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ABNORMAL The diagnoses in clinical medicine of a patient or group in the population as deviating from the medical definition of **normal** (q.v.). In Foucault's (q.v.) sociology the proposition is that concepts of normality are constructed by state and professional healing and helping occupations to facilitate the regulation of the population. Thus the contrast with abnormality is not 'normal' but the processes of normalization, in which individuals internalize professionally defined and enforced norms of behavior and regulate themselves (q.v. **Bachelard**; **bodyism**; **Canguihelm**; **fitness**; **normal**; **psy-professions**; **somatization**; **technologies of the self**).

ABNORMAL ILLNESS BEHAVIOUR A diagnosis in psychiatry based around a dispute between the doctor and the patient about whether the patient is sick or not. Either the doctor thinks that the patient has no underlying pathology despite the patient's claim to the contrary, or the patient denies the doctor's diagnosis that they are clinically sick. While the diagnosis is usually one determined by a psychiatrist, it is not an unusual characteristic of the doctor-patient relationship, particularly when it involves contersted diseases, such as

chronic fatigue syndrome, or diseases which may take a long time to be diagnosed, such as multiple sclerosis (Pilowsky, I. (1978) 'A general classification of abnormal illness behaviour', *British Journal of Medical Psychology*, 51: 131-7) (q.v. **chronic fatigue syndrome**; **consultation**; **diagnostic limbo**; **diagnostic shock**; **doctor-patient relationship**; **normal**; **Parsons**; **sick role**).

ABORIGINAL HEALTH SERVICES Established in the 1970s by the Australian Federal government and individual Australian states, specific education and health promotion programmes aimed at Australia's indigenous population. These programmes were set in place but have been unsuccessful in dealing with Aborigine's morbidity and mortality rates: fetal death rate of 14.4 per 1000 live births, compared with 6.8 for non-indigenous births; deaths from infectious disease are 14.7 times higher for Aboriginal males and 17.6 times higher for females than the non-indigenous population; life expectancy is 14-18 years lower for Aboriginal males and 16-20 years lower for females than for the non-indigenous population (q.v. **African Americans**; **American Indians**; **Canadian Inuits**; **Hispanic Americans**; **New Zealand Maori**).

ABORIGINALS The indigenous populations of colonized countries. Aboriginality is a marker for poorer health status and shorter life span in all cases and their condition has been captured in the idea that they constitute a third world in the first. Common to all Aboriginal cultures are a distrust of Western medical practices (combined with a rejection of their medical practices by Westerners); poor levels of funding for healthcare; a problem of attracting medical practitioners to their communities; and poor transportation and remote living conditions (Young, E. A. (1995) *Third World in the First: The Development of Indigenous Peoples*. London: Routledge) (q.v. **Aboriginal Health Services**; **African-Americans**; **American Indians**; **Canadian Inuit**; **indigenous peoples**; **New Zealand Maori**).

ABORTION The spontaneous expulsion or deliberate removal of the fetus before gestation is complete. Made illegal in the USA and the UK in the 1860s with the support of many early feminists, and forbidden by the Catholic Church in 1869. Anti-abortionists claim that all human life is sacred from inception. Pro-abortionists are either those who want reform so that abortion is acceptable when the life or mental health of the mother is at risk or those who argue that a woman should have full control over her body and should be able to have an abortion on demand. Struggles over the control of women's reproductive capacity have been central to the development of **feminism** (q.v.) and its medicalization widely criticized. When abortion is made illegal, as in Romania in

1966, the impact on maternal mortality is huge, as women source illegal, backyard terminations. In the Romanian case maternal mortality rose by 40 per cent over five years, and by 1989 was ten times higher than in any other Western country. Following the legalization of abortion in 1989 the maternal mortality rate was almost halved within a year (World Development Report. (1993) *Investing in Health: World Development Indicators*. New York: Oxford University Press) (q.v. **child-birth**; **life**; **new reproductive technologies**).

ACCIDENT PRONENESS A psychological theory that explains industrial accidents as a consequence of individual predisposition to cut corners and take risks at work. It overlooks the fact that workers have very little control over the rate and speed of their work, nor over the control of safety features, such as machinery guards or other safe work conditions. It also overlooks the fact that since many of these events are preventable they are not accidents at all (q.v. **blame the victim**; **Engels**).

ACCOUNTS OF ILLNESS In contrast to medicine in which the clinical interview elicits from a patient biological signs and symptoms of disease, qualitative researchers in health studies focus on the individual's experience of illness and sickness and how they actively make sense of it in the stories they tell both to other ill and well people. The ways in which individuals provide accounts of their illness are structurally determined (q.v. **agency**). Those with the strongest sense of control

acid rain

over what it is that is happening to them, and who cope best with the diagnoses of disease, also tend to be placed higher in the social structure, that is, have better access to information, time and money to cope with their condition, and therefore have a stronger sense of **locus of control** (q.v.) (q.v. **biographical disruption**; **chronic illness**; **clinical narratives**; **narrative accounts of illness**; **theodicy**).

