Talcott Parsons and the Theory of the Sick Role

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Think of the last time that you were 'ill':

1. What was the illness and how did you view being ill?
2. Did you visit a doctor and if so how were you treated?
3. Did you follow medical advice?
4. How did others respond to you (e.g. family, friends, employers etc.)?
5. What did you no longer have to do because you were ill (if anything)?

Keep hold of your answers and we will reflect back on them later.

The first major theory within sociology that analysed the role of health and illness in social life was devised by the functionalist theorist Talcott Parsons (1951) in his book 'The Social System'. Parsons did not disagree with the dominance of the medical model of health in determining illness, yet argued that being ill was not just a biological condition, but also a social role (with a set of norms and values assigned to the role). Parsons saw illness as a form of deviant behaviour within society, the reason being that people who are ill are unable to fulfil their normal social roles and are thus deviating away from the consensual norm. Parsons argued that if too many people claimed to be ill then this would have a dysfunctional impact on society, therefore entry into the 'sick role' needed regulating. Parsons therefore devised the 'sick role mechanism' of how ideally a doctor and patient should interrelate. Within this mechanism, ill people and doctors had to abide by a number of 'rights' and 'obligations' attached to their respective roles in order to keep entry into the sick role tightly monitored. The 'function' of this mechanism was to prevent what Parsons called a 'subculture of the sick' from developing. Individuals who claimed the sick role who were not actually ill were classed as 'malingerers'.


Talcott Parsons

Influences on Parsons' work

Emile Durkheim – The biggest influence on the work of Parsons was that of the founding father of Functionalism Emile Durkheim. The medical profession as an institution have an important role to

play in keeping society functional and efficient. According to Parsons the aim of the medical profession was to return an individual to conventional social roles. If this were not to happen it would have a knock on effect on other institutions and could lead to a breakdown of social 'body'.

Max Weber – Although a functionalist, Parsons was also influenced by the founder of interpretivist sociology Max Weber, in particular his views on authority. Parsons believed that doctors can utilise traditional, charismatic and rational / legal authority, yet their role depends upon rational / legal authority in order to be qualified to be able to define who is sick and who is not. Hence, the role of the doctor was to be a 'gatekeeper' to the sick role. Parsons was also influenced by a method of analysis used by Weber, that of the 'ideal type model'. This is to build a theoretical model of how an institution should ideally be run. Parsons sick role mechanism model was devised on this basis, in the sense that it represents what should ideally be in terms of roles and responsibilities (not necessarily how the mechanism works in practice). However as we shall see, not all theorists agreed with Parsons as to the roles that should be undertaken by the doctor and patient.

Sigmund Freud – Freud had a huge impact on many theorists within the field of Psychology and beyond, particularly in America. Parsons was no exception to this and was highly influenced by Freud's ideas on the formation of personality. One of these influences was in how Parsons saw the 'ideal' doctor-patient relationship. Using Freud's theories of transference and counter-transference, Parsons likened the relationship to that of a parent and child, with the doctor playing the powerful 'parental' role over a passive patient. This is actually where the phrase patient comes from. Being a patient required an individual to be passive, trusting and willing to wait for medical treatment, to literally be 'patient'. Parsons was also influenced by Freud's notion of 'conflicting drives' within a personality. When applied to being sick, Parsons' argued that there is a conflict between the need to get better and the patient enjoying the 'secondary gains' of occupying the sick role.

Emile Durkheim

Max Weber

Sigmund Freud

The Rights and Obligations of the Sick Role

According to Parsons' model, the sick person can be expected to be afforded two rights. These rights however were conditional on the patient following two obligations, yet if these obligations were not met that their rights as a 'sick person' would be withdrawn.

Rights:

1. The sick person is temporarily exempt from performing 'normal' social roles (such as going to work or housekeeping). The more severe the sickness, the greater the exemption.
2. A genuine illness is seen as beyond the control of the sick person and not curable by simple willpower and motivation. Therefore, the sick person should not be blamed for their illness and they should be taken care of by others until they can resume their normal social role.

