CHAPTER 1

THE SOCIOLOGY OF HEALTH, ILLNESS, AND HEALTH CARE

Chapter Summary

The sociology of health, illness, and health care encompasses a broad range of topics. These topics include (1) the health care system as a whole, (2) how social forces promote health and illness and why some social groups suffer more illness than others, (3) the experiences of those who live with illness on a day-to-day basis, (4) the status, power, training, and values of health care providers, and (5) the nature of interactions between different types of health care providers.

Although sociologists of health, illness, and health care may research topics similar to those studied by health psychologists, medical anthropologists, public health workers, and others, sociologists diverge from these other researchers in their use of a sociological perspective. This perspective focuses on explaining social patterns rather than individual behavior and on identifying and resolving public issues rather than personal problems.

One major consequence of emphasizing social rather than individual factors is to highlight why some social groups have more power than others, how groups use their power, and the consequences of differential access to power. Not all sociologists, however, emphasize power in their research and writing. Instead, some sociologists essentially take for granted the way power is distributed in our society, examining the current system without questioning why it is this way or how it might be changed. Those sociologists, on the other hand, who do not take for granted existing power relationships and who focus on the sources, nature, and consequences of power relationships can be said to use a critical approach. Within the sociology of health, illness, and health care, those who use a critical approach are sometimes said to emphasize the sociology *of* medicine rather than sociology *in* medicine.

Western history illustrates the impact of social conditions on disease and death. The modern history of disease begins with the Middle Ages, when the development of cities led to a series of epidemics that devastated Europe and kept life expectancies low. By the early 1700s, however, life expectancy began to increase. This increase resulted not from any medical advances but rather from improved living and working conditions, later and less frequent childbirth, and changes in military strategies that separated soldiers and civilians.

Life expectancy increased further in the late nineteenth century. Once again, medical advances (such as the development of treatments for pneumonia and tuberculosis) played only a small role in causing mortality rates to decline, whereas improvements in nutrition, living conditions, and public sanitation played substantial roles.

By the second half of the twentieth century, the main causes of death in the developed world had shifted from acute infectious diseases to chronic diseases of middle and old age. This shift from a society characterized by low life expectancy and by infectious and parasitic diseases to one characterized by high life expectancy and by degenerative and chronic diseases is known as the epidemiological transition. *Key Concepts: The Epidemiological Transition* provides examples to help students understand the nature of this transition and how it is measured.

This chapter ends with a review of how to evaluate research sources and data, including a discussion about the difference between qualitative and quantitative data. *Contemporary Issues: “Scienciness”* explores some of the problems that may arise when the public lacks the tools to evaluate research data. The chapter also includes a box on “Useful Internet Sites.”

Suggested Readings

Mills, C. Wright. 1959. *The Sociological Imagination*. New York: Grove Press. The classic statement of the sociological perspective.

Schwalbe, Michael. 2004. *The Sociologically Examined Life: Pieces of the Conversation.* 3rd ed. New York: McGraw-Hill. Another excellent introduction to the sociological perspective.

George, Rose. 2008. *The Big Necessity: The Unmentionable World of Human Waste and Why it Matters*. New York: Metropolitan Books. Lively account of the health threats posed by lack of sanitary waste disposal, and of innovative attempts to solve the problem in poor and rich nations.

Suggested Documentaries

*The Plague*. 2005. History Channel (shop.history.com). 100 minutes. Documentary (with reenactments) of Europe’s “Black Death.” Includes discussion of how the public and the church reacted to the waves of death that swept the continent.

Internet Exercises

1. The purpose of this exercise is to explore different ways of finding material on policies for dealing with AIDS in elementary schools.
2. Go to Google.com, and search for “AIDS in elementary schools.” What types of materials do you find? Research reports? Policy statements? Personal essays?
3. Now use Google to go to PubMed, the National Library of Medicine’s database of scholarly articles. Then, search again for “AIDS in elementary schools.” How does the *type* of information you get from PubMed differ from the type of information you found using Google?
4. Go to PubMed again, but this time search for “HIV in elementary schools” rather than “AIDS in elementary schools.” How does this affect your results?
5. Go to mayoclinic.org (a highly respected nonprofit organization) and look up “headache.” Then look up “headache” at WebMD.com (a highly popular for-profit website with financial ties to the pharmaceutical industry). How do the images, suggestions, and information on the two sites differ? Does WebMD’s links to the pharmaceutical industry seem to affect its coverage of the topic?

Essay Questions

1. What is the sociological perspective? How do the questions sociologists ask differ from the questions asked by psychologists or health care providers?

2. What does this textbook mean by a critical approach? By power? Give an example of how power affects health care delivery in the United States.

3. How can a reader tell if an article or Internet website is a reliable data source?

4. Imagine that you are researcher trained in the sociology *of* medicine who wants to study diabetes. Give an example of a research question you might study. How would your questions change if you used a sociology *in* medicine approach?

