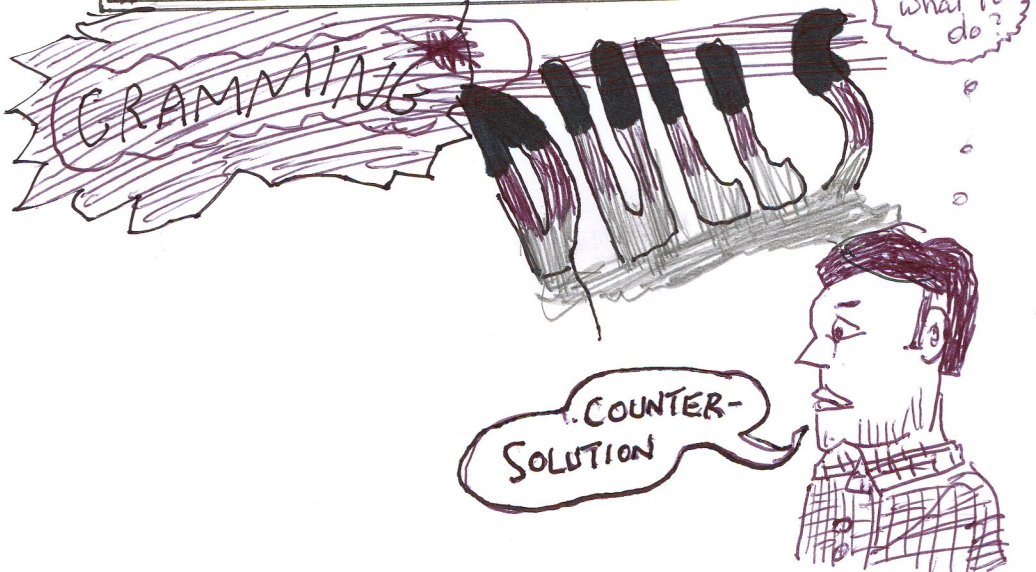


# TWO SOCIOLOGY EXAMS IN THREE DAYS



DREW.LUKE@  
GMAIL.COM

ORIGINALLY PUBLISHED  
AT [HTTP://ANDYLUKE.  
LIVEJOURNAL.COM/  
PROFILE](http://andyloke.livejournal.com/profile).

- THE SOCIOLOGY OF HEALTH AND ILLNESS
- UNDERSTANDING SOCIETY: TRANSFORMATIONS

"You should present your final essays like this!"  
- Jeremy Dennis, Legend Artist

"Good luck with the exams!"  
- Andrew Wildman, Transformers artist

\* Do not rely on this comic when called upon to a court of exam.

# Sociology of Health & Illness

WEEK 8: THE BODY AND MEDICALISATION

IVAN ILLICH IS IN HIS STUDY

medicine of increasing power

effecting society

medicalising

Oh it has affected my woman's reproduction

IT ALSO AFFECTS MENTAL HEALTH



I LABEL YOU

TERROR

STOP IT

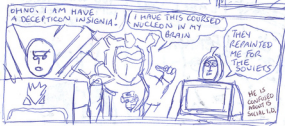
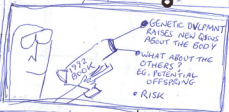
YOU WILL KEEP WITHIN CORDONS SINGLE FILE



I HAVE THE PROCESS OF HAVING THE FLU.

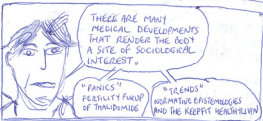
THE DOCTOR SAYS I MUST GO DOWN STREET THRU RAIN AND BUY 6 JUGS OF CODEINE LINCTUS



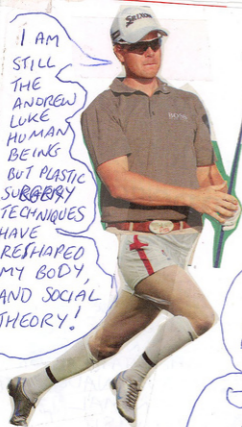


Best of Luck with The! Exams!

