

# Health and social change

A critical theory



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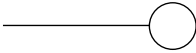
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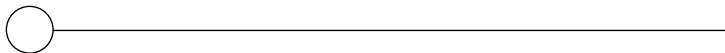
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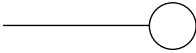


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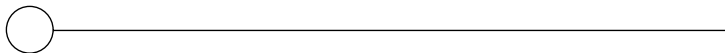


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## Series editor's foreword



Collectively, the social sciences contribute to a greater understanding of the dynamics of social life, as well as explanations for the workings of societies in general. Yet they are often not given due credit for this role and much writing has been devoted to why this should be the case. At the same time, we are living in an age in which the role of science in society is being re-evaluated. This has led to both a defence of science as the disinterested pursuit of knowledge and an attack on science as nothing more than an institutionalized assertion of faith, with no greater claim to validity than mythology and folklore. These debates tend to generate more heat than light.

In the meantime, the social sciences, in order to remain vibrant and relevant, will reflect the changing nature of these public debates. In so doing, they provide mirrors upon which we can gaze in order to understand not only what we have been and what we are now, but to inform possibilities about what we might become. This is not simply about understanding the reasons people give for their actions in terms of the contexts in which they act, and analyzing the relations of cause and effect in the social, political and economic spheres, but also concerns the hopes, wishes and aspirations that people, in their different cultural ways, hold.

In any society that claims to have democratic aspirations, these hopes and wishes are not for the social scientist to prescribe. For this to happen it would mean that the social sciences were able to predict human behaviour with certainty. One theory and one method, applicable to all times and places, would be required for this purpose. The physical sciences do not live up to such stringent criteria, while the conditions in societies which provided for this outcome, were it even possible, would be intolerable. Why? Because a necessary condition of human freedom is the ability to have acted otherwise and thus to imagine and practise different ways of organizing societies and living together.

It does not follow from the above that social scientists do not have a valued role to play, as is often assumed in ideological attacks upon their place and function within society. After all, in focusing upon what we have been and what we are now, what we might become is inevitably illuminated: the retrospective and prospective become fused. Therefore, whilst it may not be the province of the social scientist to predict our futures, they are, given not only their understandings and explanations, but equal positions as citizens, entitled to engage in public debates concerning future prospects.

This new international series was devised with this general ethos in mind. It seeks to offer students of the sciences, at all levels, a forum in which ideas and topics of interest are interrogated in terms of their importance for understanding key social issues. This is achieved through a connection between style, structure and content that aims to be both illuminating and challenging in terms of its evaluation of those issues, as well as representing an original contribution to the subject under discussion.

Given this underlying philosophy, the series contains books on topics that are driven by substantive interests. This is not simply a reactive endeavour in terms of reflecting dominant social and political preoccupations, it is also proactive in terms of an examination of issues that relate to and inform the dynamics of social life and the structures of society that are often not part of public discourse. Thus, what is distinctive about this series is an interrogation of the assumed characteristics of our current epoch in relation to its consequences for the organization of society and social life, as well as its appropriate mode of study.

Each contribution contains, for the purposes of general orientation, as opposed to rigid structure, three parts. First, an interrogation of the topic which is conducted in a manner that renders explicit core assumptions surrounding the issues and/or an examination of the consequences of historical trends for contemporary social practices. Second, a section which aims to 'bring alive' ideas and practices by considering the ways in which they directly inform the dynamics of social relations. A third section then moves on to make an original contribution to the topic. This encompasses possible future forms and content, likely directions for the study of the phenomena in question, or an original analysis of the topic itself. Of course, it might be a combination of all three.

Linking an individual to the social conditions of which they are a part is not a denial of their uniqueness. On the contrary, it is a celebration of that uniqueness in terms of their place within a configuration of social, economic and political relations. Individualism, expressed as the abstraction of the individual from their social context, is a false view of social reality. To extract people from the social dynamics in which they act renders explanation so limited as to be of little use for understanding. That noted, it often functions to relieve people of the need to think more broadly and furnishes them with a convenient target constituted by the personal failings and attributes of an individual.

One means through which social problems are translated into individual solutions is via the application of a body of knowledge that brackets people

from their environments. There is a tendency for this to occur when it comes to the health of a population. In some instances genetic predisposition may well be of relevance, but so too are precipitatory factors and the former can be targeted without due consideration being given to the latter. Indeed, when such factors are considered they may be dismissed on the basis of the assumed moral laxity of particular sections of the population who, regardless of the situations in which they may find themselves, are held responsible for any outcomes. Whenever such thinking proves seductive, what is needed is a form of analysis that links experiential elements of health to those of the systems in and through which health services are delivered.

A critical approach to the sociology of health is extremely well equipped to fulfil this role and Graham Scambler is one of its leading exponents. His approach is critical in the sense that it is based on a normative, realist ontology which is not content to submit to an epistemological relativism, but instead sits within a line of thought that takes capitalism and its effects on life chances as core to explanation. Therefore, following a survey of various sociological approaches, each of which has made its own lasting contribution to our understandings of society and health, he moves on to examine social change. In the process he is not content to let elite power, class relations and social change be separated from other transformations and their role in understanding health.

It is against this backdrop that he moves on to evaluate health care reforms. With a breakdown in the consensus that surrounded the formation of welfare states accompanied by a fiscal crisis of the state, particular agendas were brought to the fore of public debate and policy making. Here we witnessed the success of the New Right and their belief that rising expectations brought about by liberal democracy were in tension with the needs of the market economy. To express this tension in Isaiah Berlin's terms, one represents the source of control that informs someone's actions, whereas the other is regarded as freedom from interference. However, individual freedom (as he noted in 'Four Essays on Liberty') cannot be the only criterion by which social action is judged. Yet when we turn to the 'power to determine' it is often the state that is the object of our critical faculties. Why should this not also be attributed to the power of market forces that seek to seduce consumers in the name of profit and glide over democratic aspirations?

With these issues in mind there is no doubt that in the UK and US contexts, the power to shape health care reforms rested within an agenda represented by neo-liberalism in the shape of Thatcher and Reagan. More recently this has been manifest in the so-called 'Third Way'. Yet what have been the effects in terms of income distribution, employment and relative deprivation on the population, all of which are central factors in informing issues relating to class and health, but have been relatively silent in recent studies? Studies have tended to be conducted on poor workers rather than rich capitalists. In concentrating upon the latter in terms of the adaptive behaviour of a loosely globalized elite, Graham Scambler turns his attention to an analysis of GBH ('greedy bastards hypothesis').

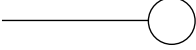
## x Health and social change

Arguing for a strong link between class inequalities and health leads him on the relationship between lifeworld narratives and expert culture. Here we find that assumptions regarding increasing fluidity within society are not evident for some groups. The intersection between the experiential elements of (ill) health and how they are viewed and processed are informed by the systems of health care in which these interactions take place. Lifeworlds are infused with issues of class and command and these are met, within expert cultures, by bureaucracy and money. How people are then positioned is open to analysis and informed not only by what Foucault called 'technologies of the self', but the logic of capital accumulation and regimes of expertise that 'fix' the individual according to various attributes. What we discover is a heady brew of preventative medicine mixing with 'community empowerment' whereby, once again, individuals are presumed to make rational choices, but those abstracted from the social relations of which they are a part.

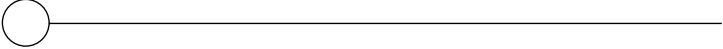
As Graham Scambler argues, relations between individualistic technicism and socio-economic problems inform the health of a population. In the light of this a question may be posed: what is to be done? This is where he turns to a critical sociology in which no single programme is assumed to have a monopoly of wisdom, and also to an interesting discussion of civil society and the role of social movements, including those concerned with health. The basis is then provided to inform five theses for a critical, medical sociology.

Calling for social scientists to recover their political 'nerve' when confronted with social problems, he notes that too many prefer cosy enclaves in which critical insights are diminished and with that the challenges they raise for actions. An individualistic technicism can then raise its head in triumph. Nevertheless, it will solve nothing, but spend enormous amounts of energy on seeking to silence and marginalize its effects. The consequences in the sphere of health are apparent in this book and for this reason it deserves to be read by all those in this broad field who seek to learn from the past in order to shape a better future.

