GSOC.AL37 Health: Concepts of Health, Illness and the Medicalisation of Society

Total Marks

AQA 7192 · Calculators not allowed · about 75 minutes

Name: _____ Date: ____ / ____ / _____

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

1 Which one of the following is a key feature of the biomedical model of illness in a healthcare context?

- ☐ A) It locates illness mainly in social relationships and living conditions
- ☐ B) It treats disease as a malfunction of the body that can be cured medically
- ☐ C) It argues that illness is mainly a label applied by powerful groups
- ☐ D) It prefers folk remedies and religious healing over clinical treatment

(Total for Question 1 is 1 mark)

---

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

(Total for Question 2 is 2 marks)

---

3 Identify and explain one feature of Parsons' functionalist concept of the 'sick role' in the study of illness in modern societies.

(Total for Question 3 is 4 marks)

---

4 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 4 is 3 marks)

---

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

(Total for Question 5 is 4 marks)

---

6 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 feels that the label makes him appear weak to family and misses work because of side effects.

(Total for Question 6 is 4 marks)

7 Describe Parsons' view of the obligations a sick person has under the sick role in modern societies.

(Total for Question 7 is 4 marks)

---

8 Identify and explain one criticism sociologists make of Parsons' sick role when applied to chronic illness in a UK context.

(Total for Question 8 is 4 marks)

---

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

(Total for Question 9 is 2 marks)

---

10 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 10 is 4 marks)

---

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

(Total for Question 11 is 3 marks)

---

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

(Total for Question 12 is 2 marks)

---

13 Explain Szasz's critique that some forms of mental illness are 'myths' or socially constructed labels rather than objective disease, using one clear point.

(Total for Question 13 is 4 marks)

---

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

(Total for Question 14 is 3 marks)

---

15 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 15 is 4 marks)

16 Discuss how far sociologists would agree that medicalisation is mostly a negative development for individuals and society.

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 16 is 12 marks)

Mark scheme · GSOC.AL37 Health: Concepts of Health, Illness and the Medicalisation of Society

Question 1

- **B1** B (disease as biological malfunction treated medically)
- **Answer: B**

Question 2

- **B1** 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
- **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 3

- **B1** identifies a valid feature of the sick role, e.g. the sick person is exempted from normal social roles
- **B1** explains how this feature works, e.g. exemption allows recovery without normal role obligations, but it is conditional on seeking help
- **B1** identifies a second element where applicable, e.g. the sick person must try to get well and seek professional help
- **B1** explains the second element, e.g. obligation to seek competent help means the medical profession mediates return to normal roles
- **Answer: One feature is that the sick person is exempted from normal social roles, allowing time to recover, but this is conditional on trying to get well and cooperating with medical advice; another is the obligation to seek professional help so doctors can mediate the return to normal roles.**

Question 4

- **B1** 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
- **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 5

- **B1** 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
- **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 6

- **B1** identifies a correct effect from the item or knowledge, e.g. label can lead to stigma or change self identity
- **B1** explains how this happens using Item A, e.g. Mr Khan feels weak and thinks family view him negatively because he was labelled
- **B1** identifies a linked consequence, e.g. treatment may create side effects or dependence that alter daily life
- **B1** explains the linked consequence with either Item A or wider knowledge, e.g. antidepressant side effects make Mr Khan miss work, reinforcing the sick role
- **Answer: Labelling can produce stigma and change self identity: in Item A Mr Khan feels the 'depression' label makes him appear weak to family. The label also leads to medical treatment whose side effects cause him to miss work, reinforcing a dependent sick identity.**

Question 7

- **B1** identifies an obligation, e.g. to try to get well
- **B1** develops the point, e.g. seeking and cooperating with medical professionals
- **B1** identifies a second obligation, e.g. to follow medical advice
- **B1** develops the second, e.g. compliance helps restore the person to normal social roles
- **Answer: Parsons saw obligations such as the duty to try to get well by seeking and cooperating with medical professionals, and to follow medical advice so the sick person can be returned to normal social roles as soon as possible.**

Question 8

- **B1** 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
- **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 9

- **B1** 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
- **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.**

Question 10

- **B1** identifies a correct example, e.g. normal life events becoming medical problems like childbirth or grief
- **B1** explains how this fits Zola's expansion of medical jurisdiction, e.g. medical professionals redefine these as requiring medical management
- **B1** identifies how this could be iatrogenic, e.g. intervention in childbirth can lead to unnecessary surgical procedures
- **B1** explains the iatrogenic effect, e.g. unnecessary procedures increase risk and create new medical dependence
- **Answer: One example is childbirth or grief being redefined as medical problems: Zola argued such redefinition expands medical jurisdiction into normal life, and Illich would note that intervention in childbirth can lead to unnecessary surgical procedures, creating physical risk and greater medical dependence.**

Question 11

- **B1** 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
- **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 12

- **B1** 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
- **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 13

- **B1** identifies a correct element of Szasz's critique, e.g. that psychiatric labels can be moral or social judgments not medical diagnoses
- **B1** explains why this supports the idea of social construction, e.g. behaviours may be defined as illness because they deviate from social norms
- **B1** identifies an implication, e.g. psychiatric diagnosis can be used to control or exclude certain people
- **B1** explains the implication briefly, e.g. committing someone to treatment can remove social dissent or unwanted behaviour from view
- **Answer: Szasz argued psychiatric labels are sometimes moral or social judgments rather than objective disease; behaviours are defined as illness when they deviate from norms, and diagnosis can be used to control or exclude people by committing them to treatment rather than addressing social causes.**

Question 14

- **B1** 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
- **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 15

- **B1** 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
- **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 16

- **Level 1** (1-3): Basic statements about medicalisation with little sociological detail or argument. Limited use of perspectives and no clear conclusion.
- **Level 2** (4-6): 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.
- **Level 3** (7-9): 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.
- **Level 4** (10-12): 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.
- **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.