Obligations:

1. The sick person is expected to see being sick as undesirable and so are under the obligation to try and get well as quickly as possible.
2. After a certain period of time, the sick person must seek technically competent help (usually a doctor) and cooperate with the advice of the doctor in order to get better.

Can you think of exceptions from these 'ideal' rules? What has changed in the last 50/60 years in terms of the nature of illness in contemporary society? Then look at the rights and obligations of the role of the doctor below, do you agree that these aspects are ideal for the role of the doctor in society? Look back at your answers to the questions set at the beginning of this lesson, does your last experience of being ill fit Parsons' model?

The Rights and Obligations of the Doctor's Role

Rights:

1. Status and reward due to the functional importance of their role and to encourage individuals to go through long years of training.
2. Considerable autonomy (personal control and power over one's own actions) in their professional practice.
3. A position of authority in relation to the patient (as they are the trained expert and the 'gatekeeper' to the social role of being sick).
4. The right to examine the patient physically and to enquire into intimate areas of the patient's physical and personal life.

Obligations:

1. To be highly trained and bring a high degree of skill and knowledge to their work.

2. To be motivated by concern for the patient and the community, rather than seeking professional gain.
3. To be objective and emotionally detached.
4. To be bound by rules of professional conduct (e.g. 'The Hippocratic Oath').

Marxist Criticisms

Some of the main critics of the biomedical model of health and Parsons' theory of the sick role are those of a Marxist persuasion. Far from seeing the medical establishment as a vital and consensual set of institutions which are there to benefit everyone equally, the Marxists often argue that increasing 'medicalisation' has had damaging effects and is driven by profit rather than the health of the population.

McKeown (1973) argued that the huge rises in life expectancy during the 20th century were not driven by medical advances, but by improved sanitation and hygiene. Vincent Navarro (1978) suggested that the medical establishment are profiteering from individual misfortune. Medicalising as much of human behaviour as possible in order to make profits for multi-national corporations.

The most famous Marxian theory against the increasing power of the medical establishment was that of Ivan Illich (1975). Illich argued that going to seek medical advice and following it often leads to more serious problems than the patient suffered in the first place. Illich called this 'Iatrogenesis', meaning doctor-induced illness. He classified three types of Iatrogenesis (listed below):

1. Clinical Iatorgenesis – This is when actual treatments or the hospital environment makes the patient more ill. Examples of this can be seen in the side-effects of drug treatments, botched or inappropriate surgery and hospital based infections such as MRSA.
2. Social Iatrogenesis – Refers to the increasing medicalisation of life, so areas of life that had been hitherto seen as normal diversity have become medical issues (e.g. hyperactivity, mild depression, bereavement etc.).
3. Cultural Iatrogenesis – Refers to how once areas of life have become medicalised it becomes increasingly difficult to deal with a stressful life event, other than by seeking help from a doctor.

Feminist Criticisms

Feminists have also criticised Parsons' theory of the sick role. Ann Oakley (1974) suggested that the rights of the sick role were not afforded to women in the same way they are for men. When a woman is ill they are rarely excused from their 'normal social role' of being the housekeeper / mother. Ehrenreich and English (1978) argued that medicalisation had taken power away from the previously female dominated area lay-caring and replaced this by a male dominated medical model. Women's health issues were seen as often treated and defined differently than that of men.

Interpretivist Criticisms

The biggest critics however of Parsons' theories regarding health could be said to be the Interpretivists. They have argued that building an ideal type model of all doctor-patient interactions with only one type of relationship (led by the 'expert' doctor) is both unrealistic and misguided. For Interpretivists it is very rare that both the patient and doctor live up to the expectations as set out by Parsons.

