Mini Review

Investigating Diagnostic Methods Perspectives from Social Science

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Abstract

This review looks at how childhood neurological disabilities are diagnosed using social science analysis. The historical and conceptual trends in the literature are captured in three sections of the paper. The first section focuses on research that shows how important it is to communicate effectively with parents when giving a diagnosis. The second section looks at the role parents can play as "partners" or contributors to the diagnosis, and the final section digs deeper into the social complexity of diagnoses to look at how social practices, power structures, and institutions are ingrained in the encounter with a diagnosis.

INTRODUCTION

The social sciences have a long history of investigating the actors and institutions of medicine. In the 1970s, medical sociology focused on macro analyses, portraying medicine as a socially ingrained institution with power over patients (Molloy H, 2002). Medical sociology has narrowed its focus to the micro and everyday construction of medical knowledge and power, influenced by broader shifts toward social constructionism. The way important themes are analysed has changed as a result of this long-standing trend in medical sociology. This is especially evident in critiques of medical professional authority (Bickenbach JE, 1999). Now, micro accounts of individual interactions between professionals and patients are included alongside macro-level analyses of the power of medical professional organizations. One of the more recent fields of social science demonstrates the shift from the macro to the micro level; the political motivations and viewpoint of the disability movement have shaped a disability study, which has retained them. The following "social model" distinction is made between impairment and disability in disability studies. This comprehension of handicap is rather than the "clinical model" which presents incapacity as a singular pathology (Hedgecoe AM, 2003). From this point of view, having a child with a disability is a tragedy that equates to a life of burden and restriction and should be avoided at all costs. The social model tended to

focus on macro-level analyses of institutional power when it was first used to understand disabled people's position; recently, smaller issues have gained attention. The role of professional frameworks for understanding the body, illness, and medicine in the social construction of disability and impairment is particularly interesting to disability studies writers who are influenced by social constructionist approaches (Conrad P, 2000). Children with disabilities are a particular focus of disability studies and medical sociology; they bring up specific issues related to medicine and the social processes that surround it as patients. For instance, the professional, patient, and parent interact, which complicates the relationships that guide intervention. As the role of developmental markers in their diagnosis brings social considerations to the forefront, this paper focuses on neurological disorders that affect children. The paper is divided into three sections: The order of the sections points to a crucial continuum: work that identifies the necessity of effectively communicating with parents when giving a diagnosis, analyses that investigate the potential role parents can play as "partners," and work that investigates the embedded nature of social practices, relations, and institutions in the diagnosis encounter (Rosenberg C, 2002). The discussion is structured to show the various levels of analyses being developed by social scientists and follows a historical trend.

COMMUNICATING DIAGNOSIS

A well-established area of social science concern is how parents are informed of a diagnosis. This work started in medical care concentrates on that recognized superfluous injury when guardians are informed that a child has a condition like cerebral paralysis (Gill VT, 1995). For instance, Cunningham and colleagues looked into how parents were told about Down's syndrome. They found that they were shown a picture of struggle and grief, which made it hard for them to deal with their baby and care for him or her in the long run. Cunningham contends that the grief parents are said to experience upon receiving a diagnosis is not solely attributable to the news itself but rather a result of the processes they go through. If "the teller assumes the news is 'bad' and needs to be 'broken,' it denotes a negative conception which is likely to be imparted on the parent," Cunningham writes. According to the aforementioned claim from disability studies, medical approaches to disability diagnosis and communication produce an excessively pathological approach that reassures parents that their child and their situation are truly awful. It is something that indicates neither their child's future nor their family's quality of life (Landsman G, 2003). According to Tats and colleagues, a lack of communication and a bad relationship between doctors and parents can make it difficult to make a diagnosis because symptoms may be missed. In addition, parents' relationships with the various health and social care professionals with whom they interact can be impacted in the future as a result of poor communication during the initial diagnosis. As a result, the initial diagnosis and its discussion with parents are crucial (Larson E, 1998). They ought to present the child's situation in a manner that is not only truthful and comprehensive but also acknowledges the child's inherent human qualities and maintains an open mind to potential futures.

DIAGNOSIS PARTNERS

The larger debates in medical sociology about the knowledge that patients can bring to the medical encounter—that they "are experts in the detail of everyday life" influence work discussing a larger role for parents (Good M, 1994). There is a continuum between writers who argue that patients can be full or equal participants in the diagnostic encounter and those who suggest that this expertise indicates that patients can play some role in diagnosis. Arksey and Sloper, two of these authors, contend that diagnosis is a form of "active interpretative work" in which patients participate. Arksey goes one step further and says that patients can be "lay epidemiologists." This is a controversial claim because it ignores the different levels of expertise that patients and doctors bring to a clinical encounter. Avdi and colleagues extend Arksey's ideas to the field of childhood disabilities, arguing that partnerships show that parents are aware of their child's "expertise." The closeness of their family bond gives rise to this expertise (Rigazio-DiGilio SA, 2000). Avdi

et al. refer to parents as "experts... in need of expert input" because they acknowledge that this intimate expertise does not necessarily negate the expertise of medical professionals. Explores a "relational" diagnosis model that takes into account the "meaning-making processes" that will help families deal with a diagnosis in a way that works for them. Working in this manner necessitates a framework that does not compare a parent's behavior to predetermined standards, which can label a "family's familiar ways of perceiving and acting as substandard or deviant." Consider the references parents use to interpret the diagnostic encounter when drawing them into the diagnosis as participants. Social context is not the only factor in diagnosis; the ways in which they discuss and frame a diagnosis are influenced by the existing discourses of disability that parents and medical professionals bring with them. In this regard, work in the field of social anthropology has been particularly helpful. Larson and Landsman are two particularly outstanding examples of this kind of research. Larson and Landsman both look at how mothers interpreted their child's diagnosis and acted in ways that doctors thought were problematic. According to Larson, a standard of behavior and response is used to evaluate parents. If they are not, mothers are in denial and should accept the diagnosis and express their obvious grief at the loss of their perfect child. Awareness of the surrounding discourses that influence individual meanings is included in Landsman's research. The medical model of disability as a personal tragedy inflicted on people and celebrations of the personal triumph of individuals who have "overcome" their "infliction" are examples of such discourses. The assumption that being disabled is "outside the range of human acceptability" underpins each of these narratives is based on an ideology that promotes normalization. According to Landsman, these discourses influence mothers' exploration of the significance of their child's diagnosis, such as challenging professional definitions of diagnosis as certain in order to maintain the possibility of heroic progress and a return to normalcy.

CONCLUSION

The social and human aspects of diagnosis are being looked at from a variety of social science points of view. There is more research and different points of view than can be summed up here, such as in psychology. The work that has been summarized raises both practical issues that are relevant to day-to-day practice and more general, critical questions about how we approach diagnosis's meaning and processes. What the work looks to catch is the profundity and vagueness engaged with analytic excursions.

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