ACID RAIN The product of industrial pollution, a combination of sulfur dioxides and nitrous oxides, it degrades the environment and contributes to respiratory problems. In a **risk society** (q.v.) the source of the pollution may be hundreds or even thousands of miles away (q.v. **life scapes**; **materialist analyses**; **popular epidemiology**).

ACUPUNCTURE The Chinese practice of inserting needles at what are held to be 'energy' points in the human body. It has been argued that the metaphor of the body as possessing specific points of vitality and power was derived from the structure of the Chinese economy, which was based on granaries and irrigation. At the cultural level Chinese medicine conceptualized disease as the outcome of social instability, caused by individual behaviour. The therapy was to drive out demons or magical influences with spears, which evolved into the use of needles at specific points of the human body (Unschuld, P. (1985) *Medicine in China: A History of Ideas*. Berkeley, CA: University of California Press) (q.v. **Chinese medicine**).

addict

ACTION BASED METHODS/RESEARCH

Research, in the **qualitative** tradition (q.v.), that has as its goal the transformation of the situation it is investigating, with an aim to improving the quality or delivery of services, or the experience of life events. It sees the researcher and the researched as working on a joint enterprise, with the researcher abdicating their role as expert. Action researchers tend also to focus below management level in addressing issues, seeking to find out about and transform the issues of participants in organizations. The contrast is with **positivist** research, in which the researcher stands apart from the subject under investigation (McNiff, J. (1995) *Action Research for Professional Development: Concise Advice for New Action Researchers*. Dorset: Hyde Publications) (q.v. **bias**; **positivism**).

ACTOR-NETWORK THEORY An approach in the sociology of science, which argues that scientific knowledge, rather than being discovered, is produced out of the interactions of researchers, instruments, and their laboratories. The theory has been particularly important in the anthropology of science, in which Western science is approached on the same basis as an anthropologist would investigate other indigenous knowledge systems (Latour, B. (1987) *Science in Action*. Cambridge: MA: Harvard University Press) (q.v. **Fleck**; **medical technology**; **social constructionism**; **social construction of technology approach**).

ADDICT Central to construction of the 'drug problem' is the concept of the addict

as personality characteristic. Late nineteenth-century medical practitioners looked on opiates and narcotics favourably and as an important part of their treatment regime. In the 1930s, the US Department of Health took the position that the drug addict had a psychopathic personality, was potentially a criminal and had sociopathic tendencies. The Harrison Act of 1914 made opiates and narcotics available only on prescription and criminalized addiction, and in 1934 the American Psychiatric Association's diagnostic handbook listed it as a psychiatric disease. The impact was to drive drugs underground to become the centre of huge illegal activities. While individuals can become addicted to legally prescribed drugs they are not classified as activities 'addicts' (Berridge, V. and Edwards, G. (1987) *Opium and the People: Opiate Use in Nineteenth Century England*. New York: St Martin's Press) (q.v. **addiction; alcoholism; medicalization**).

ADDICTION Psychologists, medical practitioners and psychiatrists explain addiction as: a chemical process, in that some people's brains are such that they are chemically programmed to become addicted to some substances; a psychodynamic process, that is, based on unresolved underlying tensions in the person's life; or, in the social learning approach, the product of the individual's upbringing where they have learnt inappropriate forms of behaviour. From a health studies perspective, these approaches are all variants on approaches that **blame the victim** (q.v.). Sociologists have demonstrated that rates of addiction are highly correlated with the experience of inequality.

The poor, the disadvantaged, the unemployed and the homeless, as well as those in low status jobs – the socially excluded, with low social support and high stress – are most at risk of addictive behaviours. Furthermore addiction should not be considered as a lifestyle choice (q.v.) but the product of social relationships (q.v. **health determinants; social exclusion; social inequality**).

ADVANCED CARE DIRECTIVES Instructions to medical personnel prepared in advance by the patient in the event of developing a terminal illness or experiencing a life threatening injury. The patient may designate another person to make decisions about their treatment if they are unable to make or communicate their decisions. Under the 1990 Patient Self-Determination Act (USA) all patients entering a health institution funded by Medicare or Medicaid, must be supplied with information about advanced care directives (q.v. **death; do not resuscitate; euthanasia; life; hospice movement; physician assisted suicide**).

ADVERSE DRUG REACTIONS The recognized health damaging consequence of taking a medically prescribed drug. By contrast medical professionals define adverse drug reactions as side effects and as acceptable, though uncomfortable, for the patient. The size of the problem is significant, with the former chief executive of SmithKline Beecham, a major international pharmaceutical company, George Poste, estimating 100,000 deaths annually

from adverse drug reactions in the United States (Poste, G. (1998) 'Molecular medicine and information-based targeted healthcare', *Nature Biotechnology*, 16: 19–21) (q.v. **iatrogenesis; side effects**).

