

## **Chapter I**

### **INTRODUCTION**

### **CONCEPT AND THEORY**

This chapter deals with concept of health and society. Concept of health, health status, health culture and access to health care is discussed in this chapter. Theory of health and society is also discussed in this chapter.

#### **Concept of Health**

Concept of health initiates and invites a wide range of academic debate and discussion. Bio-medical concept, though it claims, alone is not enough to entail real meaning of health, scholars across disciplines condemn monotonous bio-medical model which views health solely concerned with physical factors. Health in true sense of the term, and as classified by world health organisation (WHO), is concerned with physical, environmental, ecological, demographic, geo-political, social and cultural factors. Therefore, concept or conceptualisation of health, according to scholars, needs holistic view<sup>1</sup>.

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<sup>1</sup>Howard E. Freeman, Sol Levin and Leo G. Reeder, Handbook of Medical Sociology, Second Edition, Prentice Hall, New Jersey, (1972), Pp. 63-169

**Bio-medical concept** views health as merely absence of disease or illness. Human body is considered as a machine and disease is a consequence of breakdown of machine. Medical professionals are mechanics to repair human machine. Thus health comes only under purview of medicine.

**Germ Theory** of disease propounded by **Louis Pastur** and **Rovert Koch** claims germs or microbes cause diseases and affect health. To protect health, either germs are to be prevented from causing disease in human host or disease persons are to be treated with medicines<sup>2</sup>. **Ecological concept** of health is a response to deficiency of bio-medical model. Ecologists view health as a dynamic equilibrium between man and his environment. Disease is a mal-adjustment of human organism to environment. According to **Dubos**, health implies relative absence of pain and discomfort and a continuous adaptation and adjustment to environment to ensure optimal function. Human ecological adaptation determines not only occurrence of diseases but also availability of food and habitation. Ecological concept raises two issues, viz. imperfect man and imperfect environment. History argues that improvement in human adaptation to natural environments can

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<sup>2</sup>K. Park , Parks Textbook of Preventive and Social Medicine, Banarsidas Bhanot, Jabalpur, (2007) Pp. 12-49

lead to longer life expectancies and a better quality of life even in absence of modern health delivery services<sup>3</sup>.

**Socio-cultural concept** of health is concerned with how society and culture shape health of individual or community. Socio-cultural concept of health emphasises relationship between position in social structure, belongingness to particular culture and condition of health. Social etiology of disease deals with social conditions responsible for occurrence of disease. Social factors like race, gender, class, occupation, income, education etc. are regarded fundamental determinants of health. Culture becomes important in study of health, disease and illness. Concept of health varies from culture to culture. Culture determines health behavior and health care<sup>4</sup>.

**Robert Evan**, an economist, **Moris Barer**, an epidemiologist and **Theodor Marmor**, a political scientist focus on patterns of disease distribution in their book '*Why Some People Healthy and Others Not: The Determinants of Health of Population*' (1994)?. They synthesize research on health in several disciplines in United States and other countries and conclude that

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<sup>3</sup>Ibid Pp. 13

<sup>4</sup>Michael Marmot and Richard G. Wilkinson, Social Determinants of Health, Oxford, New York, (1999), Pp. 1-16

primary determinants of health of people as well as distribution of disease within society are embedded in social structure of society. They identify six possible causal pathways through which one's position in social structure can determine health status or likelihood of disease. These pathways are reverse causality, differential susceptibility, individual lifestyle, physical environment, social environment and differential access to health care<sup>5</sup>. Sociology of health makes a significant contribution to study of social determinants of health and illness. There is a long history of empirical examination of linkage between non-biological factors and health. Researchers from numerous disciplines proved linkage between health status and socio-economic factors like poverty, income, attainment of education, occupation, class etc. **William Petty** (1623-1687) an anatomist, economist and author of *Political Anatomy of Ireland* provides numerous data to show influence of social resources on health<sup>6</sup>.

