TRIALS AND FIBRILLATIONS:

The Social Context of the Coronary Experience.

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ABSTRACT

This thesis has two aims. It is intended that it will provide a detailed description of the experience of a heart attack from the perspective of those who have this illness. It is also intended that it will elaborate a model for undertaking inductive research and theory generation. This model takes as its point of departure the work of Glaser and Strauss(1967). It builds upon their works by attempting to develop a model that will allow for the generation of higher-order sociological concepts from the data gathered in the field. The method developed here has been labelled the "theoretical interpretation" of the research findings. It involves the application of other sociological concepts to the descriptive account of the data. In so doing, it is intended that the low-level descriptive concepts derived from the field-work will be integrated into the more general body of sociological theory. The sociological concepts which are applied to the research findings are the ideological perspective, and the notion of the alienation of self and body.

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ACKNOWLEDGEMENT.

Acknowledging the contribution which others have made to a thesis seems to be almost a social convention. It is certain that this thesis would never have made it past the planning stage without the practical help and support which was given by the following individuals.

The respondents who participated in the fieldwork not only selflessly gave of their time to provide me with the data. But they also often went to considerable effort to share with me what were sometimes painful and always personal experiences. My thanks and sincere appreciation go to those 39 individuals who also gave me the encouragement and stimulation to keep going. This thesis is dedicated to them.

At Massey, my thanks and gratitude go to Professor Graeme Fraser and Bev James both of whom gave considerable time and effort in the reading of and commenting on numerous drafts. Their help was of inestimable value in getting this thesis to the finishing stages. My supervisor, Chris Wilkes, deserves mention for his support and encouragement throughout the thesis. My thanks also go to Craig Johnston, whose support and imagination helped at crucial points in the writing up of the thesis, and who also put up with me in that very small office.

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LIST OF ABBREVIATIONS.

Am.J.of.Publ.Health	American Journal of Public Health
Br.Heart.J.	British Heart Journal
Br.Med.J.	British Medical Journal
J. of Chronic Dis.	Journal of Chronic Diseases
New Engl.J.of Med.	New England Journal of Medicine
N.Z.Med.J.	New Zealand Medical Journal

INTRODUCTION.

The original intention of this thesis was to provide an account of the heart attack experience. As such, it combined a desire to conduct a piece of health-related research with the desire to develop a facility with qualitative techniques. Initially, it was intended that the techniques outlined by Glaser and Strauss in their book, The Discovery of Grounded Theory, would provide the working model for the techniques of analysis. However, as the field-work progressed, and as knowledge both of their methodology, and the complexity of the subject matter increased, it became apparent that a straight application of their procedures was not possible. In this way, the direction of the thesis changed to allow for a less rigid framework than was originally intended. There were areas where the thesis and the principles of "Grounded Theory" did concur. These related primarily to the field-work stage of research and to some of the underlying motivations for their book. These motivations relate to a commitment to the inductive mode of inquiry, a desire for method and theory generation to proceed together and an emphasis upon qualitative techniques of investigation.

Because the thesis does not rigorously apply the principles of "Grounded Theory" to the research situation, it is necessary

that some time be spent locating its orientation, defining its scope and emphases and elaborating upon the points of similarity and divergence from the dictates of "Grounded Theory". Chapter 1 is devoted to a discussion of these issues. This chapter also provides an outline of the model being used here for the development of theory. Chapters 2 and 3 conform quite closely to a general symbolic interactionist structure. They are concerned with a discussion of the research findings. These two chapters provide the basis for Chapter 4. This chapter has as its focus the theoretical interpretation of findings. This is the final step in the process of the generation of theory from field data. The method for this generation is the interpretation of findings in the light of other sociological theory. Thus, it brings the concepts developed in other sociology of health work to bear upon the low-level descriptive concepts presented in Chapters 2 and 3.

The principle concept which has been used to structure Chapter 4 is the ideological perspective. This is part of a wider, more general notion; the frame of reference. The ideological perspective is used to explain the differing conceptions which individuals and health professionals have of heart disease and the differing experiences that result from these understandings.