AFFECT MANAGEMENT The idea that we systematically manage our emotions in social interactions. The idea in general has always been part of **symbolic-interactionist** (q.v.) accounts of social life, and particularly in the work of Erving Goffman (1969) *The Presentation of Self in Everyday Life* (Harmondsworth: Penguin). Similarly, Strauss pointed to 'sentimental work' and to the way in which nurses had to manage their emotions in the face of unexpected deaths in hospitals (q.v. **dying trajectory**). In more recent literature a distinction is made between emotional labour, in which, as part of our employment we must manage our presentation of self, and emotion work, which is part of our interaction in the domestic sphere. The concept has had wide application in the sociology of nursing (Hochschild, A. (1983) *The Managed Heart: Commercialization of Human Feeling*. Berkeley: University of California Press) (q.v. **doctor–nurse game; emotions; nursing**).

AFRICAN AMERICANS Organized medicine is both shaped by and shapes racism, prejudice and discrimination. In America medically legitimated knowledge has been used to subjugate African Americans and to justify their unequal social status. The impact on their health status has been devastating: they are at 1.5 per cent higher

risk of dying from the major causes of death than Caucasians. They are at higher risk of all preventable illnesses: hypertension, substance abuse, kidney disease and heart disease. Approximately 1 in 10 have diabetes, while tuberculosis rose by 26 per cent between 1985 and 1992. African American women die at the rate of 4:1 compared with Caucasian women, while African American men die almost ten years earlier than their white counterparts. The AIDS virus is also distributed by **ethnicity** (q.v.) with 53 per cent of all AIDS carriers being African American women and adolescents. 'The problems that beset African American communities seem to be nearing genocidal proportions' (Tomes, H. (1998: 25) 'Health status and needs of diverse communities,' in V. Cancela, J. Chin and Y. Jenkins (eds), *Community Health Psychology*. New York: Routledge) (q.v. **Hispanic Americans**).

AGE In Western societies the biological length of a person's existence measured in years. From a sociological perspective biological age is not necessarily equated with social functioning and the impact of 'age' is mediated by political and economic factors, such as compulsory schooling, voting and retirement ages. From a political economy and feminist perspective definitions of age and experiences of the ageing process are shaped by labour market requirements and the requirements of socially defined masculine and feminine social roles (q.v. **ageing; intergenerational conflict; triple jeopardy**) (Estes, C. (1979) *The Ageing Enterprise*. San Francisco: Jossey Bass).

AGEING In a taken for granted sense the biological and psychological experience of the lifecycle from birth to death. Psychological theories focus on the role of the individual, in for example, **disengagement theory** (q.v.) which emphasizes the 'natural' and inevitable separation of the individual from social roles. On the other hand, activity theories emphasize the continuities of the ageing person with their life-time roles, counteracting ageist stereotypes of the elderly as of little or no social value. However, psychological theories, based on biological assumptions, study the ageing process in the absence of any account of the impact of the differential and unequal impact of class, gender and ethnicity on ageing populations, particularly women (Estes, C. and Linkins, K. (2000) 'Critical perspectives on health and aging', in G. Albrecht, R. Fitzpatrick and S. Scrimshaw (eds), *The Handbook of Social Studies in Health and Medicine*. London: Sage).

AGEISM The ascription of negative social characteristics to the chronologically old that have embedded in them unwarranted assumptions of decline, dependency and despondency (q.v. **Alzheimer's disease**; **ageing**; **disengagement theory**; **gerontology**; **intergenerational conflict**).

AGENCY A term used by sociologists to capture the idea that individuals have scope for action notwithstanding the way that they are constrained by social structures. Talcott Parsons for example argued that sickness could be considered a form of

motivated deviance, that is, the individual's response to social strain. In particular he saw the nuclear family as a major social structure, which because of its intense demands around childrearing and the maintenance of adult personalities, as destructive. Thus individuals did not respond passively to their social roles but negotiated and challenged them (q.v. **Parsons**; **sick role**; **social structure**; **voluntaristic theory of action**).

AGE-SPECIFIC RATE The number of cases per 100,000 persons per year for a specific, narrow age range. Five-year groups are commonly used.

AGE-STANDARDIZED RATE A procedure whereby weighted averages of age-specific rates are used to modify rates to a standard population in order to minimize the effects of differences in the age composition of specific populations. For example, since cancer is more common in older age groups, a population that is older will have a higher crude incidence rate. Age standardized rates allow comparisons of groups of people from different backgrounds and age structures.

AGORAPHOBIA From the Greek meaning literally fear of the market place, a diagnosis in psychiatry of an inability, usually in women, to leave the house. In sociological accounts its origins lie in the development of occupations that drew women out of the home at the end of the nineteenth century and the beginning of the twentieth

century (for example, clerking, school work and nursing). This development in the labour market simultaneously challenged the authority of the Victorian husband, who perceived himself demeaned by having a working wife who had independence from him, and set up tensions for the women who were torn between going out to work and keeping a good home. One solution – both for the women who experienced this tension and for their husband who wanted to retain control over them – was to medicalize the wife, such that she could not leave the home: she was diagnosed as having agoraphobia (de Swann, A. (1981) 'The politics of agoraphobia: on changes in emotional management', *Theory and Society*, 10: 359–85) (q.v. **drapetomania**; **hysteria**; **masturbatory insanity**).

