Intersectional Model of Health

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Mar 17 2016 Part A

Overview

- Paper (extension to Monday Mar 21 noon)
- Sociology of the Body & Bourdieu's (1984) Relational Theory of Health Lifestyles
- How do social structures become embodied within individuals?
- How is the health behaviour of a social group socially constructed by society & culture?
- Health lifestyle as a collective phenomenon (Cocherham 2000, Segall & Fries, p. 221)
- The intersectional model of health (Segall & Fries, 2011)

- Study Guide for the Final – See in Moodle on Friday

Learning Objectives

- By the end of this class, you will be able to:

- Described the sociology of the body perspective and Bourdieu's relational approach.
- Explain health behaviour and health lifestyles as a collective phenomenon.
- Describe commodification of health.
- Apply the intersectional model of health (based on Bourdieu's approach) and the intersection of biological, social and psychological factors in health to explore a health issue.

Structure-Agency Issue

- How do structural factors such as social class, gender, ethnicity, and age intersect with individual health behaviours to affect health outcomes?

Challenging some ideas about SDOH

Segall & Fries, p. 196

- SDOH
- Studied predominantly as separate factors with impacts on population health
- However, determinants are experienced in relation to social position and not readily reduced to categories (Hedwig, 2007).

Sociology of the Body Segall & Fries, p. 47-49

- The sociology of the Body perspective offers a way of studying society and social life as embodied cultural facts.

- Challenges Cartesian dualism – the separation of:
- Mind
- Body

- **Embodiment** = our perceptions and experiences of society and culture happen through our bodies.
- The individual is an **embodied actor** within their environment.
- Society and social relations **socially construct the body**.

Bourdieu's approach

(1990, cited in Segall & Fries, p. 217-218)

Sociology of the Body perspective: a relational perspective

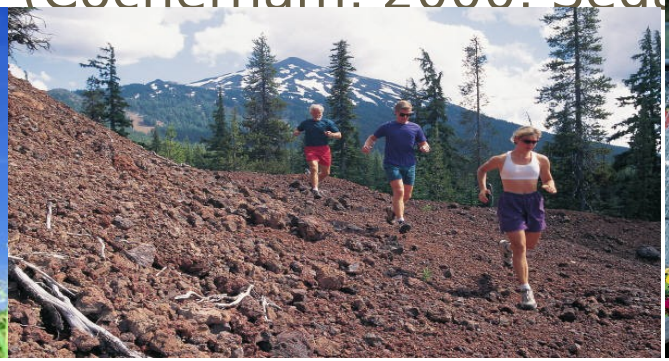
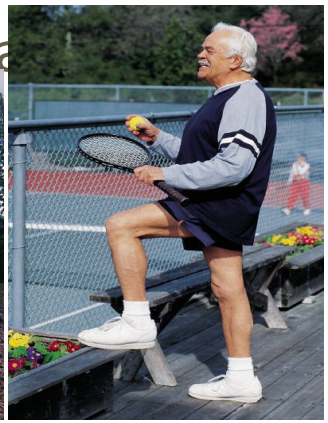
- Society is a **multidimensional** social space with overlapping and interconnected cultural fields.

- We are socialized within the **cultural fields surrounding us**.
  - Societies affect individual behaviour
  - The total pattern of human behaviour reproduces our society.

- Our identifies form and our bodies are shaped within our **habitus** as the **embodiment** of our movement through our cultural environment.

- **Socialization** includes our **experiences** within our surrounding environment which influence our **values, attitudes and beliefs over the life course**.

1. Health Lifestyles: Are related to one's social location (Cocherham. 2000. Sega[illegible]. 216 &

Sociologically, is it useful to define **health lifestyles** as: c**ollective patterns** of health behaviour.

-**Agency** occurs and life choices are made with the context of **habitus** and social location (status group).

-**Structural inequalities** constrain and **socially pattern behaviour** within a **group** resulting in differing life chances.

We embody our habitus and our habitus sets the boundaries for what we view as normal, expected or feasible to do, be and become.

Social structures are embodied within social groups.

- **Fitness activities** are embodied in the middle and upper classes through **social structures** that provide privileged access to leisure

2. **Health lifestyles** represent collective patterns of consumption (Cockerham, 2005 cited in Segall & Fries, p. 221)

Commodification

- Investments in health builds a reserve capacity (physical capital) that can be exchanged for other forms of capital.
- Companies market to address our identities

Equality/Inequality in opportunities for consumption may:

- Enable or constrain participation in health lifestyles.
- Enable or constrain choice
- Enable or constrain opportunities for health (life chances) over the lifecourse.

i>clicker Question

Sociology of the body considers health lifestyles as:

a) Collective behaviour this is socially constructed by social location and habitus

b) Individual behaviour or individual agency

c) Poor lifestyle choices and individual responsibility

d) Healthy choices and individual responsibility

e) All of the above

Bourdieu – Forms of Capital & Power

(1990, cited in Segall & Fries, p. 220-221)

This Sociology of the Body view suggests that health disparities are produced through differences in material conditions and hidden cultural differences mediated through habitus.

a) Economic Capital

b) Social Capital

c) Cultural Capital

d) (Human) Physical Capital

Cockerham (2005) suggests that health lifestyles support the ability to work, to gain economic capital, to purchase commodities and to enjoy life.

a) Social class can be viewed as a type of power that provides enables or constrains economic participation through class privilege.

b) People construct social relations to accommodate social power through interpersonal relationships.

