Behavior and Health

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Introduction

What do medical Psychologists & sociologists study?

- Psychosocial causes and patterns of health and disease
- Psychosocial behavior of health care personnel and their patients
- Psychosocial functions of health organizations and institutions
- Relationship of health care delivery systems to other social systems

Important field of study because:

- Recognizes the critical role psychosocial factors play in determining or influencing the health of individuals, groups, and the larger society.

The Development of Medical Sociology

- Most early works were written by physicians focused on the connections between social conditions and health
- Early sociologists did not give much attention to matters of health and medicine
- Federal funding after WWII gaves sociomedical research a boost
  - Early collaborations with psychiatry (e.g., the Hollingshead & Redlich 1958 New Haven study, and the Srole et al. 1962 Midtown Manhattan study)
  - Funding forces an early emphasis on applied research

The Development of Medical Sociology

Talcott Parsons

- Publishes *The Social System* in 1951
- First major social theorist to deal with issues of health, illness, and the role of medicine
- Structural-functionalist perspective
- Introduced concept of the *sick role*
  - A patterned set of expectations defining the norms and values appropriate to being sick

The Development of Medical Sociology

Practical application versus theory

- Robert Straus (1957) notes division between sociology *in* medicine and sociology *of* medicine
  - Division found mostly in the U.S.
  - Initial tension between areas resolved by:
    - Orientation of most research (whether in medicine or in sociology) toward practical application due to funding pressures
    - Convergence with main discipline of sociology: regardless of area, all sociologists receive same training; increased use of sociological theory in medical sociology

Defining Health

World Health Organization (WHO) definition:

- A state of complete physical, mental, and social well-being, and not merely the absence of disease or injury

Laypersons tend to view health as the capacity to carry out their daily activities

- Health as the ability to function

Contrasting Ideas about Health and Psychosocial Factors

- Primitive humans tended to rely on magic as the fundamental explanation of disease and illness
- Hippocrates of ancient Greece represents first attempt to base understanding of the body on rational thought; recognizes contribution of the environment to human well-being
- Middle Ages introduces a split in responsibility for human well-being: Church attends to social needs while physicians focus on physical ailments

Contrasting Ideas about Health and Psychosocial factors

Modern medicine and regulation of the body (late 18th century)

- Michel Foucault (1973) describes development of modern medicine and notes split between two trends:
  - *Medicine of the species* gave strong emphasis on classifying diseases, diagnosing and treating patients, and finding cures
  - *Medicine of social spaces* was concerned with preventing disease, especially through government involvement in matters of public hygiene
- Modern medicine rejects supernatural explanations for disease and treats it as an object to be studied, confronted scientifically, and controlled

Contrasting Ideas about Health and psychosocial Behavior

The public's health (19th century)

- Systematic implementation of public health measures and improvements in public sanitation
- Period sees declining mortality rates from infectious diseases
  - Improvements in population's health mainly due to improvements in diet, housing, public sanitation, and personal hygiene instead of medical innovations (McKeown 1979; Porter 1997).

Contrasting Ideas about Health and psychosocial factors

Germ theory of disease (late 19th-20th century)

- Biomedical approach: every disease has a specific pathogenic cause best treated by removing or controlling that cause
- Medical practice gives little attention to psychosocial causes of health and instead focuses on treating disease and illness with drugs

Contrasting Ideas about Health and psychosocial factors

"Whole person" health care (late 20th-21st century)

- Transition from infectious to chronic diseases as leading causes of death (epidemiological transition) around mid-20th century
- Recognition that psychosocial environment and lifestyle practices influence chronic diseases encourages emphasis in medicine on treating the "whole person"

The Reemergence of Infectious Diseases

Three epidemiological transitions in human history (Armelagos and Harper 2010):

- First - occurred around 10,000 years ago
  - Human societies shifted from foraging (hunting and gathering) to agriculture
  - Marked by the emergence of novel infectious and nutritional diseases
- Second - about 200 years ago
  - Improved nutrition and living standards, public health measures, and medical advances in developed societies led to a decline in infectious diseases and a rise in chronic and degenerative diseases
- Third – beginning now
  - Resurgence of infectious diseases previously thought to be under control
  - The potential for the spread of infectious diseases has been significantly enhanced in today's world by the globalization of trade and travel

The Reemergence of Infectious Diseases

West Nile virus

- First appeared in New York City in the summer of 1999
- Initially puzzled medical personnel and public health officials, since the disease had not been seen before in the Western hemisphere
- Eventually spread throughout the U.S.
- Peak cases/mortality in 2006

The Reemergence of Infectious Diseases

Sexually transmitted diseases

- Represents greatest threat to worldwide health
- Four factors responsible for dramatic increase in rates:
  - (1) Birth control pill reduced fears of unwanted pregnancy
  - (2) Ideology of sexual liberation and permissiveness among young urban adults throughout the world
  - (3) New pattern of migrant employment in developing nations spreads STDs acquired in urban areas to the countryside
  - (4) Availability of multiple sexual partners
    - Most important risk factor in exposure to infection

The Reemergence of Infectious Diseases

Bioterrorism

- Relatively new threat of infectious diseases
- Takes place when people knowingly prepare biological agents or gases and use them to deliberately induce illness and death among other people
  - Overt - the perpetrator announces responsibility for the event or is revealed by the attack
  - Covert - characterized by the unannounced or unrecognized release of agents; the presence of sick people may be the first sign of an attack
- Examples:
  - 1995 release of sarin gas in Japan by the Aum Shinrikyo cult in the Tokyo subway
  - 1996 outbreak of gastroenteritis when a disgruntled coworker put dysentery bacteria in pastries consumed by staff members in a large medical center laboratory
  - 2001 anthrax sent through the U.S. mail

Bioethics

- Area of study focused on ethical decisions and practices with respect to medical care, research, and human's rights over their bodies
- Medical decisions can have profound social implications
  - May reflect discrimination and prejudice against particular social groups
- Important cases of unethical behavior, spurring development of regulations:
  - Nazi experiments
  - Tuskegee Syphilis Study in Alabama in 1932
- Institutional review boards (IRBs) responsible for oversight of research:
  - Fully informed voluntary patient consent, acceptable risk–benefit ratios, guaranteed patient anonymity and confidentiality
- Health Insurance Portability and Accountability Act (HIPAA) of 1996
  - Regulates the handling of patient data and privacy

Bioethics

- Also concerned with controversial areas of medical practice and research:
  - Funding of research by pharmaceutical companies
  - Practices such as “ghost-writing” academic articles on the use of medical interventions
  - Stem cell research
  - Use of human genetic material, including cloning
  - Abortion
  - Euthanasia
  - Reproductive technology