

UNDERSTANDING THE SOCIOLOGY OF HEALTH

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AN INTRODUCTION

FOURTH EDITION

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SOCIOLOGICAL THEORY: EXPLAINING AND THEORISING

MAIN POINTS

- Sociology is a scientific approach to understanding people in society.
- Social structures can often exert more influence over our behaviour than we would expect.
- Sociological perspectives on health emphasise that it is vital to understand the social in order to fully understand health and illness.
- The sociological imagination invites us to think beyond our own subjective perceptions.
- Sociological theories are useful in moving away from common-sense understandings of society.

INTRODUCTION

The aim of this chapter is to introduce the discipline of **sociology** and to focus, in particular, on the significance of the sociological study of health, illness and medicine for health-related professions. In order to do so it is necessary to begin by establishing the scope and remit of sociology as a subject area *and* as an explanatory method.

Sociology is concerned with the study of **society**, and specifically with key issues such as explaining change and the distribution of **power** between different social groups.

The discipline of sociology also offers its students specific methods of investigation and explanation. For example, this chapter introduces you to the concept of the **sociological imagination**, asking you to adopt a critical and questioning approach to even the most mundane aspects of social life. Sociological knowledge is based on a ‘scientific’ approach built upon evidence to support theoretical perspectives. This chapter offers an introduction to a range of sociological perspectives.

SOCIOLOGY: A METHOD OF ENQUIRY AND EXPLANATION

The raw material of sociology is human society, the development of groups, and the ways in which social groups are organised and change over time. Sociology is, therefore, the study of society. Such a statement, however, tells us very little about sociology and does nothing to draw out what is distinctive about the discipline in relation, for example, to psychology or simply to our own observations of society and social groups. Sociology is concerned with the study of human society (Giddens and Sutton 2013: 4) in terms of the interaction between individuals and groups and the interaction between groups. It is not individuals *per se* who draw our attention, but how they interact with the social environment. Giddens and Sutton (2013: 7) use the term ‘society’ to refer to the ‘common

Sociology is the study of the interaction between groups and individuals in human society. The term society refers to a range of external factors that influence our beliefs and behaviours.

cultural features such as language, values and basic norms’ of particular countries, but also the ‘enduring patterns formed by relationships among people, groups and institutions’. Sociologists refer to society as a ‘system’ and our own behaviour as ‘institutionalised’ to draw attention to what is external to the individual that is ‘society’ itself. ‘Society’ refers to the structural factors that influence our beliefs and behaviour and that establish some predictability and regularity in our lives.

What troubles many new students of sociology is the suggestion that something referred to as ‘society’ shapes or determines our behaviour. Such an explanation seems to take away what is individual about us and suggests that our behaviour and our beliefs are not unique but may be determined by an external force and replicated by many other individuals. On reflection, however, this process of shaping and influencing is evident in all that we do. **Socialisation** into the norms and values of a particular society enables us to predict and make sense of the behaviour of others and ourselves. ‘Society’

Socialisation refers to the process whereby we become aware of the values and beliefs of society.

provides us with the cultural resources to live in the social world because patterns of behaviour, responses and ways of behaving are not invented anew each day but exist outside any one individual. In most human encounters within a specific society, there are roles to be played out, responses to be predicted and cues to be acted upon.

QUESTION

Pause for a moment and ask yourself how many of our own actions and responses are automatic in the sense that we ‘know’ how to act in that given situation.

Rosenhan’s classic study ‘On being sane in insane places’ (1973) is an excellent illustration of the potential for our identities to be imposed on us by others. Rosenhan’s experiment involved eight researchers posing as ‘insane’ who presented themselves to mental health professionals, claiming to hear voices. Apart from the supposed symptoms, the researchers told the truth about their circumstances and background. All eight researchers were admitted to hospital. Except for the initial alleged symptoms, the researchers acted normally and upon admittance stated that they no longer had any symptoms. According to Rosenhan, it is therefore problematic to say that we ‘know’ what insanity is. The medical professionals in this case responded to certain cues (alleged symptoms) and interpreted the researchers’ behaviour and histories in the light of their assumed insanity. This experiment is important in so far as it illustrates the way in which others can impose identities upon us. The behaviour of the researchers was interpreted in the light of a set of shared symbols and meanings. In this case, the shared symbols and meanings referred to the diagnostic categories developed and used by the medical profession. The diagnosis of insanity only had meaning in the light of these categories. This particular experience begs the question of whether patients actually present ‘real’ symptoms or whether the symptoms are in the minds of the people who make the diagnosis.

