

Health

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HEALTH

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Preface

There are many books on health, disease, and illness written from a biological or medical perspective. These provide some insight into the issues, but tend to marginalize the social factors affecting health and well-being. They also contain little guidance on how to make sense of different patterns of health care provision. This book offers an introduction to some of the alternative accounts of these processes developed by sociologists and other social researchers. It has been written with three audiences in mind—those requiring an introduction to the sociology of health and illness; those undertaking introductory courses in medical sociology; and those, such as nurses and health visitors, who are likely to encounter sociological ideas as part of their education and training.

Many people have inspired and supported me over the past twelve years. To Helen Chalmers, who encouraged my efforts to make sociological ideas relevant to health professionals, I owe a special debt. To Meurig Horton and Simon Watney, I am grateful for constant reminders that the analysis of health, illness, and disease is, and must always be, a political issue. To Ian Warwick, I am grateful for his personal support and his critical reading of parts of this book. And to Len Barton, Helen Thomas, Marilyn Toft, Stuart Watson, and Geoff Whitty I am grateful for their friendship, humour, and commitment in these difficult times. Finally, I must thank Andy, without whose love, support, and understanding this book could never have been written.

Peter Aggleton

Defining health

There are many words that we think we understand until we begin to question what they mean. 'Health' is one of them. At first sight, the word looks quite straightforward. It identifies a state of being to which most of us aspire—a 'blessing', a desirable quality, but one which we are often told money cannot buy. But if we pause for a moment to think just what health is, the picture becomes more complicated.

For the sports enthusiast, health may be equated with physical fitness: the ability to finish a race in a certain time, or the ability to swim so many lengths of the pool. For others, health may be the feeling of contentment that comes from less active pursuits such as cultivating a sun tan while lying on the beach. For many of those who are young, health may be associated with participation in a variety of activities, whereas for many people over 75, health may be the ability to undertake a more restricted range of actions, such as being able to get out to the local shops every day. For some, it may be healthy to begin the day with a hefty breakfast of bacon, eggs, and fried bread. For others, muesli and home-made yoghurt may suffice. For yet other people, an early morning run followed by a cup of black coffee, and that alone, may be seen as the best way to begin the day. Clearly there is little consensus about what health is: at least when defined in these terms, still less is there agreement about the means by which it can be achieved.

The situation is further complicated by the fact that some people may be healthy according to some criteria but not

others. Consider for example the case of sports enthusiasts who are highly skilled in their favourite team sport but who consume five pints of lager after every match—are they healthy or not? Think about well-adjusted, happy and outward-going chefs who happen to weigh 17 stone—are they healthy or not? Think for a moment about well-liked and reasonably content teachers who smoke thirty cigarettes a day in order to cope with their job—are they healthy or not? And what about people who are the life and soul of the party but who curl up in bed and cry themselves to sleep every night—are they healthy or not?

These examples raise important questions about the difference between physical and mental health—the ability to carry out a range of physical activities and the ability to cope psychologically with the demands of everyday life. While this book will not specifically focus on mental health, except in so far as it has the potential to inform our appreciation of the social dimensions of health, it is important to recognize from the start that health is a multifaceted phenomenon.

Activities

- 1 **Try to decide which of the following six people is physically healthy and which is mentally healthy. Give each person a rating from 1 to 5 on each of these qualities. 1 is very unhealthy and 5 is very healthy. Make a record of your personal decisions.**
- 2 **Discuss your feelings with others and try to reach a consensus or agreement about each person. Why is it hard to agree about some of the people described?**
 - **Brenda works in an office and enjoys going out dancing with her girlfriends. She also likes to diet and has lost two and a half stone over the past six months. She is really pleased that she now weighs six and a half stone.**