**Chadwick's** pioneering work on sanitary condition of labouring population in Great Britain indicates non-biological factors responsible for occurrence of disease and pestilence in 19<sup>th</sup> century. Research evidences further

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<sup>5</sup>[www.google.co.in](http://www.google.co.in), population health in canada a systematic review,, accessed on 01.08.2012

<sup>6</sup>[www.google.co.in](http://www.google.co.in), William petty, political anatomy of Ireland, accessed on 01.08.2012

reinforce such linkage<sup>7</sup>. **Michael Marmot** argues that environment shaped by social and economic organisation is partly responsible for health and factors like childhood environment, work environment, unemployment, pattern of social relationship, social exclusion, food, addictive behavior and transport do account for difference in disease rate within and between countries. Numerous studies of such kind have been conducted not only in European and American societies but also in Asian and African social context. Mortality and social class in UK studied by **Drever** and **Whitehead** (1996), **Link and Phelan** (2000) to establish relation between education, income and health in USA<sup>8</sup>. In India studies have been conducted by **Harold A.Gould**(1965), **D.N. Kakar**(1972), **Debabar Banerjee** (1973), **T.K. Oommen**(1978), **S. K. Sahu** (1980) and **Madhu Nagla** (1980) and many others to establish relationship between society and health<sup>9</sup>.

**Holistic concept** is a synthesis of all above concepts. It recognizes strength of social, economic, political and environmental influences on health.

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<sup>7</sup>Christopher Hamlin, 'Edwin Chadwick, Mutton Medicine and the Fever Question', Bulletin of the History of Medicine, Vol. 70.2, 1996, Pp 233-265

<sup>8</sup>Michael Marmot and Richard G. Wilkinson, Social Determinants of Health, Oxford University Press, New York, 1999, Pp 1-14

<sup>9</sup>Madhu Nagla, Sociology of Medical Profession, Rawat Publication, Jaipur, 1997, Pp 1-258

Holistic view corresponds to views of ancients that health implies a sound mind, in a sound body, in a sound family, in sound environment. Holistic view is made for promotion and protection of human health<sup>10</sup>.

**Definition of health** in concrete sense is difficult to establish. Scholars attempt to define health from time to time but arriving at proper definition of health still remains incomplete. Widely accepted definition of health is given by World Health Organisation in preamble of its constitution in 1948. **WHO** defines '*Health as a fundamental human right inclusive of physical, mental and social well-being and not merely absence of disease or infirmity?*' This definition too is not free from criticism because of its abstractness. It fails to operationalise concept of health. Studies of epidemiology of health need an operational definition to measure health and well-being directly<sup>11</sup>.

**Health status** is a concept with help of which health can be measured. Health status in physical sense influencing factors like height and weight, nutrition, agility and flexibility or ability to move, sanitation and compliance with prescribed medications, treatment, activity, diet etc.

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<sup>10</sup>K. Park , Parks Textbook of Preventive and Social Medicine, Banarsidas Bhanot, Jabalpur, (2007) Pp. 12-49

<sup>11</sup>Rachel E. Spector, Cultural Diversity in Health and Illness, Prentice Hall, London, (1940) Pp. 18-23

Sometimes Body Mass Index (BMI) is used to understand health status. Some parameters of health status are sex ratio, density of population, life expectancy, mortality, morbidity, birth rate, longevity, nutrition and access to health care system<sup>12</sup>.

**Health culture** is a concept central to understand health status of a community. Health culture is that complex whole which includes cultural conception and meaning of health problems and health behaviour of individuals in context of available and accessible health institution. As any other cultural entity, health culture also undergoes change<sup>13</sup>.

**Access to health care** means use of health care by those who need it. Access can be synonymously used with accessibility and can be defined as the degree to which health care services and supplies may be obtained at a level of effort and cost that is both acceptable to and within the means of large majority of population<sup>14</sup>.

**Illness Behaviour** refers to way in which symptoms are perceived, evaluated and acted upon by a person who recognizes some pain or

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<sup>12</sup>Bijay Kumar Behera, Gender, Health Status and Primitive Tribes, B and B Publishers, Bhubaneswar, 2009, Pp 11-12

<sup>13</sup>Ibid Pp 13-14

<sup>14</sup>David Morley, J.E. Rohde and G. Williams, Paractising Health For All, Oxford University Press, Oxford, 1983, Pp 1-329

discomfort or other signs of organic mal function. **Edward Suchman** (1965) devised an orderly approach for studying illness behavior with his elaboration of five key stages of illness experience. These are symptom experience, assumption of sick role, medical care contact, dependent patient role and recovery and rehabilitation. Each stage involves major decisions that must be made by individuals that determine whether sequence of stages or process is discontinued<sup>15</sup>.