JKP

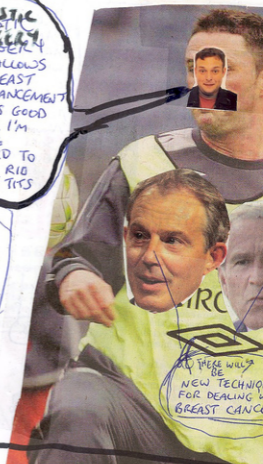


I AM STILL THE ANDREW LUKE HUMAN BEING BUT PLASTIC SURGERY TECHNIQUES HAVE RESHAPED MY BODY, AND SOCIAL THEORY!



PLASTIC SURGERY ALSO ALLOWS FOR BREAST REINFORCEMENT WHICH IS GOOD BECAUSE I'M LOOKING FORWARD TO GETTING RID OF THESE TITS

IN MY BOOK 'REGULATING BODIES', I CLOSELY LINK BODY WITH IDENTITY



THERE WILL BE NEW TECHNIQUE FOR DEALING WITH BREAST CANCER



OF COURSE THERE MAY BE THE RISK OF RENDERING MAMMARY GLANDS UNABLE TO FEED OFFSPRING.

hello i am a drawing pretending to be Michelle Foucault



THE BODY IS A TRANSIENT & SOCIAL CULTURAL ARTEFACT & NOT A PART OF NATURE.

(LIKE THE TARTS)

THE BODY DOES NOT REALLY EXIST OUTSIDE OF THE DISCOURSES THAT PRODUCE OR FABRICATE IT.

TURNER LOOKS AT IT LIKE ..



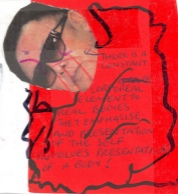
BODIES ARE SOCIALLY CONSTRUCTED WITHIN CONTEXTS OF CLASS, ETHNICITY AND GENDER, REFLECTING CONFIRMING + STRUGGLING POWER STRUCTURES



WHEREAS FEMINISTS EMPHASISE THE IMPORTANCE OF GENDER, THOSE ARE THERE LIKE MICHAEL OLIVER WHO STUDY DISABLED BODIES AND HOW SOCIETIES DISABLE.



BURY, KELLY AND FIELD ARE IN A GANG WHO ARE CRITICAL OF THESE SOCIAL CONSTRUCTIONIST APPROACHES ARGUING BOTH SOCIOLOGICAL & BIOLOGICAL FACTS NEED TO BE INCORPORATED

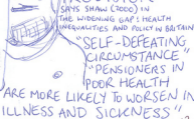


FRANK FIELD WRITES ABOUT THE EMERGENCE OF BRITAIN'S UNDERCLASS



- \* The elderly make up a declining proportion of the poor
  - \* State benefits too low to give an unacceptable living standards.
- The elderly have no option to escape from a reliance upon benefits.

I'M GONNA KICK THE BOLLOX OUT OF THE "LOWLINESS OF THE STATE PENSION AND INADEQUATE MINIMAL PROVISION"



SHAW NOTED ACCESS TO HEALTHCARE IN GLASGOW? (NOT GOOD)

NETTLETON NOTED SOCIETAL CHANGES RELATING TO THE BODY,

1) THE GREYING OF POPULATIONS



6) THE CULT OF THE BODY IN CONSUMER CULTURE



**BARTLEY** MENTIONS OLD MEN ARE MORE AT RISK TO CERTAIN DISEASES LIKE BHP (BENIGN HYPERTROPHY OF PROSTATE)

SOME DOCTORS DO NOT TAKE ELDERLY PATIENTS SELF-OBSERVATION SERIOUSLY DURING CONSULTATION.

PENSIONERS AFFLICTED AS TO WHAT HAPPENS TO THEM WHEN THEY HAVE THESE CONDITIONS AND HOW THEY ACT UPON THEM.

SOME DISEASES ARE EVEN GIVEN IDENTITIES.

