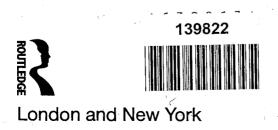
Health and Illness in a Changing Society

Michael Bury



Contents

	List of illustrations Acknowledgements	vii ix
	Introduction: Health, illness and sociology	1
1	From illness behaviour to health beliefs and knowledge	18
2	Inequalities in health	47
3	Doctors, patients and interaction in health care	77
4	Chronic illness and disability	110
5	Death and dying	141
6	The body, health and risk	171
	References Index	202 221

Index

Aberdeen Maternity and Neonatal Bank 67 Able Smith, B. 52–3 absolute poverty 65 acceptable inequalities 49, 70 Acceptable Inequalities? 68-9 acceptance of dying 155 active involvement of patients 96-8 acute illness 8, 9, 128 acute medical sector 28 adaptation 123, 129-33 age 69; chronic illness and disability115, 120 ageing 185-6 agency 26-7, 74 AIDS/HIV see HIV/AIDS Albrecht, G. 115 alternative medicine 102-3 Andrews, A. 60, 75 ante-natal services 25 anthropology: beliefs 18-20; and the body 178-84 anti-dualism 175-6 Arber, S. 11, 55, 73-4 Ariès, P. 143, 145-8, 149-51 artefact explanations 61-2 arthritis 125 ascribed status 192 avoidance strategies 95 awareness contexts 16; and the hospital 157-63 awareness of dying 144, 152-3, 168-9; lay beliefs about 154-7

back pain 99-100 Backett, K.C. 194 Balint, M. 92 Barrett, M. 91 basic needs 65 Baudrillard, J. 142 Bauman, Z. 142, 177–8 behaviour: beliefs and 37-8, 42-5; explanations for inequalities 63-4; health behaviour 36-40; illness behaviour 21-2, 24-8; risk and the body 193-6; see also lifestyle beliefs see health beliefs Bendelow, G. 174, 176 Benton, T. 192, 199 Berkman, L.F. 37 Beveridge, W.H. 51 biographical disruption 44, 123, 124-6, 192-3 biographical reinforcement 135-6 Black, Sir D. 53, 71–2 Black Report 15, 48, 53-72; challenges and responses to 66–72; explanations for inequalities 60-6; key findings 54-60 Blane, D. 68 Blaxter, M.: chronic illness and disability121, 122-3; health beliefs 32-4; Health and Lifestyles survey 33, 37–8, 74; time and inequalities 74–5 Bloor, M. 23, 89–90, 95, 195–6

- Blumer, H. 110
- body 16–17, 171–201; anthropological perspectives 178–84; chronic illness and 191–3; consumer society, constructionism and 184–9; limits of 179, 200; medical sociology and 189–98; philosophical perspectives 174–8; risk and 17, 193–8, 200
- body politic 179, 180–1
- body-self 179, 180
- Breslow, L. 37
- British Council of Organisations of Disabled People 139
- Brown, J.C. 51, 52
- bureaucracy 122-3
- Burrows, R. 194
- Bury, M. 139, 190; biographical disruption 44, 124, 125; demographic transition 51, 111; impairment, disability and handicap 118, 119; levels of risk 197–8
- Calnan, M. 39–40, 46, 74 campaigns/campaigning groups 81, 103, 139 car ownership 73 Caribbean minority groups 58, 59–60
- Carricaburu, D. 134-6
- Cartesian dualism 174-6
- Cartwright, A. 88, 157, 166-8
- causes of illness, beliefs and 29–30, 32, 33
- ceremony 23-4
- childbirth/reproduction 91-2, 104 cholera 116
- chronic illness 7, 15–16, 110–40; adaptation and management 129–33; biographical disruption 124–6; and the body 191–3; changing patterns in illness 8–9, 112–16; developments and prospects 133–8; doctor–patient relationship 86–7, 99–100; impact of treatment and health

