

Review Article

Sick Role and a Critical Evaluation of its Application to our Understanding of the Relationship between Physician and Patients

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Abstract

This article examines the sick role theory introduced by Talcott Parsons applying his background theoretical context. It additionally attempts to ascertain how the sick role theory delineates the physician-patient relationship. The theory seems to have roots in certain salient conceptions in the Parsonian sociology, including his evolutionary interpretation of modern society that plays a major part in outlining the 'Pattern Variables'. To provide a plausible perception of what Parsons ponders about, the definitions of health, illness and the sick person are examined in the next stage. Critical perspectives offered here have been engendered through the process of comprehension of the theory and are related to certain aspects of that. It is finally concluded how a more precise understanding of the Parsons' work can lead to a more productive patient-doctor relationship.

Keywords: Sick Role, Functionalist Theory, physician-Patient Relationship.

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Introduction

Sickness can happen to every human being. It causes problems for sick persons, their relatives and of course for whole of society. While the sick are unable to fulfil their daily tasks and responsibilities and suffer from illness, their families and society are affected. They are supposed to look after the sick and provide relief to them, while they are deprived by the absence of the services that were previously supplied by the sick person.

This essay sets out to investigate the way in which modern society copes with the phenomenon of the illness by regulating the behaviours of the patient and physician working in the modern institutions of medical care. The sick role theory, introduced by Talcott Parsons in 1951, is to be explored in the context of sociological perspective of functionalism

from which Parsons as an eminent theorist comes. Hence, in the theoretical background section, certain salient aspects of functionalism approach and Parsons' thoughts, as well, are noted.

The second section is aimed at the theory of the sick role and attempts to not only describe the theory, but also discovers how it relates to its theoretical background. Critical points, in the last section, have predominantly emerged at the same time as the endeavour to comprehend the sick role theory, applying its theoretical backgrounds, was developed.

Theoretical Background

Since the sick role theory has been introduced, for the first time, by Talcott Parsons, who was a leading figure in the sociological approach of functionalism, a brief account of the basic principles and assumptions

of this sociological perspective and Parsons' thoughts are to be noted.

It seems to be useful for achieving a better perception of the sick role theory and its origins. Moreover, it not only provides a context more conducive to appreciate the writer's concerns as he puts forward his ideas, but also facilitates a more relevant criticism.

Functionalism: As a contemporary sociological theory, functionalism was the leading perspective for years, beginning in the early 1950s. It has been thought that many other sociological perspectives developed, while attempting to criticize functionalism. Society is viewed, based on functionalism, as a self-sufficient system comprising various interdependent structures that exist to meet the different needs of the system in order to keep it alive. In fact, the organic system that is studied in biological sciences has initially played an important part in forming the functionalist theory¹.

There are certain fundamental concepts in functionalist analysis that cannot be overlooked. First of all, society is believed to have a tendency to equilibrium; that is a normal state of balance. Second, all parts of the system are so interrelated and interdependent that examining any part without considering the others' effects becomes nonsense. The influence of "organic analogy" is then evident². Moreover, there are values or "generally accepted standards of desirability" in society that virtually everyone shares. Functionalists apply these values to explain how equilibrium in a social system is maintained or restored¹.

Finally, functionalism as a sociological theory has its own subject matter, basic assumptions and methodology. It strives to organise and express these elements systematically so as to provide more comprehensive explanation of social life. As noted, functionalists consider social systems and their constituent structures as a subject matters of their studies. Therefore, it is classified as a macrosociological perspective that focuses on large-scale features of a social phenomenon. It also assumes that human behaviour is seriously influenced by the social system, so human actions are eventually predictable. Humans, according to functionalism, are supposed to be motivated by

shared social values internalized by individuals through socialization, previously mentioned. Lastly, the deductive method of logical inference is employed in this paradigm, which is the application of general grand prepositions in order to derive specific hypotheses concerning the subject, which is researched³.