A further example of the way and extent to which the group influences individual behaviour can be illustrated with reference to the work of Festinger et al. (1956). In this case, the group was a cult that was prophesying the end of the world by a very specific date and time. When the prophecy was proven false, the beliefs of the group members were *not* fundamentally altered. A message from God, relayed by the group leader, indicated that the end of the world was not to happen at this point after all, since the group manifested such goodness that the world would be saved from destruction. Festinger then asks why beliefs persist even in the light of contradictory evidence. The explanation lies within the group itself and its ability to reinforce the original belief. The power to do so is greater when the group consists of a close network without any dissenters. Festinger notes that, in this case, people who had been part of the group but who had not gathered in one place prior to the alleged catastrophe did not show the same adherence to the original prophecy.

LINK

Chapter 5 provides an example of the complex relationship between structural factors and personal choice in relation to health inequalities.

The relationship between society and individuals

Thus far this discussion has been concerned to demonstrate what sociology ‘is’ by examining the subject matter or what has been referred to as the ‘raw material’ of study, namely society. However, the discussion has developed further in terms of suggesting a specific and distinct relationship between individuals and the society or **structure** in which they live. A helpful example of the way in which structure (society) influences the actions and experiences of individuals is provided by Giddens. He uses the analogy of language to illustrate the relationship that individuals have with the wider social structure. None of us has invented the language that we use, but without it social activity would be impossible because it is our shared meanings that sustain ‘society’. However, as Giddens and Sutton (2013) also points out, each of us is capable of using that language in a creative, distinct and individual way, and yet no one person creates language. In the same way human behaviour is not determined in a mechanical way by the structure we call society. Later chapters discuss the significance of social **class** in determining levels of morbidity and mortality and yet not every person in each social class category will have identical

The term is similar to that of ‘society’ in so far as it draws our attention to those factors that help determine our experiences through the establishment of expected ways of behaving. In contrast, the concept of agency reminds us that individuals do not simply act out predetermined roles but ‘interpret’ those roles in a way unique to them.

experiences. There will, however, be enough similarities in patterns of health within each social class for us to justifiably place people in these specific groupings. Similarities in people’s experiences can be seen in terms of income levels, of availability of local resources such as GPs, of geographical location, and of their physical environment and patterns of expenditure. The relationship and interplay between society and the individual is explained in terms of **structure** and **agency**. The latter is a concept used to refer to a cluster of ideas about the potential for individuals to determine their lives, to change their environment and, ultimately, to influence the wider structure. The concept of agency, therefore, allows us to appreciate the way in which we are shaped by society, and in turn shape society.

If the subject matter of sociology is human society, and behaviour is explained primarily in terms of ‘structure’, then this logically denotes specific factors in the explanatory framework of the discipline. Sociological explanations of what determines our state of health will necessarily differ from, for example, biological explanations. Clearly disease is a biological and physical entity experienced through the medium of the body. The causes of disease, while biological, can also be considered in terms of social and structural factors. The immediate cause of a disease may be infection but the factors that lead to this may be many and varied. If we reflect upon patterns of morbidity and mortality over the last two centuries, then it is possible to observe a significant shift away from infectious diseases to chronic conditions. In other words, when we consider the factors that influence a person’s

state of health, the risk of infection, an ability to fight infection and genetic predisposition are greatly important but, within sociology, these are not our main focus. Social and environmental factors such as age, social class and gender are as, if not more, important.

QUESTIONS

Gender is a good example of how structures shape our lives and how we make individual choices about how we live. As a man or a woman, what experiences do you share in common with your gender? In what do you consider yourself 'unique' and different from all other women or men?

It is possible to define what we mean by 'sociology' by sketching out the discipline's remit in terms of the study of human society. From this it is logical to conclude that the study of sociology is relevant to understanding and explaining health in so far as health and its determinants need to be explained within a social context. Within nurse education, for example, the emphasis placed on 'holistic' care can also be used to justify the study of sociology in that it provides information that places an individual within a social context. To conclude that this is all that the discipline of sociology can offer in terms of studying health, illness and medicine is mistaken and unnecessarily limiting. What sociology offers is a questioning and critical way of thinking and a distinct method of explanation. To fully appreciate this element of sociology it is helpful to understand how, why and when the discipline came into being.

