

Introduction to medical sociology- basic concepts and perspectives

Important concepts to learn in this lecture (in alphabetical order):

Culture The common heritage shared by the people of a society, consisting of customs, values, language, ideas, and objects. Culture is society in you. It is your learnt view of the world. It includes ideas, beliefs, norms and values. It includes scientific knowledge of a given society as well. It is passed on from one generation to the next but it does change.

Role culturally prescribed and socially patterned behaviours associated with particular social positions. How to behave as a teacher, man, woman, age group etc....

Role expectations Commonly shared norms about how a person is supposed to behave in a particular role. This may change from culture to culture. In some cultures, fathers are just expected to make money, while in others they are expected to spend a lot of time with the kids.

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Role performance The behaviors of a person performing a certain social role. To what extent are you a “good” son, daughter, friend, student etc..by the standards of society?

Role conflict occurs when fulfilling the role expectations of one status interferes with a second status. For example, being a good father means spending time with your kids while being a good worker means spending a lot of time in the office. You can only be good in one status by being not so good in the other.

Social forces The social structure and culture individuals face in a society. For example, a workplace has physical structures (walls, doors, stairs etc..) that control the movement of workers. There are social and cultural structures too. These are professional hierarchies, rules, sanctions, values and ideology that also effect the life of people working there. These are the social forces.

Social inequality The existence of unequal opportunities or rewards for people in different social positions. These social inequalities cause health inequalities. People in more advantageous social positions experience better health status and longer life. One of the main goals of medical sociology is to find out how social inequalities translate in to health inequalities.

Social institutions organise human activity with respect to fundamental problems in producing life-sustaining resources, in reproducing individuals, and in sustaining viable societal structures

within a given environment. The family, religion, the educational system, the political system, the labour market are social institutions. The most important social institution for this course is the health care system. All societies have these institutions, but the form they take can be very different. Think about all the different religions, family types or education systems that you know.

Social stratification The fairly permanent ranking of positions in a society in terms of unequal power, prestige, or privilege. Stratification is not only about financial standing. Statuses such as gender, ethnicity, education level, age might also be ranked. Belonging to certain categories might make your chances of achieving the good things in life easier or more difficult.

Social structure Stable patterns of people's interactions (roles) and relationships (statuses)- the social reality. Recurrent and patterned relationships among individuals, organizations, nations, or other social units. It is the power relationship between the statuses. How various status positions are related to each other. Special attention is given to *social institutions*. (see below)

Socialization The process of preparing newcomers (including babies) to become members of an existing social group by helping them to learn the attitudes and behaviors that are considered appropriate. The process when people internalise the culture, norms and values of a society. It is a lifelong process. It is happening to you as well as you become medical doctors.

Society A group of people with a shared and somewhat distinct culture who live in a defined social or geographical territory, feel some unity as a group, and see themselves as distinct from other peoples. It is not only nations that we study. Football hooligans, medical students, prisons etc... are also societies from a sociological point of view.

Sociology The scientific study of patterns of human interaction and how they emerge, persist and change. It is a science, because it must be evidence based. The emphasis is on understanding the structure of society and how belonging to certain categories (gender, ethnic group, region, age, educational group, occupation, financial standing etc..) may influence people's experiences, including health status. Sociologists try to find and understand patterns in the social world.

Sociological imagination "the vivid awareness of the relationship between experience and the wider society." Being able to see how external social factors influence every segment of our existence.

Status A socially defined position in society that carries with it certain prescribed rights, obligations, and expected behaviors. Your statuses include your gender, age, ethnicity, education, occupation etc...It influences your lifestyle and life chances.

THE SOCIOLOGICAL PERSPECTIVE

Mr Brown smokes 20 cigarettes a day, although he knows how dangerous it is. Mrs White has received three invitations to breast screening and she hasn't attended a single one. Mr Green has been experiencing sharp abdominal pain for three days and he hasn't seen a doctor yet. Dr Jones feels very tired every day. The average life expectancy of poor people in every country is considerably lower than that of rich people.

Why? In trying to answer these questions most people would give individualistic explanations (Mr Brown is ignorant, Mrs White is careless, Dr Jones is not strong enough, poor people just don't look after themselves)

In day to day conversation, it is typical to talk about personality or human nature in trying to understand people.