### **Concept of Society**

Society is conceptualised by different sociologists in different ways. According to **R.M.MacIver**, society is an organisation of men which guides and controls their activities. This organisation, society, formulates standards for men to follow and maintain which is essential condition for fulfillment of their life. He also views society as a system of usages and procedures of authority and mutual aid where many groups and divisions emerge to control human behavior and to ensure liberties of men. Thus society becomes a complex network of social relationships. This complex network of social relationship is ever changing in nature. According to him, a psychical condition is essential for formation of society. This psychical

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<sup>15</sup>Howard E. Freeman and Sol Levin, Handbook of Medical Sociology, Fourth Edition, Prentice Hall, New Jersey, (1989),Pp. 1-508



condition is nothing but mutual recognition of men's relationship. This mutual recognition depends upon likeness and difference of men with other men. Range of social relationship differs from society to society<sup>16</sup>.

Further a complex society is made up of huge range of social relationships. Social relations unite men and help to maintain harmony and consensus among them but certain social relations create conflict and hostility among men. Above all he points out that men are a social animal and this nature of men is first and foremost condition of formation of a human society<sup>17</sup>.

**Morris Ginsberg** conceptualises society as 'a collection of individuals united by certain relations or modes of behaviour which mark them off from others who do not enter into those relations or who differ from them in behavior. Not all collections or aggregates form groups. Groups are masses of people in regular contact or communication and possessing a recognizable structure'<sup>18</sup>. **Kingsley Davis** is of view that any society, as a system of relationship, continues beyond life span of any individual or generation depending upon some mechanisms to fulfill universal necessities. These universal necessities are maintenance of population,

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<sup>16</sup>R. M. Maciver and Charles H. Page, Society An Introductory Analysis, Surjeet Publication, Delhi, 2006, Pp 5-8

<sup>17</sup>Ibid Pp 7-8

<sup>18</sup>Morris Ginsberg, Sociology, Fourth Indian Publication, Surjeet Publications, Delhi, 2009 Pp 40-41

division of functions among population, solidarity of group and perpetuation of social system<sup>19</sup>.

**Community** is another primary concept in sociology. The term community means a group of people live together and share basic conditions of common life. Group may be large or small but one's life may be lived wholly within it. All of one's social relationship may be found within a community. Within a greater community several communities may exist. There are two bases of community. These are locality and community sentiment. A community always occupies a geographical or territorial area. According to **MacIver**, members of community at every moment occupy together a definite place on earth's surface and place or locality becomes a strong bond of their solidarity. Criteria of locality is not enough to describe a group as community, there must be a common way of life or community sentiment<sup>20</sup>. **Ferdinand Tonnies** in his book *Gemeinschaft and Gesellschaft* describes community and society. Community or *Genimschaft* relationship according to Tonnies is characterised by immobile population, ascribed status and role of family or church in sustaining a clearly defined

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<sup>19</sup>Kingsley Davis, *Human Society*, Surjeet Publication, New Delhi, 2007, Pp 26-30

<sup>20</sup>R. M. Maciver and Charles H. Page, *Society An Introductory Analysis*, Surjeet Publication, Delhi, 2006, Pp 5-8

set of beliefs which helps to flourish emotional and co-operative relationship. These features are available in village or small community<sup>21</sup>.

**Association** is another primary concept of sociology. It is a means of pursuing an end. For fulfillment of ends men may act independently or he may seek ends through conflict with one another or he may seek these by a co-operative pursuit. This co-operative pursuit is basis of an association. An association is defined as a group organized for pursuit of interest or group of interest in common<sup>22</sup>.

**Institution** is defined as established forms of procedure. Social institution is often referred as machinery through which human society organises, directs and executes various activities required to satisfy human needs. This concept of social institution makes no distinction between association and institution. But we cannot consider family and state as institutions as like as marriage and government. Therefore, an institution is to be strictly considered as established forms or conditions of procedure characteristic of group activity<sup>23</sup>.

