**Illness Behaviour & Lay Experiences**

[2](https://slideplayer.com/slide/6328020/21/images/2/Outline%2BLay%2BHealth%2C%2BBeliefs%2B%26%2BLifestyles%2BLay%2BProfessional%2BInteractions.jpg) **Outline Lay Health, Beliefs & Lifestyles Lay Professional Interactions**
Self Identity and Illness (stigma, deviance)Experience of chronic illness & disability

[3](https://slideplayer.com/slide/6328020/21/images/3/Illness%2BBehaviour%2BIllness%2Bis%2Ba%2Bsocial%2Bstate..jpg) **Illness Behaviour Illness is a social state.**
It is not just a disturbance of body and has social meanings and impacti.e. it is partially the result of disease but is also determined by social and cultural factorsSometimes a distinction is made between disease (medical definition) and illness (lay person’s perception)Can be sick but no symptomsCan feel ill but no disease/conditionDisease = pathological changes within the body which find expression in physical signs and symptoms.Illness = subjective experience of illness. Includes the interpretation and response to these signs & symptoms.

[4](https://slideplayer.com/slide/6328020/21/images/4/Defining%2BHealth%2BWilliams%2B%281983%29%2Bfound%2Bthat%2Blay%2Bdefinitions%2Bof%2Bhealth%2Bconsisted%2Bof%3A%2BAbsence%2Bof%2Bdisease..jpg) Defining HealthWilliams (1983) found that lay definitions of health consisted of:Absence of diseaseFunctional fitnessHealth as dimension of strength, weakness & exhaustionDefinitions of health vary between social, geographical & cultural contexts.Lay epidemiology is important to perception of disease prevention and health promotionBlaxter (1983): Whilst people consider diet, exercise and rest might contribute to health, they may not see such activities as preventing disease/illness. Blaxter found that the working class women she interviewed considered that the most common causes of disease to be infection, hereditary factors and agents of the environment.Lay epidemiology: people collect won knowledge. It recognises luck. E.g. view that ‘lazy slob’ who gorges on fatty food, smokes, drinks and doesn’t exercise is at greater risk of heart attack. Yet some people have a relative who’s that but outlives everyone.

[5](https://slideplayer.com/slide/6328020/21/images/5/Health%2Bbeliefs%2B%26%2BLifestyles.jpg) **Health beliefs & Lifestyles**
Sociology of lay health beliefs is of value to public health:Can contribute to an understanding of professional-patient interactionsCan provide insight into lay conceptualisation which affect compliance and health seeking behavioursUnderstanding people’s ideas about health maintenance and disease prevention is crucial to the effectiveness of health promotionCan contribute to our knowledge of informal healthcare (i.e. carers)

[6](https://slideplayer.com/slide/6328020/21/images/6/Types%2Bof%2BDoctor-Patient%2BRelationships.jpg) **Types of Doctor-Patient Relationships**
LowPhysicianControlHighPhysician ControlPatient ControlDefaultPaternalismConsumeristMutuality

[7](https://slideplayer.com/slide/6328020/21/images/7/Influences%2Bon%2BDoctor-Patient%2BRelationship.jpg) **Influences on Doctor-Patient Relationship**
Doctor’s orientation & practice styleDoctor’s communication skillsInfluence of timeInfluence of structural contextPatients’ expectations and participationConflicts in doctor-patient relationship

[8](https://slideplayer.com/slide/6328020/21/images/8/Functionalism%2BTalcott%2BParsons%2B%281951%29%3A.jpg) **Functionalism Talcott Parsons (1951):**
Physicians main function consisted of normalising ‘deviant’ illness through invasive treatment of the bodyWhen physicians assigned the ‘sick’ role to patients, they legitimatize a temporally limited state of devianceIn Parson’s theory, physicians not only treated people to retake their roles in the labour force and other institutions but they verified the legitimacy of illness, defining what qualifies as a bona fide reason to abandon temporarily responsibilities in societyIllness – related to work/fulfilling social obligations. Presence of illness must be sanctioned by the medical professionTalcott Parsons conceputalised physicians as being moral gatekeepers helping to maintain the integrative function of society

