North East Medical Sociology Group Seminar

How to stop a baby from 'rattling':
Contradictions and consensus in accounts of neo-natal abstinence syndrome

Professor Sarah Cunningham-Burley, University of Edinburgh

DATE: Wed 20th March 2013, 12pm-5pm
Venue: Room 4, Gateway Building at the University of Sunderland

Following a very successful first year, the North East Medical Sociology Group will hold a further half day event on 20 March 2013, at the University of Sunderland.

Our guest keynote speaker, Professor Sarah Cunningham-Burley will report on a study recently completed by a multi-disciplinary/multi professional team on the support needs of opiate users becoming parents. The paper will make links with the emergent sociology of diagnosis and will also explore how such qualitative research may inform policy and practice.
Sarah is currently Head of the School of Molecular, Genetic and Population Health Sciences at The University of Edinburgh, Professor of Medical and Family Sociology in the College of Medicine and Veterinary Medicine at the University of Edinburgh, Co-ordinator of Postgraduate teaching on Qualitative Methods and the Sociology of Health and Illness, Associate Director of the Centre for Research on Families and Relationships (CRFR) and also Co-Director of the Centre for Population Health Sciences (CPHS).

A range of other papers will also be delivered by researchers from the different institutions across the North East. These papers will be varied in focus and have been selected to provide delegates with a broad flavour of the work currently being undertaken across the region. The finalised programme details and timings can be found below.

The North East Medical Sociology group aims to provide a forum to foster collaborative working, mentoring, discussion, and to enhance the profile of medical sociology in the Region. Our events offer a lively and friendly forum, through which we encourage debate, discussion and networking.

Who should attend?
The conference is aimed at academics, researchers, postgraduate students and others with an interest in the critical sociology of health.

Cost of attendance
Lunch and refreshments will be provided on arrival. To cover our costs and to enable us to hold future events the following charges will be applied:

Academic staff and salaried researchers

BSA members £10
Non BSA members £15

Postgraduate researchers

Student BSA members Free
Non BSA students £5

Booking your place:
Booking is essential. Please book your place here:
http://portal.britsoc.co.uk/public/event/eventBooking.aspx?id=EVT10264

Full joining instructions will be circulated to delegates prior to the event.

Programme:

From 12.00	**Buffet lunch and registration**		
12.30	Introduction		Professor Janet Shucksmith
12.40	Keynote address 'How to stop a baby from 'rattling': Contradictions and consensus in accounts of neo-natal abstinence syndrome.'		Professor Sarah Cunningham-Burley, Professor in Medical and Family Sociology at the University of Edinburgh
1.20	Questions to speaker		
1.45-3.15	Paper Sessions		Chair: Dr Mick Hill
	1.45	Falling across the life course: a qualitative evidence synthesis of lived experiences	Catherine Bailey Northumbria University
	2.15	Health inequality as a socially constructed problem: considering the Black Report, Acheson Report and Marmot Review	Natasha Kriznik Durham University
	2:45	Alcohol use among white collar workers: habituses of 'home' and 'traditional' drinking	Lyn Brierley- Jones University of Sunderland
3.15	**Coffee/tea break**		
3.30-4.45	How To Be Successful in Obtaining Grants		Chair: Dr Fiona Cuthill, University of Sunderland Experts: Dr Catherine Exley, Newcastle University Professor Alan Roulstone, Northumbria University
	3.30-4.00		Group discussion
	4.00-4.15		Expert panel statements
	4.15-4.45		Panel response to group questions
4.45	Closing remarks		Dr Sally Brown
5.00	**Close – informal networking**		

Paper Sessions: Abstracts

Paper One - Falling across the life course: a qualitative evidence synthesis of lived experiences

Catherine Bailey – Northumbria University

Whilst there is a rich and well informed bio-medical literature on falls, particularly in older age, less is known about falling across the life course and from the perspective of the person who falls or is fearful of falling. Yet people's understanding of and approach to falling may be influenced by cumulative life experiences, these embedded in a wider social and cultural understanding of falling. We report here on the findings from a qualitative evidence synthesis, with key electronic databases searched from 1990-2011 using terms related to the experience of falls and falling. Selected papers presented data from the perspective of the person who had fallen. Synthesis included collaborative coding of 'incidents' related to falling, theoretical sampling of studies to challenge emerging theories, and constant comparison of categories to generate explanations. Only 2 of the 16 studies included provided perspectives of falling from a life stage other than that of older adults. Synthesis identified that a falls incident or fear of falling induces explicit or implicit '**Fear**'. Consequences are physically, emotionally and socially related to notions of '**Control**' and '**Social standing**'. Recovery work involves '**Adaptation**'. '**Implications**' of a falls incident or fear of falling also relate to '**Adaptation**', '**Social standing**' and '**Control**'. '**Explanation**' is sought. Recognition of the powerful interplay between individual and societal positioning in relation to falls and fear of falling across the life course may help us listen and respond to people's meaning making in relation to falls, impacting on intervention programmes and environmental design.

Paper Two - Health inequality as a socially constructed problem: considering the Black Report, Acheson Report and Marmot Review

Natasha Kriznik – Durham University

Since the 19th century it has been widely known that differences in health exist in the British population. The distribution of health was measured according to social class, defined as occupation, and a health gradient was clearly visible. From around the 1970s this issue came to be defined as the problem of inequalities in health mainly due to the findings of the Black Report, which was both celebrated and disregarded at the time of its publication in 1980.

This paper will examine and compare how the problem of health inequality is defined and discussed in three influential reports on health inequality: the Black Report, the Acheson Report and the Marmot Review. Using methods derived from interpretive policy analysis it questions the underlying assumptions made in each report in order to understand not only how each constructs or represents the problem of health inequality but what effect these representations have on our understanding of health inequality as a social problem, and therefore what should be done to address it. By comparing the definitions and concepts used in each report it is possible to map the changes in policy understandings of health inequality and to show how we have gone from viewing health

inequality as something that should be largely dealt with by 'big government' interventions to a view which places much more responsibility on individuals for their health.

Paper Three - Alcohol use among white collar workers: habituses of 'home' and 'traditional' drinking

Lyn Brierley Jones – University of Sunderland

Evidence suggests that alcohol consumption among white collar workers consistently exceeds safe levels. However, little work has investigated why this might be the case. This paper explores the meanings associated with alcohol use in this social group. Using a qualitative approach data were collected from five focus groups comprising both male and female white collar workers spanning an age range of 21-55 years (N=49: 32 male, 17 female). Each focus group was conducted at a medium or large scale employer's premises at different locations within the north east of England, four of which were in the public sector with one within the private sector. Using Bourdieu's concepts of 'habitus', 'cultural capital' and 'symbolic power' we found that, among white collar workers, alcohol use was associated with two distinct habituses a 'home drinking' habitus and a 'traditional drinking' habitus. Focusing on the home drinking habitus we found that wine was the alcoholic drink most commonly embedded into domestic and family life, being used to mark liminal time and facilitate habitual role transitions. Wine acted as a source of cultural capital for members of the home drinking habitus and created 'distinction' between the home drinkers and members of the traditional habitus. Symbolising sophistication, respectability and success, regular wine drinking was portrayed by members of the home drinking habitus as safe and acceptable. Such differentiated drinking patterns between the two habituses suggest that existing public health initiatives designed to reduce alcohol consumption need to be re-shaped to accommodate both drinking cultures**.**