

# The social importance of the sick role



The highly controversial model of the 'sick role', developed by American functionalist Talcott Parsons (1902-79) is a proposed concept of sickness that focused on sociological properties rather than medical, and is one that indubitably concerned medical sociology. (Twaddle, 1977: p. 116). Parsons was specifically concerned with the social control of deviant behaviour, arguing that the sick role is learned through primary socialisation processes and that people could voluntarily decide to be sick, deviantly adopting the sick role to be excused from their responsibilities of social life. (White, K. 2002: p. 112). While Parsons' perspective on medicine was more favourable than the Marxist, he viewed the social importance of the sick role as performing a social function beyond the treatment of disease, and observed how the medical profession acts to control deviance and provides an account of illness as a response to social strain. (White, K. 2002: p. 8). Although Parsons' concept is one of the most influential in medical sociology it has considerable criticism and debate, accordingly with Parsons assuming recovery is always possible the model is limited with a conditional set of privileges that do not accommodate a range of conditions, including chronic or incurable diseases.

Parsons' defined the 'sick role' as – a sick person who adopts certain patterns of behaviour in order to minimise the impact of their illness. (Giddens 2001: p. 159). Through his concept, Parsons describes the social expectations of how sick people are expected to act and how they are meant to be treated. (Germov, 2007: p. 48). He believed only the legitimately sick had the right to enter into the sick role, and in the case of illness there needed to be socially prescribed roles for both the sick and the medical

profession. (Morgan, M. 1993: p. 45). According to Parsons (1951: pp. 428-79) there are four key aspects to the sick role: the sick person is not responsible for their condition, they are exempt from their normal social obligations for the duration of their illness, they must try to recover from the illness and they must seek help and cooperate with a legitimate health practitioner. The sick role derives certain expectations that represent the norms appropriate to being sick, with its primary function to control the disruptive effect of illness in society by ensuring that those who do become ill are returned to a state of health as quickly as possible. (Morgan, M. 1993: p. 47).

Through his alternative analysis of medicine, Parsons argued that even though modern societies have a capitalist economy they have non capitalist social structures, with the medical profession being one such structure. He observed medical practitioners performing non economic functions by caring for the community as a whole, treating individuals specifically for disease. This is in contrast to Marxists view that medicine in a capitalist society reflects the characteristics of capitalism as being profit oriented and blaming the victim for their condition. (White, K. 2002: p. 8). Medical practitioners are credited by their patients as having authority to enable them to enter into the sick role by diagnosing disease, prescribing medicine and granting absence from the workforce. According to Parsons, to prevent the formation of deviance in modern societies the sick person although not responsible for their condition, is expected to seek professional advice, have obligations placed upon them to cooperate in medical instruction, and to follow treatment in order to regain health.

Parsons sociology of health focused on the manifest functions of the sick role in contributing to the social stability and health of society. (Morgan, M. 1993: p. 47). Parsons argued that sickness is a special form of deviant behaviour separate from other forms such as crime. He identified that sickness can threaten the stability of a healthy society, believing that the efficient functioning of the social system depends on the sick being managed and controlled. (Bilton, 2002: p. 359). In view of this, Parsons (1951) identified for the patient two rights - to be exempt from normal social roles and responsibility for their own state; and explained two obligations - to want to get well quickly and to consult expert medical opinion. Yet Parsons' view of illness as deviance (Twaddle, 1977: p. 117) fails to address the lay person's role in the process of their illness, as patient autonomy varies; children, for example are more likely to be passive recipients of medical help than adults. (Van Krieken, 2006: p. 359). A number of other weaknesses have been exposed in Parsons sick role model, accordingly, the model does not account for differences in gender, sexuality, other cultures, race or class, mental or chronic illnesses, alcoholism, the aged or even pregnancy.

American Professor Eliot Freidson (1923-2005) had a theory comparable with Parsons' model, he reformulated the Parsonian framework and developed the Labelling approach, a theory that involves a distinction between two types of deviance - primary and secondary deviance. Although Freidson criticised the Parsonian model, he offered a viable alternative, believing deviant behaviour to be a socially created label with legitimacy the key to distinguishing between Parsons' sick roles. Freidson identified three legitimacies of illness: Conditional legitimacy, deviants temporarily exempt

from their normal obligations, gaining some privileges that enable them to return to a normal role; Unconditional legitimacy, where deviants are permanently exempt from their obligations and allowed additional privileges in view of illness that is believed to be incurable; And Illegitimacy, deviants to be exempt from some normal obligations, with the person not held responsible for their condition, and gaining few privileges. (Morgan, M. 1993: p. 53) Friedson's analysis overcomes some of the limits within Parsons' approach to the sick role, acknowledging that reactions to illness and the expectations of the sick person may vary between different groups in society according to the nature of the condition. (Morgan, M. 1993: p. 55)

Parsons notion of the sick role has been extremely influential, clearly revealing how the sick person is an integral part of a larger social context. Although his concept of the sick role has been highly criticised, and the existing research evidence offers little support for the formulation, it is important to realise that it was in many ways a brilliant example of sociological insight which offered a starting point for a number of the ongoing empirical inquiries of medical sociology. (Van Krieken, 2006: p. 359).

Dimensions of the Parsonian sick role model are relative to the nature and severity of the illness, it is affected by the nature of the illness, social, cultural and personal factors (Seagull, 1976: p. 165). However further research is still required to unravel the exact nature of this relationship and to specify precisely the modifications necessary to allow this general conceptual model to be meaningfully applied to the study of specific mental and physical conditions, ranging from chronic illness, alcoholism and to pregnancy. (Seagull, 1976: p. 165). The increasing emphasis on lifestyle and

health in our modern age means that individuals are seen as bearing ever greater responsibility for their own well-being, even if that means contradicting the first premise of the sick role - individuals are not to blame for their illness. (Giddens, 2009: p. 405).