PROSTATE



**KEOWN** RATIONING JUSTICE & AGEISM

1994

0 APRIL

SUNDAY TIMES DAMNING REVIEW OF UK HEALTHCARE FINDING MANY FLAGRANT VIOLATIONS OF PATIENTS CHARTER

0 MAY

THE ROYAL COLLEGE OF PHYSICIANS REPORT

REGULAR DENIAL OF TREATMENT BECAUSE OF AGE - DISCRIMINATION IN RESOURCE ALLOCATION

0 JUNE 93

ELDERLY NOT BENEFITING FROM AGGRESSIVE TREATMENT RECURRENT MISAPPREHENSIONS THAT THEY SUFFER WORSE SIDE EFFECTS

0 SEPTEMBER

MEDICAL RESEARCH COUNCIL REPORT

- AGE AS CRITERION FOR EXCLUSION - SCREENINGS FOR CERVICAL CANCER NO RECOMMENDATION (65 YRS)

YET ITS IMPORTANT UNTIL 74 YRS

90% OF CARE UNITS REFUSE CLOT BUSTING DRUGS TO OLDER PEOPLE

80 OVER 70s helped 1000 compared with 25 1000 YOUTH



THERE IS A CUT OFF POINT when the problems of the elderly become substantially less of a priority. Problems are bundled up by the healthcare system as old age and left by the side of the road.

THE MEDICALISATION DEBATE

1963 BERNARD BARBER

EXAMINES THE SOCIOLOGY OF PROFESSIONS

UTILISING EXAMPLES FROM THE SPHERE OF THE MEDICAL.



- 1) SYSTEMATIC & GENERAL KNOWLEDGE APPLIANCE OF MEDICAL KNOWLEDGE
- 2) DOCTORS ARE CONCERNED WITH COMMUNITY OF PATIENTS HEALTH RATHER THAN LINING THEIR POCKETS THROUGH OWN SELF-INTEREST
- 3) PROFESSIONALS ARE LOYAL TO ETHICAL CODE, IN THIS CASE, THE HIPPOCRATIC OATH - BREAKING OF WHICH COULD MEAN BEING STRUCK FROM THE REGISTER & BANNING OF PRACTICE
- 4) HIGH REWARDS & REGARDS ARE TREATED PROFESSIONALS, ~~REFLECTING~~ REFLECTING THE BENEFICIAL CONTRIBUTIONS THEY BESTOW ON SOCIETY.

BUT BARBER LEAVES HIMSELF WIDE OPEN...



DO THEY SERVE ALL MEMBERS OF SOCIETY EQUALLY?  
ARE THEY FREE OF SELF-INTEREST?  
DO THEY CONTRIBUTE TO SOCIETY AS A WHOLE?

THE MEDICAL ESTABLISHMENT HAS BECOME A MAJOR THREAT TO HEALTH

1975

IVAN ILLICH

MEDICAL NEMESIS





ENVIRONMENT  
 ALL THESE THINGS RATHER THAN MEDICAL PROVISION

HOUSING  
 HYGIENE  
 THOSE THINGS ARE DETERMINANT TO THE HEALTH OF THE POPULATION



TUBERCULOSIS  
 CHLOREA  
 DYSENTRY  
 TYPHOID  
 SCARLET FEVER

THESE DECLINED RAPIDLY LONG BEFORE MEDICAL CONTROL.



THIS IS DUE TO THE ENVIRONMENT RATHER THAN ANTIBIOTICS OR MASS IMMUNISATION

INDUSTRIAL SOCIETY IS...



FACE IT TIGER, YOU WANT AXA HEALTH INSURANCE sniff

BORING AND MONOTONOUS WORK



LACK OF FREEDOM FOR THE INDIVIDUAL TO CONTROL HIS OR HER OWN LIFE.

THE GAIN OF MATERIAL POSSESSIONS



THESE ARE THE ILLS OF SOCIETY. THESE ILL THE INDIVIDUAL. DOCTORS DIAGNOSIS OF THE INDIVIDUAL

IS BUT A DEVICE TO CONVINCE THOSE WHO ARE SICK AND TIRED OF SOCIETY THAT IT IS THEY WHO ARE ILL, IMPOTENT AND IN NEED OF REPAIR

THE DOCTOR CLAIMS EXCLUSIVE RIGHTS TO THE DIAGNOSIS OF ILLNESS



A DOC'S MONOPOLY ON ILLNESS KNOWLEDGE OBSCURES THE SOURCE

BY TREATING THE INDIVIDUAL AND NOT THE ENVIRONMENT THEY DIRECT ATTENTION AWAY FROM MORE EFFECTIVE MEASURES.