Parsonian Sociology: As an "incurable theorist", Parsons' main intellectual obsession is social order. The main question to which he endeavours to provide an appropriate answer is "How is it that societies hold together?" Delving for an answer, Parsons emphasises the significance of values and norms in determining humans' social actions instead of self-interest invoked by economists⁴. Therefore, in his classification of four system levels, which are outlined to depict, how societies are structured, the basic unit of analysis in the highest level, the cultural level, is symbolic systems. These symbolic systems include religious beliefs, national values and language. He believes that it is impossible to comprehend human behaviour unless value analysis is taken into account. Socialization, defined as a process whereby individuals make society's values their own, therefore, becomes a key concept that plays a crucial part to unite the society's members, and acts as a strong means to keep them together¹. Ultimately, he believes that social order stems from the rules rooted in the shared value systems and regulating individuals' self-interest⁴.

Status-role concept is the basic unit of the Parsons' second system level, the social system. He defined (1951: 5) the social system as "a system consists in a plurality of individual actors interacting with each other in a situation which has at least a physical or environmental aspect, actors who are motivated in terms of a tendency to the 'optimization of gratification' and whose relation to their situations, including each other, is defined and mediated in terms of a system of culturally structured and shared symbols". The status indicates a structural position in the social system whereas role implies to the actor's behaviour in that position⁵. Each actor that can be individual or group of people is expected, in the social system, to perform its particular function if the system is to survive.

Four basic functions, deemed necessary for the survival of every social system, are outlined. The first

function is adaptation to the external environment; that is a need to harness natural resource so as to supply system's economic demands. Second one is named goal attainment that implies the need to direct system forces to a particular orientation so that the system can achieve its goals. Political institutions perform this task in societies. The third function, integration, which is believed to be at the center of functionalist analysis, refers to a need for internal relationships between the system's actors that are regulated, adjusted and harmonic. This is realized in societies by legal institutions. By the fourth function, called latent pattern maintenance-tension management, Parsons means a need for ensuring that actors are adequately stimulated by the shared values to participate in the system, on the one hand, and to guarantee that there is a mechanism to manage internal tensions, on the other. Cultural institutions, such as family, religion, the media and education, serve this function in societies¹.

Parsons approached to the idea of the doctor-patient relationship while he was researching the distinctive characteristics of relationships in modern society as it had evolved in Western Europe and North America since the sixteenth century. Social evolution has attracted many sociologists until recently. The term social evolutionism is defined as the idea that there is a potential in human society that promotes the development of new institutions and ways of life supposed to meet the individuals' needs more effectively than the previous ones⁴. Parsons also describes social change as "an evolutionary adaptation of a social system to its environment, especially in terms of the structural differentiation of the parts of a system"². Attempting to employ his evolutionary idea of "adaptive upgrading" to explain social change, Parsons links 'action' and 'system' within pattern variables. These variables, which are later used to explain an illustration of the professional-client relationship as a social system when the professional is a doctor and the client is a patient, are seen, based on Parsons' definition, as "dichotomies, one side of which must be chosen by an actor before the meaning of the situation is determinate for him, and thus before he can act with respect to the situation"⁶. In fact, he tries to show how individuals, motivated by shared values, act in

two distinctive societies of primitive and modern. The pattern variables are divided into two sets of 'expressive' and 'instrumental'².

