

# Parsons' sick role

by Kath Maguire

**Learning objective:** Understanding social roles and Parsons' sick role

## The model of the sick role

The model of the sick role, which Talcott Parsons designed in the 1950s, was the first theoretical concept that explicitly concerned medical sociology.

In contrast to the biomedical model, which pictures illness as a mechanical malfunction or a microbiological invasion, Parsons described the sick role as a temporary, medically sanctioned form of deviant behaviour.

Parsons used ideas from Freud's psychoanalytic theories as well as from functionalism and from Max Weber's work on authority to create an 'ideal type' that could be used to shed light on the social forces involved in episodes of sickness.

**Freud's** concepts of transference and counter-transference led Parsons to see the doctor/patient relationship as analogous to that of the parent and child. The idea that a sick person has conflicting drives both to recover from the illness and to continue to enjoy the 'secondary gains' of attention and exemption from normal duties also stems from a Freudian model of the structure of the personality.

The **functionalist** perspective was used by Parsons to explain the social role of sickness by examining the use of the sick role mechanism. In order to be excused their usual duties and to be considered not to be responsible for their condition, the sick person is expected to seek professional advice and to adhere to treatments in order to get well. Medical practitioners are empowered to sanction their temporary absence from the workforce and family duties as well as to absolve them of blame.

**Weber** identified three types of authority: charismatic, using the force of personality; traditional, how it has always been; and rational/legal authority, which relies on a framework of rules and specialist knowledge. While individual doctors may have any or all of these types of authority in some situations, it is assumed that their credibility as a profession is based on their patients accepting their rational/legal authority in making diagnoses, prescribing treatment and writing sick-notes.

## Weaknesses in the sick role model

During the half century since its publication, a number of weaknesses have been identified in Parsons' sick role model.

What criticisms of Parsons' model might you make?

Can you see any strengths in the idea of the sick role?

### Weaknesses

- 1) The model does not examine how the interests of doctor and patient might conflict nor explore how this creates imbalances of power.
- 2) Being sick does not automatically lead to being a patient. Eliot Freidson has pointed out that people often rely on lay opinions and advice as to whether or not a professional consultation is appropriate. For example "That looks bad, shouldn't you see a doctor?" or "Don't be soft! The doctor would think you're daft asking about that!"
- 3) Being a patient does not always involve being sick (i.e. pregnancy, contraception, vaccinations etc)
- 4) Chronic diseases do not fill the model's criteria of being a temporary condition. In an age when it is becoming normal for people to suffer a chronic illness for some part of their life can it still be seen as deviant?
- 5) The model has no place for 'abnormal' illness behaviours (i.e. Munchausen's syndrome, 'flight to health' or the denial of illness).
- 6) The patrician model of medicine is simply out of date. Patients are more likely to view themselves as critical consumers of healthcare and be less willing to comply with medical advice uncritically. Doctors are also more likely to be part of a healthcare team rather than a sole authority.

### Strengths

In spite of its shortcomings the idea of the sick role has generated a lot of useful far-reaching research. Arguably, it still has a role in the cross-cultural comparison of ways in which 'time-out' from normal duties can be achieved or in which deviant behaviour may be explained and excused (i.e. comparing ideas of mental illness with demonic possession or religious inspiration).

### Assessment:

1. According to Parsons, the sick are excused responsibility for their condition and exempt normal duties. What two things are expected from them in return?
2. What two aspects of the sick role did Parsons draw from Freud?
3. Which of Weber's 'ideal types' of authority is most applicable to the sick role model?
4. When might the role of patient not coincide with sickness?
5. What powers do doctors have in this model?

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1. They are to seek medical advice and comply with treatment
  2. The analogy between the doctor/patient and the child/parent relationships and the idea of conflicting drives within the personality.
  3. The rational/legal.
  4. When it is to obtain contraception, vaccinations or an insurance certificate, or during pregnancy
  5. They have the powers to decide fitness to work and demand compliance with treatment.