Back There

FOR MORE THAN A CENTURY ANALYSIS OF DISEASE TRENDS HAS SHOWN THAT THE ENVIRONMENT IS THE PRIMARY DETERMINANT OF THE STATE OF GENERAL HEALTH OF ANY POPULATION

THE INSPIRING MED TECH HAS COMBINED WITH EGALITARIAN RHETORIC TO CREATE IMPRESSION CONTEMPORARY MEDICINE IS HIGH EFFECTIVE

# IATROGENESIS 'DOCTOR-MADE'

## 1. CLINICAL IATROGENESIS

Comprises all clinical conditions for which remedies, physicians or hospitals are the pathogens, or 'sickening' agents.

EG. UNNECESSARY MEDICAL PROCEDURES  
MIS-DIAGNOSIS, INCORRECT DRUG PROGRAMS (OR 'REGIMES')

HOSPITAL ITSELF CAN MAKE YOU SICK EG MESA

PRACTICE HIDDEN BEHIND TECH ERROR CLAIM

## 2. SOCIAL IATROGENESIS

MEDICAL PRACTICES ARE SEEN TO REINFORCE

A MORBID SOCIETY THAT ENCOURAGES PEOPLE TO BECOME CONSUMERS OF CURATIVE, PREVENTIVE OR ENVIRONMENTAL MEDICINE

• LABELLING (DIAGNOSIS) BECOMES COPING MECHANISM IN INDUSTR. ~~SOCIETY~~ GROWTH AND ECONOMIC GROWTH. THESE BECOME DEMANDS FOR MORE THERAPIES.

MEDICALISING EVERYDAY PROBLEMS.

## 3. CULTURAL IATROGENESIS

EMPHASIS OF MEDICAL SOLUTIONS FOR SYMPTOM RELIEF ~~PROB~~ HAS MEANT PEOPLE SKIP OR LESS OFTEN TRY TO MAKE SENSE OF CONDITIONS IN THE CONTEXT OF THEIR LIVES, NEIGHBOURHOOD, ENVIRONMENT, FOOD, HYGIENE ETC

### THE DEVELOPMENT OF MEDICALISATION

RELIGIOUS

EG. BLUTONY

LEGAL

EG. SUICIDE

150 YRS OF POWER

MEDICAL KNOWLEDGE

FOCUS ON MEDICAL USE

INDIVIDUAL

20th C. REDEF.

INDIVIDUAL

- PSYCHOLOGICAL
- ECONOMIC
- SOCIAL

### WHITE WRITES OF THE SOCIAL CONTROL OF MEDICALISATION



WOMEN!

- MEDICAL TEXTBOOKS SEXIST  
- DOCTOR PATIENT INTERACTIONS SEXISTS

WOMEN PARTICULARLY are objects of patriarchal medical control over

- drugs
- medical and
- surgical procedure.

### Medicalisation

ITS SUCCESS IS APPARENT WHEN ACCEPTED AS NATURAL OR, REALITY NORM.

• Childbearing regarded in Western societies as pathological rather than a natural process.



# RISK

CONSUMER CULTURE AND HEALTH PROMOTION BRINGS HEALTH RISK AND BODY MAINTENANCE TO THE FORE

**BIOTROPHESIS**

INDIVIDUALS INCREASINGLY DRAWN TO SELF-MONITORING  
EG. THERAPIES + SIGNS OF ADDICTION

INDIVIDUALS INCREASINGLY DRAWN TO SELF-MONITORING OF THEIR OWN BODIES

WHITE (2002),

"THE DRIVE TO CONSTRUCT THE BODY AS A RESEARCH TOPIC IS THE PRODUCT OF SOCIAL CHANGE AS WELL AS FACTORS INTRINSIC TO SCIENTIFIC THEORY"

## MORE REVISION!

● SOCIAL CLASS (14)

Every kind of disease or illness

**RISK** KEY TO HEALTH BELIEF + ACTIONS

LACK OF EMPIRICAL SUPPORT FOR MANY RISK FACTORS.