Indeed, the doctor-patient relationship is used as an example of instrumental relationships between professionals and their clients in the evolution of professions as a main facet of modern society. Instrumental aspects of relationships are seen against the expressive ones; universalism versus particularism, achievement versus ascription, specificity versus diffuseness, neutrality versus affectivity. Thus, modern professionals at work relating to their clients are supposed not to take particular, personal characteristics of the client into account; they should instead regard them equally as respected human beings capable of achieving many qualifications. Professionals are also expected to obtain their jobs based on their own endeavours and qualifications; it is utterly unacceptable doing a job merely due to, for example, socio-economic, race or gender status in society. Only specific limited purposes in the professional-client relationship are acceptable; actors are not supposed to engage a relationship covering many aspects of their lives. Finally, instrumental relationships normally do not involve feelings. Emotions are the basis of expressive relationships. Examining professions in modern society, Parsons reemphasises the key role of shared values and 'normative codes of conduct' in determining professional behaviours towards clients, even though he does not completely rule out self-interest as an important determinant. In consequence, he argues that professionals are rewarded not only with money but, more importantly, with individual achievement, including promotion within their professional standards, further respect and credit in their professional community⁴.

Sick Role

Every human being plays various roles in the institutionalized social systems in society. These roles are performed in family, workplace or any other social settings, while compelling the role incumbent to fulfil a certain number of expectations. As a mother, the individual is expected to take care of her baby; a teacher has to educate pupils; a soldier is supposed to defend her country against enemies, for example.

Performing their roles, therefore, individuals serve society with certain functions in order to make a contribution to achieving common societal goals. What role sick people play in society, what function can the sick role possibly serve society, or even more generally, what can sociology have to say about subjects that are conventionally studied in the domains of biology and medicine, are questions that have to be addressed by Parsons as a functionalist sociologists.

First of all, in order to perceive what is meant by the sick role it seems beneficial to know who is called sick and what health and illness's definitions are, based on Parsons' point of view. According to Parsons (1964: 274), health is defined as "the state of optimum capacity of an individual for the effective performance of the roles and tasks for which he has been socialised". Health is, indeed, believed to be an essential element in democratic, capitalist societies due to the capacity it provides to humans in gaining "valued achievements", which are mostly economic. Since capitalist societies emphasise meritocracy, the equality amongst individuals, competing to obtain the valued, common goals, is of considerable significance⁷. In fact, the provision of a basic level of health, and education as well, play a pivotal role in a fair competition in the labour market that, in turn, results in economic growth⁸. Therefore, as Gallagher (1976) points out, health is seen, in Parsonian perspective, as "an adaptive capacity for pursuit of goals" that can be "spent" by individuals as their capital to generate economic profit. Indeed, person's health is here seen as her organism's ability to involve in the processes of production in a natural or socio-cultural setting, even though it has often described by common sense or medical sciences with its internal characteristics as an integrated, self-sufficient state of organism. Finally, in very short, health is a functional prerequisite of society⁹.

Illness, on the other hand, is perceived as not only a biological disorder but also a social phenomenon. The individual must be socially defined as sick. Thus, the social definition of sickness, which can allow someone to enter sickness as a social role with specific features, is of great importance⁴. With respect to the viewpoint of Parsons' functionalism "too low a general level of health, and too high an

incidence of illness, is dysfunctional"¹⁰. Illness is therefore seen as a threat to the smooth functioning of the social system. However, it brings about conditions that are intrinsically enjoyable to the sick while they may suffer from severe painful lesions, because they are permitted to withdraw from their normal obligations to society. How can illness lead to gratification is a question, being addressed shortly later, considering the psychosomatic nature of illness in Parsonian functionalism.

The two paradigms of illness are discernible in Parsons' work, as Gerhardt (1979) asserts. Incapacity and deviancy are models that have their own particular definitions of illness. Incapacity or structural model focuses on the negative aspect of illness where it is seen as a "failure to keep well" and a "negatively achieved" role. According to the incapacity model, lack of health, defined earlier, is illness. Put it another way, illness happens to a person naturally without any personal motive, and is a situation in which the individual's capacity to perform his or her socially defined tasks and roles is undermined. It is essential here to note that Parsons (1964) distinguishes between role performance and task performance. Failure to role performance concerns with personality, and indicates a situation where individuals are unable to meet the role expectations, which have been internalized through socialization. Failure to task performance, on the other hand, is related to individuals' organism i.e. biological problems constraining their ability to do their tasks. This differentiation leads to a division of illness to mental and somatic diseases. In fact, Parsons discerns some degrees of mental illness as a characteristic of every illness because he believes that "sick people are in various ways emotionally disturbed"¹¹. Therefore, he suggests an abstract continuum that begins with completely mental illnesses, continues with psychosomatic ones, and ends with completely somatic diseases⁷.

