

CHAPTER 9: ILLNESS, BEHAVIOR, & SICK ROLE ↓

* BEFORE, ILLNESS = autonomous force, "being" → evil spirit

* NOW, = state or condition of suffering as a result of disease/sickness

1) cause, 2) characteristic train of symptoms, 3) method of treatment

* medical view of illness = deviance from biological norm of health,
+ feelings of well beings

↳ traditional identifying criteria for disease → 1) patient's exp. of subjective feeling of sickness, 2) finding thru an exam/lab tests, etc, 3) symptoms

* symptoms not always obvious, so feeling states ≠ not medically significant

* LAYPERSONS: conceive health as absence of illness symptoms → deviance

* Deviant behavior involves making SOCIAL JUDGEMENT about what is
right + proper behavior acc. to ^{social} norm

* typically offend someone

SICKNESS AS DEVIANCE

= undesirable for both the sick + society

↳ early theories → deviant behav. = genetics

↳ sickness causes self worth to decrease

rewarded by acceptance
+ approval

DEVIANCE
= punishment
disapproval

* SELF CARE: most common response to symptoms of illness

↳ taking preventive measures, self treatment, managing diagnose
chronic conditions.

* SOCIAL NETWORKS: close cultural/ethnic relationships tend to get
insight from within "LAY-REFERRAL SYSTEM" → ELLIOT FREIDSON

1) more likely to seek medical care if consistent w/cultural beliefs

2) less likely if culture is skeptical/distrusting

↳ parental influence = most important

* AGE + GENDER ↴

↳ use of health services greater for females than males, greatest = ELDERLY ^{babies too}

↳ more females in household → more doctor visits

FEMALE: ↑ during childhood + child bearing yrs, ↓ after 35

MALE: ↳ same, ↓ until 45, then ↑

* RACE: low income blacks same pattern

now visit more after 1970

↳ blacks = more physician contact than hispanics

* HISPANICS = lowest contact ↴

↳ mexicans (could not afford insurance)

↳ less hispanic doctors too

* OBAMACARE (ACA)

↳ increased # of insured

↳ people w/ preexisting cond. cannot be denied coverage

* Before 1968 → lower income = visit less, etc

* IN 1968 → middle = less, either lowest = highest visit or highest income

* BY 1970 → poor used it most ↳ b/c of medical / medicare

↳ EVEN NOW

* POOR VISIT PHY MOST NOW *

↳ but least preventive care

↳ "public" care → poor less likely to have 1 personal phy → random ^{usually}

* 2 Tiered Healthcare Delivery System → PRIVATE, PUBLIC

* rich → more discriminating of their use of doctors, make own decisions

↳ rich

↳ most poor

* poor → less likely to question authority / judgement of doctors

→ function of medicine as form of social control

* PARSONS: SICK ROLE

↳ social sys. viewed in functionalist persp. → balanced w/ problems but still healthy overall

↳ sickness = dysfunctional

↳ sick person → deviant b/c they "cannot help it"

4 CATEGORIES: 1) sick person is exempt from "normal" social roles

2) sick person is not responsible for his/her condition

3) sick p. should try to get well

4) should seek technically competent help + cooperate w/ doctor

* PATIENT - PHYSICIAN ROLE: mutuality

↳ phy has leverage on patient: 1) professional prestige as healer

2) situational authority

3) sit. dependency

↳ sometimes phy. must act on "hunch" rather than science

* CRITICISMS TO SICK ROLE: 1) not all act this way

↳ applying to mentally ill

↳ functionalism = ZOMBIE THEORY

(beginning of

21st century)

2) does not apply to chronic diseases → cannot return to normal state

3) patient - phy relationship differs in settings → office, er, home, etc

4) middle class orientation

↳ may not apply to lower

* MEDICALIZATION: non medical problems treated as such

Ex) obesity, mental disorders, ADHD

↳ BIOTECH companies leading