WITH INDIVIDUAL BEHAVIOUR

A FOCUS OF CLINICAL EPIDEMIOLOGY

THE SOCIAL CONSTRUCTION OF MEDICAL KNOWLEDGE

● Critiques claims of 'factualness' and objectivity of medical knowledge.

POLICY SHIFT TO INDIVIDUAL RESPONSIBILITY

LIFESTYLES AND ITS VARIATIONS IMPACT ON HEALTH AND ILLNESS EXPERIENCE

ASSOCIATED BEHAVIOURS

GENDER

CULTURE

AGE

● SOCIAL CLASS

HEALTH AND ILLNESS BELIEFS ARE COMPLEX and not just diluted versions of medical knowledge



MODELS OF HEALTH BELIEF ASSUME A RATIONAL SOCIAL ACTOR THOUGH THIS DOES NOT REFLECT ALL PEOPLES LIVES

## INEQUALITIES IN HEALTH AND ILLNESS

1980  
**DOH  
BLACK  
REPORT**

- COMMISSIONED BY LABOUR IN '79 TO ASSEMBLE AVAILABLE INFORMATION ABOUT SOCIAL CLASS & HEALTH TO TRY TO IDENTIFY POSSIBLE CAUSAL RELATIONSHIPS.

FINDING

ADULTS



FOR VIRTUALLY ALL CAUSES OF DEATH

CONSISTENT INVERSE RELATIONSHIP BETWEEN SOCIAL CLASS AND MORTALITY

● WIDE FOCUS, GEOGRAPHIC DIMENSIONS INCLUDED ANALYSIS

THE WIDENING GAP (1999)

- DATA 1992-1996
- SOCIAL MORTALITY GAP WIDER THAN PREVIOUSLY THOUGHT.
- LIFE EXPECTANCY GAP

	MSE	GF
PROFESSIONAL	90.5 YRS	60.4 YRS
UNSKILLED		

● INEQUALITIES NOT DUE TO ANY SIMPLE OR SINGULAR EXPLANATION



● MORE RESEARCH TO DETERMINE THE PRECISE ROUTES THROUGH WHICH MATERIAL DISADVANTAGE CAUSES POOR HEALTH

POLICY RECOMMENDATIONS - Poverty reduction = Increased income + Raising living standards + Social inclusion.

CONCLUSION - A Commitment to history of the Inverse Care Law and audits to ensure equity on basis of needs



RICHARD WILKINSON  
 In UNHEALTHY SOCIETIES  
 Social cohesion is  
 a crucial factor

In the developed world  
 it is not the richest  
 countries which have  
 the best health, but  
 the most egalitarian

IN RESEARCH WE NEED  
 TO FOCUS ON WHAT  
 MAKES WHOLE POPULATIONS  
 (RATHER THAN INDIVIDUALS)  
 BETTER.

THE YEARS OF THE NHS 1948



WELL BABY NHS  
 IT SAYS HERE  
 YOU HAVE  
 INHERITED  
 GEOGRAPHICAL  
 INEQUALITIES



DAMN! THOSE GEOGRAPHIC  
 INEQUALITIES ARE PERSISTING  
 AND WIDENING SINCE THE 80S.



hello, i'm an budget economy Norbert Elias  
 impersonator, This job get me were I am now.

Our historical treatment of death  
 reflects a civilising process. There  
 is such a thing as a good death.

1ST  
 EVER  
 IN  
 HISTORY



YEAH  
 DEATH  
 GET THE

FOK OFF OUT  
 OF IT AND COME  
 BACK WHEN CLOSER  
 TO WE FEEL LIKE  
 IT, YOU OUL FOKKHEAD



DEATH AND DYING



MEDICAL RESEARCH  
 AND TECHNICAL ADVANCES  
 HAVE CHANGED THE  
 PROCESSES OF DEATH  
 AND DYING, AND THE  
 WAYS IN WHICH WE  
 THINK ABOUT IT.