Symbolic interactionist studies traditionally provide brief pen-portraits of those individuals who participated in the field research. It has been decided not to do this here. The research

sample consisted of ten individuals drawn from each of three coronary care units, and nine individuals drawn from a non-hospital based coronary rehabilitation programme. Staff who ran both the units and the rehabilitation programme were heavily involved in the initial stages of this research. They selected the participants and also arranged the times for the first interview. The sample size and the involvement of unit and programme staff have compounded the inevitable problems of confidentiality. It is felt that it is necessary to sacrifice traditional symbolic interactionist practice to protect the identity of the participants in this study. However, because the sample is frequently broken down into sub-groups, some of the diversity and colour of the participants will, hopefully, be gleaned from the text itself.

Linguistic conventions became problematic at different times during the writing-up of this thesis. Some considerable difficulty has been experienced with the use of such labels as "patient", "respondent", "doctor", "health system", "ex-patient", and "heart attack victim".

Initially, it was felt that the label "patient" was unsatisfactory. It was felt that this label conceived of the individual in solely medical terms. However, as the research progressed, it became apparent that in many instances this label captured the essence of this role with particular clarity. For this reason, it has been retained in the text. Similar

difficulty was experienced with the use of "respondent". It was felt that the emphasis should always be upon the individual's status as a person, rather than upon their more temporary and less significant status as a participant in a study. However, it has not always been possible to avoid this term; there are instances where it is necessary to differentiate these individuals from all others.

Although doctors do constitute the most powerful of all health practitioners, and their definitions of any situation will be dominant, it is considered that recognition should be given to the fact that they are not the only health practitioners in this setting. Thus, the label "health professional" has been used in preference to "doctor". This label is all the more valuable because it gives recognition to the designation of all these individuals as members of a specific professional group.

When referring to the system of care that currently operates in this society, the term "medical system" has been used. The purpose behind this designation is to underscore the current emphases in the system for the provision of health care. This emphasis is upon medical/technical matters, rather than upon that more diffuse and social issue; health.

The last two labels that have provided particular difficulty for this thesis are "ex-patient" and "heart attack victim". The first has been excluded from the thesis. The reason for this is

that it is considered to be inappropriate to designate people by reference to this status when they are no longer considered to be, and do not consider themselves to be, patients. That is, if they are ex-patients, they have a different primary status by which they can be defined. It is considered to be preferable that they be designated by that status rather than as patients. The label "heart attack victim" has given particular difficulty throughout this thesis and it remains unresolved. In fact, many of the respondents in this study also mentioned dissatisfaction with this label. The field of heart disease is full of imagery. The label "heart attack victim" only serves to reinforce this, usually quite erroneous, imagery. It seems to describe an event that is instantaneous and largely confined in time and in effect. For the majority of those who have this illness, it is neither of these two things. However, it has not always been possible to avoid the use of this term. The use of the label has been circumspect; effort has been directed to finding alternative ways of referring to people who have this illness.

Because the chapters in this thesis are quite long it has been necessary to organise the material systematically, and in a quite highly structured fashion. Some time has been spent trying out different methods for presenting different sections and sub-sections within each chapter. The structure that has finally been chosen is outlined below. It is hoped that this will make the task of plowing through the material a little less tedious for the reader.

The intention throughout this thesis had been to portray the experience of a heart attack in a form that is true to the information which participants in this study have supplied. An essential part of the method being used here has been to pass the results of the study back to the participants before it becomes a "public" document. It has been heartening to hear back from approximately fifty percent of the participants and to know that, not only are most of them fit and well, but also that they have found the interpretation of their experiences to be both accurate and interesting. It is hoped that those "outsiders" who read this will also find it to be stimulating.

Heading Pattern For This Thesis.

Each major heading within a chapter is centred and each significant word is begun with <u>upper-case</u> lettering.

Sub-sections within these are located at the left-hand side of the page. The first letter of each significant word is in the <u>upper-case</u>.

Parts of these sub-sections are numbered consecutively, and the titles are all <u>lower-case</u>.

Within these, sub-parts are denoted by underlined headings. Titles are all in the lower-case. They occur on a new line, but there is no break with the fore-going text.