care 126-9; sociology of 121-33: socio-medical model of disabling illness 116-21 chronic respiratory disorder 131-2 Chronically Sick and Disabled Persons Act 1970 118 class 37; Black Report 54, 55-9; changing composition 61-2, 66-7, 69; and consulting patterns 88; and health status 62; and mortality 56-9; occupational classification 50, 54, 55-6; and risk behaviour 63-4, 74; see also social mobility clinic 8, 23-4; see also hospitals closed awareness 159 colitis 100, 131, 136 collective representations 29 collectivity orientation 84 College of Health 107 Comaroff, J. 19, 126 'comeback' 129 communication: doctor-patient relationship 96-8; dying patients 161 - 3community care 115; dying patients 165.167-8 'community medicine' 28, 53; see also public health complaints 82, 106 concealment strategies 95 conflict model 5-7, 22-3; doctor-patient relationship 6, 80, 87-92 Conover, P. 117 Conrad. P. 101 consensus model 4-5, 80, 82-7 consequences of chronic illness 117, 124 - 6constructionism 184-90 consumerism 10-11, 82, 106; and the body 184-9 contestable culture 11 contextual factors 25-6 contractual relationship 11, 15, 82, 98, 100, 108, 109; changing legal context 105-6; see also doctor-patient relationship

-ĥ

í.

control, social see social control control of death 154-5, 169-70 coping 129, 130-1 Corbin, J. 124, 128, 129, 130, 132-3 coronary care unit 162-3 coronary heart disease 40-5 cost/benefit assessment 195 Cottingham, J. 175 countervailing power 94-5 Coward, R. 9 Cullen, L. 164 cultural competence 111-12, 124-6 cultural outlook 24-5 cultural transition 111 culture: and the body 178-82, 184-6; explanations for inequalities 63-4 culture of risk approach 195 Currie, E. 36, 64 Davey Smith, G. 73 Davison, C. 40-5, 46, 193-4 Davidson, N. 48, 53, 55-65 passim death and dying 16, 141–70; awareness contexts and the hospital 157-63; dying in the future 164-9; Good Death 143-5, 151-3, 154, 155, 164; history of 144-51; lay beliefs about awareness 154-7: timeliness 44-5 death rates see mortality rates decision to consult 24-6, 93 decision rules 23-4 defensive medicine 105 deference, patient 6-7, 28, 84, 89-90 degenerative disorders 114 demographic transition 9, 51, 111, 113 - 14denial of death 152 Department of Health (DoH) 27; hospital 'league tables' 107; Standing Committeeto monitor inequalities 71 Department of Health and Social Security (DHSS), Prevention and Health 36 Descartes, R. 174-5, 176

deviance 4-5, 22-3, 85 deviant conformity 95 diagnosis 126 diaries, health 25-6 diet 176-7 Dingwall, R. 6, 27, 105-6 disability 15-16, 54, 110-40; adaptation and management 129-33; age, chronic illness and 115, 120; assessments 119-20; biographical disruptions 124-6: constructionism 187-8; impact of care 126-9; impairment. handicap and 118, 119; sociology of 121-33; sociomedical model of disabling illness 116-21; theory 137-8, 139 Disability Alliance 139 Disability Discrimination Act 1995 140 Disability Income Group 139 Disability Living Allowance 119 disability movement 16, 136-7, 138 - 40**Disability Working Allowance 119** discursive practices 12 'disregarded death' 154 disruption, biographical 44, 123, 124-6.192-3 doctor-patient relationship 15, 77-109; changes in illness patterns 99-100; conflict model 6, 80, 87-92; consensus model 5, 80, 82-7; contractual see contractual relationship; evaluation and 107-8; medical authority in late modern cultures 101-7; negotiation model 7-8, 80-1.92-8 domiciliary nursing 167 Douglas, M. 179 Doyal, L. 104 drugs 127 Du Pré, J. 138 dualism, Cartesian 174-6 Dubos, R. 113 Durkheimian perspective 29