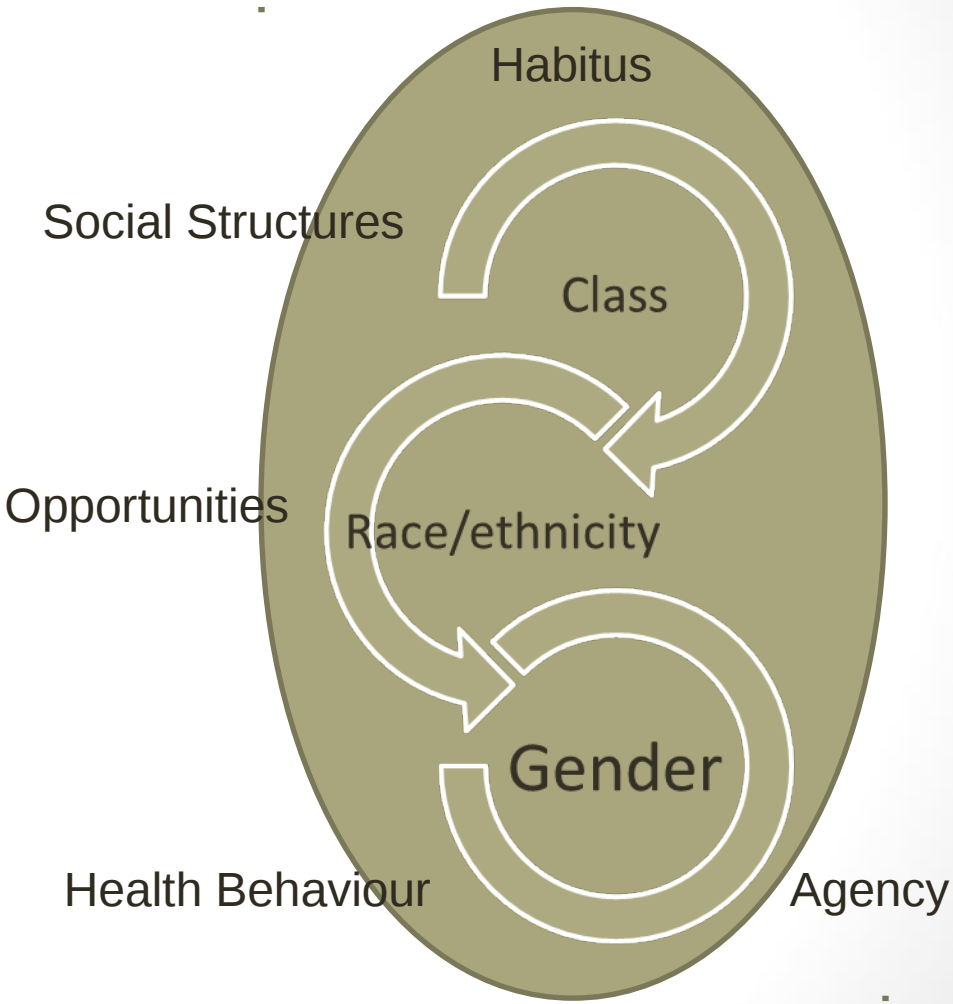
c) Power related to the social construction of cultural difference (e.g., White privilege).

d) The value of the human body as a resource. Health enables participation in work, sports, leisure and the enjoyment of life.

Intersectionality (Segall & Fries, 2011 p. 214-15)

- “Inequalities in health arise out of a dynamic intersection of many different structures of inequality.” (Segall & Fries, 2011, p. 214)

- Intersectionality arose from feminist theory, which suggests that inequalities are interconnected (Crenshaw, 1989, cited in Castiello Jones, Misra & McCurley, n.d.)