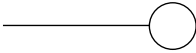
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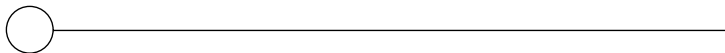
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## Introduction



This book touches on a wide range of issues, and does so in ways which may not be familiar either to medical sociologists or to colleagues closer to mainstream sociology and social theory. This is another way of saying that too often sociology comprises discrete specialized discourses which become and remain transparent only to those who regularly engage with them. More specifically, and notwithstanding the existence of excellent books featuring both 'health' and 'social change' in their titles (for example, Bury 1997), works of 'synthesis' which necessarily span different discourses within (and even beyond) sociology are, as it were, 'unexpected', and may strike specialist colleagues as odd. This book is written out of the conviction that works of synthesis are as important in sociology as they are rare in relation to investigations of health, illness, disease and health care. It is not that there is no theory in contemporary medical sociology, far from it, but rather that the theory is generally confined in ambition to that of Merton's (1963) 'middle-range'; there have been remarkably few attempts to address matters of health against the background of the broad sweep of social, cultural, political and economic change.

Time and place are a function of social formations. And social formations evolve and develop and are displaced in unpredictable as well as more predictable ways. Indeed, if health, illness and disease often seem awkward, contestible concepts for medical sociologists, politicians, policy-makers and health professionals, those of social formations and social change might be judged problematic almost beyond redemption. While it may be true, as Haferkamp and Smelser (1992: 10) venture, that 'social change is such an evident feature of social reality that any social-scientific theory, whatever its conceptual starting point, must sooner or later address it', it is no less true that in what many now regard as the 'postmodernized' specialist or expert as well as public cultures of 'developed' societies there is more confusion

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than ever, and some *angst*, over 'conceptual starting points'. Certainly what Sztompka (1993) identifies as the 'three grand visions of human history' – evolutionism, cyclical theories and historical materialism – have lost the bulk of their adherents inside and outside sociology.

Yet surely Giddens (1991: xv) seems justified in asserting that

we live today in an era of stunning social change, marked by transformations radically discrepant from those of previous periods. The collapse of Soviet-style socialism, the waning of the bi-polar global distribution of power, the formation of intensified global communication systems, the apparent world-wide triumph of capitalism at a time at which global divisions are becoming acute and economic problems looming more and more large – all these and other issues confront social science and have to be confronted by social science.

Moreover, as we shall see, many components of this 'stunning social change' have direct or indirect ramifications for health, illness and disease and for health care systems.

It would be reckless in a volume this size, the more so given my own suspicions of the kind of 'grand visions' or overarching theories of historical and social change favoured by a shrinking minority of disciples of an (unreconstructed, late eighteenth-century European) Enlightenment project, to seek to link health and social change from a pre-Neolithic era characterized by nomadic 'hunter-gatherers', through phases of varied simple-to-complex agricultural settlements, to an industrial or post-industrial era marking out the 'developed' West and stretching through to the millennium. Instead I have elected to focus on the latter; that is, on occidental societies and from the 1960s and 1970s to the present, a period, as Giddens claims, of considerable discontinuity.

And I shall restrict too the health foci: I shall concentrate on core themes familiar to medical sociologists and their students and of abiding, even sharpening, interest in high/late modernity/postmodernity. There are seven of these: the social determination and patterning of health, illness and disease; health and illness behaviour; the social organization of paid and unpaid health-work; paid health worker–patient encounters, interactions and communications; the health worker-mediated experience of, and coping strategies for, illness and disease; health inequalities; and health policy formation and implementation and the organization, auditing and funding of systems for delivering treatment and care. Although the emphasis will be on health and social change in Britain, attention will also be paid, for comparative purposes, to recent events in the USA and elsewhere. Occasionally, necessarily and mercifully, I shall stray historically and from the seven themes listed.

The volume is divided, in line with others in the 'Issues in Society' series, into three parts. Part one, termed 'Health and medicine in society', provides brief critical expositions of paradigms or research programmes that have underwritten and continue to inform bodies of substantive work in medical sociology. The object here is neither to chart an 'intellectual and political history' after the manner of Gerhardt (1989), nor (in this part at any rate) to

arrive at a theoretical synthesis. It is instead, on the one hand, to expose the limitations of these paradigms/research programmes and, on the other, to signal possible ways of preserving, reframing and ultimately retheorizing their more credible 'findings'. In Chapter 1, consideration is given first to positivism and its astonishingly healthy offspring the 'neo-positivisms', then, following Gerhardt's sequence if not her intent or conclusions, to structural-functionalism, interactionism, phenomenology and conflict theory.

Chapter 2 outlines a number of select theses pertaining to the 'postmodern turn'. Provisional explications of general concepts like 'postmodern culture' and 'postmodernity', as well as more specific and applied concepts like 'embodiment', are given and the potential for a new postmodern paradigm/research programme for medical sociology is provisionally discussed. A focused discussion of topical and diverse social constructivist perspectives again suggests a need for a reframing and retheorization of their contributions to our grasp of health and social change. Chapter 3 side-steps the orthodox literature on the sociology of social change (for which see, for example, Spybey 1992; Sztompka 1993) in favour of positing a framework within which linkages between health and social change might be plausibly retheorized. The discussion concentrates on the period of 'disorganized capitalism' discernible since the 1970s and owes much to the critical theory of Habermas and the critical realism of Bhaskar.

Part two, entitled 'Structured divisions in health and health care', attempts the process of theoretical synthesis in relation to health and social change that is promoted and partially anticipated in Part one. To this extent it draws in different measure from structural-functionalism, interactionism, phenomenology, conflict theory and postmodernism. It is a process facilitated by the late Frankfurt writings of Habermas which, despite their silences on certain pivotal social issues, not least around health, display remarkable and enduring qualities of theoretical synthesis. Chapter 4 seeks to anchor, give substance and apply to the health arena the processes of social change retheorized in the previous chapter. It addresses the notion of crisis in welfare statism current since the early 1970s, the barely related historical ebbs and flows of health and health care, and focuses in some detail on the issue of health care reform in Britain and the USA.

Chapter 5 reflects on health inequalities in disorganized capitalism. The (neo-)positivist literature is summarized and shown to be of limited value to sociology. After some discussion of the contributions of commentators like Wilkinson and Coburn, it is argued that class relations, robustly theorized, remain crucial if we are to appreciate the enduring nature of health inequalities in Britain and elsewhere. Chapter 6 discusses the construction of narratives of health and illness in the lifeworld and the interrelation between these and the narratives of disease deployed by doctors in doctor-patient encounters. It also distinguishes between different subtypes of relations of healing, identifying in the process relations of 'caring', 'fixing' and 'restoring' in the 'popular', 'professional' and 'folk' sectors of Kleinman's (1985) local health care systems respectively.

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In Chapter 7, which comprises Part three of the book, entitled 'The need for a critical sociology', the threads of the previous chapters are pulled together under the volume's central rubric of *health and social change*. A theoretical and research agenda for the future is constructed. This both represents an application and extension of the critical theory of Habermas and points out the lacunae and internal problems yet to receive adequate attention. It is argued that 'critical sociologists' working within the health domain (as in other spheres) face rational and moral imperatives to engage with contentious political issues, and that their responsibilities – towards lifeworld decolonization – embrace the 'political healthiness' of the 'protest sector' of civil society and of the public sphere (see Scambler 1996, 1998b, 2001). As this implies, the volume as a whole is underscored by a strong sense of what sociology is and should be.

The purpose of this short book will have been fulfilled if it encourages the ideas that the sociology of health, illness and disease, like other branches of the discipline, is unambiguously a theoretical enterprise, and that there is a logical, moral and vital case for investing in a critical sociological approach. It is not a conventional textbook. This is partly because excellent textbooks already exist (for example, Nettleton 1995; Annandale 1998), and partly because, this being the case, there would be something depressingly tedious and unadventurous in merely settling into the grooves of colleagues' work. While it will become apparent how much I am indebted to colleagues inside and outside of medical sociology, I try to lay down a number of challenges, constituting an agenda of sorts, which I believe we should not allow ourselves collectively to (continue to) shirk.

