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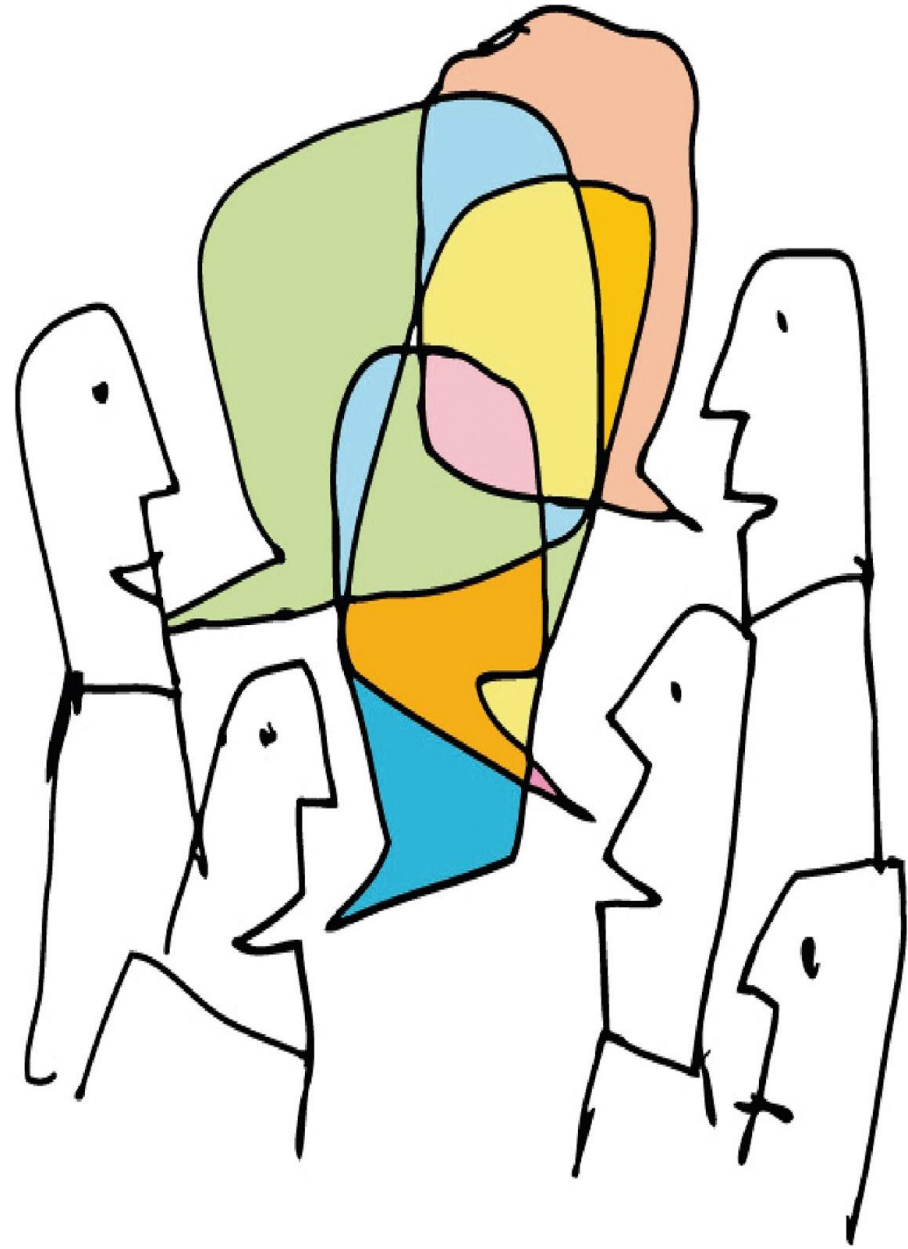
ECAY5006

Health and Social Care: Disability and Wellbeing

Theme 3: Sociological Perspectives on Health & Wellbeing

Part 3: Symbolic Interactionism and Post-Modernism

Symbolic Interactionism



Symbolic Interactionism (SI)

- Symbolic interactionism is a sociological framework that focuses on how individuals create and interpret the social world through communication and symbolic meanings. Here are the key points:
- Origins and Key Figures: The theory was developed by George Herbert Mead and later expanded by Herbert Blumer.
- It should be noted that critics of the approach argue that symbolic interactionism may overlook larger social structures and forces, focusing too much on individual interactions

Symbolic Interactionism (SI)

- Core Concepts of SI include;
- **Symbols and Language:** People use symbols, such as language, to create and share meanings.
- **Subjective Meanings:** Individuals act based on the meanings they assign to objects, events, and behaviours.
- **Social Interaction:** These meanings are developed and modified through social interactions.
- **The Self:** The concept of the “self” is central, where individuals develop self-images through interactions with others.

Symbolic Interactionism – Chicago School

- George Mead (1863-1931)
- Regarded as one of the founders of symbolic interactionism (SI)
- Taught and researched at Chicago University
- Gave rise to the ‘Chicago School’ of sociology
- The ‘I’ refers to the individual’s subjective, internal, personal and private sense of ourselves
- The ‘Me’ refers to the individual’s social face or ‘how people see themselves through the eyes of others’ – this is closely related to the concept of identity (Mead, 1934)

Theories of Identity:

Symbolic Interactionism – Chicago School

- The primary focus of the Chicago School is how individuals (the 'I' & 'Me') interact with and shape society.



