

# [Sociological perspective for health and social care sociology essay](https://assignbuster.com/sociological-perspective-for-health-and-social-care-sociology-essay/)

## Introduction

Health and social care practitioners should study sociology to gain a better understanding of the relationships between humans and the ways in which

organisations affect individuals. This essay will examine the sociological perspectives that may be used by health and social care practitioners to

understand the wide range of topics within health and social care. Initially, the history of sociology will be discussed, along with the main perspectives

that constitute sociology. The connections between sociology and health and social care will be outlined so that the reader will understand why this is an

important topic. Following this, a discussion of the Medical Model will be presented, and the topic of health inequalities will be introduced. The

political agenda of health and social care is then mentioned.

As sociology is the study of human behavioural interactions, there is a great deal of connection between this social science and topics within the health

and social care field. How society and social forces affect the health of individuals is a pertinent topic for study for those students who wish to pursue

a career in health and social care.

## Sociological Perspectives and the History of Sociology

Sociology is a social science that has arisen from theoretical perspectives in philosophy and political theory. It is scientific in that it uses data that

has been gathered from studies of human interactions to provide evidence for theories in relation to those interactions. As a discipline, sociology has

developed differently within different cultures; for example, German sociology diverged dramatically from the rest of the world during the Nazi era (Maus,

1962). In essence, sociology is the study of how society is organised and how individuals function within society. Sociology is therefore the study of

humans behaving in groups. It shares some similarities with psychology which is the study of individual human behaviour, and each of the social science

disciplines can feed into the evidence base for the others. Sociology students want to understand the structure and dynamics of society and connections

between human behaviours. Forms of social structure including groups, organisations and communities are examined, as well as the interactions within and

between these social structures, and how they affect individuals’ attitudes and behaviour.

There are a number of perspectives within sociology, the principal perspectives being Functionalism, Marxism, Feminism, Interactionism, the New Right,

Postmodernism and Collectivism. Some of these perspectives may combine such as Marxist Feminism (Whelehan, 1995) or Feminist Postmodernism (Nicholson,

2013). There is no single overarching perspective when it comes to sociological theory. Sociologists ask many questions about the world, and social theory

provides answers; however, these answers often only work for a particular time, place, and circumstance, and may contradict each other (Ritzer, 1994). The

sociology student must therefore be tolerant of ambiguity and understand that there is often not one single answer to these issues. Some aspects of social

theory can be transferred between cultures and over generations, but others may become obsolete if they are unable to be flexible to change.

### Functionalism

This perspective is an early version of sociology, looking at the social structure as a whole and how it functions. Functionalism linked sociology with

biology (Giddens, 1987) in an attempt to make what had been philosophical theory more scientific. Therefore, as with biological organisms comprising of

cells and systems, in functionalism the society is built on individuals and organisations, families and communities. Inequalities in society are seen as

helpful to the society as they maintain the system and ensure the smooth running of societies.

### Marxism

Karl Marx wrote about the inequalities in society, the class struggle between the Bourgeoisie (minority elite) and Proletariat (majority underclass). Marx

was concerned mainly with capitalism, the workforce and the alienation of the worker from the product, but the Marxist theories can be extended to

healthcare, for instance, in that many healthcare systems in the capitalist world are based around financial ability. Even in the UK where we have the

National Health Service (NHS), it could be argued that we have a two-tier healthcare system in that if a person can afford to, they will access private

medicine. Marx was concerned with capitalism and how price competition was fierce at the time he was developing his theory, which drove down the wages of

the labourer (Ritzer, 1994). This became irrelevant in later years as the capitalist system changed and competition was focused on marketing campaigns

rather than price; however, the issue has become pertinent again in recent years as low wages are now an issue again, and have been linked to poverty

measures including poor health and poor education.

### Feminism

Feminism has been conceptualised as a series of waves, in that different generations of feminists have protested the inequalities in society between men

and women (Whelehan, 1995). The feminist perspective on sociology is that society is ruled by men to the detriment of women, that society should be more

equal (and modern feminists include intersectionalities in their arguments regarding equality, in that racism, ageism and prejudice against different

sexualities and abilities are also relevant topics to discuss), and that women’s lives have been ignored by historians and sociologists in the past

but could provide valuable insight. Politically, feminism has had a huge impact, and in terms of health and social care, there are a great many ways in

which taking a feminist perspective will aid in understanding societal forces. For example, in looking at the role of the carer, which has traditionally

been seen as a woman’s role, are female carers actually more prevalent than male or is it possible that male carers are ignored because they are not

recognised for their caring role (and may not recognise themselves as such)? Is the role of the carer belittled by society due to being deemed a female

role, or is it mainly a female role because of its low status? These are the sorts of questions that the feminist sociological perspective would ask in the

health and social care setting.

