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**A Consideration on “Health as Symbolic Media”:  
Focusing on Human Condition Paradigm**

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# A Consideration on “health as symbolic media”: focusing on Human Condition Paradigm

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## 1. Introduction

It is quite certain that Talcott Parsons has contributed greatly in the field of a medical sociology. One of his contributions to medical sociology was to try to analyze medical phenomena from a particular sociological approach different from these of other disciplines, such as biology or medical science.

One of the concepts of his medical sociology is the “sick role.” From the point of view of social roles, he analyzed sociologically the field of medicine (health and illness) which traditionally falls within the realm of the natural sciences. The concept, however, has been the subject of many criticisms in spite of his contribution to medical sociology. But these criticisms have criticized only its negative aspects, and have not discussed sufficiently the later theoretical innovation in his medical sociology.

I would like to emphasize here one of the concepts of his medical sociology, the notion of “health as a symbolic media” which Parsons suggested in the late theoretical framework; human condition paradigm (Parsons 1978). This concept in the human condition paradigm is a key concept to modify inadequate assessments of the medical sociology of Parsons, and to explore its theoretical possibilities.

The concept may be also a start point for us to solve ethical problems which we have to discuss under the conditions of the recent advancements in medical technology. Developments in medical high technology have raised ethical problems related to life and death. Modern medicine can not adequately cope with these ethical problems because of the institutionalized value that is ascribed to the extension of life or complete recovery from disease.

The purpose of this presentation is to suggest theoretical possibilities of Parsons’ medical sociology to cope with problems in modern medicine.

## 2. Sick role

The concept of sick role is Parsons’ principal contribution to medical sociology. He systematically stated the concept first in *The Social System* (1951).

He pointed out the following four implications of the concept of sick role (Parsons 1951: 436-437, 1964: 274-275).

(1) the exemption from normal social role responsibilities; (2) the exemption from responsibility to get well by himself, (3) the obligation to want to get well, (4) the obligation to seek technically competent help (e.g. treatment by a physician), and to cooperate with the physician in the process of trying to get well.

The sick role is a socially institutionalized role which patients are expected to play under the deviant state. A Keyword in the definition of the concept of the sick role is "deviation." Parsons regarded illness as a kind of deviation from the social role which the individual plays ordinarily.

Parsons defined illness and health as follows;

"(...) illness is a state of disturbance in the "normal" functioning of the total human individual, including both the state of the organism as a biological system and of his personal and social adjustments (Parsons 1951: 431)."

"Health may be defined as the state of optimum capacity of an individual for the effective performance of the roles and tasks for which he has been socialized. It is thus defined with reference to the individual's participation in the social system (Parsons 1964: 274)."

Parsons defined a concept of illness with reference to role-performance and tasks that the individual undertakes. His particular sociological approach to the field of medicine was a contribution to medical sociology; however, his concepts, especially of the sick role, have been the subject of criticism. These criticisms fall into three types.

Firstly, there is the criticism of the doctor-patient relation on which sick role is based. This criticism indicates that the concept of the sick role implies that illness is a kind of deviations from society and imposes alienated situations on sick person. This conception enforces professional dominance of physician over patient, divesting patients of their rights.

Secondly, the sick role which imposes a duty to recover from illness is appropriate in the case of acute illness, but not for that of chronic illness. This criticism indicates that the sick role can not be institutionalized in the case of chronic illnesses which we do not expect to recover from.

Thirdly, Parsons does not allow for variance or difference in the case of illness among individuals influenced by factors of sex, age, social class, race, cultural

background, and religion. Here the trials of empiricism are seen to expose the abstraction of his theoretical model.

It can be said that these assessments of the conception of the sick role are narrow and inadequate. When we argue about the conception, we have to take into consideration that the conception is based on a value-commitment on the level of social system. We can not understand his ideas on a medical sociology adequately without considering that the sick role is closely related with socio-cultural values.

The sick role does not merely imply that patients are evaluated negatively as being in bad states physically and that these social deviants should be controlled compulsively. Parsons' medical sociology should not be reduced to a discussion on the sick role. And it is a serious error to read the definition of the sick role to the letter and to find fault with only the negative part of the definition of illness: "illness is an undesirable state itself." The undesirable state defined by Parsons is not physical injury or disease of the body itself, but a situation in which an individual can not perform his roles and tasks.

I would like to note here his conception of "health as a symbolic media." Parsons argued that "illness is not merely a state of the organism and/or personality, but comes to be an institutionalized role" (Parsons 1978: 21). He starts his argument with the proposition, but an implication of the proposition is that the sick role is not a physical state of the individual's body isolated from interpersonal relations; rather, it is institutionalized within a particular socio-cultural value. The idea of 'role' does not essentially adhere to an individual. Roles in a society are media of interaction, not properties of persons.

### **3. Health as a symbolic media**

Let us turn to the remarkable concept of "health as a symbolic media."

Parsons suggested that the conception of "health as a symbolic media" in his late writings, applying the previous idea of symbolic media on the level of the social system.

The primary purpose of the concept of health as a symbolic media is to accept health and illness not as natural phenomena of the body but as social ones.

"Given the assumption of anchorage in the organism, this way of looking at health has the appeal of establishing a basis for linking the conceptions of organic, or somatic, and mental health. On the hypothesis that health, as a medium, circulates in the sense just considered, one could speak of the state of

health of the personality, linked to, but not part of, the organism, as part of the action system (Parsons 1978: 401)".

Parsons explained the features of the concept of symbolic media in the three keywords; "generalized", "interchange", and "media." These are applicable to the concept of health as a symbolic media.