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○ PART ONE

**Health, medicine and society**



## Paradigms and presuppositions

Mainstream sociology and its subdiscipline of medical sociology have been informed, sustained, inspired and occasionally put off, even corrupted, by a plethora of paradigms in their short histories. In this opening chapter sufficient critical attention is paid to (neo-)positivism to remind readers of its interminably documented deficits and to hint at a plausible alternative – critical realist – explanatory model appropriate to a critical sociology. Even more concise, given their originality, vitality and depth of influence, are the discussions, inspired in part by the pioneering historical research of Gerhardt (1987), of the paradigms of structural-functionalism, interactionism, phenomenology and conflict theory, of their relevance to our grasp of health and healing and of their future potential. If each of these discussions is critical, it is stressed too that each paradigm has made a lasting contribution.

### The backdrop of (neo-)positivism

It is apt and reasonable to portray the academic discipline of sociology as a fairly recent product of modernity, but it did not of course emerge in either a social or a philosophical vacuum. Among its more influential philosophical antecedents, especially in its British and American forms, was a longstanding, wavering, stop-start tradition of empiricism, hinted at initially in the writings of the pre-Socratic Greeks but only consolidated many centuries later in the foundationalist epistemologies of Locke, Berkeley and Hume. Of this triad of 'British Empiricists' Hume is the pivotal figure, and most pertinent for us is Hume's – understandably for a young innovator and sceptic – tentative and unsettled account of causality and constant conjunctions in his *Treatise of Human Nature*, published in 1739 and 1740. It seems to the phenomenalist Hume that if we are asked for our evidence that A is the cause

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of B, the only possible answer is that A and B have been constantly conjoined in the past. This does not *prove* that they are invariably associated. The only recourse then left to us is to admit the *psychological* origins of our inferences: 'all our reasonings concerning causes and effects are derived from nothing but custom' (Hume 1896: 183). So the connection between A and B 'consists in the fact that we cannot help – the necessity being psychological, not logical – under certain circumstances having certain expectations. If we are asked to justify causal inferences, all we can do is to describe how men actually think' (Passmore 1968: 41). This analysis, countless times since revisited, reinterpreted and revised, has proved seminal.

As far as sociology is concerned, Hume's analysis of causation and constant conjunctions haunts as well as informs contemporary positivist research. Historically, Comte's promotion of a positive science of society in his *Cours de philosophie positive*, issued in six volumes between 1830 and 1842 (see Comte 1853), proved a vital catalyst. John Stuart Mill (1965), less interested in Comte's sociological analysis than in his pursuit of a proper methodology for social science, added a refinement of sorts which is of particular pertinence here. He elaborated on Hume's analysis. For Mill, the cause of any event is a set of conditions or factors which, taken together, constitute a sufficient condition for it; his 'sets of conditions' replace Hume's single events. Developing an inductive model of social science from a perspective of uncompromising methodological individualism (leading him to a psychological reductionism quite inimical to Comte), he spelled out a series of 'canons' or procedures – of 'agreement', 'difference', 'residues' and 'concomitant variation' – for testing hypotheses or causal relationships. These will strike an immediate chord with advocates of variable analysis in social research.

Two principles lie at the core of what Trusted (1979) terms Mill's 'eliminative induction': that nothing which was absent when an event occurred could be its cause, and that nothing which was present when an event failed to occur could be its cause. Mill did not himself distinguish between necessary and sufficient conditions (in fact, by 'cause' he understood 'sufficient condition' not 'necessary condition'); but his canons are perhaps best explicated using this dichotomy.

His method of 'agreement' states that 'if two or more instances of the phenomenon under investigation have only one circumstance in common, the circumstance in which alone all the instances agree is the cause (or effect) of the given phenomenon'. It is a method, in other words, intended for determining possible necessary conditions by elimination. His method of 'difference' states that 'if an instance in which the phenomenon under investigation occurs, and an instance in which it does not occur, have every circumstance in common save one, that one occurring only in the former, the circumstance in which alone the two instances differ is the effect or the cause, or an indispensable part of the cause, of the phenomenon.' Translated once more, it is a method intended for determining possible sufficient conditions by elimination. Mill also allows for the deployment of a 'joint method of agreement and difference'.

Mill's other two proposed methods are those of 'residues' and 'concomitant variation'. The former states that if known causes cannot account for a phenomenon, then it is necessary to seek a cause elsewhere; there must be some residual factor which is not known and/or has not been taken into account. It is a method which relies on deduction rather than induction. The method of 'concomitant variation' states that 'whatever phenomenon varies in any manner whenever another phenomenon varies in some particular manner is either a cause or an effect of that phenomenon, or is connected with it through some fact of causation.' It is a method to be used when a given factor cannot be removed, rendering the method of difference inapplicable (see Trusted 1979: 115–25).

Mill's account may well be vulnerable to critical interrogation, philosophical and practical, beyond high modernity's surviving (neo-)positivisms. But the point to be made is that he laid the foundations for those (neo-)positivisms (Willer and Willer 1973). Indeed, it is arguable that his account, refined many times over by social statisticians, is more congruent with present (neo-)positivist social research practice than the philosophically more sophisticated standpoints or models routinely cited, namely:

- 1 The 'deductive-nomological' model associated with Hempel, in which the premisses, statements of general laws and statements of antecedent conditions (the *explanans*) permit the deduction of a conclusion, a statement describing the event to be explained (the *explanandum*).
- 2 The 'inductive-statistical' model, in which the statements of general laws in the deductive-nomological model give way to probabilistic, or statistical, generalizations, and the relationship between premisses and conclusion is one of inductive probability not deductive necessity.
- 3 The 'hypothetico-deductive' model devised by Popper, and here defined as a variant of (neo-)positivism, in which the emphasis is placed not on (indecisively) confirming a conjecture or theory but on (decisively) falsifying it by a counter-observation (see Keat and Urry 1975; Benton 1977).

All this, it is worth reiterating, harks obstinately back to Hume's regularity theory of causation. But what forms has (neo-)positivist research taken in the study of health and health care? It may be helpful to distinguish between three types of (neo-)positivist investigations designed and/or conducted and/or used by medical sociologists: *accounting*, *explaining/predicting* and *advising*.

## Accounting

'Accounting' refers to the collection and/or collation of data to identify (often changing) social patterns of behaviour and circumstance. Many of the publications from bodies like Britain's Office for National Statistics (ONS) fall into this category. Statistics on rates of mortality, of illness and disease and of people's use per annum of 'popular', 'folk' and 'professional' sectors of 'local health care systems' (Kleinman 1985), all represent forms of accounting in this sense. Among the classic examples of accounting are the national

cross-sectional surveys of aspects of health and health care carried out from London by Cartwright and her colleagues from the 1950s onwards.

### Explaining/predicting

Investigations oriented to ‘explaining/predicting’ occur at another level (if only just). The object of these studies is not merely to identify social patterns of behaviour and circumstance but to explain them, and for (neo-)positivists explaining and predicting must be seen as two sides of the same coin. Much historical and recent research into the social determinants of health inequalities has been conducted in this vein (as is explored in detail in Chapter 5). The spirit of Mill lives on in such studies, which tend to follow the inductive-statistical model (Hempel’s deductive-nomological model having been largely abandoned and Popper’s hypothetico-deductive model largely untried). Critiques of (neo-)positivist forms of variable analysis for explaining/predicting have become routine since the 1960s and do not need to be rehearsed again here (see, for example, Willer and Willer 1973; Pawson 1989). It will be sufficient to make a few general points which both echo past criticisms and anticipate an alternative approach to be developed in Chapter 3.

