

Parsons' sick role.

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' Being Sick' is not simply a ' state of fact' or ' condition', it is a specifically patterned social role. In Western Societies the sick role implies four major expectations which comprise of two rights and two duties. (Parsons: 1951: 436-7). RIGHTS. - Sick person temporarily exempt from ' normal' social roles. The more severe the sickness the greater the exemption. - Sick person generally not held responsible for their condition (absence of blame). Illness considered beyond individuals control therefore not simply curable by willpower. - Sick person has a right to be taken care of. DUTIES/OBLIGATIONS. - Sick person expected to see being sick as undesirable, thus they have an obligation to try to ' get well'. In this context exemption from normal responsibilities is temporary and conditional upon wanting and trying to get better. - The sick person has an obligation to seek technically competent help from a suitably qualified professional and to cooperate in the process of trying to recover. These rights and duties depend upon each other. If the sick person does not fulfil their obligations or duties their immunity from blame will be withheld and they may lose their other ' rights'. PARSONS' SICK ROLE- TWO UNDERLYING VALUE THEMES. 1. Vulnerability- - Because of threatening symptoms. - Because they are passive, trusting and prepared to wait for medical help they are vulnerable and open to exploitation by others. - Patient must submit to bodily inspection, high potential for intimacy, breaches social taboos. - Patient/ doctor relationship unequal, requires a high level of trust. Social regulation required to protect vulnerable patient. 2. Deviance- - The sick can be viewed as a social threat. Because they are relieved of social obligations. - The more who feel sick the greater the threat to the social system. - Sickness may be used to evade responsibility. - Society may be exploited. The medical profession acts as '
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gate-keeper against this form of deviance. They provide a form of social regulation to protect society.

SOME CRITICISMS OF PARSONS' SICK ROLE THEORY.

1. Rejecting the sick role. - This model assumes that the individual voluntarily accepts the sick role. - Individual may not comply with expectations of the sick role, may not give up social obligations, may resist dependency, may avoid public sick role if their illness is stigmatised. - Individual may not accept 'passive patient' role.
2. Doctor Patient relationship. - Going to see doctor may be the end of a process of help seeking behaviour, Freidson (1970) discusses importance of 'lay referral system'- lay person consults significant lay groups first. - This model assumes 'ideal' patient and 'ideal' doctor roles See- Murcott (1981), Sacks (1967), Bloor & Horobin (1975). - Differential treatment of patient, and differential doctor patient relationship- variations depend on social class, gender and ethnicity. See- MacIntyre & Oldman (1984), Buchan & Richardson (1973), Sudnow (1967).
3. Blaming the sick. - 'Rights' do not always apply. - Sometimes individuals are held responsible for their illness, i. e. illness associated with sufferers lifestyle. (See Chalfont & Kurtz: 1971, on alcoholism). - In stigmatised illness sufferer is often not accepted as legitimately sick.
4. Chronic Illness. - Model fits acute illness (measles, appendicitis, relatively short term conditions). - Does not fit Chronic/ long-term/permanent illness as easily, getting well not an expectation with chronic conditions such as blindness, diabetes. - In chronic illness acting the sick role is less appropriate and less functional for both individual and social system. - Chronically ill patients are often encouraged to be independent.