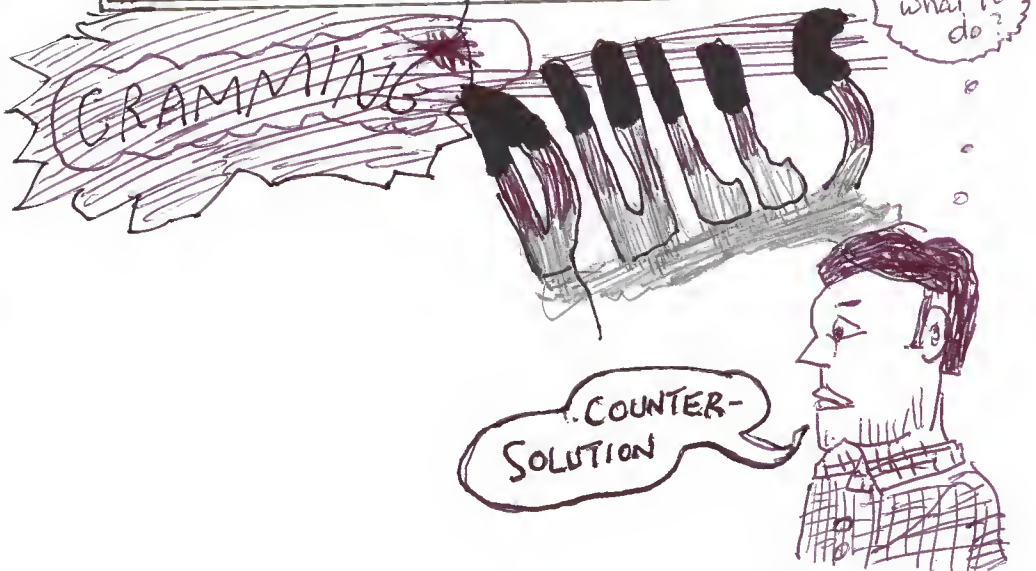


TWO SOCIOLOGY EXAMS IN THREE DAYS



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ORIGINALLY PUBLISHED
AT [HTTP://ANDYLUKE.
LIVEJOURNAL.COM/
PROFILE.](http://andyluke.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 ILICH IS IN HIS STUDY



IT ALSO AFFECTS MENTAL HEALTH



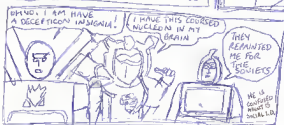
YOU WILL KEEP WITHIN CORDONS SINGLE FILE



I HAVE THE PROCESS OF HAVING THE FLU.

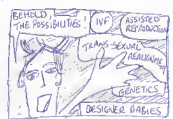
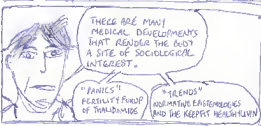
THE DOCTOR SAYS I MUST GO DOWN STREET THRU RAIN AND BUY 6 JUGS OF CODEINE LINCTUS



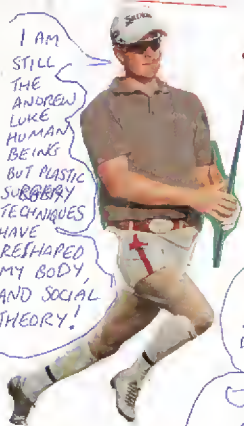


Best of Luck with The! Exams!

PhD student



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



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 AND NOT A PART OF NATURE.

(LIKE THE TABOIS)

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

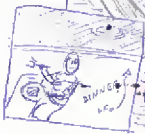
TURNER LOOKS AT IT LIKE...



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



WORKING CLASS BACK
GIRLY CHEST
BOURGEOISE BELLY
IRISH KNEES
PAPP



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



LIVING ON STATE BENEFITS THEIR INCOME DOES NOT ADEQUATELY COMPENSATE FOR THE EXTRA EXPENSE ARISING FROM THE DIFFICULTIES THAT ACCOMPANY OLD AGE EXTREME

- 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" SAYS SHAW (2000) IN THE WIDENING GAP! HEALTH INEQUALITIES AND POLICY IN BRITAIN "SELF-DEFEATING CIRCUMSTANCE" "PENSIONERS IN POOR HEALTH ARE MORE LIKELY TO WORSEN IN ILLNESS AND SICKNESS"