[9](https://slideplayer.com/slide/6328020/21/images/9/Sick%2BRole%2BTalcott%2BParsons%2B%281951%29%3A.jpg) **Sick Role Talcott Parsons (1951):**
Illness is disruptive for society as sick people are not able to fulfill their normal roles. It is a form of deviance.Society instituted a special role for sick people that functions to control amount of illness in society and to return sick people back to state of health as quickly as possible

[10](https://slideplayer.com/slide/6328020/21/images/10/Sick%2BRole%2BTwo%2BRights%2BTwo%2BObligations.jpg) **Sick Role Two Rights Two Obligations**
Sick people are exempt from performing their normal social rolesSick people are exempt from responsibility for their own stateTwo ObligationsTo get better as soon as possibleTo consult and co-operate with medical experts whenever severity of condition warrants it

[11](https://slideplayer.com/slide/6328020/21/images/11/Components%2Bof%2BSick%2BRole.jpg) **Components of Sick Role**
Promotes individual healthSocial control of occupancy of status ‘sick’Doctor as gatekeeper (legitimates illness and occupancy of sick role)Privileges dependent on dutiesPromotes health of societyControls number of people opting out of normal roles & responsibilitiesReturns sick people to health

[12](https://slideplayer.com/slide/6328020/21/images/12/Difficulty%2Bwith%2BSick%2Brole.jpg) **Difficulty with Sick role**
Difficult to apply the sick role theory to chronic illnessPermanent stateThe requirement is to enhance functioning and not encourage dependencyFriedson (1960) pointed out that physicians’ social functions extend far beyond the policy of sick role and process

[13](https://slideplayer.com/slide/6328020/21/images/13/Illness%2BBehaviour%2BOnly%2Bsmall%2Bnumbers%2Bof%2Bpeople%2Bwith%2Bsymptoms%2Bdecide%2Bto%2Bconsult%2BGPs%2B%28many%2Bself-medicate%29.jpg) Illness BehaviourOnly small numbers of people with symptoms decide to consult GPs (many self-medicate)People often discuss symptoms with others before the discuss them with their doctor (‘lay referral’)Lay referral network (Friedson, 1960)Patient experiencing symptoms would receive advice from a close relative before being referred to progressively more remote and expert peopleSee Friedson, E. Client control and medical practice. American Journal of Sociology, 1960, 65:

[14](https://slideplayer.com/slide/6328020/21/images/14/Deviance%2BDeviance%2Bsimply%2Bmeans%2Bnon-conformity%2B%28with%2Bsociety%E2%80%99s%2Bvalues/rules/norms%29.jpg) DevianceDeviance simply means non-conformity (with society’s values/rules/norms)People mistakenly use deviance to denote crime but crime is a particular form of devianceWhat is considered deviant is different between societies and within society over timee.g. Smoking once prominent, now increasingly becoming deviantHomosexuality and cohabitation were once deviant and are now accepted as norms

[15](https://slideplayer.com/slide/6328020/21/images/15/Primary%2B%26%2BSecondary%2BDeviance.jpg) **Primary & Secondary Deviance**
This is linked with the labelling theoryPrimary deviance is any general deviance before the deviant is labeled as such.Secondary deviance is any action that takes place after primary deviance as a reaction to the institutions.Illness behaviour is abnormal in that most people are not ill, or atleast not ill enough to change their behaviour, and it is unacceptablein that most people would prefer not to be ill. Illness can thereforebe seen to be deviant, but it is different from other forms ofdeviance in that the person is not usually held to be responsible.Labelling: being allocated to a category of illness. When someone is classified by someone whose expertise is socially accepted (i.e. a doctor giving a diagnosis) people see the label rather than the symptoms, e.g. mental illness or a long-term disability. The label carries social values, so a patient with a label of cancer maybe seen as deserving of sympathy, whereas the mentally ill person is stigmatised. It has been suggested that the effect of the label is to create further illness (secondary deviance).