Returning to (neo-)positivism’s Humean origins, Lawson (1997: 19) writes: ‘if particular knowledge is restricted to atomistic events given in experience, the only possibility for general, including scientific, knowledge is the elaboration of patterns of association of these events. It is thus such constant event patterns, or regularities of the form “whenever event *x* then event *y*”, that constitute the Humean or positivist account of causal laws.’ But as critical realists like Lawson (who owes much to Bhaskar) rightly argue, the world is not composed, as the (neo-)positivists would have it, merely of events (the *actual*) and experiences (the *empirical*), but also of underlying mechanisms (the *real*) that exist whether or not detected and govern or facilitate events (see Archer *et al.* 1998). This is so for the social as well as the natural sciences. Moreover, events are typically (a) ‘unsynchronized with the mechanisms that govern them’, and (b) ‘conjointly determined by various, perhaps countervailing influences so that the governing causes, though necessarily “appearing” through, or in, events can rarely be read straight off’ (Lawson 1997: 22). In other words, the true theoretical (‘beneath-the-surface’) objects of sociological enquiry – that is, mechanisms like relations of class, gender, ethnicity and age – only manifest themselves in ‘open systems’ where (‘surface’) ‘constant event patterns’ or ‘regularities’ of the kind pursued through variable analysis (which exaggerates the potential for experimental ‘closures’) rarely, if ever, obtain.

A second and related point is that the modes of inference suggested by critical realism and arguably optimal for a critical sociology include neither induction nor deduction. They are, rather, *retroduction* and *abduction*. Lawson (1997: 24) refers to retroduction in terms of ‘*as if* reasoning’: ‘it consists in the movement, on the basis of analogy and metaphor amongst other things, from a conception of some phenomenon of interest to a conception of some totally

different type of thing, mechanism, structure or condition that, at least in part, is responsible for the given phenomenon.' A retroductive mode of inference in critical sociology, then, involves a move from a knowledge of events to a knowledge of mechanisms, 'at a deeper level or stratum of reality', which contributed to the generation of those events. Abduction is similarly geared to the identification of mechanisms, but, arising out of interactionist and phenomenological approaches, involves a process of inference from lay (or first-order) accounts of the social world to sociological (or second-order) accounts of the social world (for a discussion, see Blaikie 1993).

A final point is that although 'constant' event patterns or 'invariant' regularities may not obtain in open systems, 'partial' regularities do. Lawson (1997: 204) labels these *demi-regularities* or 'demi-regs'. A demi-reg, to adopt his shorthand, is 'a partial event regularity which *prima facie* indicates the occasional, but less than universal, actualization of a mechanism or tendency, over a definite region of time-space. The patterning observed will not be strict if countervailing factors sometimes dominate or frequently co-determine the outcomes in a variable manner. But where demi-regs are observed there is evidence of relatively enduring and identifiable tendencies in play.'

Lawson attaches special significance to *contrastive* demi-regs, which he argues are pervasive in the social sphere. Examples of contrastive demi-regs on offer from medical sociology include: 'women show higher rates of self-reported morbidity than men'; 'working-class people have poorer health/shorter lifespans than middle-class people'; 'the provision of health care is inversely related to the need for it' (widely known as Tudor Hart's (1971) 'inverse care law'); 'the introduction of the "internal market" into the British National Health Service in 1991 has been associated with higher administrative costs'; and 'the general health of populations in affluent societies is enhanced when there is great income equality' (a proposition linked in Britain with the work of Wilkinson: see especially 1996). Lawson (1997: 207) contends that such contrastive demi-regs can commend and 'direct' social scientific research by 'providing evidence that, and where, certain relatively enduring and potentially identifiable mechanisms have been in play'.

## Advising

'Advising' refers here to the prediction of social patterns and circumstance with the express purpose of supporting the formation and/or implementation of policy. Much research commissioned in the 1980s and 1990s by British government departments falls into this category, including, for example, audits of clinical or health care interventions utilizing measures of health-related quality of life, studies to discriminate between rival schemes of health service delivery or health promotion in the community and socio-epidemiological projects on 'health variations'. It is an instrumental form of (neo-)positivist endeavour, pragmatically defined by the system-driven needs it purports to meet. That, according to the logic of (neo-)positivism, to predict is to explain, is secondary and incidental.

## 12 Health and social change

This brief critical comment on (neo-)positivism, a continuing paradigmatic presence in medical sociology despite countless damning interrogations of its empiricist presuppositions since the 1960s, is compatible with at least three provisional conclusions. First, there remain serious philosophical problems with empiricism and (neo-)positivism (for at least some of which critical realism promises resolutions). Second, if accounting and advising are worthy pursuits for sociologists, neither qualifies as a core activity of a critical sociology: the former is too unambitious and the latter too system-driven. And third, although explaining/predicting may yield revealing (contrastive) demi-regularities, these gains are largely fortuitous: (neo-)positivist investigations oriented to explaining/predicting are misconceived and unhelpful to the critical sociologist.

### Structural-functionalism

There has been little mention of theory so far. This is because (neo-)positivism is (erroneously) held to be free of theoretical baggage. In this respect, American structural-functionalism is its obverse: its main protagonist, Parsons, is infamous for his analytic and systematic theorizing. From the outset Parsons (1937) opposed positivist social science because it failed to recognize the purposeful nature of human action. He sought an approach which recognized that people are both goal-oriented and constrained. The notion of 'social system' became central to his thought: a social system refers to a durable organization of interaction between 'actors' and 'contexts', and embraces both micro-level systems and macro-level systems like the nation-state and global society. Some of the key features of Parsons's framework for analysing social systems will be outlined briefly, then some illustrations given of attempts to apply it.

Social systems, Parsons (1951b) maintains, are structured by value patterns, without which actors' behaviour would be directionless. Value patterns, in turn, are structured by 'pattern variables': these refer to universal dichotomies which represent basic choices underlying social interaction. These dichotomies are as follows:

- 1 *Universalism versus particularism*: actors relate to others on the basis of general criteria or criteria unique to the individual concerned.
- 2 *Performance versus quality*: actors relate to others on the basis of criteria of performance or 'achievement' or criteria of some form of endowment or 'ascription'.
- 3 *Specificity versus diffuseness*: actors relate to others for a specific, restricted purpose or in a general or holistic way.
- 4 *Affective neutrality versus affectivity*: actors relate to others in a detached, instrumental manner or with the engagement of feelings and emotions.

Parsons, as we shall see, argued that modernity has witnessed a general shift in the direction of universalism, performance, specificity and affective neutrality.

Social systems are characterized too by needs or 'functional prerequisites'. If the notion of pattern variables accents the voluntaristic dimension to Parsons's perspective, that of functional prerequisites, by contrast, refers to the extent to which people's relations to others are embedded in and constrained by social subsystems. Social systems can only exist, in fact, if four functional prerequisites are met. These are *adaptation* (A) (that is, to the external or natural environment), *goal-attainment* (G) (or the mobilization of resources to meet relevant ends), *integration* (I) (or the achievement of regulation and coordination for coherence and stability) and *latency* or *pattern-maintenance* (L) (or the provision of means to sustain the motivational energy of actors) (Baert 1998). Parsons refers to this as the AGIL-scheme. Social systems which develop institutions capable of more efficiently performing all four AGIL functions enjoy an evolutionary advantage over their rivals.

Parsons argues that in modernity the macro-level social system of the nation-state can be divided into four sub-systems. The *economic* subsystem is concerned with adaptation; the subsystem of the *polity* is concerned with goal-attainment; the subsystem of *social community* is concerned with integration; and the *cultural* subsystem is concerned with latency or pattern-maintenance. The AGIL-scheme and the pattern variables are interrelated here. For example, subsystems like the economy, where adaptation is the functional prerequisite, are characterized by universalism, performance, specificity and affective neutrality, while subsystems like social community, where integration is the functional prerequisite, are characterized by particularism, quality, diffuseness and affectivity.

Returning to the issue of evolutionary change and modernity, and remaining with the macro-level social system (and subsystem) of the nation-state, Parsons introduced a number of additional concepts: *differentiation*, *adaptive upgrading*, *inclusion* and *value generalization*. Baert's (1998: 62) explication of these usefully binds together material in the preceding paragraphs:

First, with time, a process of 'differentiation' occurs in that different functions are fulfilled by subsystems within the social system . . . Second, with differentiation goes the notion of 'adaptive upgrading'. This means that each differentiated subsystem has more adaptive capacity compared to the non-differentiated system out of which it emerged. Third, modern societies tend to rely upon a new system of integration. Process differentiation implies a more urgent need for special skills. This can only be accommodated by moving from a status based on 'ascription' to a status on the basis of 'achievement'. This implies the 'inclusion' of previously excluded groups. Fourth, a differentiated society needs to deploy a value system that incorporates and regulates the different subsystems. This is made possible through 'value generalization': the values are pitched at a higher level in order to direct activities and functions in various subsystems.

