

2 Applying the Sociological Imagination to Health, Illness, and the Body

Learning Objectives

- Differentiate between the six major theoretical paradigms in the sociology of health:
 - **Structural functionalism** explains the biomedical perspective to health in relation to the sick role
 - The **conflict approach** examines health as an outcome of social inequality and capitalism
 - **Symbolic interactionism** focuses on the individual experiences of health and illness
 - The **feminist perspective** focuses on gender differences in health and illness explained through patriarchy
 - **Sociology of the body** (“embodied cultural facts”) draws on the circular relationship between the body and society that shapes health behavior
 - The **life course perspective** views past experiences and their timing as having primary importance in shaping current and future health status
- Illustrate why multiple theoretical perspectives must be examined to effectively study health and wellness

Summary

This chapter presents the five theoretical paradigms that shape medical sociology, sociology of health, illness, and the body. In addition to the three dominant frameworks—structural functionalism, conflict, and symbolic interactionism—the chapter also discusses two additional paradigms relevant to the sociology of health: feminism and the sociology of the body.

Structural functionalism, a theoretical perspective based on the writings of Emile Durkheim and popular in the 1950s and '60s, explains society as a web of institutions, such as family, education, political, and health care systems, functioning together to maintain harmony and good order. Institutions and social roles are interconnected and shape human behavior.

Structural functionalism was the dominant theoretical paradigm in medical sociology. As illness was viewed as threatening a well-functioning social system, it needed to be managed by the medical profession so that order would be restored. Thus, health and illness were viewed as social roles: health as the ascribed role and illness as a temporary role. Talcott Parsons, a well-known sociologist in the 1950s, introduced the concept of the sick role. When illness occurs, the sick person is temporarily exempt from her usual responsibilities and is expected to not only pursue medical help (from a doctor), but also comply with the doctor's advice (the good patient). Thus doctors are viewed as

agents of social control. Finally, a structural functional perspective provides a universal explanation of illness behavior.

In contrast, the **conflict approach**, based on the writings of Karl Marx, focuses on social inequalities in society to explain health and illness. Conflict theorists view the medical system as instruments of social control—doctors and medical experts define what is a disease and determine who is sick, as well as determining the severity of sickness by prescribing diagnostic testing, medication, and hospitalization. Doctors have achieved medical dominance, and conflict theorists such as Freidson, Illich, and Navarro argue that interests of capitalism and profits are prioritized. Ill health is viewed as a direct outcome of capitalism (for example, poor people living in environmentally toxic neighborhoods are more likely to be in ill health). Medicine views illness as an individual problem, ignoring the larger structural factors such as poverty, unemployment, or environmental hazards that can contribute to or cause illness. Conflict theorists believe that the solution to promoting good health is to implement socially-based policies and programs.

Symbolic interactionism, a theoretical perspective based on the work of Max Weber, examines how people make sense or give meaning to their social experiences. In relation to health and illness, symbolic interactionism focuses on the individual interpretation of health. In so doing, there is greater insight into personal health behavior. Erving Goffman's observation study of inpatients in a mental hospital revealed that behavior is often a response or reaction to other individuals or physical settings. Thus, an individual's behavior in a mental hospital is a response to the context (rules, regulations, expectations) of the hospital rather than who the individual is. Symbolic interactionists believe that health and illness cannot be viewed separate from the cultural context in which we live. Medical knowledge is also socially constructed and so is not objective and fallible.

Feminist sociologists (e.g., Mary O'Brien) believe societal relations are gendered and unequal. The gendered social roles also contribute to health inequalities between men and women. Women generally have higher morbidity (illness) rates than men. Biology simply does not explain all the health differences between men and women. According to feminists, differences in large part can be explained by medicalization of women's lives. For example, aspects of women's reproductive lives, such as birth control, childbirth, and menopause, are subject to medical control and regulation. Ann Oakley's research on the medicalization of childbirth illustrates the medical profession gained medical dominance over a women's body. Feminists believe that women's daily experiences, as well as the larger societal context, need to be understood.

Sociology of the body has gained more interest in the last few decades. It is a particularly interesting framework in which to study sociology of health as it challenges the mind–body dualism. Frank explains the circular relationship between the body and society, where society shapes the body and the body shapes society. Health behavior is viewed through an examination of how individuals perceive their body and bodily experiences.

Michel Foucault, whose work is pivotal to sociology of the body, coined the term “medical gaze”—the biomedical understanding of the body as an object that can be observed, examined, and treated. Foucault's work demonstrates how knowledge is linked to social power and control.

Bourdieu's concept of “habitus” is relevant to sociology of health as it provides a framework in which to understand the relationship between the body, society, and behavior. Habitus is explained

as “the embodiment of social location and culture within human bodies” (p. 54). Individuals desire what they can have, not what they cannot possess. In this way, social inequalities are reproduced.

