

## **S/A 4071: Social/Cultural Aspects of Health and Illness:**

### **Class 1: Introduction and Overview of the Field**

#### **B. Singh Bolaria**

#### **Sociology, Medicine, Health & Illness: An Overview**

\* Bolaria takes an historical approach to introduce social approaches to health & illness.

#### (1) The emergence of scientific medicine:

- early bacteriologists developed germ theory of disease
- success with infectious diseases encouraged “technological fixes” & “mechanistic model” of individual body
- ignored/obscured social causes of health/illness
- encouraged specialization
- questions raised about relative impact on morbidity/mortality
- Flexner Report (1905) resulted in reorganization/closing of medical schools not teaching lab-based scientific medicine
- Funded by Carnegie/Rockefeller Foundations
- Capitalists benefitted from individualistic focus

#### (2) Definitions of Health & Illness (“Experts”):

- Mechanistic/individualistic view of health = “all parts functioning normally.”
- Mechanistic/individualistic view of disease= “a definite morbid process...affecting the whole body or any of its parts...”
- Functionally health =optimum capacity for effective performance of socialized roles and tasks
- Fits well with capitalist society/ production + capital accumulation

- Investments in healthy workers balanced against returns
- “Individuals” become sick/ social & economic conditions ignored
- Serves as basis of a profitable health care industry

(3) Reductionism in medicine:

- Mechanistic-individualistic conception of health absolves economic/political environment from responsibility
- New emphasis on the risk factors associated with certain lifestyles does the same

(4) Social production of illness:

- Historical materialist epidemiology looks to economic, social, political & cultural causes behind disease & death (e.g. SES, gender, race, environment, workplace).

(5) Types of analysis:

- Analyses of the medical behavior of individuals in relation to psychological, social, ethnic, cultural and class factors (e.g. cultural minorities seeking out alternative medicine). General lack of emphasis on inequalities/ structural elements
- Analyses of “what goes on” in health institutions (e.g. decontextualized studies of the organization/distribution of services; medical socialization)
- Analyses questioning the effectiveness/claims of modern medicine (e.g. Illich’s *Iatrogenesis* at the clinical, social & structural levels)
- Analyses linking contradictions in the health sector to political, social & economic contradictions in society (e.g. profit vs. safety; the “medical-industrial complex”; the current health crisis)

(6) The shift from health to health promotion:

- There is a need for a broader, more comprehensive definition of health (not just absence of disease)
- Effective health policy must consider social determinants
- Barriers must be removed and holistic health promoted for all
- Medical sociology gradually becoming a sociology of health

**Coburn & Eakin:**

**The Sociology of Health in Canada: First Impressions**

- \* Provides an overview of Canadian sociology of health research
- \* The sociology/anthropology of health & Illness comprises work on:

(1) Health Status:

- Studies correlating illness with social factors (e.g. SES, gender, age, ethnicity, workplace & family). Concern with inequality
- Stress and social support discussed, but with lack of theoretical development/explanation
- Access to health care doesn't reduce inequality (e.g. corporate medicine/iatrogenesis)
- Literature on health promotion/the social determinants of health (not illness). Shift from individualistic to structural determinants
- Recent questioning of terms like 'health' & 'illness'
- Move to social constructionist view of definitional activity at societal, institutional and individual levels

(2) Health and Illness Behavior:

- Research focusing on how people perceive, understand & respond to health & illness states or events

- Emphasizes behaviors associated with the use of health services & their social determinants (structural variables & help seeking)
- Recent shift to meaning-centered/qualitative research
- Also a move to broaden range of behaviors/topics to link personal experience/meaning with institutional, societal & ideological contexts
- Difficulties integrating approaches

### (3) The Health Care System:

- Research covers structure and function of the system as a whole, its institutions and the health care providers within it (micro, meso and macro levels)
- Micro level: medicalization, behavior of staff/caregivers
- Meso level: administrative elements/ medical dominance/ socialization/ research
- Macro level: critiques of pharmaceutical industry/ much less sociological work on broader socio-political linkages of health care system as a whole
- Overall much work focuses on the utilization of health services (limited in its theoretical approach)
- Much work on professional/semi-professional occupations
- Less research on the nature/experience of health care work
- Little on the dynamics of the health care system as a whole

### \* Ultimately:

- Many studies exist in social determinants of these 3 areas
- Micro settings, macro structures & their interrelationship relatively neglected
- Whole seldom seen as more than sum of its parts
- More description/measurement than theoretical explanation
- Structural /institutional/pragmatic constraints? (e.g. funding)