A sociological understanding of health considers structural and social factors, rather than simply biological explanations of health and disease.

The historical origins of sociology

The discipline of sociology is fundamentally a modern one, bound up with attempts to explain, anticipate and alter a rapidly changing world. According to Giddens and Sutton (2013), the focus of sociology at its inception was the structures and relationships that derived from industrialisation. An examination of the works of the founding fathers of sociology (Comte, Durkheim, Weber and Marx) suggests a preoccupation with attempts to understand a rapidly changing world and to do so in a way that was 'scientific', objective and rational. Auguste Comte, for example, believed that the development of any society was ultimately positive and progressive, and identified three different phases: the religious, the metaphysical and the scientific. Each of these phases represented a mode of thought and explanation: the religious period represented a supernatural interpretation of the world;

In historical terms, modern is a term used to refer to the time period from the late nineteenth century to the mid-twentieth century.

the metaphysical one replaced religion with a belief in forces such as nature; and the final, scientific, stage represented the most positive and rational phase of human development (Craib 1997: 23). Understanding this new and complex society meant adherence to rational, scientific and empirical methods. The underlying motivation of the discipline was to reveal the reality of social relationships. For Karl Marx, this meant making plain the 'real' relationships of power and exploitation behind social class. For Emile Durkheim, getting to the heart of the reality meant the observation and recording of 'facts' to provide a picture of the world as it is, rather than to anticipate how the world should be.

Sociology strives to be scientific in the sense that it seeks to evidence its findings and to ensure that explanations are consistent. A fundamental difference between the social and natural sciences is that the subject matter of the social sciences, unlike that of the natural sciences, is human beings and their behaviour.

Can sociology be 'scientific'?

To the extent that sociological explanations attempt to be rational and empirical, they share certain features with scientific disciplines. According to Bruce (1999), scientific explanations are consistent (that is to say they cannot contradict themselves) and must accord with the evidence; and when evidence is found to refute an explanation, the explanation itself must be changed (1999: 3). A fundamental issue for sociologists is whether sociology is a science in the same sense as the physical sciences. Bruce suggests that one crucial difference is in the methods employed to uncover evidence. Natural sciences

are able to make full use of the experimental method because of the relative simplicity of their subject matter. As Bruce points out, we can explain why, how and when water boils but because the water 'has not *decided* to boil we do not need to refer to the consciousness of the water' (1999: 12). However, any explanation of human society and human behaviour has to take into account the consciousness of the subject, because actions have meanings which derive from consciousness. For these reasons the experimental method is impractical for sociologists.

This does not mean, however, that evidence need not be sought when sociologists generate and test theories. Despite apparent difficulties in establishing the 'truth', Bruce (1999: 17) argues, it is still possible to arrive at an accurate account of people's lives. He draws an analogy between sociological evidence and evidence in a court of law: in both cases, he suggests, it is possible to establish the truth from what appear to be contradictory accounts.

QUESTION

Summarise the main differences between sociological methods of enquiry and those associated with the natural sciences.

The ‘sociological imagination’

There is little doubt that sociology is one of the most controversial of all academic subjects, often giving rise to hostile reactions. Sociology has been associated with a radical and left-wing perspective, and despite the fact that sociologists such as Comte and Durkheim conceived the subject in terms of describing and analysing what actually exists as opposed to speculating on what ought to exist, sociology has always been strongly associated with critiques of existing societies and speculation about the possibility of change. Zygmunt Bauman recognises that this questioning approach can invoke hostility: ‘In an encounter with that familiar world ruled by habits ... sociology acts as a meddlesome and often irritating stranger’ (cited in Kirby et al. 2000: 43).

What critics might see as most questionable about the discipline of sociology, its practitioners see as its main strength. Anthony Giddens, for example, writes that the study of sociology is essentially liberating because ‘it teaches appreciation of cultural variety and allows us an insight into the workings of social institutions’ (cited in Kirby et al. 2000: 3). To ‘do’ sociology requires one to think in a specific way; fundamentally, it requires what C. Wright Mills describes as the **sociological imagination**. C. Wright Mills urges us to think outside our own experiences and look at what appears to us as ‘mundane’ in a new light. Using the sociological imagination means departing from what are referred to as common-sense explanations: this implies an explanation of phenomena based on limited observations of human behaviour and our own, again limited, experiences of the social world. C. Wright Mills (1970) states that the sociological imagination enables three fundamental questions to be asked: (1) What is the structure of this particular society? (2) Where does this society stand in human history? (3) What varieties of men and women now prevail in this society and this period? What is important here is the questioning attitude to what is given, what is seen. Asking and answering all three questions ensures that no assumptions are made about what is being studied and that the context, both cultural and historical, is taken into account when considering any explanation of what is observed.