dying trajectories 145; see also death and dying Economic and Social Research Council 71 economic structures 10-11 education level 38 Elias, N. 143, 148-50 Elston, M.A. 106 emotional-based coping 130 emotional behaviour, restraint 148-9 empiricism 19-20 employment 10, 153; structure 62 environment 33 epilepsy 125, 130-1 equilibrium, health as 30-1 ethnic minorities 58, 59-60, 71, 75 euthanasia, voluntary 169-70 evaluative research 107-9 exclusion 184-6, 188 experience, body and 174-8, 181-2 experiential level of risk 197 expertise, patient 81, 100, 126-7 Fabianism 52 Fabrega, H. 180 Fagerhaugh, S. 122 family 144, 162, 167, 168-9 farewells 153 fatalistic ideas 42, 44-5 Featherstone, M. 184-6 feminism 11-12; body 186-7, 189; doctor-patient relationship 91-2, 104-5 Field, D. 198; chronic illness and the body 191-3; death and dying 161 - 3fin de siècle 142-3 Fitzpatrick, R. 99-100 Ford, G. 73 Foucault, M. 12, 189, 190 Fox, A.J. 69 Fox, R. 4 Freidson, E. 92, 101, 109; conflict model 6, 80, 87-8; lay/professional divide 22-3, 24 - 5

friends 144, 156, 168-9 functional capacity view of health 33 functionalism 4-5, 80, 82-7 Gabe, J. 36, 197--8 Gallagher, E. 86 gay men 134-6 gender differences 54, 73-4 general medical ward 162 general practice 77-8, 88-90, 127; medical encounters 93-5 genetics, new 173, 200 Gerhardt, U. 4, 6, 18, 84; chronic illness7; management of illness 99, 129; Nazism 142 geriatrics, declining importance 115 Giddens, A. 3, 126; contestable culture 11; control of the body 111; disruptive moments 44; medical authority102-3; postmodernism 13 Glaser, B. 157, 158-61, 163 'glass ceiling' 74 Goffman, E. 24, 80, 111 Goldthorpe, J.H. 67, 68 Good, B.J. 18-21, 181-2 Good Death 143-4, 151-3, 154, 155, 164 government role 39-40 Graham, H. 64 Green, D. 69 Grosz, E. 186 haemophiliac men 134-6 handicap: impairment, disability and 118, 119 Harding, G. 106 Harré, R. 198 Harris, A. 117-18 health: changing patterns 111, 112–16; functional capacity view 33; growing emphasis 9; lay views 30--2 Health Belief Model 19-20, 31-2 health beliefs 14-15, 18-46; awareness of dying 154-7; emergence in medical sociology

29–35; and health promotion

- 35–40, 46; and lay epidemiology 40–5; lay/professional divide in medical sociology 21–8; risk and the body 193–6
- health care, impact of 123, 126–9; see also treatment
- health centres 27, 79
- health diaries 25-6
- health education 28, 35; *see also* health promotion
- Health Practice Index (HPI) 37-8
- health promotion 9; health beliefs
- and 35–40, 46; Heartbeat Wales
- 40–1; risk and the body 193–6
- health status, social class and 62
- health-in-a-vacuum 30-1
- heart disease 40-5, 104
- Heartbeat Wales 40-1
- Helman, C. 197
- help-seeking behaviour 24-6, 27-8, 92-3
- Hennessy, P. 51
- Hepworth, M. 184-6
- Herzlich, C. 29-32, 35-6, 148
- HIV/AIDS 9, 110, 116; as chronic illness 134-6, 142; risk and the body 194-6
- Horobin, G. 89–90
- hospice movement 16, 144, 156–7, 161, 164–6, 167–8
- hospitals 167–8; awareness of dying and 157–63; changes in care of the dying 165–6; chronic illness 127–9; dominance in medicine 27; medical encounters 23–4, 90; transfer of dying to 149–50

housing tenure 37, 38

Hunter, D.J. 106, 107

ignorance 64

Illich, I. 147–8, 158

illness: behaviour 21–2, 24–8; health beliefs and causes of 29–30, 32, 33; management of *see* management of illness; patterns 8–9, 81, 99–100, 111, 112–16; as temporary phenomenon 86

