



# SOCIAL MISCONSTRUCTION: THE NEGLECT OF BIOLOGY IN CONTEMPORARY BRITISH SOCIOLOGY

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Sociology provides in principle a body of method, theory, and knowledge from which modern societies could gain much benefit in their current stage of development. In practice its potentially beneficial impact is enormously reduced by a number of grave methodological and theoretical deficiencies (Marsland, 1988 and 1992 [1]; Segalman and Marsland, 1989).

These weaknesses have become increasingly resistant to challenge and correction as the mistaken assumptions underlying them have gradually become dogmatically incorporated into the authorised teaching literature and the orthodox learning curriculum of the discipline. Powerful and persuasive evidence of this proposition has been published recently by Irving Louis Horowitz (1993) in his remarkable book *The Decomposition of Sociology*.

He shows how sociology has changed “from a central discipline of the social sciences to an ideological outpost of political extremism”, and argues that much contemporary social theory “has degenerated into pure critique, strongly influenced by Marxist dogmatism”.

These deficiencies are in no small part methodological and technical. I have examined this aspect of the sociological malaise, focussing in particular on incoherent conceptualisation and logic, inadequate research design, careless measurement and data collection, and superficial data analysis, in an essay on “The Methodological Inadequacies of British Social Science” (1992 [2]).

A powerful case in support of this critical argument is provided by W. G. Runciman in the first volume of his *Treatise on Social Theory* (1983). The necessary philosophical underpinning of a critique of fashionable methodological errors in sociology has long been available in the work of Sir Karl Popper, especially his *Objective Knowledge* (1972), and in the incisive analyses of Antony Flew, for example in *Thinking About Thinking* (1981) and in *Thinking About Social Thinking* (1992).

The discipline’s weaknesses, as I see them, are also in part substantive. They can be summarised as follows:

- It is obsessed with inequality.
- It is hypnotised by the concept of class.
- It is perversely resistant to understanding the nature of authority and to acknowledging its positive significance.
- It is naively dismissive of the genuine power of biological and psychological forces.
- It is snobbishly contemptuous of the societies of the free world, and of their achievements and potential.
- It is hopelessly biased against the market, capitalism, and liberal democracy.
- It is dogmatically averse to individualism, either as a legitimate basis of social order, or as source of challenge to its preferred modes of collectivist explanation.

## THE MISSING BODY

Thus, on my analysis, neglect of the biological infrastructure of human action and social relations, the subject of this essay, is just one of several deficiencies in contemporary sociology. It is, however, among the most serious, since it impacts on every specialist field of the discipline. It also vitiates the whole tenor of general social analysis — by fancifully denying the reality and power of forces which are of the perennial essence of the human condition (Wilson, 1975 and 1978; Runciman, 1993).

For example, the whole approach of sociology to the fundamental issue of social stratification, from surviving hard-line Marxists to self-styled realists and pragmatists among Weberians, is reduced to nugatory utopianism by their partisan refusal to allow any legitimacy whatsoever to concepts of dominance and submission, or to acknowledge the inescapable positive significance of leadership in social groups of every type and scale (Saunders, 1990; Clegg, 1989; Barkow, 1989).

Or again, consider the deep irony of the supposed restitution of proper attention to women by left-feminist sociologists. This apparently requires the complete conceptual evisceration of the female body, and the stipulative theoretical dismissal of any specifically feminine characteristics originating at the biological level of being (Daly and Wilson, 1983; Quest, 1989).

Or, for a third example, there is the major contribution which, along with other factors, the neglect of biological forces has made to sociologists’ persistently over-simplified and wrong-headed treatment of nationality and ethnicity. It is as if a proper and justified antipathy to fascism could provide a sufficient rationale for ignoring the biologically given importance of the herd and of territory, for denying the significance of biological markers in the social interaction of human beings as of other species, and for blind refusal to admit the power of biologically defined boundaries between in-groups and out-groups as major sources of conflict and as primary bases of cooperation (van den Berghe, 1981; Reynolds et al, 1987).

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## WAR, YOUTH, AND HEALTH

This last example brings us to the area of sociology where, in my own research and writing, I first encountered resistance from the orthodoxy justified by the discipline's blind-spot about biology. In an essay called *Neglect and Betrayal* (1985), I suggested that sociological analysis of war and defence (and also of crime) might be strengthened if some serious attention were given to human aggressivity as such.

Acknowledgement of aggression as a fundamental characteristic of man — a characteristic whose power exceeds the scope of social reconstruction, which persistently limits and shapes our cooperative schemes, and which is not to be explained away by the relatively superficial effects of cultural, let alone merely economic, forces — this would change our understanding of war and of lesser social conflicts out of all recognition. It would make the sociologist's contribution more realistic, more accurate, and less merely wish-fulfilling (Alexander, 1981; Daly and Wilson, 1988; Shaw and Wong, 1989).