Theories of Identity:

Symbolic Interactionism: Iowa/Indiana School

- Sociologist Manford Kuhn (1911-1963)
- Taught in the University of Iowa's sociology department.
- Seen as founding a second form of symbolic interactionism
- The focus of this 'School' of thought was the influence that society and social roles have on the individual
- For this reason this form of SI is sometimes called **structural symbolic interactionism**

Theories of Identity:

Symbolic Interactionism: Iowa/Indiana School

- The primary focus of the Iowa/Indiana School is how society shapes an individual's sense of themselves



The Presentation of Self in Everyday Life

- Erving Goffman first published this work in 1959
- Studies how we interact with people in different social settings
- Goffman uses the analogy of a theatre – known as “Dramaturgical Theory”
- This looks at how we perform in everyday life (in multiple roles)
- The world / society is like a stage, in our interactions we are like actors, creating society in terms of our response to other actors
- We have a “frontstage” and “backstage” in everyday life
- Frontstage – how we present ourselves in public
- Backstage – how are in private / when we’re relaxing / feeling we don’t have to “perform” / or rehearsing for next frontstage performance

(Goffman, 1971)

For example...

- Goffman uses the example of waiters at a restaurant
- The waiter who takes your order is performing the “frontstage” self, e.g. being polite, helpful
- The waiter in the kitchen is their “backstage” self, e.g., polishing the cutlery, complaining about the rude customer etc.





**How could we
apply the
'frontstage' and
'backstage' self to
health, wellbeing
and disability?**

Dramaturgical Theory in Healthcare

- **Frontstage and Backstage:**
- In healthcare, the “frontstage” refers to the interactions between healthcare providers and patients, where providers perform their roles to create a positive impression and ensure patient satisfaction.
- For practitioners, the “backstage” includes all the preparatory work, such as team meetings, administrative tasks, and training, which supports the frontstage performance.
- For patients, front-stage behaviour might include being polite, cooperative, and following the expected social scripts when interacting with healthcare providers.
- They might suppress their true feelings or discomfort to appear compliant and agreeable

Dramaturgical Theory in Healthcare

- **Frontstage and Backstage:**
- Steele Gray *et al* (2024) have argued that healthcare professionals can only perform their frontstage roles well if the backstage processes are efficient and effective.
- Thus, if staff are stressed or the team is not effective then the patient experience will suffer.
- They go on to argue that the backstage elements become even more important when the development of Integrated Care models adds additional layers of complexity

([Steele Gray *et al*, 2024, no page](#))

Dramaturgical Theory in Healthcare

- **Impression Management:**
- Healthcare professionals often engage in impression management to maintain professionalism and trust.
- This involves controlling their expressions, behaviours, and communication to meet patients' expectations and reduce anxiety.
- This aspect of impression management is often seen as a positive
- However, the concept is also used to critique certain practices in health and social care, e.g. Shanks *et al* (2021)

Dramaturgical Theory in Healthcare

- **Impression Management:**
- In their paper *Impression management in the market for residential care for children and youth in Sweden* (**Shanks et al**, 2021)
- Argue that private residential care companies actively use impression management to market themselves
- Giving a false impression to social workers who then ‘purchase’ a residential place on behalf of their clients

Dramaturgical Theory in Healthcare

- **Role Performance:**
- All participants in health and social care settings, have specific scripts and expectations.
- For example, doctors, nurses, and other healthcare workers often perform roles that require them to project confidence, empathy, and professionalism.
- They use “front stage” behaviours, such as wearing uniforms and using medical jargon, to establish authority and trust with patients.
- Patients also engage in role performance. They might present themselves in ways that they believe will elicit the best care, such as emphasizing symptoms or downplaying certain behaviour.

Dramaturgical Theory in Healthcare

- **Patient Experience:**
- Applying dramaturgical theory can highlight the gap between how healthcare services are delivered (backstage) and how they are perceived by patients (frontstage).
- By understanding and improving both front-stage and backstage activities, healthcare providers can enhance the overall patient experience, ensuring that care is not only clinically effective but also perceived as compassionate and well-coordinated.