AIDS (Acquired Immune Deficiency Syndrome) referred to as HIV/AIDS (q.v. **ARC**). Commonly accepted to be a disease caused by the human immunodeficiency virus (HIV) and first diagnosed in 1979–80 in the USA. Although from the start the disease was found in heterosexual and monogamous gay men it was linked to promiscuous gay lifestyles and originally called Gay Related Immune Deficiency (GRID). It is a prime example of the blending of moral prejudice and claimed scientific facts in the labelling and stigmatizing of a 'deviant' group. It is of considerable interest to sociologists of medical knowledge who have shown the contingent nature of claims about AIDS; historians of medical science, who have

demonstrated the close interface between explanations of AIDS and cultural values related to sexuality; and gay activists who have contested the professional knowledge-claims of medical science. The medical community has itself been deeply divided about the cause of AIDS with some denying the role of HIV altogether; and many third world countries have refused to accept the diagnostic label on the grounds that it masks the politics of imperialism, starvation and poverty (Epstein, S. (1996) *Impure Science: AIDS, Activism, and the Politics of Knowledge*. California: University of California) (q.v. **morality and medicine**).

ALCOHOLISM The disease model of alcoholism has provided sociologists with an example of the development of medical thought in the twentieth century. Alcohol in the nineteenth century was conceptualized in terms of its effects on the body. The body was an object on which disease could be mapped. In the twentieth century the technical medical discourse merged with psychological discourse to make compassion and the social aspects of medical care part of the skill of medical practice. In the psycho-bio-social model socio-moral judgments joined with the biophysical and fused to make a new medical discourse in which the patient's subjectivity was as much a focus as their biology. In this model alcoholism is a failure to cope with social roles, manifest in addictive behaviour with biological outcomes. (Arney, W. and Bergen, B. (1984) *Medicine and the Management of the Living*. Chicago:

Chicago University Press) (q.v. **gambling; medicalization; repetitive strain injury**).

ALIENATION Marx's account of the experience of work under capitalism. Workers are alienated in four inter-related ways: 1 from what they produce; 2 from control over the production process; 3 at the fundamental level the worker is alienated by having to sell what makes him or her human, his or her labour power; and 4 from other workers. Lack of autonomy at work, lack of control over the production process and separation from fellow workers are all now supported in empirical research as causes of disease (Karasek, R. and Theorell, T. (1990) *Healthy Work: Stress, Productivity and the Reconstruction of Working Life*. New York: Basic Books) (q.v. **Engels; job strain; Marx; occupation and health**).

ALLIED HEALTH WORKERS A term used to describe all those who work under the control and at the direction of legally qualified medical practitioners (q.v. **medical dominance**).

ALLOPATHY/ALLOPATHIC The noun and adjective for Western medical practitioners, who emphasize their secular, scientific training in natural sciences and locate disease in the individual's body. The individualistic and biologicistic (q.v. **Cartesian**) definitions of health and disease have been challenged from their inception by those who emphasize the social determinants of health and disease, and who argue that the claimed 'scientific' status of medical knowledge obscures a range of **social**

control (q.v.) functions in which definitions of disease are often thinly veiled descriptions of the failure to perform social roles. Ironically, given its current dominance, the term was coined by one of the fiercest opponents of orthodox medicine in the USA, Samuel Hahnemann (1745–1843), to distinguish it from his holistic homeopathic method (q.v. **homeopathy; morality and medicine; social construction/constructionism**).

ALMA ATA DECLARATION The World Health Organization's statement of 1978 which aimed for the 'attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life' through the provision of primary health care 'made universally accessible to individuals and families in the community and by means acceptable to them, through their full participation and at a cost that the community and the country can afford' (World Health Organization (1978) *Alma-Ata. Primary Health Care (Health for All Series No. 1)*. Geneva: World Health Organization). Given the distance between the rhetoric and the resources of many countries it is not surprising that the goal remains unfulfilled (q.v. **Ottawa Charter; World Health Organization**).

ALTERNATIVE MEDICINE The use of drugs or therapies that are not supported by allopathic medicine. The best known are **homeopathy** (q.v.), **chiropractic** (q.v.) **osteopathy**, **acupuncture** (q.v.) and herbalism, though in popular usage the practice of alternative

medicine extends to self-administered vitamin supplements. The definition of a healthcare practice as 'alternative' is a political and economic accomplishment of orthodox medicine. It results in specific national struggles by these alternative practitioners to resist this designation and to obtain a state licence to practise. In Australia, for example, chiropractic is legally recognized as a form of medicine, while in the UK homeopathy is recognized. Paradoxically 'alternative' medicine shares many of the characteristics of orthodox medicine, seeing disease as natural, focusing on the individual rather than social factors as the source of disease, and increasingly being dependent on a wide range of preparations marketed by multinational drug companies (Fulder, S. (1996) *The Handbook of Alternative and Complementary Medicine*. Oxford: Oxford University Press) (q.v. **allopathy/allopathic**; **complementary/alternative medicine**).