The concept of the sociological imagination refers to a specific way of thinking about the world, characterised by a willingness to think beyond our own experiences and to challenge common-sense or obvious explanations of human society and human behaviour.

We seek to argue that without this critical and questioning edge, ‘doing’ sociology ceases to have any real purpose other than to describe, to provide background detail and a social context. Such an approach does not require one to ask the critical questions posed by C. Wright Mills, and neither, crucially, does it ask us to think about why social situations are as they are. One of the fundamental concerns of sociology is the distribution of power in society and its consequences. When, later in this book, you analyse inequalities in health, you will see that social class is one of the main factors influencing levels of morbidity and mortality. What Chapter 5 will describe and analyse are not simply differences but inequalities in people’s chances of good health and longevity. Inequality

The sociological imagination is crucial to 'doing' sociology as it provides a critical and questioning edge, without which the discipline would be limited to simply describing social phenomena.

in terms of health is, literally, a matter of life and death. Social classes don't exist in isolation from one another, they form part of a social relationship; social disadvantage has another side, and that is social advantage. An understanding of theories of power is therefore essential to 'doing' sociology successfully.

This chapter has drawn out what is unique about the discipline of sociology in terms of its subject matter, the nature of sociological evidence, methods of explanation and the mindset described as the sociological imagination. The next section seeks to expand upon these themes by presenting an explanation of how sociologists explain social phenomena in terms of different theoretical perspectives.

AN INTRODUCTION TO SOCIOLOGICAL THEORY

In this section we seek to explain and illustrate how sociologists explain the social world. To do this we will examine various competing theoretical approaches. To begin, however, it is necessary to think about what is meant by the term **theory** as a method of explanation. In common-sense terms a theory refers to a set of ideas or propositions used to explain and predict social phenomena. Our explanations derive ultimately from a particular perspective or worldview. Comte, for example, as we have already seen, divided human history into three phases, each characterised by a particular mode of thought (religious, metaphysical and scientific). Each of these modes of thought permits only certain kinds of explanation. The rational and scientific phase does not tolerate explanations that cannot be evidenced.

Within the discipline of sociology, theory refers to attempts to provide systematic and consistent explanations of social phenomena. The term paradigm refers to a systematic way of thinking.

Similarly, Seale and Pattison (1994), in their study of the history of medicine, identify 'paradigms' or worldviews that characterised different stages in the development of medicine. Scientific medical knowledge is just one example of a medical **paradigm** and is based on what Seale and Pattison refer to as 'systematic investigation of all aspects of human biology ... and includes experimental manipulation of body functions and testing of treatments under scientifically controlled conditions' (1994: 28).

Sociological theory and common-sense theory

Bruce (1999: 3) argues that sociological explanations should share characteristics with scientific explanations in so far as they should be consistent, must accord with the evidence and must change if evidence can be found to refute them. To the extent that this is true, it seems that sociological explanations differ from more common-sense explanations.

It is possible to argue that the latter do not have to be supported by evidence, and when evidence *is* produced there is little or no attempt to scrutinise its validity. Common-sense theories tend to be more in the nature of opinion than of fact. So far, then, this discussion has succeeded in establishing that sociological theory is characterised by the need to be consistent and evidenced. What also distinguishes sociological theory from common-sense theories is its ability to provide an ‘account of the world which goes beyond what we can see and measure’ (Marshall 1998: 666). ‘Doing’ and using sociological theory, therefore, enables us to explain phenomena of which we have no direct experience. Such a definition highlights what is unique and exciting about the discipline of sociology: its ability to inform us of differences and to think beyond our own experiences. Understanding the nature of sociological theory is a reminder of the importance of using the ‘sociological imagination’ as described by C. Wright Mills. Sociology is characterised by a range of different theoretical approaches, each providing a very different way of understanding social phenomena. The purpose of what follows is to provide you with an overview and an introduction to these differing perspectives.