SHAW NOTED ACCESS TO HEALTHCARE IN GLASGOW? NOT GOOD

NETTLETON NOTED SOCIAL CHANGES RELATING TO THE BODY,

① THE GREYING OF POPULATIONS

② TECHNOLOGICAL INNOVATIONS ASSOCIATED WITH REPRODUCTION

③ ETHICAL ISSUES

④ WOMEN'S ATTEMPTS TO RECLAIM CONTROL OF THEIR BODIES OVER A MALE DOMINATED MEDICAL PROFESSION

⑤ AIDS

⑥ THE CULT OF THE BODY IN CONSUMER CULTURE

IMPORTANT IN POST-MODERN SOCIETIES

COMMERCIAL & COSMETIC INTERESTS

PARAMOUNT IMPORTANCE IN YOUNG & SLIM

ASSOCIATIONS WITH THE FITNESS INDUSTRY

- HEALTH FOODS
- ALCOHOLS
- EXERCISE VIDEOS

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

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

PENSIONERS ATTITUDES AFFECT 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 & AGRIEM

1994

<p>0 APRIL</p> <p>SUNDAY TIMES DAMNING REVIEW OF UK HEALTHCARE FINDING MANY FLAGRANT VIOLATIONS OF PATIENTS CHARTER</p>	<p>0 MAY</p> <p>THE ROYAL COLLEGE OF PHYSICIANS REPORT</p> <p>REGULAR SCHOOL OF TREATMENT BOARD OF AGG. DISCONTINUATION IN RESOURCE ALLOCATION</p>	<p>0 JUNE 93</p> <p>ELDERLY NOT BENEFITING FROM AGGRESSIVE TREATMENT BECAUSE OF ADVERSE SIDE EFFECTS THAT THEY SUFFER WORSE SIDE EFFECTS</p>
<p>0 SEPTEMBER</p> <p>MEDICAL RESEARCH COUNCIL REPORT</p> <p>- AGE AS CRITERION FOR EXCLUSION - SCREENINGS FOR CERVICAL CANCER NO RECOMMENDATION OF 65 YRS</p> <p>MEET ITS IMPORTANT UNTIL 74 YRS</p>		

30% OF CARE UNITS REFUSE CLOT BUSTING DRUGS TO ELDER PEOPLE

30 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 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?

1975 **IVAN ILICH** MEDICAL NEMESIS

THE MEDICAL ESTABLISHMENT HAS BECOME A MAJOR THREAT TO HEALTH



ALL THESE THINGS RATHER THAN MEDICAL PROVISION

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 CONVINCCE 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 WSPRING MED TECH HAS COMBINED WITH EGALITARIAN RHETORIC TO CREATE IMPRESSIONARY CONTEMPORARY MEDICINE WHICH IS MORE 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. MEDICAL MALPRACTICE 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 INDUSTRY. ~~SLOWING~~ 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



WHITE WRITES OF THE SOCIAL CONTROL OF MEDICALISATION



WOMEN!

- MEDICAL TEXTBOOKS SEXIST
- DOCTOR PATIENT INTERACTIONS SEXIST

* 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

BIOTROGENESIS

INDIVIDUALS INCREASINGLY DRAWN TO SELF-MONITORING EG. THERAPIES + SENSE OF ACHIEVEMENT 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 LEARNED AS WELL AS FACTORS INTRINSIC TO SOCIOLOGICAL THEORY"

MORE REVISION!

SOCIAL CLASS (12)

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

SOCIAL CLASS

CULTURE

AGE

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 ~~INDIVIDUAL~~ ALL PEOPLES LIVES

INEQUALITIES IN HEALTH AND ILLNESS

1980 - COMMISSIONED BY LABOUR IN '79 TO ASSEMBLE AVAILABLE INFORMATION ABOUT SOCIAL CLASS & HEALTH TO TRY TO IDENTIFY POSSIBLE CAUSAL RELATIONSHIPS.