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<sup>21</sup>Jhon Scot and Gordon Marshall, Oxford Dictionary of Sociology, Oxford University Press, New York, 2009, Pp107-108

<sup>22</sup>R. M. Maciver and Charles H. Page, Society An Introductory Analysis, Surjeet Publication, New Delhi, 2006, Pp 11

<sup>23</sup>Ibid Pp 15

**Social Structure** is also another important concept for study of society. It remains as a central concept in sociological theory and analysis. Social structure is conceptualised by different sociologists differently. According to structural functionalists social structure is made up of social institutions. A.R. Radcliffe- Brown defines social structure as network of social relationships. Structuralist Claude Levi-Strauss differentiates between nature and culture. To him, nature accomplishes fundamental principles and it is very difficult to view social structure which is an abstract mental construction of human society without entering into depth of social realities. Social structure is found in belief, value and idea if these are deeply observed in a society. Anthony Giddens turns its definition into another dimension. To him, social structure is made up of roles and resources<sup>24</sup>.

### **Theory of Society and Health**

**Structural-Functional Approach** in sociology is established by Emile Durkheim, Herbert Spencer, Bronislaw Malinowski A.R.Radcliffe-Brown, Talcott Parsons and reformulated by R.K.Merton. Structural functional school holds that society is like an organism in which different organs are

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<sup>24</sup>Jose Lopez and John Scot, Social Structure, Viva Books Pvt. Ltd., New Delhi, 2002, Pp 1-18, 95

performing specialised functions which are vital for survival of whole organism. Organs within organism are functionally interdependent to each other. Society like organism is composed of different institutions. Each and every institution is performing specialised function for survival of society as a whole. Complexity of a society depends upon degree of specialization and functional autonomy of its parts. Functionalists believe on functional unity, universal functionalism and functional indispensability of institutions. However, functionalists' view of social equilibrium, consensus, maintenance of status quo, support for dominant elites and ignorance of social conflict and change make functionalism less popular theory of society. Robert King Merton tries a lot to revitalise structural functional approach by making lot of rectification and corroboration of new innovative ideas. To rectify functional analysis Merton incorporates alteration of functional postulates and codification of functional analysis. To make functional analysis theoretically and empirically more sound he introduces theories of middle range and serendipity pattern. His concept of eufunction, non-function, dysfunction, latent and manifest function are of immense importance in theorising contemporary social issues<sup>25</sup>.

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<sup>25</sup>Robert King Merton, Social Theory and Social Structure, Amerind Publishing Co. Pvt. Ltd., New Delhi, 1972, Pp 1-156

**Emile Durkheim** establishes sociology by introducing social facts central to study of society. He argues social facts as ‘collective ways of acting, thinking and feeling that present the noteworthy property of existing outside individual consciousness’. Social facts are to be considered as things which are social in nature. In his *The Rules of Sociological Method* (1895) he says a social fact alone or social facts together constitute social institutions and social institutions comprise society. Society, according to Durkheim, is sui-generis in nature and is based on collective consciousness. Simple society is based on mechanical solidarity with less degree of specialization and interdependence. Modern or complex society is characterized by organic solidarity based on specialisation, functional interdependence and a new kind of collective consciousness. Durkheim talks about two kinds of social facts i.e. normal and pathological social facts<sup>26</sup>.

Suicide is a pathological social fact. His study on suicide shows new direction to establish sociology as a separate scientific discipline vis-à-vis enlarges of scope of sociology to penetrate in arena of mental health and illness. Scholars across disciplines point out different causes for occurrence

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<sup>26</sup>Sarah A. Solovay, John H. Mueller and George E.G. Catlin, *The Rules of Sociological Method*, Ed, The Free Press of Glencoe, 1938, Pp 1-146

of suicide in society. But Durkheim in his book *Suicide* firmly confirms social cause of suicide. He talks about three types of suicide take place in society depending on differential degree of integration of individuals with society. Degree of integration is individual's degree of attachment with or detachment from society. Egoistic suicide takes place if individual's integration with society is too less. Altruistic suicide takes place if individual's level of integration is too much with society. Anomic suicide takes place due to state of normlessness. Durkheim's theory of suicide opens a new path for establishing social causes of mental disease. Mental diseases are not only caused by physical or psychological disorders but social reasons are responsible too. Society puts constraints and creates stressful situations where people are forced to respond to conditions not of their own choice<sup>27</sup>.

