S/A 4071: Social/Cultural Aspects of Health and Illness:
Class 13: Social Psychological Factors & Health 3:

Bolaria & Bolaria: Lifestyles & Life Chances

* Lifestyles, healthy living & health promotion are hot topics in medical sociology

* A controversial distinction exists between personal choices/lifestyles & choiceless structural factors impacting health/life chances

* Lifestyle approach/emphasis on personal choice shifts responsibility for staying healthy to individuals (vs. changing social conditions)

* Specific studies of the role of both factors would make a major contribution to the structure vs. agency debate in sociology

Reductionism in Medicine:

* Despite extensive criticism, the clinical paradigm remains persistently individualistic, biomedical, reductionist & technological in relation to disease causation & treatment

* The clinical paradigm largely absolves the economic & political systems of responsibility for disease.

* The health policy focus on lifestyles, behavior & consumption patterns has a parallel effect.

Lifestyles & Life Chances:

* The interplay between lifestyles, structure & health behavior has received much research attention lately

* Max Weber: Classes stratified by economic inequality; status groups by lifestyles: (i.e. lifestyle choices constrained by structural life chances)

* Lifestyle: behaviors like smoking, drinking, drug abuse affecting health & illness. Problems:

- the term is vague
- used in research to emphasize individual responsibility
- ignores social, economic & environmental factors that constrain/contextualize choices (i.e. varying life chances limit available life choices)
- focusing on lifestyle serves to reify "lifestyle" as an entity apart from the social conditions from which it arises
- "blaming the victim"
- SES remains the most important link to health status (e.g. income, status, living & working conditions, ethnicity, gender, education)
- structured inequality produces differential opportunity, differential senses of mastery & control, & enables relatively healthy/unhealthy choices

Target Individuals or Conditions:

* This debate/discussion over level of analysis is crucial for health policy:

- If lifestyle the problem, policies must target individuals & their problem choices/behaviors
-If social/material inequalities the problem, policies must target these conditions instead

* Individual level solutions easier to implement/justify. Often social factors reframed/characterized as individual risk factors

* Social, ideological & political contexts have supported individualistic health promotion policies, especially in times of economic restraint

* “Victim blaming epidemiology” prominent in current health promotion & education campaigns: “self care” pays little attention to transforming social/ physical environment, the health care system or social policy: reinforces ideology of individualism & attempts to quietly reduce expensive demand for ever reduced services

* Racism implicit in “education” approaches focusing on stereotypical “special” needs of certain groups: reinforces marginalization

* Gender stereotypes implicit in “education” programs for womens’ health/ viewing women as consumers able to exercise lifestyle choices a disservice given relative constraints on womens’ lives

* Increased excise taxes penalize the poor; Moral condemnation falls most heavily on them, contributing to marginalization

* Health promotion most beneficial to advantaged groups, further increasing health inequalities (unintended consequence???)

* Focus on individuals/lifestyles may further extend medical surveillance, monitoring, and control over “problem” groups

Conclusion:

* Individualistic biomedical approach & individual lifestyle approaches work in tandem to obscure the social causation of illness & the context in which lifestyle choices are made.

* Social policy rooted in these approaches often exacerbates health problems rather than solving them