Doing and using sociological theory enables us to explain phenomena of which we do not have direct experience.

Functionalism

The first approach to be examined is **functionalism**. This theoretical approach is based on an analogy between society and a biological organism. Just as the body is made up of different but interrelated and interdependent parts, so society is made up of a number of different systems and subsystems. These different parts achieve unity in so far as they function to sustain the whole, in this example the wider social structure. Therefore, functionalism is less concerned with the individual, and his or her aims, beliefs and consciousness, than with how our actions and beliefs function to maintain the system as a whole. An essential element in ensuring that the system is maintained is the cultural subsystem which ensures that individual motivations are in line with the values of the system as a whole. Without this central value system society would cease to function, because its cohesiveness could not be ensured. Each person has a certain role or function to fulfil, bounded by a certain set of expectations about how they will behave and how others should respond. These social expectations are referred to as role relationships, each of which carries with it a specific set of rights and obligations. The fulfilment of these roles and relationships ensures order and continuity in society.

Functionalism offers an explanation of human society as a collection of interrelated substructures, the purpose of which is to sustain the overarching structure of society. As such, functionalism provides a ‘consensual’ representation of society based, first, on an agreement to sustain society as it is and, second, on shared norms and beliefs.

When a person takes on the ‘sick role’, they are excused from their normal roles and responsibilities. The medical profession determines who is legitimately ‘sick’. This regulatory role ensures that not too many people are unable to fulfil their normal roles – otherwise illness would have a detrimental effect on the society as a whole.

In relation to the study of health and illness, for example, the functionalist perspective is usefully illuminated by Talcott Parsons' concept of the **sick role**. First, the concept is used to analyse sickness as a social role, not merely as a biological phenomenon and physical experience: for any society to function smoothly, 'sickness' needs to be managed in such a way that the majority of people maintain their normal social roles and obligations. This perspective is based on the assumption that if too many people were to describe themselves as 'sick' and in need of being excused from their normal range of social obligations, this would be 'dysfunctional' in the sense of being disruptive for society as a whole. Those individuals who are judged by the medical profession as genuinely ill are only temporarily excused from normal obligations, and then only if they comply with the rules of the sick role. Those people taking on the sick role do so only if they agree to comply with the regime given by the medical practitioner and if they are committed to getting well as soon as possible.

LINK

Chapter 2 provides an illustration of the functionalist explanation of the doctor/patient relationship.

The functionalist perspective is a consensual approach to understanding society, which also assumes that the latent or hidden functions of everyday activities have significance for maintaining the system as a whole. In relation to something as simple as eating, Lupton (1996) argues that the 'function' of food can be seen in broader terms than just as nutritional intake. A functionalist perspective serves to highlight the way in which 'food practices serve to support co-operative behaviour or structures of kinship in small groups' (1996: 8). Lupton has also argued that the meal is a way of illustrating the culture of a specific society in terms of the order in which food is served (savoury then sweet) and the mixing of food types and temperatures.

However, the functionalist perspective has been subject to much criticism. In relation to the sick role, for example, it has been suggested that Parsons overlooked the potential for conflict between the patient and the practitioner and that he misguidedly assumed that the practitioner would always act in the best interests of the patient. However, the main criticism is that it is an unproven assumption that situations have a fixed, obvious and shared meaning.

Symbolic interactionism

In contrast, **symbolic interactionism** is based on the premise that there is a fundamental difference between the subject matter of sociology and that of the natural sciences. While the study of the natural world deals with physical, inanimate objects, the subject matter of sociology consists of people whose actions are motivated by human consciousness. Symbolic interactionism is, therefore, concerned with how people see and understand the social world. This theoretical approach is concerned less with the larger social system or structure than with interpreting human behaviour. As with the 'sociological imagination', the emphasis here is on looking again at the most common-sense and commonplace aspects of our culture and questioning what we assume to be 'natural' and 'normal'.

The significance of this approach can be seen in relation to understanding health behaviour that appears to be irrational. Graham (1993) examined patterns of cigarette smoking among mothers on low incomes. What was revealed were relatively high levels of spending on cigarettes in low-income households. In terms of what can be observed or assumed, this behaviour might well indicate a degree of irrationality in that it contradicts dominant health messages about the dangers of smoking, and diverts limited financial resources from the family. Graham, however, favours a theoretical approach dependent upon the symbolic interactionism tradition of interpreting human behaviour in the context of people's own beliefs and meanings. This alternative interpretation associates cigarette smoking with the maintenance of normal, caring routines in that smoking creates a 'space' between the mothers and their children, providing 'time out' from the demanding routines of caring. 'Viewed within the context of mothers' daily lives, cigarette smoking appears to be a way of coping with the constant and unremitting demands of caring: a way of temporarily escaping without leaving the room' (1993: 93).