CHAPTER ONE:

Epistemology.

The Structure of this Chapter.

This chapter has been divided into four major sections. The purpose of these is to detail the process by which the methodological approach used in this thesis was developed.

Section One.

This section is concerned with a discussion of the validity debate. This debate is crucial to sociology and takes place at three distinct levels. The significance of this debate lies in the fact that the manner in which it is resolved determines the type of research that will be conducted. Three parts of this section are devoted to a discussion of the three levels at which this debate takes place. At the end of each part there is a brief discussion of the position taken by this thesis. The final part of section one is composed of a discussion of the position taken by each of the four sociological paradigms with respect to the validity debate. This has been done to demonstrate the four distinct ways in which the debate is resolved within sociology.

Section Two.

Section two develops the last part of the previous section by elaborating upon the interactionist approach. This has been done because the interactionist approach has provided the basis for this thesis. Thus, it is necessary that it be examined in more detail. This section is divided up into five parts. The first two parts look at the two traditional focii of interactionist so-

ciology of health. The third part locates this thesis in relation to these two focii. The fourth part provides a very general discussion of some problems associated with the use of the interactionist approach. This discussion is completed with a discussion of the manner in which a resolution of these problems has been attempted in this thesis. The final part of this section provides some concluding comments.

Section Three.

Having looked at the interactionist approach in some detail and also considered some of the problems associated with this position, it is necessary to consider the precise nature of the contribution which it has made to this thesis. This forms the basis of section three.

Section Four.

This section builds on the previous three sections. It constitutes a discussion of the specific "problem" which this thesis investigates and then moves on to consider the epistemology and specific method used to investigate this problem. It does this in the context of a discussion of the three principles which informed the previous discussion. This section is completed with an outline of the methodological approach which this thesis has adopted.

The Validity Debate.

Introduction.

Attempts to produce the highest degree of validity in socio-
logical research have given rise to a wide ranging debate about
the nature of social reality and about how to approach and
measure it. Validity may said to exist when a measure accurately
reflects the concept that it is intended to measure (Babbie;
1979:585). Validity does not refer to whether or not a piece of
research can be falsified. Rather, it refers to the internal
consistency of the research design itself. Thus, validity is
both a methodological and an epistemological issue. In practical
terms this means that the methods used have a direct bearing on
the results obtained. Because validity is concerned with issues
such as the nature of reality, it is important that the social
context be taken into consideration when a study is being
designed.

The validity debate exists at three different levels; at
the philosophical level it can be embraced within the positiv-
ist-idealist debate. This debate centres upon differing
conceptions of the nature of reality. At the level of the gen-
eral approach to sociological investigation it is referred to as

the inductive-deductive debate. Here, the focus is upon the manner in which theory should be developed. Finally, the qualitative-quantitative debate focuses upon the specific method used for collecting data. The next section will deal briefly with the validity debate. The section concludes with a discussion of the principal orientation each sociological perspective has to this issue. It also briefly outlines approach taken by this thesis at each level of the debate.

The material in the next section is presented in debate form. However, although it is accurate to speak, for example, of the positivist-idealist debate, it is not so accurate to label an individual as wholly positivist or idealist. Thus, where individuals and specific pieces of work have been included, these are for discussion purposes only. In reality, an individual or piece of work may be said to be more or less positivist or idealist rather than totally committed to one view rather than another.

Idealism and Positivism: The Nature of Reality.

Historically, this debate arose out of differing conceptions about the nature of the relationship between sociology and the natural sciences. The positivist argument arose out of the Enlightenment philosophy of rationality and objectivity (Hamilton;1974:1-14). Sociology's generally accepted founding father, Auguste Comte, asserted that sociology was "the science

of society". In so doing, he advocated a positivist conception of sociology which argued that social reality was fundamentally no different to the reality of the natural sciences. That is; the same sorts of reasoning, methods and explanatory activity which characterise the natural sciences ought to be applied to sociology. Thus, the ultimate goal of sociology would be to promulgate universal law-like propositions relating to social life. Clearly, for positivists, social reality was considered to be directly accessible and measurable. A problem with this approach is that it makes difficult, if not impossible, the study of social meaning systems. This is because it tends to deny the significance of the subjective realm in favour of an analysis of objectively measurable similarities and broad social patterns.

