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

Class 2:Ways of Thinking Sociologically About Health, Illness & Medicine

* Health & illness are experienced in social contexts (e.g. SES has an effect on health; what we do in response reflects our background/ interactions).

* Key distinction between sociology of medicine and the sociology of health & illness (the former is much more focused on the institutionalized medical system & its response to illness; the latter on the wider social causes & consequences of illness, disease, disability, death & the medical "knowledge" surrounding them).

* Today we will introduce general theoretical perspectives on Health, Illness & medicine, each with different questions & methodologies

(1) Structural functionalism
(2) Conflict theory
(3) Symbolic interactionism
(4) Feminist theory/Critical race theory

(1) *Structural functionalism*: (macro)

- Durkheim: organic metaphor of society as "system"
- Positivist methodology (e.g. surveys, experiments)
- Emphasis on scientifically determining impact of structural,
  measurable "social facts" on human behavior
- Parsons:-illness =a form of deviance;

-medicine = an institution of social control

-the sick role maintains societal institutions through Interlocking rights & duties:

(i) The sick person is exempt from “normal” social roles;
(ii) The sick person is not responsible for his/her condition;
(iii) The sick person should try to get well;
(iv) The sick person should seek technically competent help & cooperate with the physician

-Criticisms: - People can fake sickness to dodge responsibility
- To some extent, people have responsibility for certain medical conditions (e.g. caused by smoking, drinking, & promiscuity);
- others are not given full benefit of the sick role (e.g. the mentally ill)
- Terminally ill people who wish to get well are stigmatized as “in denial”; chronically ill people are expected to adapt
- There is growing use of alternative medicine in response to problems with allopathic treatment.

Sibald (2005) indicates 20% of Canadians do. Higher
in U.S.
- Medicalization: what was immoral is now sickness
- Parson's lack of attention to differences based on
age, gender, class, ethnicity, or medical condition
- Overly causal analysis (independent v. dependent
variables)

(2) *Conflict Theory*: (macro)

- Focuses on power relations & political dynamics of all social
arrangements (e.g. race, class, gender)
- Marx: human thought & behavior result from socio-economic
relations (i.e. class conflict in economic production)
- Historical & societal focus on injustice & contextual nature of
knowledge. Recurrent patterns significant
- Engels: health & illness related to unequal social arrangements (e.g. early industrial England)
- Navarro: contradiction between profit motive & health
(e.g. occupational & environmental illness; promotion of sickness
inducing lifestyle products today; Wal-Mart; Smoking vs. taxes)
- Navarro: the state intervenes in health to promote

capitalist goals
(e.g. institutional reproduction of class structure; fostering
individualistic medical ideologies to obscure social inequalities;
not fully financially supporting alternative therapies)
- Graham: class/gender differences in home health-care work
reflected in mortality/morbidity rates (e.g. accidents)
- Epstein: cancer research primarily on treatment, not prevention
through analysis of occupational/environmental carcinogens;
pharmaceutical & other corporate interests prominent

(3) *Symbolic Interactionist Theory*: (micro)

-Focuses on social interaction & the subjective, interpretive
understanding of its meaning for individuals
-Sociologists must be aware of this when doing participatory research on interacting subjects
- Proponents seek "intersubjectivity" through carefully detailed description & analysis: different methods than natural sciences
- Distinction between disease & illness: the former physical; the latter the changed meaning experienced by the person's self in relation with others and attempts at coping (e.g. persons with epilepsy; Alzheimers caregivers)

(4) *Feminist Theory*: (both micro & macro)

-Challenges “male-stream” theoretical perspectives with emphasis on gender relations
-Growth of the womens’ health movement after late 1960's: radical critique of the patriarchal, allopathic medical care system
-Critiques the medicalization of womens’ lives (e.g. allopathic dominance in institutions, practice & knowledge; reproductive matters, & impact on womens’ health)
-Combines quantitative & qualitative methods
-Walters: womens’ views of their own health problems (e.g. stress related to disproportionate family & work responsibilities, resources & violence).
- Male, more structurally dominant views permeate the sociology of health & illness: feminist analysis describes, problematizes, theorizes, & explains such that women are always the central focus
- Race & class becoming integrated into analyses more over time.
- Critical race theory points out that all knowledge is racialized/ related to power and wealth. Medical knowledge is Eurocentric, thus its outcomes are unfair and predictable

Summary:

Today we have introduced four general theoretical

perspectives on Health, Illness & medicine, each with different questions & methodologies:

(1) Structural functionalism
(2) Conflict theory
(3) Symbolic interactionism
(4) Feminist theory/Critical race theory

Each is useful to some extent or another, depending on the problem being examined, our interests, and what we hope to accomplish