What the interactionist tradition presents us with is insight into two important aspects of social phenomena. First, in terms of the emphasis placed on the disputed nature of meaning, we are clearly reminded of what is central to the discipline itself, namely the questioning of the taken-for-granted. Second, the focus is on what are referred to as the **micro** elements of society, that is, the small-scale interactions between individuals and between individuals and groups. An overview of the research based on this approach indicates both the strengths and the weaknesses of symbolic interactionism. Becker's (1974) analysis of deviance is an excellent illustration of the symbolic interactionist perspective. The definition of deviance that Becker offers does not assume that what is described as deviant is fixed for all time, or that different cultures have the same definition of what counts as deviant. Becker's analysis focuses instead on the understanding of the meaning of deviance and the way in which that definition may be considered fluid rather than static. Becker defines deviance as any act that is perceived as such. Deviance is a label attached to the behaviour of an individual, rather than a quality of their behaviour. His own research tended to concentrate on certain types of 'deviant' behaviour, such as illicit drug use and prostitution, the process that led to an individual taking on a deviant career, the factors that sustained him or her in that deviant career, and the processes whereby deviant behaviour became labelled as such. Becker's research concentrated less on the structural factors that might help explain crime

Symbolic interactionism explains social phenomena from the perspective of its participants. An essential element of this theoretical perspective is the unique nature of the social world as made up of the actions of participants motivated by human consciousness. The meaning of human action cannot, therefore, be observed or assumed, but must be interpreted by studying the meanings that people attach to their behaviour.

In the context of this discussion, micro refers to the small-scale aspects of human behaviour, for example why individuals embark on criminal activities. Macro refers to the larger, structural aspects of society. In terms of criminal activities, this might involve analysis of the economic circumstances of criminals, of law making and law enforcement, and of the role of the state in regulating such behaviour.

and deviance, such as poverty, and placed little emphasis on the source of power of those agencies, such as criminal justice agencies, who label some people deviant. Becker talked of ‘moral entrepreneurs’ as influential shapers of public morals but made little or no attempt to place these individuals and groups within the social context of society. In other words, the **macro** elements of the social structure were given much less emphasis.

Marxism

Strictly speaking Marx did not set out to be a sociologist, and it was mainly with the political radicalisation of the 1960s that his ideas became part of the sociological mainstream. His ideas, however, do provide powerful insights into the structure of society, suggesting that it is the economic structure of any society that determines the social relations contained within that structure. It is the distribution of the ownership of the means of production that gives rise to specific patterns of class relations, which, crucially, in all societies are characterised by inequalities of power. Marx described modern societies in the west as capitalist, that is to say divided between those who privately own the means of production (a minority) and those who are dependent on selling their labour power to make a living (the majority). This classic division provides a description of the two main classes, the bourgeoisie and the proletariat. The relationship between the two is unequal, primarily in that the relations of production result in the exploitation of the latter in a way that is systematic and oppressive.

Marxist theory is used to question the ‘naturalness’ of capitalist relations and to

Marxism explains social phenomena as primarily determined by the economic structure of society. Social change, it is argued, is the product of changes in economic relationships. In the context of the modern period the advent of capitalism and industrialisation produced social divisions based on the ownership or non-ownership of property. The economic inequalities that result from ownership or non-ownership of property are the starting point for understanding why there are inequalities in health between the middle and the working classes.

unmask the reality of what is fundamentally an exploitative relationship. This theoretical approach is representative of the structural analysis of society – less concerned with the micro elements and more concerned with the larger picture, the underlying factors that explain social, economic and political relationships. Marxist theory, therefore, is a distinct sociological perspective, a tool for our analysis of the social structure. It would be a mistake to assume that all that this theoretical perspective can offer us is an appreciation of the significance of economic factors on, for example, health chances. Such an approach would lose sight of what Marxist theory can provide us with in terms of a critique of existing social, economic and political relationships. Vicente Navarro’s analysis (1976, 2002) of the causes of ill health and the relationship between the state and the medical profession is based on such insights. What Navarro provides us with is an explanation both of the causes of inequalities of health between different social classes and of why this situation continues and is, as he argues, maintained by the medical profession (Moon and Gillespie 2005).