Parsons (1939, 1951a) regarded the evolution of the professions as a significant moment in modernity (his pattern variables actually emerged from

his study of the professions). He did not regard the professions primarily as self-interested economic actors, but as regulated by a normative code of conduct towards clients. 'Markets dominated by individual self-interest could not explain the stable rule-bound patterns of social interaction that we see when we look at the operation of professional-client relations' (Holton 1998: 102). The role of the American doctor, for example, epitomizes modernity's trend towards universalism, performance, specificity and affective neutrality commented on earlier (Parsons 1951b). And this is functional for the doctor-patient relationship, the more so since both doctor and patient 'are committed to breaking their relationship rather than forming a social connection as a stable and permanent system of interaction' (Turner 1995: 39).

Contiguous with Parsons's delineation of the physician's role is his analysis of what Turner (1995: 38) has called the 'sick-role mechanism', one of medical sociology's more celebrated items. It is worth a little more attention than typically afforded in textbooks. 'The problem of health', Parsons (1951b: 430) writes, 'is intimately involved in the functional prerequisites of the social system . . . Certainly by almost any definition health is included in the functional needs of the individual member of the society . . . from the point of view of the functioning of the social system, too low a general level of health, too high an incidence of illness, is dysfunctional: this is in the first instance because illness incapacitates the effective performance of social roles.'

Parsons (1975) claims that there is typically a 'psychic' dimension or a 'motivatedness' to illness, an insight which encouraged him to define illness as a form of *deviance*. Even accidents and infections may have a motivational aspect in that the individuals involved might, consciously or otherwise, have exposed themselves to risk (Gerhardt 1987, 1989). Gerhardt (1989) argues at this point that most commentators neglect what she calls the 'crucial two-model structure' of Parsonian thought. 'In most writings on Parsons', she maintains, 'illness is noted for its character of deviance while its care and cure are perceived in terms of the sick role as a device of social control aiming at redressing the balance towards health or normality' (Gerhardt 1989: 14). Such writings naturally but mistakenly go on to criticize Parsons's idea of the sick role; for example, as inadequate for theorizing chronic illness. But, according to Gerhardt, Parsons (1975) later insisted that for him deviance and the sick role are two *different* aspects of the problem. He related the sick role to the concept of 'capacity', and deviance to the concept of the 'motivatedness' of illness.

In Gerhardt's suggested reading, the focus of the *incapacity* model is on the 'negative-achievement' aspect of illness. It embodies a view on the causation of illness which stresses the 'erosion of a person's role capacity' and accounts for this breakdown in terms of a failure to keep well. Since it is in role capacity that the person fails, it is through a role – that is, the sick role – that she or he recovers: the sick role is seen as a 'niche in the social system' where incapacitated individuals may 'withdraw while attempting to mend their fences, with the help of the medical profession'. The *deviancy* model focuses on the 'positive-achievement' aspects of illness, or the motivational forces at play.

Psychoanalysis influences Parsons here. 'If only slightly altered to serve a *tabula rasa* rather than an instinct-drive image of the (un)socialized person, psychodynamic views are behind the concept of the unconsciously motivated aetiology of illness. They also inspire the idea of "unconscious psychotherapy" incorporated in medical treatment' (Gerhardt 1989: 15).

Certainly Gerhardt's interpretation is a challenge to take Parsonian structural-functionalism more seriously on issues of health and healing than has become customary. Nor did Parsons just contribute the sick-role mechanism to medical sociology. Turner (1995) draws attention to his work on the ethical or non-profit orientations of the professions, referred to earlier; on the effects of social structure and culture on health; and on the relationship between death, religion and the 'gift of life', which he saw as allied to wider issues of meaning. Each of these contributions has triggered discrete literatures. But rather than delve further it may be more productive to consider three general but persuasive criticisms of the structural-functionalist paradigm Parsons promoted (see Baert 1998). There is arguably more to learn from these than from more provincial two-a-penny critiques of mere characterizations of the sick-role.

First, quite independently of how all-consuming and analytically tight Parsons's structural-functionalism may be, it remains unclear just how much explanatory power his theory possesses. It is difficult, for example, to fathom how Lawson's demi-regularities might add to or subtract from their plausibility. And theories which are untestable, even in principle, must be deemed, as Popper would say, pseudo-scientific. A second and standard criticism of the structural-functionalist paradigm is that it fails to address (even the possibility of) conflict or disequilibrium. Thus Baert (1998: 53) writes of Parsons:

in his earlier work he developed a theoretical argument aimed at understanding how social order is brought about. Likewise, his system analysis was primarily aimed at explaining how the stability of a system is achieved – how it manages its boundary maintenance and its internal integration. Parson's frame of reference not only fails to account sufficiently for widespread dissensus and major political or industrial conflicts, but also occasionally to exclude the very possibility of their existence.

Third, it is far from self-evident *how* Parsons's four functional prerequisites to any social system – namely, adaptation, goal-attainment, integration and latency/pattern-maintenance – actually secure the maintenance and survival of the system; and nor is it plain *how much of each* is indicated.

(Neo-)positivist sociology is not of course atheoretical, it merely presents as such. The theories articulated thick-and-fast through Parsonian structural-functionalism on the other hand are pitched at such a level of generality that they seem to defy test or revision by empirical investigation. The route from (neo-)positivism to structural-functionalism is one from 'systematic' or 'abstracted empiricism' to 'grand theory', from one of C. Wright Mills's (1963) twin evils to the other. What then might provisionally be said of structural-functionalism? Apart from the issue of its lack of testability, two further

observations suggest themselves. The first concerns agency. Despite both Parsons's early objections to positivism's silence on purposive action and his resultant pursuit of his pattern variables, it must be acknowledged that his own agents quickly became 'oversocialized' (Wrong 1961). In this respect his work was to be readily distinguished from that of the interactionists (Dawe 1970). For a combination of reasons, agency goes missing in Parsonian structural-functionalism (which is not to say it is irrecoverable). The second observation is more positive. If Parsons has relatively little of lasting value to contribute to our understanding of the lifeworld, the relevance of his studies for comprehending the system may be more compelling. It will be argued in later chapters that medical sociologists have tended not to allow fully for the significance of the system (active via (excessive) system rationalization and lifeworld colonization), not least because it 'functions' largely 'beneath the surface' and 'behind people's backs'. It is possible to take this much on board without being seduced and compromised by 'systems analysis' of the type espoused by the American neo-functionalists and, especially, Luhmann.

## Interactionism

When the term 'variable analysis' was used in the account of (neo-)positivism, the criticisms were directed chiefly towards the 'analysis'; but as Pawson notes, Blumer's (1956) classic critique of variable analysis had a different aim. Blumer's objection was to the 'variable' in variable analysis: 'the interpretative critique objects to the very notion that the social world can be broken down into a set of stable, identifiable elements' (Pawson 1989: 35). In comparison to structural-functionalism, interactionism was agent- rather than system-oriented. We shall concentrate for the most part on Mead and on Blumer's espousal of 'symbolic interactionism', although mention will also be made of Goffman.

Mead's social psychology, informed by the American philosophy of pragmatism, was a prime source for symbolic interactionism, although the actual phrase was first used in 1937 by one of his students, Blumer, and the movement probably peaked in the 1960s. Mead taught with Dewey in Chicago and, in an audit-free zone, published his first paper at the age of 40; his influential *Mind, Self and Society* (1934) was based on lecture notes. Eschewing Cartesianism, he argued that the self must be a *social* self, bound up as it is with social interaction and language. Baert (1998) distinguishes between 'interactionist' and 'symbolic' dimensions to this social self. The former refers to people's capacity to adopt the attitude of other individuals and of the 'generalized other', and the latter refers to the dependency of the social self on the sharing of symbols (including non-verbal gestures and communication). A further distinction, that between the 'I' and the 'me', is less apparent in Mead's text than in commentaries. In general terms, the 'I' stands for the acting, innovating aspect of the self, while the 'me' represents the 'I's' object: the 'I' can only be observed or recalled as the 'me'.