The function of a medium is to mediate between different things. "The concept of a medium to us implies that it establishes relation between or among diverse and variant phenomena, tendencies, and so on (Parsons 1978: 395)". One of the most familiar proto-types of symbolic media is money. Just as money does not have own value, "health" does not have a particular value isolated from social relations.

In the economic field, money represents the value of various things; products and goods having value in use. It is its generality that allows money to relate to various things. "This property of a medium, namely, its capacity to transcend and thereby relate, diverse things, may be called its *generality* (Parsons 1978: 395)".

The generality of media is based on "interchange." Media are generalized in a network of interchange, can function as a medium integrating various values of things, and can serve to facilitate interchanges. "Interchanges are in a sense the mechanisms by which a medium can perform its integrative functions (Parsons 1978: 395)".

By accepting health as a medium circulating among systems, we can say that health and illness are not properties which adhere essentially to an individual. This usage provides modifications of current conceptions of health as a trait of the individual organism. "It (=health) must be conceived as bridging both organic and "social" or, more generally still, "action" levels in the sense of symbolic involvements (Parsons 1978: 81)." The theoretical merit of conceptualization of health as a symbolic media is to analyze health and illness from the sociological viewpoint. From this point of view of sociology, health may be conceived as media circulating within the organism, within personality, and between them.

From this point of view, "good health is an "endowment" of the individual that can be used to mobilize and acquire essential resources for satisfactory functioning as organism and personality (Parsons 1978: 80)". We must note here that health is an endowment of a particular body only in that body's interactions with others. Health is a bridge between any one organic body and its social environment; it is a property of neither the body nor the environment, but exists between them.

#### **4. Problems in recent Medical Sociology**

In last section, I considered the implication of the concept of health as a symbolic media. We can say that this conceptualization is an attempt to reject criticisms of the concept of sick role, and also to cope with recent problems in modern medicine. I would like to look at some problems in medicine.

Some remarkable changes in the medical world may be due to advancements in medical high technology. Many high-tech medical procedures, such as organ transplants, developments of artificial organs, and a gene therapy have been put into practice. These developments in medical technology have raised some new problems.

Firstly, a rise in the cost of medical treatment has occurred. Expensive treatments often involve the use of high technology. The economic problem is related to a political one, in that members of lower income groups can not receive expensive treatments making use of high-tech medical procedures.

Secondly, these developments have raised ethical problems about the life and death of human beings. Medicine has come to be able to control life expectancy through the use of high technology. The raising of ethical problems bring to mind the necessity of the institutionalization of "informed consent", "the right to self-determination" and other rights of patients concerning the problem of "quality of life". Thus, the concept of human rights has penetrated into the field of medicine, at the same time restricting the field of medical activity. It has become more and more necessary to recognize rights of patients. Such human rights movements in medicine may be considered practically as a process of "demedicalization".

Thirdly, as a consequence of developments in medical technology, the relation between the physician and patient has changed greatly. The field of medicine has become more and more specialized. There has been an erosion of the traditional and privileged position of the physician in relation to patient. The decline of autonomy of the physician as a medical profession -- also a kind of demedicalization-- may be called "deprofessionalization".

At the same time, changes in the medical environment have caused a process of "medicalization". Although medicine had treated only physical injury or sickness of the human body, it became to treat mental illness (psychiatry). At present, it also treats social phenomena which have long been regarded as moral or social deviations: homosexual love; various dependences (alcohol, drugs, smoking and so on); aging; obesity; learning disabilities and manic-depressive psychosis. Medicalization can be regarded as a process in which social phenomena have belonged to the fields outside

medicine, such as religion, education, justice, family, and the community, become the objects of medicine.

A problem with medicalization and demedicalization is that these are concepts at once describing processes of social phenomena and evaluating the results of these processes in positive and negative terms. These evaluations form the preconditions for each position in the discussion of medicalization and demedicalization, and make the discussion controversial. But we should not reduce the prospect of medicine to only one side of them (=medicalization and demedicalization). It is a particular approach of sociology to synthesize them beyond a choice between two things.

## 5. Conclusion

I have considered on the problem on the definition of health and illness with focus on the concept of health as symbolic media. By treating health as “symbolic media”, we can modify conceptions of health as a trait of the individual organism. The conception of health should be defined not as a property which adheres to the individual, but as an institutionalized role within a particular socio-cultural value system.

It is certain that the conceptualization of “health as symbolic media” in Parsons’ human condition paradigm is influenced by the modern value of “instrumental activism”. The heaviest emphasis in instrumental activism tends to be put on the valuation of achievement for the personality of the individual. Parsons referred to ‘achievement’ as the following:

“I may note that collective units and their achievements are of the utmost importance in the American system, for example, the business form. But their achievements are fundamentally dependent on the capacities and commitments of the human individuals who perform roles and tasks within them. (...) For the individual, the primary focus of evaluation is universally judged achievement (Parsons 1964: 278-279).”

Instrumental activism requires a serious evaluation of the capacities which underlie achievement. In American society, despite of its religious roots, the arena of primarily valued activity is in practical secular pursuits. This is the “worldliness” of the American value system rooted in the religious value, especially Protestantism (Parsons 1964: 278).

Yet I would like to suggest that we should neither put an emphasis on this



element of achievement derivative from instrumental activism, nor restrict our possibilities for achievement to those on a pragmatic level (quantity). It is our challenge to explore other criteria of evaluation (quality) outside the modern values of instrumental activism.

One of the most important functions of symbolic media is to represent various meanings. The supply of meanings available in a given culture at a given time need not be assumed to be fixed. We can redefine the concept of health relatively from various criteria for evaluation. There is a theoretical possibility of defining health and illness as a symbolic media.

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