Repeated failures in performing the role expectations in family or work, an individual's role capacity is gradually undermined through strains and frustrations. Considering illness as a "disturbance of social competence", constant social pressure on humans to achieve valued goals might ultimately result in a state that an individual finds she too exhausted and unable to persist with the competition conditions. In this

sense, illness is not only an opportunity for a temporary withdrawal from the competition and its responsibilities, but also a situation in which the individual is allowed to accept other's assistance so as that her dependency needs are met. The need for being dependent is fostered in the childhood period of socialization and repressed when individuals are expected to participate in the social system as independent, adult actors. From this point of view, the experience of illness is a regression to the early period of life and, then, can be "enjoyable and gratifying"⁷.

Introducing humans' dependency needs brings us to another paradigm of illness, called the deviancy model. This model, which can also be named psychodynamic model, concentrates on the positive aspects of illness that regards illness as a disruptive behaviour rooted in an almost unconscious motivation in social competitors to give up their obligations due partly to the emergence of their repressed dependency needs. It is argued by Parsons that there are certain characteristics in being ill that are in common with any other deviant behaviours⁷. Indeed, there is not only an opposition in complying with the role expectations, but also "an element of 'motivatedness' not merely in the aetiology of the pathological condition, but also in the maintenance of it"¹². In this model, Parsons is seemed to move on from the analysis of social structure, which was used in the incapacity model, to the more individualistic approach. In fact, in his endeavour, he is well assisted by Freud and his psychoanalysis and the concept of "pre-oedipal mother-child relationship". In this case, illness provides the sick with an opportunity to regress to their dependency and passivity that they would find it enjoyable experience in their relationship with their mothers in the childhood period of life⁷.

Stressing the point that illness is not just an organic or personal state, but also an institutionalised role, Parsons introduces the sick role, which serves the social system with two crucial functions of adaptation and integration in order to maintain its order¹³. The sick role, like other social roles, consists of certain expectations. It can therefore be defined as "the sets of rights and obligations that surround illness and shape the behaviour of doctors and

patients"¹⁴. It serves its adaptation function through considering the sick as incapacitated individuals who need a "niche" where they are offered an opportunity to restore their damaged capabilities of a healthy participant in society. They are seen as social actors suffering from physical defects that affect their task performance, and are emotionally disturbed by debility of the fulfilment of their role expectations. Thus, the sick role offers two rights to patients. First, the sick are temporarily exempted from their normal duties and obligations to society. This withdrawal from social responsibilities, of course, depends on the nature and severity of their illnesses. To protect patients against the accusation of "malingering", their state of ill health must be recognised by a legitimatising agent that is a doctor. Second, they are assumed not to be responsible for their ill conditions. It means that the patient is thought by others to be unable to well only by want it. Hence, the patient's condition is believed to be in desperate need of "being taken care of". This belief, in turn, plays an important part in the patient's attitude to accept the others' help and adopt the social role of being sick¹⁰.

The sick role fulfils its integration function by controlling the individuals' tendency to the privileges of adopting the sick role. In this sense, the sick role is a social control device to restrict individuals' motivation to address their dependency needs by becoming ill. It therefore views illness as social deviance towards which humans may unconsciously be inclined due to the aforementioned rights. Thus, two obligations are imposed to patients by the sick role. First, they are required to condone the undesirability of illness and want to "get well" as quickly as possible. Second, in order to restore their health, the sick are obliged to refer to a "technically competent" agent that is a physician, and comply with her advice in the process of treatment. It is from this stage that the role of the sick as patients with the role of doctors as professionals can be seen as a "complementary role structure".