Weberian theorist Elliot Friedson (1970) found in his studies that when people become ill, they on average ask the opinion of a dozen friends and family members before approaching a doctor. Friedson called these 'lay-referrals' and claimed that gaining access to the sick role was not just legitimised by a doctor, but others around the patient needed to be convinced that the individual really was ill. Friedson also found that depending on the type of illness, patients had differing levels of access to the sick role. Firstly, the 'conditional sick role' as set out by Parsons that applies to short-term illnesses that people can recover from. Secondly, the 'unconditional sick role' which refers to the long-term ill and disabled who have no hope of recovery and lastly, the 'illegitimate sick role' where patients are blamed for their illness due to their own choices, where people are not always offered the rights of the sick role. Friedson highlights one of the biggest problems with Parsons' theory, which is that it only takes into account acute illnesses and not long-term chronic illnesses and disabilities. Another Weberian theorist Bryan S. Turner (1973) argued that doctors are not always professional in their conduct (e.g. Harold Shipman!) and patients are not always passive, trusting and prepared to wait for medical help.

Symbolic Interactionists also criticised Parsons, for instance Byrne and Long (1976) argued that Parsons was misguided in believing the doctor should be in a position of power over the patient. Byrne and Long argued that a 'patient-centred' rather than 'doctor-centred' interaction was preferable to the patient. For instance, it could be argued that a 'home birth' (when possible) is preferable to a new mother due to the greater control the patient has over their environment and over their interactions with professionals. Byrne and Long argued that doctors direct conversations towards what they are interested in and see as important and limit the contribution made by the patient. Johnson (1972) suggested that restricting the information that is given to patients is a: 'professional strategy to protect the social distance between doctor and patient by reinforcing the perception by the patient of a competency gap' (cited in Taylor et al, 1998:439).

Ann Cartwright (1967) found that: '56% of the general practitioners she surveyed complained that their patients lacked sufficient humility and that more than a quarter complained that half their patients consulted them for trivial reasons' (Taylor et al, 1998:439).

The above quote shows that both doctors and patients were not necessarily following the prescribed roles as set out by Parsons and that doctor-patient relationships show considerable variation from one patient to another.

Symbolic Interactionist Erving Goffman (1961) wrote a seminal work called 'Asylums', within which he called hospitals, nursing homes and particularly mental asylums - 'total institutions' (meaning the institution took over all aspects of an individual's life). He suggested that doctors have far more

power within the hospital setting and that patients are far more likely to be submissive to this power. Upon admission to such an institution, Goffman argued that personal identity is stripped away in a process called 'the mortification of self' and replaced by an institutional identity in the process of 'becoming a patient'. This process has a number of characteristics that can be identified:

1. Identifying staff by their uniform (symbolising the amount of power a staff member has over the patient).
2. Having personal items removed such as clothing being replaced by a gown.
3. Being subject to hospital routines (e.g. when and how someone takes a bath).
4. Difficulties encountered in maintaining personal identity (e.g. conversations with staff etc. are often limited).
5. Lack of decision-making power in the hands of the patient.

Discussion activity: Make a list of factors that could influence the relationship between doctor and patient (e.g. type of illness, age of patient etc.)

In Defence of Parsons

Parsons was heavily criticised for the 'ideal' picture he portrayed of doctor-patient relationships. However, it should be noted that he did state that a number of different relationships were possible and that they took the following forms:

1. Paternalism – where the doctor has a high degree of control over the patient
2. Mutuality – where both have relevant knowledge and the relationship is on an equal footing
3. Consumerist – where the patient has a high degree of control and has choices over treatment given
4. Default – where the doctor reduces the level of control in the consultation, yet the patient remains in the passive role, giving the doctor power and control by 'default'

Parsons however saw 'Paternalism' as the ideal relationship in the majority of cases. As has been seen above, this was not agreed upon by all (e.g. Byrne and Long). It could be said from a Postmodernist view that healthcare in general is becoming much more 'Consumerist' in nature, as part of the consumerisation of society.