0 10 20 30 40 50 60 70 80 90 100

A SHIFT FROM KILLER DISEASES TO CHRONIC ILLNESSES  
 HAS LED TO LONGER 'DYING TRAJECTORIES'.



THINGS HAVEN'T  
 BEEN THE SAME  
 FOR HIS PUBLIC  
 PERCEPTION  
 ALONG THE LINES  
 OF MODERNITY  
 ARLES (1981) THE HOUR  
 OF OUR DEATH

PRACTICES AND CONCEPTUALISATIONS  
 AROUND DEATH ARE CHANGING, ARE.

THE FURTHER ADVENTURES  
 OF THE NHS



aha! Physic  
 Ability  
 shut by nhs





- LOCALISATIONS ALLOWS FOR PROVISION FOR PRIMARY AND DOMICILIARY HEALTH CARE.
- PREVENTIVE MEDICINE (SCREENING, INNOCULATION + HEALTH EDUCATION)
- ALSO SEVERAL AREAS NOT LINKED WITH CONVENTIONAL HEALTH SERVICES - HOUSING, WATER SUPPLIES, SEWERAGE AND FOOD HYGIENE.

MEMORY AID - KODEY KODEY KODEY  
 THE BARBECUE AT MR MIRACLES  
 WERE THE JOKER SHOWS UP IN A TANK

IVAN ILLICH COMES TO THE UK AND MAYBE GETS BUSTED BY THE NHS COPPERS



YOU HAVE THE RIGHT TO BE REGISTERED WITH A GENERAL PRACTITIONER, AND TO BE MEDICALLY EXAMINED. ANY FORMAL RIGHTS TO RECEIVE ANY TREATMENT WILL BE AT THE DISCRETION OR CLINICAL JUDGEMENT OF THE DOCTOR. YOU MAY NOT WISH TO BE HOMELESS FOR IT WOULD HARM YOUR PRIMARY CARE TO SO.



THEN...

IN THE 80S



ECONOMIST, CRITICISED INEFFICIENCY OF NHS, CLAIMING IT WERE RIPPED WITH PERVERSE INCENTIVES AND RESISTANT TO CHANGE.  
 REFORMS BASED ON MARKET PRINCIPLES.  
 - ARGUES FOR SPLIT BETWEEN PURCHASER AND PROVIDER SO AUTHORITIES COULD EXERCISE EFFECTIVE CONTROL OVER COSTS AND PRODUCTION.

THE SCHEMING OF THE EVIL BANGORWELL LED TO HOSPITAL CLOSURES, AS IT DID WHEN THE CONSERVATIVES TOOK OVER

THE NHS ADMINISTRATION WAS BROKEN INTO QUASI-AUTONOMOUS TRUSTS



AS WE HAVE SEEN HEALTH + ILLNESS ARE SOCIALLY PATTERNED.

BY STUDYING THIS AREA WE OBSERVE THE COMPLEX INTER-RELATIONSHIP BETWEEN SOCIAL AND BIOLOGICAL FACTORS  
 COM-ILLS ARE GREAT



MOON + GILLESPIE



hello  
we identify and deal with health problems



A FACIAL SCENE IS SOCIALLY CONSTRUCTED

causes are about P, I, P through society and behaviours

MEDICAL MODEL

Health is a biological fact



all health is caused by biological phenomena



BIOMEDICINE IS REDUCTIONIST

AND DISEASE ORIENTATED



LIBRARY  
14.7  
KNOWLEDGE IS NOT NEUTRALITY!



