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 women’s health movement after late 1960's: radical critique of the patriarchal, allopathic medical care system
- Critiques the medicalization of women’s lives (e.g. allopathic dominance in institutions, practice & knowledge; reproductive matters, & impact on women’s health)
- Combines quantitative & qualitative methods
- Walters: women’s 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