illness prevention 28, 35, 116; see also health promotion Illsley, R. 61, 64, 66-8 Immigrant Mortality Study 58, 59 impact of treatment/health care 123.126-9 impairment 117-18, 119, 138; see also disability impairment role 87 individual body 179, 180 individual characteristics/attributes 29 - 30individual responsibility for health 33-5, 36-7, 39-40, 41, 63-4 inequalities 7, 15, 47-76; background and context to debate 48-54; Black Report 54-60; challenges and responses to Black Report 66-72; chronic illness and disability 117, 118–19: explanations for 60–6 infant mortality 50-1, 71; Black Report 55, 58-60 infectious diseases 51, 112-14, 116 informal care 132, 167 Institute of Economic Affairs 68-9 interaction see doctor-patient relationship interactional problems: disabling illness 122-3; dying in hospital 158 - 60interactionism 7-8, 26-7; see also negotiation model internal market 10 International Classification of Impairments, Disabilities and Handicaps 118 International Journal of Health Services 69-70 invisible death 147-8 James. N. 163

Jefferys, M. 27, 28, 53, 117 Jenkin, P. 60 Jennett, B. 115 Jewson, N. 60, 75 Jobling, R. 127 Johnson, B. 39 Jones, S. 200 Kadushin, C. 117 Karpf, A. 103 Kellehear, A. 151–3 Kelly, M. 100, 131, 136, 198; chronic illness and the body 191 - 3King's Fund 71 Klein, R. 69-70 knowledge 14-15, 18-46; of impending death 155-6; lay/professional divide 20-8, 34-5; see also health beliefs; lay knowledge Kubler Ross, E. 151, 158 labelling theory 22-3 Lasch, C. 188 Law, C.M. 62 Lawrence, C. 190 lay beliefs see health beliefs lay epidemiology 40-5, 193-4 lay knowledge 14-15, 18-46; patient expertise 81, 100, 126-7; risks and HIV/AIDS 195 lay/professional divide 20-8, 34-5, 181 - 2lay referral 21-2, 24-8 Lee, R. 39 legitimation 125-6 Lenny, J. 188 life expectancy 113-14 lifestyle: causes of illness 29-30; consumerism and the body 184-6; government policy and 36-7; and inequalities in health 63-4, 74; managing chronic illness and disability 132–3; risk and the body 193-6; see also behaviour limits of the body 179, 200 litigation 105 'living wills' 169–70 Lock, M.M. 179-81 London School of Hygiene 53

loneliness 167 Lupton, D. 189 McIntosh, J. 95, 162 Macintyre, S. 72-3 McKeown, T. 113, 114 McKinlay, J.B. 25 Macmillan, H. 51 Magee, B. 177 Maguire, P. 126 malpractice litigation 105 management of illness: and the body 192-3; chronic illness and disability 122, 123, 129-33; doctor-patient relationship 99-100 managerialism 106, 108-9 Manning, P. 180 marital status 73 market, internal 10 Marmot, M. 58 Marsh, C. 48 Martin, B. 186 Martin, E. 187 Martin, J. 115, 120 Marxism 52, 90–1 mass media 103 material resources, measures of 73 materialism 64-6 maternal mortality 50-1 Mead, M. 173 Mechanic, D. 24, 117 media, mass 103 medical care/social care boundary 114 - 15Medical Defence Union 105 medical dominance/power 6; changing doctor-patient relationship 81, 83, 101-7; lay/professional divide 21-4, 34-5 medical encounters 23-4, 93-5; see also doctor-patient relationship medical information 103, 159 medical labels, demands for 101-2 'medical model' 6, 11 medical power see medical dominance/power

medical sociology 2-3, 53, 200-1; and the body 189–98; changing outlook 11-14; emergence of health beliefs 29-35: lay/professional divide 21-8: perspectives 3-8 medical treatment see treatment medicalisation 27, 101; of childbirth 91-2; of death 147-8, 157-8 mental health 11-12, 104 millennium 142-3 mind 174-6 minority ethnic groups 58, 59-60, 71.75 modernity 13, 150-1 Mohan, J. 10 moral dimensions 33, 45 morbidity 54 Morgan, M. 132 mortality rates 50-1, 54-5, 56-60, 61, 71, 116-17; and ethnicity 58, 59-60; social class and 56-8, 58 - 9motor impairment 117-18 Mouzelis, N. 182 multiple sclerosis 100, 138 mutual pretence 159-60 narratives 126, 134-6 National Health Service (NHS) 2. 51: consumerism 106: 'illness service' 35, 36; internal market 10; managerial revolution 106; setting for medical encounters 95 - 6natural death 156 Nazism 142 negotiation 7-8; chronic illness and disability 16, 129-33; model of doctor-patient relationship 7-8, 80-1, 92-8 Nettleton, S. 106, 194

networks, social 24–8, 131–2

- new genetics 173, 200
- new social movements 81, 103
- Nietzsche, F. 176--7
- nursing: care of dying patients 161-3; 'new nursing' 103-4