- **Paul is a 50-year-old farmer. He enjoys working out of doors, especially in the summer. Last year he discovered that several of the freckles on his arms had started to itch and grow in size. They now bleed when he scratches them. He is not worried about this and carries on as normal.**
- **Suzie is 36 and owns a small antiques shop. Every lunchtime she likes to go to the local pub along with a couple of friends in the antiques trade. Between them they manage to consume two or three bottles of red wine.**
- **Steve works as a mechanic in a garage. He considers himself fit, plays football at weekends, and trains once a week. Every season, he seems to run into problems. This time it's his knee which is playing him up. As a result, he has had to take a few weeks off work.**
- **Wendy is 24 with two young children. She rarely goes out except to do the shopping and spends much of her time watching television. She enjoys the crisps, soft drinks, and savoury snacks that are always to hand when the television is on.**
- **Kevin is a committed Christian. He prays four times a day and attends church twice on Sundays. He thinks that AIDS is God's revenge on perverts and promiscuous people.**

Given what has been said so far, it is going to be important for us to develop our understanding of health more fully so that we can identify some of the different ways in which the term is used.

Defining terms

Social scientists, like most people, need to reach some consensus about what words mean if they are to communicate effectively with one another. They do this because the terms

they use—words such as family, class, gender, race, age, mobility, crime, deviance, health—are the concepts or building blocks out of which more substantial theories are constructed.

There are many ways of defining health, but generally speaking these can be divided into two broad types. First, there are what we can call *official definitions*—the views of doctors and other health professionals. Then there are more popular perceptions of health—the views of those who are not professionally involved in health issues. These *lay beliefs* about health, as they are sometimes called, are no less important than official definitions, since they influence the ways in which people understand and respond to health issues. They co-exist alongside official views about health, and they even inform the actions of doctors, nurses, health visitors, and health education officers.

Beliefs about health vary from place to place as well as at different times in history. For example, health may be perceived very differently in a community in which many children die within the first year of life and in which adult life expectancy is low, than in a situation in which everyone is well-fed and where adults live into their 60s and 70s. Similarly there are those for whom the term health currently conjures up visions of jacuzzis, saunas, health farms, and designer tracksuits—imagery that would have been unthinkable fifty years ago, and imagery that may be similarly unthinkable in fifty years' time. Health is therefore a relative quality—relative that is to the surroundings and circumstances in which people find themselves.

Arthur Kleinman (1980) has offered a framework which goes some way to explaining the existence of these competing views about health. He distinguishes between three environments, or *arenas*, in which healing can take place: the popular arena, the folk arena, and the professional arena. The first of these is often the home or community within which we live. The second arena is the one in which non-professional healing specialists—such as clairvoyants, faith healers, and herbalists—operate. The third arena is made up of modern professional bio-medicine as well as what Kleinman calls the

professionalized healing traditions of Indian, Chinese, and native American medicine.

Each of these three arenas gives rise to a particular set of health practices and activities. Modern bio-medicine, for example, emphasizes the value of drug therapy and, in appropriate circumstances, surgery. Similarly at home, emphasis may be placed on the value of hot drinks and keeping warm as treatment for health complaints. Associated with the health practices of each arena are ways of understanding health and health issues, which make the actions taken in it seem sensible and logical. These beliefs about health circulate within each of the three arenas, but occasionally cross over from one arena to another. For example, the belief that colds are caused by failing to wrap up well in winter (a widespread view in the popular arena in Britain and North America today) may also inform the actions of doctors and other health professionals. This, and not the logic of the professional arena, may encourage them to advise their clients to wear a warm overcoat when going out in winter.

Official definitions of health

Official definitions of health are of two main types. First, there are those which define health negatively, as the absence of certain qualities such as disease and illness. Second, there are those which adopt a more positive stance. We need to consider both of these kinds of definitions if we are to develop a comprehensive understanding of what health is.

Negative definitions

There are two main ways of seeing health negatively. The first equates it with the absence of disease or bodily abnormality, the second with the absence of illness or the feelings of anxiety, pain, or distress that may or may not accompany disease.

