7.1 Health: Concepts of Health, Illness and the Medicalisation of Society: 30-minute Pack

AQA 7192 · about 30 minutes

Total Marks

Name: _____ Date: ____ / ____ / _____

Answer ALL questions. The two final longer questions must be answered in full sentences. Use sociological terms and, where asked, examples.

1 Describe one reason for the growth of complementary and alternative medicine (CAM) in contemporary societies.

(Total for Question 1 is 3 marks)

2 Identify and explain two differences between the biomedical model and the social model of health when applied to a local health problem such as rising asthma rates.

(Total for Question 2 is 4 marks)

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3 Using sociological perspectives and evidence, evaluate the claim that medicalisation is mostly negative. You should consider at least two differing sociological perspectives and reach a supported conclusion.

(Total for Question 3 is 12 marks)

4 Define the sociological term 'medicalisation' as used when studying health and illness in society.

(Total for Question 4 is 2 marks)

5 Describe one way the social model of health differs from the biomedical model when explaining the causes of illness in a UK community.

(Total for Question 5 is 3 marks)

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Mark scheme · 7.1 Health: Concepts of Health, Illness and the Medicalisation of Society: 30-minute Pack

Question 1

identifies a reason, e.g. dissatisfaction with conventional medicine or side effects of treatments	**B1**
development, e.g. patients seek holistic care that addresses emotional and social needs	**B1**
brief additional point, e.g. cultural preferences or the appeal of 'natural' remedies increase CAM use	**B1**

Answer: One reason is dissatisfaction with conventional medicine and concern about side effects, leading patients to seek CAM for more holistic care that addresses emotional and social needs; cultural preference for 'natural' remedies also contributes.

Question 2

identifies one difference, e.g. biomedical focuses on biological causes like allergens or immune response	**B1**
explains the first difference with application, e.g. treatment would focus on medication such as inhalers	**B1**
identifies a second difference, e.g. social model focuses on environmental and social causes like pollution or poor housing	**B1**
explains the second difference with application, e.g. response would include improving housing and reducing pollution	**B1**

Answer: One difference is that the biomedical model focuses on biological causes such as allergens and treats asthma with medication like inhalers; the social model focuses on environmental and social causes such as pollution or damp housing and would look to improve housing and reduce pollution as a response.

Question 3

Level 1 Basic statements about medicalisation with little sociological detail or argument. Limited use of perspectives and no clear conclusion. **1-3**

Level 2 Some relevant sociological knowledge and at least one perspective used to explain why medicalisation can be negative or positive. Limited application or analysis and a weak or partially supported conclusion. **4-6**

Level 3 Clear knowledge of medicalisation and use of at least two differing perspectives, such as Marxist/feminist critiques and a functionalist or interactionist view. Good analysis of negative effects like iatrogenesis, expanded medical control, stigma, and also benefits such as increased access to treatment. A reasoned conclusion is present. **7-9**

Level 4 Detailed, well organised evaluation using multiple sociological perspectives and specific supporting examples, such as Illich on iatrogenesis, Zola on expansion of jurisdiction, feminist accounts of control, and evidence about improved treatments and patient rights. Analysis recognises complexities and limits, weighs arguments, and reaches a supported, balanced conclusion. **10-12**

Indicative content:

- AO1 points: definition of medicalisation, Illich's iatrogenesis, Zola's expansion of medical jurisdiction, role of medical profession and pharmaceutical industry.
- AO2 points: applied examples such as childbirth interventions, ADHD diagnosis, menopause treatment, increased access to psychiatric drugs, growth of screening programmes.
- AO3 points: negative arguments including physical harm from unnecessary treatment, increased dependence on medicine, expansion of social control, stigma from labels; positive arguments including earlier diagnosis and treatment, reduced stigma in some cases through medical recognition, access to benefits and legal protections, patient empowerment and choice, improvements in life expectancy and quality of life.
- Compare perspectives: Marxist and feminist critiques focusing on power, profit and control; interactionist and Szasz highlighting social construction and labelling; functionalist view noting benefits of medical role in social order and sick role facilitating recovery.
- Consider evidence and limitations: some medicalisation brings benefits for populations, while other cases show overreach; note variation by social class, gender and ethnicity in who benefits and who is harmed.
- Conclusion: balanced judgement weighing cases where medicalisation is harmful against where medicalisation brings real health gains and social support.

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Question 4

identifies that medicalisation is the process by which non-medical problems become defined and treated as medical issues **B1**

development, e.g. this often involves the expansion of medical authority and use of medical language or treatment **B1**

Answer: Medicalisation is the process by which non-medical problems become defined and treated as medical issues, often involving the expansion of medical authority and medical language or treatment.

Question 5

identifies a correct difference, e.g. social model locates causes in social factors like poverty and housing **B1**

development, e.g. links a social factor to health, such as damp housing increasing respiratory illness risk **B1**

brief elaboration, e.g. contrasts this with biomedical focus on pathogens or bodily malfunction **B1**

Answer: The social model locates causes in social factors like poverty, housing and work conditions, for example damp housing can increase respiratory illness risk, whereas the biomedical model focuses on pathogens or bodily malfunction.

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