to disease (help rule out other explanations + link social causes to "proximate" causes):

-job stress model, blood pressure + heart disease
-alienation, lack of perceived control + psychological distress
-work/family overload, low power, control + anxiety/depression

* Danger: explicating intervening mechanisms may still focus attention on "proximate" causes more than social ones (e.g. stress research)

* Contextualizing risk factors: Investigators must:

(1) Use their interpretive framework to understand why people come to be exposed to risk or protective factors (e.g. poverty, prostitution, unprotected sex, & AIDS) ; and
(2) Determine the social conditions under which individual risk factors are related to disease (e.g. government deregulation, education campaigns & rinsing/ fully cooking meat)

* This avoids simple "fix" of telling people to avoid risky behavior/ putting responsibility on them to exclusion of social conditions (e.g. telling the poor to eat a healthy diet when it costs more)

* Medical sociologists/epidemiologists also need to point to social conditions that are fundamental causes of disease (i.e. that can't be addressed by focusing on the intervening mechanisms alone):

- SES & health clearly linked, though patterns vary over time & with reference to particular illnesses (some eradicated/other risks emerged to take their place). The fundamental cause remains the same though the intervening mechanisms may vary
- SES linked generally as it involves variations in access to resources that can be used to avoid risks or minimize consequences when illness occurs (the same goes for ethnicity, gender, etc.)
- Fundamental causes impact multiple risk factors & multiple disease outcomes (as one mechanism dealt with, can manifest itself through another channel)
- We need to attend to the idea that this is all going on in a dynamic system in which risk factors, knowledge, treatments & patterns of disease are changing. Only the fundamental social cause endures
- Explanations that focus on intervening mechanisms are incomplete/ need broader contextualization with fundamental causes

* Policy Implications:

- Current focus on individually-based risk factors is inadequate/ narrow focus of interventions may lead to failure (wasteful of lives/money)
- Some social conditions are fundamental causes of disease that cannot be adequately addressed except directly
- Criteria for policymakers:

(1) Requiring all interventions to contain an analysis of factors that put people "at risk of risks"
(2) Consider whether a proposed intervention will have an impact on many diseases (fundamental cause), not just one
(3) Regard with skepticism interventions that focus only on intervening variables but claim to address the broader social

condition

* If one truly wishes to address fundamental social causes, intervention must address the inequality in resources that fundamental causes entail

Williams: Emotions, Social Structure & Health:

* This article focuses on further explicating the intervening mechanisms between social inequality & health by focusing on emotions

* Emotions conceptualized from different angles:

  - "organismic" (biological)
  - social constructionist ("disembodied")
  - interactionist (embodied/ "unfinished" biology)

* Emotions most fruitfully seen as embodied modes of being *(both medium & outcome)*, the "missing link" connecting active engagement in the world with self & society, structure & agency, health & illness. Avoids dualism.

* Psychosocial (i.e. emotional) factors becoming increasingly important in Western societies, where, while infectious diseases are relatively infrequent, chronic degenerative diseases increase & one can be "more than twice as rich as others without being any healthier"

* Micro-macro links:

  - *Collins*: social order/solidarity involve power/status rituals & emotional energy building up through interaction ritual chains. Emotional energy is gained by some/lost by others - Health effects?
  - *Bourdieu*: cultural, social, symbolic & emotional capital having

exchange value (some have better "balance sheets" than others)
- *Freund*: the "emotionally expressive body" illustrating different embodied ways of being empowered/disempowered relative to status ("schizokinesis")

* Relevant health research: physiological/psychological effects of:

- socioeconomic stress
- social support
- sense of control over life
- stress
- lack of coherence
- many demands on time
- provoking agents
- vulnerability factors
- sudden changes to life plans/goal frustration
- conflict over speaking out

* Emotions, health & distributive justice: class structure/the socio-political dynamics of inequality affect the health of the emotionally expressive body:

(1) through the impact they have on the incidence of life-events; &
(2) their impact on the availability of coping means/skills afterwards

* Health is best fostered by the most egalitarian, not the richest societies. Perhaps this is also true of the distribution of emotional resources

* While some matters are best served by adaptation, others by psychosocial coping, many of the things discussed here would best be dealt with through socio-political praxis (action)