Idealism, on the other hand, asserts that there exists a fundamental difference between the physical and the social world. The implication of this position is that while physical events may be directly accessible and measurable, social events are not. Social reality does not "exist"; rather it is "experienced" by individuals and groups. What this means is that it is not possible to directly measure social existence. It is necessary to interpret and understand, not the events themselves, but the way in which they are experienced by the participants. Verstehen, or subjective interpretation, characterises this approach. Thus, idealism argues for the primacy of the subjective in the social world.

Perhaps the classic elaboration of the idealist position was that by Dilthey(1). His works were basically a reaction to what he termed the "crass, naturalist metaphysics" of Comte (Truzzi;1974:8). Dilthey argued for a basic difference between the natural and the social sciences. In doing so he expressly rejected the claim (made, for example, by J.S. Mill) that social science's best hopes for success lay in their emulating the methods of the natural sciences. Basically what Dilthey was postulating was the primacy of the subjective in social science. It was his belief that "humanistic and artistic insight"(ibid) was the key to the development of knowledge within the social scientific disciplines.

The positivist-idealist debate occurs within the sociology of knowledge. The idealist position argues that because all knowledge is a social product, the researcher must inevitably play a part in the creation of that product. Positivism, on the other hand, denies, or has difficulty in accomodating such a position. Furthermore, idealism argues that the researcher interprets rather than merely collects that data. Blumer (1969:36), for instance, argues that data is reflexive; it can "talk back"(ibid:22) to the researcher. Idealists argue that without this process of interpretation sociological data is useless; it must have meaning to the creator as well as to those social groups it is supposed to represent.

Thus, differing conceptions of the nature of social reality and the form in which it is accessible (that is, directly or via subjective interpretation) set the broad parameters of sociological investigation. Assumptions at this level inform the approach to theory construction, this is discussed below.

the nature of reality and the position of this thesis:

Social investigations can tend towards either a positivist or an idealist approach. The choice as to which approach will be employed depends largely upon the nature of the problem under scrutiny. The idealist approach lends itself to the study of how individuals (and the groups which they comprise) experience and construct particular events. Positivist work is generally confined to the discovery of broad patterns or to the analysis of historical events. Of course, there are instances where it can be argued that one of these approaches has been applied to a situation which was better suited to the other approach. Such is the case in the Burridge (1981) study. This study will be briefly discussed here for two reasons. Firstly, it highlights the effect which the use of an inadequate methodology has on the validity of research results. Secondly, this study was conducted in the same area as the research of this thesis. Thus, it can be used to demonstrate the reasons for the selection of methods for this thesis.

The Burridge (1981) study concerned itself with the effectiveness of coronary after-care. In so doing it employed a variety of quantitative techniques which were directed at establishing whether or not coronary rehabilitation was valuable. The validity problems to which this study is subject arise out of the attempt to measure attitudes via the construction of a variety of secondary indicators. From a sociological point of view it is erroneous to assume that attitudes can be measured in this highly structured way. Attitudes form part of the realm of subjective meaning, and as such, they must be measured in a way that enables their subjective nature to come to light.

The Burridge study used a positivist approach to what are, in essence, idealist phenomena. An idealist approach would have emphasised the gaining of an understanding of how subjects exper-ienced the programme, whether different "types" of subject exper-ienced it differently, what they saw as its objectives and finally, what the values and problems were that were associated with participation. Thus, to gain an adequate level of validity, the research would have attempted to see the programme as the participants saw it. The mismatch between the subject of the re-search (that is, attitudes) and the approach used (that is, pos-itivist) casts doubt on the validity of the results obtained. For these reasons this thesis has employed an idealist framework in the investigation into the experience of the heart attack.

Although necessarily brief, this discussion has attempted to demonstrate that it is essential that a synchrony be established between the nature of a piece of research and the broad philosophical position which underlies the methods applied to its investigation.