ALTRUISM Putting others' needs ahead of one's own. In **sociobiology** (q.v.) this is explained in terms of enhancing the likelihood of one's genetic contribution to the human species, that is, such acts make a person more attractive to a member of the opposite sex. In Durkheim's sociology it is a product of too much social integration, and can lead an individual to commit altruistic suicide, sacrificing themselves on behalf of the group (q.v. **anomie**; **Durkheim**; **suicide**).

ALZHEIMER'S DISEASE The gradual loss of memory, and the ability to perform cognitive functions such as abstract thought.

In its final stages the person loses all mental faculties (q.v. **ageing**). In the USA it is estimated to affect 20 per cent of the population over 85. 'Grey' activists see it as a diagnostic category of gerontology which fuels ageist assumptions about the inevitability of dependency and decline in old age (Friedan, B. (1993) *The Fountain of Age*. New York: Simon and Schuster) (q.v. **ageing**; **ageism**; **gerontology**).

AMERICAN INDIANS (AMERINDIANS) The discovery of the Americas by Columbus in 1492 unleashed the diseases of Europe on a population with little or no resistance. In combination with the onslaught of European culture and technology the 'columbian exchange' of disease (smallpox for syphilis) wreaked havoc on the populations of North and South America (Arnold, D. (1988) *Imperial Medicine and Indigenous Society*. Manchester: Manchester University Press). Amerindians share with other aboriginal (q.v.) groups poor health in comparison with the surrounding population: life expectancy of 66.3 years compared with the US average of 75 years; 25 per cent living in poverty; heart disease and cancer are the leading causes of death; and HIV/AIDS and hepatitis C are rapidly increasing (Grim, C. (2003) 'Health of American Indians and Alaska Natives', *BMJ USA*, 3: 242-3).

AMERICAN MEDICAL ASSOCIATION Founded by **allopathic** (q.v.) medical practitioners in 1848 to represent the interests of 'regular' medical practitioners who identified themselves with scientific

medicine (q.v. **Flexner Report**). Its control over the certification of who is allowed to practise medicine allows it to define as **alternative** (q.v.) forms of health practice which do not meet its criteria of scientificity. Politically, the association has always resisted any form of state provided medicine, seeing it as socialistic, and undermining the **fee-for-service** (q.v.) basis of the supply of medical services (q.v. **perverse incentives; supplier induced demand**).

AMERICAN PSYCHIATRIC ASSOCIATION

Founded in 1844 at a meeting of thirteen superintendents of hospitals for the insane. Benjamin Rush (1745–1813) wrote the first American textbook on psychiatry, *Medical Inquiries and Observations upon the Diseases of the Mind* (Philadelphia, 1812). He continued the tradition of attempting to shock or frighten the mentally ill, if not into cure, at least into submissiveness, inventing the tranquillizing chair, which was in keeping with other treatments such as the gyrating chair or the sudden plunging of the patient into cold water. Its handbook *The Diagnostic and Statistical Manual* (now in its fourth revised edition) lists all those conditions held to be psychiatric diseases. It is a source of considerable controversy since many of its diseases – and those excluded from it – are often seen to be reflections of contemporary culture. Homosexuality for example was voted out of the *Handbook* in the mid-1970s (q.v. **anti-psychiatry; Bedlam; Diagnostic and Statistical Manual; mental illness; Pinel; post traumatic stress disorder; Tuke**).

ANALYTIC INDUCTION A form of theory generation involving close examination of a phenomenon which allows for generalization to other like phenomena. Used in **grounded theory** (q.v.) approaches to research the aim is to generate hypotheses out of the data rather than forcing the data into a pre-existing theoretical framework. Most health social studies adopt this approach. The approach is rejected by all those who favour quantitative methods and theory testing research (q.v. **Chicago School of Sociology; positivism; qualitative research**).

ANATOMO-POLITICS In Foucault's work an aspect of **disciplinary power** (q.v.), the internalization of scientific concepts of health and normality which are administered by professional groups on the basis of their claim to scientific knowledge. The development of biopower starts in the eighteenth century with the state's recognition that healthy individuals and healthy populations were necessary for the well-being of the state. Thus a focus on the body developed, to be managed and controlled. The development of the **psy-professions** (q.v.) (medicine, penology, sexology, psychology, sociology and psychiatry) from the end of the nineteenth century is the culmination of this process, with individuals constituted as self-managing, according to the dictates of medicine (q.v. **abnormal; biopolitics; biopower; *Birth of the Clinic, The*; Foucault; healthism; morality and medicine; surveillance; technologies of the self**).