### Interactionism

Interactionism analyses the behaviours and actions of individuals in a small social group. Thoughts and actions may develop based on types of interactions

between individuals. This perspective believes that labelling is used by those in authority to stereotype individuals. In a health and social care context,

there could be an analysis of the relationships between health professionals and patients. It is often portrayed as being too focused on

‘ micro’ sociology and unable to conceptualise ‘ macro’ phenomena such as social structure, patterns of inequality and power (Dennis

& Martin, 2005). However, Dennis and Martin argue that there has been a continued interest in authors such as Foucault and Weber that have contributed

to a renewal of interests in these themes, such as the social processes through which power is enacted and institutionalized. This is especially relevant

to power relationships in health and social care settings, for example with regard to institutional abuse.

### New Right

The New Right is a political theory that arose in the 1980s and 90s and influenced social and economic policies. It is expressed in individualism and in

opposition to the welfare state. A driving force behind the theory of the New Right is that the welfare state has created a dependence culture in that

individuals no longer feel responsible for their own health and welfare. The political viewpoint is a contrast to Marxism and is an advocate of capitalism

or the free market, with a trust that market forces will prevail to the good of all. A critique of this stance is that market forces have been in force for

centuries and it was the inequality that these created, with only those rich enough to afford health care and a good diet able to live a long life, that

has required intervention by the state.

### Post-modernism

Modernism is presented as an era of study based on science, whereas post-modernism as the name suggests is presented as beyond this narrow view.

Post-modernism argues that the range of sociological perspectives such as Functionalism and Marxism can be superseded due to the changes in society, as

people make their own lifestyle choices and forge their own identities. For example, that class identity is no longer relevant but that other factors are

an influence on lives such as gender, age and ethnicity. This perspective sees the media as an influence in society as it presents an image of how people

should behave. Post-modernism may have arisen due to a fractionalisation of society, globalisation and an amalgamation of cultures which has exposed parts

of each culture as being manufactured social constructs (Owens, 1985). It may be argued that we are not living in a post-modern society as there remain

cultural clashes and inequalities persist. In addition, critics have argued that post-modernism does not take into account the role of individuals or the

relationships between social institutions.

### Collectivism

This perspective is based on the political belief of the collective society, with collective goals being more important than individual goals and society

having a greater value than individual needs; therefore, each individual has a responsibility to other individuals. This is the basis of the welfare state

where individuals pay into a communal pot and the money is then given to those who need it, the pot being National Insurance and extended to income tax.

Those in need may include children, older people, people with disabilities and those with mental health needs. The initial collectivism of the NHS when it

was originally set up after the Beveridge Report may have worked in the ‘ golden age’ of the health service (O’Hara, 2013), but sits

uncomfortably with the more recent consumerism and individualism that has come to characterise the health and social care services since the 1980s.

## The Sociological Imagination

Mills (1959) developed the concept of the sociological imagination to describe how individuals shape society. Each person has a biography, or their

individual history, which sits within the history of society. Individuals are influenced by and have an impact on their culture and the wider society.

Individuals should be seen within the context of society, according to Mills, so that failure or success of the family or the individual cannot be

understood in the abstract. A change to the social system will mean that individuals’ lives also change, such as a war creating orphans and poverty,

the economic situation affecting unemployment. “ Neither the life of an individual nor the history of a society can be understood without

understanding both” (Mills, 1959, p. 3). There is, therefore, an interaction between the culture to which individuals belong and the personal lives of

each one in that culture.

A feminist take on Mills’ argument is the phrase ‘ the personal is political’, in that it is impossible to talk about aspects of a person

which may be considered personal such as lifestyle choices (e. g. nutrition, exercise, promiscuity, substance use) or health decisions (e. g. abortion,

mastectomy), without seeing them within the context of the political and cultural backdrop (Nicholson, 2013). Mills has highlighted the disconnection

between biography and history, and the implications are that the person is blamed for their failings rather than these being the result of their background

or a lack of choice. Mills’ sociological imagination challenges the claim that problems are based in personal failings and reminds us that for many

people, the problems are due to societal inequalities and pressures (Guearrero, 2005).

## The Medical Model

For an understanding of the health of individuals and how to care for them, one of the most important sociological perspectives is a critique of the

medical model and its alternatives. The medical model is the Western scientific approach to medicine, of looking at a disease or condition on its own

without reference to other aspects of the individual who is experiencing the problem (Borrell-Carrió, Suchman & Epstein, 2004). The medical model

focuses on the structure and function of the body, an approach to health which may be seen as functionalist and is the basis of policies and practice of

the NHS.

The focus with this model will be the abnormalities of individuals’ bodies, biological factors which explain illness and physical examinations,

observations and tests conducted by trained health professionals, with treatments being medications and technological interventions. The health care

environments that are seen as appropriate places to undergo treatments may be clinical, de-personalised and quite frightening to individuals who are not

familiar with this type of environment, which may impede their recovery. The model sees illness as temporary and reversible, with the intervention of

medical expertise being able to provide a cure. Within the medical model, health is seen as the absence of disease, which is a functionalist perspective.

The World Health Organisation (WHO) has defined positive health as a state of complete physical, mental, social, spiritual health and wellbeing, rather

than merely the absence of disease.