Induction and Deduction: Approach to Theory Construction.

As with positivism and idealism, the debate over induction and deduction is, in part, derived from the controversy as to whether sociology is, or should be, a science (in the natural scientific sense of the word). The key figure in this area of the debate is Karl Popper (1968). The deductive model basically describes the scientific method in that it emphasises what has been loosely referred to as "hypothesis testing". This approach is employed in research that is guided by prior theory. Knowledge generation of this type begins with a set of assumptions (theory) about the subject area. From this general theory a set of propositions are derived (hypotheses) which then form the basis of the actual research exercise. Data gathering takes the form of a search to validate or falsify these propositions and to specify the conditions under which they obtain. The primary intention of such work is to derive general law-like propositions about social existence.

The intention of those who work within the deductive tradition is to be able to make predictive or testable statements about social organisation and social development(Wallace and Wolfe;1980:5). Deductive theory generation fits in quite closely with the positivist framework in that it emphasises the value of the scientific method, a model developed and used widely in the natural sciences. A logical extension of this position would locate sociology within the general scientific framework. It is for this reason that most deductive work is also positivist.

A final and most important aspect of the deductive position is the idea that reality is divided up into qualitatively distinct levels. Only one of these levels, that of the empirically observable, is directly amenable to investigation. It is this conception of reality which commits deduction to the position that it is not possible to extrapolate from reality (as observed) to theory (Bhashkar;1975:12-20).

A primary problem with the deductive approach is that by starting with a set of assumptions about the nature of social reality and then progressing to test these, it is by no means certain that the most significant facets have been investigated (Blumer;1969:26). It is also open to debate as to whether this approach actually establishes the social facts which it claims to or whether it merely produces a set of well tested assumptions and biases. The criticism is that because so little is known about social reality and so much of it is abstract and

not directly accessible, theory testing is an inappropriate activity (Glaser and Strauss;1967:1-18).

A further problem with the deductive approach is its tendency to develop into the positing of general laws of human behaviour. Of course, the implication of this is that there is one objective reality about which these testable generalisations can be made. Thus, it is often accused of adopting a social engineering approach to social investigation.

A final general problem with the deductive approach is that it tends to ignore the subjective/symbolic realm. This is partly a product of the positivist-deductive desire to establish social facts of the same type as physical facts. Although there is contemporary debate on this issue, the underlying philosophical principle which embodies this criticism can be traced back to Dilthey (Truzzi;1974:8-17).

The inductive position solves many of these problems, but it does so at the expense of the certainty of verified "social facts". Dispensing with "social facts" is, however, not a problem for the inductive sociologist. Inductive data gathering functions to provide the basis for the development of a theory (Glaser and Strauss;1967). Rather than conducting research on the basis of pre-determined theoretical propositions, work within this tradition is initiated with only a very general idea of a problem or issue. It is the purpose of research to provide

information from which theoretical principles and concepts can be induced. Thus, the nature of social reality is problematic and unresolved; there are no pre-set definitions of what will be found (Blumer;1969:1-60). Inductive sociology does not involve the amassing of social facts. Rather, it consists of the unravelling of social meaning and situational definitions of reality (as opposed to reality itself).

Although inductive work does not emphasise social facts, problems of data selection and measurement technique remain. It is still necessary for the researcher to "choose" between different classes of experience; some will be more relevant than others. It should not be assumed that problems of selection bias are avoided by the adoption of an inductive method. The inductive approach to theory generation appears to be more in harmony with the needs of a social science. This is largely because its rejection of rigid and a priori theory provides considerable scope for the symbolic/ideational sphere (the distinguishing feature of social life) to come to light.