- Oakley, A. 91-2
- O'Brien, M. 88
- occupational class 50, 54, 55-6; see also class
- Office of Population Censuses and Surveys (OPCS) 59, 119-20, 139
- official information 45; *see also* health promotion
- older people 11; awareness of dying154–7; care when dying 167–8
- Oliver, M. 115, 137, 139, 188
- open awareness 160, 161-3

Open University 50

- optimistic bias 34
- other, death of 147
- Ots. T.180
- outcomes of care 12, 107-9
- pacification of society 148-9 Pakistani minority groups 59-60 palliative care 161, 165-6, 169; see also hospice movement Parsons, T. 6, 22, 101, 124; consensus model 4-5, 80, 82-7 patient deference 6-7, 28, 84, 89-90 patient-doctor relationship see doctor-patient relationship patient expertise 81, 100, 126-7 patient satisfaction 6, 95, 108-9 patients as consumers 10 'Patient's Charter' 82, 106 Patrick, D. 116, 117, 118 patterns of illness 8-9, 81, 99-100, 111.112-16.116 Peach, H. 117, 118 personal responsibility for health 33-5, 36-7, 39-40, 41, 63-4 perspectives, medical sociology 3-8 Peters, T.J. 37-8 phenomenology 179-81, 195-6 philosophy 174-8 Pierret, J. 134-6 Pill, R. 36-8, 39 Pinder, R. 138 pluralism 21, 81, 102–3 Polhemus, T. 178-9 policy: emphasis on individualism

33-4, 35, 36; inequalities and 70, 71, 75-6; research and 11, 27-8, 38 - 9pollution, body and 179, 193 Popper, K. 175 Porter, M. 104 post scarcity values 184-6 postmodernism 12-14, 184-6 Pound, P. 97 poverty 50-1; Black Report 60, 64-6, 71; chronic illness and disability 117, 118-19; rediscovery of 5-6, 7, 52 power: countervailing 94-5; medical see medical dominance/power; professional 79, 82-3 premature death 55 preparations for death 153 prepared death 156 pretence, mutual 159–60 prevention of illness 28, 35, 116; see also health promotion private health care 95-6 problem-based coping 130, 131-2 professional power 79, 82-3; see also medical dominance/power progress, social 7 psychiatrists 2 psychological health 11-12, 104 public health 12, 28, 47; campaigns 50–1; history and inequalities 50 - 3quantitative data 47–8 quick death 156 Radley, A. 130, 133 Rayner, G. 90 reflexivity 10-11 relative poverty 65 relatives 144, 162, 167, 168-9 relativism 20 remote and imminent death 146-7 reproduction/childbirth 91-2, 104 research: evaluative 107-8, 108-9; disability movement and 16, 138-40; and policy 11, 27-8,

38-9

reserve of health 30-1 respiratory illness 122 responsibility for health 39-40: individual 33-5, 36-7, 39-40, 41, 63 - 4restraint 148-9 restructuring 10-11 reunion, death after 156 rheumatoid arthritis 122 risk: and the body 17, 193-8, 200; class and risk behaviour 63-4, 74; perspectives on 195–6 risk management strategies 197 Roberts, H. 91 Robinson, D. 25-6 Robinson, I. 100, 126, 127 Robling, M.R. 37-8