ANATOMY The structure of the body and the medical discipline which studies the structure of the body, taught through dissection. The development of anatomy is important on two counts in the history of British medicine. The first is that the anatomists were not members of the College of Physicians or of the Company of Barber Surgeons. Rather they worked in private schools and hospitals. Thus the development of British medicine was the development out of empirical work, rather than derived from the 'scientific' revolution of the late seventeenth century, or the 'philosophic' revolution of the sixteenth century (q.v. **Whig histories of medicine**). The second is that it was the site of enormous public resistance to the development of medicine, and of the right of medicine to take the body in death (Linebaugh, P. (1988) 'The Tyburn riot against the surgeons,' in Hay, D. (ed.), *Albion's Fatal Tree*. London: Penguin) (q.v. **cadaver**).

ANDERSON, ELIZABETH GARRETT (1836–1917) First English woman doctor and first woman member of the British Medical Association, obtaining the degree of Doctor of Medicine from Paris and appointed lecturer in medicine at the London School of Medicine for Women. She founded the St Mary's Dispensary for Women (1866), and the New Hospital for Women and Children. A leading suffragist, inspired by **Elizabeth Blackwell** (q.v.) she was a member of the committee which produced the first petition for woman's suffrage, presented to J. S. Mill in 1866 (q.v. **Mary Wollstonecraft**).

ANOMIE From the French sociologist **Émile Durkheim** (q.v.) who argued that with the development of industrial society and the breakdown of traditional society individuals could lose their sense of what was right and what was wrong, that is find themselves in a state of 'normlessness'. This was a consequence of the increasingly specialized division of labour, the growth of an urban population and the loss of community, and the general decline of religion. At its worst it results in anomic suicide, that is, suicide induced in the individual by a society that has lost its way (q.v. **social pathology**; **suicide**).

ANOREXIA NERVOSA Medically defined as a disorder of body image in which a 'normal' weight or emaciated person 'feels' or is sure that they are fat, leading to self-starvation. The condition was given its medical label in 1874 by Sir William Gull and is now seen as a psychiatric disorder, with the therapy being hospitalization and forced feeding. There are clear sociological correlations for the condition: the person is young (usually under 30), female and from a high socio-economic group. Feminist sociologists argue that anorexia is the result of the contradictions of modern patriarchal societies where young women are supposed to be at once sylph-like as well as voluptuous, a paradox that neither they nor their bodies can sustain. In the context of this structural contradiction a viable response is to control the one thing they that perceive to be under their control, their appetite, and since with weight loss they cease to menstruate, their sense

of self as sex-object (Orbach, S. (1981) *Fat is a Feminist Issue*. NY: Berkeley) (q.v. **binge-purging; bulimia; obesity**).

ANTHROPOLOGY OF HEALTH Anthropologists usually study traditional, non-industrial societies examining their cultural patterns and belief systems, and show how these are reflected in their medical systems. Anthropologists who turn their attention to the West argue that our medical beliefs are similarly cosmological structures which reflect our societies, understanding of the world (q.v. **biological anthropologists**). They do not see Western medicine as 'better' but just different. One of the key differences from traditional forms of healing is the attempt in Western medicine to separate the meanings of illness for the sufferer from an allegedly pure biological base, thus creating a dualism between illness and disease (Kleinman, A. (1980) *Patients and Healers in the Context of Culture*. Berkeley: University of California Press) (q.v. **medical anthropology; medical anthropology, critical**).

ANTIBIOTICS Chemical substances produced by micro-organisms and capable of preventing the development of other micro-organisms. It is widely believed in popular and scientific Western medicine to have brought the infectious diseases of the late nineteenth and early twentieth centuries under control. However, **Thomas McKeown** (q.v.), a historical epidemiologist, has demonstrated that their impact on these diseases was negligible and that health was improved, by control over food,

water and living conditions (McKeown, T. (1979) *The Role of Medicine*. Princeton: Princeton University Press) (q.v. **bacteriology; magic bullet; social medicine**).

ANTI-PSYCHIATRY Erving Goffman's book *Asylums* (1961, N.Y: Doubleday and Co.) opened up the critique of medicine as a value-loaded system of social control operating under the guise of scientificity. He was followed by what is now called the anti psychiatry movement (Cooper, D. (1967) *Psychiatry and Anti-psychiatry*. London: Tavistock) particularly identified with the works of Thomas Szasz (1971, *The Manufacture of Madness: A Comparative Study of the Inquisition and the Mental Health Movement*. London: Routledge and Kegan Paul) and R. D. Laing (1961 *The Divided Self: An Existential Study in Sanity and Madness*. London: Tavistock). They argued that the categories that medicine uses to label a person, that is the disease labels, do not necessarily have an underlying biological reality but reflect the social values and prejudices of medical professionals (q.v. **labelling theory**). They held that this was particularly the case when the diseases were psychiatric and no physical basis for them could be established. Furthermore psychiatry was seen as a form of political oppression. As Laing put it: 'I do not myself believe that there is any such "condition" as "schizophrenia". Yet the label is a social fact. Indeed this label as a social fact is a political event' (Laing, R. D. (1964) 'What is schizophrenia?', *New Left Review*, 28: 63-9, p. 64). The antipsychiatry movement provided the environment for

anxiety

the first English understandings of Foucault's work, especially *Madness and Civilisation* (q.v.) (q.v. **mental illness; therapeutic community**).