**Bronislaw Malinowski** is known for his need theory. To him, social institutions emerged due collective response to stimulus. Need creates stimulus. Different institutions fulfill different needs. Magic, religion and science emerged in society as collective response to stimulus. Magic, religion and science perform social function and fulfill social need. Culture

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<sup>27</sup>Raymond Aron, Main Currents in Sociological Thought 2, Penguin Books, USA, 1965, Pp 33-44

emerges as collective response to social needs. A direct link between culture and health is articulated in work of Malinowski who considers culture as a functional response to satisfy organic and basic needs of man and race. To him, culture is integral whole encompassing human idea, craft, belief and custom. It is a vast apparatus partly material, partly human and partly spiritual by which man is able to cope with concrete specific problems that they face. Malinowski sees these problems as human needs that promote cultural responses. These needs are metabolism, reproduction, bodily comfort, safety, movement, growth and health. To him, health is implied in all other six human basic needs in addition to need for relief or removal sickness or pathological condition. Malinowski views hygiene as cultural response to health<sup>28</sup>.

**Talcott Parsons** highlights systemic feature of society. Social system, according to Parsons, is formed by unit act of selection of goals and means by individual actors. Individual actors are goal oriented but selection of their goals and means depends upon their situational conditions. Actors become oriented to goals in terms of their motives and values. Combination of different motives and values of actors give rise to instrumental,

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<sup>28</sup>Janathan H. Turner, The Structure of Sociological Theory, Rawat Publications, Jaipur, 1974, Pp 37-54



expressive and moral social actions. Various oriented actors interact with each other and when their interaction becomes patterned or institutionalized social system of status, roles and norms is established. Normative organization of status-roles becomes central to concept of Social system. Social system is supported by other parallel systems i.e. cultural, personality and behavioural systems. Cultural system generates belief, value, norms and other ideas among actors. Personality system generates motives and role playing skills among actors. Integration within and out of social system is based on two functional requisites. First a sufficient proportion of actors should be adequately motivated to perform different roles and second, a social system must ensure minimum order and avoid deviance and conflict. In his book *Structure of Social Action* Parsons talks about mechanisms of socialisation and social control which solve integrative problem of social system with other systems<sup>29</sup>.

Role performance is imperative for survival of social system. If roles are not performed by actors there occurs a social vacuum and social system no longer survives. One important cause of not performing role by actor is illness. Parsons gives a new role for actors who are unable to perform social roles due to illness. This new role is called **sick role**. Sick persons

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<sup>29</sup>Ibid Pp 57-87

are temporarily exempted from normal social roles. Depending upon nature and severity of illness, a physician can legitimize sick role status and permit patient to exempt from normal social role responsibilities. Physician's endorsement is required so that society can maintain some control to prevent people from lingering in sick role. A sick person is not responsible for his illness. He can be cured of if his sickness is taken care of by physician or medical professionals. However, a person having legitimized sick role must have to obey following obligations. First, sick persons must want to get well soon. Patient must not get accustomed to sick role and should not enjoy lifting of responsibilities. Second, sick person must seek medical advice and cooperate with medical experts. Otherwise it creates suspicion regarding authenticity of sickness. Patient's refusal to seek treatment inevitably reduces patience and sympathy of society and people surrounding him<sup>30</sup>.

Parsons puts much importance upon health of actors who are performing social role or who are oriented to perform roles. He defines health as a state of optimum capacity of an individual actor for effective performance of roles and tasks for which he has been socialised. Capacity of individual

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<sup>30</sup>Talcott Parsons, Social Structure and Personality, The Free Press, New York, 1964, Pp 258-275

actors is relative to his status in society i.e. capacity is relative to differentiated role and corresponding task structure. This capacity is also determined by age, sex and level of attainment of education. Illness is a socially institutionalised role-type. It is regarded as disturbance of capacity of individual actor for performing normal role. Actors incapacity of role performance must be legitimated and he should get exemption from performing normal role. Moreover, Parsons also talks about social and cultural relativism of health and illness<sup>31</sup>.