Doctors, on the other hand, are expected to play their therapeutic role as the pattern variables have already determined for professionals in modern societies. In their modern, institutionalised medical settings, doctors are, first, supposed to have achieved their occupational status by their own endeavour in

attaining “technical competence” through study and practice. Second, it is the doctors’ duty to treat patients equally, applying the “universalistic” manner: that is, they need to exclude any personal preferences towards any patients stemmed from their prior familiarity with them. Third, since doctors are highly skilled in a certain domain of medical science, they are obliged to merely exercise their “specific functions”. It means they are not allowed to ask their patients for irrelevant information which is not related to the disease they are dealing with. Forth, the doctor is expected to be “affectively neutral” when treating her patients. Their examination of the disease must be in “objective, scientifically justifiable terms”. Finally, doctors’ self-interests must be disregarded in the medical profession in favour of patients’ interests. As mentioned in the previous section, valued goals, according to Parsons, are more important in shaping individuals’ behaviours than self-interest. He even asserts that the “profit motive” should be cleared from the medical profession¹⁰.

In return for the expectations noted above, doctors enjoy three rights. The first one is permission to access the patients’ bodies and intimate personal information about their lives required to make a diagnosis. A second right gives doctors a relative independence from the organisation they work in while practicing their profession. A third right is the authority doctors have in their relationship with patients¹⁵. Regarding doctors’ sophisticated knowledge and expertise, which is obtained through years of “painful” endeavour by researchers, they are awarded a superior position because not only are they responsible for the patient’s condition followed by their interventions, but also they are expected by their occupational community to consider certain procedures in treating diseases. This is, in turn, believed to result in “effective care and amelioration of conditions of illness”¹².

Doctors are also supposed to act as social control agents while attempting to cure patients as deviants. As noted earlier, patients, with this respect, are emotionally disturbed and their repressed dependency needs have been revealed. Parsons, Bales and Shils (1953b) contend that doctors practice an “unconscious psychotherapy”, sometimes called the “art of medicine”, with the aim of controlling

dependency. In this therapy, patients are granted the permission to express their dependency and accept kind support from therapeutic agents by enjoying the said sick role rights, exemption from normal duties and responsibility for their conditions. At the same time, while patients have become strongly attached to their health-carers, this attachment functions as a leverage to stimulate the sick to cope with their dependency needs. Throughout this process, in fact, the patient and doctor work together to cope with illness. Following the doctor advice and trying to satisfy his co-worker by getting better, the patient gradually develops the ability to obtain his independency again¹⁶.

The sick role, to summarise, appears to be a social role performed in the social system of the doctor-patient relationship to minimise the harmful effects of illness in society. The sick persons are regarded as individuals who are biologically and psychologically injured in the painful and stressful competition in society to achieve socially valued goals. Through specifying certain rights and obligations for both patients and doctors, the sick role is striving to facilitate the process of treatment. In fact, Parsons tries to shed light on normative conditions that need to be considered by patients, who are motivated to restore their health using doctors’ assistance.

Critiques

The sick role theory has provoked a wide range of criticisms that have repeatedly been raised by many critics since its birth. Critiques that are to be discussed here have been generated in a process of understanding the theory and its origins in Parsons’ thoughts and the sociological approach of functionalism. Health as a shared social value, individuals as economically active social competitors, patients as incapacitated humans, the sick role as a niche, variety of diseases and the sick role, and difficulties in the doctor-patient relationship are subjects for posing some challenges into the sick role theory here.