Disease is usually understood as the presence of some pathology or abnormality in a part of the body. Bacteria and viruses cause many diseases. Measles and smallpox are

diseases. Cancer is a disease. With the advent of modern biomedicine (medicine founded on biological principles), this way of understanding health has become particularly widespread.

It is important to recognize, however, that diseases may or may not be accompanied by feelings of anxiety or distress. Some people may be diseased without even knowing it: this is often the case with minor infections. On other occasions, it may be some time before an abnormality or disturbance in the body's functioning makes its presence known. For example, someone's teeth may have been decaying for some time before they experience pain and visit the dentist.

David Field (1976) has drawn an important distinction between the kinds of abnormalities that signal disease and the feelings that individuals have about themselves. When the latter take the form of pain or discomfort, the person is said to be ill. *Illness* is therefore a subjective experience, and one, moreover, that may or may not accompany disease.

Often subjective feelings of distress do accompany disease. Think back to the last time you had a cold: did you feel excited or happy about it? Or did you feel tired and depressed? On other occasions, however, people can feel ill in situations where doctors may be quite unable to detect any underlying pathology. In these circumstances, they may be accused of malingering or perhaps of being neurotic. However, to be labelled thus may not make the subjective feelings of illness any the less intense. Indeed, it may actually increase them.

Health as the absence of disease

According to one negative definition of health, people are healthy so long as they show no signs of bodily abnormality. This is the case regardless of how they feel about themselves.

A number of problems have been raised with this way of defining health. In particular, it has been suggested that the notion of abnormality or pathology implies that certain universal 'norms' exist against which an individual can be assessed when making the judgement whether they are healthy or not—'norms' that is which relate to the way in which the

body should function when it is healthy. Sally Macintyre (1986) has, however, questioned whether such standards actually exist. Her research points to wide variations in human anatomy and physiology. Furthermore, as we have seen, deviation from these ‘norms’ is not always accompanied by feelings of distress. This line of reasoning has led some social scientists to define health rather differently, as the absence of illness.

Health as the absence of illness

Illness was earlier defined as a set of unpleasant feelings that may or may not accompany disease. In contrast to disease, which is generally diagnosed for us by a doctor or other expert, illness is something which is experienced. According to this definition, therefore, so long as someone does not experience anxiety, pain, or distress, they are healthy.

There are, however, some problems with defining health in these terms. First, the definition can be accused of *relativism*—of suggesting that health is a purely subjective experience. While it may be important to know about individuals’ feelings about their health, there may be some experiences that are common to particular social groups. Elderly people, for example, may have different health expectations from those who are young, as may those who live in poverty compared with those who live more affluently (Blaxter and Paterson 1982). A second problem with the definition stems from the fact that it allows us to define health only after the event. That is, we know whether someone is healthy or not only after they have reported feelings of well-being or illness. This may not be particularly helpful if we are planning to help people avoid ill-health in the first place.

Positive definitions

In a recent book, David Seedhouse (1986) has distinguished between a number of different ways of defining health in positive terms. All of these suggest that health can be

characterized by the presence of certain qualities. Five of these approaches are seen as particularly important.

Health as an ideal state

In 1946 the World Health Organisation (WHO) defined health in a way very different from any of the definitions so far considered. It defined it as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO 1946). While this kind of definition sets high targets to be achieved, it has been criticized for its idealism, for specifying a state of being which it is impossible to attain. It also puts forward a rather absolute view of health by suggesting that we are all unhealthy unless we have attained complete physical, mental, and social wellbeing.

Activities

1 Make a list of the qualities you would expect someone to display if they were

- **physically healthy**
- **mentally healthy**
- **socially healthy.**

2 Discuss your list with others in groups of about four. Identify the features about which there is agreement as well as those about which you disagree. Why is it easier to reach agreement on some qualities than others?

Nevertheless, WHO's definition has acted as an impetus for other similar attempts to clarify the meaning of health. Linda Ewles and Ina Simnett (1985), for example, have added a