Blumer drew heavily on Mead's conceptual tools. He moved from Chicago to Columbia, where it fell to him to develop Mead's ideas to counter the local functionalism of Merton and positivism of Lazarsfeld. Arguably, there are four main ideas underlying Blumer's symbolic interactionism (Baert 1998). First, he follows Mead in emphasizing that individuals have social selves and hence a capacity for 'self-interaction'. Second, this time departing from Mead, he echoes Parsons in alluding to the problem of social order. Social order, he argues (anticipating Garfinkel's paradigm of ethnomethodology), is contingent upon people's recurrent use of identical schemes of interpretation. Third, he claims that individuals act towards an object in their environment on the basis of the meaning they attribute to it. Meaning is not intrinsic to an object; rather, the meaning of an object can and does vary in line with individuals' projects. 'The actor selects, checks, suspends, regroups, and transforms the meanings in the light of the situation in which he is placed and the direction of his action' (Blumer 1969: 5). This attribution of meaning to an object is, in turn, 'constituted, maintained and modified by the ways in which others refer to that object or act towards it' (Baert 1998: 73). And, fourth, Blumer uses the term 'joint action' to refer to a 'societal organization of conduct of different acts of diverse participants' (Blumer 1969: 17). Examples of joint actions, which always grow out of previous joint actions, would be marriage, a doctor-patient encounter or an academic seminar. However stable, joint actions are made up of the component acts, and hence are dependent on the attribution of meaning; but at the same time they are different from each component act and from the aggregate of those acts.

The impact of the studies of Mead and Blumer on medical sociology, although indirect, has been considerable. Gerhardt (1989) distinguishes between two models of illness found within the interactionist paradigm, the *crisis* and *negotiation* models. The former she associates with the 'labelling' perspective on deviance of theorists like Lemert and Becker, as well as with the 'anti-psychiatry movement'; societal reaction is viewed as 'public crisis' and the changes it induces as 'the irreversible consequences of a once-and-for-all impact'. The 'ceremonial' application of a diagnostic label of mental illness, for example, 'ascribes' (d'Arcy 1976) a new 'master status' (Hughes 1945) which (a) 'validates identity' (Schur 1971), but also (b) leads to 'retrospective interpretation' ('I always thought he was odd, do you remember . . .') (Kitsuse 1964) and (c) sticks, often for life (Freidson 1970). Scheff's (1966) *Being Mentally Ill* is in many respects an exemplar. Medicine is here viewed as the 'application of diverse therapeutic strategies under the auspices of "professional dominance"' (Gerhardt 1989: 89-90).

The negotiation model envisages a more open exchange between patient and health worker in medical settings which may or may not be dominated by the latter's authority. Taking her cue from the work of Strauss *et al.* (1963), Annandale (1998: 25) puts it clearly:

negotiation connotes meaning which develops in the course of interaction; it is through meaning-making that individuals know the world and

are able to act effectively in it. Consequently, action in the health-care context involves a process of definition of others, and, thereby, negotiating a consensus (which may be fleeting enough to allow one to 'get by' in a particular task, or sufficiently long-term to anticipate a changed self or new social policy).

Glaser and Strauss's (1965) study of 'awareness contexts' in relation to dying patients, and Roth's (1963) study of the construction of 'timetables' in the illness careers of patients with tuberculosis exemplify this approach.

This is perhaps the most appropriate juncture at which to mention the 'dramaturgical analysis' of Goffman, a figure as important for medical sociology as he is difficult to categorize (see Strong 1979a, b). If he cannot be subsumed under the rubric of symbolic interactionism, for all that he was a graduate student of Blumer, several of his contributions to understanding health and healing show a marked affinity with Gerhardt's negotiation model. Like Blumer, Goffman avoided explaining human conduct in terms of system imperatives but, unlike Blumer, he fought shy of producing a consistent theoretical frame of reference. His sociology is one of 'co-presence' (Gouldner 1970: 379). His main interest is in rule-governed, but not wholly scripted, 'performances' in face-to-face encounters. He analyses *impression management* in 'front regions' (in respect of the 'personal' as well as of 'settings'), and pays attention too to the significance – for example, as emotional outlets – of 'back regions' (Goffman 1969).

Goffman (1968a) most conspicuously influenced medical sociologists through his analysis of *asylums*, which charted the 'moral career of the mental patient' as part of a wider appreciation of 'total institutions', and in his analysis of *stigma* (Goffman 1968b). In the latter he distinguishes between 'virtual social identity', or the stereotypical notions of the 'other' which we make in routine social interaction, and which become transformed into 'normative expectations' about how the individual other *ought* to be; and 'actual social identity', or the attributes the individual other actually possesses. Thus a stigma 'is really a special kind of relationship between attribute and stereotype' (Goffman 1968b: 14). It is an account, or 'sensitization', of stigma which has proved compelling (see Williams 1987); my own distinction between 'felt' and 'enacted stigma' is indebted to Goffman's conceptual and theoretical spadework (Scambler and Hopkins 1986).

What general criticisms might be proffered of Mead, Blumer and the interactionists, and of Goffman too? First, it is commonly asserted that they are necessarily silent on social structure. This may in fact be truer of Blumer than of Mead, especially if structure is conceptualized, as is frequently the case in modern social theory, in terms of rules and resources. After all, Mead's notions of the self and of the generalized other imply a concept of structure of sorts: 'to adopt the arguments of others implies the internalisation of the community's implicit shared rules' (Baert 1998: 74); but it is a limited – enabling rather than constraining – appreciation of structure.

Second, interactionism in this guise seems also to neglect the unintended consequences of purposeful action. Neither Mead nor Blumer, nor even

Goffman, distinguishes adequately between people's capacity to reflect on their actions ('first-order reflexivity'), which is inherent in interactionism, and their capacity to reflect on the underlying structural conditions of these actions ('second-order reflexivity'). Baert (1998) rightly points out that second-order reflexivity, thus defined, has become a key characteristic of high modernity (see Beck *et al.* 1994).

It might be said of interactionism, then, in its symbolic and other forms, that it more naturally accommodates agency than structure, and the day-to-day activities of the lifeworld than the – often covert and conflictual – media of money and power associated with the system. But this may in fact be more true of the interactionist paradigm at its American (1960s) and British (1970s) peaks than of its current output (see Annandale 1998). It is a question we shall return to.

## Phenomenology

When Husserl set out to repair what for him were the damaged goods of Hume's empiricism (which underwrote the (neo-)positivisms) on the one hand, and Descartes's rationalism (epitomized in the Cartesian 'method of doubt') on the other, it was in the name of founding an indisputable, objective and rigorous 'new' science. He claims that we are born into the (pre-scientific) *Lebenswelt* or lifeworld, which he then distinguishes from the objective-scientific world. These are 'two different things': 'the knowledge of the objective-scientific world is 'grounded' in the self-evidence of the lifeworld. The latter is pre-given to the scientific worker, or the working community, as ground; 'yet, as they build upon this, what is built is something different' (Husserl 1970: 130–1). If we are to understand the structures of *both* the lifeworld *and* the world of objective science, together with how these worlds are interrelated, then we must do so on the basis of a transcendental phenomenology grounded in transcendental subjectivity (Bernstein 1976: 131). But how might this be accomplished?

Husserl picks up on Brentano's assertion that consciousness is always in the accusative: consciousness is always 'consciousness of . . .'. What is required to render the lifeworld and the world of objective science 'transcendentally understandable' is a move from the 'natural attitude', according to which neither the reality of these worlds nor our knowledge of them is ever questioned, to the philosophical attitude. This is done via the phenomenological reduction or *epoche*, which involves 'bracketing' or suspending all presuppositions about the objects of consciousness: the residue is an individual consciousness or empirical ego. A further transcendental reduction takes us to pure consciousness or the transcendental ego.