ANXIETY A term in Freudian psychoanalysis, which included castration, separation, depressive, paranoid, phobic and objective anxiety. Freud (q.v.) suggested that anxiety was a product of a repressed libido (that is, sex drive); that it was a repetition of the birth experience; or that it was the ego responding to emotional conflict. Anxiety, unlike fear, is not focused but a pervasive sense of apprehension or unease, and hence open to a wide range of interpretations. In psychology, in learning theory, it is a conditioned drive to alert the person to avoid a stimulus. In existential philosophy it is the consequence of confronting the meaninglessness of existence. In current social science the question is whether or not it is a biological universal or a culturally shaped emotion, with the evidence pointing to it being a specific European-American phenomenon (Tuma, H. and Mazur, J. (1985) *Anxiety and Anxiety Disorders*. New York: L. Erlbaum).

APANTHROPY Aversion to society or human companionship. Put here for sociologists who may suffer from it, but not know what it is.

APOTHECARIES Prior to the late nineteenth century medicine was organized into the College of Physicians, who monopolized practice in the cities, particularly

asbestosis

London, the Company of Barber Surgeons and apothecaries. Apothecaries were the general practitioners of the day though scorned by the physicians and surgeons since they not only diagnosed, but also prescribed and dispensed drugs for a fee (q.v. **Apothecaries Act**).

APOTHECARIES ACT The attempt by the General Pharmaceutical Association, in 1815, to gain state mandated standards of entry to the occupation and to prohibit unqualified practitioners. This is the beginning of the introduction into English law of the concept of a qualified or registered medical practitioner and was consolidated with the Medical Act of 1858, allowing the General Medical Council the right to control who could practise medicine (Waddington, I. (1973) 'The struggle to reform the Royal College of Physicians 1767-1771: a sociological analysis', *Medical History*, 17: 107-26) (q.v. **credentialism; Flexner Report; medical dominance; occupational closure; professionalization**).

ARC (AIDS-RELATED COMPLEX) AIDS (q.v.) in itself does not kill people; however by weakening the body's immune system it allows the development of a wide range of infections, the combination of which are fatal and are called AIDS related complex.

ASBESTOSIS A terminal disease of the lungs caused by exposure to asbestos. Of interest in the area of occupational health and safety because of the power of

employers to avoid responsibility for the condition. They have successfully argued that there was a predisposing factor in individual workers rather than anything in their employment conditions that gave rise to the disease (Smith, B. (1981) 'Black lung: the social production of disease', *International Journal of Health Services*, 11 (3): 343–59) (q.v. **blame the victim; occupational disease**).

ASCLEPIUS In ancient Greek mythology, the first medical practitioner, pursuing an empirical orientation to the diagnoses and treatment of an individual's disease. The other mythological origin of medicine is associated with the goddess Hygia, with her followers taking an approach that emphasized the impact of the environment on the collective health of the population. She is the origin of 'hygiene' and of public health. These contradictory origins, the one individualistic, the other collectivist, have shaped the history of Western medicine (Dubos, R. (1959) *Mirage of Health: Utopias, Progress and Biological Change*. London: George Allen and Unwin (q.v. **hygiene; sanitation**)).

ASIAN HEALING SYSTEMS The basic essences of the body are Qi (wind), blood and yin and yang qualities. Hot and cold, and male and female elements must be kept in balance to be healthy. Causes of disease are wind, moisture and toxins. Too little yin produces dryness and heat, for example a cough and a temperature, while too little yang results in a loss of vitality and strength. Keeping the balance between

yin and yang is the basis of health (q.v. **Chinese medicine**).

ASPERGER'S SYNDROME A psychiatric diagnosis of children, usually between 5 and 9 years of age and more commonly in boys, of a qualitative impairment in social interactions, such as eye-to-eye gaze, facial expression and body postures. Named for Hans Asperger who first diagnosed it in 1944, though not a diagnostic category in the United States until the 1980s, when his work became available in translation. Once thought to be very rare it is now widely diagnosed, though the symptoms may be very mild and difficult to diagnose. Initially explanations focused on the role of the mother and a failure to bond between the parent and child, though currently a genetic explanation is being developed. Because there are no clinically identifiable causes, and because the diagnosis is so insecure, sociologists argue that it can be analysed as the medicalization (q.v.) of socially inappropriate behaviour (q.v. **attention deficit disorders; autism spectrum disorders; behavioural disorders; labelling theory; learning disabilities**).