FINDING

ADULTS

15-64

FOR VIRTUALLY ALL CAUSES OF DEATH

CONSISTENT INVERSE RELATIONSHIP BETWEEN SOCIAL CLASS AND MORTALITY

WIDE FOCUS, GEOGRAPHIC DIMENSIONS INCLUDE ANALYSIS

THE WIDENING GAP (1999)

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

	MF	BF
PROFESSIONAL	9.5	6.4
UNSKILLED	9.5	6.4

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

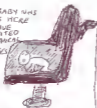
In the developed world
 it is not the richest
 countries which have
 the best health, but
 the most egalitarian

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

THE YEARS OF THE NHS 1948



WELL BABY HAS
 IT SAWS HERE
 YOU HAVE
 INHERITED
 GEOGRAPHICAL
 INEQUALITIES



50

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



hello, I'm an budget economy Herbert Elias
 impersonator, this job got me where 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

DEATH AND DYING



MEDICAL ~~PROGRESS~~ SCIENTIFIC
 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'.



LOOK AT
 THAT
 GRIM
 REAPER

THINGS HAVEN'T
 BEEN THE SAME
 FOR THE PUBLIC
 PERCEPTION
 ALONG THE LINES
 OF MODERNITY
 PRACTICES (USED) THE MOOD
 OF OUR DEATH



BLENDING
 AND
 MOVING ON

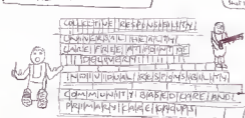
YEAH
 DEATH
 GET THE
 FORK OFF OUT
 OF IT AND COME
 BACK WHEN CLUSED
 TO WE FEEL LIKE
 IT, YOU OUL FEIKHEAD



NORBERT
 ELIAS

PRACTICES AND CONCEPTUALISATIONS
 AROUND DEATH ARE CHANGING, WE

THE FURTHER ADVENTURES
 OF THE NHS



who's Physl
 Assail, by
 that by nhs





- LOCALISATIONS ALLOWS FOR PROVISION FOR PRIMARY AND DOMICILIARY HEALTH CARE.
- PREVENTATIVE MEDICINE (SCREENING, INOCULATION + 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 MIRACLES
 WERE THE JOKER SHOWS UP IN A TANK

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



YOU HAVE THE RIGHT TO BE REGISTERED WITH A GENERAL PRACTITIONER, AND TO BE MEDICALLY EXAMINED. ANY FORMAL RIGHT 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 HURM YOUR PAINNEY CARE TO SO.

LONDON
 DE. 1970S

LOL BLINNEY DM THE HOSPITALS ARE OVER-RUN AND THERE'S NOT MUCH COVERAGE FOR ADEQUATE PRIMARY CARE

WELL WE'LL JUST HAVE TO TRANSFER RESOURCES, LIMITED THE GROWTH OF BETTER SERVED REGIONS AND PROMOTE DEVELOPMENT OF UNDERFUNDED SPECIALITIES LIKE MADE FOR OOPS. WOTE LABOUR YOU BASTARDS.

THEN...

IN THE 80S



ECONOMIST, CRITICISED INEFFICIENCY OF NHS, CLAIMING IT WERE RIDDLED 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 NHS ADMINISTRATION WAS BROKEN INTO QUASI-AUTONOMOUS TRUSTS

FOR THE FIRST TIME THE NHS IS BECOME TRULY A NATIONALLY ADMINISTERED CENTRALISED SERVICE

KLEIN



AS WE HAVE SEEN HEALTH + ILLNESS ARE SOCIALLY PATTERNED.
 BY STUDYING THIS AREA WE OBSERVE THE COMPLEX INTER-RELATIONSHIP BETWEEN SOCIAL AND BIOLOGICAL FACTORS
 GENES ARE GREAT



MOORE + GILLESPIE



HE THINKS AND DEALS WITH MEDICAL PROBLEMS



A CAREFUL SPACE IS SOCIALLY CONSTRUCTED

CAUSES A LOT OF PROBLEMS WITH THE MEDICAL MODEL

MEDICAL MODEL

HUMAN IS A BIOLOGICAL MACHINE



THE HEALTH IS CAUSED BY A BIOLOGICAL MALFUNCTION

BIOMEDICINE IS REDUCTIVIST



AND DISEASE ORIENTATED

RESEARCH IS NOT COLLABORATIVE

THE IDEA OF A LIFE-ORIENTED WITH LOSS OF FUNCTIONALITY



THEORETICAL PERSPECTIVES

FUNCTIONALIST

HEALTH IS SKILLFUL

MARXIST

MEDICINE IS SOCIAL CONTROL

INTERACTIVIST
INTEGRATING ALL PERSPECTIVES

ALL SHOULD BE TAKEN INTO ACCOUNT

HERE REVERENT

BACK AND WORK FROM A MEDICAL PERSPECTIVE



HERE MORE

APPROACH TO PRACTICE

"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"

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understanding society : transformations

POST — FORDISM

MASS PRODUCTION
1945 1973

1970s to 1980s
DECLINE OF FORDISM

WORLD'S FASTEST RACE

GLOBAL COMPETITION

NEW CONSUMER DEMANDS

WHAT ARE YOU, NUTS?