Modern medical practice and the doctor-patient relationship are chosen by Parsons to demonstrate how social systems work in society; it seems to me, mainly because health, which is the medical institution’s seminal element, can be regarded as the most

unassailable shared value in the Parsons' symbolic system of the cultural system that virtually everyone is motivated to gain it. However, in some minority cultures, although health is still a shared value, being ill may not lead to a serious search for technically competent help to get well. In some Moslem communities within Western modern societies, for instance, illness is believed to be atonement for sins committed by the sick person and a test from God that must be treated with patience and submission^{17,18}. Illness, here, is not a condition that is undesirable and the sick are not expected to combat it, but "one of the forms of experience by which humans arrive at a knowledge of Allah"¹⁹.

Medical institutions in modern society, according to Parsons, are supposed to provide patients with medical services in order that the incapacitated individuals are able to return to their previous situations in which they provided society with certain services that were predominantly of economic significance. However, in many cases, particularly when patients are not economically active, such as retired people or even workers with the minimum wage, indicating that these types of individuals do not significantly contribute to the society's economy, are provided with medical cares, such as some prohibitively expensive surgical operations, that are considerably more valuable than the functions they serve to society in their healthy conditions throughout their entire lives. In some cases therefore society might pursue some other purposes in caring patients that cannot be justified by the Parsons' perspective.

Based on definition of Parsons about illness, individuals who are illness that unable or unconsciously reluctant to fulfil the supposed expectations regarding their role in society, particularly in terms of competition in the labour market. This definition seems to go beyond the psychosomatic aetiology that Parsons has taken into account. In today's increasingly globalised world where immigration has become an important global issue, there are a significant number of voluntary immigrants arriving in modern Western societies without adequate prior knowledge about the host country's cultural system. This causes them an extremely difficult situation in which the fulfilment

of general expectations as normal community members, such as fairly effective interaction with others due to the lack of language proficiency, knowing how to do their jobs, shopping, dressing and many other everyday usual tasks, are not performed properly. As evidence suggests²⁰, although these immigrants are in healthier condition than their fellow countrymen or even their own ethnic group born in the host society at the moment of their journey, they are to suffer from poor health after landing in their new settlements. Hence, it seems that immigrants in their early stages of settling in the host country, based on Parsons' definition of illness, are supposed to be considered sick and thereby being permitted to adopt the sick role and enjoy its privileges.

There is a serious concern about the adaptation function of the sick role. According to Parsons, the sick enjoy the two privileges of exemption from usual obligations, and responsibility from being sick. Indeed, as Parsons asserts, there is an opportunity, called niche, for patients to be freed from the strains of usual obligations in order to regain their health physiologically as well as mentally. On the contrary, evidence, recently found in modern countries, shows that illness has a notable impact on the possibility of job loss among patients who are legitimately ill²¹; Jusot, et al.^{22,23}. In consequence, with patients aware of the increasing possibility of losing their jobs while they have to rest in order to get well, there may not be a relaxing opportunity for them to recover even when they are legitimately exempted from their job obligations.

Although Parsons states that the sick role is only an ideal-type model to explain the process of recovery from illness, different types of illness appears to have a remarked impact on the doctor-patient relationship. As it has widely argued over time, in case of chronic diseases, many aspects of the doctor-patient relationship described by the sick role theory seems to be in a need for re-examination. To begin with, chronic illnesses, such as cardiovascular diseases, diabetes or cancer, are not assumed to be completely cured, if never, at least in a foreseeable future. Hence, the Parsons' idea of recovery as quickly as possible in order to enable the actor to perform her social responsibilities as previously seems not to be a cogent point. As a result, the relationship is no longer a

