7.1 Health: Concepts of Health, Illness and the Medicalisation of Society

AQA 7192 · about 60 minutes · Write-in edition

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 Identify and explain one example of Illich's iatrogenesis or Zola's claim about the expansion of medical jurisdiction in everyday life.

(Total for Question 1 is 4 marks)

2 Describe Zola's idea about factors that contributed to the expansion of medical jurisdiction over everyday life in modern societies.

(Total for Question 2 is 3 marks)

3 Define the concept of 'stigma' as Erving Goffman used it when analysing illness and the body in social life.

(Total for Question 3 is 2 marks)

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

(Total for Question 4 is 3 marks)

5 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 5 is 4 marks)

6 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 6 is 12 marks)

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

(Total for Question 7 is 2 marks)

8 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 8 is 3 marks)

9 Identify and explain two consequences of labelling illness as 'mental disorder' for a person in a local town context.

(Total for Question 9 is 4 marks)

10 Item A: A local GP records that a patient, Mr Khan, repeatedly reports insomnia and stress after job loss. The GP labels this as 'depression' and prescribes an antidepressant. The patient later finds a new job. He feels that the label makes him appear weak to family and misses work because of side effects.

Using Item A and your own knowledge, explain two ways labelling can affect a person's experience of illness.

(Total for Question 10 is 4 marks)

11 Identify and explain two criticisms sociologists make of Parsons' sick role when applied to chronic illness in a UK context.

(Total for Question 11 is 4 marks)

12 Define 'iatrogenesis' as Ivan Illich used the term when discussing medicalisation and healthcare.

(Total for Question 12 is 2 marks)

Mark scheme · 7.1 Health: Concepts of Health, Illness and the Medicalisation of Society

Question 1

identifies one correct example for either choice: Illich - harmful side effects of prescribed treatment; OR Zola - grief being defined as a medical problem. Award up to four marks for either route; students do not need to answer both theories. Accept other valid examples with explanation **B1**

explains the process in the chosen example: Illich - the treatment itself causes harm through side effects; OR Zola - medical professionals redefine grief as requiring medical management **B1**

develops a consequence of the chosen example: Illich - side effects may disrupt daily life, for example causing missed work; OR Zola - an everyday experience becomes subject to medical assessment and intervention **B1**

links the explanation to the chosen theory: Illich - harm produced by treatment illustrates iatrogenesis, showing that medicine can cause illness as well as treat it; OR Zola - medical authority extends into an area of everyday life, illustrating the expansion of medical jurisdiction **B1**

Answer: Either: Illich's iatrogenesis can be illustrated by harmful side effects of prescribed treatment. The treatment itself causes harm, and the side effects may disrupt daily life by causing missed work. This illustrates iatrogenesis because medicine produces harm as well as treating illness. OR: Zola's claim can be illustrated by grief being defined as a medical problem. Medical professionals redefine it as requiring medical management, so an everyday experience becomes subject to medical assessment and intervention. This expands medical authority into everyday life. Either explanation can earn all four marks; both theories are not required.

Question 2

identifies a factor, e.g. growing public faith in doctors and medicine **B1**

development, e.g. people seek medical explanations for problems once seen as normal **B1**

additional factor or development, e.g. medical record keeping and new technologies make medical definitions more powerful **B1**

Answer: Zola argued factors such as growing public faith in doctors, people seeking medical explanations for problems once seen as normal, and medical technologies and record keeping made medical definitions more powerful and expanded medical jurisdiction.

Question 3

identifies stigma as a social attribute that spoils a person's identity or reduces their social acceptance **B1**

development, e.g. Goffman linked stigma to visible or invisible differences that lead to discrimination or shame **B1**

Answer: Stigma is a social attribute that spoils a person's identity or reduces their social acceptance; Goffman linked it to visible or invisible differences that lead to discrimination, shame or altered social interactions.

Question 4

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 5

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 6

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.

Question 7

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 8

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.

Question 9

identifies one consequence, e.g. stigma and social exclusion **B1**

explains the first consequence, e.g. labelled person may lose friendships or face discrimination at work **B1**

identifies a second consequence, e.g. more access to medical treatment or bureaucratic support **B1**

explains the second consequence, e.g. label may open routes to therapy, benefits or legal protection, but also medical control **B1**

Answer: One consequence is stigma and social exclusion, where a labelled person may lose friendships or face workplace discrimination; a second is increased access to medical treatment or benefits, since the label can open routes to therapy and support but also lead to greater medical surveillance.

Question 10

identifies a correct effect, e.g. labelling can lead to perceived stigma or a change in self identity **B1**

explains the effect using Item A, e.g. Mr Khan feels that the label makes him appear weak to family; this shows perceived stigma, not evidence that his family actually rejects him **B1**

identifies a second effect, e.g. labelling can lead to treatment that affects daily life **B1**

explains the second effect using Item A, e.g. the diagnosis leads to prescribed treatment whose side effects make Mr Khan miss work in his new job; adopting a sick identity is a possible consequence of labelling, but is not established by the stated feelings or side effects **B1**

Answer: Labelling can lead to perceived stigma: Mr Khan feels that the 'depression' label makes him appear weak to family, although the item does not state that they reject him. Labelling can also lead to treatment that affects daily life: the GP prescribes an antidepressant and its side effects make him miss work after finding a new job. Adopting a sick identity is a possible consequence of labelling, but his feelings and treatment side effects do not establish that he has adopted one.

Question 11

identifies a valid criticism, e.g. it assumes illness is temporary and that the sick can return to normal roles	**B1**
explains why this is a problem for chronic illness, e.g. chronic conditions may be lifelong so the sick role does not fit	**B1**
identifies a second element or example, e.g. ignores variations in power and inequality	**B1**
explains the second element, e.g. poorer patients may have less access to medical help, so obligations and exemptions differ	**B1**

Answer: One criticism is that Parsons assumes illness is temporary and that people will return to normal roles, which does not fit chronic illness that may be lifelong; another is that he ignores variations in social inequality, for example poorer patients may lack access to care and so the sick role obligations and exemptions operate unequally.

Question 12

identifies iatrogenesis as harm caused by medical intervention or medicine itself	**B1**
development, e.g. Illich argued medicine can cause social and personal harm as well as physical harm	**B1**

Answer: Iatrogenesis is harm caused by medical intervention or medicine itself; Illich argued that medical treatment can produce physical, social and personal harms as well as cures.