ASSISTED REPRODUCTIVE TECHNOLOGIES (ARTS) A range of medical interventions – from hormone treatment through to artificial insemination – to induce pregnancy. In 1995 6.2 million American women reported reduced fertility with 44 per cent presenting to a medical practitioner. With the rise of the idea that everything is amenable to a 'technical fix' (q.v.) infertility has been transformed from a

natural condition into a medical problem. Its **medicalisation** (q.v.) enshrines cultural concepts of a woman's role as mother (Donchin, A. (1996) 'Feminist critiques of new fertility technologies. Implications for social policy', *Journal of Medicine and Philosophy*, 21: 475–98) (q.v. **child-birth**; **new reproductive technologies**; **reproduction**).

ASYLUMS Institutions for those diagnosed as mentally ill (q.v. **Bedlam**). In the 1970s following the **antipsychiatry movement** (q.v.) and cost saving initiatives in government spending there was a move to return these individuals to the community. This 'decarceration', unaccompanied by a transfer of resources, left individuals to fend for themselves, and 'community care' rapidly became 'community neglect' (Scull, A. (1984) *Decarceration: Community Treatment and the Deviant*. Cambridge: Polity) (q.v. **care in the community**; **deinstitutionalization**; **total institution**).

ATTACHMENT THEORY Developed by John Bowlby in the 1960s and 1970s identifies as crucial for emotional development the role of bonding between mother and infant, and as developed in health sociology provides a pathway for explaining health in later life. Bowlby's work was a combination of psychoanalysis and ethology, the study of animal behaviour. Following reactions from the women's movement Bowlby came to accept that men could mother too (Bowlby, J. (1979) *The Making and Breaking of Affectional Bonds*. London: Tavistock) (q.v. **Barker**

hypotheses; **life-course analysis**; **separation anxiety**; **social support**).

ATTENTION DEFICIT DISORDERS First classified as a psychiatric disorder in the third edition of the *Diagnostic and Statistical Manual of the American Psychiatric Association* in 1981 as attention deficit/hyperactivity disorder, that is, as one condition with two different manifestations. DSM-III, revised in 1987, distinguished them as two different conditions, while DSM-IV (1994) has reclassified them as the same disorder. The condition is one of 'developmentally inappropriate inattention and impulsivity', that is, the classification of inappropriate behaviour as a disease. It thus represents the **medicalization** (q.v.) of a condition and its changing diagnostic criteria have been analysed to demonstrate the political and social construction of the disorder. Although there are no biological tests for the condition it is treated with a prescribed drug, Ritalin (Conrad, P. (1976) *Identifying Hyperactive Children: The Medicalisation of Deviant Behaviour*. Massachusetts: D.C. Heath and Company) (q.v. **autism spectrum disorders**; **behavioural disorders**; **labelling theory**; **learning disabilities**; **post-traumatic stress disorder**).

AUSTRALIAN MEDICAL ASSOCIATION Founded in 1962, out of the Australian branch of the British Medical Association, to represent the interests of the medical profession. A vociferous opponent of government involvement in the medical professions' activities, it hotly opposed the

establishment of a universal free healthcare system after World War II, and supports a **fee-for-service** (q.v.) and private health insurance system. Australia's healthcare system was aptly described by Sir Theodore Fox in the *Lancet* in 1963 as 'private practice publicly supported', a situation in which the medical profession has benefited enormously. As with the medical profession in other Western countries there are challenges to its dominance from consumer groups, the feminist movement and with the rise of corporatization, the increasing proletarianization of the medical workforce (q.v. **deprofessionalization; Medibank; medical dominance; perverse incentives; supplier induced demand**).

AUTHORITY Max Weber distinguished authority, the compliance with orders because they are perceived as legitimate, from power, forcing someone against their will to comply. Weber distinguished irrational forms of authority – tradition, doing things because they have always been done this way, and charisma following an inspiring leader – from legal-rational authority (q.v.), a codified set of rules, as for example in a **bureaucracy** (q.v.) (q.v. **hospitals; substantive rationality**).

AUTISM SPECTRUM DISORDERS Also known as pervasive developmental disorder, the diagnosis ranges from profound

withdrawal through to virtually normally functioning individuals with Asperger's syndrome. Sociologists have argued that the diagnosis, since it is based on behavioural observation, may be explained in terms of the medicalization of inappropriate social behaviour (q.v. **Asperger's syndrome; attention deficit disorders; learning disabilities; medicalization**).

AUTOPSY The dissection of the body to establish the cause of death. Important in the history of Western medicine as the focus of conflict between the Church and the developing medical profession, involving control over definitions of **death** (q.v.) and the **body** (q.v.) (q.v. **anatomy**).

AYURVEDIC MEDICINE Derived from the Sanskrit 'veda' for knowledge and 'ayus' for longevity. Unlike Western medicine Ayurvedic teaching is a wholistic perspective on the healthy life. The three basic bodily humours (dosas) – wind, bile and phlegm – are counterparts of wind, sun and moon. The body is made up of chyle, blood, flesh, fat, bone, marrow and semen. The medical system is located within a Hindu religious philosophy of birth, renunciation, and the maintenance of the balance of the soul (Porter, R. (1997) *The Greatest Benefit to Mankind*. London: Harper Collins) (q.v. **Asian healing systems; Chinese medicine**).