Although perhaps more applicable to social science than positivism, idealism is not without its problems. A major deficiency of this approach is its inability to generate macro-theory with any degree of success. There have been attempts to rectify this, for example; Glaser and Strauss (1967), but these have not been successful. Their failure is largely due to the fact that the attempts have focused upon

abstracting back from data until the concepts look sufficiently abstract to be labelled macro-theory. This activity is open to several major criticisms, the most significant of which is the assertion that macro-theory is not simply micro-theory with all the adjectives taken out, as Glaser and Strauss (1967:80) claim it to be. Rather, there is a qualitative difference between lower and higher order concepts which comprise micro and macro theory respectively.

approaches to theory construction and the position of this

thesis:

Having outlined the major features of induction and deduction and also considered some of the problems which besets each approach, it remains to locate the position of this thesis at this level. The debate over approaches to theory construction is the most difficult level at which to make a clear choice. This is because it is not a choice between mutually exclusive alternatives. Induction contains elements of deduction and the deductive approach can be seen to benefit from the introduction of certain inductive principles. In fact, it is likely that no piece of research is purely inductive nor purely deductive. It is probably more accurate to see research as based upon a mixture of these two. It is only at the stage of report writing that re-search appears to come down on one side or the other. Ultimately, then, it is a question of emphasis; a given piece of research will emphasise one or other approach. This emphasis

depends upon two things; the conception of reality (epistemology) the individual researcher has and the nature of the research material (positivist or idealist).

As was identified in the previous section, this thesis takes an idealist approach to the nature of reality. Its subject matter constitutes an investigation of heart disease. In accordance with the idealist position, it must look at the "experience" of this illness rather than at its "objective" nature. Given this focus, it is necessary that data gathering be done in a fashion that allows this experiential side to come to light. The Burridge study shows the problems that are associated with applying a deductive framework to this type of investigation. As was noted in the discussion of it (above), the problems associated with this approach were both methodological and substantive. Thus, an inductive approach is considered to be more suited to the needs of the data gathering phase of this thesis.

If induction is emphasised in the data gathering, deduction has relevance in two places. The first step in any investigation is the definition of a problem. This is inevitably a deductive step because the identification of a problem can only be done if one has a prior conception of the problem area. Thus, the first step of this research is deductive. The second area where it is necessary to employ a deductive step is in the generation of theory. As has already been discussed, alone, induction cannot

be used to generate adequate theory. Its theoretical powers are limited to the extrapolation of low level concepts. In order to generate meaningful higher order concepts of general sociological relevance, it is necessary that concepts from other theories be applied to the low level concepts derived from the data. This bridges the gap between data and observable reality, on the one hand, and theoretical conceptualisation, on the other.

Qualitative and Quantitative Techniques: The Method for Data
Gathering.

The final level at which the debate occurs is that of practical research technique. In many ways the position taken at the first two levels will determine this selection. Implicit in each method is a set of assumptions about the nature of social reality, of sociology and the appropriate avenue for obtaining access to reality or some representation thereof.

Quantitative techniques are used primarily by sociologists working in the positivist-deductive tradition. These techniques are particularly suited to the primary deductive activity; hypothesis testing. Most of the statistical techniques of sociology belong within the quantitative tradition. Its primary intent is to establish the broad parameters of a problem or issue, and then to specify the conditions under which they would vary. It thus shares the positivist orientation to social real-

ity and belief in the primacy of social facts. As was the case
with the positivist and deductive positions, a major criticism
levelled at quantitative techniques is that their very structure
has the effect of obscuring rather than illuminating social
existence (Dilthey (1961), Blumer (1969) and Glaser and Strauss
(1967)).

By focusing on the readily quantifiable aspects of social
organisation, the experiential and subjective aspects are missed.
This, the opponents claim, is or should be the very essence of
any sociology. More generally, the criticism is that
quantification emphasises the object rather than the meaning
inherent in the object itself. This is deemed to be not only a
superfluous, but an inappropriate activity for sociologists to
engage in. Furthermore, quantitative techniques can be regarded
as a process of "creation" in so far as they are themselves
concepts; they do not spring from the data unaided. This is a
fundamental problem because it contradicts the deductive approach
(which often informs the use of quantitative techniques) that
there is no unmediated access to reality. Taking such a position
with respect to reality makes it difficult to support hypothesis
testing as the primary activity for theory generation.