**Conflict Theory** emerges as a critique of Hegelian idealist philosophy which sees world as reflection of ideas and social life revolves around dialectics of ideas. **Karl Marx** and **Friedrich Engels** in their book *The German Ideology* (1846) criticized dialectical idealism and establish dialectical materialism as an adequate method of scientific study of society. According Marx and Engels, human being is unique by virtue of their capability to produce their necessary contingencies of life from nature. Production activity divides entire human society into bipolar classes of owners and non-owners of means and forces of production. In process of production owners exploit, dominate and subjugate non-owners in pursuit of making surplus and profit. Inequality, exploitation, domination,

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<sup>31</sup>Ibid Pp 274-275

subjugation, alienation and pauperization become salient weapons for making surplus profit and this becomes source of conflict in society. Marx and Engels establish an emancipatory approach of conflict and social change. They talk about evolution of productive forces from primitive communism to capitalist mode of production. Capitalist mode of production will be replaced by revolution organized by non-owners to establish socialistic mode of production which will form a classless society. Marxists are concerned about how capitalism is able to maintain its hegemony. Instead of establishing socialism, capitalism is rather touching its climax by strategic manipulation and exploitation of societies throughout globe (Marcuse). Liberalisation, privatization and globalisation are easier weapons for expansion of domain of capitalist exploitation. Capitalists of west are not only exploiting workers of their own society but unskilled and semi-skilled cheap labourers as well as raw materials of poor third world (Wallerstain, Baran, Frank, Amin)<sup>32</sup>.

Marxist scholars are always debating on propositions made by Marx for eradication of capitalism and establishment of socialism. There are scholars who criticise Marx for his economic determinism. Louis Althusser, a

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<sup>32</sup>Raymond Aron, Main Currents in Sociological Thought I, Penguin Books, USA, 1965, Pp 111-183

structural Marxist, is a critique of Marx. For Althusser, economic infrastructure does not always dominate superstructure rather superstructure dominate infrastructure in certain modes of production<sup>33</sup>.

Marxist scholars in the field of 'Sociology of Health' are concerned with relationship between health, illness and capitalist social organisation. Major focus of conflict theory in medical sociology is in role of competing interest in health care delivery and policy, other interest concern sources of illness in work environment, health of working class, difference in health status and capitalist ideologies supportive of physician patient interaction. Inequitable distribution of money, prestige and power in health care system is also concern of Marxist<sup>34</sup>.

Marxist sociologist and medical historian **Vicente Navarro** (1994) is concerned with how capitalism controls vast health care market in pursuit of making profit by capitalists without looking affordability of poors<sup>35</sup>.

**Interpretative perspective** developed by **Max Weber** is concerned with development of rationality and its impact on society. Weber in his writings

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<sup>33</sup>Anthony Giddens and David Held, Class, Power and Conflict Classical and Contemporary Debates, (Ed), MacMillan, houndmills, 1982, Pp 93-101

<sup>34</sup>Thomas J. Sullivan, Introduction to Social Problems, Fourth Edition, Allyn and Bacon, Boston, (1997),Pp 120-150

<sup>35</sup>William C. Kokerham, The Blackwell Companion to Medical Sociology, (Ed) Willy Blackwell, West Sussex, 2001, Pp1-19.

on comparative analysis of human society gives much emphasis upon importance of rationality. It is rationality which gives birth to western capitalism and bureaucratic organisation. Emergence of modern organisation, development of science and technology in western culture take place due to rationality of human thought and action. Third world countries are characterised by religious traditionalism and absence of rationality and thus lagging far behind the west in respect of economic and scientific development<sup>36</sup>.

Scholars following Weber's methodology in field of health and illness are concerned with how rationality is helping in development of modern medicine and health care. One of the important aspects of health care institution in modern society is its organisational structure and function. According to Max Weber and his followers, the most basic property of formal organisation like hospital is its logical foundation or its essential rationality. Hospital as a formal organisation is thought of as rational design for administrative efficiency and achievement of particular objectives. Like any other formal organisation hospital has its objectives, formal structure, work norms and its relationship with its environment. Any