The response, predictably enough, was immediate and cognitively violent. The argument was comprehensively rubbished, and British sociologists retreated to the security of their usual comfortable assumptions about the inherently pacifiable condition of man, given appropriate, if admittedly unlikely, social and economic circumstances (Creighton and Shaw, 1987). Yet neither Northern Ireland, nor Bosnia, nor the entirely predictable conflicts which will spring up over the next ten years across the former Soviet Union and China, and in the longer run also across Western Europe can be adequately explicated unless due account is taken of the aggressive character of man (Lopreato, 1984).

A similar biological blind-spot afflicts the sociology of adolescence and youth, which was my special field before I moved more recently into epidemiology and the sociology of health. The hegemonic orthodoxy in this field, among British sociologists at least, remains unremittingly Marxist (Frith, 1984).

It claims, entirely falsely, that adolescence is a recent historical invention, rather than a perennial, biologically given feature of every society. It pretends that the massively powerful biological phenomenon of puberty is a trivial matter which is easily manageable by a variety of simple social devices. It denies the inherently problematical nature of adolescence, calling in support the outmoded behaviourist optimism of Margaret Mead's analysis, despite Freeman's demonstration of how blatantly she cheated in order to refute the irrefutable turmoil of youth (1983). It prefers, despite all the evidence, to interpret the aggressive destructiveness of male youth as a product of superficial, and in some aspects fictitious, class forces rather than as an expression of irresistible drives arising out of biological growth and development which every society has to find effective ways of channelling and controlling (Hall and Jefferson, 1976; Marsland, 1993).

If we turn from war and youth to health, we find yet another instance of the usual flawed social analysis, complete with the same obsessions with class and inequality, the same utopianism, the same anti-biological social constructionism, and the same intellectual *trahison des clercs* all over again.

In a paper called *Sickness in Health: The Sociology of Health as an Instance of Sociological Orthodoxy* (1993 [2]), I have examined some of the typical postures routinely displayed by British sociologists of health. These include:

- Exaggerated concern with health inequalities.
- Organised resistance to the Government's current programme of radical health care reforms.
- Dogmatic antipathy to private medicine and independent health care.
- Resort to concepts, such as "the medical model", "institutionalisation", and "the sick role", which are characterised more by their incoherence, implausibility, and political correctitude than by their aptness for objective social analysis of illness, health, and health care.

Underlying all of this, there is deep antipathy to acknowledging — even in an area where one might common-sensically have thought

that their importance was undeniable — the reality of biopsychological facts.

## PRIVILEGED CLASS

The key text of the British sociology of health is the Black Report on health inequalities (DHSS, 1980). This is admittedly an official, administrative report rather than sociological literature as such. However, it was largely authored by Peter Townsend, who is of course a key figure in the orthodox sociological pantheon, supported by Cyril Smith, another sociologist who was influential as Secretary of the Social Science Research Council during the nineteen seventies in shaping and disseminating the orthodox, constructivist assumptions of social analysis.

Together with up-dated information, the Report was re-published by Penguin in the late eighties (Townsend, 1988). It exemplifies paradigmatically the normal mode of analysis in British sociological studies of health. It constitutes, moreover, the main body of what is taught — largely uncritically — in most university courses in the sociology of health, and in the swelling programme of sociological instruction to which health care personnel of all types are exposed willy-nilly.

The Report can be faulted, as I have tried to show elsewhere, on many grounds (Marsland, 1993 [2]). For example, it systematically exaggerates the extent of inequality. It alleges a class gradient in inequalities in instances where none is present. It relies on types of statistical analysis which should be regarded as inadequate in an undergraduate research project. Not least it is misleading because of its naive sociological imperialism, and its studied inattention to biology and psychology (Strong, 1979).

This is most evident in its attempt at interpretation of the causes of differences in health status. The authors offer four possible explanations: they are an artifact of data collection; they are caused by biological differentiation and social selection; they are a function of life-style and cultural forces; or they are to be explained by "material factors", namely standards of living and "poverty".

Their brief, inadequate, and entirely theoretical discussion of these alternatives, which takes no account at all of any further or elaborated analysis of their data, is reproduced uncritically in thousands of examination scripts every year. Wholly predictably they dismiss the artifactual and biological explanations out of hand, edge the cultural interpretation aside, and plump unhesitatingly for the materialist explanation one would expect from a socialist source — it's all terrible, it's all down to poverty, and we shall need radically egalitarian redistributive policies to improve matters (Ilsley, 1986 and 1987).