Husserl's project is a radicalization of Descartes's method of doubt. He asks what, stripped of all appearances, *there must be*. The phenomenon given in pure consciousness, he argues, is the essence of the object experienced empirically in the natural attitude. The essence or 'eidos' of a phenomenon is

that which is present in pure consciousness, and hence that which ‘makes the object knowable, experiencable by consciousness’. The method for isolating or intuiting essences is the ‘eidetic reduction’: by an imaginative exercise termed ‘free variation’, the object’s location in consciousness is set aside and its unchanging or universal characteristics are exposed. The ontology of essences arrived at in this way provides the ground upon which the lifeworld and the world of objective science are constructed. Ultimately on offer, then, is a new ‘first philosophy’ or ‘eidetic science’.

Schutz was among those with deep reservations about aspects of Husserl’s transcendental phenomenology; but he nevertheless took a lead from Husserl in striving to develop a phenomenological understanding of the lifeworld. In *The Phenomenology of the Social World* (Schutz 1970), first published in 1932, he claims to have found in Husserl’s work solutions to problems left unresolved by Weber. For Schutz, the primary goal of the social sciences is to reach an understanding of the constitution and maintenance of ‘social reality’. And he defines social reality as

the sum total of objects and occurrences within the social cultural world as experienced by the commonsense thinking of men living their daily lives . . . It is the world of cultural objects and social institutions into which we are all born, within which we have to find our bearings, and with which we have to come to terms. From the outset we, the actors on the social scene, experience the world we live in as a world both of nature and of culture, not as a private but an intersubjective one, that is, as a world common to all of us, either actually given or potentially accessible to everyone; and this involves intercommunication and language. (Schutz 1962: 53)

What Weber had failed to do was to elucidate precisely *how* the social scientist might study the lifeworld. Schutz argues that social reality is intersubjective and that we therefore share schemes of meaning. The interpretations which we jointly make in everyday life are based on the common *stock of knowledge* which we all share. This is in part personal and idiosyncratic, but it is also inherited rather than invented anew by each generation. Furthermore, ‘our involvement in the flow of action and our use of the stock of knowledge is, in the natural attitude, one predominantly directed towards practical ends’ (Anderson *et al.* 1986: 91). An individual’s stock of knowledge consists of ‘typifications’ which are taken-for-granted unless/until revealed as such by phenomenological reductions of the kind prescribed by Husserl. These typifications are organized according to a dynamic/system of *relevances* determined by an individual’s (ever-changing) interests.

The lifeworld can be stratified into different social dimensions, each with its distinctive spatio-temporal structures. Primary among these is the social dimension of face-to-face relations and interactions (the ‘pure’ We-relation). Here individuals ‘participate’ in each other’s conscious life and there is a ‘synchronization of two interior streams of consciousness’ (Schutz 1964: 26). The world of contemporaries has different properties; it involves persons ‘whom

I informally encounter face-to-face'; persons 'whom I have never met but may soon meet'; persons 'of whose existence I am aware as reference points for typical social functions (e.g. the post office employees processing my mail)'; as well as 'a variety of collective social realities (e.g. Governmental agencies) which exist and affect my life, but with whom I may have no direct contact' (Bernstein 1976: 149). Whereas a face-to-face interaction is constituted mainly by a 'Thou-orientation', a relation in the 'non-concrete' social dimension of contemporaries is constituted mainly by a 'They-orientation'. But both social dimensions share a time zone in which others are either directly encountered or can be encountered. This is not true of two other social dimensions about which Schutz has less to say – those of 'predecessors' and 'successors'.

Overlapping with this concept of social dimensions is that of 'multiple realities'. By this Schutz means that within clearly demarcated forms of social life (e.g. daily life, but also fiction, science, social science and so on), that is, within "'finite" provinces of meaning', 'the systems of relevancies invoked and the stocks of knowledge available enable us to bestow the character of "factuality" in different ways' (Anderson *et al.* 1986: 93). Social scientists have not realized, Schutz contended, that the subjectivity found in the lifeworld needs to be made available under the 'theoretical attitude'. Sociologists are *not* concerned with the experiences and meanings of actual individuals, but rather with 'typical actors' with 'typical motives' who pursue 'typical goals' via 'typical courses of action'; that is, with 'second-order typifications' (or typifications of typifications). Schutz arrives at three postulates for social scientists. The first is that of logical consistency. The second is that of subjective interpretation: action must be taken as meaningful for social actors. The third is that of explanatory adequacy: social scientists cannot attribute to 'actors in the theory' anything other than common-sense theories (Anderson *et al.* 1986).

Garfinkel's (1952: 114) debt to Schutz is apparent from his PhD thesis: the question he sets himself is 'how men, isolated yet simultaneously in an odd communion, go about the business of constructing, testing, maintaining, altering, validating, questioning, defining an order *together*' (see Heritage 1984). Mead and the symbolic interactionists were influences too, as was Parsons, who supervised Garfinkel's doctorate and bequeathed to him the Hobbesian problem of social order. But Garfinkel's ethnomethodology was also distinctive. Its focus was on the study of the routines of everyday life. He used the term *reflectivity of accounts* to refer to the fact that people constantly make sense of their surroundings and that 'these sense-making practices are constitutive of that which they are describing' (Baert 1998: 85). He argues, in a manner evocative of Wittgenstein's *Philosophical Investigations* (1958), that people know the 'rules' only in that they are skilful in acting in accordance with them. Our knowledge in everyday life – which is tacit and practical rather than discursive or theoretical – is 'seen-but-unnoticed'. A related theme is that of *indexicality*, which is that the meaning of objects and social practices depends on the context in which they arise.

In his empirical studies, Garfinkel (1967) was fond of ‘breaching experiments’ which disrupted the routines of everyday life. He emphasizes that people develop emotional attachments to rules and that, if these are broken, rather than adjusting their interpretive procedures they tend to heap moral condemnation on the ‘deviant’. The phrase ‘documentary method of interpretation’ in Garfinkel’s work alludes to a ‘recursive mechanism in which people draw upon interpretive procedures to construct “documentary evidences”, which are, in their turn, employed to infer the interpretive procedures’ (Baert 1998: 87). In this way interpretive procedures are durable through and beyond circumstances which threaten them.

For Gerhardt (1989: 196), the phenomenological paradigm gives rise to a single model of illness, as *trouble*. Focusing mainly on (diverse) work in ethnomethodology, she claims that illness as trouble elicits one of two responses: ‘either the sick person’s environment is shown to use neutralization practices to reduce potential blunders, together with discriminatory practices to reduce participation. Or the trouble is diagnosed and dealt with by an expert (in the case of illness usually, but not always, a doctor).’ As far as therapy is concerned, the emphasis is on the form of rationality that prevails in clinical settings. Garfinkel (1967) stresses the practical – rather than theoretical – nature of clinical endeavour, which he defines as an ‘artful contextual accomplishment’. Weiland (1975), in similar vein, argues that although medicine relies on the natural and social sciences, the core of medical work is the situational *use* of this knowledge in ever-changing, if routinized, circumstances. The theme of medical dominance comes and goes in phenomenological studies.

Leaving aside the matter of the flawed transcendental phenomenology of Husserl, as fatally *asocial* as Hume’s empiricism, a number of criticisms are popularly levied against the ‘applied’ phenomenological approaches of writers like Schutz and, more substantively, Garfinkel. First, recalling the influence of Parsons, it seems incontrovertible that, however illuminating their work may be in accounting for ‘symbolic order’, it is less impressive in respect of ‘politico-strategic order’ (Baert 1998: 88). Second, while they have shown how actors share common stocks of knowledge and work in complex ways to restore order, they are less forthcoming on the (witting) transformation of social structures. In fact, there is a disturbing silence on deliberate action either for or against change. And third, there is a neglect of power, privilege and asymmetrical relations, ironically in that these frequently underpin or shape the social mechanisms under phenomenological investigation. Like interactionism, phenomenology might be said to be more reticent about the system than about the lifeworld, but just as with interactionism, this is, as we shall see, a conclusion in need of qualification.

## Conflict theory

The subheading ‘conflict theory’ is even more of an umbrella term than its predecessors in this chapter; but it will be expedient here to focus on Marx.