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<sup>36</sup>Max Weber, The Protestant Ethic and Spirit of Capitalism, Routledge, London, 1930, Pp 13-38

organisation or a part of it has at any given time some primary tasks or functions which must be performed to survive. All organisations have a formal structure through which roles are defined, authority is delegated and responsibility is assured. Hospital as a large scale organisation has functioning of many groups of people. Bureaucratic structure provides an internal hierarchy of authority through which workers are allocated to different levels of work and their performance is controlled and supervised by those who are at superior level. Within an organisation, a pattern of inter-personal relation and communication develops between persons at different levels and those at same level. This structure and relationship within it have far-reaching effects on ultimate task of organisation. In ideal type of bureaucratic structure as described by Max Weber, shape of line hierarchy in organisation is usually pyramidal. Authority is centralised, rules and regulations are basic criteria for actions and participant's orientation to common rule becomes a source of predictability of behaviour. An individual officially communicates with one who is his immediate senior and those who are his immediate subordinates. Orders and requests are passed down one step at a time. Such a structure is believed to contribute a high degree of administrative efficiency<sup>37</sup>.

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<sup>37</sup>T.N. Madan, Doctors and Society, Vikash Publishing House Pvt. Ltd., Ghaziabad, 1980, Pp 240-245

Issue of motivation and control are fundamental to study of behaviour in a bureaucratic organisation. Participants are activated on the basis of certain psychological and economic factors. Some of these factors are desires for material gain, ego satisfaction, desire to avoid mental stress and status recognition. According to Etzioni (1961), the character of an organisation is greatly shaped by dominant patterns of motivation and control mechanisms. To him, there are three kinds of involvement like alienative, calculative and moral depending on the kind of power applied by organisation to its participants to ensure conformity. Such system of powers is described as coercive, remunerative or normative<sup>38</sup>.

**Symbolic Interactionism** established by Herbert Mead, Blumer and others is concerned with small scale interpersonal relationships. Individuals are viewed as active constructors of their own conduct who interpret, evaluate, define and map out their own action, rather than as passive beings who are impinged upon by outside forces. Symbolic interactionism also stresses the processes by which individual makes decisions and forms opinions<sup>39</sup>. In study of health and illness this approach examines interaction among

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<sup>38</sup>Amitai Etzioni, *A Comparative Analysis of Complex Organisations on Power Involvement*, The Free Press, New York, 1975, Pp 1-584

<sup>39</sup>Randall Collins, *Theoretical Sociology*, Rawat Publication, Jaipur, 1997, Pp 229-259



different role players in health and illness drama. The focus is on how illness and the subjective experience of being sick are constructed through doctor-patient exchange. Illness is a social accomplishment among actors rather than just a matter of physiological malfunction<sup>40</sup>. Erving Goffman contributes a lot in sociology of health and illness. Goffman begins his research career in Medical Sociology. He conducts participant observation to study life of patients in a mental hospital. In his classical work 'Asylum' (1961) he talks about 'total institution' a concept which is concerned with social situation of people confined by institutions. His observation also helps him to develop notion of impression management and dramaturgical perspective in sociology that views life as theatre and people as actors on stage<sup>41</sup>.

**Feminist Theory** explores gendered nature of definition of illness and treatment of patients. Its main concern is way in which medical treatment involves male control over women bodies and identities. This theory provides a social constructionist account of female body and its regulation by male-dominated society. Another aspect of this theory is that it deals

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<sup>40</sup>William C. Kokerham, The Blackwell Companion to Medical Sociology, (Ed) Willy Blackwell, West Sussex, 2001, Pp1-15

<sup>41</sup>Scot Appelrouth and Laura Desfor Edles, Classical and Contemporary Sociological Theory, Pine Forge Press, Los Angeles, 1965, Pp 478-536

with sexist treatment of women patient by male doctors and less than equal status of female physicians in professional settings and hierarchies. Oppression based on gender exists in all respects of women's lives and transcends contemporary cultures, economic systems and even health care services. New millennium provides an opportunity to explore an alternative framework and philosophy that will change current paradigm of women's health care<sup>42</sup>.

**Post-structural Theory** of society is established by **Michael Foucault**. He establishes archeology of knowledge and genealogy of power as two important methodologies for studying society. Archeology focuses on a given historical moment, while genealogy is concerned with historical process. With his archeology of knowledge and genealogy of power Foucault tries to establish relation between knowledge and power in any social discourse. By discourse Foucault means anything written or said or communicated using signs<sup>43</sup>.