The reliance on prescription medication has led to an attitude within the medical profession and society as a whole that every problem has a solution and

that there is a single medical intervention that will treat them and resolve their issues. This attitude may prevent the individual from putting the effort

into changing their lifestyle, or the professional from advising this. Although in many cases medication is appropriate, there are problems that have

arisen from the reliance on medication, such as the over-prescription of antibiotics, which may be due to GPs overestimating symptoms as well as responding

to patient expectations (Akkerman, Kuyvenhoven, van der Wouden & Verheij, 2005). Issues that may be considered as social in origin, such as alcoholism

and some mental health problems, have been medicalised, which has been criticised as narrow-minded and dangerous (Read, 2004). Social problems could be

addressed by social means rather than medicating or imposing restrictive treatment. Even conditions that are natural and normal such as pregnancy and

childbirth have been pathologised within the medical model (Van Teijlingen, 2005).

It is by focussing on the biological, and by ignoring the individual as a whole, that perpetuates disease and fails patients and service users.

Understanding the connections between an individual’s life history and their current health is an important part of diagnosing and treating the

person. Information about the person’s culture, spiritual beliefs, financial status and physical habits may have an impact on their health and would

be important information to take into account when giving health advice, but focussing purely on the biological status of the person means that this

non-biological information might be missed.

An alternative to the medical model is the bio-psycho-social model of health (Borrell-Carrió, Suchman & Epstein, 2004). This model is an approach

to health and illness that takes into account the environmental and social factors that may influence the health and well being of the individual including

housing, diet and nutrition, economic and financial matters and other environmental factors such as pollution, overcrowding, heavy urbanisation or, in

contrast, the lack of infrastructure in rural areas. There are many aspects of an individual’s environment and life that will affect their health and

wellbeing. There are preventable deaths in modern Western society that are linked to personal choices and behavioural factors such as tobacco, alcohol and

other substance use, diet and exercise, whereas in the developing world the unavailability of clean water is a significant factor in high childhood

mortality rates.

The critique of the medical model, by taking into account political social aspects of the individual’s environment, can be seen as a Marxist critique

as it refers to health inequalities due to class (i. e. wealth status) and as a consequence of capitalism. Sociologists may argue that the medical

profession is powered by the educated upper class elite system, and that they are invested in keeping lower classes in the workforce and maintaining the

status quo with the class system. The holistic or bio-psycho-social model of illness contrasts with the authoritarian model of approaching illnesses as

sets of biological systems alone. An example of seeing the whole individual would be if a person was suffering from malnutrition and the doctor simply

prescribed medication for this without looking at the person’s financial or psychological state. This would be a barrier to their recovery if the

reason for their malnutrition was that they could not afford food or were restricting their intake by choice.

## Health Inequalities and Disability

It has been known for some time that there are inequalities in health; for example, life expectancy in certain geographical areas is much lower than in

others (Mackenbach, Karanikolos & McKee, 2013). Poverty is a big factor in health outcomes, as it is correlated with a number of other issues including

poor housing, nutrition and education, limited access to health care, fitness and advice. From a Marxist point of view, poor health is caused directly by

capitalism, as with a different societal structure there would be no poverty.

The medical model has treated disability as problematic on an individual level, with a focus on how people with disabilities can fit into society, with

authorities deciding where disabled people should live, work and attend school (Dare & O’Donovan, 2002). This is a negative focus because

although it can help with treatments and surgery, it encourages dependence and reduces autonomy. The social model of disability shows how people with

disabilities are not a problem to be resolved, but that society is disabling due to barriers that are put in place to exclude those individuals with

disabilities from fully participating. It has arisen in part due to disability rights activism. In the social model, everyone should be free to access

facilities and exercise their rights, so that buildings are altered to be accessible and public documents available in a variety of formats, with changes

to the workplace including physical changes and challenges to discrimination and inappropriate language use (Dare & O’Donovan, 2002).

Sociologists are interested in the way that societal attitudes have changed over the last decades towards people with disabilities. Some individuals may

not have received adequate health care in the past as they were considered to be too disabled and not worth saving. For example, people with Down Syndrome

had a life expectancy of 12 years in the 1940s in comparison to 60 years in present day developed countries (Bittles, Bower, Hussain & Glasson, 2006).

This is an emotive topic and is a demonstration that inequalities in health exist and are not simply related to financial capabilities.

For those students who wish to pursue a career in social care, the models of disability are an important sociological topic. Although they may not be as

obvious as the case of Down Syndrome described above, there remain subtle judgements and prejudices among society, if not the medical profession itself,

regarding who deserves health care. Health and social care can be seen in a political context, and the ways in which health topics are represented in the

media and by politicians can be viewed from a sociological perspective. The current debate surrounding the Liverpool Care Pathway, for example, is

presented by the media as cruel and a way of quickly eliminating those patients who cannot afford private palliative care.

## Conclusion

This essay has discussed a number of topics within the field of health and social care, where sociological perspectives are relevant. The main perspectives

that constitute sociology have been presented, with the Medical Model and how this impacts on the treatment of patients. Health and social care can be seen

as a political topic, and is regularly discussed in the media. The study of sociological perspectives and how these relate to health and social care may be

able to help create a more egalitarian, healthy society.

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