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.

References

Akkerman, A. E., Kuyvenhoven, M. M., van der Wouden, J. C. & Verheij, T. J.

(2005) Determinants of antibiotic overprescribing in respiratory tract

infections in general practice, *Journal of antimicrobial chemotherapy* , 56(5),

930-936

Bittles, A. H., Bower, C., Hussain, R. & Glasson, E. J. (2006) The four ages of

Down syndrome, *European Journal of Public Health* , 17(2),

221-225

Borrell-Carrió, F., Suchman, A. L. & Epstein, R. M. (2004) The Biopsychosocial Model 25 Years Later: Principles, Practice, and Scientific Inquiry, *Annals of Family Medicine* , 2(6), pp. 576-582

Dare, A. & O'Donovan, M. (2002) *Good Practice in Caring for Young Children with Special Needs,* 2nd Ed., Cheltenham: Nelson Thornes

Dennis, A. & Martin, P. J. (2005) Symbolic interactionism and the concept of power, *The British Journal of Sociology,* 56(2), 191-213

Giddens, A. (1987) *Social Theory and Modern Sociology* , Cambridge: Polity Press

Guerrero, A. (2005) *Social Problems, Community, Policy and Social Action* , London: Pine Forge Press (Sage Publications Ltd.)

Mackenbach, J. P., Karanikolos, M. & McKee, M. (2013) The unequal health of Europeans: successes and failures of policies, *The Lancet* ,

381(9872), 1125-1134

Maus, H. (1962, this edition 2014) *A Short History of Sociology* , London: Routledge

Mills, C. W. (1959, this edition 2000) *The Sociological Imagination* , Oxford: Oxford University Press

Nicholson, L. (Ed.) (2013) *Feminism/Postmodernism* , London: Routledge

O'Hara, G. (2013) The Complexities of ' Consumerism': Choice, Collectivism

and Participation within Britain's National Health Service, c.

1961–c. 1979, *Social History of Medicine* , 26(2), 288-304

Owens, C. (1985) The Discourse of Others: Feminists and Postmodernism, in:

Foster, H. (Ed.) *Postmodern Culture* , London: Pluto Press

Read, J. (2004) A history of madness, in: J. Read, L. R. Mosher & R. P. Bentall

(Eds.) *Models of Madness* , London: Routledge

Ritzer, G. (2001) *Explorations in Social Theory: from Metatheorizing to

Rationalization* , London: Sage

Van Teijlingen, E. (2005) A Critical Analysis of the Medical Model as used in

the Study of Pregnancy and Childbirth, *Sociological Research Online* ,

10(2)

Whelehan, I. (1995) *Modern feminist thought: from the second wave to "

post-feminism",* Edinburgh: Edinburgh University Press