Qualitative techniques are more frequently used in sociolog-
ical research which is guided by the idealist-inductive
tradition. Specific techniques employed include participant
observation and in-depth interviewing. The stimulus to use such

techniques springs from a desire to come to a subjective under-
standing of the issue (verstehen). It is claimed that the tech-
niques used in quantitative sociology do not permit this type of
focus. Quantitative techniques concentrate upon establishing
broad trends that can be generalised across populations, rather
than aiming at deriving an understanding of why such patterns
exist.

the method for data gathering and the position of this thesis:

Qualitative techniques are employed in this thesis. They
have been used because it is considered that they provide the
only reliable and valid means for extracting information on the
subjective experience of heart disease.

The Relationship of the Four Major Paradigms to the Validity

Debate

The four paradigms(2) which guide sociological research can
each be identified as taking a distinctive position at each level
of this debate (discussed above). This section will conduct a
review of the position which each paradigm adopts. This review
is necessarily brief and selective. It is not intended that it
will provide an exhaustive overview of each approach; that is
beyond the scope of this thesis. The function of this section is

to demonstrate how the debate is resolved by each of the major sociological paradigms.

1. functionalism

The earliest sociological paradigm, functionalism, adopts a broadly positivist-deductive position that employs quantitative techniques. The primary focus of functionalism is the social system. The emphasis within functionalism is upon the generation of theoretical concepts which, when reduced to propositions, are capable of being tested. This clearly marks functionalism as a deductive activity.

Parsons' work on a voluntaristic theory of action (1937) provides a clear example of functionalist work. It began with an attempt to develop a system of concepts that were both general and abstract. This system was a synthesis of what Parsons saw as the more useful assumptions embodied in the philosophies of utilitarianism, positivism and idealism (Doyle-Paul Johnson;1981:391-395). Having developed the general theory, Parsons went on to test it. However, because theories are not directly testable it was necessary to develop a series of propositions or hypotheses which would specify certain aspects of the general theory. The relationship which these propositions have to aspects of empirical reality is then observed. This is usually done via the experimental method or the structured observation of the social world.

As part of his more general sociological analyses, Parsons addressed issues of health and health care. Perhaps his most basic, but at the same time significant contribution to this field was the claim that illness was a social phenomenon. Using what is now a standard functionalist framework, Parsons based his analysis around the concepts of role, structure and function. From this he developed two models; the illness-as-incapacity model (the structural model) and the illness-as motivated-deviance model (the role model)(The Social System; 1937:436-439). Running through his work on sociology of health is the concept for which he is perhaps most widely known in this field; the sick role. Having formulated the general model(s) the functionalist mode of investigation then goes on to test and refine it.

Subsequent sociologists such as Mechanic(1962) further tested and elaborated these concepts. Some of Mechanic's material is derived from comparative international analyses of health systems, mental illness and social stress. His analysis rests upon the construction of scales which can then be correlated with other group and individual attributes. In line with the general functionalist approach, Mechanic views illness as a form of motivated deviance. His research was conducted in a variety of institutional settings (totalitarian states, armed forces) where life styles are considered to be rigorous. From this analysis he concludes that the sick role provides a route for legitimated deviant behaviour.

Functionalism has been criticised for failing to do many things, for example, its failure to account for system change and therefore its inherent conservative or status-quo bias. It has also been criticised for opting for a method which does not adequately deal with social meaning and the role of ideology. Nevertheless, it has produced some useful concepts; structure, role and function being cases in point. It also provided the basis for much of the early sociological inquiry. Thus, its effect on current trends in sociological investigation is not insignificant.

2. marxism.

Much of early marxist sociology can be located in the positivist-deductive tradition. Early marxism was unicausal in that it attempted to establish general principles which would enable prediction and explanation. Such an emphasis tended to favour a positivist orientation. More contemporary refinements and developments of the marxist position have seen a shift to the idealist-deductive type of inquiry. This is largely because the idealist dictum; that social reality is not directly observable and measurable, began to assume considerably more significance. An additional reason for the shift from a positivist to an idealist position was a reaction to the close links which positivism has with natural science. The knowledge produced by scientific inquiry has come to be seen as merely another part of bourgeois ideology. Thus, marxist sociology has attempted to move beyond

the positivist position in its analysis.