The key to this situation is, Navarro suggests, to be found in the alliance of interests between the ruling classes and the medical profession; each, for different reasons, derives power from the continuation of these conditions of inequality. For the ruling classes, health inequalities are an indication of the difference in life chances that exist between themselves and the working classes in particular. The provision of health care through a system such as the National Health Service is largely about maintaining a reasonable level of health among the working classes, sufficient to ensure that people are able to work and be returned to work following illness. Navarro in part explains the medical profession's alliance with the ruling classes in terms of their shared willingness to perpetuate the belief that the principal causes of ill health are personal and physical rather than social. Such a situation in turn strengthens the position of the medical profession in explaining illness to the lay population but also, significantly, fosters a dependency on medicine to cure illness and disease. To admit that patterns of disease and illness are largely determined by economic and social factors would be to rob the medical profession of ideological dominance, which is founded on the claim that it is medical advances and medical technology that have produced the most startling improvements in the health of the nation. Therefore, the alliance between the ruling classes and the medical profession serves the interests of both by maintaining the professional dominance of the latter and by sustaining a reasonably healthy working population for the former.

Feminism

Marxist theory has been criticised in particular for its almost exclusive emphasis on the economic determinants of social relationships and for the resulting primacy of social class in any analysis of inequality. **Feminist theory** from the 1960s onwards sought to challenge what was seen as the invisibility of gender in sociological theory. Giddens suggests that sociology has as its main focus 'the study of the social institutions brought into being by the industrial transformations of the past two or three centuries' (1986: 9). Feminist critics argued that the founding fathers of sociology were concerned with a narrow range of topics such as social class, the division of labour in industrial society and the role of the state.

It is possible to argue that two essential elements of this social transformation were largely overlooked. The first relates to the way in which industrialisation impacted specifically upon women, compared to men. According to Ramazanoglu (1989), one of the most significant changes for women related to the shift of work for remuneration from the home (or near the home) to a separate and distinct space, such as

Feminism is a broad concept that explains social structures as fundamentally based on inequalities between women and men. In general, feminist sociologists have challenged the traditional preoccupation of the discipline with the effects of industrialisation and the world of paid work and institutional politics. Such an approach, it is argued, has ignored significant elements of society, such as the family and gender relationships.

the factory. Such a split set up for the first time the dilemma of how to combine 'work' and childcare. The second element illuminates the practical changes in women's lives as well as conceptual shifts in explanations of social phenomena. The modern era is associated with a perceived split between the 'public' and the 'private' spheres. It was assumed that the natural area of study for sociology was the 'public' world of paid work, politics and the state. Since these were also the areas where men were dominant, it was this aspect of the social world that came to be associated with them. Women, on the other hand, remained within the 'private' sphere of the home, family and unpaid work. The former sphere was clearly seen as open to change, while the latter was assumed to be unchanging and 'natural'. The result of this conceptual split was an unquestioning acceptance of women and men as fundamentally different from one another and an assumption that these 'natural' differences could not be altered.

As a challenge to these assumptions, feminist theory can make a substantial contribution to our understanding of the social world in general and to the study of health and illness in particular. Feminist theory provides, for example, an analysis of gender relations on the basis of the way in which female inequality has been structured and maintained in society. One rather controversial concept used to explain this inequality is that of **patriarchy**, literally meaning the rule of men over women and of older men over younger men. In terms of uncovering what is distinct about women's lives as compared to men's, the concept of patriarchy provides a unique insight into many aspects of women's lives. Writers such as Oakley (1984) have argued that women's lives have been subject to far greater control and regulation by the medical profession than have men's. Particular examples can be seen in relation to pregnancy and childbirth, where what was previously seen as a 'natural' event attended by women rapidly became the focus of medical intervention, and now principally takes place in hospital, with the profession of obstetrics being dominated by men.