In my view, which has recently been strongly supported by Le Fanu's careful analysis in *A Phantom Carnage* (1993), their analysis is inadequate and erroneous. There *are* effects of artifacts in the data, arising, for example from the way that probabilities and risks are reported, and from the relative size of the class groupings they use (McCormick and Anderson, 1992; Skrabanek, 1993). There are grounds for suspicion at least that neither absolute nor relative poverty can serve as a cause of many of the types of mortality and morbidity they report. There are more than sufficient reasons for thinking that cultural and psychological forces which are by no means coterminous with class lines play a much larger part than the Report allows (Mascie-Taylor, 1991).

There can be no doubt at all, as subsequent epidemiological research increasingly bears out, that social selection, involving substantial downward social mobility and blocked upward mobility occasioned by biological incapacity, plays a not inconsiderable part in shaping health differences and inequalities (West, 1991; Lichtenstein, 1992). The authors' unscrupulous rhetoric in this crucial phase of their argument is demonstrated by the way they deal with ethnic inequalities.

Their data, embarrassingly for them, shows most ethnic minorities doing better in health terms than natives. Here, by contrast with their main data on supposed class inequalities, they are quite happy to explain away an awkward finding in terms of biological and social selection, with ethnic immigrants presumed to be the stronger and more enterprising among their populations of origin.

Apparently these same bio-social selection processes stop operating as soon as anyone reaches the happy shores of Britain!

Even more importantly, the Black Report exemplifies perfectly the sociological tendency to ignore entirely the impacts of genetically, biologically, and psychologically given susceptibilities and predispositions. Even the largest and most substantial of the class differences they report leave social forces accounting for a very small proportion of variation in health status. Variability within class groups is throughout the data larger than between classes. In other spheres, such as the study of intelligence, sociologists invariably interpret this sort of pattern as indicating an *absence* of structured inequality, but not here!

The question which needs asking, the question which the authors of the Report and most sociologists of health ignore, is this: supposing class differentiation explains some of the variation in health status in the population, what explains the rest of it? How, indeed, do we account for *most* of it? The answer, as medical research has increasingly demonstrated in the few short years since the Report was published, lies largely in genetic susceptibilities and in biologically determined preconditions (Kirkwood and Lewis, 1989; Nesse and Williams, 1995; Price Evans, 1993).

Of course, these forces interact with social forces and with psychological forces. But both of these are themselves significantly shaped from the biological level, and bio-genetic factors in and of themselves are altogether too powerful to be ignored as they are in the sociology of health unless we are to prefer comforting and politically convenient fairy tales to the harsh reality of truth. In the determination of health status, class is not by any means all even among specifically social forces. It must not, therefore, be logically and methodologically prioritised in the study of health and illness as if it were. Here at least, class privilege is undesirable and should be resisted (Himsworth, 1984).

### MYSTIFICATION AFTER MARX

The mainstream empirical tradition of the British sociology of health which Townsend's work in general and the Black Report in particular epitomise is thus, on my analysis, replete with error because of its studied neglect of bio-psychological forces. It is, however, at least in principle testable and corrigible.

As awareness increases of the poor predictive value for health status and health outcomes of poverty, of income differences, and of social class differences however sophisticated their theorisation, more variables from other — psychological, biological, and genetic — domains will be brought into the equation. As dissatisfaction with trivial sorts of statistical analysis — still commonly restricted to meagre cross-tabulations of pairs of grossly measured variables — steadily increases, more adequate techniques, better suited to explicating the interaction of multiple causes in producing complex effects will gradually be adopted (Daniel, 1991).

As sociologists work more and more with medical researchers and within the health service, the inadequacy of typical sociological research designs — a decent sample survey at best — will be understood even by recalcitrant collectivists. The more powerful and more appropriate designs pioneered by epidemiologists, with experimental logic simulated in clinical trials, will become increasingly adopted.

In Popperian fashion, the normal work of social science will go, despite backsliding, gradually forward, incorporating in its explanations as it progresses the crucial bio-psychological variables which it currently neglects.

Meanwhile, however, determined social constructivists in British sociology have discovered in the work of Foucault a welcome means of escape from the disciplines of empirical research, and from the danger they pose that factors other than social forces might have to be acknowledged as influential in health and illness (Foucault, 1971 and 1973). This has been imported wholesale into the sociology of health, and now provides its major theoretical resource (Armstrong, 1983).

For example, reviewing Scott's (1992) *Private Risks and Public Dangers*, Clive Pearson (1993) states that "... the collection is focussed as much by its theoretical concerns as by its subject matter.

Not surprisingly, the work of Michel Foucault has been influential — references in six of the eleven chapters, as well as the Foreword and Introduction."

Yet Foucault's *Madness and Civilisation* and *The Birth of the Clinic* seem to me, despite their current high reputation, remarkably bad sociology. They are admittedly less unscholarly, tendentious, casuistical, and devious than the previous French post-Marxist fad provided by Althusser, but this is not to claim a great deal. Foucault's work is riddled with historical oversimplifications and errors, with argument by exceptional exemplification, and with simple illogicality such as would drive any serious methodologist to distraction. Yet their impact on sociologists' accounts of illness, treatment, the psyche, and the body itself has been enormous.