In his book *Madness and Civilisation* (1961) he talks about discourse of madness. He gives a historical account of madness. In renaissance period madness and reason was not separated. There was a continuous dialogue

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<sup>42</sup>George Ritzer, Sociological Theory, McGraw Hill, New York, 2000, Pp 443-486

<sup>43</sup>Berry Smart, Michel Foucault, Routledge, London, 1985, Pp 1-115

between madness and reason during renaissance period. In middle age mad were locked up with people those who were suffering from leprosy. Madmen were treated as like as animals. They were isolated from society and put to prison. In 15<sup>th</sup> century people's idea on mad had changed and they came to perceive that madman might have dangerous insights. In course of time as a result of development of scientific knowledge during French revolution and European reformation madmen came in contact with people those who had expertise knowledge on medicine, psychology and psychiatry and a shift in discourse of madness took place in that period. Experts had knowledge to understand madness and to alter previous discourse of madness. Thus modernity brings forth madness within confines of psychology and psychiatry and helped development of knowledge as power<sup>44</sup>.

In his book *The Birth of the Clinic* (1963) he deals with development of medical practice during period from 1960 to 1810. A new kind of view developed in this period known as clinical observation. Both body and death became objects of observation in that period. Clinical observation had changed traditional as well as metaphysical views on life and evil that caused harm to life. Causes of disease were known by clinical observation

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<sup>44</sup>Ibid Pp 597

and accordingly medicines for curing disease were found through scientific discovery. Thus a new discourse on human life, disease, illness and death was established within a short span of time. Foucault is not only concerned with knowledge associated with medical science but also with power associated with medical knowledge. Medical professionals are using their power in clinic as well as in hospitals. A physician supported by an institution is having power to take decisions. In a hospital doctors take care of patients and nobody is allowed to take care patient without doctor's permission. Even outsider's entry is restricted when doctor is on round. Patients are not allowed to talk unnecessarily if they are not asked questions by doctors. Patients become a thing, a disease, as doctors are not interested in anything except him<sup>45</sup>.

Foucault gives a structural explanation of clinical observation. To him, physicians gaze instead of looking or observing patients. In structural term gaze is a kind of language. Gaze is a language without words. Gaze is subject of his archeological and structural analysis. *The Birth of the Clinic* establishes that knowledge can be derived from gaze of a sick person,

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<sup>45</sup>Michel Foucault, The Birth of The Clinic, Special Indian Edition, Routledge Classics, London, 2003,Pp 107-130

examination of corpses and autopsy. Idea of death changes when autopsy of dead body is introduced in medical science<sup>46</sup>.

In his book *History of Sexuality* (1976-1984), three volumes, Foucault analyses relationship between power-knowledge-pleasure. His main objective is to define power-knowledge-pleasure in discourse of human sexuality. In certain historical era sex was suppressed by imposing law. But in modern era because of development of science and technology sex could not be suppressed. In renaissance sodomy was a forbidden act. But after 19<sup>th</sup> century homo-sexuality becomes a common phenomenon. Homo-sexual are now a separate species. To him, prostitution is a rebellion against women's economic, social and sexual roles. Prostitution is run by men for interest of men. It is a business from where state is directly getting benefited. Male are dominating female prostitutes in brutal.

Following Freud, Foucault views that sex is truth of life. To him, women's bodies are saturated with sexuality. It is because of sexual saturation women get hysteria. Such women are labeled as nervous women. To control hysteria, they are to be married for giving an outlet of their saturated sex. Foucault believes on positive effect of children education on sex. He also holds the view that sexuality is a biological and psychological instinct which is to be tackled by psychiatry<sup>47</sup>.

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<sup>46</sup>Ibid Pp 131-136

<sup>47</sup>George Ritzer, *Sociological Theory*, McGraw Hill, New York, 2000, Pp 599

**Conclusion:** concepts of society and health defined in this chapter are of immense importance to conduct research in field of sociology of health and illness. These concepts and their operational definitions are used throughout entire research work. Theory on society and health is also discussed in this chapter. There is ample of theoretical debate and discussion among sociologists on various aspects of health. It is difficult to find out a single theoretical dimension to follow for purpose of present study. Initially it seems all theoretical dimensions are equally fruitful because almost all classical sociologists try to relate health with society. Followers of classical theorists later on extend scope of sociology in field of health research. Therefore, an amalgam of theoretical framework is taken out of which a particular relevant dimension may emerge in course of study, which will be discussed in subsequent chapters.