

S/A 4071: Social/Cultural Aspects of Health and Illness:
Class 3: Ways of Studying Health, Illness & Medicine Sociologically

* Today we will critically review the different methodological approaches generally associated with the four theories noted last class

(1) *Structural Functionalism*: Positivism is the approach associated with the structural-functional perspective. 3 Basic assumptions:

- sociology is a science seeking universal causal laws
- human behavior is objectively measurable quantitatively
- social facts determine behavior through social norms

* Much sociology of medicine governed by this approach: causal relationships examined between social facts & health-related variables:

Model A: Health as dependent, social facts (e.g. SES) as independent variable

Model B: Social facts (SES) as dependent, health as independent variable

* Causality requires association, temporal sequence, no intervening variables, & theoretical sense

* Multivariate analysis using many variables/ path modeling of direct & indirect relationships

* Epidemiology = the (positivist) study of the causes & distribution of disease. Sociological insofar as it considers social factors in examining disease incidence (new cases over time) & prevalence (% in population)

* The discovery, detailed tracking & attempts at statistically predicting AIDS provides a good example. Methodological problems in prediction

* Historical-materialist epidemiology: linking incidence & prevalence patterns to socioeconomic factors (e.g. migratory labor in Africa)

(2) *Conflict Theory*: This approach relates health & illness to unequal social arrangements. Methodologically:

- all knowledge reflects researchers' position in social structure
- research should be comparative & historical
- objectivity is impossible
- understanding particular inequalities due to race, class & gender is the goal, not broader generalizations

* Illich's Iatrogenesis:

- *Clinical*: pain, sickness & death resulting from medical care (e.g. Thalidomide)
- *Social*: health policies foster industrial organization generating dependency & ill health (e.g. specialization, surveillance, instilling anxiety & dependence on experts, overdiagnosis & prescription)
- *Structural*: medical behavior & delusions restricting human autonomy/competence (e.g. dominance of medical institutions, bureaucracies & technology minimizing possibilities for family & community based care)

* Navarro: Illich too focused on institutions rather than class/corporate/state power behind them

* Coburn: the state directly affects medical dominance through attempts to rationalize health care (competing interests restrain somewhat)

* Ultimately: a position is taken re: injustice, then documented through historical/other available evidence (e.g. quantitative data). General focus on how sickness largely has social origins (e.g. class, gender)

(3) *Symbolic Interactionism*: “Sociology from the inside” focusing on the worldviews/meanings given to reality by subjects. People are different from objects & require different methods of study:

- sociology seeks to understand the meanings attached to social action & interaction
 - reflexivity/intersubjectivity rather than objectivity characterize the relationship between researchers & subjects creating meaning in unique contexts
 - detailed description/analysis of unique situations is the goal (e.g. through participant observation, unstructured interviews, linguistic analysis, or biographical accounts)
- * Researcher’s roles may range from complete observer to complete participant, with most somewhere in between (balance between being too marginal vs. “going native”)
- * Inductive research strategies/ negative case testing/ revision of hypotheses
- * Qualitative data (e.g. descriptive quotes focusing on personal meanings; interactions between subjects & researcher)
- * Issues of gaining access, dealing with subjects, exiting & presenting findings

(4) *Feminist Theory*: Methodologies based on assumption of gender differentiation & inequity: medicine operates to maintain womens’ subordination in a patriarchal society through male conceptualizations of womens’ bodies

* Feminist methods:

- critiques possibility of objectivity (e.g. ethnomethodology: meaning of phenomena vary by structural/cultural perspective; Kuhn's structure of scientific revolutions; objective outside observers impossible due to interconnection of subject/object; womens' movement challenging patriarchal "common sense")
- gender worthy of extensive analysis, both structurally and of health issues in womens' own terms
- Pirie: studies patriarchal medical system/ why some women at some times adopt/reject medical definitions of their bodies: (1) promotion of womens' medical labeling by groups with vested interests; (2) the activities of those so labeled; & (3) cultural pathways or determinants predisposing the adoption/ rejection of some categories & not others
- Methodologically shares aspects of all prior research traditions
- Incorporating more variables as time goes on (e.g. race, class)