and social model is thought and language with context

THEORETICAL PERSPECTIVES

FUNCTIONALIST

ILLNESS IS DEVIANCE

MARXIST

MEDICINE IS SOCIAL CONTROL

INTERACTIVIST  
INTERPRETIVIST  
RPP.com.au

we should associate and understand

Here's **FOUCAULT!**



there's more

available on FOUCAULT

WHAT WE KNOW AS DISEASES ARE THEMSELVES FABRICATIONS OF POWERFUL DISCOURSES RATHER THAN DISCOVERIES OF 'TRUTHS' ABOUT THE BODY AND ITS INTERACTION WITH THE SOCIAL WORLD

u  
n  
d  
e  
r  
s  
t  
a  
n  
d  
i  
n  
g  
  
s  
o  
c  
i  
e  
t  
y

# understanding society: transformations

## POST — FORDISM





2 THE POST-WAR SETTLEMENT WAS A ACCOMMODATION BETWEEN LABOUR, AND CAPITAL ..

3. DYNAMISTS EQUILLIBRIUM BETWEEN MASS PRODUCTION AND CONSUMPTION.

FROM CRADLE PROVIDENCE OF THE WELFARE STATE TO THE GRAVE

FULL EMPLOYMENT

HIGH LEVELS OF UNIONISATION

REGULAR WAGE RISES

IMPROVED STANDARDS OF LIVING

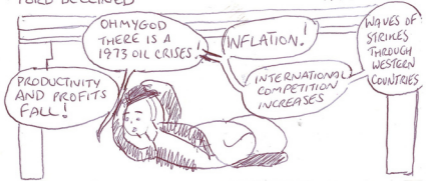
ADVERTISING + AVAILABILITY OF CREDIT, THE \$5 DAY

\$

BUT

FORD DECLINED

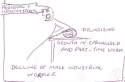
1970s + 80s



# POST-FORDISM

MASSIVE ECONOMIC + SOCIAL RESTRUCTURING

## 1 UNEMPLOYMENT



## 2 Growth in Service Sector



## 3 Keynesian Policies ARE DISCREDITED



PRIVATISATION  
DE-REGULATION OF MARKETS



## A POST INDUSTRIAL SOCIETY?



The Coming of the Post-Industrial Age (1973)

# P OST FOREST / POST-INDUSTRIAL ERA



THESE WILL NEVER DO FOR NEW ECONOMIC AND SOCIAL CONDITIONS!

TIME FOR **INCREASED GLOBAL COMPETITION**

PATTERNS OF CONSUMPTION AND CONSUMER TASTES ARE CHANGING



NICHE MARKETS INSTEAD OF MASS MARKETS

INFORMATION and computer tech lowers costs and changes nature of work for many

GLOBAL ECONOMY



INCREASING NUMBER OF PRODUCTS PASS THROUGH  $\geq 1$  NATION

LIMITS CONTROL OF THE NATION-STATE OVER ECONOMIC ACTIVITIES WITHIN ITS BORDERS.



SMALL NUMBER OF MULTINATIONALS CONTROL VAST SHARE OF GLOBAL ECONOMY

FLEXIBLE PRODUCTION

LEAN



NEW INTERNATIONAL RELOCATION



OUT SAUCING  
↳ SUBCONTRACTING  
↳ SPREADING RISK

JOBS FOR LIFE DISAPPEAR  
WORKERS MUST RE-TRAIN  
MORE PIT + SHORT-TERM CONTRACTS.



# DUAL LABOUR MARKET

UNEMPLOYMENT

STRESS

JOB INSECURITY



INCREASING WORKLOADS  
ow!

TRADE UNIONS AND COLLECTIVE SOLIDARITY BETWEEN WORKERS  
GOING DOWN

FLEXIBILITY MARKS NEGATIVE CONSEQUENCES WITHIN THE WORKPLACE



## MODERNITY

INDUSTRIAL CAPITALISM  
URBANISATION  
SCIENTIFIC DEVELOPMENTS  
LIBERAL DEMOCRACY  
RELIGIOUS CHANGES



OOPS THOSE ARE DURKHEIM (WEBER'S FEET)

## POST-MODERNITY JEAN BAUDRILLARD

PRODUCTION 110 MILES

WELCOME TO CONSUMPTION



POST-MODERNITY

BOUNDARIES BETWEEN HIGH CULTURE AND LOW CULTURE BLURRED



A WOMAN SITTING THERE, WITH HER LEGS SPREAD - PANS IN MORE - "PRINK COKE"

I'M NOT COMMODITY!



QUIT PUTTING A DOLLAR SIGN ON EVERYTHING ON THIS PLANET!