Postmodernism

The final theoretical approach to be discussed in this chapter is less a school of thought than part of a recent critical and challenging questioning of traditional sociological theory. **Postmodernism** refers to the present historical period, which is characterised by the globalisation of the economy and culture, and by a fragmentation of individual identity such that old certainties of class and national and gender identity are called into question. The term 'postmodern' also refers to a particular paradigm or worldview. In this case, what is being challenged is the certainty of our knowledge about the world, the ability of sociological theory to uncover the 'truth' about the social world, and the desirability of this. Thus, the emphasis of this particular approach is less on producing an all-embracing theory which explains all aspects of the social structure, and more on enquiring into the nature of knowledge itself.

Michel Foucault argued that in order to understand science and medicine we have to think about them as ‘discourses’ about the body, health and the natural world, rather than accepting these disciplines as objective descriptions of reality. The concept of **discourse** is an important one within contemporary sociology and represents a distinct way of thinking, seeing and conversing about particular phenomena, all of which create a virtual ‘arena’, ruling some ways of thinking as legitimate and others as not. Medicine is often described as a dominant discourse in relation to the study of health, disease and the body because western biomedicine has become the accepted, and therefore legitimate, way of thinking, talking about and seeing these aspects of human experience. Medicine represents one discourse on health, disease and the body and Foucault draws our attention to previous, non-scientific explanations of disease and perceptions of the body. Postmodernist theory makes two main contributions to the study of health and disease. First, we are offered a way of challenging the dominance of medicine and questioning what appears to be scientific, true and objective. Second, we can appreciate the way in which knowledge discourses can be used to discipline us. According to Bilton et al. (1996: 424), medicine cannot be seen, then, as merely and actively associated with clinical healing: ‘the medicalisation of the body ... has to be understood as a process of social control’. We have seen from the earlier example of feminist theory and the critique of the regulation of pregnancy and childbirth that the application of medical techniques and knowledge often results in the control and regulation of patients.

CONCLUSION

This chapter has sought to establish the nature of the discipline of sociology by detailing what is distinctive about its subject matter and method of enquiry. You have also been introduced to various theoretical explanations of social phenomena. Only by having such theoretical perspectives are we able to glimpse what is beneath the common-sense surface perceptions. In the rest of the book you will see how this distinctive way of looking at the world helps to bring about an understanding of health in its fullest and widest sense. What will emerge is that health is clearly bound up with the social world, with some of the main inequalities and patterns of health and illness only explainable by reference to sociology.

Postmodernist theories veer away from all-embracing theories such as those described above that attempt to explain all social phenomena. Instead, the emphasis is on the impossibility of uncovering the ‘truth’ about society. Postmodernism draws our attention to how our knowledge of the social world is constructed, and offers a critical and questioning approach to understanding the world around us. Medical knowledge is an example of an established body of thought that is challenged by postmodernism as just one interpretation of reality. In other words, the ‘truth’ of medical knowledge is challenged.

Discourse refers to a specific way of thinking about and conceptualising a particular subject. The essence of a discourse is the language used to express thoughts. Science is an example of a discourse that rules out some kinds of explanations (for example, spiritual) and only allows for others (for example, rational and evidenced ‘facts’).

SUMMARY POINTS

- Sociology is concerned with the study of society and specifically with key issues such as inequalities in life chances.
- Sociology offers what Bruce (1999) terms a 'scientific' method of enquiry, characterised by the search for valid evidence.
- The study of sociology requires us to think outside our own experiences and to employ the 'sociological imagination'.
- Sociological theory can be distinguished from 'everyday theory' by its requirement to resort to reasoned, evidenced and coherent explanations of social phenomena.

TAKING YOUR STUDIES FURTHER

This chapter will have helped you understand many of the key terms, concepts, theories and debates relating to sociological theory. Listed below are books that will provide deeper and more detailed discussions of the points raised in this chapter. You will also find additional resources on the companion website, including downloads of relevant material, links to useful websites, podcasts and other features.

RECOMMENDED READING

Benton, T. and Craib, I. (2010) *Philosophy of Social Science: The Philosophical Foundations of Social Thought*, 2nd edn. Basingstoke: Palgrave.

Bruce, S. (1999) *Sociology: A Very Short Introduction*. Oxford: Oxford University Press.

Craib, I. (2004) *Classical Social Theory: An Introduction to the Thought of Marx, Weber, Durkheim and Simmel*. Oxford: Oxford University Press.

Scambler, G. (2002) *Health and Social Change: A Critical Theory*. Buckingham: Open University Press.

Visit <https://study.sagepub.com/barryandyuill4e> for access to recommended reading as well as other supporting material such as podcasts and quizzes.