Whether positivist or idealist, marxist sociology remains deductive in all but a few fringe instances (for example;Wallach-Bologh;1981). At the periphery there have been attempts to combine a marxist and a phenomenological approach. The intention behind these moves is to provide a theoretical perspective that is both critical and grounded. However, such work is infrequent. There is, of course, another approach within marxist sociology. This may be termed dialectical in that it is not purely deductive nor inductive. Rather, it combines the two in a continual process of data gathering and theoretical refinement in the light of data gathered. Capital(1976) is the example par excellence of this type of work.

For the most part, marxist sociology remains deductive. Whereas, for instance, interactionist sociology embodies a set of methodological principles and only a rudimentary theory, marxism is characterised by a fairly well defined set of theoretical propositions which delineate the parameters of empirical reality. This means that research will be conducted within a pre-set framework that is; a prior theory. Because the bulk of the work in the marxist tradition is structural (that is; its focus is at the social system, or macro level) it, like functionalism, tends to emphasise quantitative techniques. There are exceptions to this however, such as Stafford's work; <u>Learning not to Labour</u>(1981) which looks at the socialisation of the unemploy-

ed(3). Finally, a large percentage of marxist work is conducted

solely at the theoretical level, involving little or no data

gathering and analysis. This largely obviates the need to employ

the type of techniques suggested by an inductive position.

Within the sociology of health the major marxist works are

positivist-deductive. Waitzkin's(1979) analysis of the growth

and development of coronary care technology is an example of this

type of work. It begins with the premise that in order to under-

stand the proliferation of this hardware it is also necessary to

understand the capitalist profit structure. The developments in

coronary care had sprung from motives other than a desire to

improve the quality of care. This conclusion is reached after an

examination of several major pieces of epidemiologic research(4)

which demonstrated that coronary care units confer no advantages

in terms of morbidity and mortality, over simple rest at home.

In order to come to terms with the wider system within which

the development of coronary care technology has occurred,

Waitzkin analyses the inter-linkages between the various

structures which have been involved in coronary care unit devel-

opment.

This analysis covers the role which the state played in

legitimating almost every step of the development of this

technology(1979:1266), the connection between corporate giants

such as Hewlett-Packard and Warner-Lambert and academic medical

centres and their research(ibid), and private philanthropies such as the American Heart Association(ibid:1264), and the research which they sponsor. The deskilling of the labour force was also a necessary part of the development of coronary care technology. The final part of his paper deals with an analysis of the changes in the structure and composition of the health care labor force since the introduction of coronary care technology some twenty years ago(ibid:1266-67).

Navarro(1976) also takes as his point of departure the premise that developments in the medical system can only be understood in relation to the wider political and economic system of which they are part. He addresses what he terms the "under-development of health"(ibid:3) in several different contexts (Latin America, Chile - post, pre and during the administration of Allende, and rural and working class America). He chose these disparate settings to demonstrate that the under-development of health is everywhere determined by the same economic and political forces. A consideration of the mal-distribution of health resources cannot be considered apart from this wider context. This part of Navarro's analysis is conducted through an empirical investigation of such things as the distribution and nature of health care resources, morbidity and mortality profiles of the populations concerned, and the structure of the health care labour force.

In addition to conducting an empirical analysis of the under-development of health in these various settings, Navarro also critiques the traditional analyses of health and the health care system. Analyses such as that by Illich are seen to be in error. They are based upon the assumption that concepts such as class and capitalism have been transcended by those of industrialism (1976:101-34). Such analyses are seen to reduce political problems to managerial ones in that they claim that problems in the distribution of health care can be solved by eliminating industrialism. According to Navarro such proposals attack the symptoms not the causes of the mal-distribution of health care.

Navarro's analysis takes place at two levels. As such it demonstrates quite clearly the two major approaches taken in marxist sociology of health work. He conducts an empirical investigation of a particular area. He begins this analysis with certain theoretical premises, and then uses a range of empirical evidence to substantiate and document these premises. He also conducts a theoretical analysis. In this case he critiques other theories of health. Again this involves the employment of certain fundamental premises about the structure of the health system.