5. Changing social conditions for women in the eighteenth century contributed to increases in life expectancy. How do you think African American women were—or were not—affected by those changes?

Multiple Choice Questions

1. Those who frame their research questions in terms of *public issues*, rather than *personal troubles*, can be said to use

a. the sociological perspective.

b. functionalist theory.

c. psychoanalysis.

d. a public health perspective.

e. radical theory.

Answer: a

1. Which of the following research projects best reflects a sociological perspective?

a. how biological factors can trigger alcoholism

b. how one’s relationship with one’s mother can trigger alcoholism

c. how prejudice against Native Americans can foster high rates of alcoholism among Native Americans

d. how genetic factors can cause Native Americans to have a high rate of alcoholism

e. how Native American culture encourages individuals to become alcoholics

Answer: c

1. The sociological perspective emphasizes the role played by

a. social security.

b. power.

c. genetics.

d. culture.

e. biological events.

Answer: b

1. Which of the following research topics best reflects the sociological perspective?

a. how women’s traditional role can foster depression

b. how women’s hormonal swings can foster depression

c. how best to use mood-altering drugs in treating depressed women

d. how best to use psychotherapy in treating depressed women

e. how women’s relationships with their mothers can foster depression

Answer: a

1. Compared to other sociologists, critical sociologists place greater emphasis on the role played by

a. social roles.

b. power.

c. socialization.

d. epidemiology.

e. educational institutions.

Answer: b

1. Which topic would a sociologist *of* medicine be mostly likely to pursue?

a. how doctors’ attitudes result in poorer persons receiving worse health care than wealthier persons

b. how poor people’s attitudes toward doctors result in their receiving a lower quality of care than wealthier persons receive

c. why poor persons develop arthritis more often than wealthier persons

d. how individuals’ attitudes toward risk-taking affect whether they follow medical advice

e. why wealthier persons live longer on average than poor persons

Answer: a

1. The rate of tuberculosis increased dramatically during the 1980s. As a result, tuberculosis during those years should be referred to as

a. an endemic illness.

b. an epidemic.

c. an acute illness.

d. a pandemic.

e. a prevalent illness.

Answer: b

1. The history of disease before the 1900s suggests that

a. cities are healthier places to live than rural areas.

b. long-distance travel increases public health by exposing doctors to new scientific ideas.

c. changes in medical technology play a large role in increasing average life expectancy.

d. changes in the knowledge base of folk healers play a large role in increasing average life expectancy.

e. changes in women’s roles can play a large role in increasing average life expectancy.

Answer: e

1. In 1900, life expectancy for U.S. whites was

a. almost 30 years.

b. almost 40 years.

c. almost 50 years.

d. almost 70 years.

e. over 80 years.

Answer: c

1. Before 1900, the most common causes of death in the United States were

a. chronic diseases.

b. infectious diseases.

c. accidents and trauma.

d. infant and maternal mortality.

e. diseases of old age.

Answer: b

1. In Germany, infectious and parasitic diseases are relatively rare, chronic and degenerative diseases are relatively common, and life expectancy is high. From these facts, we can conclude that Germany has experienced the

a. epidemiological transition.

b. sociological transition.

c. expectational profile.

d. demographic shift.

e. developed nation syndrome.

Answer: a

1. According to most scholars, life expectancy in the United States increased dramatically after 1900 because of

a. the introduction of smallpox inoculation.

b. the development of new medical treatments.

c. changes in nutrition and living conditions.

d. the natural evolution of epidemics.

e. the natural evolution of microorganisms into less dangerous forms.

Answer: c

1. Sociology *of* medicine refers to the study of how social factors affect

a. health and illness.

b. health care.

c. health, illness, and health care, raising questions that sociologists, but not necessarily doctors, consider important.

d. health, illness, and health care, raising questions that doctors, but not necessarily sociologists, consider important.

e. all of the above

Answer: c

1. To decide whether to believe in the results of a published study, it helps to know

a. whether the research was based on a random sample.

b. whether the researchers controlled statistically for possibly confounding variables.

c. what type of magazine or journal published it.

d. all of the above

e. none of the above

Answer: d

1. Researchers increasingly use *big data* because it
	1. reflects virtually the entire population.
	2. less often was collected for a specific purpose that might have biased the results.
	3. is increasingly accessible due to electronic record keeping.
	4. all of the above
	5. none of the above

Answer: d

1. Which of the following is true?
2. *Qualitative* data is particularly useful for helping us understand how people think about their lives.
3. *Quantitative* data is particularly useful for helping us understand how people think about their lives.
4. *Quantitative* data is especially useful when it provides in-depth analysis of small samples.
5. *Quantitative* research is most useful for studying tobacco use.
6. none of the above

Answer: a