Roth, J.A. 114

Sachs, H. 27, 79 sanctioning 26 Scambler, A. 25 Scambler, G. 130-1 Scheper-Hughes, N. 179-81 Schopenhauer, A. 177–8 Schutz, A. 178 Seale, C. 157, 164–5, 166–8 selection, social 62, 67-8, 69-70 self 2; biographical disruption 124-6; body and 173, 179, 180, 192–3, 197–8; body-self 179, 180: chronic illness and disability 130-1, 132-3, 134-6; death of the self 146; modernity and selfhood 13 self-management techniques 16, 124, 129-33 Sen. A. 65 service sector 62 Shakespeare, T. 139, 140 'shared care' approach 96-8 Shilling, C. 172 Shoemaker, S. 175 sick role 4-5, 84-7 significance of illness 124-5 silence about death 156 Silverman, D. 95-6

Simon, J. 116

Singer, E. 125 smoking 63-4 social action 71-2 social body 179, 180 social care/medical care boundary114-15 social change 5, 8-14 social circumstances 42, 43 social class see class social cognitive approach to risk 195 - 6social control: body politic 179, 180-1; sick role 4-5, 85 social death 158 'social drift' 62. 117 social hierarchies 48-9, 123, 182 social mobility 49, 62, 67-70 passim, 74, 117; see also class social networks 24-8, 131-2 social oppression, disability as 137 - 8social position 72-3; indicators 73; see also class social progress 7 social representations 29 social risk 197-8 social security 119 social selection 62, 67--8, 69, 69-70 social structure 10-11, 83-4; explanations for inequalities 64 - 6social support 131-2 social surveillance 50, 95 socio-medical model of disabling illness 116-21 soul (mind) 174-6 spouses 132, 167 Stacey, M. 9, 106 Standardised Mortality Ratios (SMRs) 55, 56-8, 61 statistical data 50, 61 stigma 125, 135 Stimson, G. 88–9, 90, 93–5 Stone, D.A. 115 Stott, N.C.H. 36-7, 39 strategies 129, 131-2 Strauss, A. 24, 80, 121; awareness of dying 157, 158–61, 163; chronic

illness and disability 121-2, 124, 128, 129, 130, 132-3 stress 45 Strong, P. 6, 21, 23–4, 50, 53, 90 structural transformations 142 structuralism 64-6 style of illness management 129, 132 - 3subjective health assessments 28 Sudnow, D. 158 surgical ward 161-2 surveillance, social 50, 95 suspicion awareness 159 symbolic systems 19 Szreter, S. 113 tame death 146 Taylor, D. 115 temporalising 26 Thatcher Administration 53 Thorogood, N. 197 time 7-8; and inequalities in health 74-5; temporal dimension of chronic illness 114 tonsillectomy 23 Topliss, E. 119 Totman, R. 130 Townsend, P. 52-3, 119; Black Report 48, 53, 55-65 passim; dispute with Klein 69-70 tranquillisers 197-8 transplantation 173 treatment: impact on everyday life 123, 126-9; risk and the body 196 - 8

'trivial complaints' 79

trust 84

tuberculosis (TB) 113

Tuckett, D. 96-7

Turner, B. 173, 175, 176, 178, 183

Turner, V. 178

20-07 study 73

uncertainty 168–70 'Uncle Norman' figure 44 utilisation of health services 24–6, 27–8 vacuum, health-in-a- 30-1 Vagero, D. 50, 51, 64, 68, 72, 76 vocabulary of motives 185 voluntary euthanasia 169-70 Wadsworth, M. 5, 28 Waitzkin, H. 90 ward organisation 161-3 Warren, M. 117 waste, body 179 way of life see lifestyle Webb, B. 93-5 Weber, M. 173 Webster, C. 113 weight control 41 welfare state 51 well women's clinics 104 Wells, N. 113 Whitehead, M., The Health Divide 48, 58, 59-60, 68 Wiener, C. 122

Wilkinson, R. 71 Williams, G. 125 Williams, R. 33, 44, 72-3; awareness of dying 154-7 Williams, S. 127, 128, 131-2, 174, 176 women 71, 73-4, 104; constructionism and the body 186--7; doctor-patient relationship 91-2, 104; see also feminism Wood, P. 118 World Health Organisation (WHO) 118 Wyke, S. 73 Young, A. 45

Young, E. 168 Young, M. 164

Zola, I. 26, 27, 101