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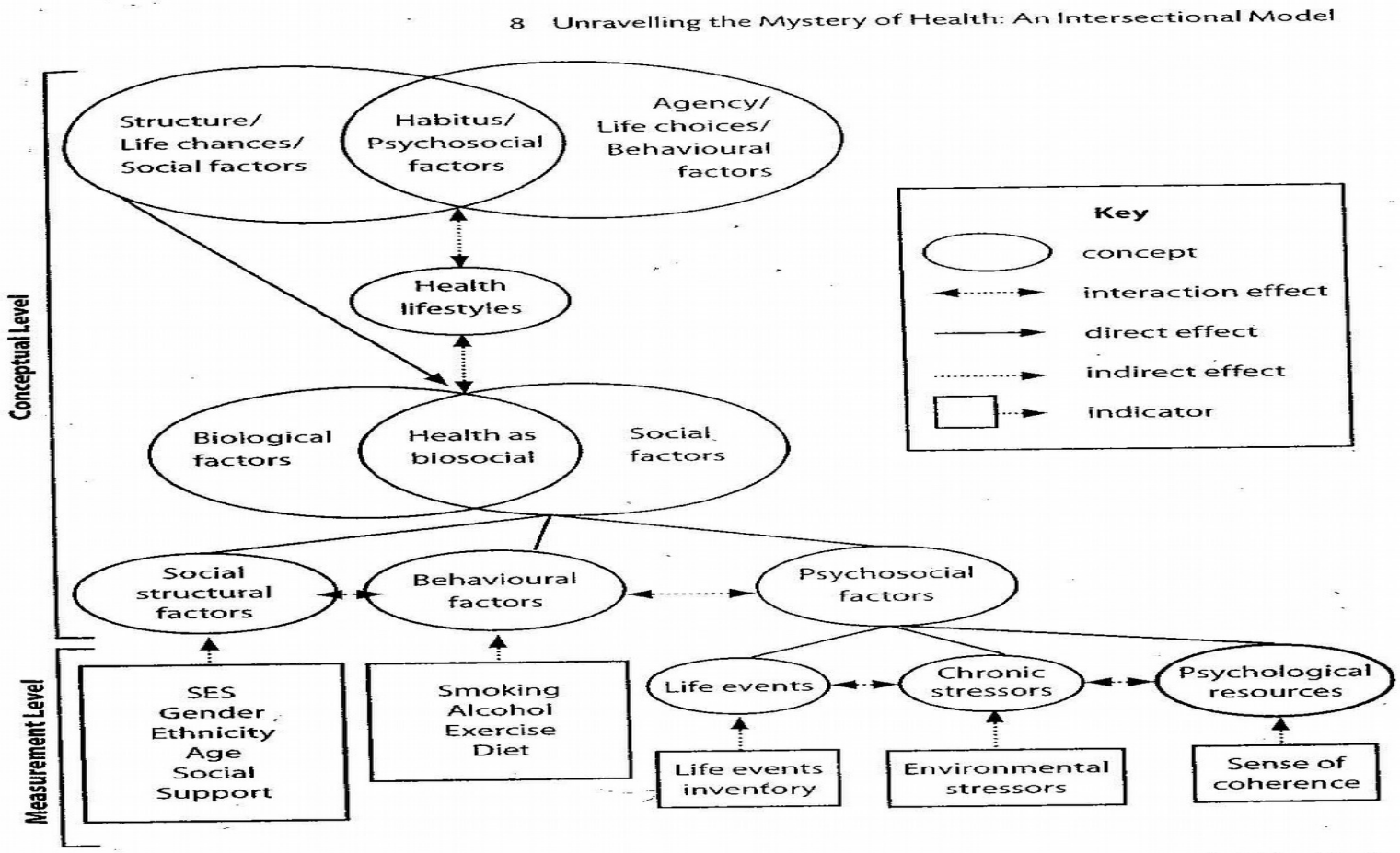

Figure 8.1 An Intersectional Model of Health as a Biosocial Reality

Key Points: Health Lifestyles (Segall & Fries, p. 228)

1. Health lifestyles are a collective rather than an individual phenomenon.

2. Health lifestyles represent patterns of consumption, not production (to invest in our health capital – our ability to work, feel and look good, and to participate in things we enjoy doing).

3. Health lifestyles are best conceptualized as a dialectical interplay of agency (choices) and structure (chances).

Discussion Questions

1. How does the intersectional model help to clarify that health is a biosocial reality rather than an individual choice?

2. Why might the current focus on individual responsibility for health (individualism) be detrimental for promoting population health among groups experiencing intersecting sources of inequality?

3. Use one health issue to develop an example of the intersection of inequalities for Aboriginal women's health.

References

Bourdieu, P., & Vacquant, (1992). An invitation to reflexive sociology. Chicago: University of Chicago Press.

Castiello Jones, K., Misra, J., & McCurley, K. (N. D.). Intersectionality in sociology. Retrieved from http://www.socwomen.org/wp-content/uploads/swsfactsheet_intersectionality.pdf

Segall, A. & Fries, C. J., (2011). Pursuing health and wellness: Healthy societies, healthy people. Don Mills: Oxford University Press.