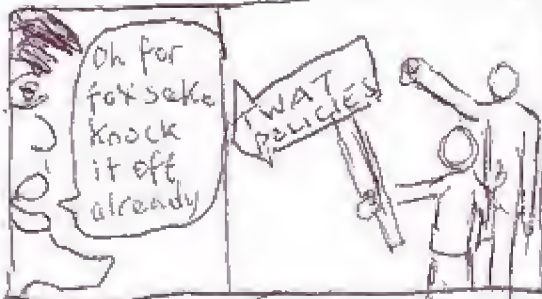


DECLINE OF TRADE UNIONS

CDONALDIZATION
 GEORGE RITZER (1993)
 WEBERIAN-ESQUE EXPLANATION OF MAC'S SECTOR DOMINATION (FAST FOOD PRINCIPLES) IN AMERICA + WORLDWIDE

CHEAP STANDARDISED PREDICTABLE CASUALISATION OUTSOURCING RELOCATION

RISE OF SERVICE SECTOR



THE DISCREDITING OF KEYNESIAN POLICIES

LEAN PRODUCTION
FLEXIBILITY



HENRY FORDS HATS WILL BE EXPENSIVE. ANDREWS HATS WILL BE CHEAP. THERE WILL BE MANY MANY MANY MANY HATS



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

FRANÇOIS BRUNO, 1977
REPOSTULATING

1. UNEMPLOYMENT

NEEDING
POLITICIAN

POLITICIAN
MONTHS OF CHARGES
AND FEEL-THE-WORN

DO I WE OF HALE AND STRIAL
- LEASE

2. WITH A TH AND BECAUSE ELECTED



3. NEOLIBERAL POLICIES ARE DISCREDITED



STABILIZATION
OF REGULATION OF
MARKETS

1980's
STABILITY
BY
MONITORING
IN A MARKET

A POST INDUSTRIAL SOCIETY?



The Coming
of the
Post-
Industrial
Age (1973)

P

POST 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 ≥ 1 NATION

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



FLEXIBLE PRODUCTION

LEAN



NEW INTERNATIONAL RELOCATION



CUT SAUCING

SUBCONTRACTING
SPREADING RISK

JOB 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



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 - "DRINK 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



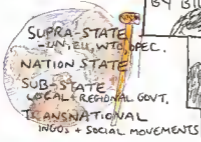
NATION STATE STILL CENTRAL TO ECONOMICS + POLITICAL DECISION MAKING

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

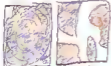


HELLO. GLOBALISATION IS THE PROCESS WHEREBY POLITICAL SOCIAL ECONOMIC AND CULTURAL RELATIONS INCREASINGLY TAKE ON A GLOBAL SCALE, AND WHICH HAS PROFOUND CONSEQUENCES FOR INDIVIDUALS LOCAL EXPERIENCES AND EVERYDAY LIVES.

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
SCIENTIFICS 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...



FEMINISM
POST-COLONIALISM
SUBJUGATED KNOWLEDGE



DIFFERENT KINDS OF KNOWLEDGE IN DIFFERENT CULTURES

NO ONE GROUP HAS A CLAIM TO TRUE KNOWLEDGE

RELATIVISM (MAKIN SHIT UP)

- ④ CENTRALITY OF LANGUAGE + DISCOURSE.



language is not a neutral tool

language + discourse have active role in constructing beliefs

- ③ CRITIQUE OF METANARRATIVES



LYOTARD
"THE POSTMODERN CONDITION"

- FOUNDATIONAL THEORIES LEGITIMATE?

- DOMINANT & COMPREHENSION BUT PROVEABLE?

- KNOWLEDGE IN NARRATIVE

- HAS VALUE, BUT USE?

SEXUALITY
RACE
SOCIALITY

MEANINGS ARE NOT FIXED

WE SHOULD STUDY DISCOURSES