Taking their lead from Turner, to analyze health and wellness in Canada, Segall and Fries draw on numerous theoretical paradigms.

Key Concepts/Terms

Androcentrism: A way of thinking that privileges the masculine perspective when trying to understand social life (p. 45).

Biopower: Foucault’s term explaining how medical knowledge provides a basis for power and control in modern societies (p. 52).

Habitus: Bourdieu’s concept of explaining the embodiment of social location and culture (p. 54).

Life course perspective: The view that current and future health is the dynamic outcome of past experiences (p. 58).

Medical gaze: Foucault’s term describing the development of the modern medical view of the human body as a biophysical object (p. 51).

Political economy: An interdisciplinary field of social science that critically analyzes the political, economic and social relations of the capitalist social system (p. 36).

Sick role: The set of behavioural expectations about a sick person should behave (and be treated) which is built into the social system and is a patterned part of culture (p. 32).

Social medicine: The view that health and illness are consequences of the social structural organization of capitalist society and that addressing social inequalities can improve the health of the population (p. 38).

Theoretical paradigm: A conceptual framework or school of thought in which interrelated ideas and concepts about an aspect of reality are formulated (p. 30).

Study Questions

1. What is the “sick role”?
2. The “sick role” is an example of which theoretical perspective?
3. What does the conflict paradigm focus on?
4. Describe three examples of interventions that researchers influenced by conflict theory might suggest as solutions to the problem of asthma.

5. What is social medicine?
6. What is symbolic interactionism?
7. What is androcentrism?
8. What does intersectional health focus on?
9. What is the sociology of the body paradigm?
10. What is biopower?

Explore and Discuss Questions

1. How do theoretical paradigms influence a researcher's work?
2. Discuss the assumptions that underlie the work of sociologists working in each of the paradigms described in this chapter. Which paradigm fits most closely with the way you approach health, illness, and disease?
3. Apply the sick role to the health/illness status of a member of your family or a friend that you know well. Identify which aspects of the theory fit your case and note experiences that are incongruent with the theory.
4. Using a life course perspective, discuss how women's lives are medicalized at various stages. Are men's lives ever medicalized?
5. Describe Foucault's concept of medical gaze. How does Foucault understand health?

Further Exploration

- Goffman, Ervin. 1990. *Stigma: Notes on the Management of Spoiled Identity*. London: Penguin Books.
- Foucault, Michel. 1965. *Madness and Civilization: a History of Madness in the Age of Reason*. New York: Pantheon Books.
- Freidson, Eliot. 1970. *Profession of Medicine: A Study of the Sociology of Applied Knowledge*. New York: Harper and Row.
- Parsons, Talcott. 1951. *The Social System*. London: Routledge.
- Polzer, JC and SM Knabe. From desire to disease: human papillomavirus (HPV) and the medicalization of nascent female sexuality. *Journal of Sex Research*, 49(4), 344-352.
- Sasakamoose, JL, A Scerbe, I Wenaus and A Scandrett. (2016). First Nation and Metis youth perspectives of health: an indigenous qualitative inquiry. *Qualitative Inquiry*, 22(8), 636–650.
- Margrit Shildrick. 1997. *Leaky Bodies and Boundaries: Feminism, Postmodernism and (Bio)ethics*. New York: Routledge
- Varul, MZ. (2010). Talcott Parsons, the sick role and chronic illness. *Body and Society*, 16(2), 72–94.
- Wentzell, E. 2013. Aging respectably by rejecting medicalization: Mexican men's reasons for not using erectile dysfunction drugs. *Medical Anthropology Quarterly*, 27(1), 3–22.

Recommended Websites

1. **My Leaky Body**

My Leaky Body is a play, a book and an interactive workshop series by Torontonians Julie Devaney based on her experiences spending five years in and out of hospitals, propped up on operating tables and in bed in pain for weeks and sometimes months at a time. Initially diagnosed with Ulcerative Colitis, an inflammatory bowel disease, she underwent intense medical therapy before having her entire large intestine, her colon, removed. She has since been re-diagnosed with Crohn's Disease.

www.myleakybody.com

2. **Canadian Women's Health Network**

This voluntary national organization aims at improving the health and lives of girls and women in Canada and the world by collecting, producing, distributing and sharing knowledge, ideas, education, information, resources, strategies and inspirations.

www.cwhn.ca

Recommended Films

Under Our Skin: The Untold Story of Lyme Disease

A 2008 documentary film about Lyme disease, focusing on the controversy surrounding "chronic Lyme disease," a controversial and unrecognized diagnosis.

www.underourskin.com