Marx, notorious upender of Hegel, was a realist, providing, if Bhaskar (1989a) is to be believed, an early prototype for a critical realist reading of social change. Keat and Urry (1975) usefully distinguish four ways in which Marx was in 'methodological' opposition to the 'vulgar' political economists of the late eighteenth and early nineteenth centuries. First, Marx insists that men act on the external world by means of 'labour', changing both it and themselves, forging a human domain through the production of material objects; and labour and production are inherently social processes. Furthermore, definite stages are identifiable: distinctive types of society exist, each characterized by a distinctive set of human needs met through distinctive means of organizing labour. Marx objects to any political economy focused on isolated individuals, which theorizes society as an aggregate of individuals.

Second, he holds that a phenomenon like capital must not be seen as a natural 'thing'; rather, capital is 'one element in a definite social relationship of production corresponding to a particular historical formation and is only manifested in things, such as the spinning jenny' (Keat and Urry 1975: 99). For Marx, all social phenomena are inherently relational: the category of wage-labour cannot be grasped, for example, without reference to that of capital. Third, Marx maintains that there are no natural or general laws of economic life which are independent of given historical structures (the assertion of which is an example of *commodity fetishism*). Economic laws deal with things which are social rather than natural and need to be seen as specific to a particular mode of production.

Fourth, Marx complains that vulgar political economies trade merely in surface appearances, failing to penetrate deeper to what critical realists term the *real*. He argues that it is commodity fetishism in capitalism that causes this divergence between appearance and reality. Commodities are objects produced which have both a *use-value* – that is, a usefulness to their consumers – and an *exchange-value*. But objects are produced for their exchange-value. People come to see the exchange-value of a given commodity not as a product of men's labour, but as a 'naturally given fixed property of the commodity' (Keat and Urry 1975: 100). Commodities are assumed to have 'thing-like' relations with each other. The social comes to be seen as natural. Thus commodity fetishism means that the real, social relations of production do not appear as they are. Marx regards any – (neo-)positivist – social science stuck at this fetishistic level of appearances as false and distorting.

Marx's espousal of historical materialism is too well known to warrant yet another exposition. In any case, we shall return to his analysis of change and capitalism later. It will be sufficient here to comment on his (relatively underdeveloped) treatment of *relations of class*; on *function* and *contradiction* in the capitalist mode of production; and on his *method of abstraction*.

The commodification of labour-power is the distinguishing feature of capitalism. Wage-labourers may be formally free, but without alternative means of subsistence they are effectively 'wage-slaves'. Moreover, what might be described as 'value-added' is entirely due to labour-power. Whether or not labour-power is in fact a process of value-adding depends on capital's capacity

to control workers in the labour process; productivity is critical. Control and productivity are essential for the (exploitative) appropriation of the *surplus value* created by labour. Jessop (1998: 26) puts it well:

the struggle between capital and labour to increase productivity (by extending the working day, intensifying effort during this time, or boosting output through cost-effective labour-saving techniques) is the fundamental basis of the economic class struggle in capitalism. Class struggle is not simply about relative shares of the capitalist cake. It is rooted in the organization of *production* itself (the labour process) and not just in *market relations* (including struggles over wages) or *distribution* (including distribution through the state). It concerns not only the accumulation of money as capital but also the overall reproduction of capital's domination of wage-labour in the economy and wider society.

Marx certainly deploys a notion of 'functional interdependence' in relation to the capitalist mode of production, even if he rejects functionalist explanation of the kind later employed by Parsons. He recognizes that there are specific functional needs that must be satisfied for a particular mode to exist. The functional interdependencies Marx identifies have to do with the relations of domination that have characterized all forms of society, with the exception of primitive communism. They are based, in short, on the contradiction between the dominant and dominated class.

Consider two of the functional needs of the capitalist mode of production, namely, 'for agents who perform the capitalist function: buying labour-power, directing the use of such power in capitalist enterprises, and so on', and 'for agents who perform the labour function: selling labour-power and producing exchange-value for the capitalist' (Keat and Urry 1975: 115). These functional needs must be met for the capitalist system to sustain and reproduce itself, yet they form a contradiction. Capitalists in competition must strive to expand their profits through accumulation; but this is achieved at the direct expense of those who provide labour-power. In the short term (and holding the level of exploitation constant), anything which increases the proportion of exchange-value that accrues to the capitalist must reduce that received by his wage-labourers. And in the longer term, in Marx's (1933: 39) own words, 'if . . . the income of the worker increases with the rapid growth of capital, there is at the same time a widening of the social chasm that divides the worker from the capitalist, an increase in the power of capital over labour, a greater dependence of labour on capital.' This is a (threatening) structural contradiction at the heart of capitalism.

Finally, it is appropriate, especially in relation to his realism, to mention Marx's discussion of his method of abstraction in *Grundrisse* (Marx 1973). He argues that one cannot adequately analyse a given population in terms of characteristics like its urban-rural divide or occupational structure. Rather, one must ask questions of its classes and all that follows from these. This shifts the analysis from the concrete to 'abstract general principles'. Marx (1973: 101) insists, however, that the scientific method, properly understood,

involves using abstract general principles to reconstitute the concrete as a complex combination of many determinations, 'a unity of the diverse'. Keat and Urry (1975: 113) again: 'we analyze how the objects of analysis are determined by the complex combinations of relations between the various abstractly realized notions.' Thus, a given population is not seen abstractly but as determined by the 'rich totality of many determinations and relations' (Marx 1973: 100).

The spotlight has dwelt on selected aspects of the work of Marx but, as mentioned earlier, there are many other conflict theorists. This is recognized in Gerhardt's (1989) two medical sociological models: while one, the *deprivation* (or *deprivation-domination*) model, owes much to Marx, the principal debts of the other, the *loss* model, lie elsewhere. The loss model emphasizes an individual's state of heightened susceptibility to illness due to (socially structured) biographical circumstances indicative of 'loss'. The positive impact of social support on health is often cited. Treatment, in this vein, tends to focus on strengthening those resources which act as social support. The studies of Brown and Harris (1978) serve as exemplars. The deprivation model concentrates on populations rather than individuals. The risks to health and longevity are seen as graded by social strata, as in the long tradition of health inequalities research. Treatment consists in societal rather than individual measures, although these may include calls for 'demedicalization' (see Zola 1972) and 'deprofessionalization' (after the fashion of the polemicist Illich 1975), as well as directly for reductions in material, cultural and other forms of inequality.

It is an even more difficult task to collate criticisms of conflict theory than it was for the paradigms sketched earlier. To say that it tends to be orientated to system and structure rather than lifeworld and agency is more true than false but not particularly helpful. It is a paradigm marked by heterogeneity. As far as Marx is concerned, and notwithstanding an exhaustive critical literature on his continuing (ir)relevance for analyses of high or late modernity/postmodernity (which will be consulted in later chapters), two points stand out at this stage.

First, while Marx (credibly enough) attaches great significance to 'labour', he (less credibly) all but ignores 'interaction', a charge laid most heavily over the years by Habermas (1986). And second, however understandable it may be given some of the propositions contained in his corpus, it will *not* do to assess Marx's theories as if they are (neo-)positivist exercises in 'explaining/predicting' (see above). This said, Marx fails to convince with his alternative account of the scientific method (Keat and Urry 1975). And insofar as his method of abstraction anticipates contemporary critical realism, it remains incumbent on critical realists in particular to make good this deficit.

## Loose threads

This opening chapter serves as a reminder of the main paradigms/research programmes that have informed medical sociology through modernity, and

of some of the flaws or weaknesses each manifests. But this is only one of its purposes. It is evident that each paradigm/research programme has been founded upon sharp insight and retains value and a capacity to shed light on the social world in general and on health and healing in particular. This suggests a need for *synthesis*, which should be differentiated from mere eclecticism.

What might be called the paradox of *intractable preliminaries* states that sociological explanations of the social world cannot be secure unless they are philosophically grounded, the problem being that to date no attempt, be it foundationalist, like Hume's empiricism or Husserl's phenomenology, or a more recent form of post-foundationalism, has achieved anything like common assent. It seems reasonable to assert that the flaws/weaknesses of paradigms/research programmes matter most for us the more sociological – that is, the less philosophical – they are; but this is not to say that philosophical deficits cannot, on occasions, in practice as well as in principle, undermine the sociological enterprise. The points to stress are that paradigms do not have to be inviolate for us to learn from the work they circumscribe, and that this chapter has identified important theoretical resources for the business of synthesis.