Stigma

- Another of Goffman's theories that can be applied to health and social care is that of '**stigma**'
- Stigma can create conflict between social groups and individuals
- Stigma occurs when individual is given an attribute which is disliked by society (physical, character, tribal)
- A Stigma is not intrinsic to the individual but something society has placed on them
- A stigma is applied because certain behaviours are seen as being out of place in society by the 'mainstream'
- 'A stigma, then, is really a special kind of relationship between attribute and stereotype' (Goffman, 1963, p. 4)
- 'By definition, of course, we believe the person with a stigma is not quite human' (Goffman, 1963, p. 5)

Stigma and mental health



- People with mental health problems are amongst the least likely of any group with a long-term health condition or disability to:
 - find work
 - be in a steady, long-term relationship
 - live in decent housing
 - be socially included in mainstream society.
- Stigma and discrimination can also worsen someone's mental health problems, and delay or impede their getting help and treatment, and their recovery.
- Social isolation, poor housing, unemployment and poverty are all linked to mental ill health.
- So, stigma and discrimination can trap people in a cycle of illness

Postmodernism



Postmodernism / Postmodernity

- Modernist concept of “truth” has gone
- Modernism: Same universal goals and same access to justice
- Postmodernism: Multiple pathways and wealth of diversity in society
- There is no one “truth”
- Sceptical of those who say they know the “truth”
- Postmodern sociologists and theorists often challenge authority and power
- Postmodern sociological approaches to health emphasize the complexity and subjectivity of health experiences, challenging traditional biomedical models.

Health as a Social Construction

- Postmodernists argue that health and illness are not just biological conditions but are also shaped by cultural, social, and political contexts. i.e. they are a **social construction**
- This means that what is considered “healthy” or “ill” can vary significantly across different societies and historical periods.
- Postmodern sociologists are keen to explore how individuals experience illness and how their social interactions and cultural background influence this experience.
- For instance, the way people manage and talk about their illness can vary widely depending on their social context
- Price *et al* (2021) argue that this approach ‘offers a means of questioning the dominant health models embedded throughout all levels of the U.S. healthcare system’, for example in the case of transgendered people.

Fragmentation of identities

Bauman's Liquid Modernity Theory

- In the past the relationship between the individual and society was relatively straightforward
- The individual often lived, worked and socialised in one geographically defined community
- Although individuals could move 'community' (geographic and social mobility) the community was contiguous
- In the post-modern world the situation is more.....

complex!

(Bauman, 2000)

Fragmentation of identities

Bauman's Liquid Modernity Theory

- We are now subject to multiple and often conflicting social influences
- Including the 'traditional' e.g. family, peer group, work, street etc.
- But increasingly involving post-modern online communities, social media, targeted advertising etc.
- 'Indeed, in our contemporary age the relationship between the individual and society is changing because the concepts of identity, individual and individuality are becoming meaningless' (Palese, 2013).
- Identity creation is no longer something that happens unconsciously through the interaction between the individual and society
- In terms of health this perspective highlights how individuals may experience health and illness differently based on their multiple, intersecting identities (e.g., gender, race, class).

Other Postmodernist viewpoints

- Critique of 'Grand Narratives': Postmodernism rejects the idea of universal truths or grand narratives. Instead, it focuses on multiple, often conflicting perspectives. This approach can lead to a more inclusive understanding of health that considers diverse experiences and viewpoints.
- Empowerment and Community Action: Postmodern approaches often emphasize the importance of empowerment and community action in health. This involves recognizing the agency of individuals and communities in shaping their health outcomes and advocating for social change.
- These perspectives offer a more nuanced and holistic understanding of health, recognizing the interplay between biological, social, and cultural factors and can be seen to have influenced **patient centred care** and **co-production in health** that we have looked at previously

Deconstruction Theory (Jacques Derrida)

- Derrida, (1930-2004) created a theory of deconstruction
- Focused on the use of language
- Believed our belief systems were based on binary oppositions
- One is brought forward (superior), the other is suppressed (inferior)
- He argued that we need to strip away the layers of meaning from concepts in order to see what they really mean

(Derrida, J., 1967)

Binary Oppositions

Good	Evil
Man	Woman
Rich	Poor
Beautiful	Ugly
Strong	Weak
Well	Sick
Abled	Disabled

Deconstruction Theory (Jacques Derrida)

- He argued that we need to deconstruct these oppositions to challenge the ideology behind them
- Then this will ‘undermine the whole idea that binary opposition should form the basis for thinking about the world’ (Haralambos and Holborn, 2013, p. 123)
- E.g., ‘disabled’ is usually seen as something that is not ‘abled’. We need to deconstruct what ‘abled’ means to change the meaning of ‘disabled’
- Deborah Lupton (1998, p.3) has argued that this approach is at ‘the more extreme end of the spectrum of postmodern thought’ she does acknowledge that it has use because
- “‘good health’ as a universal social good and individual right are rarely challenged, even by the most trenchant critics of public health practices’ (Lupton, 1998, p.3)
- She also argues that postmodern approaches are useful because they acknowledge the uncertainty and complexity of healthcare issues (Lupton, 1998, p.4)

Biopolitics - Foucault

- Michel Foucault's concept of biopolitics explores how modern states exert power over populations by regulating and managing life itself.
- Foucault introduced biopolitics in his lecture series "Society Must Be Defended" and further developed it in works like "The Birth of Biopolitics."
- He argued that contemporary power structures are increasingly concerned with the administration of life, encompassing areas such as health, reproduction, and sexuality.
- This involves practices like surveillance, healthcare policies, and population control measures.
- In essence, biopolitics is about the governance of populations as biological entities, aiming to optimize their health, productivity, and reproductive capacities in ways that align with broader political and economic goals



**Any thoughts, questions
or comments?**

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