[16](https://slideplayer.com/slide/6328020/21/images/16/Stigma%2B%28Goffman%29%2BBelief%2Bthat%2Bour%2Bsense%2Bof%2Bourselves%2Bdepends%2Bon%2Bhow%2Bothers%2Bsee%2Bus..jpg) Stigma (Goffman)Belief that our sense of ourselves depends on how others see usStigma is a condition, attribute or trait that sets the possessor apart from ‘normals’ and marks the individual as unacceptable or inferior (‘spoiled identity’)Stigma is a social construct - it is the way society perceives and receives a conditionIt varies over time, between societies and within societiesEg Epilepsy was once a ‘sacred disease’ to the ancient GreeksDeviance! /Social Interactionists

[17](https://slideplayer.com/slide/6328020/21/images/17/Stigma%2BStigmatised%2Bconditions%2Band%2Bbehaviours%2Bare%2Bassociated%2Bwith%3A.jpg) **Stigma Stigmatised conditions and behaviours are associated with:**
negative images,considerable fearor the condition or behaviour is common amongst groups regarded as deviant/undesirableE.g. HIV - feared (no cure), perceived as contagious and threatening to community, individual viewed as being responsible (‘victim blaming’) and associated with groups who are regarded as deviant.

[18](https://slideplayer.com/slide/6328020/21/images/18/Stigma%2BFelt%2Bstigma%2BEnacted%2Bstigma%2BCoping%2Bstrategies%2Bdepend%2Bon%3A.jpg) **Stigma Felt stigma Enacted stigma Coping strategies depend on:**
Shame associated with possessing a stigmatised conditionEnacted stigmaActual experience of avoidance and exclusion (schools, work, social)Coping strategies depend on:Perceptions of stigmatising condition (discrediting/discreditable)Individual’s self worth and personalitySocial supportDiscrediting - visible or otherwise known aboutDiscreditable - potentially discrediting if known about

[19](https://slideplayer.com/slide/6328020/21/images/19/Managing%2BStigma%2B%28Anspach%2C%2B1979%29.jpg) **Managing Stigma (Anspach, 1979)**
AcceptsRejectsPositive self-conceptNormalisationPolitical ActivismNegative self-conceptDisassociationRetreatism

[20](https://slideplayer.com/slide/6328020/21/images/20/Managing%2BStigma%2BStigma%2Bmanagement%2Bmoves%2Bamong%2Bgroups%2B%28family/employers%29%2Band%2Bover%2Bcourse%2Bof%2Billness..jpg) Managing StigmaStigma management moves among groups (family/employers) and over course of illnessFamily can support or ‘disable’ (by hiding it) or can feel ‘courtesy stigma’ by feeling associated with the stigmatising condition of the individualStigma can affect acceptance of a diagnosisStigma/ experience of illness leads to coping strategies and self-help groups.

[21](https://slideplayer.com/slide/6328020/21/images/21/Chronic%2BIllness%2BWHO%2Bclassification%2B-%2BInternational%2BClassification%2Bof%2BImpairment%2C%2BDisability%2B%26%2BHandicap%2B%28ICIDH%29.jpg) Chronic IllnessWHO classification - International Classification of Impairment, Disability & Handicap (ICIDH)Impairment (any loss or abnormality of psychological, physiological or anatomical function)Disability (any restriction or lack - resulting from impairment - of ability to perform an activity in the manner or within the range of activity considered to be normal for a human being)Handicap (a disadvantage for a given individual that limits or prevents fulfillment of a role that is normal for that individual

[22](https://slideplayer.com/slide/6328020/21/images/22/Benefits%2Bof%2BICIDH%2BFocus%2Bon%2Bimpact%2Bof%2Bpathology.jpg) **Benefits of ICIDH Focus on impact of pathology**
Focus on impact over timePossibility for common languageImplications for evaluation of service delivery

[23](https://slideplayer.com/slide/6328020/21/images/23/Social%2Bmodel%2Bof%2BDisability.jpg) **Social model of Disability**
The loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriersLinked to this:Biological disruption (looks at the impact of chronic illness/disease on individual)Expert patientExpert patient is a new approach to chronic disease management. Patients are seen as consumers, involved patients and self-management. Presumed benefits of reduced severity of symptoms, reduced pain, increased sense of control and life satisfaction. Some trial evidence of increased knowledge, self-management and reduction in clinical consultations.