Sociology rejects these so called individualistic and naturalistic accounts and explains the behaviour and experience of human beings by referring to *social forces*. It is the social world where the sociologist will try to find the answers to the above mentioned questions, not in individualism. Instead of personality, sociology looks at the categories or *statuses* that people belong to and argue that having a certain status determines peoples' lifestyles and life chances. Statuses may be such things as gender, age, ethnicity, education, occupation, etc... Being a woman in Hungary is a different experience than being a woman in Saudi Arabia for example. Being African-American in the USA today is much more pleasant than it was 200 years ago. Given the chance, most of us would prefer to be wealthy as having money has many advantages. See this little film to see how opportunities largely depend on factors outside of you.
https://www.youtube.com/watch?v=1z1D2_KWCbU

For example, it took a lot of effort on your part to become a student at this university, but think of your statuses and the opportunities that facilitated this. Your parents were able to afford a good secondary school for you or you come from a country where good secondary education is available to all for free. After school, you were not forced to work and make money but had time to study and relax. Your parents expected you to pursue higher education instead of getting married or getting a job at 18. You believe in the value of getting a higher education. Girls and

boys have equal opportunity guaranteed by law to be accepted at medical school. These external factors made your path easier to Semmelweis. We all know people who were able to become doctors with very unfavourable backgrounds, but they are the expectations, not the rule.

The differences in the status related experiences of people are caused by the *social structure* and the *culture* of societies. It is in how societies are organised, the power relationships people are in and the beliefs, values, norms and ideas (*culture*) people have. Every society has *social institutions* which are more or less permanent status relationships but these institutions vary a great deal. For example, there were health care systems 1000 years ago, but they were nothing like the ones we have today. Even in 2019, there are huge differences in how healthcare is provided in various countries. For another example, think of all the different types of families characteristic of some cultures but not others. Marriage is also a social institution with many different forms. (think of arranged marriages, same sex marriages, polygamy etc...)

Statuses have *roles*. The way people behave in social statuses depend on the culture of the given society. Sociologists do not think that people are pre-programed robots, but there are role expectations. Try to behave “outside the box” if you don’t believe in role expectations and see what happens. *Role expectations* vary from culture to culture. In some cultures, student call their teachers by their given name (Peter! Susan!) in others, they address their teacher with great respect and formality. There are cultures where girls and boys are expected to behave very differently, while in others the difference in expectations is much less. As medical doctors you will have to be aware of your role expectations depending on where you work. *Social interaction* is guided by learnt norms, too. The roles are learnt together with the beliefs that guide them. *Socialisation* is the process when people internalise culture and learn how to play the roles associated with their statuses. Even the most temporary status has role expectations. For example, coming to Hungary, you very quickly learn the expectations associated with being a subway passenger. (have a ticket or a pass, don’t mind being looked at, don’t talk loud, don’t do pushups even if there is plenty of space, don’t sleep, don’t listen to loud music even if it is really good). If the *role performance* is not satisfactory, sanctions may follow. Think of the various sanctions your teachers may use if they are not satisfied with your role performance (not just academic, but behaviour, too) or the ones you may use if you are not satisfied with theirs.

The key to understanding sociology is possessing *the sociological imagination*. It is the ability to see the strings attached. Try to grasp how external social factors have a great effect on everything we experience. For example, think about the food choices you make. Eating is a

biological must. The quality and quantity of food you eat is related to your health status. But what you eat and when you do it depend on what is available, what is affordable and what is culturally acceptable. The same with sleep. When do you sleep and how much? Again, this depends on cultural and social factors. How do people cope with stress? can you see the strings? Why are some people unemployed or homeless? Think of the external social and economic factors leading to such an unfortunate situation. To understand the public issues in private problems is to have the sociological imagination.

Now think of Mr Brown, Mrs White, Mr Green, Dr Jones mentioned in the introduction. How can you explain their behaviour by using the sociological imagination? How can external social, economic and cultural factors influence health related lifestyles, behaviours (anything from going to the doctor to following his or her suggestions). How can economic and social factors influence the onset and progression of disease?

The basic idea of medical sociology is that health, illness and medical work are much more social in nature than you might at first think.

Why do you have to study all of this?

1. As doctors, you will work in health care organisations. How health care is organised, how developed it is, how well it is financed, whether people are insured universally, privately, or pay for the services themselves will all influence the conditions you will be working in and the quality of life you have as medical doctors. The way health care is organised will affect the number of hours you can sleep and whether or not you will suffer from burnout. Sociology will help you understand the working of these organisations.
2. You will be dealing with thinking, feeling people, not diseased organs. You will have to understand them, communicate at an adequate level and gain their trust and cooperation.
3. It is not a diseased organ that take people to the doctor, but people that take the diseased organ. People interpret and make sense of their symptoms, figure out whether to ignore them, try self-medication, go to alternative therapy or see a doctor. Sociology will help you understand how people think about these issues.
4. There is strong evidence that *social inequalities* translate into health inequalities.

In the next two classes, we will use historical evidence of changing disease and mortality patterns, differentiated mortality studies comparing different countries and studies comparing

different demographic and social groups in the same countries to convince you that social forces have a major effect on mortality (death) and morbidity (illness) rates.