Despite his claim to a materialist methodology, Foucault's overall effect is to deny legitimacy to any claims in knowledge made by genetics, anatomy, biology, and psychology; to throw under suspicion any and every attempt at treatment and cure as mere instrumentalities of control; and to reconstrue the whole domain of health and illness as a mere playground for social construction and reconstruction.

It seems to me to be imperialist sociology's last extravagant throw in the field of health and illness before it has to be admitted and acknowledged that genuine understanding and objective analysis require a multi-disciplinary approach which takes full theoretical and empirical account of biological, psychological, and social factors alike and in interaction. If the body is socially constructed, so too are culture and society shaped — in their totality as in the patterning of health and illness — by intractable genetic, biological, and psychological forces (Turner, 1991; Badcock, 1991). Supposing they want a continuing role in the analysis of health and health care, sociologists ignore these forces at their own professional peril.

### EXPLAINING, PREDICTING, AND PREVENTING ILL HEALTH

Consider some of the main causes of ill-health in contemporary Britain (HMSO, 1991): the psychiatric conditions — depression, schizophrenia, dementia; the cancers; stroke; asthma; coronary heart disease. Their aetiology is shaped in each case to a more or less degree by social forces, to some limited extent indeed by specifically class forces, supposing we can somehow coherently construe them.

This will not take us very far, however, supposing we want to explain more than a fraction of the variability in their incidence and prevalence, if we need to predict their occurrence, or if we have the task, as researchers in health and illness do, of contributing to the development and testing of effective treatments and preventive policies. In these circumstances, we shall have to take routine account of a multiplicity of causative agents and conditioning factors and of their complex interactions.

Our analyses and our policy recommendations will be wildly wide of the mark if they fail to acknowledge the substantial impact of biological and psychological, along with social forces. Adopted as a methodological principle in the sociology of health, social constructionism is bound to produce serious misconstructions of the whole nature of health, illness, and health care. In the study of health and illness as more generally, a socio-biological approach is essential (Badcock, 1991).

### BIOLOGY, SOCIOLOGY, AND FREEDOM

The motivation of many sociologists in denying the reality and power of biological forces in human life is their desire to liberate social reality, as they construe it, from physical determinacy such as they imagine natural scientists deal in. They imagine that, stripped of biological influences, man can be envisioned as more genuinely free, and that with the biological infrastructure of action exposed as a reactionary fantasy, society can be portrayed as easily and infinitely malleable.

They could hardly be more wrong on more separate counts. First, biological forces *are* real and powerful, whatever anyone might wish. Second, their philosophy of science is antiquated and erroneous, since the primitive mechanical atomism they seek to subvert has long since been abandoned in physics and chemistry, let alone

in biology. Indeterminacy is not a function of an absence of causation but of a multiplicity of interacting causes. Third, their social constructivism leaves man less free rather than more, since their construal of society turns the individual into a mere puppet of social forces.

Man and society are deeply shaped by both biological and social forces, and yet never fully determined by either or by their combination. The individuality of the individual is given irreducibly by biology, each person in every society being unique, and each one of us remaining unmalleably himself or herself however powerful the social forces deployed to change us and to shape us up. "Socialist man" could only ever be made in a laboratory test-tube, and even that experiment would inevitably fail, since the experimenters have themselves been created in the real world.

Moreover, the infinite variability given by biological forces has to be acknowledged and addressed at the level of society. Almost every type of society, whatever their other wide differences, seeks to preserve — and positively capitalize on — human variability and the uniqueness of the individual. Indeed, it seems that societal and civilizational types have been selected, in a vast historical evolutionary process, by the criterion of aptness for utilizing and promoting individuality. The Aztecs, Egypt, and Confucian China are long gone. The seed-bed societies were Israel and Greece, the womb of modern society was Christianity. It is in and uniquely through the liberal democratic societies of capitalism which have sprung from this tradition that the human future lies. These, that is to say ours, are the societies which most fully acknowledge and most positively treasure the biologically given individuality of persons, which actively preserve the natural social institutions (the family, the local community, competition, the market) that allow and encourage the individual to thrive, and which make out of free, self-enhancing individuals our heroes.

All this goes unrecognized by mainstream sociologists and by socialist politicians influenced by them, since they understand little of human biology, scarcely more of the real nature of social relationships, and nothing of freedom at all. They think they can shape society like a potter moulding clay, but since they ignore the gritty individuality of man, the infinitely resistant egoism given at the birth of each and every one of us, they are bound to fail. They make instead merely a tedious noise — the empty sussuration of sociologists at work, and a temporary social mess for better sociologists, wiser politicians, and ordinary men and women in their ordinary heroic way to clear up.

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