GLOBALISATION

LIBERAL DEMOCRACY?

1970s - 2/3 COUNTRIES AUTHORITARIAN

1990s - 1/3 CONSIDERED AUTHORITARIAN



RE: LIBERAL DEMOCRACY & SOCIAL CHANGE

GLOBAL ACTIVITY & COMMUNICATION



= MORE ACTIVE CITIZENRY

POLITICAL GLOBALISATION

IMPACT OF GLOBAL SOCIAL CHANGE ON THE ROLE OF THE NATION STATE



IT IS A FEELING THAT IS VARIED AND UNEVEN.

# HYPERGLOBALISTS



REDUCED AUTONOMY OF THE NATION STATE

# SCEPTICS / INTERNATIONALISTS



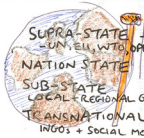
NATION STATE STILL CENTRAL TO ECONOMIC + POLITICAL DECISION MAKING.

# TRANSFORMATIONALISTS



NATION STATE OPERATES IN A COMPLEX POLITICAL FIELD, BUT RETAINS AN IMPORTANT ROLE IN GOVERNANCE

# MULTI-LAYERED GLOBAL GOVERNANCE



GLOBALISATION AS DEFINED BY BILTON ET AL



HELLO.

GLOBALISATION IS THE PROCESS WHEREBY POLITICAL SOCIAL ECONOMIC AND CULTURAL RELATIONS INCREASINGLY TAKE ON A GLOBAL SCALE, AND WHICH HAS PROFOUND CONSEQUENCES FOR INDIVIDUALS LOCAL EXPERIENCES AND EVERYDAY LIVES.

GLOBAL BRANDS / CORPORATIONS  
GLOBAL CULTURE, COMMUNICATIONS  
AND TECHNOLOGY, GLOBAL INEQUALITIES

# POST-MODERN SOCIAL THEORY

SOCIAL + CULTURAL TRANSFORMATIONS



NEW SENSIBILITIES  
NEW UNDERSTANDINGS  
OF THE SOCIAL WORLD



FLUX  
FRAGMENTATION  
COMPLEXITY  
DIFFERENCE  
MULTIPLE + FLEXIBLE  
IDENTITIES

○ UNIVERSAL TRUTH AND RATIONALITY  
○ SCIENCES CONTROL OVER NATURAL + SOCIAL WORLDS  
○ SOCIAL PROGRESS  
THE PERFECTABILITY OF MANKIND (in)

THE ENLIGHTENMENT

VS

POST-MODERNISM

# POSTMODERN SOCIAL THEORY

① DENIES EXISTENCE OF 'TRUTH' INDEPENDENT OF POWER, SOCIAL RELATIONS AND INSTITUTIONS



SCIENTIFIC DISCOURSE IS PRIVILEGED IN WESTERN SOCIETIES



PRACTICE OF SCIENCE AND KNOWLEDGE PRODUCTION ARE ENTANGLED WITH POWER AND DOMINATION.



SCIENCE IS A SOCIAL PRODUCT  
CRITIQUE OF INSTITUTIONS THAT PRODUCE KNOWLEDGE

② DENIES EXISTENCE OF UNIVERSAL KNOWLEDGE

ACROSS TIME...



DIFFERENT KINDS OF KNOWLEDGE IN DIFFERENT CULTURES

NO ONE GROUP HAS A CLAIM TO TRUE KNOWLEDGE

RELATIVISM (MAKIN SHIT UP)

③ CRITIQUE OF METANARRATIVES



LYOTARD "THE POSTMODERN CONDITION"

- FOUNDATIONAL THEORIES LEGITIMATE?

- DOMINATE & COMPREHENSION BUT PROVEABLE?

- KNOWLEDGE IN NARRATIVE

- HAS VALUE, BUT USE?

④ CENTRALITY OF LANGUAGE + DISCOURSE.



language is not a neutral tool

language + discourse have active role in constructing beliefs

SEXUALITY  
RACE  
SOCIETY

MEANINGS ARE NOT FIXED

WE SHOULD STUDY DISCOURSES.