temporary one. Second, the authority of the doctor undermined in the eyes of the patient because not only is the doctor unable to offer a definite method to treat the illness, but also, experiencing a particular type of disease for a long time and thereby gaining considerable knowledge about it, the patient demands her own part in the cooperation with the doctor to determine the appropriate treatment method. To explain why Parsons fails to present a theory able to cover the case of chronic disease, it can be argued that he might have been heavily influenced by the conception of equilibrium in the social system while composing his theory of the sick role. As noted in the previous section, each part of society, conceived as a social system, performs its own vital function to keep the system alive. If a part does not work properly, the system balance is undermined. As self-sufficient systems, the social systems automatically tend to regain their balance. Therefore, the whole system is presumed to work hard to compensate for the lack of the absent service and try to recover the impaired part, just like the biological organism. Parsons in the theory of the sick role appears to employ this idea at the lower level of the individual system, so an assumption that every patient needs to get well so that the survival of the social system is guaranteed seems to affect his work. He seems to overlook that these are social institutions that play their vital role to keep society alive not individuals. Some difficulties between doctors and their patients interacting to cope with illness have recently attracted critics' attention, and have been interpreted as conflict²⁴. It has been argued, for instance, that while patients are mainly concerned with the symptoms affecting their normal lives, and expect doctors to treat them as specific cases, doctors perform their tasks based on certain conventional methods regulated by their professional community. This seems to arise partly from some doctors' negligence in recognition of patients as social competitors whose personalities have collapsed, have been emotionally disturbed and are in desperate need of being dependant and passive in their relations with their doctors. In this situation, even notifying patients of good news saying, for example, there is no serious health problem with them might not be a satisfactory news to them, because they had already perceived

their health conditions as such serious hazard to their lives that made it necessary to ask help from a doctor, adopt the sick role and withdraw from the competition and its strains.

Conclusion

It was attempted in this essay to critically evaluate the sick role theory by investigating into its theoretical backgrounds and basic thoughts of its innovator, Talcott Parsons. The principles of functionalism, firstly, were very briefly described. Parsons' key thoughts were also succinctly mentioned. The major elements of the theory of the sick role were located in the Parsons' thoughts. The sick role theory was described as trying to present clear definitions for health, sickness, patients and doctors based on the sociological perspective it comes from. The sick role theory was therefore perceived in the journey from the predominant concerns of its creator in his comprehension of society to the example of modern medical practice so that a more relevant criticism can be produced. In fact, throughout this journey, comprehension of the theory and its criticism simultaneously came to exist, though the critiques were noted after the theory.

In this sociological perspective, health and illness are not merely a state of humans' biological organism, but social phenomena that are related to individuals' social roles in society and the expectations that must be fulfilled. As a result, failure to perform the roles and tasks is believed to have a serious damaging impact on people's personalities. It is then asserted that in almost all types of illness, some degree of psychological disorder can be diagnosed. The sick role therefore is introduced as an adaptation opportunity for patients to be cherished through the exemption from responsibilities to society in order to reconstruct their damaged spirits. On the other hand, patients are strongly expected to seek doctors' advice in order to get well, because being ill and thereby refraining from conformity to social expectation is perceived as deviance. Therefore, in addition to its adaptation function, the sick role serves society as a control means to restrict unconscious motivations to sickness among individuals who are under severe pressure of everyday social obligations caused mainly by the free, competitive labour market.

The sick role theory has been a target for a multitude of criticisms since its inception. It can be criticised by using other sociological approaches. However, in order to produce a fresh account and relevant new critiques of this relatively old theory, it was decided to inspect the intellectual origins and backgrounds of the theory to find out why it is presented in this way, and from where its advantages or flawed points stemmed. Health as unanimously shared value was challenged, invoking a certain sub-cultural systems within modern society. Its prominence as an asset, supposed to be spendable to acquire socially valuable items, was also challenged by referring to certain costly medical treatments. Considering the definition of illness, a need for confining the definition was suggested in order to prevent new immigrants from being seen as sick people. Varying impacts of different diseases or psychosomatic disorders on the doctor-patient relationship was considered particularly in case of chronic diseases. It seems beneficial to investigate the other types of illness's impacts on this relationship if there is more time and facilities available. Adaptation function of the sick role, as Parsons postulates, was doubted by referring to the fact that the legitimate sick are more prone to losing their jobs. Finally, a number of conflicts between doctors and patients were considered, while the theory suggests cooperation.

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